THE EMPLOYEE ASSISTANCE PROGRAM: RAISING
PRODUCTIVITY BY LIFTING CONSTRAINTS

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INTRODUCTION

The employee assistance program (EAP) movement has gained strength in recent decades. The goal of the EAP is to work hand in hand with management and labor to increase the productivity of troubled workers by addressing alcohol, drug abuse, or other types of mental health related problems.

In the present chapter, we give a broad overview of the history, description, implementation, and ethical concerns of EAPs. We present case material from supervisory sessions we have had with EAP counselors and coordinators. We then examine some of the recent research evaluating the effectiveness of such programs. Research has indicated that for the most part, EAPs have been unsuccessful in reaching white-collar workers. We offer reasons for this problem, and we suggest strategies for reaching this evasive population.

HISTORY

The historical roots of EAPs date back to the 19th Century. In the 1880s, a movement known as the social betterment movement began to take hold. According to Sonnenstuhl and Trice (1986) "these services included inexpensive housing, company-sponsored unions, sanitary working conditions, insurance, and pension plans, as well as facilities for banking, recreation, medical care, and education" (p. 3). This movement ended for at least three reasons: (1) disenchantment with corporate paternalism, (2) the Depression, which forced companies to be penurious, and (3) the Wagner Act of 1936, which outlawed company-sponsored unions.

Personnel counseling was the next historical movement, taking hold as the social betterment movement subsided in the 1920s and 1930s (Sonnenstuhl & Trice, 1986). Personnel counseling arose out of studies from Western Electric's Hawthorne plant, well known for the so-called Hawthorne Effect (Roethlisberger & Dickson, 1939). Supervisors and
industrial consultants felt that there were pressures at work to interfere with maximum productivity. This was seen, correctly or incorrectly, as an irrational, noncooperative stance workers took against their employers. In order to counteract this stance, management trained some shop workers to be listeners—counselors, if you will—to wander the workplace and listen to workers' problems. This was management's demonstration of care for its workers, thus lifting pressures to resist management's requests to be optimally productive.

The final historical employee assistance movement cited by Sonnenstuhl and Trice was the occupational mental health movement. This arose as a response to a perceived need due to World War II. Many individuals who had never worked before were needed to aid the war effort. Thus, mental health workers were hired in order to respond to actual mental health crises in the workplace and to prevent other workers from becoming emotionally distressed. Because the objective of these programs was to help integrate new workers into the workforce, companies discontinued these programs after the war ended.

As the occupational mental health movement disbanded, a new movement began to rise. This was the Occupational Alcohol Movement of the 1940's. This is generally acknowledged as the direct predecessor of the EAP movement, both in content and form (e.g., Good, 1986; Jerrell & Rightmyer, 1982). It was recognized that alcoholism was a serious impediment to productivity in the workplace. Drawing from the strength of the Alcoholics Anonymous programs, businesses sought to assist troubled workers whose problems prevented them from operating at maximum efficiency.

Concern over alcohol abuse in the workplace continues today. Alcoholism is an ever-increasing drain upon American society. Blum (1984) estimated that alcohol-related costs to society were upwards of $42.75 billion in 1977. This figure rose to $120 billion by 1983. Nearly half of the alcohol-related costs to society are directly traced to lost productivity in industry (Quayle, 1985). The pain and suffering alcoholism causes to the alcoholics and those around them are immeasurable. The original intent of the EAP movement was to help businesses avoid the loss of productivity they might otherwise have incurred. Apparently, there remains a desperate need for this service in industry, as measured by the rapid contracting for EAP services in recent years. In 1970, there were an estimated 350-400 programs throughout the country; by 1986, 5,000-10,000 such programs existed (Sonnenstuhl & Trice, 1986).

Although alcohol problems are still emphasized, there is a growing movement within the EAP field to include all types of problems that may interfere with worker productivity. These problems include drug abuse, emotional or behavioral problems of the offspring of employees, and financial or legal problems. This new orientation is called the "broad-brush approach" to employee assistance (Jerrell & Rightmyer, 1962). This expanded emphasis has undoubtedly contributed to the sharp increase in the number of EAPs in recent years.

While expanding a company's EAP from a purely alcohol emphasis to a broad-brush approach is in many respects a more humanitarian move, it adds much more uncertainty to the policy's implementation. How does one define general mental health or factors preventing such help? Where does an EAP coordinator draw the line between intervention and nonintervention? Briar and Vinet (1985) give a hypothetical (but all too realistic) example of a company engaging in a major reorganization that necessitates massive employee lay-offs. Clearly, this is a prescription for mental health