Employee assistance programs and related behavioral health services are increasingly becoming part of the employee benefits package being offered outside the United States and Canada to both local hires (indigenous workers) and expatriates. However, many brokers do not have a clear understanding of the differences between programs that are organized and implemented domestically and those delivered in other countries. As a result, international EAPs often fail to deliver anticipated or desired results.»
One of the most significant issues is that most RFPs for international EAPs are “U.S.-centric.” When drafting RFPs, brokers need to consider the marked differences in how programs should be designed and promoted across different geographies and cultures. This consideration will help ensure that programs, and how they are evaluated and selected, are culturally relevant and competent to address the needs of both local workers and expatriates.

QUALITY PROVIDERS
As a matter of survival in a competitive marketplace, many international EAP vendors assert that they have a competent and well-trained network of providers. However, the truth is that providers of counseling and psychological services in most areas of the world are not uniformly and sufficiently equipped in terms of knowledge and clinical skills, geographic distribution and supply, and operational infrastructure. The huge variety of provider types, credentials, office settings, degrees of clinical training, supervision, and theoretical orientation have significant implications for employers.

First, brokers need to recognize that the ultimate quality of the primary international vendor is largely dependent on their ability to influence the behavior of a remote network of international providers, many of whom contract with a sub-network. For example, the primary vendor might contract with a regional EAP that maintains a 24/7 telephone access center in a major urban city and who further contracts with a dispersed network of clinical counselors throughout a particular region or country. In many cases, the actual clinical counseling provider might not be known or have had contact with the primary vendor. The primary vendor might, in fact, be too physically distanced from the actual client/counselor interaction to directly influence the quality of the intervention. To that end, brokers should ask to see how the overall network links between the primary vendor and the counseling provider at the local level.

The signing of contracts with international providers, the dissemination of a procedures manual, and the passive availability to answer questions is not an effective strategy to develop and sustain a quality international network. The quality of an international EAP is dependent upon having a competent, professional network of providers. This requires a long-range plan from a primary vendor committed to strengthening quality through ongoing training, mentoring, and assisting sub-contracted providers to improve their capacity, infrastructure, and clinical skills.

There is no one-size-fits-all approach to ensuring quality standards in the international arena. Forming effective partnerships with international providers takes time and effort. Although the basis for the relationship begins with the contract, the success and longevity of the contract depend on the quality of the vendor/provider/sub-contractor relationship.

Even when primary EAP vendors bring subject matter expertise to the arrangement, they also need to realize there is much to learn from international providers about delivering services in their country. A kind of mutual interdependency should emerge that makes both parties amenable to constructive service delivery. International providers need a vendor who will proactively communicate with them. Engaging providers requires a variety of flexible strategies, ranging from democratic decision-making, regular discussion forums, training sessions using Web conferencing, incentive programs, disseminating tool kits and practice guidelines, and even spending time together socially.

Another major factor that helps facilitate engagement — and ultimately quality — is to pay providers fairly and quickly. Therefore, ensuring quality among a diverse and complex group of international partners begins with establishing goodwill trust, associated with integrity, dependability, and cultural empathy. This usually requires face-to-face meetings between the vendor and the local providers to establish a climate of trust and a trustworthy relationship.

There is also the issue of instilling a commitment to customer service. Some service providers in the international arena have been slow to accept that high levels of customer service that are expected in the business world also apply when helping people. Treating the client as the most important ingredient can be an alien concept to a mental health clinic in a developing country.

In addition, administrative convenience can take precedence over a strong customer service orientation. To operationalize a customer service approach, international providers need to be aligned with the concept of customer service. The effort to establish goodwill trust is a prerequisite to enlist the hearts and minds of providers and obtain buy-in regarding the meaning of excellent customer service.

WORK/LIFE SERVICES
Western employers appear to welcome the convergence of EAP and work/life services. This is evidenced by the increasing number of EAP providers that have either merged or partnered with work/life vendors. These EAPs value the resulting reduction in purchasing, implementation, and communication costs and increasingly view this integration as an all-encompassing benefit to address personal issues that overlap with job performance.

Despite this trend in the West, and lacking any valid analysis on the actual need for a work/life service on a country-by-country basis, brokers are advised to question both the availability and relevance of a U.S. style work/life service for a work force based in a developing country.

Work/life as a Western program model typically provides assistance to employees regarding elder/child care resources and referrals, adoption assistance, college placement, convenience services, as well as addresses the broader issue of balancing work and family obligations. Among Western countries, when work/life and EAP are combined, employees can call for assistance with normal adaptation issues and also receive assistance for issues associated with mental health or family dysfunction — without necessarily enduring the stigma associated with contacting an EAP and presenting a mental health-type issue.

“There is no one-size-fits-all approach to ensuring quality standards in the international arena.”
However, even within Western countries significant variations in the availability of care giving services may exist based upon the social system that exists. Even in the United States, where EAP and work/life programs are routinely integrated, the historical and predominant delivery mediums are different. EAP providers are accustomed to face-to-face intervention, usually through a network of subcontracted professional clinicians or employed staff.

Conversely, work/life services tend to rely upon Internet-mediated and telephone-based mediums provided from a distance utilizing a database of current and available referral resources and educational materials. In non-Western countries, these work/life databases rarely exist and are not developed indigenously with language appropriate, home grown information.

In the developing world, work/life as defined and understood in the United States is virtually unknown.

However, this does not mean that work/life issues do not present themselves to an EAP in Mexico or China. Local EAP counselors handle these types of work/life issues in the same manner as other routine problems that are presented. They obtain relevant problem assessment information, determine goals to be achieved, determine whether to retain the case for brief intervention, research available resources, and then guide the employee to these outside resources.

However, these resources are frequently unavailable or unaffordable. Typically, many developing countries do not have highly developed social service infrastructures to refer employees with dependent care issues, which make the customized referral concept of work/life obsolete. This means that the EAP counselor must help to pragmatically solve the work/life issue as best as possible.

Before offering a U.S. style work/life service in a non-Western or developing country, either as a standalone program or integrated with an EAP, a needs analysis is necessary to validate if such a service is culturally relevant and, if so, what unique program design features would make it beneficial. Brokers designing RFPs need to be aware that a work/life service in the international context is not a distinct offering but rather embedded.

A CULTURALLY RELEVANT PROGRAM
Maintaining a sensitive cross-cultural perspective is critical to designing and overseeing EAP services on an international scale. We know that a Western-style EAP cannot be transferred lock, stock, and barrel to another country. What works in one country will not necessarily work in another unless the EAP vendor is keenly aware of socio-cultural factors — including economic, political, human services delivery structures, kinship relationships, trade unions, work styles, and societal values.

For example, the approach used in announcing and promoting an EAP in a collectivist culture should differ from the approach in an individualist society such as Australia. The former is oriented toward group rules and compliance with societal norms, so EAPs are more successful when they emphasize using the program to promote harmony in the workplace or family life and/or growth and personal development. This is in contrast to individualist societies where the program may be about fixing employee problems.

One sensible way to make the program culturally relevant is to allow access to occur at the local level. Indigenous local employees show a strong preference for contacting professionals whose language and names are familiar from worksite visits and training sessions. It is important that all program materials be written in the native language and cultural context. This means recruiting, training, and coaching providers as partners, as opposed to subcontractors who work within or contiguous to communities where the client company has locations. This in-country arrangement provides a great deal of autonomy and makes providers directly responsible for delivering EAP services — including easy 24/7 access, quick on-site service capability, supervisory training and consultation, assessment, counseling, follow up, case management, critical incident response, and other core activities.

It also demands that providers become familiar, as representatives of the primary vendor, with the local client company’s culture, policies, and procedures, as well as gain the trust of local management, expatriates, human resources, medical personnel, and other staff. This policy of promoting local in-country autonomy manifests itself in several ways:

- The cultivation of face-to-face associations between provider partners and the local work force result in collegial relationships and trust building.
- A local and culturally relevant understanding of resources, linkages, and access contributes to high-service utilization.
- The ability to react responsively and quickly to in-country crises without acquiring pre-approval from a U.S.-based administrator.
- The local EAP infrastructure and knowledge base is higher when a larger percentage of dollars and assets are retained in-country via subcapitated financing.

BEST-OF-BREED INTERNATIONAL MODEL
From a practical standpoint, brokers who are evaluating global EAP vendors need to be aware that traditional oversight approaches with subcontractors may not facilitate the successful delivery of a local service program. A true global program that adheres to the practices presented in this article can deliver higher levels of service, value, and cultural competency — and has a greater likelihood of producing a return-on-investment than a traditional Western-centric approach.

In short, for an international EAP to be truly effective, there must be a direct relationship between those asking for help and those providing the service. This means local providers must also be connected with local HR and other stakeholders. To execute this approach with local providers, the successful international EAP vendor wears many hats.

The broker is ultimately responsible for evaluating and recommending those EAP vendors who truly embody this global approach and are committed to the delivery of relevant and effective services in an international market.

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ONLINE EXTRA
Want more information on the employee assistance programs? Read Sean Fogarty’s article, “Prevention matters,” by visiting www.benefitsellingmag.com/prevention.