

ADDING VALUE TO EAP FOR ALL STAKEHOLDERS

Brief Qualitative Perspective to look at ways to improve value for each stakeholder & Tips for those who work in HR & as EAP Providers

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“ ADDING VALUE TO EAP FOR ALL STAKEHOLDERS ”

Aims:

- To understand further the perspectives of EAP stakeholders: EAP Companies/Contractors; Employers-Customers-Key Contacts; Providers/Counsellors; Employee-Clients
ie. **“Who are the Players here and what do they want?”**
- Practical Tips for each stakeholder based on interviews and evaluation of EAP programs and experience and learnings from stakeholders ie. **“How to get the best out of this for all parties”**
- How to avoid the potential professional and ethical dilemmas that may occur as an EAP Provider in this field -some case examples or **“What is really going on here ? Some dos and donts for psychologists/EAP Counsellors”**

Acknowledgements: Unidentified Interviewees; N= Very small !; Time & Contextual Constraints

EAP COMPANY - CONTRACTOR “A”

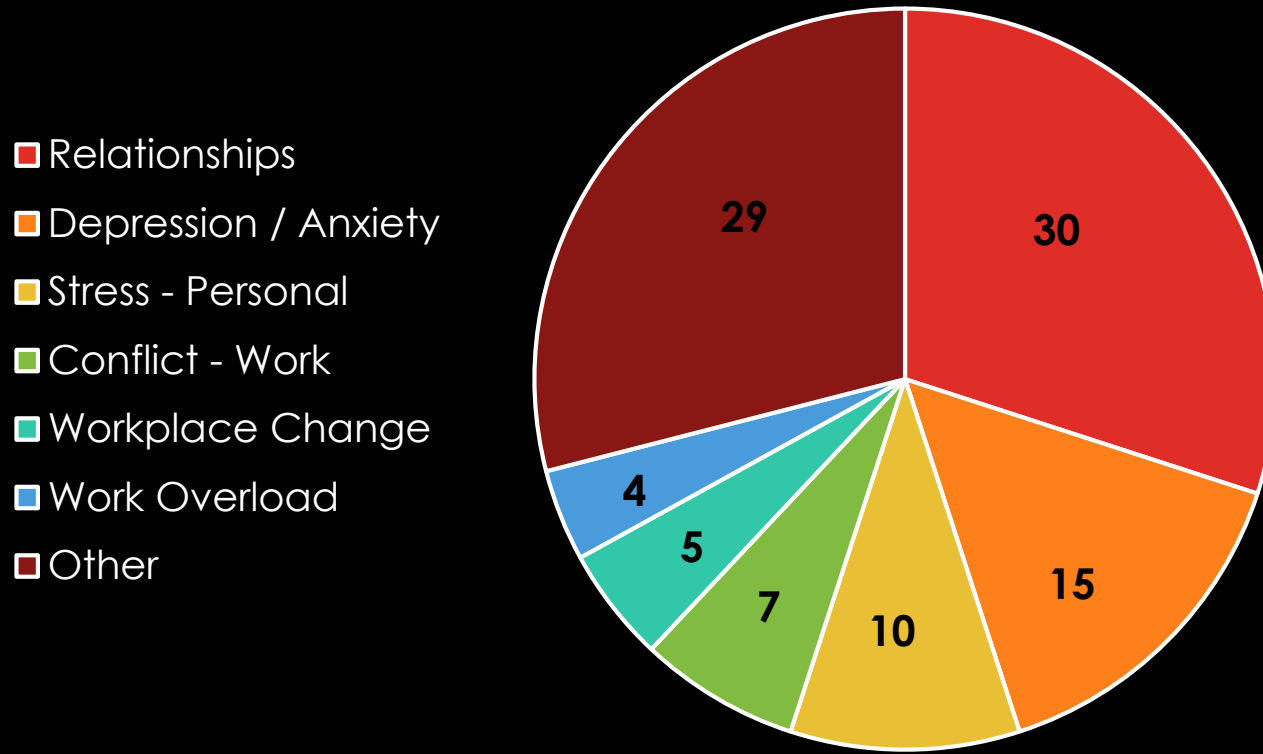
SUMMARY OF 17 POINTS OF EXPECTATIONS AND VALUING OF EAP
PROVIDERS/COUNSELLORS SKILLS & QUALITIES
EVALUATION SUMMARY OF THEMES AND METHODS – 28% RESPONDENT RATE

- 1) Quick Responses to Clients & Issues & Treatment Models
- 2) Clarity of Communication, Expectations, Referrals
- 3) Competence –Admin & Clinical Applications includes safety/OH&S
- 4) Solution-focused; Option-Generating Sessions
- 5) Openness to Evaluation

EAP Company - Contractor "A"

Primary Reasons – EAP Attendance

2017 across Employer-Customers



- Mental health impact on work functioning is 11% of all referrals
- "85% of respondents report better able to focus and apply themselves to work"
- 5 Question Likert scale asked #1 & #2 (90 days after EAP utilized) indicated "greatest improvement is reduced absenteeism"

EAP COMPANY-CONTRACTOR “B”

SUMMARY OF 7 POINTS OF EXPECTATIONS OF EAP PROVIDERS/COUNSELLORS

- 1) EAP is short-term service –do not imply it is or offer long-term support
- 2) Extra sessions can be granted but be clear about rationale for extension
- 3) Communicate appropriately & clearly with client and Company-Contractor
- 4) Offer a Plan of Support for the future
- 5) Be mindful of safety and risk factors in session and beyond with referrals

CONTRACTOR “B” OBSERVATIONS OF EAP UTILIZATION BY EMPLOYERS

| EAP Perspective | Comments | Usage Rates | Promotion |
|--------------------------|--------------------------|---------------------------|-------------------------------------|
| As an Insurance Policy | “Tick box of having EAP” | Rare – Low Rate | Not promoted to staff |
| Use -IF required | Medium level or interest | Low – Moderate Rate | Promoted but NOT actively/intensely |
| Useful health & Wellness | Encouragement to use EAP | Moderate - Very High Rate | Actively Promoted |

EMPLOYER-CUSTOMER “A”

BASED ON FACE TO FACE INTERVIEW WITH KEY CONTACT PERSON SUMMARY OF POINTS OF EXPECTATIONS AND VALUES OF EAP

1. Confidentiality is crucial for the success of EAP – employees seek anonymity
2. Brief intervention approach and NOT longer- term therapy appropriate for EAP; some Counsellor cases of 'client dependence' & 'EAP as money spinning machine' noted
3. Solution-focused even with complex presentations
4. Clarity of plan beyond EAP Support; x 2 cases of lack of referral for major mental health issues not being referred on or to Psychiatrist for ongoing care.
5. Impartiality/Macro viewpoint of Counselling – do not reinforce the 'negative biased story of workplace'; offer hope and way forward

Despite identifying as “Actively promoting usefulness of EAP” to staff; uptake was only 3% pre-Restructure and 5% during and post major restructure process.

SUGGESTIONS FOR IMPROVEMENT: EMPLOYER “A”

- **Reporting general trends relevant to workplace without identifying employee-clients as they arise/every 2 months to Key Contact (earlier than annual report and can be more informal)**
- **Use of helpful website with easy to navigate ‘self-help’ links for Staff (this is educative and seen as a ‘first step’ to complement rather than replace EAP.**
 - Examples include: sleep; grief; resilience behaviours; communicating effectively; self-care tips during change process
 - EAP counselling heavily promoted on this website with link page for EAP Providers; and what to expect
- **Address where possible the internal ‘blocks of low usage’ within the organisation such as:**
 - HR and Senior Management driving greater use for parties affected by performance appraisal issues; this includes team leaders, supervisors, supervisees/staff, heads of units/departments
 - Be clear what EAP is UNABLE TO ADDRESS OR FIX – underlying work culture issues particularly at times of significant organisational change; current ‘general mistrust from staff’ can lead to some senior managers encouraging EAP as only individual solution without addressing wider work culture problems – this needs attention from the ‘top down’!

EMPLOYER-CUSTOMER “B”

BASED ON TELEPHONE INTERVIEW WITH KEY CONTACT SUMMARY OF POINTS OF EXPECTATIONS AND VALUES OF EAP

1. Confidentiality is essential in smaller companies made up of small work units to employees
2. Availability & Prompt Communication responses to staff and with administration
3. Clear understanding of Safety & Risk Issues, particularly in rural areas where risk to self and others is key priority for Employer; if major risk or danger to others identified –Key Contact/OH & S prefer to know. This is based on Building Trust between Employer and Provider

Despite identifying as “Actively promoting usefulness of EAP” to staff; uptake was under 2% in quarter Feb-April 2018. For the same 3 months period: Top 3 Presenting Issues were: Personal (non-work) Relationships;

Parenting issues;

Depression & Anxiety affecting work.

For the same 3 month period: Other Presenting Issues: Anger; Physical Health; Stress; and Disciplinary Issues

SUGGESTIONS FOR IMPROVEMENT: EMPLOYER “B”

Concerted proactive approaches required as despite promotion; staff on the ground report “Never heard of EAP”.

Suggestions included:

- **Tie in with Messages: “Look After Yourself & Others”** existing training e.g. first aid/regular work forums
- **Tackling key issue of ‘Fatigue’** with many employees working long hours due to nature of business
- **Specifically focus on “Sleep Problems”** with education, ‘tip sheets’, EAP Provider presence at regional Wellness Initiatives e.g. on-site education about healthy living and balance: diet, exercise, sleep, safety. Arising trends such as fatigue/sleep issues reported to Key Contact
- **Address Underlying Work-Culture problem** via: keep closer eye on time-sheets; urge breaks from team leaders to staff; employ casuals for better life-balance (this is not utilized well by staff)
- **EAP Provider Presence or ‘Outreach’** - ‘meet the workers on their turf’ e.g. regional forums – How we help
- **Information provided to local Team Leaders** to encourage seeking support –**EARLIER INTERVENTION**
- **“Practice what you Preach”** message including busy interviewee improving life-balance!

ETHICAL & PROFESSIONAL DILEMMAS- WITH CASE EXAMPLES

1. IMPARTIALITY – You are NOT an Advocate!

2. CONFIDENTIALITY & IMPARTIALITY

Who is your Client ?

3. RESPECTING THE EAP LIMITATIONS

Short-term support, NOT longer-term therapy

4. APPROPRIATE HELP

**Coaching to improve functioning but NOT
offering ADVICE**



CONCLUSIONS

“TAKE HOME MESSAGES”



- Some prompts or examples of how EAP could be utilized in training for management to reduce team tension; use of appropriate communication during change management; this could be promoted in staff letters & meetings
 - Encouragement of stressed team leaders and managers of ‘difficult’ issues or ‘problem employees taking up much time and space’ for them and their teams to utilize EAP; promotion of this widely
 - EAP Proactive Presence/Outreach – putting face to name locally
 - More flexible reporting system of arising trends focused on “daily functioning” of employees to Key Contacts for prompt intervention and response where possible
- *Contract ONLY to SOLUTION-FOCUSED EAP Practitioners open to evaluation e.g. use of Scott Miller Session Evaluation/demonstrated

