

Short communication

Treating addictive behaviors in the employee assistance program: Implications for brief interventions[☆]

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Abstract

Employee assistance programs (EAPs) are widely available to assist employees with a variety of problems. This research examined factors related to utilization and outcome by individuals with addictive behaviors (ABs) versus other problem areas. The specific aims of this study were to evaluate referral source and treatment outcome by gender and presenting problem. The sample included 3890 men and women who attended the EAP for a variety of concerns. Men were less likely than women to self-refer and more likely to be mandated to the EAP. Men were also much more likely to present with ABs. Relative to clients presenting with other issues, individuals with ABs were less likely to self-refer, have their problems resolved in the EAP, and were seen for fewer sessions. These results suggest that EAPs may be well suited for implementation of brief interventions (BIs) that have been empirically supported in other contexts.

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1. Introduction

Addictive behaviors (ABs) can be extremely prevalent and costly in the workplace. An estimated 78% and 70% of individuals that drink heavily or use illicit drugs, respectively, are

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employed full-time (Office of Applied Studies, 1997). Workplace problems resulting from ABs include missed work, suboptimal work productivity, late arrivals or early leaves, turnover, conflict with coworkers, job injuries, absenteeism, and workplace aggression (Mangione et al., 1999; McFarlin & Fals-Stewart, 2002).

Employee assistance programs (EAPs) are becoming increasingly available to aid troubled employees for a variety of problems. Three to eight sessions are available for assessment, treatment, and/or referral for their concerns. Research suggests that EAPs and other service utilization differ as a function of presenting primary problem, gender, and referral source. Five percent of the workforce utilizes the EAP each year, while only 1.5% of all employees present with ABs as their primary concern (Blum, 1989). Although ABs are prevalent, few utilize EAPs to address them. Reichman, Young, and Gracin (1988) estimate that only 3.2% to 8.4% of alcohol-abusing employees are being identified in the EAP. Women are also less likely to utilize services for AB concerns and tend to identify their main problem as affective despite a primary AB problem (Schober & Annis, 1996). Referral source may also affect EAP utilization and outcome. Some evidence suggests that individuals with alcohol problems compared with other types of concerns are more likely to be mandated to the EAP (Blum & Roman, 1992). However, it is unclear if this same pattern holds for individuals with other ABs.

EAP services are widely used by workplaces, and there is limited research specifically evaluating how clients with ABs compare with clients with other concerns. This study evaluates referral source and treatment outcome by gender and presenting problem. These preliminary analyses provide a framework and support for implementing brief interventions (BIs) in the EAP.

2. Methods

2.1. Sample

A data set was obtained and included 3890 employees from companies utilizing services from an EAP corporation in the United States (64% female; $M_{\text{age}} = 41$ years, S.D. = 9.95). Of the 1088 clients for whom ethnicity data were available, the sample consisted of 81% Caucasian, 12% African American, 4% Latino, 2% Asian American, and 1% Native American.

2.2. Procedure and variables

EAPs differ in service implementation, and counselors have diverse training. The average number of sessions allowed was 5.19 (S.D. = 2.12).

2.2.1. Problem category

EAP counselors coded primary presenting problem at intake using a standardized form. Thirty-eight problems were grouped into 10 categories based on similarity, (details available

upon request). The main category of interest was ABs (alcohol, drug, nicotine, polydrug abuse, gambling, and eating disorder). Others included stress/anxiety, abuse/violence, work, relationship, mood, health, adjustment, financial/legal, and miscellaneous.

2.2.2. Referral source

Referral source was coded at intake, including self (63%), employer-informal (15%), family (6%), mandatory (5%), human resources/medical (5%), and other (6%).

2.2.3. Outcome

Counselors rated outcome at termination using a dichotomous variable, which categorized clients whose issues were resolved in the EAP versus those whose issues were not. Clients whose issues were not resolved were referred for outside services to medical, outpatient, and inpatient services. Of employees with ABs that were referred for outside services, 91% were referred to outpatient care. The majority of clients' issues were resolved in the EAP (66%).

3. Results

Simple comparisons with Bonferroni correction for multiple comparisons were used.

3.1. Gender and problem category

Prevalence of presenting problem did not differ by gender across all problem categories, except that more men presented with ABs [$\chi^2(1) = 111.81$, $P < .0001$].

3.2. Self ($n=2523$) versus nonself ($n=1367$) referrals

More women versus men were self-referred to the EAP [$\chi^2(1) = 7.50$, $P < .01$]. Self-referral was less common for AB [$\chi^2(1) = 27.29$, $P < .0001$] and work concerns [$\chi^2(1) = 59.90$, $P < .0001$] and more common among individuals with relationship problems [$\chi^2(1) = 38.20$, $P < .0001$].

3.3. Mandated versus nonmandated referrals

An examination of clients mandated ($n=242$) versus those not mandated ($n=3648$) revealed a larger proportion of men (9.47%) than women (4.66%) being mandated to the EAP. Clients with ABs were much more likely to be mandated compared with clients with other problems [28.8% vs. <3%; $\chi^2(1) = 225.27$, $P < .0001$].

3.4. Resolution within the EAP versus outside referral

Approximately two thirds of EAP clients (66.99%; $n=2606$) had their problems resolved within the EAP, which did not differ by gender. The other third (33.01%; $n=1284$) were

referred for outside services. Problem resolution was more likely for relationship-related [$\chi^2(1)=26.84, P<.0001$] and work-related issues [$\chi^2(1)=47.34, P<.0001$]. In contrast, outside referral was more common among AB [$\chi^2(1)=51.23, P<.0001$], mood [$\chi^2(1)=25.91, P<.0001$], and stress/anxiety concerns [$\chi^2(1)=7.98, P<.005$]. ANCOVA analyses examining the average sessions attended, controlling for total sessions allowed, revealed that individuals with mood [$F(1,3833)=21.72, P<.0001$] and stress/anxiety concerns [$F(1,3833)=10.70, P<.001$] attended more sessions than those with other concerns. In contrast, individuals with ABs attended fewer sessions than did clients with other concerns [$F(1,3833)=11.39, P<.001$]. Overall, low problem resolution was associated with fewer sessions attended [$t(3888)=7.36, P<.0001$]. Thus, clients with ABs were less likely to resolve their issues in the EAP.

4. Discussion

The data indicate that a large majority of clients resolved a variety of concerns within the EAP, which suggests that services have been sufficient for most individuals and most problems. The majority of clients were self-referred. They may feel that service utilization may be more permissible in the work setting, where impaired work performance and threat of continued employment may also help motivate help seeking. Limitations to the study include interpreting data at face value, diverse service delivery, and varied EAP session contracts.

The primary aim of this study was to examine EAP utilization for clients with AB concerns. Clients with ABs are less likely to self-refer and more likely to be mandated by their supervisors. If these individuals are less aware of the need to change, targeted interventions that aim to motivate these individuals at their own pace are important. Because clients with AB concerns are more likely to be referred out of the EAP and are seen for fewer sessions, this delay may be a deterrent to these individuals. More research is needed to assess whether these individuals can be treated in the EAP, or if they have more serious problems that require more extensive care.

BIs may dictate another option for EAPs. BIs have been effective in medical, college, and workplace settings (Anderson & Larimer, 2002; Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001; Dunn, ReRoo, & Rivera, 2001; Fleming et al., 1997). BIs in the EAP can be a “first step,” according to the stepped-care treatment approach, where EAP clients are only referred out if more services are needed (Sobell & Sobell, 1999). These programs represent an opportune type of program that may efficiently treat clients with ABs within the allotted sessions (Hopko & Hopko, 2003). This research provides an important preliminary step toward the implementation of brief interventions for addictive behaviors in EAPs.

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