



Peace of Mind...

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Happiness, life satisfaction and work engagement

A case study with the WOS demonstrating effects of EAP

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Agenda

- Shifts in the EAP market place
- Why the interest in EAP outcomes?
- The WOS as an EAP outcome measurement tool
- Case : An outcome study with the WOS
- Conclusions – How can EAP contribute to happiness at work ?



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Shifts in the EA market place

* Policy changes within companies

- **From stress at work to happiness at work**
 - Not only remove stress, conflicts, absenteeism but also improve well-being, satisfaction, commitment and engagement
 - “Remove stress”: focus on negative aspects (sources of stress: workload, complexity, demands...) and consequences (complaints, illness, absenteeism, burn-out, depression,...)
 - “Promotion of well-being”: focus on positive aspects (resilience, opportunities, resources,...) and consequences (satisfaction, organizational commitment, engagement,...)
- **From a reactive, single-focused to a pro-active, integrated policy : ‘prevention’**



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* Why companies invest in human capital today

- Europe 2020: Innovation at the heart of the European strategy to increase growth and productivity
 - “To go the extra mile” to make the difference (*engagement*)
 - Continuous changes
 - Empowerment and *resilience* of employees becomes crucial to successfully survive changes
 - Employer’s duty to care
 - European Union guidelines - Member states’ legislation
 - An element for employer branding
 - “Our company is a great place to work” : energizing, opportunities, happy employees
- ▷ Investing in psychosocial well-being clearly becomes a key element to achieve business excellence!



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* Evolutions within EA providers

§ Promises of integration

§ Move toward holistic programs:

§ Wellness (USA): web, disease management, health risk assessment;

§ Well-being (Europe): stress management, online tools, psychosocial risk assessment

§ Customized programming

§ Globalization

§ References to outcome/ROI studies



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Why the interest in EAP outcomes?

Purpose of EAP outcome studies

- § Pure scientific or intellectual inquiry
- § Drive program improvement initiatives
- § Validate our field / industry / funding
- § Compare EA products and services
- § Demonstrate program performance for the customer ("effectiveness")



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* Historical indices of “effectiveness” in EAP

1. High utilization
2. User satisfaction
3. Anecdotal “positive” testimonials
4. Use of other published studies

What about obtaining positive workplace outcomes?



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* Discrepancy with what purchasers/stakeholders actually are concerned about

- § EAP's impact on personal and work-related problems
- § ROI related to
 - § Work performance
 - § Attendance
 - § Healthcare costs
 - § Retention
- § Nature of the problems seen in the workforce
- § Value for the money (e.g. % of services that are face to face)

(Jacobson and Jones (2010). Journal of Workplace Behavioral Health. Vol. 25)



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EAP metrics should. . .

- § Be customized for the end-user
- § Provide useful operational metrics
- § Measure the variables that matter to the customer

- § Clinical outcome
- § EAP's influence on productivity
- § The impact on disability and healthcare costs

The screenshot shows the SHRM (Society for Human Resource Management) website. The main navigation bar includes 'ABOUT SHRM', 'HR DISCIPLINES', 'LEGAL ISSUES', 'TEMPLATES AND TOOLS', 'PUBLICATIONS', 'RECRUITING', 'EDUCATION', and 'CONFERENCES'. The article 'Crafting EAPs to Support a Global Workforce' is highlighted, dated 3/1/2010, and authored by John C. Pompey and David A. Sharar. The article text discusses the impact of the global economic downturn on multinational companies and the need for EAPs. A 'Get searched' button is visible on the left side of the article preview.

Pompey and Sharar (2010). SHRM Global.

<http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/GlobalEAPs.aspx>



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* Outcomes defined

- The end result of your intervention
- Occurs **AFTER** the intervention
- Is linked to the intervention

In this context, it's about if and to what degree EAP correlates with improved work effectiveness.



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* Three types of outcomes

1. Proximal: directly linked to the intervention

2. Medial: not directly related but not far away

3. Distal: indirectly related to the intervention



There is a trend toward purchasers wanting more proof of **medial** and **distal** outcomes, which are the hardest to demonstrate.



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* State of outcome research in EAP

- Published scientific studies are small
- Methodological quality is weak or unknown
- Focus is on small subsets with “serious” problems
- Mostly within the U.S., Canada or UK
- There is substantial evidence that high quality mental health services improve well-being and productivity. But we don't really know what parts of EAP produce better outcomes.



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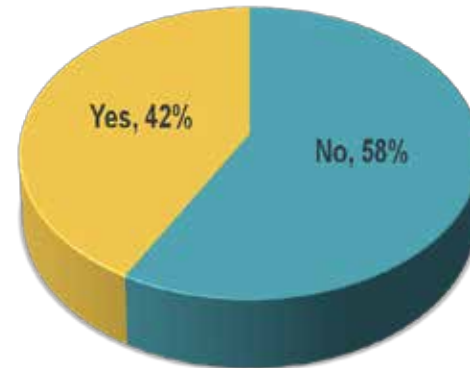
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- National Behavioral Consortium Benchmark Survey (2012) :

“On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?”

* Less than half of EAPs used validated survey tools

(n=62)





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* Of the 25 companies that used Validated Tools:

- 36%** Internally developed tools
- 28%** Workplace Outcome Suite (WOS)
- 20%** Stanford Presenteeism Scale
- 20%** Health and Productivity Questionnaire (HPQ)
- 16%** Work Limitations Questionnaire
- 4%** Employer Measures of Productivity, Absence and Quality or EMPAQ



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The WOS as an EAP outcome measurement tool

CGP WORKPLACE OUTCOME SUITE

General Instructions: Below is a series of statements that refer to aspects of your work and the experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

Instructions for items 1-5:
Please report for the period of the past thirty (30) days the total number of hours your personal problems:

STATEMENT	1	2	3	4	5	NUMBER OF HOURS
1. Caused you to miss work altogether.						
2. Made you late for work.						
3. Caused you to take off early.						
4. Pulled you away from your normal work location.						
5. Required you to be on the phone, e-mail or internet while at work.						

Instructions for items 6-25:
The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past thirty (30) days. Use the 1-5 response key to the right.

STATEMENT	1	2	3	4	5
6. I had a hard time doing my work because of my personal problems.					
7. My personal problems kept me from concentrating on my work.					
8. Because of my personal problems I was not able to enjoy my work.					
9. My personal problems made me early about completing my tasks.					
10. I should not do my job because of my personal problems.					
11. I feel distracted by my work.					
12. I often find myself absent from my job or at home.					
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The Workplace Outcome Suite (WOS)

developed by Lennox & Sharar, *Journal of Workplace Behavioral Health*, 2010, Vol. 25, Pages 107-131.

- *Workplace focused* (not a clinical measure)
- Based on a formative measurement model
- *Validated* with demonstrated psychometrics
- *Short* but *precise* (sensitive to change)
- *FREE* with signed license agreement
- You may use one or all of the scales in the Suite



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WOS Scales

Five scales, five items per scale (scales can "stand alone" and be used separately)

- **Absenteeism**: Number hours away from work in past 30 days...can also use this scale to monetize
- **Presenteeism** (a = .92): proxy for productivity: extent to which problems inhibit work
- **Engagement** (a = .74): measure of "over" involvement with the job
- **Life Satisfaction** (a = .78): gauges importance of job to "life"
- **Workplace Distress** (a = .90): looks at "distress at work" across all problems



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Outcome study - Method

- § Pre/post design using the WOS
- § Pre-test, typically at intake
 - § Call center conducts pre-test by phone, or
 - § Onsite clinician does the pre-test either verbally or paper-pencil.
- § Post-test by call-center ~90 days after intake
 - § Unique identifier to link Pre with Post-Test
- § Compared differences between pre and post
- § With assurance of anonymity or confidentiality (aggregate results only)



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* Correlation "Pre-Post"

- Can identify IF employees are improving at work but not WHY
- Purpose is to test *association*, or how EAP relates to work effectiveness in nature and strength
- You MUST obtain at least two data points: Pre-EAP (intake) and Post-EAP (about 90 days later)
- The BIGGEST challenge is getting the Post-Test completed



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* Is "self-report" valid?

- Is the major data source in health and behavioral research
- All forms of measurement are imperfect
- Is reasonably accurate when questions are validated
- Accuracy also depends on conditions and procedures



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* EAP Intervention measured

- Mainly short-term counseling (about 82% use only the EAP with no onward referral)
- Counselors use a “grab-bag” of diverse theories and models (*)
- Rarely “protocol” driven (sessions range from a single phone call to eight face-to-face visits)

Research question :

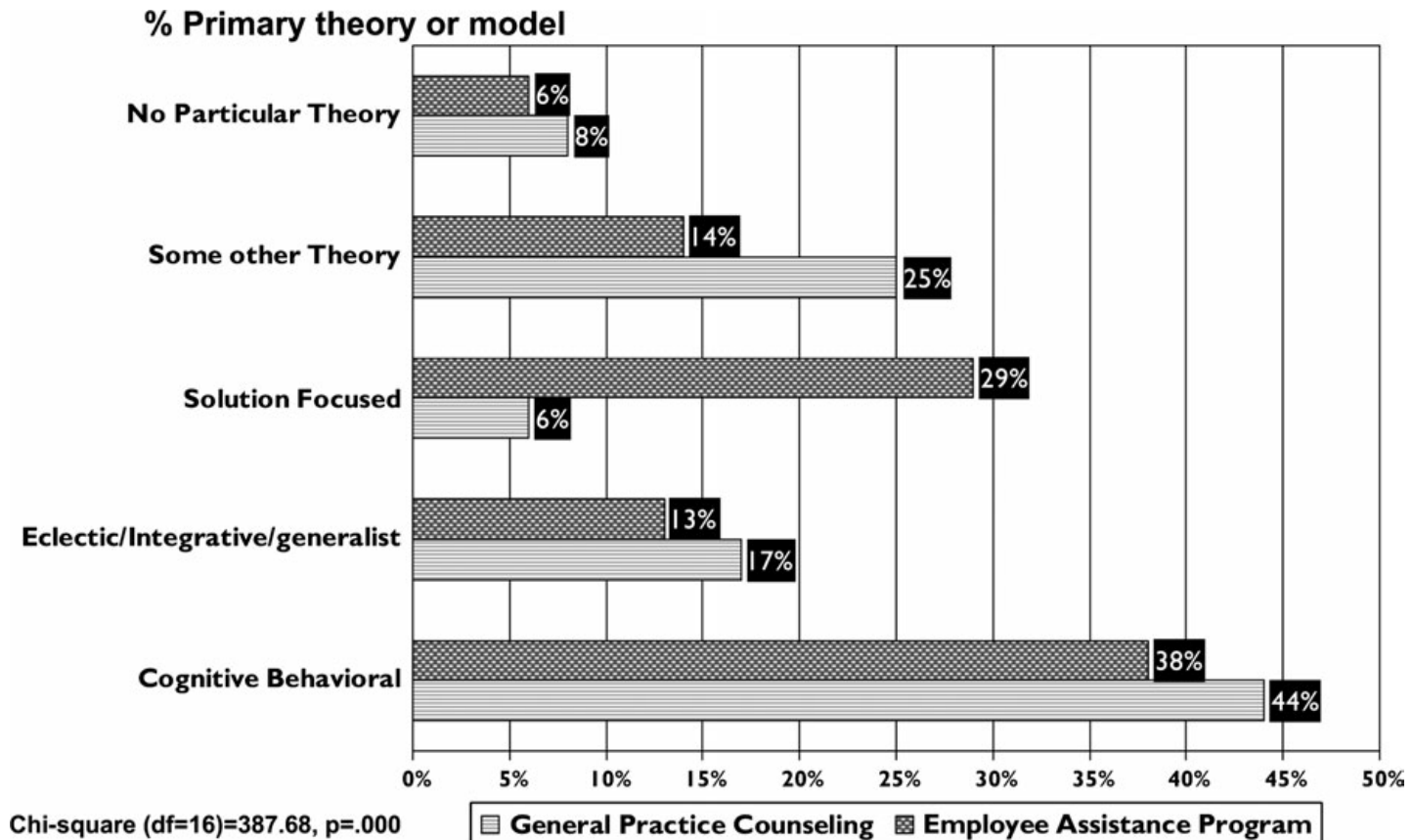
Does “generic” EAP counseling improve work effectiveness and life satisfaction?



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* Percentage primary theory or model





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* The Therapeutic Alliance – Does the clinical model matter much?

- Not much difference in outcome between type or amount of competing therapeutic approach
- Quality of relationship more potent predictor than approach, experience, or discipline
- Clients rarely report negative reactions before dropping out



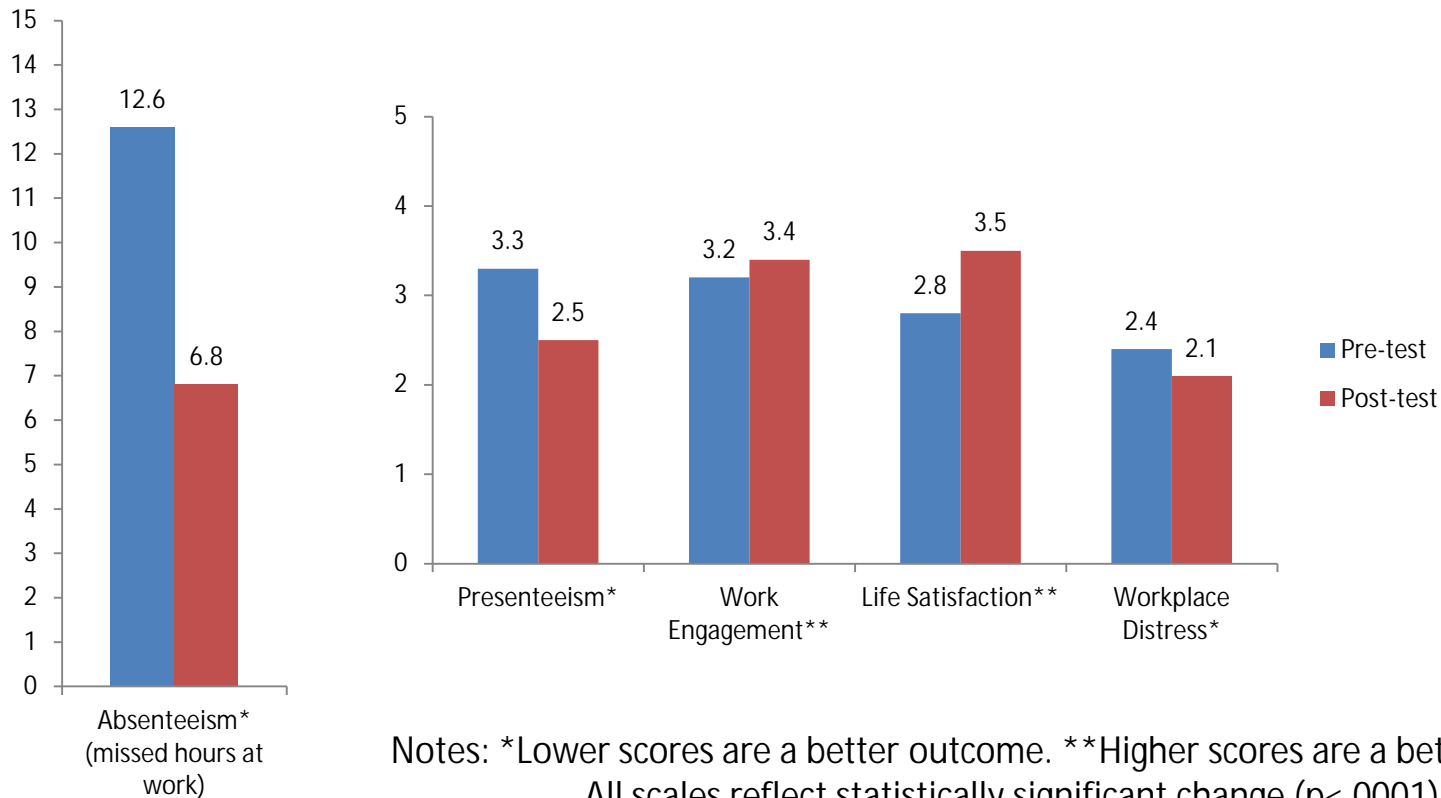


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Case studies with the WOS-Pooled data

(N=2878)



Notes: *Lower scores are a better outcome. **Higher scores are a better outcome.
All scales reflect statistically significant change ($p < .0001$).



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* Absenteeism – Monetized outcome

- Average hours missed work / month dropped **28.3** (difference between actual hours missed due to problem on pre and post measure)
- Avg. COP wage \$67.31/hour x 28.3 hours x 731 cases
- =**\$1.4MM/ annual production savings (or) 20% > productivity reported 90 days post EAP (or) approx. nine FTE's calculation**



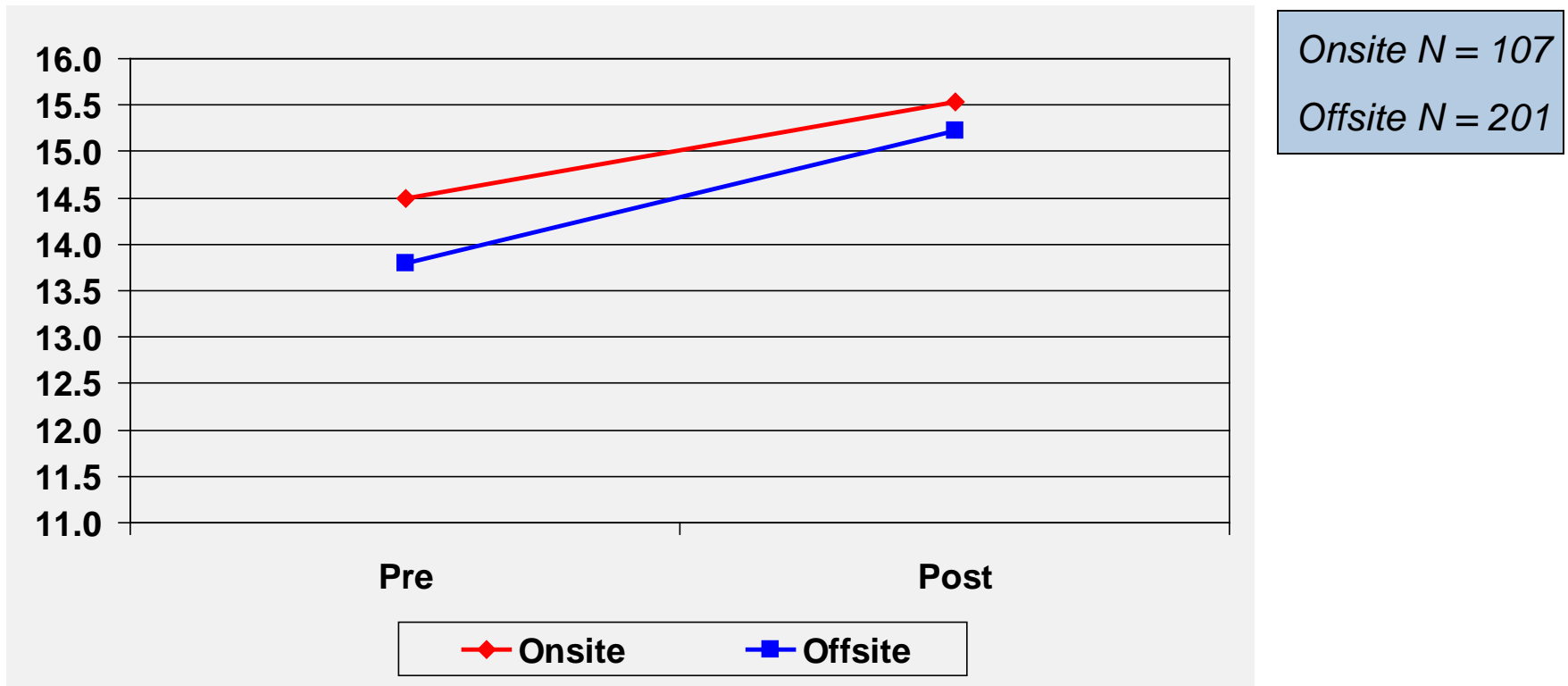
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* Life Satisfaction – Onsite versus offsite





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* Findings

- § Regardless of On or Off, 4 of 5 scales are trending in the right direction
- § *Work Engagement, however, is not really affected*
- § Elements of the EAP that may impact on outcomes :
 - On/Off Site : The location of the counselor is **not** a big variable in determining workplace outcomes (difference in workplace outcomes between On/Off site is insignificant)

Onsite may outperform offsite in other areas (such as management referrals, handling of severe cases)...we just don't know the answer empirically

- Other variables may be as important as program location:
 - Presenting problem(s)
 - Case severity
 - Self versus management referral



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* Update on the WOS

- § About 400 EA providers (in over 15 countries) are using the WOS
- § Developed and tested a 5-item version (< sensitive but still works well)
- § Working on a second cluster with new scales like "health care utilization" and "job satisfaction"
- § Validating a version for "health coaching"



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Conclusions –

“How can EAP contribute to happiness at work ?”

- Help objectify (subjective) employee perceptions, emotions, reactions: “turn soft into hard”
- Take the time to really get to know the company
- Work evidence-based
- Yield ROI data, measuring business relevant outcomes of EAP
- Clarify the elements of EAP which impact upon key outcome variables
- Present outcome studies as “Executive Summary” for high level audience
- Publish and share studies with the EAP community (can preserve employer's identity if needed)



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Questions?

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