The Perceived Effectiveness of the Borgess Human Assistance Program as Measured by a Checklist of Key Components

Kevin G. Clark

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THE PERCEIVED EFFECTIVENESS OF THE
BORGESS HUMAN ASSISTANCE PROGRAM
AS MEASURED BY A
CHECKLIST OF KEY COMPONENTS

by

Kevin G. Clark

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Psychology

Western Michigan University
Kalamazoo, Michigan
December 1982
THE PERCEIVED EFFECTIVENESS OF THE
BORGESS HUMAN ASSISTANCE PROGRAM
AS MEASURED BY A
CHECKLIST OF KEY COMPONENTS

Kevin G. Clark, M.A.
Western Michigan University, 1982

This study investigated the success and perceived effectiveness of an employee assistance program. Phase I consisted of interviewing representatives of the ten companies that were the most frequent users of the program. Phase II examined the program's annual report. The results were tabulated and compared to a checklist of key components which gauge the effectiveness of a successful employee assistance program (Egdahl and Walsh, 1980). The evidence indicated that the program operates in accord with Egdahl and Walsh's checklist.
ACKNOWLEDGEMENTS

My thanks and appreciation to the Borgess Human Assistance Program for allowing this research to be conducted at their facility; to Dr. Frank Jeremy and the staff, whose efforts and supervision were of great benefit to me. This project would not have developed without the constructive criticisms and advice of professor Dale M. Brethower. To all of them I am deeply grateful.

Kevin G. Clark
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ORGANIZATIONAL CHART—BORGESS HUMAN ASSISTANCE PROGRAM... 16
INTRODUCTION

Is there really a need for employee assistance programs in industry? Statistics tabulated in 1980 show that:

• At any given time, 25 percent of the population suffers from mild to moderate depression, anxiety, and other forms of emotional distress, and 10-15 percent of the population is actually in need of some form of mental health treatment.
• Alcohol-related problems are reported by 10 million people, but only 1 million receive treatment for alcoholism.
• Direct treatment for the mentally ill costs $17 billion annually and 12 percent of the total health care expenditures.
• The annual economic cost of alcohol-related problems is estimated at $42.75 billion.
• The annual economic cost of drug abuse is estimated at between $8.4 and $12.2 billion (Egdahl and Walsh, 1980, p.3)

These figures are evidence that some type of assistance program is needed for the early identification of individuals who might be removed from their place of work, or receive treatment only after problems become severe and difficult to treat.

Employee Assistance Programs (EAP's) may be defined in many different ways depending upon the objectives of organizations sponsoring them. Following are appropriate, yet different, descriptions of the role and functions of EAP's.

EAP's refer to policies and procedures adopted by employers in order to identify problem employees as manifested by deteriorating job performance. Ideally in such a program the troubled employees voluntarily come forward so that their problems can be dealt with effectively. Most interested groups would agree that a fundamental
belief underpinning EAP's is that they are more effective and efficient in altering the problem behavior of employees than purely disciplinary methods (Dickson and Roethlisberger, 1966, p.30 and Shain and Groeneveld, 1980, p.1).

Secondly, Shain and Groeneveld also state that EAP's are a component of the human relations movement; they are a response by industry to various types of environmental pressure. These environmental pressures include the following:

- A broad social movement emphasizing the social responsibility of industry, and desire by industry to prevent government from legislating such responsibility.
- Growth of labor unions.
- Increased size of organizations and resultant bureaucratization with greater spans of control, with resulting problems of maintaining control.
- Increased education of workers and higher worker expectations.
- Increased specialization of workers and greater costs of training.
- Growth of a specialized group in industry whose role was to negotiate between labor and management.
- Recognition by industry that a happier worker is a more productive worker, with the corresponding investment of money in studies to that effect.
- Growth of industrial relations schools in major universities, often subsidized by industry (Shain and Groeneveld, 1980, p.16).

These pressures illustrate the need for change in industry and the resulting difficulties placed upon employer and employee alike. Although both the employer and employee benefit from EAP's, it is important that the employees receive the direct attention and services needed (Gardner and Moore, 1950, p.282). In many instances, these services are provided by community-based referral agencies. This rather humanistic approach is also presented in the following description of EAP's which states;
what is needed is a joint union-management-professional program of service not to the company, not to the union—but to the employee. What is needed in addition to the union contract, is the human contract. To serve the employee as a total human being, and not just as a productive machine, or a dues-paying member, it is the joint responsibility of labor and management in cooperation with the helping professions (Egdahl and Walsh, 1980, p.82).

Although industry is concerned with providing goods and services, its subunits consist of human beings. EAP's are potentially valuable because they focus upon the functional units of an organization—the employee—the human being (Knox, 1955, p.48).

By consolidating these descriptions of the role of EAP's, one may define an EAP as a joint union-management-professional program providing established policies and procedures which are beneficial to a company's employees, and indirectly to the company. This service is beneficial because it helps identify those employees who need help in effectively dealing with problems causing adverse effects for the individual and the company. These problems are not restricted to the worksetting, and need to be dealt with effectively in order to avoid the deterioration of an employee's mental health and job performance.

An EAP is not a package which, once initiated, automatically transforms the organization into the "perfect place to work." It is a title which is used for a number of different approaches. "The modern employee assistance program straddles the two worlds of business and health services, and its' staff must be well versed in both. Today's EAP must begin by analyzing the corporation into whose structural fibers it is to be woven (Egdahl and Walsh, 1980, p.130)"
Organizations encompass a wide range of economic and social factors in the work setting and as a result may be structured in many different ways. It is this differing of organizational structures which makes it impossible to apply one set structure of an EAP to every organization (Shain and Groeneveld, 1976, p.12).

There is one function which should be part of every program: The process of problem identification and intervention through employee and organizational controls. The overall function of an EAP is to try and prevent the behaviors and situations which entail the need for employee assistance. Prevention of these behaviors and situations may be dealt with on three levels.

The "primary level" takes place before the fact, and involves education and development. This first subunit is held increasingly to refer to methods of encouraging healthy personal development and growth so that problems do not have the chance to flourish. "Secondary level" prevention involves crisis intervention, early diagnosis, and crisis monitoring. This particular level of prevention takes place during the fact. The "tertiary level" occurs after the fact and involves both treatment and rehabilitation (Dickson and Roethlisberger, 1966, p.36 and Shain and Groeneveld, 1980, p.12).

It is the level of primary prevention that the staff of an EAP strive for. This level is the main goal of an assistance program because prevention before the fact will cause a reduction of physical and mental disorders within an organization. This provides an
ongoing means of operating so that the current employee and organizational problems are immediately dealt with, and future problems are more easily recognized and categorized.

The underlying goal of intervention is to create an atmosphere in which the organization is able to function on its own. This atmosphere is not created by the individual employees alone and it should be the responsibility of the organization to take the initiative. Once the initial steps are taken, the organization may benefit as well as the employee.

EAP's can hold substantial rewards for the organization. Shain and Groeneveld, (1980), state that "when employers opt for an EAP, they are often opting for a method of job performance control, which is expected to deal with certain kinds of problems for which alternative solutions are becoming increasingly impractical." (p.29) They further state that:

the drying up of alternatives may be a result of increased union pressure to deal constructively with employee problems; the increased costs of finding and retraining skilled employees with an inevitable delay; the added pressure of government not to create a pool of unemploy-ables, and the simple desire to look good in the community and attract business (Shain and Groeneveld, 1980, p.29).

These writers believe that it is in the best social interest of the company to employ an EAP and that such a program will provide potential financial benefits. An EAP has the potential to produce a greater degree of harmony within the worksetting and to increase the financial capabilities of the organization.

There appears to be such a great need for industry to initiate
EAP's that the government has established Section 504 of the 1973 Rehabilitation Act. This act is a step toward allowing organizations to provide services in the area of mental health which are equivalent to those provided for physical health (Shain and Groeneveld, 1980, p.17). Since the inception of this act in 1973, Congress has substantially increased the authorizations for programs.

On October 15, 1978, the Congress cleared HR 12467, which extended the Rehabilitation Act of 1973 for four years through fiscal 1982. This provided for an increase in authorizations for programs. Table 1 shows the number of dollars which the government has allotted for provisions in the revised Rehabilitation Act.

Table 1

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Table 1 (Cont.)

*Authorizations for basic state grants for fiscal 1980-82 will be based on the Consumer Price Index, but cannot go above $880 million for fiscal 1980, $945 million for fiscal 1981 and $972 million for fiscal 1982.

**Such sums as necessary. HR 12467 also authorized such sums as necessary for the National Institute of Handicapped Research, Indian tribes, special projects, National Council on the Handicapped, Architectural and Transportation Barriers, Compliance Board, Projects with Industry, and Business Opportunities for Handicapped Individuals. (Congressional Quarterly, 1980, p.593)

These figures illustrate the importance that the government places upon the servicing of individuals with various disorders.

Recently, the use of assistance programs as a tool has increased substantially, as organizations are turning to EAP's to help create a working environment beneficial to all. Research is limited and there is still much to be learned about employee needs. Although the impacts of EAP's are not easily measureable, it is believed that the employer-based programs have potential for a high success rate based on the following: Encouragement to seek treatment is given to the employee because the company is able in severe cases to use the job as leverage. Secondly, many industrial programs consist of individuals who chose to attend the program voluntarily. Finally, total rehabilitation may be provided the employee by industry with early detection, referral, treatment, and follow-up research (Egdahl and Walsh, 1980, p.8).

If these potential advantages could be proven to be achievable every organization should consider an assistance program. Yet these
programs are not without their drawbacks. The disadvantages are dependent upon organizational structure and there are a number of problems which seem to be quite common in industry.

One of the biggest problems has been the manner in which they have been presented in industry. Too often the emphasis has been placed on the selling of the program as a means of profit potential and causing dramatic improvements rather than on the establishment of a process which would provide input on possible solutions.

Another disadvantage has been that research in the field of industrial and labor relations has left much to be desired (Gilmer, 1971, p.5). Robert L. Aronson, (1961), in an address given at Wayne State University, said the following concerning research in this field:

Weakness of response in meeting the challenges of new issues of social policy, disdain for and indifference to much of our scholarly output by those who work in other social science areas, and the shift of interest away from industrial and labor relations and other areas of social inquiry are all directly traceable to the failure to undertake intellectually meaningful research. (p.20)

Aronson, as a result of his research into Ph.D. dissertations, had the following to add to his above statement:

The attributes against which the intellectual content of research can be judged are fairly commonplace. They are: (1) the degree to which research is guided by adequately formulated theory; (2) the statement of hypotheses in testable form; and (3) the existence and continuing development of generalizable concepts. In all of these respects, too much of our published research is lacking. Their virtual absence in the typical Ph.D. dissertation frustrates hope for vigorous intellectual development in the years ahead (Aronson, 1961, p.26).
Differences which exist between programs are responsible for a third disadvantage which is that making sufficient comparisons between research statistics is almost impossible. First, the definitions of problem behavior may mean different things to different people. Rarely is anything other than job-related evidence given for a degree of problem behavior. This feature which protects the rights to privacy of those concerned makes it more difficult to determine the adequacy of treatment received. Secondly, criteria are rarely provided for a successful rehabilitation program. As a result, the term "success" and its parameters have never been adequately defined in conjunction with an assistance program. Even when criteria are provided, it is still difficult to make comparisons between two companies having different outcomes. Third, client characteristics and variations are rarely described or used in a manner which would allow for the discrimination between successful and unsuccessful cases. It is also hard to keep records of those who refused their treatment, dropped out, or remained. Finally, follow-up procedures are not always given, and when they are provided, there is always a wide variation in time intervals (Shain and Groeneveld, 1980, p.24).

There are additional problems concerning the ethical issues which surround the emergence of the EAP's. The following is a rather lengthy list of ethical and practical concerns, but because of their importance to industry, they all warrant a brief explanation:

1. Intrusion—most EAP's engage in educational activities to heighten awareness of and remove the stigma from emotional, alcohol, and drug problems, as well as encouraging employees to seek help early. Yet the issues of intrusion and coercion remain very important.
Conflict of Interest—In most cases, helping employees in a confidential manner is good for the organization, but there are many instances in which an EAP staff faces agonizing decisions involving conflict of interest. This issue nearly always involves balancing the needs for expectations of management with those of the individual. In most cases, an acceptable compromise can be negotiated, but sometimes compromise is difficult. The EAP staff must decide which way it will lean when client and organizational needs diverge.

Clarity and Communication of Policy—it is imperative that every EAP clearly set forth its philosophy, purpose, policies, and procedures in some fashion that is readily accessible to all its prospective clients. Good communication has become an important consumer right and helps reduce anxiety and build trust.

Confidentiality—violations of confidentiality, it is commonly believed, will destroy a program faster and more permanently than anything else. This is the most crucial ethical issue and it encompasses the status of the program records, their use in other job-related decisions, access to records and the limits to confidentiality.

Limits to Confidentiality—nearly every effective EAP will become privy to potentially very damaging information. Every organization must establish guidelines for its program regarding the limits to confidentiality.

The Collection of Information—every counselor must make a series of pragmatic ethical judgements on the type and amount of information to collect and make sure it is truly necessary, relevant, and accurate.

The Status and Use of Records—most employees feel more comfortable when they believe that EAP records are separate from all other company records and exist only to facilitate the EAP function. There is no justifiable policy on release of recorded information except one that makes release of individual information contingent upon the verbal or written and informed consent of the client.

Honest Prognosis—the counselor should, in consultation with other professionals, honestly advise management when someone is not a good candidate for treatment or when treatment will probably be long-term and it's outcome uncertain. It is the responsibility of the EAP staff to be candid about the employees' chances of resolving problems.

Other Issues
The tools that counselors use and the services that they perform, should never exceed the limits of their training and experience. It is the counselors responsibility to be fairly well acquainted with the variety of different forms of treatment and to have some notion of which types of problems each treatment is best suited to handle.

The EAP professional has a problem because of environmental intervention. It is his/her duty to decide when and how to intervene to change the system in the most judicious way (Egdahl and Walsh, 1980, p.114).
All of the above issues are important and should be thoughtfully considered. Special attention is to be given to the aspect of confidentiality. Thus it is necessary to review this topic more in depth.

Because this program is dealing with others' problems, the aspect of confidentiality should be handled at a professional and ethical level. Those working within this area must treat information obtained concerning another individual on a professional level subject to duty under a code of ethics to protect the client. Information obtained throughout the course of work should remain within that setting. It is a breach of the client's right to confidentiality to reveal any relevant information outside the worksetting.

An ethical issue results because of the types of problems that the program staff encounter (alcohol, drugs, marital, psychological, financial, etc.). These areas hold a social stigma which is looked upon unfavorably. Individuals requiring assistance in these areas have a right to know that their problem will be kept secret, between him/her and the caseworker. By insuring a high level of confidentiality, clients are able to approach the program and receive services without worrying about disclosure. Ridding the client of this fear is a big plus in the program's ability to obtain new clients.

However, client confidentiality conflicts with the company's and the public's right to know if the program is successful. For example, if only a few employees from a company participate, almost
any descriptive information about them (i.e. demographics, types of problems, duration of treatment) makes employees individually identifiable.

In order to design research in this area it is necessary to present a model of an EAP. This will be done by first defining the prerequisites of a good program. Next, a list of intervention tasks will be provided. A checklist for the necessary components of a good assistance program will be explained and will serve in summarizing the main objectives and requirements of a well-established assistance program.

Before a program may be established, prerequisites must be thoroughly examined. These prerequisites will aid other programs in making meaningful comparisons. Initial emphasis must be placed on clearly defining the terms of the approach to be used and the degree of implementation involved. Next, all concerned parties must get together to assemble their expectations, goals, and intentions of the program. After articulating these expectations, goals, and intentions, it is possible to convert these ideas into closely defined dimensions so there will be no misconceptions on anyone's part upon initiation of the program. Finally, estimates concerning the prevalence of the problems to be corrected must be taken. The important thing at this point is that the more objective the estimate is, the more significant and useful the estimate will be (Shain and Groeneveld, 1980, p.36).

In the book, Mental Wellness Programs for Employees, Egdahl and
Walsh, (1980), provide a checklist of EAP components. This checklist of components provides an organization with a base from which to establish a successful program.

Table 2

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<th>Checklist of Key Mental Wellness Components</th>
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<td>1. The company and/or union has a written, organization-wide policy regarding &quot;behavioral disorders&quot; (including alcoholism, drug abuse, and emotional disturbance), which is known to all employees and which clearly delineates procedures for dealing with employees suffering from these disorders.</td>
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<td>2. The company has developed specific procedures in regard to supervisory and/or union handling and referral of employees experiencing job performance problems as a result of one or more behavioral disorders.</td>
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<td>3. The program has a staff that is qualified to differentiate among a variety of employee problems to provide employees with accurate informative guidance and counseling, and to make an appropriate referral.</td>
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<td>4. The staff has access to treatment resources for dealing with a variety of employee problems and has developed a set of procedures for making a referral to the appropriate resource.</td>
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<td>5. The program has an outgoing orientation and training component aimed at enabling supervisors and/or union representatives to identify employees with behavioral disorders and to make a referral to the program staff.</td>
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<td>6. The program maintains an ongoing publicity/education campaign designed to inform employees about the availability of program services.</td>
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<tr>
<td>7. The program has an effective recordkeeping system which assures confidentiality to the individual employee, while furnishing statistical evidence for program evaluation.</td>
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<td>8. Provisions have been made for third-party payments for treatment of behavioral disorders.</td>
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Although it is not possible to guarantee the success of an assistance program, the above checklist of components may increase the chances of success. These components are all considered to be
necessary assets to a successful program and will aid the organization in implementing an EAP which may be beneficial to all levels of the organization.

The purpose of this study is to provide information on one EAP. In order to provide information relevant to employee assistance three general questions have been established as a framework for this research. This study attempts to answer the following questions as thoroughly and accurately as possible within the limits allowed by the program directors and client representatives.

1) Who are the clients that benefit from the program?
2) How is the program perceived by the client representatives?
3) Is this particular program functioning at a level which satisfies the criteria established by Egdahl and Walsh?

This research is important for a number of reasons. The idea of assistance programs within industry is a relatively new concept which means that there is still a lot of information to be obtained and analyzed so that steps may be taken to make corrections upon existing programs. Second, it is difficult for the staff of a program to be totally objective about the overall effectiveness of the program and an "outsider's" work may possibly create more objectivity.

Finally, such knowledge will aid in deciding if such programs are beneficial, and in the establishment and success of future assistance programs.
METHOD

Setting

The study was conducted in the Kalamazoo community with the Borgess Human Assistance Program located at Nazareth College. It was one of the first initiated in the state of Michigan, and has met with growing acceptance since its inception. Research information was provided by interviews with representatives of the 10 companies who were the most frequent users of the program, and by analysis of the program's annual report statistics. The information provided by the client companies was on a voluntary basis with the data given at the companies discretion.

Synopsis of Borgess Human Assistance Program

To fully appreciate how the program functions as a whole it is necessary to review those areas which formulate the core of the program. An organizational chart is provided and a discussion of the program's structure, philosophies, and policies will be followed by a summation of the four primary functions of the program.

Organizational Chart. Figure 1 (page 16) illustrates the organizational structure of the entire program under the direction of Borgess Hospital. The following material deals primarily with the Human Assistance Program. It is necessary to stress that the in-patient and out-patient staff also play an important role in the program.
Figure 1

Organizational Chart—Borgess Human Assistance Program
Structure and Philosophy. The primary goal of the program is to provide a service to business, industry, and local unions by assisting those employees who exhibit poor work performance because of personal problems. To do so, it must engage in all of the following activities:

1.) Contacting and consulting with business, industry, and labor organizations to develop a policy.
2.) Assist in policy preparation.
3.) Identify all human resource agencies in the community.
4.) Develop and implement the referral system.
5.) Act as the central diagnostic referral agency.
6.) Provide training to management and union personnel.
7.) Monitor existing policy for adequacy and provide continuing consultation.
8.) Diagnosis, referral, and follow-up of employees referred for service.

The philosophy is to offer human assistance to any organization which feels it is needed within their organization. In the development of such a program, the effort is "to constantly stress the need to improve any company and/or union effort in the human assistance programming (Borgess Annual Report, 1980, p.5)."

Policies. The policy statement formation is the initial step toward an understanding between the staff and client organization. At this stage the services to be provided are discussed and agreed upon, and the boundaries between the organization and program's staff are established to accommodate the guidelines set forth by the organizational union. Key issues such as confidentiality and the accessibility of the program are presented to assure the client organization that their employees will be well taken care of and administered to.
Four Primary Functions. In order to succeed, the program staff believe four functions are essential. These are diagnostic assessment and referral, follow-up, organizational development, and labor/management training.

Diagnostic assessment and referral is conducted by the two therapists of the Human Assistance Program. Their purpose is to provide therapy for clients until they are placed in either the in-patient or out-patient category. An examination of the following table reveals that the program has extended to the point where a broad range of human problems is encompassed with the number of different problem areas diagnosed.

Table 3

<table>
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<th>Problem</th>
<th># of Employees</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>478</td>
<td>54</td>
</tr>
<tr>
<td>Alcohol</td>
<td>323</td>
<td>37</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Legal</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>866</td>
<td>100%</td>
</tr>
</tbody>
</table>

(Borgess Annual Report, 1980, p.2)

Table 3.1 displays the employment figures for the program clients and the numbers for the types of referrals (voluntary and involuntary).
Table 3.1

Borgess Employment and Referral Figures 1980

<table>
<thead>
<tr>
<th>Employment Figures</th>
<th>Voluntary and Involuntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed - 715 83%</td>
<td>Voluntary - 727 84%</td>
</tr>
<tr>
<td>Unemployed - 151 17%</td>
<td>Involuntary - 139 16%</td>
</tr>
<tr>
<td>Total - 866 100%</td>
<td>Total - 866 100%</td>
</tr>
</tbody>
</table>

(Borgess Annual Report, 1980, p.2)

The large percentage of employed indicates that services are provided to persons functioning well enough to sustain employment. The large percentage of voluntary referrals indicates a high acceptance rate by the companies. This high rate may also be attributed to pressure placed upon an employee approaching termination. For example, an employee receiving a reprimand may be given the choice of attendance in the program or possible loss of job; however if that reprimand was not documented the employee would be counted as a voluntary referral.

The second function for the program staff is a follow-up procedure. This is a check upon the work of the therapist to insure that the client was properly placed in an adequate program. This function also examines the procedures that the staff of the in-patient or out-patient program will be taking with the client.

Records indicate that a large percentage (98%) of the clients were referred to neighboring programs or agencies for treatment. In-patient referrals (i.e. referrals involuntary for hospitalization) are designated for two problem areas. Statistics concerning these in-patient referrals and problems may be found in Table 3.2.
Table 3.2

Breakdown of In-patient Referrals

<table>
<thead>
<tr>
<th></th>
<th>Psychological</th>
<th>Alcohol</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>121</td>
<td>14</td>
<td>148</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17</td>
<td>269</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31%</td>
</tr>
</tbody>
</table>

(Borgess Annual Report, 1980, p.3)

This table illustrates that 31% of the persons served are judged by staff to have relatively severe problems; however this is much smaller than the out-patient percentage of 69%. These data are significant because they show that a majority of the clients are dealt with on an out-patient basis. This is important because the companies must supply a percentage of the funds for those clients under the in-patient program. By keeping the percentage of in-patient referrals to a minimum, the program is able to help keep company expenses down (i.e., no hospitalization costs to company).

Organizational development is the third function and plays a major role in the overall success of the program within each company. To be effective the program must be allowed to adequately develop and grow within that organization. The Human Assistance Program has established relationships with 60 organizations and companies throughout the southwest region of Michigan. As the program expands, it must develop a capacity to serve more clients and organizations. Efforts toward the improvement or organizational development of the program are concentrated in five main areas:

1. Policy statement formation.
2. Joint cooperations where unions exist.
3. Use of promotional materials.
4. Internal committees.
5. Training of supervisory and union leadership.

The fourth and final function of the program is labor/management training. This area represents a high priority portion of programming because it transfers useable skills to in-plant or company personnel. Through a two day process of network development, the program extends human resources into the community and workplace. This training effort transforms many programs from "paper to people" (Borgess Annual Report, 1980, p.6). Through training, management and labor may be taught to relate to the problem employee on a one-to-one basis, and make referrals to the program.

Procedure

Phase I

This is the interview portion of the research. Interviews were conducted within ten client companies in the Kalamazoo area which have interacted with the Human Assistance Program. All of the companies volunteered their services and allowed for a brief interview.

The ten companies were chosen because they had the highest amount of employee participation. A personnel director or vice-president of personnel within each company agreed to be interviewed, and were chosen because of their familiarity with the Human Assistance Program and its impact within their respective companies.
Each interview was designed to last for a period of 20-30 minutes but was allowed to continue if necessary. The format was quite informal, and was designed to provide a general overall impression of the program from the standpoint of the company. The following four questions were established through the coordinated efforts of the researcher and the co-directors of the Human Assistance Program. They formulated the main emphasis of the interview and as common trends were discovered through interview information, questions pertaining to these areas were also included. Accompanying the questions is a brief explanation regarding the relevance of each.

Table 4

Responses Obtained from Company Representatives

<table>
<thead>
<tr>
<th>Question</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>What aspects of the assistance program do the client companies believe are the strong points?</td>
<td>Provide confirmation concerning those areas in which the program staff has excelled.</td>
</tr>
<tr>
<td>Which aspects are most advantageous?</td>
<td></td>
</tr>
<tr>
<td>What improvements should be made in existing program services?</td>
<td>Provide information which will help confirm or amplify the data in the annual report.</td>
</tr>
<tr>
<td>What are some of the obstacles which are having an adverse effect upon the effectiveness of the assistance program?</td>
<td>Constructive criticism may uncover problem areas of which the program staff was not aware.</td>
</tr>
<tr>
<td>Was there any assistance program before joining the program at Borgess?</td>
<td>See whether these companies are able to compare the present program with any other that they have been associated with.</td>
</tr>
</tbody>
</table>

Phase II

An examination of the assistance program's annual report in an
effort to answer the questions in Table 5. A brief explanation regarding the relevance of each question as in Phase I is provided.

Table 5

Responses Obtained from the Annual Report

<table>
<thead>
<tr>
<th>How widespread is the BAP at present and what are the growth trends?</th>
<th>Assess whether the program has been successful in it's efforts to branch out into the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the frequency of voluntary referrals rise and the frequency of mandatory referrals fall as an EAP gains maturity?</td>
<td>Establish whether the program has been successful in drawing their clientele largely upon a voluntary basis rather than under the circumstances of job jeopardy.</td>
</tr>
</tbody>
</table>

Descriptive Information

Information about the program was summarized and related to the research questions. The information selected was reviewed to describe the extent to which Egdahl and Walsh's criteria are satisfied by the Borgess Human Assistance Program.
RESULTS

Presentation of the research results will be as follows: First, a table of data from the research questions will be presented, followed by a table providing data over a three year period. To summarize, the findings will be compared to a checklist of key components for assistance programs (Egdahl and Walsh).

Table 6

Data

| How many years has the company been associated with the Borgess Human Assistance Program? | An average of 2.5 years from a possible 3 year span. |
| Which aspects of the assistance program do the client companies believe are the strong points? | Confidentiality - 70% (7 clients) |
| | Outside Source - 70% (7 clients) |
| | Good Staff - 60% (6 clients) |
| Which aspects are the most advantageous? | Good Training - 50% (5 clients) |
| | Accessibility - 40% (4 clients) |
| | Good Media - 30% (3 clients) |
| What improvements should be made in existing program services? | Follow-up - 70% (7 clients) |
| | More Feedback - 40% (4 clients) |
| | Union Interaction - 40% (4 clients) |
| | Better Media - 30% (3 clients) |
| What are some of the obstacles which are having an adverse effect upon the effectiveness of the assistance program? | Indirect Costs - 40% (4 clients) |
| | Inadequate Training - 30% (3 clients) |
| | Program Understaffed - 30% (3 clients) |
| | Training Pressure - 20% (2 clients) |
| Was there any assistance program before joining the program at Borgess? | Only 2 of 10 had an existing program at the time of registration with Borgess. |
| How widespread is the EAP at present and what are the growth trends? | See Table 6.1 |
| Does the frequency of voluntary referrals rise and the frequency of mandatory referrals fall as an EAP gains maturity? | 1979 Job Jeopardy - 11% |
| | 1980 Job Jeopardy - 10% |
| | 1981 Job Jeopardy - 8% |

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Table 6.1

Three Year Data for Client Companies

<table>
<thead>
<tr>
<th>Company</th>
<th># of Employees</th>
<th># of referrals and %'s 1979</th>
<th># of referrals and %'s 1980</th>
<th># of referrals and %'s 1981</th>
<th>Total Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company I</td>
<td>3500</td>
<td>175-5.0%</td>
<td>142-4.1%</td>
<td>126-3.6%</td>
<td>443</td>
</tr>
<tr>
<td>Company II</td>
<td>2600</td>
<td>27-1.0%</td>
<td>42-1.6%</td>
<td>57-2.2%</td>
<td>126</td>
</tr>
<tr>
<td>Company III</td>
<td>2500</td>
<td>6- .2%</td>
<td>27-1.1%</td>
<td>31-1.2%</td>
<td>64</td>
</tr>
<tr>
<td>Company IV</td>
<td>2000</td>
<td>75-3.8%</td>
<td>75-3.8%</td>
<td>82-4.1%</td>
<td>232</td>
</tr>
<tr>
<td>Company V</td>
<td>1400</td>
<td>8- .6%</td>
<td>15-1.1%</td>
<td>13- .9%</td>
<td>36</td>
</tr>
<tr>
<td>Company VI</td>
<td>1200</td>
<td>29-2.4%</td>
<td>25-2.1%</td>
<td>13-1.1%</td>
<td>67</td>
</tr>
<tr>
<td>Company VII</td>
<td>1000</td>
<td>47-4.7%</td>
<td>41-4.1%</td>
<td>36-3.6%</td>
<td>124</td>
</tr>
<tr>
<td>Company VIII</td>
<td>500</td>
<td>8-1.6%</td>
<td>21-4.2%</td>
<td>14-2.8%</td>
<td>43</td>
</tr>
<tr>
<td>Company IX</td>
<td>400</td>
<td>1- .3%</td>
<td>9-2.3%</td>
<td>6-1.5%</td>
<td>16</td>
</tr>
<tr>
<td>Company X</td>
<td>200</td>
<td>0- .0%</td>
<td>3-1.5%</td>
<td>5-2.5%</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>15,300</td>
<td>376</td>
<td>400</td>
<td>383</td>
<td>1,159</td>
</tr>
</tbody>
</table>

A factor must be stressed before summarizing, due to the bearing it has upon the data. The figures for 1981 are slightly lower than the previous years. This decrease was attributed to the economic climate during this period. As a result of economic problems, the client companies were subject to plant closings and employee layoffs. These closings and layoffs may be the principal cause of the overall decrease for the year of 1981.

To summarize the data it will be beneficial to relate the material to the checklist of Egdahl and Walsh presented earlier. Comparing the data to this checklist will illustrate whether or not the program at Borgess is well designed.

1.) The company and/or union has a written, organization-wide policy regarding "behavioral disorders" (including alcoholism, drug abuse, and emotional disturbance) which is known to all employees and which clearly delineates procedures for dealing with employees suffering from these disorders.

The program partially satisfies this criterion. The policy
statement formation is the initial step which brings all three parties (Borgess, company, union) together and allows them to work toward a common goal. The policy establishes on paper the boundaries that exist between the organization and the program staff, and accommodates the guidelines that have been established by the organizational union. However, there is no data to show whether these guidelines are followed.

2.) The company has developed specific procedures in regard to supervisory and/or union handling, and referral of employees experiencing job performance problems as a result of one or more behavioral disorders.

The criterion for this area is satisfied. All of the representatives interviewed were aware of these procedures. These specific procedures which were to be used by management and union, all were taught and discussed during the training session.

3.) The program has a staff that is qualified to differentiate among a variety of employee problems to provide employees with accurate informative guidance and counseling to make appropriate referrals.

The staff satisfies this criterion. It consists of two full time professionals responsible for a majority of the guidance and counseling, and two people who function as "co-directors." One individual has been actively involved with unions in the state of Michigan for over ten years. His duties consist of interacting with union and management, but he also helps with the training sessions. The other has a doctorate in education and is responsible for the training of management and supervisors.

Another individual has the responsibility of follow-up on the
clients. His job is to make sure that the clients have successfully
gone through either the in-patient or out-patient program and have
been referred to an appropriate agency. The blending of these talents
provide a team that is qualified and capable of working together and
this is reflected by 60% of the representatives that felt the staff
is functioning appropriately. Furthermore, in reviewing data from
the past three years, the staff has found that less than 1% of all
clients have expressed dissatisfaction.

Their strength in the area of referrals is expressed best by
some of the annual report figures. These figures reveal that of the
total number of clients who took part in the program during 1981 (866),
98% were referred to neighboring programs or agencies for the
necessary treatment.

4. The staff has access to treatment resources for dealing
with a variety of employee problems and has developed a set of
procedures for making a referral to the appropriate resource.

This criterion has been fulfilled. Review of the in-patient
referrals indicate that such referrals comprise 31% of the total
clientele. Thus 69% of the clientele are able to receive services
from various agencies throughout the community under the out-patient
program.

5. The program has an outgoing orientation and training
component aimed at enabling supervisors and/or union representatives
to identify employees with behavioral disorders and to make a
referral to the program staff.

This criterion has been partially satisfied. There is a training
component but data reveals that although 50% of the company
representatives feel the training is beneficial, there are also 30% who feel that the training is inadequate. It must be noted that 2 representatives from this 30% also had an existing assistance program before contracting with Borgess.

6.) The program maintains an ongoing publicity/education campaign designed to inform employees about the availability of program services.

This criterion is partially satisfied. A campaign exists; however, data concerning the media program reveal that 30% feel the existing media program is good and 30% feel that improvements and changes must be made. Three representatives seeking improvements felt that information about the program usually spread from "word of mouth" rather than the formal media program.

7.) The program has an effective recordkeeping system which assures confidentiality to the individual employee, while furnishing statistical evidence for program evaluation.

The program partially satisfies this criterion. Confidentiality in such a program is of extreme importance and is handled accordingly. 70% of the representatives felt that the staff was handling this aspect in a professional and caring manner. A large percentage (70%) felt that the companies were not receiving enough follow-up information about their employees for a proper evaluation of the program. 40% of the representatives also expressed an interest in receiving more feedback.

8.) Provision has been made for third-party payments for treatment of behavioral disorders.

The criterion have been satisfied. Very little data have been
recorded concerning the last of these checkpoints. 40% of the representatives expressed dissatisfaction with the indirect costs placed upon their companies. These indirect costs revolved around the high amount of in-patient referrals some companies face. Because of the existing benefit plan offered to employees, these referrals are a cost absorbed by the company. Although representatives mentioned these indirect costs, they did not feel it would be better or cheaper in the long run to terminate their involvement with the program.
DISCUSSION

Review of the Borgess Human Assistance Program reveals that all eight components in Egdahl and Walsh's checklist are at least partially satisfied. The program contains the main points on the checklist and has been able to function successfully in the Kalamazoo community. To fully understand the results, the relation of the eight checkpoints to the program will be given.

In policy formation, the power and persuasiveness of the union cannot be overlooked by the program staff, and good relations between the union, management, and staff are made a concern of all. This meshing of staff, management, and union during the stage of policy formation is beneficial in helping assure the troubled employee that the program is legitimate and is functioning in a helping role.

Training plays a key role in the overall success of the program and is responsible for transcending the knowledge and experience of the staff into the workplace. These sessions serve to form an understanding between the staff, union, and management, concerning the proper procedures in problem identification and employee assistance.

The third checkpoint pertains to the program staff. The research data shows the staff is capable of differentiating among a wide range of problems. This may be seen in the number of different problem areas that are diagnosed. There were no data on the adequacy of these diagnoses, and 30% of the representatives felt this problem
of understaffing carried over into other areas of the program that are also thought to be lacking.

The ability to refer troubled employees to the appropriate agency is critical. Most (70%) believed that it is beneficial for everyone involved if this referral agency is an outside source. As previously stated, a majority of clients received assistance through neighboring agencies and programs.

Training in problem identification is a key role in such a program, and this area has suffered some problems. Some company representatives felt that although their managers and foremen learned new skills and aids in problem identification, they were not able to adequately apply these techniques to the worksetting. The joint management/labor training sessions is one of the few available programs throughout the United States. Training is not aimed at making management or labor diagnosticians: Emphasis is placed on teaching to relate to the problem employee on a one-to-one basis. The key to such training is to develop an understanding of the problem employee. It should be noted that 20% of the company representatives felt that there was pressure from the program staff for attendance in these training sessions.

The media campaign is the weakest point of the program. One of the obstacles to the media program is the service provided for alcoholics. Data concerning the impact of alcohol problems within the client companies spanning a three year period were not made available by the program staff.
The assistant coordinator did divulge that roughly 45% of the program caseload concerns alcohol related problems. Since alcohol problems comprise such a large portion of the caseload, one of the major themes stressed is that the program does not limit its service to alcoholics. The objective is to make it known to the community that the program is capable of dealing with a wide range of personal problems existing within the workplace or outside the work environment beyond alcoholism. There is a minimal impact on these points to the community and upon the overall workforce within the companies.

Confidentiality is the seventh checkpoint, and here the program has had some hardships. It is very difficult to assure an employee that his records are confidential, and still provide statistical data for program evaluation. There is a very fine line separating the information which should be kept confidential, and the information provided to companies for evaluation. The staff must work toward a means of relaying critical data to companies without overstepping the bounds of confidentiality. This "overstepping" of confidential bounds has never occurred, and the staff attributes this to the high regard placed upon this area.

The final point on the checklist concerns third-party payments. Because the program is funded by the United Way Foundation, costs to the companies have been kept to a minimum. The cost of in-patient referrals upon the company has already been discussed. There is another cost which must be absorbed by the company: The expense of
training. This cost is relatively inexpensive ($50.00 per person per seminar), but when a company attempts to send a large contingent to these sessions, it becomes an expensive endeavor.

This research presented data describing the Borgess Human Assistance Program and its current level of service to the community. The statistical data have been provided so that it may be used to improve our understanding of existing programs.

Although the program appears to be operating effectively, it has faults. According to Egdahl and Walsh's checklist, the staff should aim toward the possible improvement in the following areas:

1. The training program.
2. The media program.
3. Recordkeeping and statistical feedback.

In a span of three years the Borgess Human Assistance Program has become a service the entire Kalamazoo community may benefit from. This program has grown since its inception and with continued maturity, the faults and negative aspects of the program may be dealt with. Its future is dependent upon emphasis on program extension, continued service, and the development of better or new methods of service delivery.

In conclusion, this study has measured the success and perceived effectiveness of an employee assistance program. The method of research consisted of interviews with client company representatives and examination of the program's annual report. Results were compared to a checklist of key components believed necessary for a successful program (Egdahl and Walsh).
A benefit of this study is the realization that further research is necessary. It was impossible to conduct this study to satisfy all of Aronson's criticisms concerning research in the field of industrial and labor relations. However, this study has provided information pertinent to the intellectual development of employee assistance programs in the future years.

Improvements in the previously mentioned areas will initiate research, but there is one area which should take priority. In order for the field of employee assistance to expand it is necessary to assess the problem of defining success within a program. A concrete definition for success must be attained to serve as a base from which future and existing programs may establish guidelines.
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