

ABSTRACT

Employee Assistance Program Utilization and User Satisfaction in an AbilityOne Program Compared to Non-AbilityOne Programs

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The present study examines the effectiveness and utilization of an Employee Assistance Program (EAP) that was designed to serve 218 employees of an AbilityOne company whose mission it was “to improve the quality of life for persons with disabilities.” Within the company, 88% of the direct labor work force was estimated to have a severe disability. After two years of operation, the EAP in the study had a utilization rate estimated to be 24.8%. According to 41 responses to a Likert-scale survey, over 90% of supervisors and non-supervisors rated the EAP highly in helpfulness, promptness of service, professionalism, understanding of the situation, and satisfaction with the results. Similar findings in ratings were found when the EAP was compared to a larger, traditional EAP program. In company initiated Likert-scale surveys distributed in 2008 and 2009 to all employees, the majority of all employees sustained favorable attitudes toward the EAP in both years. Over 75% felt they understood the EAP, were given an opportunity to use it, and were more likely to use it in the future. The concepts of supervisory support, early intervention, and program integration were felt to be important components of the EAP. The study findings indicate that an EAP designed to serve employees with disabilities can work effectively and benefit multiple stakeholders.

Keywords: EAP, program utilization, employees with disabilities

EMPLOYEE ASSISTANCE PROGRAM UTILIZATION AND USER SATISFACTION IN
AN ABILITYONE PROGRAM COMPARED TO NON-ABILITYONE PROGRAMS

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DEDICATION

I wish to dedicate this dissertation to everyone who has ever experienced cancer either as a patient, care giver, or family member. Once you are diagnosed with cancer, you never forget that it is there and you are constantly aware that every aspect of your life is time-limited. The advice that I would give to anyone who has been diagnosed with Stage IV cancer is that what you do with your time remaining is more important than how much time you have left to live. Gandhi suggested that we live our lives as if you were going to die tomorrow and learn as if we were going to live forever. Make a daily, weekly, monthly and yearly “bucket list”. Exercise your mind and body as much as you can. I recommend reading Dr. Randy Pausch’s book, *The Last Lecture*. Although facing cancer is a major challenge, you are never alone. Some of my friends who have been diagnosed with cancer recently are Barney Kane, Dave Edgell, Tommy Train, Susan Gidley, Lloyd Goodwin, Meta Downes, my mixed doubles partner Cheryl Duncan, Becky Brewster, Susan Moore, Riley Philpot, and Deborah Bazle. As Jim Valvano more than once said, “never give up...never give up”.

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Knowing that my life expectancy had been statistically altered, I met with Dr. Paul Gemperline, Dean of the Graduate School in August 2010 to discuss what my options were for completing my dissertation requirement. One of his first questions was whether I had ever submitted a research publication that necessitated an IRB and had “dissertation potential”.

This was great news! Thanks to Dr. Steve Sligar and his course in Rehabilitation Administration, I had submitted a publication that I believed to have “dissertation potential”. It was only because of Dr. Sligar’s consistent demands for quality that I had produced a paper in his class that was published in the Journal of Rehabilitation in the spring of 2011. Thanks to Dr. Gemperline and Dr. Sligar, I now had some hope of completing my degree.

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CHAPTER I: INTRODUCTION

Introduction to the Study

Employee assistance programs (EAPs) provide counseling and supportive programs to employees. EAPs provide anonymous services that are designed to improve employee satisfaction, adjustment at work, and to reduce employee stress. Employee assistance programs are constantly evolving to meet the needs of stakeholders. As widespread as EAPs have become, there is little research on EAPs in companies in which a majority of the employees have disabilities. The study reports a 2- year evaluation of a grant-funded, internal EAP service provided to an AbilityOne company that primarily employs individuals with disabilities. The AbilityOne company served by the EAP employs 218 workers, 70% of whom are employed in direct labor and 88% of the direct labor force has a disability. Approximately 85% of the direct labor personnel are employed in the production, recycling, shipping and receiving, and janitorial programs of the company (L. Ross, personal communication, December 5, 2005).

Background of the Study

The use of EAPs is rising in the workplace (Mercer, 2008). EAPs appear in all types of work settings regardless of workplace size, personnel, or type of employment. The significance of such widespread application is that there is an accompanying desire for determining the type of EAP needed in each type of workplace and a means of assessing whether the EAP meets the needs of the stakeholders. The purposes of this chapter are to examine the incidence of stress in the work place and its consequences, to provide a definition of EAPs, to describe the evolution of EAPs, to identify who the EAP stakeholders are, and to describe the potential benefits of EAPs. In addition, the chapter will describe the various types of EAPs in the workplace.

Workplace Stress

There are several surveys that confirm the rise in workplace stress regardless of setting (Kohler & Kamp, 1992; Marlin Company, 2000, 2001). According to a seminal report by the U.S. National Institute for Occupational Safety and Health (NIOSH, 1999) that was based on reports from life insurance companies and public surveys, the majority of employees feel stressed. Survey findings indicate that about 33% of employees felt high levels of stress; approximately 26% said they were frequently or very burned out as a result of their jobs, and 40% of employees felt extreme stress. A quarter of employees viewed their jobs as the number one stressor in their lives (Northwestern National Life Insurance Company, 1991). A similar study by the Saint Paul Fire and Marine Insurance Company (Kohler & Kamp, 1992) found that problems at work were more strongly associated with health complaints than either financial or family problems. Among personal life problems, those caused by employment were rated most severe. According to the Princeton Survey Research Associates (1997), 75% of employees believe that workers have more on-the-job stress than a generation ago. Another pertinent finding from the NIOSH study was that work stress was more associated with health complaints than financial or family problems.

A 2000 annual “Attitudes in the American Workplace VII” Gallup Poll survey sponsored by the Marlin Company (2001) confirmed the findings of earlier studies on the high rate of stress in the workplace. The survey was one of the earliest to describe the toll that stress has on the physical and emotional well being of employees. The survey found that 35% felt their jobs were affecting their physical health and 42% felt their jobs were interfering with their interpersonal relationships. Eighty percent of all employees reported feeling job stress, nearly half said they

needed help in learning how to manage stress, and 38% felt that their co-workers needed help. Over half of all employees surveyed felt their job stress was worse than in the previous year.

Several other studies confirmed the findings that abusiveness and bullying are serious issues in the workplace. In a survey of 1,000 U.S. employees by the Employment Law Alliance (2007), nearly 45% of those surveyed reported that they have worked for employers whom they considered to be abusive. In another study conducted by the Society for Human Resource Management (SHRM) and the Ethics Resource Center of Arlington, VA, (SHRM 2008), 57% of the 513 participants confirmed that they had witnessed abusive or intimidating behavior in the workplace, excluding sexual harassment. Bernstein and Rozen (1989) noted that as stress levels increase, employees tend to revert to more impulsive behaviors that lack judgment. The consequence of employees reaching high levels of stress is that they are more likely to respond in an aggressive, territorial, or paranoid manner.

Consequences of Stress in the Workplace

The correlation between work-related stress and health problems is a long standing concern. The Northwestern National Life Insurance Company (1991) found that work-related stressors may be more closely connected to health problems than any other life stressor including family or financial stressors. The researchers also found that approximately one million absences every day in the workplace are stress-related. One of the earliest and best-known studies of the relationship between health problems and stress was conducted by Friedman and Rosenman (1974). They developed the concept of Type A and Type B work behaviors. Type A behaviors include many of the behaviors seen in most workplaces on a regular basis including impatience, competitiveness, preoccupation with work, aggression, and general hurriedness. Although their study was completed over 35 years ago, the principles of their research are still applicable in

today's work environment. Their research found that Type A behavior was as significant a predictor for heart attacks as cholesterol levels, hypertension, and smoking and may actually be a causal factor in those variables. According to the findings of Friedman and Rosenman, 28% of persons who were classified as Type A already had coronary heart disease and 70% of those surveyed felt that stress was the main factor in their disease.

Sauter, Murphy, and Hurrell (1990) note that total health and productivity cost of worker stress to American business is estimated to be 50 to 150 billion dollars annually and these costs are rising. By examining worker compensation claims from 1980 to 1982, the researchers found that workplace stress accounted for 11% of all claims and that the cost of claims for stress was higher than the average costs of other claims. According to the National Institute for Occupational Safety and Health (NIOSH, 1999), three hundred billion dollars annually (or \$7,500 per employee) is spent on stress-related compensation claims, reduced productivity, absenteeism, health insurance costs, direct medical expenses, and employee turnover. The needs of companies to deal with workplace stress set the stage for the emergence of EAPs.

Introduction to EAPs

Originally developed in the 1940s to help persons with substance abuse problems (Hutchinson & Emener, 1997; Masi, 1992), EAPs have become more adapted to the needs of companies, supervisors, human resources, and employees. Masi (1992) estimates 20% of the workforce, at any given time, have personal problems that interfere with job performance. Problems related to work satisfaction, job performance, life adjustment, stress management, anger, financial concerns, and disability-related issues are all focuses of EAP interventions (Kiernan & McGaughey, 1992). Some of the traditional services offered by EAPs include assessment, counseling, supervisory training, consultation, job restructuring, and follow-up

(Ahrens-Jones, 1993; Masi, 1992). Employee assistance program services are constantly evolving to meet the ever changing needs of the workplace. Modern EAPs now include such nontraditional services as anger management, financial and legal consultation, and team building (Lippman, 1999). Regardless of the provider, two of the key features of EAPs that remain steadfast are their availability as a resource for employees with problems and confidentiality. The majority of large U.S companies now provide EAP benefits to employees which are a testimony to their worthiness (Mercer, 2008).

Definition of an EAP

A definition of an EAP is essential to understanding the multidimensional facets of EAPs. Burgess and Sharar (2003) contend that the lack of uniformity in defining the duties and activities of an EAP has resulted in confusion about what an EAP does and what services are provided. EAPs may be even more confusing in workplaces where they are not regularly utilized. Most definitions of an EAP will include the intent of the EAP, the services provided, and the general population(s) served.

The Employee Assistance Professional Association (EAPA) defines an EAP as a workplace resource that provides core services to enhance employee effectiveness through prevention, identification, and the treatment of personal and productivity issues (EAPA, 2011a). It adds further that EAPs are a “worksite-based program designed to assist work organizations in addressing productivity issues, and ‘employee-clients’ in identifying and resolving personal concerns, including, but not limited to health, marital, financial, alcohol, legal, stress or other personal issues that may affect job performance” (EAPA, 2011b, p. 6). Regardless of the definition, EAPs are focused on helping employees overcome workplace challenges and offer a

myriad of professional services to provide the help needed. The definition offered by EAPA perceives the employee-client to be the central focus of the EAP.

The Society for Human Resource Management [SHRM] (2011) perceives an EAP as a company benefit. The Society for Human Resource Management describes an EAP as an employment-based health intervention program that identifies and assists employees in resolving personal problems such as, but not limited to, marital, financial, and emotional problems, family issues, and substance/alcohol abuse that are adversely affecting the employees' performance. Employee assistance program services, which are usually paid for by the employer, typically include direct counseling and treatment, but may also include a wide array of other services such as referral for medical services, basic legal assistance, adoption services, or assistance finding elder care services. Employee assistance program services are usually extended to immediate family members and often to persons who reside in their home.

The most comprehensive definition of an EAP is one offered by Mannion (2008). Mannion (2008) defines an EAP as "a worksite-based management program designed to identify and assist employees whose personal problems have adversely affected their job performance" (p. 56). The value of Mannion's definition is that it places more emphasis on multiple EAP stakeholders. This definition is useful in understanding EAPs because there may be multiple beneficiaries of services including management, supervisors, human resources, and other employees. The inclusion of employees with problems is a requisite for all definitions of EAPs (Masi, 1992).

The Three Components of an EAP

EAP as a Worksite-Based Management Program

In the process of examining EAPs, Mannion (2008) stated that there are three necessary components. Without these components, an EAP cannot fulfill its mission. First, he felt it is imperative to define and recognize management as a key stakeholder. He referred to management as “the sine qua non of effective EAPs, for without the support and unqualified approval of management, especially executive management, the program will flounder” (pp. 56-57). As a stakeholder, management has an interest in the well-being of its employees as both individuals and producers. Although management may be interested in whether or not EAP is assisting individuals as a primary goal, management is also concerned about whether or not the EAP is contributing to the total well-being of the company.

The Treatment of the “Troubled” Employee

The second key component of any EAP is treatment of the troubled employee. Mannion (2008) observed that “one of the biggest mistakes made by EAP practitioners is to assume that the troubled employee has no impact on his colleagues or manager” (p. 57). He observes that, according to systems theory, a dysfunctional employee can, and, usually does, affect the total well-being of an organization. Tyler (1989) notes that workplace toxicity has its roots in the organizational culture, and therein lies the responsibility of the employer to deal with a troubled employee. Recent court decisions have supported this notion by affirming that the creation of an environment that is perceived as threatening, offensive or hostile is considered a sufficient basis for employer liability, regardless of the direct experience of an individual member (Kuhn, 1988). Jacobsen and Attridge (2010) contended that EAPs have the potential to make the workplace a better and healthier place to work by treating the troubled employee, accepting the evidence that

healthy employees make for a more productive workplace and protect employers from legal and liability issues.

The Less than Satisfactory Performance of the “Troubled” Employee

According to Mannion (2008), the third key component of an EAP definition is that of the relationship between the troubled employee’s personal problems and unsatisfactory job performance. Companies have come to realize that there is a direct correlation between employee well-being and employee productivity, and that correlation has been substantiated by years of research. A 1985 study found that counterproductive behavior by troubled workers cost Americans 50 billion dollars annually and that cost is increasing 15% annually (Kuhn, 1988)

Most studies indicate the average range of EAP utilization is from seven to 10% of active employees (Blum & Roman, 1992; Every & Leong, 1994; Masi, 1992, 1997). For most EAP programs, utilization rates of 5-8% are acceptable levels though the rates vary for internal compared to external programs (Masi, 1997; Masi, Freedman, Jacobson, & Back-Tamburo, 2002). An estimated 20% of an employer’s work force can be classified as “troubled” employees or those whose personal problems result in an impaired job performance (Hall, Vacc, & Kissling, 1991). A comprehensive study by Yamatani (as cited in McDonough, 2005) of a large manufacturing firm found that nearly 36% of the company’s work force presented problems that could have benefited from intervention.

Every presenting problem is unique in the sense that every employee, at some point in time, experiences a problem or concern that potentially interferes with job performance (Ruzek, 2007). Although EAPs encounter a wide range of problems, some of the most frequently encountered include substance abuse, depression, mental health, workplace stress, legal difficulties, marital and family problems, job burnout, PTSD, and financial problems. Since the

inception of EAPs, workplaces have experienced a “new breed” of problems for the troubled employee that may include gambling addiction, eldercare issues, downsizing, AIDS, sexual harassment and workplace violence (Masi, 1992).

The presenting problems that lead to EAP utilization are difficult to diagnose because they frequently overlap. For example, Blum and Roman (1992) found a high co-morbidity rate between substance abuse and depression among employees who utilized EAPs. In their study, 61% of those diagnosed with substance abuse also had moderate to severe symptoms of depression compared to 48% of employees who did not present substance abuse as their major problem. Some estimates of the occurrence of depression among EAP clients are higher. Selvik, Stephenson, Plaza, and Sugden (2004) found that, in addition to other presenting problems, 60% of EAP clients were assessed as experiencing moderate to severe depression.

Considering the array of problems among troubled employees, it would be impossible to describe the prototypical “troubled” employee. Keeping in mind that there is considerable overlap in the problems of the “troubled” employee, a description of the types of problems encountered by EAPs would be helpful in understanding the basis and natures of EAPs. The “troubled” employees include those who have problems with substance abuse, family concerns, bullying, and health issues. These workplace problems are common to all EAPs regardless of the work setting (Masi, 1992).

Employee assistance programs were originally introduced to work with employees experiencing problems with substance abuse (Jacobson & Hosford-Lamb, 2008). Substance abuse cases account for 30-40% of all persons on an EAP caseload and may constitute 10% of all employees in the workforce (Roman, 1991). This figure is not surprising considering a 1997 study by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2008)

found that 70% of substance abusers were engaged in full-time employment. Although the drug abuse rate is higher among the unemployed, the majority of persons with drug abuse problems are employed. The study found that 22% of recipients felt that illegal drug use was “somewhat widespread” in the workplace. Forty-nine percent of respondents acknowledged that illegal drug use occurs within the workplace, and 32% felt that illegal drug selling occurs at their worksite.

According to a study by Blum and Roman (1992), nearly half of the EAP subjects fell within the moderate to severe range of Beck’s Depression Inventory, even if depression was not the presenting concern. Psychological-emotional problems were the most prevalent problem at the time of referral, comprising nearly 44% of all referrals. Another study by Blum, Martin, and Roman (1992) confirmed the high rate of depression among employees by finding that 31% of all referrals to EAP programs were related to mental health concerns. A more recent study by Kessler, Chiu, Demler, and Walters (2005) found that 26.2% of adults had a diagnosable mental disorder. A study by Lawrence, Boxer, and Tarakeshwar (2002) found that 30% of employees in one setting reported feelings of depression within the past year and another 21% experienced anxiety or nervousness. The need within the workplace for the identification, prevention, and treatment of the “troubled employee” led to the design and implementation of multiple EAP models.

Types of EAP Models

There are several different types of EAP models which are designed to meet the needs of a variety of workplaces (Masi, 1994). Some of the factors involved in the selection of an EAP model include the company size, employee population, and the purposes of the EAP. Some EAPs emphasize early intervention while others may be the last opportunity for troubled employees prior to termination (Straussner, 1988).

One model of EAP is the in-house or internal EAP in which the EAP staff is employed by the company (Straussner, 1988). The model can be located physically within the company, outside of the company, or a combination of both. Masi (1994) asserts that in-house programs can be more cost-beneficial, maintain more company control, have better diagnostic potential, recruit a higher number of referrals from supervisors, and have better acceptance by unions. Straussner (1988) feels that, from the employee perspective, the in-house model offers more face-to-face counseling, and better follow-up than other models. One disadvantage of the in-house EAP is that there is a greater risk of liability because the EAP is company-owned (Lehr & Davis, 1982).

A second type of EAP model is the out-of-house or contractual EAP model in which a contractor provides the EAP services within the company, physically away from the company or both (Masi, 1982). An out-of-house model is also known as an external or contractual EAP. Some of the advantages of a contractual EAP are better accountability, increased confidence in confidentiality, and perhaps greater expertise among the providers (Straussner, 1988). Masi (1994) felt that the out-of-house model offers greater accountability, reduced legal accountability, and greater ease in start-up. Straussner (1988) feels that an advantage of the contractual model is that, if an employer is dissatisfied with the services of the EAP, it is easier to terminate the program.

A third type of EAP model is the consortium in which companies pool their resources to form a collaborative EAP (Masi, 1994). In this model, the provider works with a number of companies thereby reducing EAP costs to each company. Consortia work best for companies with fewer than 2,000 employees in one geographic area.

A fourth EAP model is the affiliate/subcontractor model in which a company or vendor subcontracts with local professionals rather than using salaried staff (Masi, 1994). The advantage of the model is its cost effectiveness. The drawbacks of the model are the lack of accountability of subcontractors and the challenges of measuring the effectiveness of the EAP. The model does not appear to promote utilization.

Combinations of the models are possible and may be desirable depending on the size and needs of the company. If a company wants to promote utilization, it may elect to implement an internal EAP which employees have a better chance of familiarity with the program. If a company is interested in the EAP exclusively as a benefit it may opt for an externally based affiliate. Although combinations are possible, most companies tend to choose one model over another (Straussner, 1986).

Problem Statement

Employee assistance programs are designed to provide services to reduce worker stress and improve adjustment in the workplace (Masi, 1994). The specific design and makeup of the EAP varies by employer but maintains a focus on employee personal and work problems. While many studies (Mannion, 2006; Masi, 1994) have examined EAP services and designs, no study found to date focused on the effectiveness and satisfaction of EAP services where a majority of the employees had disabilities. This study purports to evaluate such an EAP in a company that meets this definition. Specifically, the study will evaluate satisfaction with the EAP program from both the employees and supervisors perspective. Data collection to evaluate the EAP will include reviews of internal reports, employee surveys, and comparison with other EAPs. This dissertation describes how the EAP was developed and designed to accommodate employees with disabilities (EAP/Ds) and will determine whether the EAP/D met or exceeded the original

start-up goals, whether employees and first line supervisors were satisfied with the services, whether administrative stakeholders perceived the EAP/D as effective, and whether stakeholders perceived the EAP/D as effective, and whether the EAP/D compared favorably to a benchmark organization.

Introduction Summary

This introduction has covered the need for EAPs as indicated by the multiple studies and surveys that confirm a rise of stress for the workforce. According to the “Attitudes in the Workplace VII” study by the Marlin Company (2001), 80% of employees reported feelings of workplace stress. Many studies regarding stress have also found that a high number of employees felt their physical health, personal satisfaction, and interpersonal relationships were adversely affected by stress. Many physical problems ranging from sickness, back pain, and high blood pressure, to sleep disturbances have been attributed to workplace stress. The financial cost of stress to companies is manifested in absenteeism, turnover, and lowered production.

CHAPTER II: A REVIEW OF THE LITERATURE

Introduction to the Review

The literature review addresses five areas that are paramount to this study. First, a brief history of EAPs will be presented including the evolution of EAPs from occupational programs that were developed in the 1940s to the modern multi-faceted EAP. Second, literature pertaining to the improvements of EAPs in the 1980s will be examined including the findings of seminal cost-benefit studies such as the McDonnell Douglas EAP study (Attridge, 2010). Third, research about the methods used to evaluate EAP programs is presented as well as current trends in EAPs. Fourth, the literature pertaining to EAPs for persons with disabilities is reviewed that includes a review of a current NIOSH initiative for persons with disabilities that is relevant to the study. Finally, the impacts that the Human Relations movement had on the theoretical background of the study are discussed in depth.

The Origin of EAPs

The scope of EAPs has changed dramatically since their inception. Formerly known as Occupational Alcoholism Programs (OAPs), when they began in the 1940s, EAPs were designed to identify and treat persons with alcoholism (Hutchison & Emener, 1997). The concept was that, if troubled employees could be identified early, problems could be minimized and companies would be able to save money. These OAPs were designed to be cost-effective to companies and to be helpful in the recovery of alcohol-dependent employees. E.I. DuPont de Nemours Company and Kodak Park of Eastman Kodak Company were two of the corporate pioneers in the implementation of OAPs (Jacobson & Hosford-Lamb, 2008). The Yale studies created a plan for businesses to implement OAPs that included employee and supervisory education, consultation, referral for medical assistance, policy development regarding treatment and

discipline, and assessment (Henderson & Bacon, 1953). These OAPs were so successful in terms of presumed cost effectiveness, increased production, and job retention that interest grew in whether OAPs could help other employees (Lydecker, 1985). The Kemper Group in 1962 expanded its rehabilitation program for employees with alcoholism to include their family members and other troubled employees, and this became a landmark event in the evolution of EAPs (Masi, 1984).

Impact of the Rehabilitation Act of 1973

Another major advancement in EAPs serving persons with disabilities occurred with the passage of the Rehabilitation Act of 1973 (P.L. 93-112). Section 503 of the act limited discrimination in employment by private employers who received federal funds. It required employers with contracts or subcontracts with the federal government in excess of \$2,500 to take “affirmative action to employ and advance the employment of qualified” individuals with disabilities (Statute. 393). By requiring programs or facilities with federal funding to make an effort to accommodate persons with disabilities, the Rehabilitation Act of 1973 made the treatment of employees with disabilities a legal consideration. As a legal concern, it also provided EAPs with the added responsibility of ensuring that opportunities for persons with disabilities were reasonably provided by federal employers or contractors. Additionally, in 1978, the U.S. attorney general defined handicapped to include alcoholism and drug addiction (Masi, 1992).

Benefits of EAPs for All Workplace Stakeholders

The growth rate of EAPs continued to improve during the 1980s as early identification, counseling and referral services remained the mainstay services (Hutchison & Emener, 1997). As EAPs were perceived to be helpful in job retention and reducing absenteeism, services were

becoming broader, and more companies became interested in developing EAPs (Finney, 1985; LeRoux, 1982; Roman, 1981). A landmark study in 1985 by the U.S. Department of Health and Human Services (as cited in Hartwell, Steele, French, Potter, Rodman, & Zarkin, 1996) found that 24% of companies with more than 50 employees offered an EAP. In 1988, the U.S. Department of Labor (DOL) conducted a more comprehensive study and found a greater prevalence of EAPs. While only 6.5% of worksites offered EAPs, nearly 31% of all employees were covered by an EAP and approximately 71% of companies with more than 1,000 employees offered an EAP. One reason for the increased growth rate of EAPs was their perceived cost effectiveness. EAPs were marketed to businesses as being cost beneficial even though a comprehensive study had not been completed.

The McDonnell Douglas EAP study was a landmark study in determining the cost benefits of EAPs to corporation stakeholders (Smith & Mahoney, 1990). The McDonnell Douglas study was the initial study to focus on the money saved in reduced medical costs and lowered absenteeism rates. There had been a few prior studies that examined EAPs from a cost-benefit perspective but their cost-benefit analysis of EAPs to companies was primarily anecdotal and based on success stories (French, Zarkin, & Bray, 1995). Although there was anecdotal evidence that supported the benefits of EAP programs, there was very little substantial evidence to support their financial worthiness.

The McDonnell Douglas EAP study was initiated because the company wanted to expand its EAP and wanted to justify its financial investment. In 1985, the management of the McDonnell Douglas Corporation told its EAP administrator, Daniel Smith that he could reorganize and expand his program, but that he would have to show a convincing return on investment if he wanted company support (Stern, 1990). Prior to expansion, the company EAP

was an internal model that served employees with alcohol problems. As part of its expansion plan, the company wanted to extend services to include mental health, family, and work-related issues.

The study design involved the comparison of two groups. The “study group” consisted of employees who had utilized the EAP in 1985 and were followed over a four-year time period from 1986 through 1989. The non-EAP group was a group of employees who had not used EAP services but had medical claims for substance abuse or psychiatric conditions. The groups were identified by going through filed medical claims and identifying those who had received EAP services.

The study concluded that, over a five-year time period, the employees who had used the EAP fared better than those who had similar problems who did not utilize EAP services. According to the findings, the company’s EAP saved four dollars for every dollar invested (Stern, 1990) as determined by several factors. First, it was observed that the beneficiaries of EAP services missed fewer workdays than non-EAP employees (29% fewer for employees with substance abuse issues and 25% fewer with psychiatric problems). Second, the EAP group had fewer job terminations (42% fewer for those with substance abuse problems and 28% fewer for those utilizers who had psychiatric problems). Third, medical costs were also lower for those who utilized the EAP. Over a five-year time period, medical costs were \$7,150 less for expenses related to substance abuse and \$3,975 for utilizers of the EAP who had psychiatric problems. Finally, the medical costs accrued by the families of EAP utilizers were lower. For the EAP utilizers, the medical expenditures for families of the affected substance abuser was \$14,728 less over a five-year time period and \$8,762 less for families of the affected employee who had psychiatric problems.

The McDonnell Douglas EAP study was not without its critics. Attridge (2010) had several concerns about the study's methodology. First, the study overlooked key methodological elements such as the rate of EAP utilization, the average number of sessions per utilizers of EAP, services provided by the EAP, and how much contact the EAP had with the utilizers over the five-year time span. Second, Attridge did not feel there was sufficient information about the type of treatment provided by the EAP or about the type of services to family members. Finally, the study examined only the high severity cases. There was little information about the other 90% of EAP utilizers and what was provided to them by the EAP. It appeared that the worthiness of EAP was related to the utilizers who were in need of more extensive services.

Despite perceived weaknesses in the methodology, the McDonnell Douglas EAP study was a pioneering effort in demonstrating the financial benefits of EAPs. It was also among the first to explore the cost-benefits of EAPs to family members who received EAP services thereby opening the door for more extensive services. As a result of the McDonnell Douglas study, more employers became interested in EAP services as a means of saving money for their companies (Bannerman, 1992; Stern, 1990).

Evaluating EAP Programs

Despite the rise in EAPs, there has been little research in the area of how to effectively evaluate EAP programs (Bannerman, 1992; Masi, 1994). One of the few studies that developed a scientific methodology for evaluating the costs and benefits of EAPs was conducted by French et al. (1995). The primary purpose of their research was to provide methodological guidance for future studies on EAPs. The basis for their research was a case study analysis of seven EAP programs over a course of three years.

The researchers developed four components of an evaluation strategy for EAPs that they believed had wide applicability. The first component involved a process description to understand the structure, operating environment, and goals of the EAP. The process evaluation included a history of the EAP, the year of formation, any changes in the structure of the EAP, and the EAP's utilization rate and staffing structure. The second step of the process evaluation included a description of the operating environment including the workforce demographics, type of industry, and EAP support. For the process evaluation, the evaluator should explain all of the operating characteristics as well as constraints of the EAP. The third step identified the EAP goals. Because most EAPs have multiple goals, the researchers recommended the identification of the full range of services before beginning the evaluation. Finally, the important cost and outcome variables were identified. Some examples of measurable outcome variables include absenteeism, health insurance claims, and accident rates (French, Zarkin, & Bray, 1995).

Even with the careful specification of an evaluation model, French et al. (1995) pointed out that an EAP outcomes study poses at least four challenges to the evaluator. The first challenge has to do with data collection and the availability of historical data. It is unusual to find a stable EAP model that has been operating continuously for more than five years that has been without change. Second, data constraints can also limit sample sizes. If, for example, an EAP has low utilization rates, small sample sizes for the information and comparison groups will have small statistical power. Third, the level or intensity of an EAP service is difficult to quantify for evaluative purposes. Finally, EAP evaluators may be prematurely expected to demonstrate that services are cost beneficial. Worksite managers are often under pressure to demonstrate "bottom-line" results when evaluating EAP programs, particularly if the program is an internal EAP (French et al., 1995, p. 10).

Trends in EAPs

Multicultural and Diversity Issues

Employee Assistance Programs have changed constantly in order to stay abreast of trends in the workplace. Lippman's (1999) article, *This is not your father's EAP*, noted that EAPs had come a long way from their original focus on traditional work-related problems and emphasis on substance abuse. Innovations in EAPs have come in response to employers' desire to integrate EAP services with the needs of employees outside the workplace, such as wellness and quality of life concerns. Thus EAP services are now designed to identify and resolve "personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues" (EAPA, 2011a). These broader services have met the needs of both employers and employees.

Despite the broader services of EAPs and the wider range of populations served, there has been very little research completed on the multicultural aspects of EAP programs (Thomas, 1990). According to a 2011 Bureau of Labor Statistics (BLS) report, the U.S. labor force is rapidly diversifying. By 2016, 70% of the workforce will be women and/or Black, Latino or Asian. By 2043, Caucasians will represent less than 50% of all Americans. The accelerated growth rate of an increasingly diverse workforce indicates the necessity of a multicultural approach to the delivery of EAP services.

Diversity programs in the workplace are based on the premise that the proper management of cultural differences will strengthen work relationships while poor management fails to recognize differences, causes divisiveness among employees, and creates a work environment that is stressful. Cultural sensitivity can enhance the potential capabilities of all workers by respecting differences and promoting strengths (Thomas, 1990). Copeland (1988)

noted that, in contrast to assimilating employees into the traditional ways of doing business, the advocacy of cultural sensitivity brings new ideas, benefits, and higher morale to the workplace.

McDonough (2005) feels that low-wage earners experience pervasive problems in the workplace and that alternate strategies are needed to attract, retrain, and retain low-wage earners. Based on her study of low-wage earners, McDonough espoused several findings related to EAP services. First, she found that low-wage workers were unlikely to experience counselor support from a practitioner from similar ethnicity thereby enhancing the need for cultural sensitivity. She proposes that multicultural awareness be a common practice within EAP programs. Butterworth (2001) goes as far to say that employee orientations should include the de-stigmatization of EAPs and topics related to cultural diversity. Second, McDonough feels that low-wage EAP utilizers may need more concrete assistance in addressing healthcare needs. She further adds that the provision of more tangible services might enhance EAP utilization and lay the foundation for long-term interventions. Maiden (2003) advocated that case management should be a core function of EAPs that provide services to low-wage earners.

Employees with Disabilities

The growth of EAPs has also facilitated workplace integration of employees with disabilities. Following the introduction of the Americans with Disabilities Act (ADA) [P.L. 101-336] in 1990 (as cited in Parker & Szymanski, 1998), EAP counselors are asked to assist with the accommodation of qualified employees who have disabilities. Under the ADA, no employer with 15 or more employees can discriminate against a qualified individual with a disability in regard to job application procedures; hiring, advancement, discharge or employee compensation; job training; and other terms, conditions, and privileges of employment. Thus, with the advent of

ADA, the EAP role of assisting troubled employees with adjustment is no longer simply a responsibility but a legal obligation.

The ADA affords the potential to expand creatively the roles of EAP counselors in the provision of services to employees for the purposes of retention and personal adjustment. Although retention has been a long-standing EAP goal (Kiernan & McGaughey, 1992), the emphasis on retention may be heightened by the ADA mandate of providing reasonable accommodation for qualified individuals with disabilities (§§ 101-102). Under Title I of the ADA, employers are required to examine multi-pronged ways of assisting employees who acquire a disability in order to retain present employment. Through ADA provisions, EAP counselors have the opportunity to offer expertise in a multitude of ways which involve creativity and innovation (Asner-Self & Leconte, 2002). These include the recruiting and hiring process of persons with disabilities, providing or coordinating sensitivity or awareness training (or arranging for training by a state vocational rehabilitation counselor or ADA specialist), performing mediation services for employers and employees, counseling with employees about adjusting to disabilities, and coordinating rehabilitation resources and services. Through the nondiscrimination provisions of ADA, the EAP has the potential to be an early step in the process of providing reasonable accommodations rather than being the last step before the exit door.

There were only two studies in the literature that examined EAPs that were specifically developed for employees with disabilities. Kiernan and McGaughey (1992) developed an EAP that was specifically intended for persons with disabilities (EAP/D) and initially focused on employees at a pediatric children's hospital in Boston employing 3,200 persons. The target group

population included the troubled employee with a disability, the front line supervisor, and family members of employees with a disability.

The EAP/D utilized the basic mission of EAPs to provide services to employees with disabilities. Due to restrictions in funding for the study, only employees with developmental disabilities could be served during the first nine months of the study. About nine months into the project, an expanded definition of disability was introduced when it was apparent that supervisors were unable to distinguish a developmental disability from other types of disabilities. Persons who had a diagnosis of substance abuse were not in the target population for reasons that were not clearly specified.

Several types of EAP services were available to referrals through the EAP. Counseling or referral services were available for work-related or personal problems. The EAP provider was a rehabilitation counselor who had specialized training in counseling for persons with disabilities. Consultation was offered to assist supervisors who were working with employees who were experiencing job difficulties. A referral to the program was required for any supervisor who was involved in a corrective action involving an employee with a disability. Finally, consultation and referral services were available to family members with disabilities.

After eighteen months of service, the EAP received 51 referrals. Of those, 44 followed through and were seen by EAP staff. Over half (52.2%) of the referrals were self-referred followed by, manager referred (40.9%), or referred by another EAP counselor (6.9%). The majority of the referrals were diagnosed with mental retardation (66%), followed by seizure disorder (17%), and physical disability (17%). Although Kiernan and McGaughey (1992) did not compile specific data on secondary diagnosis, they felt that “many of those served probably had a secondary disability of an emotional or psychological nature” (p. 59).

The outcome findings of the 44 referrals to the EAP were mixed. Nineteen (43%) of the 44 referrals had improved or resolved issues, for 12 (27%) of the referrals there was no reported change, and in 13 (30%) of the referrals the situation worsened. In 40.9% of all referrals (18 cases), a rehabilitation professional from an outside source was used as a resource. According to Kiernan and McGaughey (1992), “the most difficult cases were those that involved family members that required considerable intervention and more support than the EAP could offer (p. 59).

There were several positive outcomes from the study which was the first formal EAP to provide services exclusively to persons with disabilities. First, according to the researchers, it may have been instrumental in saving the jobs of several employees. There were 10 supervisor consultations leading to an early intervention which possibly avoided disciplinary action. Follow-up on these cases found that 80% were still employed. Second, the findings of the study indicated the importance of early intervention. Finally, the study indicated that the EAP mechanism can play a role in assisting the employee with a disability.

One of the findings of the Kiernan and McGaughey (1992) study was the necessity of an EAP/D to provide accommodations for an employee with a disability. The researchers found that the two services that distinguished the EAP/D from a traditional EAP were the redesigning of job duties and restructuring of work environments (22.7% of all services provided).

The most current study on EAPs and employees with disabilities was conducted by Anema and Sligar (2011) who evaluated a pilot EAP program for employees with a disability. Unlike the EAP developed by Kiernan and McGaughey (1992), the pilot EAP was well integrated and was utilized by employees with disabilities and employees without disabilities.

Despite the uniqueness of the study, there were several concerns that were not addressed. First, there was little information about the evolution of the EAP/D. In the development of a program for employees with disabilities, it would be helpful to know how the provision of services differed from a more traditional EAP. Secondly, it would be helpful to know what services were most beneficial to employees with disabilities.

NISH as an Employer of Persons with Disabilities

In 1974, a national non-profit agency, NISH, was established “whose mission is to create employment opportunities for people with severe disabilities by securing Federal contracts through the AbilityOne Program (formerly the Javits-Wagner-O’Day program) for its network of community-based, nonprofit agencies” (parenthetical information added; NISH, 2011a). NISH reports that nearly 43,000 individuals work at more than 600 participating agencies throughout the United States selling products or services to the federal government (NISH, 2011b). NISH approves two types of affiliations: affiliates and producing affiliates. Affiliates are “organizations that are interested in being a NISH affiliate, but at this time do not have a service or product for the Federal Government under the AbilityOne Program,” and producing affiliates are “those organizations that have been ‘authorized to produce’ under the AbilityOne Program by the Committee for Purchase; meaning that the organization is producing products or providing services under AbilityOne” (NISH, 2011b, p. 1).

On January 10, 2010 the Committee for Purchase unanimously recommended a concept that would promote the maximum employment potential of AbilityOne employees who are blind or severely disabled (Retrieved from <http://www.prnewswire.com/news-releases/quality-work-environment-for-people-who-are-blind-or-severely-disabled.com>). The concept, known as the Quality Work Environment (QWE) initiative, emphasized the betterment of work environments

by promoting choice, improved workplace supports, competitive wages, a clear career path, ongoing training, and several other key benefits for employees with disabilities. As a program-wide framework for AbilityOne programs, the QWE initiative was intended to be an ongoing improvement process that could be tailored to the needs of each AbilityOne program.

According to the Quality Work Environment Guidebook (2011), the initiative had several important implications for the advancement of employees with disabilities. First, QWE advocated for the implementation, identification, and sharing with employers of best practices measures to provide employees with disabilities enhanced employment opportunities, improved wages, and upward mobility. While the ADA was an important initiative for the employment and retention of persons with disabilities, it focused principally on nondiscrimination measures. The QWE was an important NISH initiative that focused not just on employment issues but quality of life issues.

Second, some of the best practice guidelines that were developed had important implications for creating changes in the workplace for an enhanced quality work environment (Quality Work Environment Guidebook, 2011). Some of the best practices guidelines in the QWE initiative included the introduction of universal design principles for employees with disabilities, providing a healthy work environment for all employees, expanding the knowledge of accommodations and accessibility to the community, demonstrating the value of employees with disabilities, providing an inclusive culture through techniques used in the workplace, and taking responsibility for the development of supervisors.

Third, the QWE initiative seemed to support the need for EAP/Ds within the NISH affiliate workforces in several aspects. First, the best practices advocated by the QWE initiative are consistent with the best practices promoted by EAPs for “troubled employees”. The purposes

of most EAPs transcend the principles of employee retention and delve into the satisfaction of employment (Mannion, 2006; Masi, 1994). Second, most EAPs advocate that the principles of best practices be applied to the entire workplace not be solely limited to employees with disabilities.

Starting the EAP for Employees with Disabilities

The EAP program being evaluated is an internal program at an AbilityOne company that is NISH affiliated. The counselor for the EAP is a Licensed Professional Counselor (LPC) who is employed part time (approximately 15-20 hours per week). The company mission is to *help persons with disabilities attain a higher quality of life through the attainment of their vocational goals* (L. Ross, personal communication, May 5, 2011). The not-for-profit company, which employs over 200 persons, meets NISH labor force requirements; that is, at least 75% of its direct labor employees have a severe disability. A direct labor employee is an employee who has direct contact with the product being manufactured. Some examples of employees are those who are involved in the production of picture/certificate frames and battery terminal lugs, battery packaging and distribution, custom framing and chair caning, and commingled recyclables sorting services. The director of rehabilitation programs reported to NISH in 2008 that approximately 87.71% of employees in direct labor positions met this requirement. In all, there were approximately 152 employees who were classified as direct labor.

The EAP began in December, 2005, as part of a Kate B. Reynolds Charitable Trust Grant whose purpose was to establish an EAP to aid employees with disabilities in their adjustment to competitive employment. An analysis of persons served by disability in 2004 showed the following disabilities: developmental disabilities (55%), mental illness (27%), borderline IQ (5%), physical disabilities (5%) and other (8%). The EAP model designed for the NISH affiliate

company was unique because there was very little information in the literature about EAPs and employees with disabilities (EAP/D). The EAP developed by Kieran and McGaughey (1992) was designed for the target population of employees who had developmental disabilities. According to the interviews with NISH personnel, there was not another known NISH program that had an internal EAP program nor was there information in the literature about the process of designing a program for employees with disabilities. As a pioneer program, there were several unique considerations that had to be made in start-up.

Concerns about EAP Utilization

One of the foremost concerns in the EAP/D start-up had to do with utilization. One of the criteria for the success of a new EAP has to do with whether or not employees utilize the services. Getting employees with disabilities to utilize the EAP/D was the ultimate goal in start-up (B. Jones, personal communication, December 5, 2005). Once the EAP was integrated with other programs in the company, other needs and changes could be explored. If the employees viewed the EAP/D negatively and it was not accepted by employees, the quality of the services offered would be irrelevant and the program would fail. One potential barrier to utilization involved the potential for a negative perception of employees toward the EAP/D which could affect utilization in several different ways.

Braun and Novak (1986) were among the first researchers to examine EAP utilization and demographics. The objective was to identify who used EAP services and determine what factors contributed to utilization. In a survey of EAP managers, they examined groups of employees who were the utilizers and non-utilizers of EAPs. Somewhat surprisingly, the largest group of employees who did not utilize EAPs were employees who expressed high levels of stress (79%). Although this finding appeared contradictory, it was not unlike the findings of

PTSD studies that found persons closest to the epicenter of trauma are also those who are least likely to seek assistance (Matsakis, 1996). A study by Wrich (1980) found that only 2 to 3% of those who were impaired employees sought EAP services. Professional and administrative staff (73%), employees over the age of 50 (61%) and male employees (42%) were also less likely to utilize EAP services.

While Braun and Novak (1986) did not speculate about the reasons for non-utilization, there may have been resistance among groups such as administrators, professionals, employees over age 50, and men, there may have been some resistance due to skepticism or concerns about self-image. What the researchers did find was that employees did not want to utilize EAPs for a variety of reasons. Some of the reasons presented by non-utilizers included denial of the problem or a lack of need for services (11%), feelings that the problem could be handled without EAP (10%), a belief that the use of EAP would devalue them (7%), a belief that EAP was for others (6%), lack of information about the EAP (6%), concerns that EAP was not confidential (6%), resistance to change (5%), lack of supervisory support for the program (5%), and concern about personal job security (5%). While there did not seem to be one overwhelming reason to explain why employees did not utilize EAP services, there were at least nine nagging concerns that were barriers to utilization.

Braun and Novak (1986) also examined some of the reasons for EAP utilization. Among the major reasons for reasons for EAP utilization was confidence in the EAP (20%), openness to change (10%), desire to seek services because of peer referral (10%), convenience of the EAP (7%), Supervisory support (6%), alternative to job loss (5%), and perception of the need for help (5%). Statistics pertaining to mandated EAP referral were not reported.

There are many factors that influence EAP utilization. First, if employees with a disability perceived the EAP/D solely as a program for the disabled, the program could develop an irreversible stigma. Many persons with disabilities might avoid a program because it had negative connotations and association for utilizers (Gordon, Mines, & Holden, 1990; Grand, Bernier, & Strohmer, 1982; Strohmer, Grand, & Purcell, 1984).

Second, many EAPs develop stigmas because they unavoidably deal with mental health or substance abuse issues. One of the concerns of start-up was whether or not EAP referrals would perceive the EAP as a “mental health” program which is not a totally inaccurate perception since more than 50% of EAP clients may experience mild to moderate levels of depression (Selvik et al., 2004). The “mental health” stigma is enhanced by the negative perception of mental illness even when compared to other disabilities. In a study of preference toward certain disabilities, mental disorders consistently receive the most negative evaluations when compared to physical disabilities (Furnham & Pendred, 1983; Jones, 1974; McDonald & Hall, 1969). In a study of preferential ranking, Tringo (1970) found that physical disabilities were the most preferred, sensory disabilities were second, and brain trauma ranked third. Alcoholism, emotional disturbance, and mental retardation were least preferred. The implication for the start-up of the EAP was to somehow minimize the stigma that might be associated with the utilization of the EAP/D.

Perhaps the best way to minimize a stigma within an EAP designed for employees with disabilities is through comprehensive integration within the company. Comprehensive integration entails the broad acceptance of the EAP throughout the company where it is perceived to “belong” to the stakeholders. Mannion (2006, 2008) asserted that integration is the key to a successful EAP program. Without the proper adoption of the program, EAP would be

only another benefit program. Blair (2002) contended that, for an EAP to be effective, the program must be an essential component of the organization, a wholly integrated subsystem with specific purposes or ends within the larger system. She further notes that EAP must be seen to be a part of the system, such as the human resources department.

In order to properly assimilate the EAP/D into the company, an exploratory meeting was held in November, 2005 to discuss the purposes of the EAP/D, to determine what special accommodations might be needed to enhance utilization, and to identify what the various needs of stakeholders might be, including supervisors, managers, and employees with disabilities. Included in the exploratory meeting were the company vice-president, the human resources manager, and the director of rehabilitation services. The purposes of the EAP/D were seen as being commensurate with the mission of the NISH affiliate company which was *to help persons with disabilities attain a higher quality of life through achievement of their vocational goals*. The consensus of the meeting was that integration and utilization had to be the primary foci of the EAP/D. Once the EAP/D was accepted by the stakeholders, adjustments in the delivery of services could be made.

Several ways that that the EAP could enhance the mission statement were examined and several recommendations were made. The first recommendation of the exploratory committee was that an on-site EAP should be implemented instead of an external EAP. It was felt that an in-house EAP was more accommodating to the needs of employees with disabilities who had transportation needs. Many of the direct labor employees relied on public transportation as evidenced by the location of a public bus stop in front of the company's building. It was estimated that less than 50% of the company's direct labor force had their own transportation (L.

Ross, personal communication, December 5, 2005). By providing an on-site program, the EAP program was accommodating employees who had transportation problems.

It was hoped that integration could occur more easily through an in-house program, thereby enhancing the prospects of acceptance and utilization. Mannion (2006) correctly notes that acceptance and utilization are directly related. It was hypothesized that, by having more direct exposure to the EAP program, employees with disabilities would feel more comfortable in utilizing the services. A study by Straussner (1988) found that in-house programs generated a greater number of supervisory referrals. In a study contrasting in-house and external EAPs, it was found that in in-house programs, supervisors made 31% of EAP referrals while only 14% of external programs received supervisory referrals. The exploratory committee felt that an in-house EAP could more easily establish rapport with employees as a result of visibility and enhanced communication.

The parties in the exploratory meeting felt that an internal EAP would have more communication with stakeholders which would be more helpful in accommodating the needs of employees with disabilities. Since the EAP/D was new in all aspects, it was anticipated that adjustments would be necessary and, in working with employees with disabilities, the flexibility of services was an important consideration. Straussner (1988) found that 14 EAP services for external and in-house EAPs were “remarkably similar across all programs” (p. 53). The biggest difference in the delivery of services was that in-house EAPs appeared to be more adaptive in meeting organizational needs. In Straussner’s study of 23 private-sectors, management-sponsored EAPs, 67% of the in-house EAPs developed short-term programs to deal with company reorganization needs or special health concerns, whereas only 25% of external EAPs developed short-term programs. It would seem logical that an EAP/D would have to be adaptive.

An in-house program that had an internal view of the company would have a clearer view of job duties and essential job functions thereby gaining a better understanding of what a “reasonable accommodation” might entail. If the in-house EAP/D had a healthy relationship with supervisors, managers, and human resources, it would make it that much easier to implement “reasonable accommodations” for employees with disabilities.

The Role of the Supervisor in the Start-Up of the EAP

One of the keys to the utilization of a new EAP is supervisory involvement (Cagney, 2006; Masi, 1992; Myers, 1984). In addition to understanding concepts critical to an EAP such as early intervention, supervisors must be supportive of the EAP program by viewing it as an integral part of the company and not as another fringe benefit. Myers (1984) contended that, for a new EAP to survive and be successful, it must have supervisory support. Supervisors in the new EAP would be heavily relied upon for disseminating information about the availability of the EAP, encouraging employee utilization, and the referral of the “troubled” employee to the EAP. Cagney (2006) believes that 20% of all EAP referrals are supervisor-initiated and that the number of supervisor-generated referrals is a barometer for the health of the EAP. Supervisory referrals to the EAP may be the main portal of entry for the “troubled” employee who may be costly to the organization.

There were potentially three types of supervisory referrals for the new EAP. One type of referral might involve disciplinary action in which the employee received either a verbal or written warning. A second type of supervisory referral could involve early intervention as a means of avoiding a disciplinary procedure. If, for example, an employee appeared agitated toward his or her co-workers and the supervisor was concerned about the possibility of “acting-out” behavior, a supervisory referral could be initiated even though a write-up was not involved.

In such cases, early intervention might avert disciplinary action. A third type of EAP referral could be an instance in which an employee is experiencing a normal life stressor that has not led to impaired job performance but could benefit from EAP services nonetheless. An example of a normal life stressor could be any short-term stressor that occurs in day-to-day life but is not debilitating in nature.

Mannion (2008) contends that, if supervisory referral is essential to the success of a new EAP, supervisor training is the “cornerstone” of the EAP (p. 73). Since supervisors will be among the key stakeholders in the EAP start-up, they should have a working knowledge of EAP policies, procedures, and purposes. As referral sources to the EAP, supervisors should have a thorough understanding of the advantages of an early intervention versus the prospect of escalation with “troubled” employees. On a positive note in the training of supervisors, most of the supervisors employed by the NISH affiliate company had significant experience in supervising employees with disabilities. Five of the eight supervisors who worked with direct labor had more than five years of experience as a supervisor of employees with disabilities (P. Machia, personal communication, September 9, 2010).

One of the primary goals of the supervisory training for the EAP/D was to encourage utilization through education (Myers, 1984). If supervisors were willing to refer to the EAP/D, several potentially healthy outcomes can occur. First, referral to the EAP/D presented an opportunity to develop a working relationship with the referring supervisor which would be a step toward integration and comfortableness with the program. Second, as the EAP/D becomes integrated into the supervisory realm, the referral process could flow more naturally thereby allowing the EAP/D to expand upon services. One natural transition from supervisory referral could be the EAP/D services of consultation and education. Finally, through the experience of

referral to the EAP/D, the supervisor would become more accustomed to the practice of early identification and the EAP/D could be more effectively utilized.

Mannion (2008) emphasized that the EAP practitioner must be aware of the challenges faced by supervisors. If the training content is too far removed from the actual responsibilities of the supervisor, the training would appear to be meaningless and EAP would be met with resistance. Mannion (2008) contends that, “if the training is too abstract, formulaic, or mechanical, supervisors would be skeptical or frustrated” (p. 73). Googins (1989) noted that pragmatic training is necessary in order to produce supervisors who are both knowledgeable and willing to use an EAP. Training is also a means of gaining supervisor support, thus maximizing EAP utilization and effectiveness.

Supervisors for the NISH affiliate company were subject to experience conflicted roles. While the non-profit corporation has the normal production and deadline expectations of all companies, the supervisors had to be constantly aware of accommodating the needs of employees with disabilities. Within many companies, the mission statement may be related to the quality of production as a primary goal and employee well-being as a secondary goal even though these goals are not mutually exclusive (Roman, 1990). Within the NISH affiliate company, supervisors were not only expected to meet production goals but were principally accountable to the company’s mission statement *to help persons with disabilities attain a higher quality of life through achievement of their vocational goal*. If the EAP/D lost sight of the conflicted roles that supervisors may experience, supervisory acceptance could be jeopardized.

Supervisory Training

A two-hour workshop was held for supervisors in December, 2005 to introduce the EAP/D and begin the solicitation of referrals. The goals of the workshop were to develop

rapport, familiarize supervisors with the EAP/D, explain the purposes of the program, how to initiate referrals, and, perhaps most importantly, define the supervisory roles in the EAP/D. The multiple roles of the supervisor were emphasized because supervisory involvement was so integral to the success of the EAP/D. Mannion (2008) correctly noted, “when the supervisor knows that the EAP is there to support him in his efforts, he is much more likely to use it, and it is precisely for this reason that the training should emphasize strongly the function of the EAP as a resource or support for him-and more than a resource since it is, in the best sense of the word, a partnership-designed to perform certain functions that can make his job more satisfying and available when he needs it” (p. 106).

In order to educate supervisors about their roles in the EAP/D, a modified stress cycle model based on a design by Charlesworth and Nathan (1984) was utilized to explain the progression of workplace stress and how it impairs performance. The stress cycle model was chosen for several reasons. First, it was felt to be an ideal model to convey how the properties of stress are both cumulative and cyclical (Holmes & Rahe, 1967). The notion that stress was an integral part of living with a disability and often related to the rehabilitation process was believed to be an important conveyance for supervisors (Goodwin, 1980). In other words, stress at home affected employees at work and vice versa. Second, the modified stress model was felt to present an opportunity to discuss the value of supervisory early intervention. Mannion (2006) felt that the direct line supervisor is in the best position to recognize early performance problems and may play the most important role in detection and intervention.

There were six components involved in the supervisory training. The first component of training involved the early identification of stressors in the workplace. This training component is necessary according to Myers (1984) who felt that, in order to be truly effective, supervisory

training must explain the pervasiveness of problems in the workplace. Holmes and Rahe (1967) contended that stress occurs in conjunction with demands and major changes in life. Any new job demand or change is likely to be an employee stressor. Since the effects of stress tended to be cumulative, the more stressors that are encountered by employees, the more likely the probability of stress culmination. In this training component, supervisors were asked to identify stressors that they had witnessed in their work areas. Some of the stressors that were discussed included work overload, deadline pressures, performance reviews, problems with coworkers, and bullying. Change, in almost any work environment, was considered a major stressor (Charlesworth & Nathan, 1984). Over one-half of the supervisors were aware of problems that their employees were experiencing at home which they believed to be contributors to problems at work. Interestingly, few of the workplace stressors seemed related to disabilities. It was noted by at least one supervisor that, on occasion, employees with disabilities might have more trouble adjusting to a new task as a result of the employee's disability, especially if it appeared to be a learning disability.

The second component of supervisory training emphasized the symptoms that occurred as a result of stressors. It was explained in the training that workplace stressors are only problematic if they result in prolonged or intense stress-related symptoms. Some examples of the common stress-related symptoms that were in the EAP/D training included anger, irritability, displacement, depression, poor concentration, fatigue, and noticeable changes in personality. Through the observation of significant stress-related symptoms among employees, the conscientious supervisor will have the wherewithal to make referrals to EAP services to prevent the continuation or exacerbation of symptoms.

Anger has been a growing concern in the workplace (Shulskis, 1996). Supervisors were encouraged to refer to EAP whenever they had concerns about employees who demonstrated worrisome symptoms of anger. The Attitudes in the American Workplace VII study (Marlin Company, 2001) was one of the earliest to examine the widespread extent of workplace violence and the relationship of stress to workplace violence. Fourteen percent of respondents said they had felt like striking a coworker in the past year but did not act upon their feelings, 25% felt like yelling or screaming, and 10% were concerned about an individual coworker who they felt could become violent. Nine percent of all employees were aware of an assault or violent act within their workplace. It was noted that the EAP could be a valuable resource in working with employees who had anger issues.

It was pointed out as part of supervisory training that there are many stressors that occur regularly in life that could automatically warrant an EAP/D referral. Even though most life or workplace stressors are short-lived and have few permanent ramifications, there are several that may be considered to be life-altering stressors (Holmes & Rahe, 1967). Some examples of potentially life-altering or “super stressors” include grief, serious family illness, and any concern about the loss of one’s job. When employees experience “super stressors”, despite their normalcy, there is a strong likelihood that they and/or family members will struggle with the aftermath. In EAP/D training, the supervisors were encouraged to refer quickly after the occurrence of a “super stressor” rather than wait for serious symptoms to occur. By encouraging employees to seek EAP/D services, the supervisor was being both supportive and preventive. The policy of confidentiality for the EAP/D was strongly emphasized throughout supervisory training to encourage further referrals to utilize EAP services.

The third component of the training involved increasing supervisory awareness of the “troubled” employee whose job performance has been impaired by the magnitude of stress-related symptoms. Myers (1984) feels strongly that, for an EAP to operate effectively supervisory training must detail the relationship between employee’s problems and problems with work deficiencies. The problem-work deficiency simply means that, if an employee is experiencing problems on-the-job, there may be a stress-related etiological basis behind the work problem. Stress-related symptoms can lead to problems with lowered quality and quantity of work, absenteeism, and/or changes in employee attitude. It was explained to supervisors that the EAP/D presented an option for supervisors to be able to assist “troubled” employees as a viable alternative or, in conjunction with disciplinary action.

The fourth component of EAP/D training for supervisors focused on the cyclical nature of the stress-performance relationship. Supervisory training, in order to be effective, must explain how supervisors can do a better job by reducing performance deficiencies (Myers, 1984). The competent supervisor is likely to understand that, if left untreated, performance issues can become added stressors. For example, if an employee is experiencing a major life stressor such as a marital or family problem, that employee may experience such stress-related symptoms such as difficulty in concentrating or fatigue that could impede work performance. If the impaired work performance becomes problematic, the employee becomes classified as “troubled” and could be written up or become at risk for dismissal. The impaired work performance thereby becomes another stress symptom in addition to the marital or family problem. Since stress has a cumulative property and is not compartmentalized, the likelihood of further stress symptoms is exacerbated (Holmes & Rahe, 1967). Without intervention, the exacerbation of stress symptoms has the potential to create even more problems for the employee thereby perpetuating the

unhealthy cycle. Charlesworth and Nathan (1984) refer to the stress-turned-stressor dynamic as the two stress cycle because of the self-reinforcing nature of the problem. The long-term effects of the workplace stress cycle may result in health issues or substance abuse issues which, in turn, become stressors themselves.

One purpose of explaining the workplace stress cycle was to illustrate the importance of early intervention which was one of the basic premises of EAPs (Googins, 1989; Mannion, 2006, 2008; Masi, 1984, 1992). By explaining that the properties of stress are cumulative and cyclical, the training was designed to encourage supervisors to utilize the EAP/D before the employee's problems worsened. Early intervention can be the difference between a quality EAP and a mediocre EAP in which intervention occurs just before the exit door (Googins, 1989). Another purpose of explaining the workplace stress cycle was to emphasize the importance of the supervisory role. Through recognition of stressors, stress symptoms, and characteristics of the "troubled" employee, supervisors are key players in all EAPs.

The fifth component of supervisory training explained how to initiate an actual referral to EAP/D. Masi (1992) felt strongly that supervisors making referrals to an EAP should understand the program policies and procedures, and should be clear about their own role. That is, supervisors are not diagnosticians, but should be supporters and referrers to the EAP. In order to encourage utilization, the referral process was made as simple and convenient as possible. One of the concerns in utilization was whether or not supervisors felt comfortable in speaking to an employee about contacting the EAP/D. If a supervisor felt uncomfortable in any way, the message was made clear that the EAP counselor would be available for assistance. As noted earlier, one of the goals of supervisory training was to encourage rapport in order to promote the integration of the EAP/D program.

Services Provided by the EAP/D

Another component of training involved an explanation of what services were offered by the EAP/D. The services provided by the new program included assessment, counseling and referral, consultation, mediation, team building, and emergency response. Although the services were described in-depth, it was also noted that the services would be individualized in order to accommodate the needs of employees with disabilities. It was also duly noted that, since the program was a pilot project, all services and policies pertaining to service delivery would be subject to change based on the needs of stakeholders.

The Initial EAP/D Assessment

One of the most critical services provided by an EAP is the initial assessment in which the needs, assets, liabilities, and other pertinent diagnostic information about clients is obtained. In fact, Masi (1997) felt that it is the most important service offered by EAPs. Bolton (1987) noted that the primary purposes of the assessment are to develop the foundation for the ensuing plan of action and to determine the scope of services needed to complete the plan. The assessment process in the EAP/D start-up was unique in two ways.

First, the assessment had to address the concerns of employees with disabilities which placed a higher emphasis on accommodations than a traditional EAP assessment. The emphasis of the EAP/D assessment is more on what needs to be done in the future rather than on obtaining medical/social diagnostic information that happened prior to the problem. Although many of the employees will have already had an assessment through the state-federal Vocational Rehabilitation agency prior to employment, the information would be unavailable to the EAP/D counselor without a written consent. The same principle holds true for personnel records. The

guiding principle for record obtainment was the perceived helpfulness that the information that would provide in addressing the presenting concern.

Second, the EAP/D assessment was based upon a solution-focused brief model which de-emphasizes the traditional in-depth social/medical history (Berg & Miller, 1992; Watzalick, Weakland, & Fisch, 1974). The mission of the solution-focused brief assessment is to obtain a clear, non-judgmental description of the problem. The emphasis on the current problem is not meant to downplay past history but focuses on obtaining the information that is most relevant to change. A traditional assessment is more comprehensive and includes specific details about medically related information, functional limitations, client's feelings about having a disability, living arrangements, family history, support from other sources, and recreational/leisure outlets (Farley, 1983).

Because of the time-limited nature of most EAPs, the solution-focused brief assessment emphasized the here-and-now (Fish, Weakland, & Segal, 1982). Some of the foci of the solution-focused assessment include information about when the problem occurs, when it started, how many times per week does it occur, and the duration of the problem. The assessment also focuses on self-perceived strengths (Berg & Miller, 1992; O'Hanlon & Weiner-Davis, 1989).

The first step in the EAP/D initial assessment process was the establishment of rapport (Welfel & Patterson, 2005). This step was especially important in the start-up of a new EAP for at least two reasons. The assessment is the employee's first official introduction to the EAP process and lays the groundwork for what is to follow (Masi, 1992). Second, the stage was being set for future EAP utilization. If a new EAP fails to establish rapport with employees from the onset, future utilization may be guarded. Even though the counselor/employee relationship is

confidential, feedback about whether or not the EAP was helpful will probably reach other employees.

During the initial assessment, the supervisor was expected to give an in-depth description of the reason for referral while meeting with the employee. A detailed description of the employee's problem will be requested including an example of the most recent occurrence. A solution-focused assessment involves the examination of strengths rather than the weaknesses of the employee (Littrell, 1998). After the supervisor left the session, there were two questions that will be asked as a continued part of the assessment. The first question is, "do you feel you have been treated fairly?" The purpose of this question is not to assign blame but to determine the degree to which the employee assumes responsibility for the incurred behavior. The second question based on a solution-focused approach was, "what do you think needs to be done in order to resolve this concern?"

Counseling

Counseling is the mainstay service that is associated with EAPs (Mannion, 2006; Masi, 1992). The counseling approach utilized by the EAP/D was solution-focused brief therapy (SFBT). The SFBT has been increasingly used by EAPs because, like EAP visits, brief therapy is time-limited (Mannion, 2006). In most EAPs, if treatment is anticipated to be long-term treatment (more than five sessions), it is usually outsourced. Most EAPs have policies that entitle employees anywhere from five to eight visits (Masi, 1992) which is consistent with the number of visits recommended for successful treatment in the SFBT model (Littrell, 1998). Most importantly, the time-limited character of SFBT does not negatively affect outcomes. DeShazer (1985) found, by using a SFBT approach, that the Brief Family Therapy Clinic (BFTC) in

Milwaukee had an 80% success rate within 4.6 sessions. When recontacted at 18 months, the success rate had risen to 86% (p. 161).

The SFBT approach was felt to be compatible with the needs of the EAP/D in several ways as espoused by Solution-focused theorists (Budman & Gurman, 1988; deShazer, 1985; Littrell, 1998). First, the SFBT approach encourages the client to draw upon his or her own resources. Second, the SFBT approach emphasizes strengths and successes instead of weaknesses. Employees with disabilities may have a tendency to focus on their shortcomings instead of their virtues. Third, the SFBT approach focuses on positive goals that are generated by what the employee with a disability wants to happen. In many instances, the employee with a disability may be seeking pain relief rather than the pursuit of a self-enriching goal (Littrell, 1998). The goals of SFBT are driven more by what the employee with a disability wants to happen in the future and are generally positive. Fourth, the SFBT approach emphasizes goals that are based on measurable steps that are set by the employee with a disability. Finally, the SFBT approach is creative and based on individual needs, abilities, and interests. The SFBT approach is highly conducive to the development of reasonable accommodations for the employee with a disability as set forth by the ADA [§§ 101-102].

One of the strengths of SFBT in working with employees with disabilities was that it is empowering and promotes the notion that, for counseling to be successful, clients must find solutions to their own problems. The merit of finding inner solutions to problems has been well documented in rehabilitation literature. Turner and Szymanski (1990) found that, the degree to which persons with disabilities are able to overcome their own obstacles and complete activities to fruition, determines the level of satisfaction they derive from work and their motivation to be successful. A study by Jones and Summerville (1983) found that persons with disabilities who

were identified as independent achievers tended to adapt better socially and vocationally. The researchers found that independent achievers had a better social network; they had a greater awareness of available resources, and were more interested in assuming the role of advocacy for other persons with disabilities.

A second strength of the SFBT approach was that it emphasizes strengths rather than weaknesses of employees with disabilities. Littrell (1998) notes that “by focusing on what has successfully worked, presently working, and can work, the counselor is promoting hope” (p. 66). Wright (1983) a pioneer in the rehabilitation of persons with disabilities was one of the earliest theorists to focus on the identification of individual strengths. She developed a concept known as asset values which are the strengths that a person with disabilities has may be overshadowed by the person’s disability. In order for clients to become independent, Wright contended that asset values must replace comparative values which are self-limiting and self-defeating.

A third strength of the SFBT approach in working with employees with disabilities was that it emphasizes the establishment of positive goals that are drawn from the future. That is, the goals of SFBT are based more on what the client wants to happen than on problem eradication. Vash (1981) felt that the goals of PWDs are often developed by the self-perception of the disability-related impacts rather than by what the client would like to happen. Littrell (1998) describes the process of goal-setting as co-authoring the future which he feels allows for independent decision-making, flexibility, and innovation. The concept of looking at “what can be done to make this successful?” is consistent with the ADA mandate of reasonable accommodations for employees with disabilities which may include such actions as job restructuring, part-time or modified work, acquisition or modification of machinery, and perhaps the provision of job coaches [§§ 101-102].

The General Social Problem Addressed by the Study

The retention of employment through EAP programs has far reaching societal, corporate, and psychological implications that far exceed the potential loss of income. EAPs are a natural mechanism to extend job retention services to persons with disabilities. Employment is not only necessary because of the financial security it offers to individuals, it is a contributor to self-esteem, status in society, and the way persons may look at the future (Lofquist & Dawis, 1969; Roe & Lunneborg, 1990; Super, 1990). For persons with disabilities, employment can be measure of societal normalcy, personal achievement, and self-worth (Banja, 1990; Wright, 1983). The psychosocial impact that job loss, or threat of job loss, has on the employee has been a major factor in the development, acceptance, and implementation of EAP programs (Mannion, 2006, 2008; Masi, 1992).

EAPs are a natural mechanism to extend job retention services to persons with disabilities. Persons with disabilities are the largest minority population in the United States and represent a considerable, largely untapped labor force (Solovieva, Hendriks, Wallsh, & Dowler, 2010). According to a 2010 Department of Labor report (BLS,2011), there are 43 million working age Americans who are physically handicapped but not all of them are in the labor force. The unemployment rate in 2009 for persons with disabilities was 14.8% and, for persons without a disability, 9.4%. Burkhauser and Stapleton (2004) found that, despite the passage of ADA, the employment rate for persons with disabilities declined over the business cycle over the 1990s (1989-2000). The authors felt that employer concerns about accommodating persons with disabilities were significant factors contributing to decreased rates of employment.

In American society, employment is a major factor in social identity. Wehman (2003) notes that, in order to be accepted as a co-worker, many people with disabilities require special

support systems. Proper job accommodations are an essential element for enhancing the probability of success for employees with disabilities (Williams, Sabata, & Zolna, 2006). Considering the high numbers of EAPs in businesses and corporations, EAP programs are in a natural position within companies to provide or coordinate job accommodations for employees with disabilities.

As Schein (1986) observes, being hired is only the first step in the new employee process. After being hired, the new worker must undergo a challenging process of organizational socialization in order to remain employed. Managing the work demands are just one part of this challenging process. The feeling of being accepted by co-workers and establishing a positive identity are two critical factors to the worker's inclusion (Louis, 1980). The employee with a disability faces the challenges of learning a new job, feeling accepted by co-workers, and avoiding social stigma if special supports are needed.

The role of the EAP in assisting employees with disabilities has been surprisingly understudied as evidenced by the finding of only two pertinent studies in the literature. While EAPs seem to be an existing resource for the adjustment of employees with disabilities, more research is needed about the implementation, utilization, and acceptance of EAP programs designed to work with employees who have disabilities. If the corporate world does assume that hiring persons with disabilities is a costly investment as suggested by Burkhauser and Stapleton (2004), more empirical evidence is needed about the value of EAPs in working with employees who have disabilities.

The Theoretical Background of the Study

The theoretical basis of the study had its roots in the Human Relations movement which began with George Elton Mayo and his Hawthorne studies in the 1930s (Pugh & Hickson, 1989).

The research findings of Mayo at the Hawthorne Works of the Western Electric company in Chicago were among the earliest to contribute to the humanistic component of organizational development. According to Mayo (1945, 1960), the basis for Human Relations theory is the belief that work performance is dependent upon both social issues and job content.

The Hawthorne effect has become synonymous with almost any type of change that results in a short-lived increase in production, usually attributed to a form of attention that is given to employees (Pugh & Hickson, 1989). Some of the findings of the Hawthorne study that contributed to the Human Relations theory were as follows:

- The Hawthorne effect led to an understanding of the “human factor” in work situations (Pugh & Hickson, 1989).
- Individual workers cannot be treated in isolation, but must be seen as members of a group (Pugh & Hickson, 1989).
- Informal, or unofficial, groups formed at work have a strong influence over individual behavior (Pugh & Hickson, 1989).
- Teamwork, or sustained cooperation, is a major factor in production (Mayo, 1945).
- In order to “handle” an employee with a problem, one must understand his history, his present circumstance, and his method of thinking and consequent attitude (Mayo, 1960).
- Group collaboration does not occur by accident; it must be developed (Pugh & Hickson, 1989)

Mayo (1945) held three beliefs that were essential to Human Relations theory. First, in industry and in other human situations, the administrator is dealing with well-knit groups and not with a horde of individuals. Man’s desire to be accepted by his co-workers is a strong, if not the

strongest, human characteristic. Second, the individual in relationship to the “team” will go far in determining the capacities of the worker. Finally, the human desire for cooperative activity can be utilized by intelligent and straightforward management. Mayo believed that helping employees to feel that they were a vital part of the company was essential to morale and productivity.

In conducting his research, Mayo (1945) developed guidelines for employee interviews that were consistent with Human Relations theory. The purpose of the employee interviews was to investigate factors that contributed to employee morale. Mayo insisted that interviews with employees be conducted with the upmost respect for the employee. The employee guidelines for employee interviewing are as follows: (a) Give your whole attention to the person being interviewed, and make it evident that you are doing so; (b) Listen-don't talk; (c) Never argue; never give advice; (d) Listen to what the person wants to say and what he does not want to say; (e) As you listen, seek confirmation of what is being said. To test this, from time to time summarize what has been said and ask for correctness. Be careful to clarify and not add or twist; and (f). Remember that everything said must be considered confidential and not divulged to anyone.

Pugh and Hickson (1989) describe the influence that Mayo and Hawthorne had on both future management and academics as “tremendous” (p. 172). That is not to say there were not criticisms of his research. Boone and Kurtz (1992) felt that the procedures and the analysis of the findings of the Hawthorne studies were too vague. They also felt the relationship between satisfaction and productivity that contributed to Human Relations theory was over simplistic and lacked evidence of support. Finally, they felt that Mayo failed to focus on the attitudes of the

employees in the study and many of the procedures were scientifically unsound (Boone & Kurtz, 1992, p. 37).

Despite any criticisms of Human Relationship theory that were based on the Hawthorne studies, there were several underlying principles provided the groundwork for future EAPs. First, Mayo's principle that satisfied employees are better producers provided the groundwork for future EAPs. Companies recognized the correlation between morale and production and many strove to have healthier and happier employees. Second, the principle that employees responded in a positive way to corporate caring was crucial in the establishment of EAPs. In over 50% of large companies, EAPs are provided as a corporate benefit based on the belief that helping employees is a worthwhile benefit (Mercer, 2008). Third, the principle that work problems are related to human response offers credibility to the helping roles of EAPs. Masi (1992) confirms this principle by noting, "that EAPs are based on the premise that work is very important to people; the work itself is not the cause of the employee's problem". The advantage of EAPs is that they can provide assistance through the work site. Finally, Mayo (1945, 1960) believes that all employees have a need for acceptance within the workplace. Acceptance within the workplace must be a mandatory goal for an EAP for employees with disabilities. Without acceptance in the workplace, the employee with a disability would be working in dual isolation and the consequences would be unfavorable for all stakeholders.

Ethical Concerns Involved in the Start-Up

Masi (1992) correctly noted that the success of EAPs rests on several key ingredients. One obvious ingredient is the effective delivery of services which is necessary in order to satisfy stakeholders. It is imperative, however, that services be provided within the context of ethical,

organizational, and legal mandates. Two major concerns involved in the start-up of any EAP are confidentiality and informed consent.

Masi (1992) correctly observed that employees will not participate in an EAP unless confidentiality is assured at all levels. While the EAP/D is a contractual service that has accountability to the company, Karon (1995) notes that competent and ethical counselors are principally responsible for the well-being of their clients. The assurance that EAP services are confidential is crucial to the continued utilization of the EAP by other employees. If employees fail to trust the integrity of the new EAP, utilization is going to be impacted in a negative way.

Informed consent was considered to be a major building block during assessment. The ongoing process of informed consent includes building rapport and trust, explaining client rights, and explaining how the EAP works. For the vast majority of employees, whether or not they had a disability, EAP utilization will be a new experience. Informed consent involves the right of clients to be informed of the EAP process and involved in the decision-making process.

Informed consent is both counseling and an ethical concern for practitioners (Corey & Herlihy, 2006). When working with employees who have disabilities, it is imperative that the cultural implications of informed consent be considered and communicated in ways that are culturally sensitive (Corey & Herlihy, 2006). The standards of the American Counseling Association (2005) state that counselors explain to clients the nature of all services planned and provided. Counselors must also explain the purposes, goals, procedures, limitations, and benefits of such services. Clients also have the right to confidentiality, examine their records, and know, under what circumstances, when confidentiality can be breached (A.2.b.).

There were four stipulations established in the start-up that were explained to all employees as part of the informed consent process (L. Ross, personal communication, December

5, 2005). First, the utilization of the EAP will be voluntary in all cases, even if the referral is initiated by a supervisor. Second, if the referral is of a supervisory nature and the client fails to keep an appointment, the supervisor has the right to know if the appointment was kept. If the appointment was kept, the supervisor would not be privileged to the content of the session unless a written release was obtained. Third, the principles of confidentiality were explained including the circumstances by which confidentiality could be breached. The number of EAP sessions was limited to five unless there were extenuating circumstances. Because of the newness of the EAP/D, the terms of extenuating circumstances were not defined.

An assessment procedure for supervisory referrals to the EAP/D was established that was based on the ethical principles of informed consent. The underlying principle involved in the supervisory referral was that the employee being referred to the EAP/D had the right to know the reason for referral. In order to ensure informed consent, the referring supervisor had to participate in the first ten minutes of the session and has to explain (1) why the referral was initiated; (2) how long the problem behavior has been in existence; (3) what has been tried to remedy the problem or behavior; (4) whether or not there was disciplinary action, and (5) what were the supervisors expectations?

Summary of the Review

Masi (1992) felt that there are at least two important reasons for evaluating an EAP. First, an evaluation allows the company to assess the extent to which its objectives are being reached and second, to find ways to improve the effectiveness of the program's performance. In addition, an evaluation can help ensure that the company EAP is legally protected (Masi, 1992, p. 12).

As the prevalence of EAPs increases, so does the need for conscientious study in order to evaluate these programs (French et al., 1995). EAPs have grown and evolved over time and a

critical change has been the inclusion of ADA mandates to the area of concern for EAPs. This is especially true for industries that have a special mission to accommodate and facilitate the development of vocational success for people with disabilities. This is the essential mission of a NISH company, and an EAP program specifically developed to meet the needs of people with disabilities must be especially well planned if it is to achieve success. Theoretically, one might expect that an EAP program in industry with a significantly greater percentage of employees with disabilities might face more challenges. One such challenge might be a heightened sensitivity to the stigma associated with asking for assistance. Additionally, the use of SFBT may be questionable for practice with populations that have multiple and perhaps more intense issues. Masi (1992) noted “all EAPs should be evaluated to justify their existence and demonstrate their effectiveness” (p. 12). She also estimated that less than 1% of the 13,000 existing EAPs are evaluated which constitutes a major weakness in the field. This study attempted to assess whether the effectiveness of an EAP in an AbilityOne industry was as effective as EAPs in more traditional settings.

CHAPTER III: METHODS

Introduction to the Methodology

According to Masi (1992), a truly comprehensive evaluation should include two types of evaluations. First, a process evaluation should be conducted that examines EAP utilization. For the purposes of the study, a process assessment was performed that includes evaluation of the utilization rates of the EAP/D program as well as attitudes by stakeholders toward the program over time. The purpose of the process evaluation is to ensure that the EAP/D is reaching the employees including the employees with a disability. The willingness of employees with disabilities to use the EAP/D was a major concern of the start-up. A measure of attitudes and attitude change over time provides data on the degree of acceptance of the EAP/D by stakeholders. The study also assesses whether employee attitudes toward the EAP/D have become more favorable.

The second type of evaluation is outcome assessment. The purpose of the outcome assessment is to determine the effectiveness of the EAP in meeting the expectations of the stakeholders (Masi, 1992). For this study, outcome was assessed in two ways. First, the satisfaction of both non-supervisory employees and supervisors was assessed to determine if the program met the needs and expectations of those stakeholders. Second, employee satisfaction with the EAP/D was compared to employee satisfaction in a traditional in-house EAP program.

Research Questions

The study evaluated the effectiveness and satisfaction with the EAP program in a NISH affiliate company from both the employees and the supervisor's perspective. To accomplish this, four specific research questions are addressed in the study.

1. Was the EAP/D utilized at a rate equal to or greater than other EAPs as measured by the percentage of employees who received services in the program 2006 through 2008?
2. How do supervisors and non-supervisors view the effectiveness of the EAP/D in terms of helpfulness, professionalism, and satisfaction with results?
3. Have the attitudes toward the EAP/D become more favorable over the one year time period between 2008 and 2009?
4. How does the EAP/D compare with a traditional internal EAP with regard to client satisfaction as measured by ratings of accessibility, professionalism, and helpfulness with services?

Research Design

The research design involved an ex post facto approach that used a posttest comparative design. The research data included utilization rates for the EAP/D program, satisfaction surveys administered to employees and supervisors, and comparison of program satisfaction data with a traditional EAP program. Data for the design were obtained through surveys and annual reports.

Study Sample

The satisfaction survey was distributed to a group of 38 Level III employees who used EAP services within the past year and a group of supervisors. Level III employees are workers in labor positions that are directly related to production. There are approximately 152 Level III employees employed by the NISH affiliate company indicating sample representation of 25.3% of all Level III employees. Of all the direct labor employees, 88.6% were presumed to have a physical or mental disability that was considered to constitute a handicap to employment. The survey was also given to all supervisors in attendance at a supervisors and department heads

meeting. The definition of a supervisor is anyone who has the title of supervisor, performs supervisory responsibilities, or who serves as a department head. Supervisors and department heads are considered to be Level I or Level II employees whose primary responsibilities are not directly related to production. In all, there are approximately twenty-five supervisors employed at the NISH affiliate company.

Utilization Assessment

Whether the EAP/D was utilized at the same or greater amount as a traditional EAP was assessed by collecting data on the number of employees seen as a percentage of total employees in the NISH affiliate company. This percentage was compared with the utilization rates of two other EAPs as reported in the literature.

The first comparative EAP was an internal program that was studied by Harlow (1998) who compared the satisfaction levels of EAP utilizers with non-utilizers. The advantages of the utilization comparisons are that both programs were in-house and provided the traditional EAP services of counseling and assessment. The second EAP that will be used in comparison is the Kiernan and McGaughey (1992) study which was the first published study involving an EAP that was specifically designed for employees with disabilities.

A satisfaction survey was used to address the second research question about the views of supervisors and non-supervisors in the effectiveness of the EAP/D. Satisfaction surveys were administered to employees (supervisors and non-supervisors) to determine each group's level of satisfaction with the EAP/D (see Appendixes A and B for survey forms). The responses of the supervisors and non-supervisors were compared to determine if there were different employee and management perceptions of the program. Survey questions were based on a similar study conducted by Harlow (1998) which examined the accessibility, worthiness, professionalism,

supportiveness, confidentiality and importance of EAP services. Whether or not an employee was willing to recommend EAP services to others was considered to be an important concern since it seemed to be directly related to the perception of social stigma associated with the program.

Assessment of Attitudes Toward the EAP/D Over Time

The research question pertaining to whether or not employees view the EAP/D program more favorably are addressed by company surveys that were implemented to examine employee attitudes toward employment, management, and career development. The surveys were distributed annually to all employees and are divided into three sections that include benefits, learning and development, and work climate.

Data for Comparison to Another EAP

The fourth research question pertaining to the comparison of the EAP/D with a traditional internal EAP as measured by ratings of accessibility, professionalism, and helpfulness with services was addressed by comparing the outcomes of the satisfaction survey with the outcomes of a similar study. A similar study of EAP effectiveness was completed by Harlow (1998) who assessed the effectiveness of an internal EAP of a large company. In his study, 4,380 EAP users from a total workforce of approximately 65,000 people were examined for effectiveness, professionalism, and delivery of services. Since the EAP services provided were similar to the services provided by the EAP/D (assessment and referral, supervisory consultation, and training), the Harlow data was considered ideal for comparison. A comparison of the EAP/D with the Harlow study was performed by examining the outcomes from each survey using a Fisher's exact test.

Instrumentation

The Satisfaction Survey

Most EAPs develop their own in-house instrumentation for assessment (Masi, 1997). The satisfaction survey used in the survey was developed in-house and was similar to one developed by Harlow (1998) who utilized a five item Lickert-scale to measure employee attitudes toward an internal EAP. Among the items examined in the Harlow survey were perceptions of the effect of the EAP use on the career, confidentiality of the EAP, support among employees and supervisors, and the EAP's overall effectiveness. Like the Harlow survey model, the EAP/D examined the variables of accessibility, whether or not EAP would be recommended to others, professionalism, and helpfulness.

The purpose of the Harlow (1998) study was to examine the attitudes of adult employees and dependents toward the EAP in his study. The items included in the Harlow study were "easily made contact with the EAP", "EAP protects confidentiality", "I would recommend EAP to other employees", "the location is convenient", "I would contact EAP if needed", "having EAP is worthwhile", "using EAP does not negatively effect career", "EAP is helpful", and "it is important to have an EAP" (p. 3).

The questions used in the EAP/D satisfaction survey were reviewed by a professional evaluator/consultant to ascertain construct validity, relevance to the research questions, and understanding. The survey questions used in the EAP/D satisfaction survey were phrased to accommodate employees who might have lowered levels of reading or comprehension.

According to the provisions of the IRB, a script was presented to employees on an individual basis in order to ensure confidentiality and an understanding of the purposes and content of the survey (see Appendix D).

The items from the EAP/D satisfaction survey that corresponded to the items from the Harlow (1998) study were as follows: “EAP responded promptly” (easily made contact with EAP), “EAP was helpful” (having an EAP is worthwhile), “EAP was professional” (staff acts professionally), and “I would recommend EAP to others” (recommend EAP to other employees). Since this was the first application of the in-house survey, neither validity nor reliability studies were available for either survey. Harlow (1998) notes that, “while the use of satisfaction surveys is a common practice for EAPs, there is a lack of published literature presenting the results of those surveys, and few studies that compare the perceptions of the EAP across different groups” (p. 2).

Although Harlow (1998) did not report reliability or validity measures, he did perform a stepwise regression analysis between the variables of EAP effectiveness as measured by his survey and the variables of familiarity with the EAP, confidentiality, site convenience, gender, and managerial support for the EAP. The variables that were significant at the $p < .05$ level for EAP effectiveness were past use of the EAP, confidentiality, no negative career effect, and convenient location. The variables that had non-significant bearing on the effectiveness of the EAP were gender, managerial support, familiarity with the EAP, and whether the utilizers were dependants or employees. The relevance of the stepwise regression analysis is that the results appeared to support the construct validity of both surveys.

The AbilityOne Company Care Survey

The five item Lickert-scale Care survey was an employee job satisfaction survey developed by the human resources program at the NISH affiliate company with input from graduate students in counseling and the company’s management team (L. Ross, personal communication, May 5, 2011). The purpose of the satisfaction survey was to measure employee

satisfaction in three major areas and was based on Locke's Range of Affect Theory (Locke, 1976). The main premise of the Locke's theory is that job satisfaction is determined by a discrepancy between what employees want and what an employee perceives to have in a job. The goals of the Care Survey were to determine what the employees perceived to have in their jobs in order to establish a baseline for improvement (L. Ross, personal communication, May 5, 2011).

The Care Survey consisted of three major sections and 22 sub-sections with one to three questions in each section. The major sections emphasized satisfaction with benefits, learning and development, and the work climate. The employee benefits section included questions about the perceived benefit packages which included the EAP. The learning and development section included questions about career development incentives and employee relations. The work climate section included questions related to management, corporate culture, communications, recognition and rewards, teamwork and cooperation, working conditions, and immediate supervision. In all, there were 36 questions that employees were asked to rate their satisfaction levels (see Appendix G).

The questions that addressed satisfaction with the EAP/D were "I understand the role of the EAP", "I have been given the opportunity to use the EAP", and "I will be more likely to use the EAP in the future. The questions were related to EAP/D utilization, whether it was accessible or available to employees, and the likelihood of future utilization. One of the benefits of the Care Survey was in rating the satisfaction levels of the all the employees of the NISH affiliate company including both the utilizers and non-utilizers.

Procedures

The first several months of the program were devoted to the start-up of the program. Early activities emphasized supervisory training and consultation with supervisors about the

concepts of early intervention and the benefits of the using the EAP/D. The program foci were on utilization, education, and accessibility. Monthly reports collected data related to utilization and included the type of referral, the source of the referral, and whether the reason for referral was disciplinary or non-disciplinary.

An annual report was submitted to the NISH affiliate company about the progress of the EAP/D after one year of implementation (see Table 1). The first annual EAP/D report included a break-down of the referral sources, the type of referrals, and the cumulative numbers of referrals that were seen by the EAP/D in year one. In addition to statistical data, the report included programmatic observations and recommendations.

As the EAP/D became more integrated into the operations of the AbilityOne company after year one, the need to address the interests of the EAP/D stakeholders became more apparent. The various stakeholders include Human Resources, management, supervisors, and the employee utilizers of the EAP/D. The need to address the research question about how supervisors and non-supervisors view the effectiveness of the EAP/D becomes more relevant in terms of the evolution of the EAP/D.

At the end of year two in January 2007, a second annual report was submitted to the NISH affiliate company. For the first time during the development of the EAP/D, data was available for a comparative analysis. The comparative analysis provided information about whether or not the EAP/D continued to be utilized as it was in year one and provided information about utilization that could be beneficial in addressing the first research question about the utilization rate of the EAP/D compared to more traditional EAPs.

Table 1

Reasons for Referral

Type of Referral	2006	2007
Non-disciplinary	23 (71.9)	24 (85.7)
Disciplinary	9 (28.1)	4 (14.3)
Total	32 (100)	28 (100)

Note. Figures in parentheses represent percentages. Fisher's exact test did not find statistically significant differences between 2006 and 2007.

Because this study was a post test comparison design, the data was collected over an approximate one year time period. The time periods for the collection of the data and the data points were as follows:

1. Month Six: Questions about the stability of the EAP/D were addressed through an analysis of the annual reports and comparative analyses of the utilization rates. In order to address the second research question about how supervisors and non-supervisors viewed the effectiveness of the EAP/D, a satisfaction survey was developed and distributed.
2. Year One. The data collected from the satisfaction survey addressed the second research question about the effectiveness of the EAP/D as viewed by supervisors and non-supervisors as well as the fourth research question about comparisons of the EAP/D with a more traditional EAP.
3. Year One. Six Months. The NISH affiliate company completed a second in-house survey about employee attitudes toward the EAP/D. Data from the in-house survey provided comparative information for the third research question about whether or not attitudes toward the EAP/D have become more favorable over time.

Data Analysis

The Fisher's exact test was selected as the primary measurement to statistically analyze data because it was felt to be useful in examining statistical significance in data comparison where sample sizes were small (Norman & Streiner, 2000). The Fisher's exact test was selected instead of a Chi-square because the expected values in the cell counts of several tables were less than five which was a condition for the application of Chi-square. As a means of identifying

statistical associations, the Fisher's was an accepted way of addressing the null hypothesis that there was no association between the row variables and the column variables.

The Fisher's was applied to 2X2 contingency tables which necessitated the collapsing of some cells. Since the research questions were addressed by positive or negative ratings toward the EAP/D, it was not felt that the meaning of the analysis was compromised. Each analysis of tables was accompanied by percentages and by a description of the nature of the relationship per the recommendations of Moore and McCabe (2006).

Analysis of Research Questions

The first research question was not analyzed statistically. The question is simply whether the utilization rate is at or above the rate reported for traditional EAP programs. As this information will consist of only two sets of data for utilization rate, statistical analysis will not be used. If the rates of utilization of the EAP/D program are equal to or greater than the other EAPs, this will be interpreted as comparative effectiveness of the EAP/D program in successfully reaching out to employees.

The second research question pertaining to the views of supervisors and non-supervisors was analyzed using two by five tables. The two rows of the table represented the views of the supervisors and non-supervisors toward different aspects of the EAP/D. The five columns of the table included five Lickert-scale items that ranged from strongly disagree to strongly agree. There were six tables that included helpfulness, promptness, professionalism, understanding of the situation, satisfaction with the EAP/D and whether EAP/D would be recommended to others. The null hypothesis was that there are no differences in the way supervisors and non-supervisors view the six components of the EAP/D. The Fisher's exact test addressed the null hypotheses.

The third research question pertaining to the attitudes of the EAP/D over time were analyzed by using two by five tables. The two rows were the years 2008 and 2009. The columns of the table included five Lickert-scale items that range from strongly disagree to strongly disagree. There were three tables that examined the understanding of the role of the EAP/D, opportunity to use the EAP/D, and the likelihood of using the EAP in the future. The Fisher's exact test was used to address the research question.

The fourth research question pertaining to the comparison of the EAP/D to a traditional, internal company was analyzed by using a two by five table. The two row variables represented the EAP/D and the traditional EAP. The five row variables included five Lickert-scale items that ranged from strongly disagree to strongly agree. There was an examination of four tables that analyzed accessibility, recommendations to others, professionalism, and helpfulness. A Fisher's exact test was used to determine whether the differences address between the variables was statistically significant.

Ethical Issues

As in all evaluative processes, there were several ethical considerations (Bolton, 1987). One of the obvious concerns had to do with the designer and implementer of the EAP/D also serving as the principle evaluator in the study. As in all evaluative studies, there is always a chance for bias if the primary researcher was involved with the interpretation of outcomes. In order to maximize objectivity, there were three checks and balances that were implemented. First, the survey questionnaire was submitted to every direct labor utilizer of EAP/D services within the past year which means the survey is all inclusive. Second, every supervisor had an opportunity to respond to the supervisory questionnaire. Third, the EAP/D, in its two years of

implementation, has been undergoing an ongoing, anecdotal evaluation of its effectiveness by the company's management team which determines the worthiness of the program.

The Rehabilitation Counselor Code of Ethics (1988) considers it to be an ethical responsibility for counselors to expand the knowledge needed to serve persons with disabilities more effectively (cannon 8). Maintaining confidentiality and practicing informed consent were two major ethical concerns of the research code which emphasizes high standards of validity, honesty, and protection of client identity (R8.1). The code also emphasizes honesty and openness as essential ingredients between counselors and research subjects (R8.5).

In order to ensure the confidentiality of the employees with disabilities who completed the satisfaction questionnaire, there was not an identification code for participants. In addition, the questionnaire was given in a private office space in order not to jeopardize EAP confidentiality. In abidance with informed consent, a written script that had IRB approval was followed that explained the purposes of the study and the assurances of confidentiality. Following the obtainment of returned questionnaires, all records are maintained in a locked file in an area that does not have public access.

Summary of Methodology

The methods to evaluate the EAP/D included an analysis of utilization, stakeholder attitudes and a comparison to a traditional EAP. The research questions were related to the utilization of the EAP/D as compared to other EAPs, and how the different stakeholders including administrators, frontline supervisors, and employees viewed the effectiveness of the EAP. In examining the effectiveness of the EAP/D, there was a strong emphasis on utilization because acceptance by the stakeholders was considered to be the first significant step in the evolution of the EAP/D (Mannion, 2006, 2008). Some of the methodology used for evaluation

included satisfaction surveys administered to employees and supervisors, in-house surveys, and comparisons of program data with benchmarks data from a traditional EAP program. Ethical concerns including researcher bias, adherence to confidentiality, and informed consent were addressed.

CHAPTER IV: RESULTS OF THE STUDY

Introduction to the Results

Two components are addressed in this chapter. The first component presents information describing the utilizers of the EAP/D and respondent information. The second component will present an analysis of data relating to the effectiveness and perception of the program. The data will include information about utilization, differences between supervisors and non-supervisors in their ratings of the EAP/D, results from the 2008 and 2009 Care surveys, and comparison of the EAP/D to a traditional internal EAP.

Descriptive Data

EAP Utilization

There were three ways of describing the EAP/D utilization data. First, utilizers could be categorized as disciplinary or non-disciplinary. A disciplinary referral involved an employee who had received either an oral or written warning for either misconduct or an unsatisfactory job performance. A non-disciplinary referral is generally regarded to be proactive and a form of early intervention (Masi, 1997). Second, utilization could be classified as either supervisory referred or self-initiated. A supervisory referral could be either disciplinary or non-disciplinary even though EAP services were voluntary and could not be mandated. The prerogative of utilizing EAP services was an individual choice even if the reason behind the referral was disciplinary. Finally, utilizers could be described by their presenting concerns which indicated information about how the EAP/D was being utilized.

EAP/D utilization could be either disciplinary or non-disciplinary. According to the 2008 EAP NISH report, in the first two years year of the EAP/D from January 2006 through

December 31, 2007, there were 60 first-time referrals. Of these referrals, forty-seven were for non-disciplinary reasons while thirteen referrals were for unspecified disciplinary reasons (see Table 1).

Utilization could be supervisory or self-initiated. According to the 2007 EAP NISH report, of the thirty-two referrals to the EAP/D, 25 were initiated by supervisors, while 7 were self-initiated. Although referral to the EAP/D was voluntary, only one employee in two years refused services.

Utilization could also be described based on the presenting concerns of employees referred to the EAP/D. Of the 60 referrals to the program between January 2006 and December 31, 2007, twenty-two, or 36.6%, were referred for interpersonal problems which were the most frequently occurring concerns. Interpersonal reasons for referral might include such behaviors as inappropriate anger or an inability to interact well with co-workers or supervisors. The second leading concern referral concerns were mental health and substance abuse issues which were responsible for 12 referrals or 20% of all referrals. The third leading reason for EAP/D referral was absenteeism with 11 referrals. The remaining reasons for referral to the EAP/D were health concerns, family issues, job dissatisfaction, and personal growth. Table 2 represents an examination of the EAP/D utilization by the presenting concerns of employees from January 2006 through December 31, 2007.

Satisfaction with EAP Services

EAP/D satisfaction survey. The second research question was whether there were differences between supervisor ratings and non-supervisor ratings of satisfaction with the program. Supervisors were classified as those who had supervisory responsibilities and titles such as manager, director, or coordinator. The non-supervisors were level III employees who

Table 2

Presenting Concerns to the EAP/D

Presenting Concerns	First Year	Second Year
Interpersonal	13 (39.4%)	9 (31.0%)
Absenteeism	9 (27.3%)	2 (6.9%)
Health	3 (9.0%)	3 (10.3%)
Family	4 (12.1%)	3 (10.3%)
Anxiety/Stress	2 (6.1%)	-
Mental Health	-	9 (31.0%)
Substance Abuse	2 (6.1%)	1 (3.4%)
Job Dissatisfaction	-	1 (3.4%)
Personal Growth	-	1 (3.4%)
Total	33 (100%)	29 (99.7%)

Note. Percentages may not equal 100 due to rounding. N=33 for 2006-2007 and n = 29 for 2007-2008 (Anema & Sligar, 2011).

were involved in direct labor positions such as packaging, shipping, or assembly work. The survey was given to 21 supervisors who returned 11 surveys for a response rate of 52.4%. According to Kelly, Clark, Brown and Sitzia (2003), a satisfactory response rate would approximate 65%. Of the 11 surveys, 5 of the supervisors referred less than 5 employees to the EAP/D, three referred between 5-10 employees, and 1 referred more than 10. Another respondent noted that, although he had not referred anyone to the EAP/D, they “would not hesitate to use the program”. Five supervisors referred to the EAP/D for mediation services, 9 for employee referral, and 1 used the EAP/D for consultation.

The response rate was higher for the non-supervisors. Of the 38 non-supervisors, or level III employees, 30 returned surveys for a response rate of 78.9%. The combined response rate for both supervisors and level III employees was 41 for a satisfactory response rate of 69.5% (Kelly et al., 2003). Although the sample of forty-one employees was small, it represented 18.8% of the company.

The Care Survey. The Care Survey addressed the third research question of whether attitudes toward the EAP/D were equal to or more favorable from 2008 to 2009. Unlike the satisfaction survey, the Care Surveys were given to all employees of the NISH affiliate company regardless of whether or not they had utilized the EAP/D. By distributing the survey to all employees, the Care Survey enabled the researcher to obtain the views of multiple stakeholders including administrators, level III employees, professionals, department heads, and supervisors. The response rates for the 2008 and 2009 were high. In 2008, the return rate was 156 of 184 distributions for a response rate of 84.7%. In 2009, the return rate was 168 of 186 employees for a response rate of 90.3%.

The 2008 survey examined satisfaction levels by department or program which provided a more descriptive examination of which respondents felt they best understood the EAP/D, had the opportunity to use it, and who was most likely to utilize it in the future. The departments that were examined included janitorial (N=17), programs (N=17), and recycling (N=32). Ninety percent of the recycling and janitorial programs were comprised of level III employees while almost all of the employees in programs department were professional level employees (L. Ross, personal communication, May 11, 2011).

The program that had the best understanding of the EAP/D was the programs department (70%) while janitorial had the weakest understanding level (35.2%). According to the 2008 Care Survey, 52 % Of all respondents felt they had an understanding of the EAP/D. The programs department was also felt it had the most opportunity to use the EAP/D (64.7%) while the janitorial department felt it had the lowest rating (47 %). According to the 2008 Care Survey, 56% all respondents felt they had an opportunity to utilize the EAP/D. Interestingly, the janitorial department felt most likely to use the EAP in the future (47%) compared to all respondents of the Care survey. Table 3 represents the 2008 Care survey respondents by the janitorial, programs, and recycling departments.

Respondent information from the comparative EAP. The EAP that was used for a comparative analysis was an internal studied by Harlow (1998). Approximately 65,000 employees and their dependents were eligible for EAP services that included assessment and referral, supervisory consultation, and training. Forty-five counselors were employed by the EAP. Data for the study was acquired from satisfaction surveys that were distributed to a random sample of 6,400 employees and 6,400 dependents. The sample group of 12,800 was

Table 3

Care Survey Responses by Department

Variable	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
<i>I understand the role of EAP.</i>					
Janitorial	1 (5.9%)	0 (0.0%)	2 (11.7%)	8 (47.0%)	6 (35.2%)
Programs	0 (0.0%)	0 (0.0%)	1 (5.9%)	4 (23.5%)	12 (70.5%)
Recycling	3 (10.0%)	1 (3.3%)	4 (23.5%)	9 (28.1%)	15 (46.8%)
<i>I have been given the opportunity to use EAP.</i>					
Janitorial	1 (5.9%)	2 (11.7%)	1 (5.9%)	5 (29.4%)	8 (47.0%)
Programs	0 (0.0%)	0 (0.0%)	1 (5.8%)	5 (29.4%)	11 (64.7%)
Recycling	2 (6.9%)	2 (6.9%)	4 (13.8%)	6 (20.6%)	15 (51.7%)
<i>I will be more likely to use EAP in the future.</i>					
Janitorial	1 (5.9%)	1 (5.9%)	1 (5.9%)	6 (35.2%)	8 (47.0%)
Programs	0 (0.0%)	0 (0.0%)	5 (31.2%)	4 (25.0%)	7 (43.7%)
Recycling	1 (3.4%)	3 (10.3%)	7 (24.1%)	9 (31.0%)	9 (31.0%)

Note. Approximately Ninety percent of the Janitorial and Recycling programs were comprised of level III employees.

combined with 4,380 individuals who had used the EAP in 1994 resulting in a total sample population of 16,603.

Harlow (1998) noted that the satisfaction surveys were distributed through a single mailing. A total of 3,768 surveys were returned for an overall response rate of 22.7%. Of the total respondents, 1,808 (48%) were from employees who had utilized the EAP while 1,092 (29%) were from dependents who had utilized the EAP. The remaining respondents were employees or dependents who had not utilized the EAP.

Some of the issues of the study that were included in the satisfaction survey pertained to the accessibility of the EAP, the assurance of confidentiality, the professionalism, the helpfulness, and the importance of having an EAP. All of the outcomes were based upon a five point Lickert scale rating. One of the research questions in the study was whether there was a difference in the ratings of the 77% of employees who utilized the EAP in comparison to the 23% of employees and dependents who did not utilize the EAP (Harlowe, 1998).

Summary of the descriptive data. In order to address the first research question, EAP/D utilization was described in three ways: (1) disciplinary or non-disciplinary, (2) supervisory or self-referral, and (3) by presenting concerns. Most of the referrals in the first two years of the program were supervisory-referred (78%) and non-disciplinary (78%). The primary reasons for referral to the EAP/D were for interpersonal problems (36.6%) and mental health or substance abuse issues (20%).

In order to examine the second research question regarding differences in perception of the program between supervisors and non-supervisors (level III employees), job satisfaction surveys were given to both groups of employees and an examination of retention rates was performed. The return rate for supervisors was 52.4% and the return rate for non-supervisors

(level III employees) was 78.9%. Although the total sample of 41 employees was small in size, it represented 18.8% of the total company employees (Anema & Sligar, 2011).

The Care Survey helped to examine the third research question regarding attitudes toward the EAP/D and whether or not they were equal to or the same for 2008 and 2009. In 2008, the return rate was 84.7% and in 2009, it was 90.3%. An examination of different departments was made that found that, according to the Care survey, the Programs department had the best understanding of the EAP/D (70%) and the best opportunity to use the EAP/D (64.7%) while the Janitorial department, comprised mainly of level III employees, felt most likely to use the EAP/D in the future (47%).

In order to address the fourth research question, satisfaction and utilization rates of the EAP/D were made with a comparative internal EAP that provided services similar to the EAP/D. In the comparative EAP (Harlow, 1998), there were 3,768 surveys that were examined that pertained to accessibility, confidentiality assurances, professionalism, and the importance of having an EAP.

Data Analysis

Research Question One

Was the EAP/D utilized at a rate equal to or greater than other EAPs as measured by the percentage of employees who received services in the program 2006 through 2008?

The utilization rate of the EAP/D was determined by dividing the number of employees who utilized services by the total number of employees who were eligible to receive services. In the analysis of utilization between January 2006 and December 31, 2007, there were 62 first-time utilizers of the EAP/D who received counseling and assessment services. Taking into account an approximate 15% turnover rate (P. Machia, personal communication, May 10, 2011), the

utilization rate was calculated to be 24.8% based on 250 employees who were eligible to receive services.

In order to analyze the research question about the comparability of the utilization rate, the utilization rate of the EAP/D was compared to two other EAPs cited in the literature search. One of the EAPs was the internal EAP that was studied by Harlow (1998) who examined the satisfaction levels of both utilizers and non-utilizers of the EAP. The EAP studied by Harlow was selected because it was an on-site EAP and the services provided were similar to those of the EAP/D. Harlow (1998) noted that the employees and dependents who did not utilize the EAP represented approximately 80-90% of the total employee-dependent population. He did not specify what the potential of the dependent population was for utilization. In his description of the EAP, Harlow indicated there were 65,000 employees and dependents that were eligible for the program. In 1994, 4,380 individuals used EAP services which would indicate a utilization rate of 6.7% for employee dependents based on the potential of 65,000 employee-dependents. It should be noted that the 65,000 employees may be an inflated number for calculating utilization since respondent information indicated that dependents may be less likely to use EAP services. Harlow's estimate of 10%-20% utilization may be a more accurate rate.

The other EAP that was used for a comparison of EAP utilization rates was the study by Kiernan and McGaughey (1992). This EAP was of interest because it was only one of two EAPs in the literature that was developed and intended for utilization by employees with disabilities. The target populations were: (a) the employee with a disability, (b) the front-line supervisor, and (c) any employees within the organization who needed assistance for a family member who had a disability.

For the first nine months of the EAP, the target population was limited to persons with developmental disabilities. Results during this time period found that 20 persons of 3,200 utilized the specialized EAP. Of that group, 6 were employees of family members, 7 were supervisory consults, and 7 were employee-dependents.

The researchers estimated the target population to be 105 to 192 employees. Based on that target population, the utilization rate was estimated to be between 10.4% and 20% which Kiernan and McGaughey (1992) felt to be consistent with the 10% rate that is typically found in the literature for new EAPs. It should be noted that, if supervisory consults were not counted as direct utilization, the utilization rate would fall to a range of 6% to 12.3%.

After nine months of service, Kiernan and McGaughey (1992) felt that a larger employee base was needed in order to accurately analyze the efficacy of the EAP. In order to expand the potential employee base, the EAP joined forces with other established EAPs. Thus, the primary model of the Kiernan and McGaughey EAP was modified from a free standing model to one that collaborated with several other EAPs that contracted with multiple companies or organizations. While the collaboration was helpful in expanding the opportunity for new referrals, the broadened referral base made it more complicated to calculate a meaningful utilization rate. Since there were now several different referral sources, a meaningful utilization rate could only be calculated on the basis of the potential of each individual referral source.

In a comparison of all three EAPs, the Harlow (1998) EAP utilization rate was estimated to be 10% to 20%, the Kiernan and McGaughey (1992) EAP utilization rate was estimated to be 6% to 12.3%, and the utilization rate of the AbilityOne EAP/D was estimated to be 24.8%. While the EAP/D was higher than the comparative EAPs, the comparisons do not address how the utilization rate of the EAP/D compares to EAPs, in general.

A study by McDonough (2005) confirmed the observation by Masi (1997) that the acceptable level for EAPs utilization rates is 5% to 10%. In her dissertation study of the EAP utilization rates for low wage earners, McDonough found that 82% of 69 EAPs had utilization rates between 5.1% and 15%. Only 11.6% of the EAPs studied had utilization rates less than 5% and only one of the 69 EAPs had a utilization rate of 25%. The mean utilization rate was 9.7% and the standard deviation was 4.8%. The range of utilization was 3.5% to 25%.

In summary, the EAP/D had a utilization rate that was higher than two comparable EAPs. One EAP was specifically designed to serve employees with disabilities and the other was an internal EAP that provided services similar to the EAP/D. In comparison to McDonough's study of 69 EAPs, the EAP/D had a utilization rate higher than three standard deviations above the mean average utilization rate of 9.7%.

Research Question Two

How do supervisors and non-supervisors view the effectiveness of the EAP/D in terms of helpfulness, professionalism, and satisfaction with results?

An analysis of the satisfaction survey results was performed to address the second research question of whether or not supervisors and non-supervisors viewed the EAP/D differently. The research question examined differences in the way that supervisors and non-supervisors rated the EAP/D in their ratings of helpfulness, promptness, professionalism, understanding, or satisfaction (see Table 4 for the EAP/D ratings).

The results of the satisfaction survey indicated a high level of satisfaction with the EAP/D among both supervisors and non-supervisors. Seventy-three percent of the supervisors and non-supervisors would "strongly agree" that they were satisfied with the results of the EAP/D and 78% said they "strongly agreed" that the EAP/D understood the situation. The non-

Table 4

EAP Ratings by Supervisors and Non-Supervisors

Survey Item	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
EAP was helpful					
Supervisors	-	-	-	4 (36.36%)	7 (63.64%)
Non-supervisors	-	-	-	10(33.33%)	20(66.67%)
p-value: 1.0					
EAP responded promptly					
Supervisors	-	-	-	5 (45.45%)	6 (54.54%)
Non-supervisors	-	-	-	9 (30.00%)	21(70.00%)
p-value: 0.4629					
EAP was professional					
Supervisors	-	-	-	1 (9.09%)	10(90.91%)
Non-supervisors	-	-	1(3.33%)	8 (27.59%)	21(72.41%)
p-value: 0.2385					
EAP understood the situation					
Supervisors	-	-	-	3 (27.27%)	8 (72.72%)
Non-supervisors	-	-	-	6 (20.00%)	24(80.00%)
p-value: 0.6804					
I was satisfied with the results					
Supervisors	-	-	-	4 (36.36%)	7 (63.63%)
Non-supervisors	-	-	1(3.33%)	6 (20.00%)	23(76.70%)
p-value: 0.4453					
I would recommend EAP to others					
Supervisors	-	-	-	1 (9.09%)	10(90.91%)
Non-supervisors	-	-	1(3.33%)	6 (20.00%)	23(76.70%)
p-value: 0.4121					

Note. n= 11 for supervisors. n= 30 for non-supervisors. In an examination of a 2X2 contingency table that excluded neutral ratings, Fisher's exact test did not find statistically significant differences between Supervisors and Non-supervisors for any of the items.

supervisors had higher ratings on four of the six EAP/D survey items including helpfulness, promptness, understanding, and satisfaction. Supervisors had higher ratings for professionalism (90.9%) and whether or not they would recommend the EAP/D to others (90.9%). Table 4 depicts the EAP/D ratings by supervisors and non-supervisors.

Of the 41 respondents, only three had ratings that were lower than “agreement” on the five-item Lickert scale. Two-hundred and forty two, or 98.7%, of the 245 responses were either “agree” or “strongly agree”. Since there were so few low ratings of the EAP/D, the three ratings were considered to be outliers. In order to ensure a strong statistical analysis, the table used to examine the data was collapsed to a 2X2 contingency table in which the columns were labeled “agree” and “strongly agree” and the rows were labeled supervisors and non-supervisors. Fisher’s exact probability test did not find statistical significance between differences between the ratings of supervisors and non-supervisors in the way they rated the EAP/D in its helpfulness, promptness, professionalism, understanding of the situation, satisfaction with the results, and whether the EAP/D would be recommended to others.

Research Question Three

Have the attitudes toward the EAP/D become more favorable over the one year time period between 2008 and 2009?

The results of the Care survey were analyzed to determine whether or not employees viewed the EAP/D more favorably in 2009 than in 2008. There were three areas that were analyzed. First, whether or not there were differences in understanding the role of the EAP/D. Second, whether or not employees felt they had the opportunity to use the EAP/D and, finally, whether or not employees felt more likely to use the EAP/D in the future. Table 5 reports the results of the Care Survey by year.

A Fisher's exact test of a collapsed 2X2 contingency table did not find statistical significance between the employee ratings in 2008 and 2009. The tables were collapsed by "strongly disagree" and "disagree" in the first column and by "agree" and "strongly agree" in the second column. The neutral ratings were not included in the analysis because it was felt that those ratings did not address the research question which pertained to the favorableness of the attitudes toward the EAP/D. It is worth noting that, when the Fisher's exact test was applied to the 2X5 contingency table, the differences were statistically significant at the $p < .01$ level. The major differences were in the ratings of "agree" and "strongly agree" which were also statistically significant at the $p < .01$ level for all items indicating favorableness toward the EAP/D. Graphs representing the changes in the favorableness of the EAP/D are depicted in Figure 1. Essentially, ratings of the program became less extreme.

According to the Care Survey results, a high percentage of the employees in 2008 and 2009 felt they understood the role of the EAP/D. In 2008, 77.8% of employees either agreed or strongly agreed that they understood the role of the EAP/D while, in 2009, 87.5% of employees either agreed or strongly agreed that they understood the EAP/D role. In contrast, only 3.4% of employees in 2009 felt they did not understand the role of the EAP/D as measured by "strongly disagree" or "disagree" responses. In a 2X2 contingency table that was collapsed by "disagree", "strongly disagree", "agree", and "strongly agree", the Fisher's exact test for count data did not find the differences to be statistically significant. However, when the ratings were examined in a 2X5 contingency table, the differences were statistically significant at the $p < .01$ level. While the overall understanding of the EAP/D increased by 9.7% in 2009, the number of employees who "strongly agreed" they understood the role of the EAP/D was lower by 18, or 12%. Meanwhile,

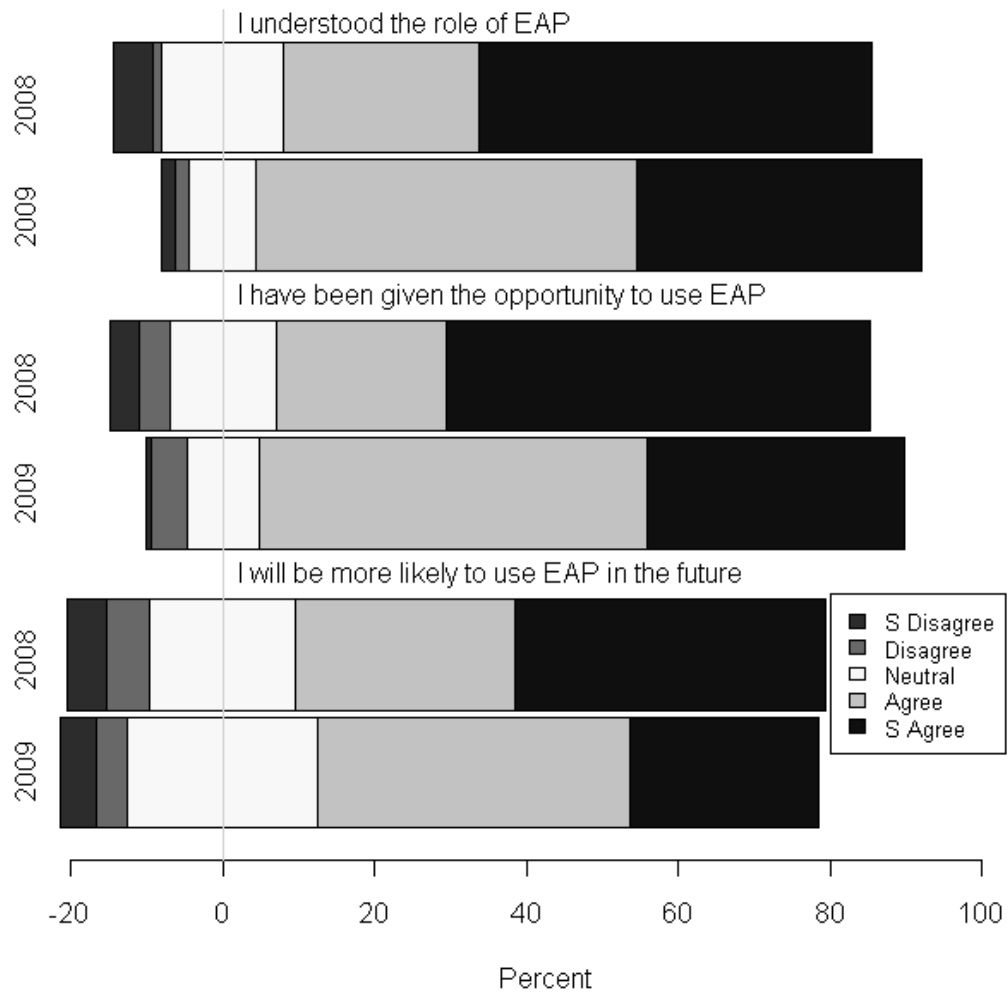


Figure 1. A graph comparison of the 2008 and 2009 Care Surveys.

Note. Graphs represent the changes in the Care Survey ratings from 2008 to 2009. Each bar represents 100% of the ratings and the length of each segment in the bar represents the percentages of responses in that group. Percentages to the left of neutral include the “strongly disagree” and “disagree” ratings used to calculate unfavorable views toward the EAP/D. Percentages to the right of neutral include the “agree” and “strongly agree” ratings used to calculate favorable views toward the EAP/D. For 2008 and 2009, in a 2X2 contingency table, differences between the “agree” and “strongly agree” ratings were statistically significant at the $p < .01$ level.

the number of employees who “agreed” they understood the role of the EAP/D increased by 44, or 35% which may have accounted for the statistically significant findings.

Surveys results indicated that a high number of employees in both years felt that they were given an opportunity to use the EAP/D program. In 2008, 78.2% of all employees “agreed” or “strongly agreed” that they were given an opportunity to use the EAP/D while, in 2009, 85% of all employees agreed or strongly agreed that they were given an opportunity to use the EAP/D. In a 2X2 contingency table that was collapsed by “disagree”, “strongly disagree”, “agree”, and “strongly agree”, the differences examined by Fisher’s exact test for count data were not statistically significant in the perceived opportunities to use EAP/D services between 2008 and 2009. However, when the results were examined in a 2X5 contingency table, the differences were found to be statistically significant at the $p < .01$ level.

In 2009, the ratings for “strongly agree” were 21% lower and the ratings for “agree” increased by 41%. While employees continued to feel favorably that they had an opportunity to use the EAP/D, there was a regression toward the “agree” ratings. In 2009, only 5.2% of employees “disagreed” or “strongly disagreed” that they had an opportunity to use the EAP/D which would indicate most employees felt they had an opportunity to use the EAP.

A majority of the employees in 2008 and 2009 felt that they would be more likely to use the EAP/D in the future. In 2008, 69.8% of all employees felt they were more likely to use the EAP/D in the future while, in 2009, 66.1% of all employees felt more likely to use the program. While the Fisher’s exact test did not find the differences to be statistically significant using a collapsed 2X2 table in which favorable and unfavorable responses were examined, there were differences that were statistically significant at the $p < .01$ level when examining the “agree” and “strongly agree” ratings. The number of “agree” ratings increased by 17% while the number of

Table 5

Care Survey Responses by Year

Variable	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I understood the role of EAP.					
Year 2008	8 (5.1%)	2 (1.2%)	25 (16.0%)	40 (25.6%)	81 (51.9%)
Year 2009	3 (1.7%)	3 (1.7%)	15 (8.9%)	84 (50.0%)	63 (37.5%)
p-value: 0.2034					
I have been given the opportunity to use EAP.					
Year 2008	6 (3.8%)	6 (3.8%)	22 (14.1%)	35 (22.4%)	87 (55.8%)
Year 2009	1 (0.5%)	8 (4.7%)	16 (9.5%)	86 (51.1%)	57 (33.9%)
p-value: 0.3689					
I will be more likely to use EAP in the future.					
Year 2008	8 (5.1%)	9 (5.8%)	30 (19.2%)	45 (28.8%)	64 (41.0%)
Year 2009	8 (4.8%)	7 (4.7%)	42 (25.0%)	69 (41.1%)	42 (25%)
p-value: 0.8502					

Note. Fisher's exact test did not find statistically significant differences between Years 2008 and 2009 for any variable when examining a 2X2 contingency table in which one column was the sum of "strongly disagree" and "disagree" and the sum of "agree" and "disagree" represented the other column. There were statistically significant differences for all variables at the $p < .01$ level when examining a 2X2 table in which the columns were "agree" and "strongly agree".

strongly agree ratings dropped by 20%. Only 9.5% of employees “strongly disagreed” or “disagreed” that they would be more likely to use the EAP/D in 2009 which would indicate a favorable likelihood that employees would use the program.

In summary, there was no statistical evidence, as determined by Fisher’s exact test that the EAP/D was viewed more favorably in 2009 than in 2008. There were two areas in which the Care survey purported more favorable views in 2009. In 2009, 87.5% of employees agreed or strongly agreed that they understood the role of the EAP/D while, in 2008, 77.5% felt that they understood the role of the EAP/D. In 2009, 85% of employees agreed or strongly agreed that they had been given the opportunity to use the EAP while, in 2008, 78.2% agreed

Research Question Four

How does the EAP/D compare with a traditional internal EAP with regard to client satisfaction as measured by ratings of accessibility, professionalism, and helpfulness with services?

The fourth research question compared the satisfaction level of the EAP/D to the satisfaction level of an internal, traditional EAP that provided similar services (Harlow, 1998). The satisfaction levels were based upon accessibility, whether or not EAP would be recommended to others, professionalism, and helpfulness. Table 6 depicts the results of the employee satisfaction survey that was distributed to employees of the EAP/D.

In order to compare the two programs, the 5-item Lickert scale table was collapsed into a 2x2 contingency table that was analyzed using a Fisher’s exact test for count data. The two columns included the combined counts for strongly disagree and disagree in the first column and the combined counts for agree and disagree in the second column. The rows were represented by

Table 6

Results of the Employee Satisfaction Survey

Survey Item	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
EAP was helpful	-	-	-	14 (34.15)	27(65.85)
EAP responded promptly	-	-	-	14(34.15)	27(65.85)
EAP was professional	-	-	1 (2.44)	9 (21.95)	31 (75.60)
EAP understood the situation	-	-	-	9 (21.95)	32 (78.04)
I was satisfied with the results	-	-	1 (2.44)	10(24.39)	30 (73.17)
I would recommend EAP to others	-	-	1 (2.44)	7 (17.07)	33 (80.48)

Note. n=44 for each item rating. Figures in parentheses represent percentages.

Table 7

Comparison of the AbilityOne EAP to the Harlow EAP

Survey Item	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
EAP was accessible					
AbilityOne EAP	-	-	-	34.15%	65.85%
Harlow EAP	4.10%	8.10%	3.10%	28.40%	56.30%
I would recommend EAP to others					
AbilityOne EAP	-	-	2.44%	17.07%	80.48%
Harlow EAP	2.20%	1.70%	2.90%	11.50%	81.70%
EAP was professional					
AbilityOne EAP	-	-	2.44%	21.95%	75.60%
Harlow EAP	2.00%	3.50%	4.70%	16.10%	73.70%
EAP was helpful					
AbilityOne EAP	-	-	2.44%	24.39%	73.17%
Harlow EAP	1.70%	2.60%	4.50%	15.00%	76.20%

Note. n = 41 for the NISH EAP. n = 2,901 for the company. Fisher's exact test did not find statistical differences between the company and the NISH EAP for any survey item.

the independent variables of the two EAP programs. Table 7 represents a comparison of the EAP/D to the internal EAP examined by Harlow (1998).

The Harlow EAP and the AbilityOne EAP/D had positive ratings for the accessibility of their respective programs. All of the EAP/D respondents agreed or strongly agreed that the program was accessible to them while 84.7% of the utilizers of the EAP felt their program was accessible. Only 12.2% of the EAP program disagreed or strongly disagreed that their program was accessible. Using the same procedure for table encapsulation, the p-value for the Fisher's exact test did not find statistical significance between the ratings for accessibility.

The utilizers of both EAPs would recommend their respective programs to others. Approximately 97.5% of the utilizers of the EAP/D would recommend or strongly recommend the program to others while 93.2% of the Harlow EAP would recommend or strongly recommend the EAP to others. Only 3.9% of the utilizers of the Harlow EAP would not recommend the program to others. Using a collapsed table, the Fisher's exact test did not find statistical significance between the item ratings.

The Harlow EAP and the EAP/D received high ratings for professionalism. Approximately 97.5% of the utilizers of the EAP/D agreed or strongly agreed that the program was professional while 89.8% of the utilizers of the Harlow EAP agreed or strongly agreed that the program was professional. Only 5.5% of the utilizers of the Harlow EAP did not find the program to be professional. The p-value for the Fisher's exact test was not found to be statistically significant.

Both the EAP/D and the Harlow EAP were rated as helpful by their respective utilizers. Approximately 97.5% of the utilizers of the EAP/D agreed or strongly agreed that the program was helpful while 91.2% of the utilizers of the Harlow EAP agreed or strongly agreed that the

program was helpful. The Fisher's exact test did not reveal statistical significance between the ratings.

Summary of the Results

The data analyses addressed the four research questions. In order to address the first research question, the EAP/D was compared to two other programs that were cited in the literature. The utilization rate of the EAP/D was examined and compared to an internal EAP that was studied by Harlow (1998) and an EAP designed for persons with disabilities by Kiernan and McGaughey (1992). The analysis found that the utilization rate of 24.8% of the EAP/D was higher than the utilization rate of the EAP which was 10% to 20% and the Kiernan and McGaughey EAP which was 10.4% to 20%. The EAP/D utilization rate was also three standard deviations higher than the utilization rates of 69 EAPs in a dissertation study by McDonough (2005).

In order to address the second research question which examined differences between supervisor and non-supervisor ratings of the EAP/D, an analysis of satisfaction surveys was completed. Supervisors and non-supervisors indicated high levels of satisfaction with the EAP/D that ranged from 63.6% to 90.9%. According to Fisher's exact test for count data, the differences found among the rating by supervisors and non-supervisors in the areas of helpfulness, promptness, professionalism, or the understanding of the programs were not statistically significant. According to survey results, 90.9% of supervisors and 76.7% of non-supervisors would strongly recommend the EAP/D to others.

An analysis of Care surveys that was completed by all employees was analyzed in order to address the third research question which asked whether the EAP/D was viewed more favorably over a two year time period. When the Care survey results were analyzed in 2X2

contingency tables there were no statistically significant differences found that would indicate the EAP/D was viewed more favorably in 2009 than in 2008. When the Care survey results were analyzed in 2X5 tables, there were statistically significant differences found at the $p < .01$ level between the ratings of “agree” and “strongly agree”. Care survey items included the understanding of the role of the EAP/D, the perceived opportunity to use the EAP/D, and whether or not employees felt they would be more likely to use the EAP/D in the future.

The fourth research question compared the satisfaction levels of the EAP/D to an internal, traditional EAP that offered similar services as the EAP/D. The Fisher exact test for count data did not find statistically significant differences among the item ratings of accessibility, professionalism, helpfulness, and whether or not utilizers would recommend EAP services to others.

CHAPTER V: DISCUSSION

Introduction to the Discussion

Masi (1997) believes that the utilization rate is an important component of the evaluation process of an EAP. Utilization rates are indicators of how well the EAP has been accepted by the stakeholders of the program and how favorably the services of the EAP are looked upon. The purpose of the study was to evaluate an EAP/D from several perspectives; including how well the EAP/D was utilized by employees with disabilities within an AbilityOne company, how it was regarded by other stakeholders, and whether or not utilizers were satisfied with the promptness, professionalism, accessibility, and understanding of the program. In order to assess the degree of utilizer satisfaction, the satisfaction levels of EAP/D utilizers was compared to the satisfaction levels of the utilizers of another internal EAP that provided similar services.

Interpretation of the EAP/D Utilization

The EAP/D had a high rate of utilization compared to two other EAP programs that had characteristics similar to those of the EAP/D. Although statistical significance with comparison to other programs was not calculated, the EAP/D had a comparatively high rate of utilization that was approximately 24.8%. When compared to the utilization rates of 69 EAPs studied by McDonough (2005), the EAP/D was three standard deviations higher than the means of the other EAPs, a difference which would be comparable to a p value less than .05.

Utilization was a major consideration in the development and evolution of the EAP/D. One of the pre-implementation concerns was whether the EAP/D would become stigmatized if it only targeted employees with disabilities (L. Ross, personal communication, December 5, 2005). The EAP/D wanted to avoid being identified as a program for “handicapped” employees because this could be a deterrent to utilization for employees with and without disabilities. One of the

strategies for minimizing the stigma was to implement an EAP that was in-house. The in-house program was strategically implemented to familiarize employees with the EAP/D, make it understandable and more convenient for use.

Straussner (1988) found that the type of EAP did make a difference in several areas of utilization. First, in her study of 23 private, management-sponsored EAPs, Straussner found that more face to face counseling occurs within in-house programs. Second, the study also found that lower level and minority employees were more likely than upper level and White employees to utilize in-house programs. Approximately 73% of employees seen in-house were lower level employees while 57% of employees seen by contracted out programs were lower-level. Finally, approximately 45% of all employees seen in in-house programs were minorities compared with only 18% of employees seen by contracted-out EAPs.

Straussner (1988) did not investigate the utilization of EAPs by all persons with disabilities. She did, however, examine the utilization of EAPs by employees with substance abuse problems. In-house programs were two times more likely to treat employees with substance abuse problems than contracted-out EAPs. Approximately 31% of all referrals to in-house programs had substance abuse problems while 12% of referrals to contractors had diagnoses related to substance abuse ($p < .05$). While Straussner did not speculate why in-house EAPs were more utilized by minorities, lower-level employees, and substance abusers, the findings are relevant to EAPs that are concerned about stigmatization.

A Utilization Comparison of Two EAP Programs for Persons with Disabilities

A major difference between the EAP/D and the Kiernan and McGaughey (1992) EAP for persons with disabilities pertained to utilization. While both EAPs were designed to provide services for employees with disabilities, the Kiernan and McGaughey EAP targeted only

employees who had disabilities. While the EAP/D for the NISH affiliate company was designed to serve employees with disabilities, it availed services to all employees who needed services.

In the first nine months of operation, the Kiernan and McGaughey EAP realized that its referral base was too small. In order to continue its operation, the program was expanded to include other industries and businesses. The EAP was no longer a free standing entity but worked under the administrative umbrella of other EAPs in order to continue its mission. Along with this change, the targeted audience for training and consultation shifted from supervisors to EAP professionals who now became the chief referral sources for the Kiernan and McGaughey EAP.

In contrast to the Kiernan and McGaughey study, the services of the EAP/D were available to all employees but were specialized in providing services to employees with disabilities. The high utilization rate of the EAP/D was considered to be a measure of the acceptance of the program by all stakeholders. Thirty-eight of the utilizers of the EAP/D in 2010 were Level III employees who had received either assessment or counseling services. Based on NISH requirements, of those 38 employees, 85% were believed to have a severe disability. The utilization rate for lower level employees and employees with disabilities would approximate 17.7% which would constitute over 70% of all EAP/D referrals. It appeared that, by availing its services to all employees of the NISH affiliate company, the EAP/D was able to maintain a high utilization rate among employees with disabilities.

Differences Between Supervisors and Non-Supervisors in Rating the EAP/D

There were no significant differences found in the way the EAP/D was rated by supervisors and non-supervisors in a satisfaction survey of the perceived accessibility, professionalism, understandability, or helpfulness of the program. The “highly satisfied” ratings

for both supervisions and non-supervisors ranged from 63.6% to 90.91% which indicated a high level of satisfaction for both groups. The lack of significant differences between the ratings of both groups had several implications.

The first implication is that the acceptance of the EAP/D by supervisors was critical to the start-up. The majority of the referrals in the first year of the EAP/D were supervisory initiated which demonstrates the value of supervisor involvement. Twenty-five referrals (78.1%) were initiated by supervisors while 7 (21.9%) were self-referrals. Of the 32 referrals in 2006, 26 employees (81.2%) were still employed after 12 months, 3 employees were dismissed, and 3 left of their own volition (Sligar & Anema, 2011). The supervisory role in the evolution of the EAP/D was important.

As an in-house program, the EAP/D may be more likely to receive supervisory referrals due to the nature of the model. In an in-house model, the convenient connection of supervisors to the program and the understanding of its purpose may encourage referrals from supervisors. In a study by Straussner (1988), approximately 56% of clients were supervisory referred while less than 25% of those in a contracted off-site program were supervisor-referred.

The advantage of supervisor-generated referrals in an EAP for employees with disabilities is that it hopefully involves the practice of early intervention. Through the practice of early intervention, the more likely a problem is to be treated successfully and the less likely it is to escalate. Mannion (2006) stresses the importance of supervisor referrals and notes that “supervisors in a remarkably real and practical sense hold the keys to the kingdom” (p. 100).

Finally, the observation that supervisors and non-supervisors had favorable ratings of the EAP/D is relevant. If the supervisors of the of the NISH affiliate program were not supportive, the EAP/D would not be able to fulfill its mission of assisting employees with disabilities.

Similarly, the high ratings of the EAP/D by non-supervisors implied that the EAP/D was not being utilized in a punitive manner. In the first two years of the program, 47 (78.3%) of the referrals were non-disciplinary while 13 (21.7%) were disciplinary (Anema & Sligar, 2011). The “highly agree” ratings from non-supervisors that ranged from 66.7% to 80% might be an indication that the EAP/D was being perceived as a means of helping employees rather than it being a mode of punishment.

The Favorability of the EAP/D

The EAP/D was viewed favorably in both years by employees in their understanding of the role of the EAP/D, the perceived opportunity to use the EAP/D, or the likelihood that they would use the EAP/D in the future. The range of the ratings was 68.1% to 78.2% in 2008 and 66.1% to 87% in 2009. In a collapsed 2X2 contingency table that combined “strongly disagree” and “disagree” and “agree” and “strongly agree”, there were no statistical differences found in the way that the EAP/D was rated by employees from 2008 to 2009. However, when the ratings were examined in a 2X5 contingency table, there were statistically significant differences at the $p < .01$ level. Most of the changes occurred in employee ratings of “agree” and “strongly agree” Lickert scale ratings as depicted in Figure 1. In 2008 and 2009, most employees felt they understood the role of EAP, had been given an opportunity to use the EAP, and would be more likely to use the EAP in the future. There was not an unfavorable rating for any variable that was higher than 10.9% for either year.

Harlow (1998) found that that the favorableness of how an EAP is viewed may be related to factors other than exposure to the program over time. In order to identify some of the factors that contributed to a favorable perception of an internal EAP, Harlow applied a stepwise analysis to 10 items that might possibly shape perceptions of an EAP. He found that past use,

accessibility, reputation, perception of confidentiality, the comfort in using the EAP, not feeling career risks, and support from other employees were all factors in having a favorable perception of the EAP.

One of the most significant findings in the Harlow (1998) study was that employees who had previously used the EAP viewed it much more favorably than those who had not utilized it. For example, 65.5% of those who had used the EAP would strongly recommend the program to others while only 43.4% of non-users would recommend EAP to others. Also, 76.2% of EAP utilizers perceived EAP to be very helpful while only 30.4% of non-users believed EAP to be helpful. Finally, 87% of the EAP utilizers viewed the EAP as effective or very effective while only 34.2% of non-users viewed the EAP as effective or very effective. Using a chi square analysis, Harlow (1998) found that all variables such as accessibility, worthiness, professionalism, and the importance of the EAP were all statistically significant at the $p = .05$ level when comparing the views of EAP utilizers and non-utilizers. Harlowe (1998) felt that, although the finding that EAP was viewed more favorably by utilizers than non-utilizers was expected, the implications of the finding are “significant” (p. 4).

Based on Harlow’s findings, the positive EAP/D ratings from the care survey may have been unexpectedly influenced by the high utilization rate of the program. While the care survey items such as the understanding of the EAP, the opportunity to use the EAP, and the likelihood of future use are important considerations in rating an EAP, the influence of the utilization rates of the EAP cannot be denied in determining whether or not the EAP is viewed favorably. When examining the factors that contribute to the favorableness of an EAP, it would seem that success breeds success.

As noted earlier, one of the concerns in the EAP/D start-up was an association with stigma. It was hoped that the care survey would provide some information about whether or not there was a perceived stigma that was linked to the EAP/D which could influence how favorably an EAP is viewed. One of Harlow's observations was that 72.1% of EAP utilizers felt that the EAP was supported by others while 52.1% felt that the program was supported by others. It would seem that the best way to minimize stigma would be to focus on those factors, such as supervisory referrals, that would enhance utilization.

Support for Theoretical Constructs

This study found that the EAP/D was supportive of the constructs identified as important in organizational success. Specifically, Mayo (1945, 1960) related that social content was important in a successful organization and this study found that the EAP/D was instrumental in resolving a number of individual issues between supervisors and employees. Pugh and Hickson (1989) believed that feeling a part of a team and was important and that this concept was facilitated by attention to activities that promote the team concept. The similar (and positive) perceptions of the EAP/D suggest that it could be an important instrument in implementing these ideas in organizations. Finally, Mayo (1960) advanced the idea that employee problems should be handled in a highly individualized manner, demonstrating an appreciation for history and individual differences. The highly favorable ratings of the EAP/D suggest that this approach did, in fact, contribute to an organizational climate that was both individualized and sensitive to personal issues and solutions. It would seem that the EAP/D is congruent with and supportive of the principles and concepts recommended by the previously cited authors.

Study Limitations

Researcher Bias

According to Shuttleworth (2009), the primary issue to keep in mind regarding researcher bias, also referred to as experimental bias, is that it is unavoidable. One of the more common types of research bias occurs when subjects are selected, or self selected, that are more likely to generate positive results resulting in client selection bias. The clients who completed the satisfaction survey who were utilizers of the EAP/D may have been influenced by factors such as rapport with the researcher, counselor experience, and a desire to be helpful. The study was limited by the fact that there was only one counselor who represented the EAP/D and who was strongly identified with the program. It is conceivable that respondents were rating the counselor effectiveness more so than the effectiveness of the EAP/D which could be construed as a programmatic halo effect. As noted by Graziano and Raulin (2006), any uncontrolled experimenter and/or subjects effects may compromise the credibility of research.

Analysis of Data Limitations

There were two limitations regarding data analyses. First, the application of a chi square analyses was excluded in the analyses of eight 2x5 tables because, all tables but one, contained at least one cell count that was expected to be less than five. In order to analyze the data, it became necessary to collapse the tables into 2x2 contingency tables and the decision was made to apply Fisher's exact test rather than chi square. In order to address the research questions that involved a comparison of satisfaction ratings, the Likert-scale ratings of strongly disagree and agree were combined into one row cell and the Likert-scale ratings of agree and strongly agree were combined into the other corresponding row cell. Ratings that fell into the neutral category were not included in the contingency table because the research questions pertained to whether or not

there was significance in the favorability ratings of the EAP/D. The necessity of consolidating data resulted in a modification of data which also resulted in a modification of the analysis.

A second limitation of the data analysis related to the statistical validity of the 2008 and 2009 comparisons of the Care surveys. The ability to compare employee responses was compromised by the probability that the respondents in 2009 were not the same respondents as in 2008. Factors such as employee turnover, new hires and different respondents presented irresolvable confounding variables that violated the underlying assumptions of statistical comparisons. Graziano and Raulin (2007) state that the violation of statistical comparisons distorts the p-value for statistical testing, thereby invalidating analysis. Even though the comparison of the Care surveys in 2008 and 2009 were not statistically significant, any conclusions about the null hypothesis would be undependable.

Definition of Utilization

Another limitation in the examination of data has to do with the calculation of utilization rates. Csiernik (as cited in McDonough, 2005) in his examination of the utilization rates of 102 EAPs, found that there were 19 different variations that were used to calculate utilization. For most EAPs, utilization rates represent the percentages of the first time users of core services proportionate to the number of potential utilizers within the company. Sometimes this number may include dependent populations in EAPs that promote the family utilization of EAPs (Harlowe, 1998). The definition of utilizers may be extended to those persons who use EAP for any reason. For example, it was noted that in the Kiernan and McGaughey (1992) EAP that consultant services provided to supervisors were counted in their calculation of the utilization rates. A non-standardized calculation system for utilization rates has the potential to create misleading comparisons.

Implications of Findings for Future Research, Practice, and/or Administration

There are two categories of implications that are practical for or future research or current practice. The first category of implications is based on the findings of the research questions and the second category is based on the potential for wider applications of the findings.

The first category is related to the practical applicability of the research questions. First, all EAPs can provide beneficial services for employees with disabilities as evidenced by the high utilization and satisfaction ratings achieved by the EAP/D. Second, the supervisory role in the EAP for employees with disabilities is paramount as evidenced by the comparatively high number of referrals from supervisors to the EAP/D. The emphasis on supervisory training in early intervention was possibly a key in both the high numbers of supervisory referrals and the views by utilizers that the EAP/D was helpful. Third, an EAP for employees with disabilities can minimize stigma as evidenced by the findings of companywide surveys that were completed three and four years after the implementation of the EAP/D. There is evidence that an EAP for employees with disabilities is more accepted by employees when it is integrated and not specifically designated for definitive populations. Finally, an EAP for persons with disabilities can compare favorably with a well established, larger EAP in perceptions of accessibility, professionalism, satisfaction ratings and whether or not EAP would be recommended to others.

The second category of implications has to do with the potential of EAPs to meet the needs of employees in the workplace. In their seminal study of an EAP for persons with disabilities, Kiernan and McGaughey (1992) felt that EAPs were an untapped resource for employees with disabilities. According to Vogel (2010), 30% of employees will become disabled before retiring and that percentage seems to be on the rise because people seem to be working longer. While the ADA is often viewed as an antidiscrimination law for new hires, it is also a law

that supports the retention of persons who become disabled while employed. An EAP for persons with disabilities would be in an excellent position to establish rapport, provide early intervention, explore reasonable accommodations, and assume advocacy for the employee.

Another wider application of the findings pertains to a NISH project referred to as the Quality Work Environment (QWE) initiative that promotes best practices for the more than 600 nonprofit agencies participating in the AbilityOne program (Retrieved from <http://www.nish.org/>). The goal of the QWE initiative is to enable all persons who are blind or severely disabled to reach their maximum employment potential. The recommendations of the project that include choice, having a clear career path, personal achievement, and having approved work supports are consistent with the services offered by the EAP/D.

Conclusion

Because the results of the study were derived from one EAP for employees with disabilities, any generalizations from the study should be made with caution. The findings, however, do support some important considerations for the implementation of EAPs for employees with disabilities. One consideration is that an EAP for employees with disabilities can have high utilization rates and high levels of satisfaction that compare favorably to more traditional EAPs. Another consideration is that an EAP for employees with disabilities can have benefits for multiple stakeholders.

The development of an on-site or internal EAP program was advantageous in several ways in providing services to employees with disabilities. Many of the employees of the NISH affiliate company reported difficulties with transportation and having an on-site program made services much more accessible. The accessibility of the EAP/D also made it more convenient for the EAP counselor to establish rapport with all employees. The rapport that was established was

a major factor in the high utilization of the EAP/D. For reasons unknown, the vast majority of EAPs tend to be off-site, contractual EAPs. In a study by McDonough (2005), only 637 of 4,000 EAPs examined, or 15.9% were internal EAPs.

As the EAP/D evolved, more services were adopted to meet the needs of employees with disabilities. Some of these services included anger management sessions, personal development planning, mediation, case management, and team building. The convenience of working more closely with supervisors and management was that it allowed EAP/D services to be more flexible and individualized in order to promote the independence, productivity, and quality of the work environment for employees with disabilities. The seminal study by Kiernan and McGaughey (1992) found that the services provided their EAP for employees with disabilities were those of redesigning job duties and restructuring work environments. Approximately 22.7% of the services provided were in the area of job modification.

Employee advocacy is another component that is necessary for the success of an EAP designed for employees with disabilities. Not only is advocacy a service, it is a responsibility with legal and ethical overtones due to the Americans with Disabilities Act (ADA). The ADA increases the need of employers and EAPs to respond to issues of access and reasonable accommodations. The EAP counselor is in a unique position, both in training and role as helper, to recognize the issues concerning reasonable accommodations. Within this unique position, the EAP counselor will find himself or herself acting in the role of an advocate for the employee with a disability, particularly if there is an issue of compliance. Ironically, in a study by Straussner (1988), only 17% of EAP counselors perceive advocacy as one of their functions and all of the counselors in her study were in-house.

Employee advocacy for employees with disabilities often involves the provision of case management services. Case management, which pertains to the coordination of resources for employees, involves management decisions that should be based upon employee choice, ability to comprehend, ability to apply the information, and insight or understanding of the consequences (Banja, as cited in Parker & Szymanski, 1998). In her study of EAP services for low-wage earners, McDonough (2005) felt case management should be a core service of all EAPs that provide services to low wage earners. It should also be listed as a core service for EAPs that provide services to employees with disabilities.

Strong supervisory support was a factor in the EAP/D mission of providing services to employees with disabilities. Ongoing communication with supervisors was influential in the line supervisor's understanding of the role of the EAP/D, being able to recognize the "troubled" employee, and the importance of early intervention in providing services to employees with disabilities. Mannion (2006) feels that EAP is more than a resource for supervisors. He feels that EAP is a partnership that is designed to make a supervisor's job easier and more gratifying. Masi (1984) noted that the greatest barrier in implementing a new EAP may be generating supervisor referrals and utilization.

The concept of early intervention is critical to the EAP process. Harlow (1998) notes that the provision of assistance as early as possible after the onset of the problem is one of the keys to a successful EAP program. Anema and Sligar (2011) note that early identification, supervisory involvement, EAP professionalism, and genuine concern for the well being of the "troubled" employee are all part of this process. The company using the EAP must be committed to seeking assistance for its employees rather than disciplinary action as the first call of action. If the employee who utilizes the EAP perceives it to be a source of help rather than a disciplinary

program, more self-referrals may be generated. The acceptance of the EAP/D as a source of help was evidenced by a drop-off in the number of disciplinary referrals from 28.1% to 14.3% in the second year of the program. The NISH affiliate company was a good fit for the services of the EAP/D because one of the missions was to improve the quality of life for the employees who had disabilities within the company.

One of the hallmarks of a successful EAP is how well it is integrated into the workplace. Mannion (2008) observes that, “if an EAP is to remain vibrant and effective, it needs to become integrated into the workplace and not perceived simply as an extra appendage” (p. 55). He goes on to say that less than complete integration will serve only to ensure its failure. Although the Kiernan and McGaughey (1992) EAP was an internal, free standing EAP, it was not well integrated. The program only served employees with disabilities and, as a result, was limited in its utilitarian value. It eventually had to merge with other EAPs to ensure its survival. By being well-integrated into the NISH affiliate company, the EAP/D avoided being stigmatized as a program that only serves “handicapped people”. In this respect, the EAP/D was the antithesis of the Kiernan and McGaughey EAP.

One unexpected finding by Anema and Sligar (2011) was the low utilization rate for employees who had substance abuse disorders. Only three employees were referred to the EAP/D in two years representing 1.4% of the total workforce and 4.8% of all concerns presented to the program. According to a survey conducted by the Substance Abuse and Mental Health Services Administration (2007), 8.4% of those employed full-time are current illicit drug users, and 8.8% report heavy alcohol abuse, which would suggest a much higher potential for EAP utilization.

Anema and Sligar (2011) felt that there could be two plausible explanations for the statistical underutilization of the EAP/D by substance users. The first had to do with under diagnosis. According to Merkgangas, Stevens, and Fenton (1996), approximately 29-34% of all mentally ill persons have a problem with alcohol and drugs. If this percentage was applied to the 11 employees who were seen for mental health issues and added to the number of persons who were seen for substance abuse problems, the number of employees seen for substance abuse would double. The second explanation for the under utilization by substance abusers related to the description of the presenting problem at the time of referral. Substance abuse can be the problem underlying other issues such as anger, absenteeism, and other types of interpersonal problems. The problem of substance abuse, in those instances, would not be diagnosed until later or perhaps not at all.

As the role of the EAP has become more diversified, the skill levels needed by EAP providers have increased. Further research is needed on the best ways to integrate EAPs into the workplace beginning with the needs of companies. There is credible research to suggest that the patterns of use are different for different types of EAPs (Harlow, 1998; Straussner, 1988). The best pattern suggested by the EAP/D study is that is integrated an onsite. Due to the scant information in the literature about EAPs for employees with disabilities there are several recommendations for future study. First, there is a need to study separately the needs of employees with disabilities and without disabilities to determine similarities and differences. Second, a cost benefit analysis of the EAP/D could be potentially helpful in marketing EAPs for employees with disabilities. A cost benefit analysis might include such outcome measures as absenteeism records, health insurance claims, accident rates, and evidences of improved attendances. Finally, there might be benefits in interviewing employees with disabilities using

the focus group approach of Patton (2008) to determine whether there might be unmet service needs among employees with disabilities or concerns about utilization.

Existing EAPs are a great resource for all employees and have considerable potential to meet the needs of employees with disabilities. Oddly enough, there are few studies that have been done regarding the implementation of EAPs for AbilityOne programs. In the process of studying the Quality Work Environment initiative for NISH affiliate industries, it is incumbent upon rehabilitation specialists and NISH leadership to find creative ways to utilize these resources more effectively in enhancing the quality of life opportunities for employees with disabilities.

REFERENCES

- Ahrens-Jones, B. (1993). Diversity and challenge: Social work careers in employee assistance. In B. J. Morgan & J. P. Palmisono (Eds.), *Mental health and social work career direction* (pp. 99-103). Detroit, MI: Visible Ink Press.
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.
- Americans with Disabilities Act of 1990, 42 U.S.C. § 101-102. APA 18, p. 409.
- Anema, J. C., & Sligar, S. R. (2011). Innovation in the workplace: Evaluation of pilot employee assistance program serving persons with disabilities. *Journal of Rehabilitation, 76*(4), 9-15.
- Asner-Self, K. K., & Leconte, P. J. (2002). Counseling employees with disabilities. In D. S. Sandu (Ed.), *Counseling employees: A multifaceted approach* (pp. 151-168), Alexandria, VA: American Counseling Association.
- Attridge, M. (2010). *EAP cost-benefit research: 20 years after McDonnell Douglas*. Retrieved from <http://www.Thefreelibrary.com+costbenefit+research%3A+20+years+McdonnellDouglas>
- Banja, J. D. (1990). Rehabilitation and empowerment. *Archives of Physical Medicine and Rehabilitation, 71*, 614-615.
- Bannerman, H. A. (1992). *Evaluating the costs and impact of employee assistance programs: Methodological issues and review of selected case studies* (Unpublished master's thesis). The University of North Carolina at Chapel Hill.
- Berg, I. K., & Miller, S. D. (1992). *Working with the problem drinker: A solution-focused approach*. New York: W.W. Norton.
- Bernstein, A., & Rozen, S. (1989). *Dinosaur brain*. NY: Ballentine Books.

- Blair, B. (2002). Consultative services: Providing added value to employers. *EAP Association Exchange*, March/April, 21-23.
- Blum, T. C., Martin, J. K., & Roman, P. M. (1992). A research note on EAP prevalence, components, and utilization. *Journal of Employee Assistance Research*, 1, 209-229.
- Blum, T. C., & Roman, P. M. (1992). A description of clients using employee assistance programs. *Alcohol, Health, and Research World*, 16(2), 120-128.
- Bolton, B. (1987). *Handbook of measurement and evaluation in rehabilitation* (2nd ed.). Baltimore: Brookes.
- Boone, L. E., & Kurtz, D. (1992). *Contemporary marketing* (7th ed.). New York: McGraw Hill, 37.
- Braun, A. L., & Novak, D. E. (1986). A study of EAP non-utilization. *EAP Digest*, November/December, pp. 52-55.
- Budman, S. H., & Gurman, A. S. (1988). *Theory and practice of brief therapy*. New York, New York: Guilford.
- Bureau of Labor Statistics. (2011). Persons with a disability: Labor force characteristics summary. Retrieved from <http://www.bls.gov/home.htm>
- Butterworth, I. E. (2001). The components and importance of stigma associated with EAP counseling. *Employee Assistance Quarterly*, 16(3), 1-8. doi: 10.1300/J022v16n03_1
- Burgess K., & Sharar D. A. (2003). Aligning better quality with better payment. *Journal of Employee Assistance*, 33(2), 17.
- Burkhauser, R.V., & Stapleton, D.C. (2004). The decline in the employment rate for people with disabilities: Bad data, bad health, or bad policy? *Journal of Rehabilitation*, 20(3), 185-201.

- Cagney, T. (2006). Why don't supervisors refer? *Journal of Employee Assistance, first quarter* 1, 14.
- Charlesworth, E. A., & Nathan, R. G. (1984). *Stress management: A comprehensive guide to wellness*. New York: Ballantine Books.
- Corey, G., & Herlihy, B. (2006). Client rights and informed consent. In B. Herlihy & G. Corey, *ACA ethical standards casebook* (6th ed.), pp. 179-182. Alexandria, VA: American Counseling Association.
- Copeland, L. (1988). Making the most of cultural differences in the workplace. *Personnel* (June), 50-52.
- Corey, G., & Herlihy, B. (2006). Client rights and informed consent. In B. Herlihy & G. Corey, *ACA ethical standards casebook* (6th ed.), pp. 151-153. Alexandria, VA: American Counseling Association.
- deShazer, S. (1985). *Keys to solutions in brief therapy*. New York: W.W. Norton.
- Employee Assistance Professional Association. (2011a). *What is an employee assistance program?* Arlington, VA: Author. Retrieved from <http://www.eapassn.org/i4a/pages/index.cfm?pageid869>
- Employee Assistance Professionals Association. (2011b). *About employee assistance*. Retrieved from <http://www.eapassn.org/public/pages/index.cfm?pageid=869>
- Employment Law Alliance. (2007). Retrieved from www.employmentlawalliance.com/en/taxonomy/term/20
- Every, D. K., & Leong, D. M. (1994). Exploring EAP cost-effectiveness: profile of a nuclear power plant. *Employee Assistance Quarterly, 10*(1), 1-12.

- Farley, R. C. (1983). Developing and enhancing interview skills: *A supplemental manual for the interviewing skills workshop*. Hot Springs: Arkansas Research and Training Center in Vocational Rehabilitation.
- Finney, D. B. (1985). Estimating cost savings realistically. *EAP Digest*, March/April, 59-62.
- Fish, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Josey-Bass.
- French, M. T., Zarkin, G. A., & Bray, J. W. (1995). A methodology for evaluating the costs and benefits of employee assistance programs. *Journal of Drug Issues*, 25(2), 1-39.
- Friedman, M., & Rosenman, R. H. (1974). *Type A behavior and your heart*. New York: Fawcett Crest.
- Furnham, A., & Pendred, J. (1983). Attitudes toward the mentally and physically disabled. *British Journal of Medical Psychology*, 56, 179-187.
- Goodwin, L. R. (1980). Stress management for rehabilitation clients. *Rehabilitation Counseling Bulletin*, 23(3), 193-201.
- Googins, B. (1989). *Revisiting the role of the supervisor in employee assistance programs*. NIDA Research Monograph 91: Drugs in the Workplace: Research and Evaluation Data. Rockville, Maryland: Alcohol, Drug Abuse, and Mental Health Administration, 289-302.
- Gordon, E. D., Minnes, P. M., & Holden, R. R. (1990). The structure of attitudes toward persons with a disability, when specific disability and context are considered. *Rehabilitation Psychology*, 35, 79-90.
- Grand, S. A., Bernier, J. E., & Strohmer, D. C. (1982). Attitudes toward disabled persons as a function of social context and specific disability. *Rehabilitation Psychology*, 27, 165-174.

- Graziano, A. M., & Raulin, M. L. (2007). *Research methods: A process of inquiry* (6th ed.). Boston, MA: Pearson Education.
- Hall, L., Vacc, N., & Kissling, G. (1991). Likelihood to use employee assistance programs: the effects of sociodemographic, social-psychological, sociocultural, organizational, and community factors. *Journal of Employment Counseling, 28*, 63-73.
- Harlow, K. C. (1998). Employee attitudes toward an internal employee assistance program. *Journal of Employment Counseling, 35*(5), 1-8.
- Hartwell, T. D., Steele, P., French, M., Potter, F., Rodman, N. F., & Zarkin, G. (1996). Aiding troubled employees: The prevalence, cost, and characteristics of employee assistance programs in the United States. *American Journal of Public Health, 86*(6), 804.
- Henderson, R. M., & Bacon, S. D. (1953). Problem drinking: The Yale plan for business and industry. *School of Studies on Alcohol, 14*(2), 247-262.
- Holmes, T. H., & Rahe, R. H. (1967). The social readjustments rating scales. *Journal of Psychosomatic Research, 11*, 213-218
- Hutchison Jr., W. S., & Emener, W. G. (1997). *Employee assistance programs: A basic text*. Springfield, Illinois: C. C. Thomas.
- Jacobson, J. M., & Attridge, M. (2010). Employee Assistance Programs (EAPs): An allied profession for work/life. Retrieved from http://wfnetwork.bc.edu/encyclopedia_entry.php?id=17296&area-All
- Jacobson, J. M., & Hosford-Lamb, J. (2008). Working it out: Social workers in employee assistance. *Social Work Today, 8*(2), 18-23.
- Jones, B., & Summerville, J. (1983). Avenues and steps to do-it-yourself independence for the physically disabled. *Journal of Rehabilitation, 49*(4), 30-35.

- Jones, R. L. (1974). The hierarchical structure of attitudes toward the exceptional. *Exceptional Children, 40*, 430.
- Karon, B. P. (1995). Provision of psychotherapy under managed health care: A growing crises and a national nightmare. *Professional Psychology Research and Practice, 26*(1), 5-9.
- Kelley, K., Clark, B., Brown, V., & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in Health Care, 15*(3), 261-266.
doi:10.1093/intqhe/mzg031
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. G. (2005). Prevalence, severity, and co-morbidity of twelve-month DSM-IV disorders in the national co-morbidity replication (NCS-R). *Archives of General Psychology, 62*(6), 617-627
- Kiernan, W. E., & McGaughey, M. (1992). Employee assistance: A support mechanism for the worker with a disability. *Journal of Rehabilitation, 58*(2), 123-129.
- Kohler, S., & Kamp, J. (1992). American workers under pressure technical report. St Paul Fire and Marine Insurance Company. St Paul, MN. Retrieved from
<http://www.cdc.gov/niosh/topics /stress/>
- Kuhn, R. (1988). Psychological tests reduce counterproductive acts by employees. *Assets Protection, 9*, 9-12
- Lawrence, J. A., Boxer, P., & Tarakeshwar, N. (2002). Determining demand for EAP services. *Employee Assistance Quarterly, 18*(1), 1-15. doi:10.1300/J022v18n01_01
- Lehr, R. I., & Davis, B. B. (1982). Employee assistance programs and legal issues. *EAP Digest, 4* (November/December), 14-21.
- LeRoux, M. (1982, September 27). Employee assistance programs well worth their cost, employers say. *Business Insurance, 3-7*.

- Lippman, H. (1999, December). This is not your father's EAP. *Business & Health* 17, 42-43.
- Littrell, J. M. (1998). *Brief counseling in action*. New York: W.W. Norton
- Locke, E. A. (1976). Cited in Brief, A.P., & Weiss, H.M. (2001). Organizational behavior: Affect in the workplace. *Annual Review of Psychology*, 53, 279-307.
- Lofquist, L. H., & Davis, R. V. (1969). *Adjustment to work: A psychological view of man's problems in a work-oriented society*. New York: Appleton-Century-Crofts.
- Louis, M. R. (1980). Surprise and sense-making: What newcomers experience in entering unfamiliar organizational settings. *Administrative Science Quarterly*, 25, 226-251.
- Lydecker, T. H. (1985, November). Reshaping employee assistance programs. *Management World*, 37, 80-84.
- Maiden, R. P. (2003). The evaluation and practice of occupational social work in the United States. *Employee Assistance Quarterly*, 17(1/2), 119-161. doi:10.1300/J022v17n01_07
- Mannion, L. P. (2006). *Employee assistance: A worksite-based management program*. Xlibris Corporation.
- Mannion, L. P. (2008). *Employee assistance: Essential concepts*. Baltimore: Publishamerica, LLLP.
- Marlin Company. (2000). *Attitudes in the American workplace VI*. Retrieved from www.stress.org/job.htm
- Marlin Company. (2001). *Attitudes in the American workplace VII*. Retrieved from <http://www.stress.org/2001Harris.pdf>
- Masi, D. A. (1982). *Human services in industry*. Lexington, MA: DC Heath & Company.

- Masi, D. A. (1984). *Designing employee assistance programs*. New York: American Management Associations.
- Masi, D. A. (Ed.) (1992). *Developing employee assistance and counseling programs*. New York: American Management Associations.
- Masi, D. A. (1994). *Evaluating your employee assistance and behavioral care program*. Michigan: Performance Resource Programs.
- Masi, D. A. (1997). Evaluating employee assistance programs. *Research in Social Work Practice*, 7(3) 378-391.
- Masi, D. A., Freedman, M., Jacobson, J. M., & Back-Tamburo, M. (2002). *Utilization factors and outcomes of EAP and Work-Life programs: Comparing face-to-face, telephone, and online service experiences*. Baltimore: The University of Maryland.
- Matsakis, M. (1996). *I can't get over it: A handbook for trauma survivors*. Oakland, CA: New Harbinger Publications.
- Mayo, E. (1945). *The social problems of an industrial civilization*. Andover, MA: The Andover Press.
- Mayo, E. (1960). *The human problems of an industrial civilization*. New York: The Viking Press.
- McDonald, A. P., & Hall, J. (1969). Perception of disability by the nondisabled. *Journal of Consulting and Clinical Psychology*, 33, 654-660.
- McDonough, K. E. (2005). *Internal EAPs and the low wage worker: Practitioners' perceptions of services* (Unpublished doctoral dissertation). University of Pittsburg School of Social Work.

- Mercer, (2008). *Mercer 2007 national survey of employer-sponsored health plans*. New York: Author. Retrieved from <http://www.mercer.com/home.htm>
- Myers, D. W. (1984). *Establishing and building employee assistance programs*. Westport, Connecticut: Greenwood Press.
- Merikangas, K. R., Stevens, D., & Fenton, B. (1996). Comorbidity of alcoholism and anxiety disorders: the role of family studies. *Alcohol Health & Research World*, 20(2), 100-106
- Moore, D. S., & McCabe, G. P. (2006). *Introduction to the practice of statistics* (5th ed.). New York: W.H. Freeman and Company.
- NIOSH. (1999). Stress at work. (<http://www.cdc.gov/niosh/99-101>) U.S. National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication Number 99-101.
- NISH. (2011a). *NISH: Creating opportunities for people with severe disabilities*. Retrieved from <http://www.nish.org/>
- NISH. (2011b). *NISH Affiliation Program and application process*. Retrieved from <https://www.nish.org/Association/controller.aspx>
- Norman, G. R., & Streiner, D. L. (2000). *Biostatistics: The bare essentials* (2nd ed.). Hamilton, Canada: B.C. Decker.
- Northwestern National Life Insurance Company. (1991). *Employee burnout: America's newest epidemic*. Minneapolis, MN: Northwestern National Life Insurance Company.
- O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction for psychotherapy*. New York: W.W. Norton.
- Parker, M., & Szymanski, E. M. (Eds.). (1998). *Rehabilitation counseling: Basics and beyond*. Austin, TX: pro-ed.

- Patton, M. Q. (2008). *Utilization focused evaluation* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Princeton Survey Research Associates. (1997). *Labor day survey: State of workers*. Princeton, NJ: Princeton Research Associates.
- Pugh, D. S., & Hickson, D. J. (1989). *Writers on organizations* (4th ed.). Newbury Park, CA: SAGE Publications, Inc.
- Quality Work Environment Guidebook. (2011). Retrieved from http://www.jwod.org/documents/brochures/AbilityOne_QWE_Guidebook.pdf
- Rehabilitation Act of 1973, 87 Stat. 355, 29 U.S.C. § 701*et seq.*
- Rehabilitation Counselor Code of Ethics. (1988). *Rehabilitation Counselor Bulletin*, 31, 255-268.
- Roe, A., & Lunneborg, P. W. (1990). Personality development and career choice. In D. Brown, L. Brooks, & Associates, *Career choice and development: Applying contemporary theories to practice* (2nd ed.), pps. 68-101. San Francisco: Jossey-Bass.
- Roman, P. M. (1981). From employee alcoholism to employee assistance. *Journal of Studies on Alcohol*, 42(3), 244-272.
- Roman, P. M. (1990). EAPs: Professionals or entrepreneurs? *Employee Assistance*, January, 17-18.
- Roman, P. M. (1991). The use of EAPs in dealing with drug abuse in the workplace. *National Institute on Drug Abuse, Drug abuse research series, No. 1: Background papers on drug abuse financing and services research* (pp. 271-286). Rockville, MD: US Department of Health and Human Services.
- Ruzek, J. I. (2007). Psychological first aid. *Journal of Mental Health Counseling*, 29(1), 17-33.

- Sauter, S. L., Murphy, L. R., & Hurrell, J. J. (1990). Prevention of work-related psychological disorders. *American Psychologist*, *45*(10), 1146-1153.
- Schein, E. H. (1986). A critical look at current career development theory and research. In D.T. Hall & Associates, *Career development in organizations* (pp. 310-331). San Francisco: Jossey-Bass.
- Selvik, R., Stephenson, D., Plaza, C., & Sugden, B. (2004). EAP impact on work, relationship, and health outcomes. *Journal of Employee Assistance*, *34*(2), 18-22.
- Shulskis, E. (1996). HR Magazine. Retrieved from http://findarticles.com/p/articles/mi_m3495/
- Shuttleworth, M. (2009). *Research bias*. Retrieved from Experiment Resource: <http://www.experiment-resources.com/research-bias.html>
- Smith, D. C., & Mahoney, J. J. (1990). McDonnell Douglas Corporation Employee Assistance Program Financial Offset Study: 1985-1988. Unpublished white paper. Bridgeton, Mich: McDonnell Douglas.
- Society for Human Resource Management. (2008). *Tough boss or workplace bully?* Retrieved from <http://www.shrm.org/Publications/hrmagazine/EditorialContent/Pages/0609daniel.aspx>
- Solovieva, T. I., Hendriks, D. J., Wallsh, R. T., & Dowler, D. L. (2010). Workplace assistance services for people with disabilities: Making productive employment possible. *Journal of Rehabilitation*, *76*(4), 3-8.
- Stern, L. (1990). Why EAPs are worth the investment. Retrieved from http://findarticles.com/p/articles/mi_m0903/is_n5_v8/ai

- Straussner, S. L. A. (1986). *Helping troubled employees: An analysis of selected employee assistance programs under management auspices* (Unpublished doctoral dissertation). Columbia University School of Social Work.
- Straussner, S. L. A. (1988). A comparative analysis of in-house and contractual employee assistance programs. *Employee Assistance Quarterly, Special issue: Evaluation of employee assistance programs*, 3(3-4), 43-56.
- Strohmer, D. C., Grand, S. A., & Purcell, M. J. (1984). Attitudes toward persons with a disability: An examination of demographic factors, social context, and specific disability. *Rehabilitation Psychology*, 29, 131-145.
- Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2007 National survey on drug abuse*. Office of Applied Sciences [Online]. Retrieved from <http://oas.samhsa.gov/NSDUlatest.htm>
- Substance Abuse and Mental Health Services Administration. (2008). Results from the 1997 National Household Survey on Drug Abuse. Office of Applied Sciences [Online]. Retrieved from <http://www.oas.samhsa.gov/NHSDA/A-11/Wrkplcy2-02.htm>
- Super, D. E. (1990). The development of vocational potential. In D. Brown, L. Brooks, & Associates, *Career choice and development: Applying contemporary theories to practice* (2nd ed.), pps. 197-261. San Francisco: Jossey-Bass.
- Thomas, R. (1990). From affirmative action to affirming diversity. *Harvard Business Review*, (March/April), 107-117.
- Tringo, J. L. (1970). The hierarchy of preference toward disability groups. *Journal of Special Education*, 4, 295-306.

- Turner, K. D., & Szymanski, E. M. (1990). Work adjustment of people with congenital disabilities: A longitudinal perspective from birth to adulthood. *Journal of Rehabilitation*, 56(3), 19-24.
- Tyler, T. R. (1989). Do employees really care about due process? *Proceedings of the 1989 Employee Responsibilities and Rights*. American Bar Association. Northwestern University.
- Vash, C. (1981). *The psychology of disability*. New York: Springer.
- Vogel, N. O. (2010) *Disabled employees: The benefits of support*. Retrieved from http://www.diversity-executive.com/article.php?article_id=708
- Watzlawick, P., Weakland, J. H., & Fish, R. (1974). *Change: Principles of problem formulation and problem resolution*. New York: W.W. Norton.
- Wehman, P. (2003). Workplace inclusion: Persons with disabilities and co-workers working together. *Journal of Vocational Rehabilitation*, 18, 131-141.
- Welfel, E. R., & Patterson, L. E. (2005). *The counseling process: A multitheoretical integrative approach* (6th ed.). Belmont, CA: Thomson Brooks/Cole.
- Williams, M., Sabata, D., & Zolna, J. (2006). User needs evaluation of workplace accommodations. *Work*, 27, 355-362.
- Wrich, J. (1980). *The employee assistance program: Updated for the 80's*. Minneapolis: Hazelton.
- Wright, B. A. (1983). *Physical disability: A psychosocial approach*. New York: Harper & Row.

APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



University and Medical Center Institutional Review Board
East Carolina University
Ed Warren Life Sciences Building • 600 Moye Boulevard • LSB 104 • Greenville, NC 27834
Office 252-744-2914 • Fax 252-744-2284 • www.ecu.edu/irb
Chair and Director of Biomedical IRB: L. Wiley Nifong, MD
Chair and Director of Behavioral and Social Science IRB: Susan L. McCammon, PhD

FILE COPY

TO: John C. Anema, Jr., M. ED, Doctoral Candidate, Allied Health & Rehab Studies, CAHS/DRS AHB, ECU
FROM: UMCIRB *WCK*
DATE: February 18, 2008
RE: Exempt Category Research Study
TITLE: "Innovation in the Workplace: A Two-Year Follow-Up of an EAP Pilot Program for a NISH Certified Vocational Center"

MAILED
2-18-08

UMCIRB # 08-0124

This research study has undergone expedited review on 2.13.08. This research study meets the criteria for an exempt status because it is a research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects and any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Dr. S. McCammon deemed this **unfunded** study **no more than minimal risk**. This research study does not require any additional interaction with the UMCIRB unless there are changes in this study because the changes may impact the level of review required.

The following items were reviewed:

- Internal Processing Form
- Letter of Support (dated 2.12.08)
- Script for presenting the EAP satisfaction survey to ECVV employees
- Employee Assistance Program Satisfaction Form
- Employing Assistance Program Rating Form for Supervisors
- ECVV Employee Assistance Program 2007 Annual Report

Dr. S. McCammon does not have a potential for conflict of interest on this study.

The UMCIRB applies 45 CFR 46, Subparts A-D, to all research reviewed by the UMCIRB regardless of the funding source. 21 CFR 50 and 21 CFR 56 are applied to all research studies under the Food and Drug Administration regulation. The UMCIRB follows applicable International Conference on Harmonisation Good Clinical Practice guidelines.

APPENDIX B: EMPLOYEE ASSISTANCE PROGRAM SATISFACTION FORM

***** Please DO NOT put your name on this form*****

How were you referred to EAP? Self Supervisor Other

Type of Disability (Optional) _____

	Strongly ☹ Disagree	Disagree	No Opinion	Agree	Strongly Agree ☺
EAP was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP responded promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend EAP to my co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

All of your responses are confidential and will be helpful in evaluating our EAP program. If you return this in two weeks in the sealed envelope to Human Resources Manager you will be given a Health Bar (to support our wellness program) for your helpfulness.

Thank you for your time in participating in this survey.

**APPENDIX C: EMPLOYEE ASSISTANCE PROGRAM RATING FORM
FOR SUPERVISORS**

***** Please DO NOT put your name on this form*****

How many times have you used EAP Services for your supervisees?

Less than Five Five to ten More than ten

Purpose of EAP: Employee referral Mediation Consultation Other

	☹ Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree ☺
EAP was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP responded promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP understood the Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend EAP To other supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

All of your responses are confidential and will be helpful in evaluating our EAP Program. If you return this form in the sealed envelope within two weeks to either Ms. Patsy Machia or John Salisbury, you will be given a Health Bar (to support our Wellness Program) for your helpfulness.

Thank you for your time in participating in this survey.

**APPENDIX D: SCRIPT FOR PRESENTING THE SATISFACTION SURVEY
TO EMPLOYEES**

(Following a brief social interaction in a private area)

I'm involved in a study with East Carolina University about how much our EAP has benefited employees. We hope to include all of the employees who have received EAP services to find out if EAP was helpful and to what extent. Do you think you might be interested in participating in this study?

The study involves completing this questionnaire (show questionnaire) which asks whether or not you were helped by EAP as well as your opinions about EAP services. Your responses on the questionnaire will be kept confidential because you don't put your name on it and you seal it in this envelope.

All participation in the study is voluntary and you don't have to do it if you feel uncomfortable. If you decide to participate, however, it helps the program by letting it know what employees think of the EAP. Do you have any questions so far?

If you decide to participate, please place your completed questionnaire in this envelope and seal it so no one will know it's from you. **DO NOT SIGN IT!** (This instruction is also written on the questionnaire). After you seal it, please return it by (within two weeks) to the Employee Relations Department or Human Resources (both names will be on the envelope).

In exchange for your help, you will be given a health bar, compliments of the wellness program, when you return your questionnaire. Do you have any questions?

APPENDIX E: FIRST ANNUAL REPORT OF THE EAP/D

Annual EAP Report

Dec.1, 2005-Nov.30, 2006

Summary of Findings

Since December 2005, there have been 32 referrals to the EAP program. Of these only nine of these were for disciplinary reasons (received written warning). Since the EAP program is voluntary, all referrals except one were interested in receiving EAP services. Three of those nine have been terminated and one left voluntarily. A further breakdown of referrals is as follows:

Reasons for referral

Non-disciplinary 23

Disciplinary 9

Referral Sources

Self 7

Supervisor 25

Presenting Concerns

Interpersonal/anger 2

Interpersonal 11 (Difficulty in getting along with co-workers or supervisors)

Absenteeism 9

Health 3

Family 4

Anxiety 2

Substance Abuse 2

Outcomes

Terminated 4

Left Voluntarily 1

Refused Services 1

Still Employed 26

Basic EAP Information

(Source: USDL, 1990)

- * On a national level, 45% of full-time employees are covered by EAPs
- * In large companies with over 500 employees, 70% are covered.
- * 60-85% decrease in absenteeism
- * 40-85% decrease in sick time utilization and personal/family health insurance usage.
- * 45-75% decrease in on-the-job accidents.
- * 43% increase in productivity
- * SHERM encourages all companies to have an EAP program in place to prevent workplace violence which is a growing concern in the workplace.

First Year Observations

It was felt that the EAP program afforded an opportunity to handle employee difficulties in a constructive, helping way to which employees responded favorably. The feedback that EAP has received thus far from supervisors and employees has been both positive and constructive.

Some unexpected and positive findings in this first year have been:

- 1) The immediate utilization of EAP by supervisors and employees was unexpected. Thirty two referrals in the first year of an EAP program indicated a very high utilization of services. Supervisors have been very supportive and, based on the small number of disciplinary referrals, have resorted first to the utilization of EAP before considering disciplinary approaches.

- 2) In most EAP programs, the majority of EAP referrals are either for substance abuse or anger concerns. EAP has its origins in substance abuse, probably as a response to failed drug tests. The ECVV program has had only three referrals specifically for substance abuse problems. Unfortunately, two of those three were terminated from employment.
- 3) There have only been two off-site requests for services. It was expected that more employees would utilize this option in order to offset any stigma that might be associated with EAP.
- 4) Surprisingly, there appears to be very little stigma associated the EAP program. It has thus far been well received.

Recommendations

- 1) Continuation of the in-house/consortia model. This was a model recommended by a consultant before the contract with the EAP provider. This model seems to work well due to the problems with transportation that many employees experience.
- 2) The most common problem associated with this model is often with the stigma associated with counseling services. Stigma has surprisingly not been a barrier to utilization as most employees and staff seem to have accepted EAP as indicated by the high utilization rate.
- 3) Establishment of a program for preventing workplace violence which has become the second leading cause of on-the-job injuries.
- 4) Establishment of a reward system for good attendance. A reward system would present a solution-focused approach to employee absenteeism.
- 5) Conduct in-house training programs for staff based on perceived need, i.e., life (time/stress) management, communication skills, team building utilizing a solution-focused approach, coping with change, making and keeping New Years resolutions, etc.
- 6) Continuation of the five visits policy. The purpose of this policy is to direct employees to long term care if that is perceived to be a need. It can also prevent abuse although that has not been a problem. If anything, EAP has been appropriately utilized.

Summary

The first year success of the EAP program can be attributed to the caring of supervisors, Human Resources, and management. The program has been frequently utilized because of the

concern of supervisors for their employees. Most supervisors at ECVC would rather see their employees receive help than face disciplinary action.

A routine question asked of referrals that were potentially facing disciplinary action is, “Do you think you have been treated fairly?” Of the referrals that were facing disciplinary action, only two or three thought they were treated unfairly. This is a real tribute to the concern of supervisors at ECVC for their employees.

EAP has also received the strong support of both Human Resources and management. In many businesses, EAP is often a “last resort” for employees who are going to be terminated. At ECVC, EAP is used as an early intervention before behavior reaches a disciplinary stage. When EAP was getting underway, the Executive Director (name) presented a mandate to the EAP representative, “*I want you to do whatever you can to see that our employees get the help they need help*”. That was perceived to be a very clear mission statement for the EAP program which set the stage for the first year success.

APPENDIX F: SECOND ANNUAL REPORT OF THE EAP/D

Employee Assistance Program

2007 Second Annual Report

Jan., 2007- Dec., 2007

EAP services continued to be well utilized in 2007 which is a tribute to supervisors, supportive administrators, and managers who were interested in finding help for their employees before seeking disciplinary action. Since January 2007, there have been twenty-eight (28) first time referrals to the Employee Assistance Program (EAP). Of these, only four (14%) were referred for disciplinary reasons (received written warning) which would indicate that supervisors and Human Resources are using EAP for problem prevention. A breakdown of EAP referrals for the year is as follows:

Month	Referrals	Direct Contact Hours
January	1	9
February	2	9
March	1	16
April	-	18
May	2	18
June	3	21
July	1	21
August	6	20
September	4	22
October	2	22
November	3	24
December	3	14
Total	28 *	214

*Does not include those seen for mediation

There was a wide range of presenting concerns and diagnoses among the referrals as follows:

Mental Health Concerns	9
Absenteeism	2
Difficulties with co-workers	5
Personal Growth	1
Family Issues	3
Health Concerns	3
Job Dissatisfaction	1
Anger	4
Substance Abuse	1**
Total	29*

*Most persons referred to EAP had more than one presenting concern or diagnosis

** The person referred for SA was a new employee who was referred for precautionary purposes only.

Difficulties with co-workers, anger, depression, and absenteeism represented 58% of all persons referred to EAP which was a characteristic profile of EAP referrals. It was somewhat surprising that substance abuse, which is often the mainstay of other EAP programs, represented only 3% of the persons referred to the ECVC EAP program. The 2007 breakdown of new referrals was similar to last year's findings:

Presenting Concerns (Dec. 1, 2005-Nov. 30, 2006)

Interpersonal/Anger	2
Interpersonal	11

Absenteeism	9
Health	3
Family	4
Anxiety	2
Substance Abuse	2
Total	33

There was similar EAP utilization in 2007 as there was in 2006. The reason this was noteworthy because the company underwent two major changes in 2007 with (1) the acquisition of a new AbilityOne program, and (2) relocation of the facility. Major changes such as these often result in an increase in displacement (anger), interpersonal issues, absenteeism, and stress-related health problems. When dealing with major change, everyday stressors are compounded and there may be more disruption in the workplace. Considering the enormity of the changes, it could be said that the company handled the transition as well as it could have been handled or anticipated. Several departments are to be commended for the way they prepared for the stress component of the relocation. First, in anticipation of stress-inducing change, EAP and Human Resources implemented two workshops on dealing with change entitled, “When the Horse is Dead, It’s Time to Get Off”. Second, the departments of Frames, Shipping & Receiving, and Production requested team-building sessions in anticipation of major organizational changes. The tours that were given prior to moving to the new facility were perceived as being helpful by almost everyone.

EAP was utilized for workshops, new employee orientations, team building, mediations, and program planning as follows:

Month	Service	Attendance
January	Life Management 101 Workshop	23
	Team Building (production)	5
March	“When the Horse is Dead.....	14
April	EAP Orientation at Serv Mart	12
	Mediation	2
May	Mediation	2
July	Planning Retreat for Programs	21
August	Team Building for Shipping, Production, and Framing	31
September	Mediation	9
October	Mediation	9
November	Mediation	2
December	Mediation	2
Total		132

Future Workshops

There are future workshops planned for supervisory training and the implementation of wellness support groups.

Summary of findings

- 1) EAP services continue to be well utilized as indicated by 28 new referrals and 214 direct employee contact hours in 2007.
- 2) The role of EAP was expanded in 2007. One hundred and thirty-two (132) employees participated in team building sessions, workshops, planning retreats, and mediation.

3) Most EAP referrals are seen for interpersonal problems, absenteeism, anger or depression.

Most referrals (86%) are for non-disciplinary reasons.

4) Thanks to support from Administrators, Supervisors, and Human Resources, EAP is perceived by most employees as a benefit rather than a disciplinary course of action.

APPENDIX G: 2008 AND 2009 EMPLOYEE CARE SURVEY QUESTIONS

1. Management Leadership (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I have confidence in the leadership of the company.....	1	2	3	4	5
I feel management is fair.....	1	2	3	4	5
I can feel free to talk to management about anything.....	1	2	3	4	5

2. Corporate Culture (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
Quality is a top priority.....	1	2	3	4	5
I am encouraged to strive for my highest potential.....	1	2	3	4	5
I do my best at every day.....	1	2	3	4	5

3. Communications (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I feel there is great communication throughout the company.....	1	2	3	4	5
There is plenty of effective communication between departments.....	1	2	3	4	5

4. Career Development (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I have career path, not just a job.....	1	2	3	4	5
I have opportunities to grow.....	1	2	3	4	5

If you have been here at least six months, please respond to these performance appraisal items.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
My last employee evaluation truthfully reflected my performance.....	1	2	3	4	5
The 90-day or 6 month evaluation performance system is fair.....	1	2	3	4	5

5. Your Role (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I am given authority to make decisions I need to make when working.....	1	2	3	4	5
I feel I am contributing to the mission and vision the company.....	1	2	3	4	5
I have the materials and knowledge I need to do my job well.....	1	2	3	4	5

6. Recognition and Rewards (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
If I do good work I can count on recognition.....	1	2	3	4	5
I feel appreciated.....	1	2	3	4	5
My pay is fair based on my job duties and responsibilities.....	1	2	3	4	5

7. Teamwork and Cooperation (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I feel part of a team working toward a common goal.....	1	2	3	4	5
Teamwork is strongly encouraged at ECVC..	1	2	3	4	5

8. Working Conditions (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I believe my job is very safe with no accidents.....	1	2	3	4	5
My working environment is great.....	1	2	3	4	5
Deadlines are realistic.....	1	2	3	4	5
I have a sensible workload.....	1	2	3	4	5

9. Your Immediate Supervisor (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
My supervisor treats me fairly.....	1	2	3	4	5
My supervisor treats me with respect.....	1	2	3	4	5
My supervisor promotes and values teamwork.....	1	2	3	4	5
My supervisor asks me for and values my input.....	1	2	3	4	5
My supervisor is helpful, supportive, and ready to lend a hand.....	1	2	3	4	5

10. Training Program and Human Relations (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I have been given as much initial training as needed to perform my job duties.....	1	2	3	4	5
I am being provided ongoing training as needed.....	1	2	3	4	5
My opinions and suggestions are valued.....	1	2	3	4	5
I would like to participate in activities that promote team building and unity.....	1	2	3	4	5

11. Employee Assistant Program-EAP (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
I understand the role of EAP and ECVC.....	1	2	3	4	5
I have been given the opportunity to use the EAP Program.....	1	2	3	4	5
I will be more likely to use the EAP Program in the future.....	1	2	3	4	5

12. Benefits (Please circle one number for each statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
Overall, I'm pleased with the benefits package.....	1	2	3	4	5
Specifically, I am please with the:					
Amount of vacation.....	1	2	3	4	5
Sick leave policy.....	1	2	3	4	5
Health Care Benefits.....	1	2	3	4	5
Dental benefits.....	1	2	3	4	5
403(b) plan.....	1	2	3	4	5
Retirement Plan.....	1	2	3	4	5
Bonus Plan.....	1	2	3	4	5

13. What has been done in the past that has increased your job satisfaction?

14. What can be done in the future to increase your satisfaction as an employee?

15. How long do you plan to continue working with the company?

Less than a year One or two years Two to five years More than five years Don't Know

16. Would you recommend employment to a friend?

Definitely not Probably not Maybe Probably would Definitely would