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Commodity or Craft: The Choice is Ours

The strength of EAPs lies in their workplace roots and their knowledge of employers' culture and policies, and these are the keys to differentiating them from mental health services.

by Thomas M. Fauria, Ph.D., CEAP

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The employee assistance (EA) field is at a juncture. Many authors have described factors contributing to the commoditization of EAPs and advocated that they remain a service focused on job performance (Sharar and Masi 2006; Burke 2008; Sharar and Hertenstein 2006; Tisone 2007). In many respects, EAPs are a victim of their own success—they have become a mainstream service to employers and are now integrated into human resources and employee benefits programs.

The current dilemmas facing EAPs are complex, with multiple causes. One dilemma is that EAP purchasers are not sufficiently informed to distinguish among different EAP models, resulting in decisions based on price. Another dilemma is that EA professionals need to figure out how to better serve local employers.

The solutions to these and other problems are not yet clear, in spite of recent calls by leaders in the field to address market factors contributing to the confusion about, and dilution of, EAP services. The term "EAP" is applied to different models, often based on fundamentally different goals. The purpose of this article is to differentiate among EAP models, functions and quality factors in the hope that EA professionals can increase their programs' market share by differentiating their workplace-based skills and knowledge from the services provided by mental health professionals serving in EAP networks.

Staff versus Network Models

There are two delivery system models for EA services: the staff model and the network model. Each has advantages and disadvantages; there is no perfect, one-size-fits-all model. It is relevant to identify the pros and cons of both models for purchasers to make informed decisions and for providers to assess how they can fill unmet service needs in their respective markets.

Network model. A network includes a large number of independent contractors who provide EAP services. These independent contractors may serve in several EAP and health plan networks. The network model is based on volume, serving employers from a large geographic area.

Sharar and Hertenstein (2006), in their discussion of EAP commoditization, reference only the network model. It is estimated that the five largest external EAP networks cover 65 to 70 percent of U.S. employees receiving EAP services.

In addition to providing counseling, networks can offer services such as augmented Web-based resources, legal/ financial services, concierge services, elder/child care resources, and so on. These and other services are made possible through economy-of-scale revenues from a large number of employees. The network model is well suited to provide services to employers with employees spread over large geographic areas, multiple states, or the entire nation.

Network model counselors often come from the general mental health community and lack the specific knowledge, training or professional commitment to resolve workplace behavioral problems. Network members may view EAPs simply as an additional revenue source, which can compromise their willingness to perform thorough assessments and develop comprehensive treatment plans. Many network providers do not understand the workplace focus of EAPs and may not be familiar with an employer's culture and policies.

As independent contractors (under IRS rules), network providers use their own clinical procedures and assessment tools; because they are spread over multiple states, training them to follow a uniform set of guidelines can be difficult. This can compromise treatment plan consistency among clients from the same employer.

Network providers use call centers that serve employers from multiple states or nationwide. Call center staff often follow an established set of procedures to process calls from many employers from different parts of the country. Call centers provide names of network members in local communities, and clients are then directed to make additional calls to select a member and schedule an appointment.

Staff model. The staff model is based on a small group of EA professionals serving a few employers, with services and interventions tailored to the specific needs of each employer. This business model emphasizes

developing close relationships with employers and acquiring a close working knowledge of each employer's culture, business goals and policies.

The staff model offers the ability to respond to clients quickly on an emergency basis, since counselors are accessible on staff with established office hours. But the staff model is more expensive, because counselors are salaried and may receive benefits.

Staff model EAPs use local receptionists who work closely with and know the counselors, which improves the ability to schedule clients and eliminates the need to play "phone tag" while calling a list of counselors to determine their availability and schedule appointments. The receptionists are not governed by call response times, which enables them to focus on providing customer service rather than processing calls within a fixed time limit, creating a disincentive.

Many EAPs use a "capitated" pricing model, in which a set dollar amount is charged per employee per year for the entire range of program services. For example, a capitated price might be \$2.00 per employee per month or \$24.00 per employee per year for a four-session EAP. An employer with 150 employees would pay an annual fee of \$3,600.00 for the entire EAP.

Capitation is easy to administer and understand, plus it offers a set dollar amount that can be easily inserted into a budget. The benefit of the capitated fee schedule is that it is easy to understand and apply. The disadvantage is that it creates a perverse incentive for the EAP to provide less service. It is very difficult to provide the full range of services for the dollars received. Either the employer or the EAP winds up on the losing end, depending on the amount of annual program utilization.

Unfortunately, at the same time that compensation revenues are decreasing, the complexity and acuity of service requests to EAPs are increasing. For example, drug testing is often a component of a drug-free workplace policy. Employees may test positive for prescription drugs that, although legal, can impair safety and job performance. Prescription drug abuse increases the complexity of the EAP assessment and treatment planning.

To use another example, supervisors sometimes refer employees for anger and conflict problems. Upon inquiry, it may become clear that these problems are symptomatic of lax supervision, tacitly condoned hostile behavior, or a permissive management culture. A comprehensive intervention can require crafting a combination of the following tools: supervisor coaching, policy development, employee training, mediation, and anger management counseling.

Expanding ties with Employers

The one thing EA professionals do better than other disciplines is integrate behavioral health with a close working knowledge of workplace culture, policies and procedures. From a marketing perspective, when the EAP can resolve and prevent workplace behavioral problems, the relationship between the EAP and the employer is strengthened. By assisting in the resolution of complex situations, the EAP becomes a valuable asset to the employer's bottom line.

When EAPs function effectively, they promote a workplace culture of safety and health. As supervisors and human resources managers work closely with EAP staff over time, relationships form based on mutual trust and respect. Supervisors are more likely to call EAPs when they have developed trust through past interactions. Relationships developed over time serve the workplace on a much deeper level than do remote consultations provided over the telephone.

A marketing opportunity exists for staff model EAPs and independent EA professionals to expand their relationships with local employers to address complex performance problems that stem from interpersonal conflicts (harassment, co-worker conflict, hostile behavior, passive-aggressive behavior, etc.). Through their close working knowledge of employer policies, procedures and culture, local EA professionals can craft interventions and treatment plans that remote network EAPs are not sufficiently informed to provide.

For example, with their strong, ongoing relationships and local knowledge, staff model EA professionals can develop interventions that integrate supervisor coaching, team building, dispute resolution and treatment plans addressing substance abuse and conduct problems. By establishing relationships over time, EA professionals can build the trust necessary to assist managers in dealing with complex behavior problems that challenge even the most seasoned human resources professionals.

In network model programs, on the other hand, decisions about matters such as clinical case assignment and intervention strategy are often made by the counselor who is available at the time of the service request rather than a counselor who is familiar with the problem, issue or company culture. Continuity of care when making strategic recommendations is also less likely to occur in network model programs because they serve hundreds or thousands of employers using multiple counselors.

The Choice is Ours

As EA professionals, we can take several steps to re-establish the workplace focus of our profession. Following is a list of actions EAPs can take to reconnect with their historic purpose of reducing workplace behavioral risk.

- Create promotional materials that distinguish how the EAP translates its workplace focus into service delivery. Provide examples of workplace problem behaviors (e.g., bickering among co-workers, anger outbursts, absenteeism, unwelcome behaviors, and bullying) and describe how the EAP can contribute to resolving these problems. Acknowledge that there are less expensive EAP models, but explain that they may not be able to craft necessary workplace interventions.
- Train and coach EA professionals about factors that contribute to quality EAP services, such as handling dual-role ethical dilemmas common in EAP practice, increasing counselor sensitivity to balancing client advocacy with workplace safety, and using assessment techniques to objectively assess substance abuse and conduct-related problem behavior.

- Offer leadership training programs to supervisors and bargaining unit representatives that address issues such as safety, conduct, and problem behavior. Examples of specific topics include dealing with workplace bullying, hostile comments, and gossip as well as the standard EAP supervisor training topics.
- Improve continuity of care through the use of standardized assessment tools.
- Educate employers that EA professionals can integrate workplace culture variables into supervisory consultations, intervention strategies and treatment plans.
- Create access to real-time clinical support for EA professionals to seek consultation on challenging cases.
- Provide EA professionals with training (local and Web-based) on topics such as substance abuse assessments, harassment, critical incident stress interventions, the ethics of self-referral, and dual role issues in the workplace. Provide them with additional training to integrate workplace procedures and culture factors into treatment plans.
- Encourage EA counselors to request just-in-time consultation to learn workplace policies, procedures and cultural factors that affect interventions and treatment plans.

Through closer working relationships with employers, EA professionals can re-establish EAP Core Technology principles that distinguish employee assistance from integrated behavioral health care. This presents a formidable opportunity that may challenge network models to improve their depth and quality. The need for relationship-based clinical and consulting services is even more crucial today as employers struggle to increase profitability, efficiency and safety in an economic downturn.

In the opening sentence of *Good to Great* (2001), Jim Collins asserts that "Good is the enemy of great." The challenge facing EAP purchasers and providers is to decide if a "good" EAP is sufficient or if they should strive to achieve a "great" EAP that assists employers and employees in overcoming the behavioral and interpersonal problems that compromise safety, efficiency and profitability in the current economy.

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