INTERNAL EAPS AND THE LOW-WAGE WORKER: PRACTITIONERS' PERCEPTIONS OF SERVICES

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Submitted to the Graduate Faculty of

the School of Social Work in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy

University of Pittsburgh

2005

UNIVERSITY OF PITTSBURGH

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INTERNAL EMPLOYEE ASSISTANCE PROGRAMS AND LOW-WAGE WORKERS: PRACTITIONERS' PERCEPTIONS OF SERVICES

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University of Pittsburgh, 2005

Utilizing a mailing list secured from the Employee Assistance Professionals' Association, practitioners of internal employee assistance programs (EAPs) were surveyed to assess their perceptions of how their programs compared in service provision between low-wage and other workers. The sample consisted of 71 respondents, and was gender-balanced but overwhelmingly Caucasian. Respondents estimated minor differences between the two worker groups in program utilization, but programs that offered concrete, tangible services had higher low-wage utilization rates. Supervisory and human resource referrals were generally higher for low-wage workers, but programs that used a variety of promotional strategies had higher low-wage self-refer rates. There were no major disparities in problem categories between the two groups with the exception of financial and attendance difficulties. Respondents rated their EAPs helpfulness with low-wage workers positively, but were less optimistic in comparison to other workers. The majority of respondents did not perceive major differences in treatment between the two worker groups, but they did think that low-wage workers were less likely to remain in treatment. Analyses of responses to open-ended items sometimes conflicted with the quantitative data. Implications for practice and policy in EAP service provision to low-wage workers and recommendations for future research are discussed.

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PREFACE

So many of you have shared at least part of this journey with me, and several have trekked with me from beginning to end. First, I would like to thank my chair, Dr. Rafael Engel. This study could not have been done without his advocacy, questions, challenges, and yes – even his editorial suggestions!

Thanks also to my committee members. Dr. Ralph Bangs who, even though he may have preferred a more empirically grounded study, helped me define and clarify my major constructs. Dr. Hidenouri Yamatani was, without doubt, the expert in my topic. His suggestions contributed immensely to the improvement of my survey instrument. Dr. Helen Petracchi was consistent in her unwavering support and encouragement, and posed thought-provoking questions that helped reconfirm for me that the study had value for policy and practice.

I am grateful for the support I received from the School of Social Work through the Wiltse Scholarship Fund and the University of Pittsburgh Provost Fund.

And a heartfelt thanks to family and friends who put up with my bouts of obsessing and general impatience. To my parents, who from the time I can remember insisted that we were put here to make the world a better place, I'd better find my own way to contribute, and it had better be good! Next, to my dear friend and social work comrade, Dr. Christine (aka "Scout") Smith, whose support has been a constant for most of my adult life. Her brilliance and humanity are unparalleled, and I am lucky to know her. To my ex-Homestead, now Brazilian resident friend, Dr. Mary Jo Heatherington: thanks for not batting an eye when I visited you in Brazil with a suitcase full of books and articles. And finally, to a friend I deeply miss and with whom I began this journey: Michael, you might not be here in the flesh, but I sure felt your spirit. Thanks for turning the light on!

1. INTRODUCTION

Business practices and macro-economic trends have consistently relegated low-skilled workers to jobs primarily in the retail and service sectors. Their work is often demanding, almost always poorly compensated, and usually lack benefits and advancement prospects. Poor job retention among this group of workers is widespread, and they suffer disproportionately from health and mental health problems. One benefit rarely discussed or studied as a viable intervention for addressing and treating the problems of low-wage earners are work-based Employee Assistance Programs (EAPs).

Originally developed to identify and to assist in the recovery of alcohol-abusing employees, EAPs have broadened to respond to many other issues that impair job performance. These include family and child concerns, mental health issues, stress, financial and legal difficulties, health problems, grief and loss, and work-related pressures. Core services usually encompass assessment and action plans, short-term treatment, referral to longer-term treatment, and follow-up. EAPs also typically provide training to assist supervisors to identify work performance problems and then make early interventions, and EAP staff conduct in-service programs and workshops on a variety of topics such as stress management and conflict resolution (McCloskey, 1995; Mueller, 1996). Many EAPs have also incorporated health and wellness, and prevention programming into their on-going offerings (Erfurt, 1990; Pinkard, 1997). Some even provide workshops and services for employees caring for elderly or disabled family members (Dellman-Jenkins, Bennett, & Brahce, 1994).

The usefulness of EAPs is generally evaluated through several measures including: the percentage of workers who take advantage of the service, known as the utilization or penetration rate; the types and severity of problems workers bring to the EAP; and the program's success in alleviating these problems. A core component of EAPs is the means by which workers access the service, or the referral source. Employee Assistance (EA)

practitioners were surveyed in this cross-sectional study to assess their perceptions of these indicators of EAP efficacy as they pertain to low-wage earners, and how they compare to workers of higher wage and occupational levels.

Specifically, this study explored how EAPs interact with low-wage employees by examining:

1. differences between low-wage and other workers in their use of EAPs,
2. how the two groups of workers access the work-based programs,
3. if and in what manner low-wage workers' problems differ from their higher paid counterparts, and
4. respondents' comparative assessments of EAP effectiveness for the two groups of workers.

Additionally, the study collected demographic data from respondents concerning their job responsibilities, tenure, and training, as well as general information regarding the organizations for which they work. The findings may provide useful information to program managers, practitioners, and others professionals who offer these services.

1.1. BACKGROUND

Until recently, the United States enjoyed a strong economy and low unemployment. While job opportunities for the low-skilled were growing, their economic outlook remained stagnant (Center on Budget and Policy Priorities, 1999). The current lethargic job growth cycle's impact on the earning capacity of low-wage earners remains to be seen. But during 2003, the poverty rate as well as the percentage of workers without health insurance grew, and since 2001, the median household income has declined (Center on Budget & Policy Priorites, 2004). These indicators do not bode well for workers who have traditionally been the last hired, and the first to be let go.

Concern over the plight of the working poor has been growing over the past few years. Media stories and social science studies abound illustrating the challenges faced by those struggling to make ends meet. This trend seems especially pronounced since the implementation

of welfare reform legislation, the Personal Responsibility and Work Opportunities Readjustment Act (PRWORA) (Bernstein & Hartmann, 1999; Fountain, 1999; Wertheimer, 1999; Zagorsky, 1999). Enacted in August of 1996, this legislation, fueled by a robust economy, resulted in a 50% drop in the national welfare rolls (Burtless, 2000). The entrance or return of hundreds of thousands of individuals who had been at least partially reliant on cash assistance to the low-wage market has focused public attention on the perils of employment in this labor market sector.

State and federal law makers, partly in an effort to ease the transition from welfare to work, have either passed or are considering legislation to provide support to the working poor. For example, there is renewed discussion about increasing the federal minimum wage, and some states have enacted their own versions of the federal Earned Income Tax Credit (EITC) (Johnson, Liobrera, & Zahradnik, 2003). Other states have broadly interpreted PRWORA´s regulations and expanded their eligibility criteria for medical insurance, liberalized health insurance programs for children, made child care subsidies more accessible, and authorized more resources for training, education, and work-related allowances (Phillips, 2004).

In spite of these policy efforts, the low-wage market remains a tenuous one. A preponderance of the jobs are in the service, retail, and health care sectors in positions such as janitorial services, housekeeping, retail sales, clerical, food service and home health. The average earnings are below $8.00 hourly (Holzer, 1996), which, for a full-time worker, would have placed a family of four slightly above the 1996 official poverty level of $15,600 (Dept. Health & Human Services, 1996). Many of these jobs are physically demanding, require shift work, and offer no benefits along with little hope for advancement. Increased earnings typically stem from working more hours, not higher pay scales (Burtless, 1995; Hershey & Pavetti, 1997). A national study found that organizations with higher proportions of hourly workers are less likely than other companies to provide employee-friendly benefits, such as health insurance, replacement pay during maternity leave, and leave to care for ill family members (Armiento, 1999).

Job retention has always been problematic in this labor market sector. Half of the employers in one study reported that, on average, their low-wage workers remained on the job for less than a year, with half of this group staying fewer than six months (Regenstein & Meyer, 1998). The job retention rates for those entering the labor market due to welfare reform may be even worse. A number of small-scale studies found job loss of up to 50% within three months, with fewer than 25% keeping a job for a year or more (Bartik, 1997; cited in Dertouzol & Karoly, 1998). Harris' (1996) study of the repeat dependency of 591 public assistance recipients found somewhat better percentages: 22% who exited welfare through work returned within one year, and 35% within two years. Over half returned within five years. Just as significant, and troubling, is the finding that those who left welfare for work and remained employed reported that their wages did not increase over a three-year period.

Studies on the hardships faced by welfare recipients in their efforts to achieve self-sufficiency through low-wage employment are relevant and applicable to the working poor in general. Work conditions in this economic sector do not vary according to public assistance status. Several studies offer convincing evidence that those cyclically reliant on welfare and the working poor are largely the same population. For example, Handler (1995) and the Institute for Women's Policy Research (IWPR, 1995) found that most welfare recipients either have a recent work history, or supplement work with welfare. A 1995 national survey on the attitudes of the working poor toward welfare reform found that 29% of the respondents were receiving cash benefits while another 23% had relied on the benefits in the past (Joint Center for Political & Economic Studies, 1995). With over half of the working poor currently or formerly receiving assistance, findings and implications from studies of those transitioning from welfare to work should be valid for the working poor in general.

Studies on individuals transitioning from welfare to work have consistently found that many welfare recipients lack education and basic skills, suffer from health, mental health and substance abuse problems, and have histories of sexual abuse and domestic violence (Brooks & Buckner,

1996; Burtless, 1997; GAO, 1997; O'Neill & O'Neill, 1997). In their survey of 3,000 employers in four large metropolitan areas, Holzer and Wissoker (2001) found that even welfare recipients who transitioned successfully (i.e. performed adequately) into the low-wage market still had attendance problems. The major causes of absenteeism were related to child care (64%), transportation (41%) and physical health (34%). There is also evidence that a sizeable proportion of the working poor with serious limitations such as mental or physical disabilities, histories of substance abuse, health problems and language barriers are more vulnerable to long-term poverty (Zagorsky, 1999). The combination of personal barriers with the difficult nature of low-wage labor often exerts insurmountable stressors. The consequences of balancing the burdens of demanding and poorly compensated work with the heavy strains this imposes on support systems already weakened by poverty are frequently deleterious to both family and work life.

There have been some policy initiatives aimed at alleviating the difficult conditions facing the working poor, and studies have been conducted to assess the success of these programs in lifting families out of poverty. The results are not promising. Until very recently, the United States enjoyed a booming economy and the lowest unemployment rate in the last 30 years. But even during 1998, the peak of the economic boom, the Center on Budget and Policy Priorities (1999) reported that the poverty rate for children only dropped to 18.9% from its high of over 20%; the number of full-time workers with incomes below the poverty line rose by 459,000 in this same year; and the average amount by which the incomes of poor families fell below the poverty line was $245 greater per family member in 1998 than in 1995. Given the stagnant economic growth since 2000, financial stability for those already struggling to make ends meet is likely to be more difficult. Recent statistics released by the Census Bureau confirm that the poverty rate has risen over the past three years from 11.3% in 2000 to 12.5% in 2003, and that median household income has also decreased (Center on Budget and Policy Priorities, 2004).

There is a noticeable dearth of information on the efforts of business and industry to improve the economic status of their low-wage workers. Wages have risen slightly, but macro

economic trends are in large part responsible for this development. Prior sustained economic growth resulted in a parallel growth in the low wage market. In order to attract and keep employees, some companies lowered their qualification requirements, increased wages, or both (Burtless, 2000; Holzer, 1998). The current economic downturn may have halted this trend, and low-wage, low-skilled workers, many of whom are new or returning entrants into the labor market, may once again find themselves in a precarious position (Boushey, 2002).

Over the past 30 years, the percentage of businesses offering EAP services has increased dramatically. For example, in the mid 1980s only 12% of companies provided EAPs, while by the mid 1990s this percentage ranged between 36 and 45% (Cunningham, 1994; Hatwell et al., 1996, cited in Higgins. Johnson, Stevens, & Taquino, 1998). There was nearly a 78% increase in the number companies making EAP services available between the years of 1994 to 1998 (Oss & Clary, 1998). In spite of this striking expansion, no more than 45% of full-time employees have access to EAPs (Blum et al., 1992; Hatwell et al., 1996 cited in Higgins, et al., 1998), and we do not know what proportion of these workers are low-wage.

Studies on welfare-to-work demonstration projects afford the bulk of what little is known about how EAPs relate to low-wage workers. Funding for one of these initiatives was authorized in 1998 by the North Carolina state legislature. One million dollars per year was earmarked for the development of a two-year pilot Enhanced EAP model (EEAP) to identify and treat individuals with serious employment barriers who were mandated to work due to welfare reform and to help businesses overcome their reservations about hiring them. Evaluations of this initiative suggest that these employees often need longer-term interventions with a strong case management component (2001, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services).

The challenges confronting low-wage workers often include compromised mental and physical health, inadequate housing, transportation, and child care, communities devoid of resources, and lack of social supports. Retaining employment under these circumstances is

made more difficult by the demanding and under-valued work so characteristic of the low-wage market.

The traditional EAP model, based on short-term assessment and treatment, is likely inadequate for the more intense and often perpetual hardships facing low-wage workers. Longer-term strategies that encompass some organizational accommodation to the needs of low-wage employees, as well as the development of internal and external resources are almost certainly required. It is possible that EAPs recognize the exigency for these types of interventions and are beginning to advocate for them within their organizations. However, considering the mounting pressures on business and industry to constrain costs, in combination with the current economic downturn, this may be an overly optimistic supposition.

1.2. SIGNIFICANCE

There are several implications for this study, several of which are of a practical nature. Little is known regarding the low-wage composition of organizations that make EAP services available to their workforce. In this study respondents were asked to estimate the proportion of their workforce that is low-wage, thereby at least partially supplementing this gap in knowledge. Further, most studies of EAPs are conducted within a specific organization, or are regionally based. This study generated data from a national sample of practitioners, suggesting that the findings may be generalizable to a broader population. One of this study's primary questions pertains to the types of problems workers, both low-wage and others bring to their EAPs. This study produced current data, thereby updating the knowledge base with a realistic assessment of the issues workers and the EAP practitioners treating them are facing in today's workplace. Very little prior research has collected data from EAP practitioners themselves regarding their job tenure, responsibilities, education, and certification. This study supplements the field's knowledge base regarding the background of its professionals.

In addition to practical data, the study is useful to EAPs desiring to develop more effective outreach and treatment approaches in their work with low-wage earners. For example, utilization disparities between low-wage and other workers could suggest that the programs need to adopt more proactive strategies in educating low-wage workers as to the benefits of the EAP. Likewise, respondents' perceptions of differences in treatment efficacy based on occupational status may indicate a need for EAPs to examine and modify their interventions to make them more responsive to the needs of low-wage earners. On the other hand, respondents' assessments that EAPs effectively address and attenuate the problems of low-wage earners support the need for the continuation and enhancement of these services for low-wage earners.

Business and industry could also benefit from the findings of this study. If EAP interventions are found to be useful in ameliorating the distress stemming from personal problems and chronic economic hardship, costly turnover expenses could be reduced. A tight labor market has compelled industry to confront its conventional thinking that low-wage workers "are in plentiful supply, interchangeable, and easily replaceable" (Armiento, 1999, p. 4). Companies are finding it increasingly difficult to fill these positions, and are finally realizing that even at lower wage levels, turnover costs are high. (Armiento, 1999).

A final implication of this study emerges from a guiding, common-sense principle of the world of work. The first rung on the ladder of a satisfying and self-sustaining work life is job tenure. The longer one remains employed, the more skill and experience one accumulates. To a current or potential employer, this often translates into an offer of a better job with a higher salary and improved benefits. If EAPs contribute to longer job tenure, they increase the likelihood of career advancement. Better pay and an opportunity for continued skill improvement and promotion motivate continued performance, setting in motion a upward spiral toward self-sufficiency.

Negative work conditions have been linked to distress and poor health outcomes for Americans. Yet, to assume that this view is the most valid obscures the fact that work can also be a source of social support, motivation, and a chance to fulfill important needs for achievement and self-efficacy. EAPs are evidence that business and industry have at least recognized that the “bottom line” cannot be achieved unless workers are able and motivated to perform at optimal productivity. Providing work-based access to help when problems inhibit employees from doing their best is the most economical and humane way to ensure a profit. For the worker, the presence of an EAP within an organization may convey that the employer cares enough to make assistance available.

For the low-wage earner, EAPs have the potential to play an important role. Often unable to afford private services, and uncomfortable with seeking help from community or public agencies, the working poor are often overlooked entirely. EAPs may finally entitle them to a benefit they deserve but have rarely been able to access: quality, confidential treatment in an environment which conveys respect and dignity.

1.3. SUMMARY OF METHODOLOGY

To address the research questions, this study used a survey approach to answer questions about the impact of EAPs on the work and personal lives of low-wage earners. Employee Assistance practitioners who are members of the Employee Assistance Professionals Association (EAPA) were surveyed. Specifically, the study examined EAP usage, referral sources, worker problems, and respondents’ perceptions of EAP effectiveness for both groups of workers.

2. REVIEW OF THE LITERATURE

This chapter consists of seven sections. The first section begins with an overview of the development of modern day Employee Assistance Programs (EAPs); sub-sections discuss the current status of the field, certification options for Employee Assistance (EA) practitioners, followed by a brief history of the role of social work in industry. Relevant findings regarding utilization rates (the percentage of an organization's workforce who access the EAP) and the demographics of workers who utilize EAPs comprise the second section. The third section of the chapter addresses help-seeking behavior as it pertains to referral routes to the EAP, with particular emphasis on the implications of supervisory referral in contrast to self-referral. The fourth section summarizes pertinent research describing the types of concerns workers bring to work-based EAPs, including the impact of work and life stressors including economic hardship. Section five examines the low-wage labor market sector and discusses various methodologies used to define this population of workers. Section six reviews current EAP initiatives that have evolved in response to some of the chronic and perhaps more debilitating problems of the low-wage earner and presents new developments in the field designed to address the needs of women and minorities, who are over-represented in the low-wage sector. The seventh and final section of the review concludes with a discussion of the effectiveness of EAPs, and the methodological soundness of studies designed to evaluate program outcomes.

2.1. EMPLOYEE ASSISTANCE PROGRAMS

2.1.1. An historical overview

Modern EAPs are rooted in the alcoholism treatment movement. Harrison Trice and Mona Schonbrunn (1997) contend that the rapid growth and popularity of Alcoholics Anonymous (AA) during the late 1930s and early 1940s, combined with the extreme production pressures of World War II, set the stage for their evolution. AA stimulated awareness that alcoholics could

be found in every class and occupation, and offered the hope of a treatment approach that could possibly reverse, or at least abate, the vicious downward spiral of those afflicted with the problem. Concurrently, industry was faced with lost production caused by workers who drank to excess. The rapid and sudden expansion of productivity required by the war effort further exacerbated long hours and shift work, which are associated with on-the-job drinking. The assimilation of returning soldiers into the workforce, many of whom abused alcohol, provided additional impetus for corporations to address the problem (Trice & Schonbrunn, 1997).

According to Trice and Schonbrunn (1997), the first programs work-based alcohol treatment programs were initiated by company medical directors and industrial physicians during the 1930s and 1940s. There were no formalized procedures, the recovery team usually consisted of a doctor and a recovering alcoholic, and their meetings were often semi-covert (Challenger, 1997). As AA began the practice of documenting and publicizing the phenomenal increase in the number of inquiries they had received regarding the availability of job-based help for alcohol addiction, more companies began to openly publicize their programs (Trice & Schonbrunn, 1997). These company-sponsored efforts became known as Occupational Alcoholism Programs (OAP), and considerable savings to the company and improved productivity were attributed to them. During the 1950s, several large companies extended their alcoholism programs to employees experiencing mental health difficulties (White & Sharar, 2003).

In 1962, the Kemper group recognized that the financial benefits and improvement OAPs afforded might be applied to other problems areas as well. Therefore Kemper expanded its services to include mental health and family-related interventions. This broadened scope evolved into the modern EAP, described as a “broad brush” approach to human problems in industry (Dickman & Challenger, 1997, p 51).

The number of corporate EAPs grew dramatically during the 1970s. The passage of the Federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and

Rehabilitation Act (the Hughes Act) in 1970 established several mechanisms to address alcoholism and its impact on the work force. The act, which created the National Institute of Alcoholism and Alcohol Abuse (NIAAA), required all federal agencies to provide alcoholism programs for their employees, and established within the NIAAA an occupational branch mandated to assist organizations implement workplace alcoholism programs (Masi, 1982). In 1971 the NIAAA orchestrated an initiative to mainstream alcoholism treatment into the U.S. health care delivery system (Blum & Roman, 1992). The NIAAA viewed the workplace as a potentially effective intervention site, and authorized grants to various state alcoholism authorities to train and hire EAP specialists, including many social workers (Dickman & Challenger, 1997). The goal was to identify and treat still-functioning alcoholics with intact families and jobs, but whose problems were costing their employers in lost productivity and health expenses. During this time, employers also began including alcoholism treatment in their health insurance plans, allowing companies to retain workers who may have been terminated in the past (Blum & Roman, 1992).

Interestingly, the NIAAA advocated for the broad-brush employee assistance model. Agency staff believed that the limited success of the earlier OAPs was partially due to their focus solely on alcohol-related problems, a possible treatment deterrent due to the stigma associated with alcoholism. They felt that programs designed to address a wider breadth of problems would be more acceptable to employers, and might actually be more successful in identifying and treating alcohol-abusing employees (Roman, 1990). This comprehensive approach also improved on the OAP model by removing the supervisor from a diagnostic role. In the new model, an important role of EAPs was to train supervisors to constructively confront employees with deteriorating work performance, and to encourage them to seek help from the EAP for their problems. The EA staff assumed the diagnostic function (Sonnenstuhl, 1992). Most EAPs today deal with an array of personal problems in addition to addiction. These include psychological and emotional difficulties, family issues, and financial and legal problems.

2.1.2. Current status

Since the 1970s, EAPs have proliferated at a rapid pace. Current estimates suggest that 80% of Fortune 500 companies utilize EAPs (Major, 1990, cited in Every & Leong, 1994) and 33% of all private non-agricultural work sites with 50 or more employees offer EAP services (Hatwell et al., 1994 in French, Zarkin, & Bray, 1995). Between 1994 and 1998, there was an estimated 78% increase nationally in companies providing EAP services. Approximately 82% of employees in the nation's largest firms have access to EA services (Oss & Clary, 1998), and more than 65 million employees are now covered by these work-based programs (White & Sharar, 2003). Yet, in spite of the dramatic increase in EAP coverage, only about 33 to 45% of full-time employees are covered by EAPs (Blum et al., 1992; Hatwell et al., 1996 cited in Higgins, et al, 1998).

As industrial-based alcoholism programs evolved into more expansive EAPs, there was a concomitant shift in program auspice. Until the early 1970s, nearly all EAPs were internal programs, that is, located as a unit within the organization and operated by company staff. During the 1970s, community-based agencies and privately owned organizations began delivering EAP services, contributing to the rise of what are now referred to as external programs (White & Sharar, 2003). These external vendors have proliferated at a rapid pace, and are estimated to far outnumber internal EAPs, which are thought to be more common in large organizations (Oss & Clary, 1998).

Oss and Clary (1998) classify external contractors into three types, each with its advantages and disadvantages. National systems provide EA services to over 800,000 individuals, and offer the benefits of large provider networks and advanced information and data collection systems. Their major drawback is providing timely and effective services across the nation. Mid-size, regional operations (either freestanding and/or behavioral health delivery systems) cover from 60,000 to 800,000 persons, and can serve many regional employers. These programs offer customized services, which are often perceived by the employer as more

personalized. However, they must compete with the national enterprises, and lack the cost-saving benefit of a national service provider system. As a result, mid-size EAP contractors may be financially strained. Small local EA enterprises can establish and maintain personal relationships with employers, and have lower overhead. Their resources are often limited, constraining their ability to offer technologically sophisticated services (Oss & Clary, 1998).

Cost containment, legal, labor, and societal trends have resulted in broad diversification in types of programs, services provided, and practitioner qualifications. Indeed, some analysts contend that it is becoming difficult to identify exactly what constitutes an EAP. The full service, three-visit "assess, refer, and follow-up" is considered to be the traditional and most desirable model (Oss & Clary, 1998) but many other forms of programs operate in the marketplace. For example, the managed behavioral health care (MBHC) model has grown dramatically over the past decade due to industry's resolve to contain costs. As a result, many EAPs have begun to screen and select providers, operate as gatekeepers to mental health providers, and case manage the delivery of services. There are programs that integrate managed care with more traditional EA services. Typically, these programs offer a greater number of in-house counseling sessions than traditional programs in attempts to prevent more costly referrals to mental health providers (White & Sharar, 2003).

Paul Steele (1998) categorized five types of programs:

1. The Full Service EAP offers a wide range of support for managers, supervisors, and union stewards. This model utilizes core technologies including problem identification and assessment services, short-term intervention, referral for diagnosis, treatment, and assistance, and case monitoring and follow-up. The Full Service EAP may also conduct evaluations to identify the effects of EA services on the organization and individual worker performance.

2. The Integrated Program focuses on behavioral health benefit management by

merging managed behavioral health care (MBHC) and employee assistance services. This model integrates gate keeping for access to in-program EAP counseling with the approval of out-referral placement for treatment.

3. The Wrap-Around EAP provides access to outpatient behavioral health benefits to compensate for managed care restrictions on mental health services.

4. The Compliance EAP is a specialized program to monitor and comply with conditions of the Drug-Free Workplace Act. The central elements of these programs include alcohol and drug testing counseling for detected abusers, and medical review.

5. Peer Assistance Programs operate under labor and professional associations in support of their membership.

The costs of EAPs vary widely. External providers offer rates as low as $12 per employee per year for the most economical service packages, but rates can run as high as $50 per employee per year (Oss & Clary, 1998). In 1995, the average annual cost of services per employee was estimated at approximately $28.00 for internal programs, and about $22.00 for external programs (French et al., 1999).

EAPs are considered “good management” because they are expected to save money and increase organizational productivity (Cayer & Perry, 1988, p. 152). Employees suffering from personal problems are estimated to be 25% less productive than those who are not experiencing personal problems (Maiden, 1988; Masi, 1982). In 1990, employers incurred nearly $273 billion in costs associated with substance abuse and mental illness (Gelb, 1990, cited in Chima, 1995). While most analysts concur that benevolence and concern for the plight of their workforce are not primary corporate motivators in the expansion of EAPs, they agree that most organizations who offer EA services enjoy their status as worker-friendly and responsive (Emener, 1997).

In their efforts to diversify to meet the changing demands and priorities of business and industry, EAPs now routinely offer such services as organizational development, workplace violence consultation and training, crises intervention, and critical incidence de-briefing. Many, especially national EA vendors, provide telephone and web-based interventions. Some analysts contend that in their attempts to stay competitive, EAPs have redefined their "customer" from the troubled employee to the corporation (White & Sharar, 2003; Maiden, 2003).

2.1.3. Certification of EAP practitioners

In 1986, The Employee Assistance Professionals Association (EAPA) developed a voluntary certification credential, Certified Employee Assistance Professional (CEAP), as a way to establish the competency of EA practitioners (White & Sharar, 2003). The organization's Employee Assistance Certification Commission (EACC) provides oversight for all professional certification activities (EAPA). There are two credentialing tracks, each of which requires the applicant to pass an examination. To be eligible to take the exam, candidates must fulfill several other requirements. Candidates with a non-EAP related graduate degree must accumulate: 3,000 hours of work experience in an EAP setting; at least 60 professional development hours (PDH) spread over three domains (program design, administration, and management; services to the organization, and services to employees and family members); and 24 hours of advisement. Candidates with an EAP-related degree require 2,000 hours of work experience in an EAP setting, at least 15 PDHs, and 24 hours of advising (EAPA).

There has been a trend within EAPA to provide affiliate status to the growing field of external vendors. Many of these EAP providers only require their clinicians to have a graduate degree in a helping profession and a license, which is "not evidence that affiliates have even a rudimentary understanding of the EAP core technology" (Sharar & White, 2003, p.21). This development has had the effect of diluting the uniqueness of the EA intervention process. In addition, employers seeking to purchase EA services may not have sufficient knowledge to

make informed decisions regarding whether or not a vendor actually meets minimum standards to qualify as an EAP.

2.1.4. The role of social workers in EAPs

In Maiden's historical account (2003), one of the first industrial social workers, Aggie Dunn, was hired by the H.J. Heinz pickle plant in Pittsburgh, Pennsylvania in 1875. She worked for the company for 50 years, and "interviewed, hired, counseled, and generally watched over" (p. 120) the company's large number of female employees. Dale Masi (1982) contended that the social welfare secretaries of the turn of the century, whose duties ranged from personnel to maintenance matters, paved the way for the entrance of trained industrial social workers. The first formal program to assist employees was initiated in 1917 by Ruth Gage, a Settlement House social worker, at the Northern States Power Company in Minneapolis. Industrial programs proliferated with the onset of World War I, as many companies responded to the added strains imposed on their new workers, including increasing numbers of women.

From the end of WW I to WW II, there were few new initiatives in the field of industrial social work. While the impact of the Great Depression certainly impeded expansion, Masi (1982) proposed that the lack of growth was due in part to the social work profession's pre-occupation with defining itself as it struggled to overcome vestiges of its somewhat tarnished image. Social work's reputation as an occupation of mostly upper class elites determined to instill "proper" values through almsgiving to the "worthy" poor had not been completely erased. This image was neither well received by workers nor management. On the one hand, family agencies often refused to help striking union workers during the 1930s. On the other hand, there were growing ethical concerns about the implications of practicing social work in a business setting, where corporate values were felt to conflict with those of the profession (Maiden, 2003).

Until the 1970s, with the exception of several industrial programs during World War II, social work overlooked the workplace as an arena for practice (Maiden, 2003; Masi, 1982). The

proliferation of EAPs, with their broadened mission to address the full spectrum of problems impacting worker performance, resulted in a resurgence of social workers entering the workplace. According to Maiden (2003), however, the field, with the exception of a "handful of innovative practitioners and educators" (p. 14), was not in the vanguard in the planning and implementing of industrial human service programs. In fact, it was not until 1982 that the National Association of Social Workers (NASW) formed a task force to assess the skills and training required, and recommend curriculum to prepare occupational social workers.

Today, occupational social workers are found in settings other than EAPs, such as in occupational health and safety, organizational development, human resources, and corporate social responsibility programs. Social work is considered the profession of choice to staff workplace programs (Tanner, 1991, cited in Maiden, 2003).

2.2. EAP UTILIZATION

2.2.1. Utilization rates

Most studies estimate that approximately four to 7.5 % of employees working in EAP-covered organizations utilize the services (Blum & Roman, 1992; Every & Leong, 1994; Masi, 1997; Yamatani, 1988). Masi (1997) suggests that utilization (sometimes referred to as penetration) rates of five to eight percent are acceptable. An estimated 20% of an employer's work force can be classified as "troubled workers, individuals whose personal problems create an impediment to their successful job performance" (Hall,Vacc, & Kissling, 1991, p. 63). A cross-sectional study conducted by Yamatani (1988) of a large manufacturing firm found that nearly 36% of the company's work force reported experiencing problems in which a work site intervention could have improved job performance. While there is an obvious discrepancy between estimates of problematic employees and what EAP experts deem an acceptable utilization rate, these statistics obviate an EAP rule of thumb – the higher the EAP utilization rate, the more successful the program.

According to one recent study, the calculation of utilization rates varies greatly among organizations. Csiernik (2003), in his study of 154 Canadian EAPs, found that of the 102 companies responding to items concerning utilization, there were 19 different methods used to calculate EAP usage rates. He asserted that while EAPA recommends a new statistic be devised and used consistently across programs, a more comprehensive schema should be developed. He proposed a system, The EAP Utilization Scorecard, that requires more complex tracking of both persons eligible for services (sometimes referred to as covered lives, and often including workers' family members) and total EAP activities (including prevention initiatives). Csiernik (2003) admitted this system, which yields three utilization indices instead of one, is more complex, but it provides a more "comprehensive and holistic picture of what the EAP actually does" (p. 58).

Certain organizational factors and conditions may encourage EAP utilization. In his review of the literature, Weiss (2003) summarized the findings of studies that examined usage rates. He contended most prior research had focused on supervisory variables, and invariably found that supervisors were more likely to make referrals when they were aware of the program (Beyer & Trice, 1978); understood how it operated (Harris & Fennell, 1988); and considered the program effective. Weiss's (2003) study instead investigated organizational variables, and found that distribution of program procedures to all employees, training of front-line supervisors, and higher EAP staffing levels were related to elevated EAP utilization rates.

There is a paucity of research on those factors that enhance utilization from the workers perspective. Reynolds and Lehman (2003) were primarily interested in conditions that encourage the substance abusing worker to access the EAP. Their study compared data collected from substance users and non-users. Workers who reported they used substances seemed more resistant to utilizing the EAP than did workers who said they did not use substances. But, for both groups, willingness to seek out EAP services was related to: awareness of the program and the referral process, support for the organization's drug and

alcohol policy, intolerance of co-worker substance abuse, and the perception of high work-group cohesion. Another study with EAP user and non-user participants (Harlow, 1998) found peer support to be related to a positive perception of the program. Regression analysis also supported that perceived confidentiality, and the belief that using the program would not negatively affect one's career influence attitudes toward the EAP.

2.2.2. Demographics of EAP clients

2.2.2.1. Gender.

Until recently, most EAP literature has focused on men, particularly in blue collar or managerial occupations. Women have been notably absent, except in studies on spousal accommodation to male workers experiencing job-related stress. Perhaps one of the few exceptions to this dearth of information about women is in the area of stress in nursing occupations. For the most part, however, these studies have been conducted in the stress research arena, rather than under the aegis of EAP research. The recent attempts of business and industry to respond to the changing nature of their workforce caused by the rapid influx of women into the labor market over the past two decades has begun to surface in the EAP literature, although results are often inconclusive and contradictory. With women comprising over 45% of the labor force, concerns about factors that affect women's health and its impact on work performance have increased (Kline & Snow, 1994). Much of the literature and research focuses on career and professional women, and not low-wage earners. However, because some findings do address the added pressures women experience as result of their dual-roles as earners and family caretakers, a brief review of this literature is relevant to the topic.

Women tend to use EAP services more frequently than men. (Blum & Bennett, 1990; Blum & Roman, 1992; Ramanathan, 1992; Thomas & Johnson, 1994; Yamatani, 1988). A 1991 survey study of one large organization reported female respondents, even those who had not used the EAP, tended to report more problems and to perceive their problems as more severe than men (Hall et al., 1991). The four most frequently cited pressures were: role overload due

to the added stress of family responsibilities and work, especially for single mothers; sexism in the workplace which bars women from crucial political networks necessary for advancement; unrewarding and demanding work; and work environments in which drinking is condoned or expected (Nelson & Hitt, 1992; Shore, 1990). These factors resulted in increased anxiety, frustration, and depression, as well as a deterioration of physical heath.

Although the prevalence of alcohol consumption has risen among women, men are more likely than women to be problem drinkers or alcoholics. Recent studies indicate that working women may consume more alcohol, but they do not seem to have higher rates of heavy drinking or alcohol problems than women who work only in the home. It may be that drinking patterns among women are changing, and that younger women may drink more often and frequently. Shore (1992) found that women who were between 21 and 29 years old in 1979 reported a higher rate of heavy, frequent drinking than did women in the same age group in 1964 and 1967. Shore acknowledged that during this same 15 year time-span, a large proportion of women entered the workforce and assumed dual roles of worker and homemaker, but did not address how role conflict or added stress may have influenced their higher rates of alcohol consumption.

2.2.2.2. Race/Ethnicity.

Very little EAP literature examines possible differences in utilization rates according to race/ethnicity. Many studies fail to even report the racial composition of their samples. Yet, workforce diversity is cited as one of the major socio-cultural trends influencing the nature of modern EAP service delivery and programming. The ethnic composition of the labor force is approximately 72% Caucasian, 12% African American 12% Hispanic, and 4% Asian. Over the next ten years, the proportion of minority workers is expected to grow dramatically, with the greatest increase among Hispanics and Asians (Lucas Group, 2004). However, program

descriptions and outcome studies of interventions designed to meet the needs of minority workers are almost totally lacking.

Research that has considered race/ethnicity as a factor is inconclusive and conflicting. For example, some EAP analysts suggest that minorities are less likely to utilize EAP services (Gray & Lanier, 1985, cited in Zarkin et al., 2001), while Yamatani's study (1988) concluded that race was not correlated with EAP usage. In contrast, Masi (1992) contended that minorities may be more willing to use EAPs than traditional mental health services.

Several studies may support her claim, but are difficult to evaluate, as they do not report the racial/ethnic composition of the workforce. For example, Blum and Roman (1992) collected data on 6,400 employees from 84 diverse work sites. In this sample, 22% of the EAP users were African American, and Asians and Hispanics comprised two and five percent of the EAP users respectively. However, they did not report the racial/ethnic make-up of the work sites. Bayer's study (1995) of the effectiveness of family therapy reported that 27% of the EAP caseload was comprised of African Americans, and one percent was Hispanic. He noted that these demographics reflected the local population of the rural Midwestern area, but did not report how they compared to the workforces of the participating organizations. Another study reported that 15% of the sample was minority, nearly all African American (Thomas & Johnson, 1994). Finally, Hall et al. (1991) reported that almost 23% of the sample was African Americans. Again, Hall et al. did not mention the demographic make up of the company itself. The authors found that when race, sex, and age were considered together with other variables, these demographics did not predict the likelihood of EAP services use.

2.2.2.3. Socioeconomic status (SES).

There is very little EAP research that delineates socioeconomic status as a central variable, and findings from these studies are inconsistent as well. Nonetheless, Harrison Trice (1992) makes the following statement:

> Although drinking –sometimes rather regularly and heavily – is more prevalent among those of higher social status, drinking *problems* are more prevalent among the poor (p. 109).

While Trice cautioned that employers who actively recruit from this population will likely be hiring more alcohol abusers, he did not present any research supporting his contention. A more cogent discussion of the issue is offered by Martin (1990, cited in Roman, 1990). He suggested that ascribing higher rates of alcoholism to lower classes is due largely to methodological limitations. Early studies relied on populations of alcohol abusers in clinical or institutional settings, in which the working class were likely to receive treatment. Middle and upper class alcoholics typically utilized private facilities. Additionally, the finding that most identified alcoholics were found in lower classes may have reflected the carry-over effect of non-rewarding and stressful work. Martin also argued that earlier studies' focused only on broad occupational categories, such as blue vs. white collar, provided little information about non-alcoholics who labored in these same occupations, and also failed to consider variations in job and workplace characteristics.

Employee characteristics such as education, wages, and occupational status are cited in some EAP literature, perhaps because they are on record in companies' personnel files, and are therefore accessible. The case can be made in general, but certainly not universally, that these are proxy variables for SES. For this reason, relevant literature identifying one or more of these other variables is briefly presented.

Hall et al's. (1991) study of the likelihood to use EAP services found that respondents from lower income levels reported experiencing more problems and rated them as more severe than those from higher incomes. However, there was no relationship between educational level and problem recognition, problem severity, and additional personal problems. Conversely, in Blum and Roman's study (1992) of 6,400 employees, those with lower educational attainment who received service from EAPs were more likely to be *assessed* by the counselors as having problems related to alcohol. The researchers did not report how the clients *presented* their

problems at intake. This may support other research regarding discrepancies between client-presented and practitioner-assessed problems, but there is no substantiation that practitioner bias can be ruled out.

In their study of the prediction efficacy of the Michigan Alcoholic Screening Test (MAST), Thomas and Johnson (1994) reported some demographics of a population of 206 EAP clients either self-referred or referred by supervisors to internal and external EAPs for addictive problems. Fifty-nine percent of the clients had a high school diploma or less, while 41% had at least an associate degree. The business and professional job categories comprised the largest percentage of EAP clients at over 30%, with the technical job categories next highest at 18%. The implications of this study are limited, however, by the lack of demographic reporting, which precludes a comparison of the study's participants' characteristics to the larger population.

Zhang and Snizek (2003) used a merged data set from the Department of Labor and the National Household Survey on Drug Abuse (NHSDSA) survey consisting of 7,477 full time workers. One of their findings was that workers in occupations such as construction, food preparation, helpers, and laborers have higher rates of illicit drug and heavy alcohol use than do managers and white collar workers. They suggested that one possible explanation for this difference in use of substances is that the former group of workers hold low-status occupational positions and may resort to drugs and heavy alcohol use as an outlet. Studies like these may provide some support for Trice's (1992) contention that certain occupations with higher rates of heavy alcohol use may attract workers of a lower socioeconomic status, but this tells us little about the extent to which these workers use EAP services, or if they even have access to them.

2.2.2.4. Occupational groups.

As Zhang and Snizek's (2003) findings discussed above suggest, occupation and economic status are often correlated, so there was an overlap in the literature that looked at EAP usage based on occupational group. Most of the studies found that addressed EAP

utilization by occupational status were in the area of alcohol abuse. Trice (1990) reviewed three different theoretical perspectives that attempted to predict causality in work-related problems associated with alcohol. He noted that generally for organizations, administrative policies regarding drinking do impact workers' consumption patterns, and that they varied among organizations. In some, temperance was the norm, while in others a corporate culture inadvertently encouraged drinking.

Trice (1990) presented several studies supporting the *cultural perspective* of occupational drinking patterns. Research in this area suggested that those employed in organizations in which workers were heavily dependent on work-based support networks drank more heavily than those without social support. The *social control* approach theorized that workers who were not integrated into or regulated by a work organization, such as traveling salespeople, were more at risk for developing alcohol problems due to the absence of supervision and low visibility of job performance. The third perspective, *alienation,* asserted that work roles that lack creativity, variety, and independent judgment can result in a sense of dissatisfaction and powerlessness. Workers experiencing these negative emotions learn to relieve them through drinking. Trice found that most researchers have concluded that the relationship between job satisfaction and drinking is not strong, but that there is a correlation between drinking and powerlessness.

There is evidence that problem drinking is more prevalent in certain types of occupations. For example, Stinson et al.'s (1992) epidemiological bulletin compiled from the 1988 National Health Interview Survey, presented the prevalence of alcohol problems among specific occupations. A total of 43,809 individuals participated in the survey. These data indicated that bartenders, brick masons, car and equipment washers, and aircraft engine mechanics had the highest rates of alcohol abuse or dependence. Interestingly, only rates for men were reported in these job clusters, as women were almost non-existent in these

occupations. Conversely, rates of alcohol problems were almost absent among radiologic technicians, telephone operators, and LPNs, primarily female-dominated occupations. Statistics for men were not reported in these occupations due to their low numbers (Stinson et al., 1992).

Zhang and Snizek's (2003) study of 7,477 full-time workers found that nearly all blue-collar occupations "have proportionately more full-time workers who are current heavy drinkers when compared to full-time workers in white-collar occupations" (p.402). While these studies suggest that workers in certain occupations seem more likely to abuse substances, they do little to illuminate if these workers have higher rates of EAP use than other workers.

Studies and reports that specify utilization rates by occupation, and do not focus exclusively on alcohol use (these are rare) indicate that usage rates vary as a function of the type of industry and the composition of its workforce. One hospital-based EAP (UPMC, 1999) reported that clerical personnel comprised the highest percentage, 23%, of new clients for the year, and nursing and service staff had the next highest rates at 14% each. Health professionals other than nursing comprised 19% of the new client caseload, technicians 11%, managers 7%, and craft workers 2%. A report from a large university EAP (University of Virginia, 1999) which also contained a health service unit, found that clerical, service, and technical employees each comprised approximately 15% of the EAP caseload, health care personnel represented about 23%, management close to 17%, and faculty less than 3%. Faculty, which made up 16% of the workforce, were the most underrepresented occupation in the EAP caseload. At another large university estimated to employ 3,800 faculty and 5,450 staff, an EAP was designed specifically for academic personnel. A study of this program (Yamatani, Santangelo, Maue, Heath, 1999) reported the occupational distribution as: support staff 38.1%, administrators 27.8%, faculty, 9.5%, researchers 10.3%, and all others 14.3%. The study did not report how these respondent demographics compared to those of the EAP caseload, but did note that the utilization rates were 1.5% for faculty and 5.4% for staff.

2.2.2.5. Age.

The U.S. labor force is aging (O'Toole & Pannen, 2002). The median age of workers is almost 40, and the fastest growing segment of the workforce is 55 years or older. This has been noted by EAP analysts as a trend that has implications for the type and delivery of EAP services. As older workers plan for full or partial retirement, some EAPs have become involved in pre-retirement planning (Perkins, 2000). Roman (1990) cited this aging trend as a major macrosocial force that will significantly influence the workplace. His analysis suggested that as society continues to age, our youth orientation will wane, and younger groups will be less influential in shaping attitudes. He also posited that drinking patterns are correlated with age, and that older workers drink less. These related dynamics may result in a growing intolerance of excessive alcohol consumption.

Increased life-expectancy also has implications for increasing numbers of workers who will be caring for elderly relatives. A review of relevant literature by Dellman-Jenkins et al. (1994) found that individuals with these responsibilities were most often in their 50s, had a dependent child at home, and were employed. According to their findings, employees with elder care commitments were also more likely to become ill, reported increased rates of depression and sleeplessness, and frequently conveyed negative feelings such as anger, anxiety, and self-blame. These findings support business and industry's need to increase support for those attempting to balance employment and elder care responsibilities.

2.3. EAP REFERRAL PROCESSES AND HELP-SEEKING BEHAVIOR

An employee can reach the EAP through a number of routes. First, the worker can initiate the contact – a "self referral." In this case, confidentiality is maintained, and no one else in the organization is informed unless the employee gives consent. Another path is through the supervisor, who can require that the employee attend the EAP. In this case, the EAP generally provides some feedback to the supervisor. Some organizations distinguish between mandated

and recommended supervisory referrals, but reporting procedures vary. In most organizations, Human Resources can make referrals, as well as the Medical Department.

There is a controversy within the EAP profession regarding mandated referrals by supervisors. Blum and Bennett (1990) contended that supervisors are central to the proper functioning and effectiveness of EAPs by providing a procedure for the early identification and treatment of workers whose problems affect their performance. This view has been accepted by the Employee Assistance Professionals Association (EAPA) as a core technology. It specifies that EAPs provide training, support, and consultation for supervisors in identifying performance problems and constructively confronting employees who exhibit them. Constructive confrontation involves bringing a documented work deficiency to the employee's attention while simultaneously offering coaching to improve performance. The individual is urged to use the EAP for any personal problems, and the consequences of continued poor performance are stressed. Constructive confrontation is an incremental process which begins with informal discussion and encouragement, and progresses through standard disciplinary actions if there are no gains in performance. In theory, this approach removes supervisors from a diagnostic role for which they are not equipped, and restrains them from becoming embroiled in the subordinate's problems. It is thought that the gradual acceleration of sanctions combined with offers of help serve to break the cycle of denial characteristic of alcoholism and other stigmatized problems, increasing the probability that the employee will seek help (Sonnenstuhl, 1992).

Others in the field are uncomfortable with the constructive confrontation strategy. The Employee Assistance Society of North America (EASNA) argues this tactic verges on intimidation, and should only be used as a last resort. The group points to the numerous successful labor-sponsored EAPs in which management plays no part to support their contention that the supervisor's role in the helping process should be minimized (Harley, 1991).

Most workers, regardless of the nature of their problems, do initiate contact with the EAP on their own (Blum & Roman, 1992; Sonnensthul, 1992). Of the various studies reviewed, (Blum & Bennett, 1990; Blum & Roman, 1992; Harley, 1991; Shumway, et al., 2003; Sonnensthul, 1990, UPMC, 1999) supervisor referrals accounted for between ten to 14% of the EAP caseload. There seems to be a growing preference among organizations for self-referral over supervisor referral, based on the premise that the former is more indicative of motivation and readiness to deal with one's problems. In addition, high rates of self-referral are interpreted as confirmation that the EAP is well-publicized, has strong union support, and is trusted and respected by the organization's workers (Harley, 1991; Sonnensthul, 1992).

Research findings on supervisor responses to problem behavior are contradictory. For example, some studies suggest that at least in cases of drug and alcohol addiction, supervisors only use confrontation as a last resort, if at all (Blum & Bennett, 1990; Donohoe, Johnson, Stevens, & Taquine, 1998; Foote, 1990; Googins, 1990; Harley, 1991). Some theorists suggest that part of this lag between performance and supervisory action is because in its early stages, alcoholism doesn't produce job performance deficits serious enough to warrant confrontation (Foote, 1990). Others blame lack of supervisory training and support for the late stage at which employees reach the EAP (Googins, 1990). Some alternative explanations supported by research include: supervisors actually prefer that employees refer themselves to the EAP (Blum & Bennett, 1990); supervisors tend to ignore worker problems, or exhibit a high tolerance for even severe job impairment until a serious incident triggers a referral (Harley, 1991); and the lack of awareness of one's own anxiety when faced with the prospect of confronting a problem employee actually deters supervisors from confrontation (Donohoe et al., 1998). While more intensive supervisory training and support seem like reasonable solutions, research has been unable to identify what types of training strategies improve supervisor responses to their subordinates' problem behavior (Gerstein, 1990; Harley, 1991, Roman & Blum, 1996).

There is evidence that workers with alcohol and substance abuse problems are more likely to be referred by supervisors than they are to self-refer. Thomas and Johnson (1994) administered the Michigan Alcoholism Screening Test (MAST) to 206 EAP clients. Those referred by supervisors were twice as likely to score in the "likely alcoholic" range than those who self-referred. Blum and Roman (1992) found that supervisor referrals to EAPs were more than twice as likely for clients with alcohol problems than for clients with other problems. In this same study, self-referral was less likely for those with alcohol-related EAP assessments.

This discrepancy in assessed alcohol-related problems between self and supervisor-referred clients is partly attributed to the denial inherent in addiction – those suffering from addiction are probably less likely to self-refer (Sonnensthul, 1990). Based on studies suggesting nearly 30% of workers treated in EAPs are abusing substances (Blum & Roman, 1989, Cunningham, 1994), Masi (1997) recommended that a 25 to 30% assessment of cases involving substance abuse should be a minimum guideline for EAPs to follow. She suggested that there are often low numbers of alcohol and drug cases diagnosed, and that when the assessed problem rate is the same as the presenting problem rate, it may signal that counselors are allowing their clients to self-diagnose. Blum and Roman (1992) proposed that some counselors may not possess adequate skills or have not been appropriately trained to detect alcohol problems. They may also not have access to sufficient information to allow accurate diagnoses, especially when employees present as a self-refer, making supervisory consultation impossible.

Undocumented, informal supervisor referrals may exceed the formal referral rate. In one study, 10% of the supervisors reported a mandated supervisory referral, while another 10% said they made a significant effort to connect the employee with the EAP (Harley, 1991). But because EAPs often lack consistent procedures for determining the source of referrals, workers who come to the EAP as a result of their supervisor's prodding may be recorded as a self-referral (Sonnenstuhl, 1990). It is also likely that EAP counselors may lack the time and

motivation to solicit in-depth information from clients about how they came to seek help (Blum & Roman, 1992). Having been encouraged to seek help from the EAP, the individual may be hesitant to admit a job performance, disciplinary, or substance abuse related problem. This omission could potentially lead to a misdiagnosis, or an assessment that is refuted by the client (Blum & Bennett, 1990).

EAP intake categories such as self versus supervisory referral may not reflect the complexity of help-seeking behavior. Self-referrals can also include those who seek the advice of friends, family, co-workers, and supervisors, who subsequently encourage the individual to seek help from the EAP. In their study, Blum and Roman (1992) found that other individuals, especially supervisors, played a larger role in how workers arrive at the EAP than formal records indicate. They contended that the influence of others played a part in almost 75% of the EAP clients in their study.

Help seeking behavior is a complex process involving the interplay of many diverse factors. In addition to internal characteristics which affect readiness to deal with one's problems, many other variables are also at play. According to Sonnenstuhl's (1990) comprehensive review of help-seeking behavior theories and studies of these dynamics as they are observed in the workplace, these factors include the visibility of the worker's problem, the degree of stigma associated with the problem, the tolerance level of the worker's network for disruptive behavior, and the extent of the worker's social distance from the peer group (a detailed discussion of these interactions is beyond the scope of this endeavor). Sonnenthul concluded that few employees reach the EAP without receiving some type of advice, whether requested or not. He cautioned that referral to the EAP is just one possible outcome of the interactions between employees and their social networks. Some employees may choose to seek professional help outside of the workplace, while others – perhaps most – learn how to manage their problems with the support of their social network.

2.4. WORKER PROBLEMS

This section discusses those problems most often treated by EAPs. For the sake of coherency and organization, they are presented separately. However, it is important to emphasize what an abundance of empirical study has demonstrated: problems are often interrelated, and the manifestation of external symptoms sometimes occurs when the individual can no longer cope with internal distress.

2.4.1. Substance abuse

EAPs evolved to specifically address the needs of alcohol-abusing workers. This problem still constitutes the major focus of today's EAPs. Much of the material discussed thus far has been in the context of the prevalence and treatment of workers with problems related to the abuse of alcohol and/or other substances. The Office of Applied Studies (1997, cited in Chan, Neighbors, & Marlatt, 2004) estimates that 78% of individuals who drink heavily are employed full time. While it is difficult to precisely project the cost of these workers to business and industry, alcohol abuse has been linked to work injuries, decreased productivity, increased health care costs, and poor attendance (Blum & Roman, 1989; Matano, Futa, Wanat, Mussman, & Leung, 2000).

Research suggests employees with substance abuse related problems may comprise as much as one-third of EAP caseloads (Blum & Roman, 1989; Cunningham, 1994; Masi, 1997). The inherent denial associated with substance abuse, combined with the disease's negative impact on and interaction with so many other facets of mental and physical health and other areas of functioning, often clouds the diagnosis process. This is supported by findings that suggest discrepancies between the client-presented and counselor-assessed problems of EAP clients are not uncommon. Several studies found that practitioners diagnose substance abuse more often than clients presented with the problem (Blum & Roman, 1992; Masi et al., 2000), but other analyses supported the opposite that a large percentage of substance-abusing

workers are not being detected by their EAPs (Chan et al., 2004). Reviewed studies that either reported percentages of EAP caseloads devoted to drug and alcohol treatment, or conducted needs assessments among their caseloads to assess problem prevalence ranged from under 2% to over 19% (Bayer, 1995; Blum & Roman, 1992; Lawrence et al., 2002; UPMC, 1999; Yamatani, 1988).

The percentage of the total EAP caseload devoted to alcohol and drug-related dysfunctions does not constitute the majority of problems handled by the programs, but they are considered to take more time to treat and resolve. In a survey conducted by Blum and Bennett (1990), 54% of the EAP administrators estimated that these problems consumed more of their time than other problems. After-care, follow-up, and monitoring are additional components of effective substance-abuse treatment which add considerable time and effort on the part of practitioners.

2.4.2. Mental health problems

Emotional and psychological concerns comprise another major problem category handled by EAP programs, yet it is difficult to extract statistics on percentages of workers accessing services for these issues. The lack of consistent assessment, diagnostic, and reporting procedures across EAPs complicate this process (Patrick, 1990). For example, an annual report of a large health service provider (UPMC, 1999). listed depression, mental health, and anxiety as separate problems. Other studies did not make these distinctions, but used the more general categories of emotional or psychological problems (Shumway, Wompler, & Arredondo, 2003; Yamatani, 1988).

Two additional and related factors further compound the difficulty of estimating the prevalence of mental health issues among workers who access EAPs (Shumway et al., 2003). First, how the worker defines the issue when presenting at the EAP influences the assessment and intervention process. For example, a worker suffering from depression who is also experiencing work-related stress may describe the discomfort in terms of work, and be

evaluated as such by the EAP, with appropriate treatment to follow. Second, as mentioned previously, human problems are interconnected. It is possible, in fact likely, that depression and work-related stress are correlated.

With these caveats noted, Lawrence, Boxer, and Tarakeshwar (2002) in their study of employees of a small rural city found that 30 % of their sample had experienced depression during the past year, and 21% reported nervousness and/or anxiety. In another study, nearly two-thirds of the 3,600 clients of a large EAP reported considerable psychological distress (Shumway et al., 2004). Similarly, a 1992 study by Blum & Roman found substantial depression among EAP clients. Nearly half of the subjects scored in the moderate to severe range of the Beck's Depression Inventory. The EAP counselors in Blum and Roman's study ranked psychological-emotional problems as the most prevalent problem category, affecting nearly 44% of the clients. Comorbidity of alcohol and mental health problems, especially depression, is surfacing in EAP literature. In this same study, 61% of those defined as having alcohol problems also had moderate to severe depressive symptoms as compared to 48% of those with no alcohol problems.

2.4.3. Family problems

EAPs also treat employees affected by the added strains of family life. Individual services, prevention-oriented workshops in areas of child development, dealing with aging parents, and stress management are some of the services offered. Most EAPs work with employees struggling with problems of family members, and some include families impacted by the employee's problems in part of the treatment plan.

Estimates of the prevalence of family-related problems vary widely. For example, in Yamatani's study of EAP utilization and worker problems in a large manufacturing firm (1988), approximately 9% of workers self-reported problems of a family nature, whereas in Shumway et al.'s study, (2003) close to two-thirds of the sample reported that they needed services for family problems. Blum and Roman (1992) found that 21% of EAP clients were assessed by EAP

counselors as being troubled by the alcohol and drug problems of their family members. In Bayer's evaluation (1995) of the efficacy of marital/family therapy, 36% of the cases either presented at the EAP as family-related or were diagnosed as such early in the treatment process. These cases included couples and families impacted by substance abuse, marital dissention, acting-out behavior in children, grief and loss, incest, sexual abuse, domestic violence, financial and legal difficulties, and medical problems.

Cunningham (1994) estimated that family problems, including marital discord and parent-child conflicts, comprise up to 50% of EAP caseloads. She also noted that EAP data indicate increases in clients who present with problems associated with growing up in alcoholic or otherwise dysfunctional families. One cannot conclude from these data that most, or even a sizeable percentage of EAPs, actually offer family counseling as part of their service package (Bayer, 1995). There is, however, some evidence of a shift toward treating families. Foote et al. (1994) described an EAP intervention actively involving family members in the follow-up treatment of alcoholic workers. Yet, there seems to be a lack of consensus among worksite programs as to how the family members should participate in EAP services (Bayer, 1995).

2.4.4. Stress

It is an accepted fact that unhealthy stress levels are detrimental to both physical and mental health. Stress has been identified as a major contributor to employers' skyrocketing medical expenses, and costs associated with employee non-productivity, absenteeism, and turnover (Murphy et al., 1992; Nissly & Mennen, 2002). Increasingly, companies are turning to EAPs to help stem the tide of this financial escalation; EAPs, in turn, have responded by incorporating stress interventions into their service packages. In a national survey of EA professionals, problems related to stress comprised 23% of the study participants' caseloads (EAPA, cited in Nissly & Mennen, 2002).

While the causes and effects of stress on the work and family lives of low-wage workers are notably absent from the literature, the prevalence and incidence of stress-related diseases

are higher among those in lower socioeconomic levels. For this reason, a brief overview of the literature on stress is included, followed by a discussion of the additional stressors attributed to the low-wage market sector.

2.4.4.1. Work, life, and "spillover" stress.

The body of evidence substantiating stress as a variable impacting both job and personal functioning is abundant (Nissly & Mennen, 2002; Trice, 1992). Instead of focusing on specific occupations for incidence and prevalence of work performance problems, the trend in stress research has shifted to studying factors such as job satisfaction, complexity, and control in conjunction with the worker's personal characteristics and non-work experiences. Some of these findings hold particular relevance for this study

There is also evidence that suggests stress which originates in one or the other spheres of functioning is often not contained there – job stress can impact workers' personal lives and vice-versa (Eckenrode & Gore, 1990; Nissly & Mennen, 2002). This section of the review of literature briefly presents major stress concepts, and summarizes the findings in areas which seem pertinent to the work and living conditions of lower-wage workers.

Hans Seyle, the groundbreaker of stress research, described stress as the "non-specific result of any demand upon the body" (1976, cited in Ramanathan, 1991). In an attempt to adapt to these demands, known as stressors, biochemical changes are set in motion. Barling (1990), in his comprehensive analysis of stress literature, isolated three types of stressors. The first are chronic, which are long-lasting, repetitive, and their onset is difficult to determine. Job insecurity, conflict between work and family, and a noisy work environment are examples of chronic stressors. Daily stressors, the second category, are usually of shorter duration, may occur frequently, and have an identifiable onset. Examples of these daily stressors include criticism for work performance, an argument with a family member, and missing the bus. Acute stressors also have a specific time of onset, and are of short-term duration, but unlike daily

stressors, they occur very infrequently. Being fired or laid off, the death of a loved one, and a workplace disaster are examples of acute stressors. Barling (1990) also posited that a meaningful model of stress and its impact on an individual must account for context. For example, while a supervisor may rarely criticize a subordinate, there may be on-going tension between the two – in other words, a chronically stressful condition. Similarly, getting fired could be the end result of a chronically unproductive relationship between the worker and employer.

The accumulation of strain, the individual's physiological, affective, or behavioral response to a negatively perceived stressor (Thoits, 1987, cited in Jackson, 1993), may have serious implications for work and life satisfaction, and even health. The workplace is a major source of stress for many Americans. Seventy-two percent of workers surveyed in a 1991 study conducted by the Northwest National Life Insurance Company reported experiencing frequent stress-related physical or mental conditions. According to the company, the percent of stress-related disabilities increased from six to 13% from 1982 to 1991 (Murphy et al., 1992). The American Institute of Stress (cited in Nissly & Mennen, 2002) found that stress is responsible for over half of the 550 million workdays lost each year and that about one million workers are absent each day due to stress. In addition to physical symptoms, work strain has also been found to contribute to poor mental health. Some of the work conditions associated with this strain are jobs which are boring, overly demanding, or demeaning, work loads over which the employee has little control, threats to job security, pay inequity, ambiguous or conflicting roles, and unfair management practices (Murphy et al., 1992; Ramanathan, 1995). All of these unsettling conditions are characteristic of many of the positions in the low-wage sector.

Research has found a relationship between worker dissatisfaction and stress, and evidence that dissatisfied workers have higher rates of absenteeism and job turnover (McKee et al., 1992; Ramanathan, 1995). There is also a positive relationship between life and work stress and evidence that family stress is negatively correlated with job satisfaction

(Ramanathan, 1991). Family-related stress has also been shown to be associated with absenteeism and tardiness, job commitment, work tensions, productivity, and promotions (Felner et al., 1994). Eckenrode and Gore (1990) point out that although a bi-directional flow of stress between work and family is "intuitively sensible, interesting, and relevant to an increasing share of the population" (p. 2), research shedding light on the conditions and processes by which this transmission occurs lags behind.

A meaningful model which explicates stress transmission between work and personal life must take into account individual characteristics as well as mediating and moderating variables (Barling, 1990; Eckenrode & Gore, 1990). For example, gender seems to influence both the degree of stress experienced under various work conditions, as well as the manner in which the stress symptoms are expressed within the family arena. There is evidence that women may be more reactive to stress across roles (Wheaton, 1990), and men seem more likely to compartmentalize stress (Weiss, 1990). These findings have implications for how to effectively reach and treat male and female workers. Similarly, social support has been found to moderate the effects of stress in both the work and home environments, and may also buffer the spillover of stress from one to the other (Eckenrode & Gore, 1990).

2.4.4.2. Stress and the low-wage worker.

Low-wage earners are more likely to experience higher job stress than other workers. The lack of adequate compensation is a stressor in itself, and likely contributes to a particular cluster of strains related to economic hardship. Low-wage jobs are often physically demanding, and allow the worker little control and autonomy. There is also evidence that many occupations in the low-wage sector are actually more dangerous to workers' physical health. Stellar (1988) studied official workmen's compensations claims, which represent a fraction of the actual injuries and illnesses sustained on the job. He concluded that low-wage workers are overrepresented in

work-related injuries and illnesses, and notes that occupational diseases, such as those caused by exposure to toxins, are virtually unrecorded.

Job insecurity is another potential peril for low-wage earners, a predicament unlikely to abate until the economy generates more employment opportunities. Zhang and Snizek (2003) showed that a lack of steady employment is related to increased drug and alcohol use, which they attributed to the heightened stress levels caused by the lack of job security. Another common characteristic of the low-wage sector is shift work, or work that requires non-standard hours. This creates a cluster of stressors which may spill over into family functioning. For example, in their study of low-educated women, Presser and Cox (1997) found that having more than one child, and having a child under age five increases the likelihood of working non-standard hours, with the chances increasing for single women. The most common reason respondents gave as their reason for working these hours was that they "could not get another job" (pg. 29). The researchers also found that employment in certain occupations, such as nurse's aides, janitors, orderlies, and personal care attendants increased the likelihood of non-standard hours. Presser and Cox concluded that the need for these types of jobs will grow in the future, implying that low-educated mothers will increasingly be working nonstandard hours. More women will be faced with the daunting tasks of arranging child care and alternative transportation to work. They will have less time available for both themselves and their families, and more responsibilities with less time to attend to them (Menaghan & Parcel, 1995).

These added pressures often make it difficult for low-wage earners to remain attached to the workplace. For many, the only alternative to working is welfare. Qualitative studies conducted with poor women with a current or past history of welfare recipiency eloquently document the often overwhelming tensions and strains they experience while attempting to juggle home and work. In *Making Ends Meet,* (Edin & Lein, 1997), the authors described a feature article appearing in the New York Times (DeParle, 1994 cited in Edin & Lein, 1997). The story chronicled the life of a single mother of four who left welfare for a job at $8.00 hourly which

allowed her to work up to 60 hours per week. She arose at 3:30 each morning to dress and feed her children, and transport them to the babysitters. She then drove to work, where her day began at 6:00 am. The woman worked an average of 50 hours weekly, netting approximately $1600 monthly. Considered a welfare "success story," after the added expenses she incurred due to working – an increase in rent, car and insurance payments, child care, and payment of a student loan – this low-wage worker had only $800 monthly to feed, clothe, and provide the necessities for her family of five. The article's author poignantly concluded that the mother was, and would most likely remain, "one sick child away from destitution" (p. 2).

The working single mothers in Edin and Lein's study (1997) spent about $2,300 more per year on child care, transportation, medical expenses, and clothing than their non-working counterparts. The authors estimated that in order to maintain the standard of living they had established on welfare, these women would have to earn between $8 and $9 hourly, an estimate not adjusted for the year 2004, and still a higher wage than many unskilled working women have achieved.

Stress spillover from work to family, and vice-versa, is common. It occurs in both directions, and is not bound by gender or social class (Eckenode & Gore, 1990). In a study of the spillover effects of stress on 389 married blue collar female workers (Bromet et al., 1990), 56% reported some form of spillover, in one or both directions, with over half reporting spillover in both directions. Respondents who reported any type of spillover also reported more depressive and anxiety symptoms and tended to drink more. The authors concluded that spillover intensified the effects off stress which originated from both work and family domains. Emmons et al. (1990) studied professional women with much higher incomes. A third of them felt their careers suffered due to family responsibilities, and the majority was concerned that their work might negatively affect their children.

Hall et al.'s (1985) study found that unemployed women with poor social networks were at much greater risk of high depressive symptoms than employed women with low network

support. Acknowledging that the depressive scores of their entire sample were high, they suggested that for women lacking network ties, employment may serve as a substitute for a lack of personal support, provide relief from stress in the home, and enhance feelings of competency.

Menaghan and Parcel's studies (1991, 1995, 1997) resulted in somewhat different conclusions. They were concerned with the impact of maternal employment on the home environment these women created for their pre-school children. Using the National Longitudinal of Youth Survey (NLSY) data, they drew heavily on stress theory and research suggesting that the typical characteristics of undesirable jobs – low control and complexity, diminished occupational status, and inadequate compensation and benefits – exacerbate psychological distress. This additional strain has negative consequences for parent-child interactions. The researchers consistently found support for their a priori hypothesis that low job complexity (i.e. little self-direction and variety) was significantly related to deteriorating home environments. This was the case even when controlling for age, education, intelligence, and sense of control.

Regardless of employment status, poverty is strongly associated with compromised physical and mental health, inadequate housing, and strained family relationships. Research suggests that the poor suffer from a "pile up" of multiple stressors (Vosler, 1996, p. 176), most of them chronic in nature. There is evidence that economic hardship exacerbates family tensions and conflicts and is associated with increases in irritability and anger (Whitbeck et al., 1997). Taylor (1997) reviewed findings from numerous studies which support correlations between economic hardship and a variety of forms of psychological distress. For single female heads of household – who are overrepresented among the poor in general, and who comprise nearly 20% of the working poor – the struggle for economic survival can be especially intense and perpetual (Bennett, 1988).

Chronic poverty is also associated with poor cognitive and socio-emotional outcomes for children. Undoubtedly, more research is needed to illuminate the causes and correlates of cognitive, emotional, and behavioral difficulties in children. However, for purposes of this research, the fact remains that children with problems cause problems for working parents. For poor parents, the majority of whom labor in low-paying, often demanding and unsatisfying jobs, the added stress of problematic children is especially deleterious. Unlike their counterparts employed in higher paying positions with benefits such as paid time off and less restrictive personnel policies, poor parents in low-wage jobs must often choose between attending to the well-being of their children or keeping a job in order to provide for their physical needs.

Work-related failures and setbacks such as lay-offs, terminations, cutbacks in hours, and demotions, threaten financial well-being and undermine the worker's self-concept as competent and valued. These risks and adversities are much more characteristic of the low-wage market than they are of other occupational groups. Just as work influences functioning in the personal arena, overload and hardship at home carry over into the workplace (Eckenrode & Gore, 1990). While the accelerated stress associated with working while in poverty is relatively undocumented, it seems reasonable to conclude "that the working poor must simultaneously grapple with the negative effects of poverty and the stressors associated with work" (Rocha, 1997 p.335).

2.4.5. Other problems, programming, and services

EAPs also assist employees with work-related issues such as conflicts with coworkers and/or supervisors, and those experiencing difficulty adequately performing their jobs. The field's lack of consistent assessment and data collection procedures combined with the diversity of industries and settings in which EAPs are located make it difficult to discern how much of the EAP caseload involves these types of issues. For example, the annual report of one large health care institution (UPMC, 1999) reported that work related/other problems comprised the

largest proportion, or 24%, of its new client caseload. In addition to interpersonal problems with co-workers or supervisors and job dissatisfaction, this category also included work-related stress and difficulty balancing work and family, problems that could also be assessed as stress and family-related. The institution reported its work-related/job performance new cases at approximately 7.5% of its caseload, and stress-related new cases as less than 5% of its caseload. In Yamatani's (1988) study of industrial workers, almost 28% of participants reported experiencing job frustration or stress (one category), 5.3% had problems related to co-workers, and 7.4% felt their work conditions were unsafe. In another study of an external EAP that provided services to a diverse group of employers (Bayer, 1995), 10% of the presenting problems were assessed as work-related.

EAPs also provide assistance to workers with unacceptable attendance. The literature does not discuss attendance as a separate issue, suggesting that EAPs treat it as a symptom of underlying difficulties, specifically substance abuse (Roman & Blum, 1996); stress (Ramanathan, 1992, 1991), or family-related issues.

Financial and legal difficulties involve a smaller percentage of worker problems seen in EAPs than those discussed thus far. Financial issues may be the more problematic of the two, with percentages ranging from approximately 1% to 11% of EAP caseloads, and legal problems usually comprising less than 1% of the caseloads (Bayer, 1995; UPMC, 1999; Yamatani, 1988).

As new problems emerge due to societal and workplace changes, EAPs are incorporating new preventive interventions to address them. These interventions include HIV/AIDS and domestic violence awareness, special programs for single parents, and day care coordination or on-site day care provision (Cunningham, 1994; Hutchinson & Emener, 1997). Technology and changing business practices have also led to new challenges, including downsizing, employees with out-moded skills, and those desiring a career change. EAPs have met these demands by incorporating out-placement services, retirement counseling, and career guidance into their interventions (Maiden, 2003). Societal and workplace violence has

proliferated so dramatically that traumatic stress and critical incidence de-briefing, anger management, and conflict resolution programs have become standard EAP practice (Hutchinson & Emener, 1997; White & Sharar, 2003).

Medical advances, which have prolonged life expectancy, have also resulted in more working Americans taking care of aging parents, a trend expected to accelerate well into the 21st century (Thieman, 2004). Currently, 43% of women and 69% of men who work full time have a disabled parent or spouse for whom they are at least partially responsible (Dellman-Jenkins et al., 1994). A growing percentage of workers are caring for these relatives in their home. In response to the added demands of this type of care-giving, some EAPs offer eldercare information and referral services as well as on-site support programs (Dellmann-Jenkins et al., 1994), and some are partnering with networks of eldercare specialists who can provide specialized service (O'Toole & Pannen, 2002).

EAPs are also making important prevention contributions in the areas of health and wellness promotion. As our knowledge base expands regarding the detrimental consequences of unhealthy life styles, many companies are turning to EAPs to stem the tide of increasing health care costs and lost time due to illness by encouraging the adoption of positive life style changes. Consequently, prevention programs such as smoking cessation, diet and exercise, and stress reduction are commonplace among today's EAPs (Erfurt, 1990; Kline & Snow, 1994, White & Sharar, 2003).

Many EAPs report an increase in clients presenting with problems directly related to their work (Cunningham, 1994). Although less common, some progressive companies, recognizing that unhealthy work environments can also have negative consequences for the well-being of employees, actively solicit the input of EAPs as consultants in organizational redesign (Googins & Davidson, 1993, cited in Iverson, 1998; Reichman & Gugliemo, 1990).

In spite of the growth of EAPs, we do not know the extent to which low-wage earners are covered by these services, nor do we know if and how the problems they bring to EAPs differ significantly from those of other workers. However, two related trends are evident: a growing awareness of the association between deteriorating mental and physical well-being with declining worker productivity, and the concomitant willingness of business to assume some of the cost for treatment. Primary goals of this study are to explore the extent to which business and industry has assumed responsibility for the well-being of its low-wage workers, to investigate the types of problems these workers bring to the program, and to compare their incidence and severity to those of other worker groups.

2.5. DEFINING LOW-WAGE WORKERS

Defining what constitutes "low-wage" is not a straightforward undertaking. Consider this response by Holzer in a 2001 radio interview when asked to define a low-wage worker (Urban Institute, 2001)

> There's no exact definition, but I think most people are probably thinking about the bottom 20 – 25 percent, something like that, people generally earning less than $8 or $9 an hour.

An exact definition is difficult to delineate for a number of reasons. First, deciphering what characteristics workers in the low-wage market possess is not clear-cut. While most analysts concur that those who earn their living in this market have limited options due to lower skill levels, this is not always the case. Some workers, such as young adults seeking experience prior to or concurrent with pursuing post-secondary training, and retired individuals supplementing their incomes, choose low paying jobs. Other workers in this sector include individuals from two-parent households who work primarily in the home, but may enter the labor market to add to their families' discretionary income. Establishing a wage level below which a worker is considered low-wage is also problematic, as the variance in regional cost-of living

indices makes this unfeasible (Bangs, Kerchis, & Weldon, 1997). For example, a job paying $8.00 per hour would almost certainly relegate a family, even one individual, to poverty in New York City, but may provide a comfortable living in a small rural town in the South or Midwest. Finally, there is the question of the number of individuals dependent on the earner's income. Again, $8.00 per hour may be sufficient for one individual, but entirely inadequate for a parent with children.

Bernstein and Hartmann's (1999) analysis addresses this dilemma. They suggest that definitions of the low-wage labor market fall into two categories:

> Job-based definitions identify a set of jobs characterized by low wages few benefits, and little upward mobility. Worker-based definitions are typically based on a worker's absolute or relative hourly wage,…or educational level (p. 1)

The authors argue that job-based definitions provide the theoretical structure for understanding the low-wage market. These types of analyses have engendered such concepts as the primary and secondary labor markets, and provide a conceptual model for understanding the tenuous yet often escape-proof nature of the low-wage sector. However, because of the depth of description, these types of definitions are not conducive to empirical study. Therefore, worker-based definitions of the low-wage market, with their emphasis on such variables as wage level, hours worked, and skill level, provide the empirical basis for the study of the low-wage labor market.

Within the worker-based definition model, the concepts of absolute and relative wage are key. The former is the simplest, and commonly uses the federal poverty level as a reference. The wage distribution is derived by dividing the poverty level for a specified family size by 2,080 (the number of work hours in a year based on a 40 hour work week). The low-wage cut-off is reduced as the family size decreases, and raised as it increases. For example, based on the 2004 federal poverty level for a family of three ($15,670), the cut-off is $7.53 per

hour. The low-wage hourly threshold rate would decrease for a smaller household size, and increase for larger households.

While the absolute measure is simple to interpret, and has the advantage of allowing comparisons of living standards between low-wage and other occupational groups, it is not sensitive to geographic variances in the cost-of-living. The relative wage approach resolves this conundrum by designating a bottom percentage (usually 20% or 25%) of the income distribution as low-wage. The drawback of this measure is that the living standards of the bottom 20% could improve considerably if real wages rose throughout the wage distribution.

Bernstein and Hartmann (1999), summarizing findings about low-wage workers for the year 1997, wrote:

> Compared to the overall workforce, low-wage workers are more likely to be women, minority, noncollege-educated, in the retail trade industry, and in low-end sales and service occupations (p. 8)…Finally, low-wage workers are much less likely to be members of unions than their higher-paid counterparts (p. 9).

Most of the literature utilized variations of Bernstein and Hartmann's absolute and relative wage concepts in defining low-paid workers. Several of these studies are somewhat dated, but their findings provide a revealing comparison for more current data. For example, a formal definition of the working poor was developed by Klein and Rones (1989): individuals who work or look for work for more than half of the year and who live in families with incomes below the official poverty level. Using this definition, Kim (1998) calculated that in 1993, the working poor falling below this threshold numbered between seven to nine million. Using the more realistic figure of 150 percent of the official poverty level, nine percent of all full-time workers were in poverty in 1993 (Kim, 1998). On average, the working poor are not employed full-time year round, but approximately two-thirds of the year.

However, even full-time work does not guarantee an escape from poverty. Kim (1998) estimated that by working full-time, year round, only 19% of the working poor would be at or

above 150 percent of the poverty threshold, with 28% exceeding the official poverty limit. Workers able to escape poverty at the 150% threshold by working full-time in 1993 earned at least $9.20 hourly. A more recent longitudinal study (Andersson et al., 2002) tracked earnings improvement of low-wage workers, and found that approximately 12% of adults with regular labor force attachment had earnings below $12,000 yearly. The low wages were associated with demographic characteristics of the worker (i.e. race, gender, and place of birth) as well as the characteristics of their employers. The researchers considered a "partial escape" from low earnings to be an improvement in wages, but still earning under $15,000, and a "complete escape" to be wages in excess of $15,000. The findings suggested that while complete escape from poorly paying jobs is possible by staying with the present job, most improvements occur through job and industry changes. Earnings advances for men and women typically occur within sectors traditional for their gender, such as financial services, health care, education for women, and construction, manufacturing, and transportation for men.

A report by The Bureau of Labor Statistics (BLS) classifies the low-wage earner as: "those who spent at least 27 weeks in the labor force (working or looking for work), but whose incomes fell below the poverty level" (2001, p.1). It defines full-time workers as those who work more than half a year at least 35 hours per week. Using this definition, nearly 6% of working women were classified as poor, compared to 4.4% of men in 1999. Among workers aged 20 to 24, 10.6% experienced poverty, as compared to 4.7% for workers aged 35 to 44. The poverty rate for older workers, aged 45 to 54, was 2.8%. The poverty rate for black and Hispanic workers was 10.2% and 10.7% respectively, while 4.3% of white workers were poor. The poverty rate for black women was 13.6%, more than doubling the rate for black men (6.2%). The BLS partially attributed this difference to the large proportion of black women maintaining families by themselves – nearly 30%, as compared to 10% of white women. Overall, the report found that women supporting households are far more likely to be among the working poor than are married women – 19.2% as compared to 1.8%. Educational attainment is strongly

correlated with poverty. In 1999, 6% of workers with a high school diploma were in poverty, versus 14.3% for those who did not complete high school. (BLS, 2001, pp. 1-2).

A Families and Work Institute report (Fountain, 1999) considered low-wage earners to be those whose earnings are in the bottom quartile of the labor force. They are a diverse group. Sixty-two percent are women, 75% are white, 63% are under 40 years of age, and nearly half (46%) are single. Fifty-two percent have only a high school education or less, but 35% have some post-secondary training, and 13% have completed at least four years of college. Most, 77%, work full-time, and 44% are contingent workers in part-time, seasonal, or temporary jobs. In a study more reflective of Bernstein and Hartmann's job-based definition, a report by Burtless (2000) found that most jobs suited to low-wage earners require limited qualifications which can be learned in less than one month of on-the-job training. In 1996, nearly 54 million Americans worked in these types of occupations (Silvestri, cited in Burtless, 2000). More than half of the occupations with the greatest projected job growth through 2006 require only short-term training, and the net employment gain for these types of jobs through this same time period is estimated to be 7.6 million (Burtless, 2000). This analysis listed eleven low-skilled occupations with a projected high to moderate growth rate through 2006: cashiers, retail salespersons, truck drivers, home health aides, teachers' aides, nursing aides/orderlies/attendants, receptionists, child care workers, helpers/laborers, food counter workers, and food preparation workers.

The report, based on the work experience and income supplement to the March 2000 Current Population Survey, identified three labor market problems experienced by these workers. The first is low earnings. Approximately 68% of the working poor face this problem (BLS, 2001). In 1996, the median hourly wage for low-skilled employment was between $7.00 and $8.00 hourly. Even if the median wage for 2004 rose to $9.00 hourly, full-time employment at this wage still places a family of three near the official poverty level of $15,670 (HHS, 2004). A second problem identified by the Bureau of Labor Statistics (2001) is that workers in this market often work less than a full-time schedule. Over half of the working poor experienced

involuntary part-time employment. Part-time status reduces actual earnings to the $9,000 to $12, 000 range, usually well below the poverty threshold (Deavers & Hattiangadi, 1998). A third problem low-wage earners face is periods of unemployment. Nearly 35% of the working poor experienced unemployment, either alone or in conjunction with other problems. Of the eleven low-skill occupations in the Burtless analysis (2000), only teachers aides were rated by the BLS as having a below average risk of unemployment. The rest were defined as either having a high or very high risk of unemployment.

The working poor are primarily found in clerical, service, retail trade, and professional care, especially health care and residential care (Kim & Mergoupis, 1998). Other job opportunities are in cleaning services, agriculture, manual labor, and child care (Burtless, 2000). A study by Kim (2000) based on the March, 1998 Current Population Survey found the following:

- The retail trade employs 37% of the low-paid workforce, with 70% of the workers in this field earning low wages. Twenty-one percent of female workers are employed in this industry.
- Forty-one percent of the low-wage earners work in the service sector, which also employs 47% of all female workers. Within service occupations, food service workers comprise the largest group – 81% of them are low paid, followed by personal services (71%) and cleaning and building services (69%). Sixty percent of health service and personal service workers are low paid.
- Sales occupations account for 19% of all low-wage workers.
- Fourteen percent of low paid workers are in administrative positions such as clerks, receptionists, and bank tellers.

A relatively recent perspective attempts to calculate wage levels below which the family is vulnerable to economic hardship and compromised self-sufficiency. This approach is known

as “basic family budgets,” and is closely aligned with the concept of “living wage” (Bernstein, Brocht, & Spade-Aguilar, 2000). This method has gained momentum since welfare reform, and is advocated by analysts who contend the official poverty guidelines are not an adequate measure of family need. Unlike other strategies for estimating poverty, proponents of this approach are primarily interested in understanding issues of income adequacy, analyzing and informing policy, and assisting those striving for self-sufficiency. Computations take into account local cost-of-living indices for housing, food, transportation, child care, health care, payroll and income taxes and tax subsidies such as the Earned Income Tax Credit (EITC) and other necessary expenses, and are based on the number of adults and children who are dependent on the household income. After factoring in these calculations, the resulting wage is the minimum considered “sufficient” to meet a family’s need. Analysts caution that terms like sufficient and adequate are objective, and therefore widely recognized and credible data sources and formulas should be used to estimate costs.

An application of the family budget methodology was utilized in an Urban Institute study (Bouchey, Brocht, Gundersen, & Bernstein, 2001). The researchers created budgets for every metropolitan area in the country, which ranged from $27,000 to $52,000 yearly for a two-parent, two-child family. The national median of $33,511 was twice the poverty line for the same family size. They compared these amounts to combined data from the U.S. Census Bureau Current Population Survey for the years 1997-1999. According to their findings, 29% of families with one to three children under the age of 12 fell below basic family budget levels for their communities. This was over two and one-half times as many families as fell below the official poverty line.

A current illustration of the family budget/living wage approach is *The Self Sufficiency Standard for Pennsylvania* (Pearce, 2004). This initiative calculates a yearly Self Sufficiency Standard for 70 different family types for each Pennsylvania county by factoring each area’s average cost for housing, food, child care, and the like for a specific family size, which includes

number of adults and age ranges of children. The resultant hourly wage represents "a level that is, on the one hand, not luxurious or even comfortable, and on the other, not so low that it fails to adequately provide for a family" (Pearce, 2004, p. 3). For the year 2004, this project calculated a self-sufficiency wage of $17.67 per hour, or $37,316 yearly, for a family of three comprised of one adult, one preschooler, and one school-age child residing in Allegheny County, Pennsylvania. This contrasts sharply with the 2004 federal poverty guideline for a family of three of $15, 670 (Department of Health & Human Service, 2004).

In addition to calculating realistic basic living costs, Bangs et al. (1997) were interested in determining "the extent to which low-income working-age adults have access to living wage jobs in Pittsburgh and Allegheny County" (p.i). The researchers utilized widely recognized and accepted measures to determine basic needs budgets for 36 family types for both the city and county. They found that for all family types, an income of 2 to 2.5 times the federal poverty threshold was required to meet a minimal standard of living. Using their calculations, the researchers analyzed the percentage of city and county residents living below basic living costs, and found this level to be 2 to 2.5 times the federal poverty estimates. The unemployment rates of the low-income adults in the study were much higher than in the general population. Based on their findings, they projected that the largest percentage of family types would need from $12 to $20 hourly to meet their minimal needs. The researchers concluded that for the majority of these adults, securing employment in this pay range would be difficult, if not impossible, due to low educational level. In addition, there was a severe shortage of jobs in the region.

The problems of inadequate pay, spells of unemployment, and involuntary part-time hours are compounded by lack of benefits, a common situation in low-wage work. The most recent Census found that the percentage of Americans covered by employer-sponsored health care declined from 61.3% in 2002 to 60.4% in 2003 (Center on Budget and Policy Priorities, 2004). Updated Census statistics are not yet published for those considered low-wage, but a 2001 Health Insurance Survey (Collins, Schoen, Colasanto, & Downey, 2003) found that of the

31 million workers in 2001 who either worked for companies that did not offer health insurance, or were not eligible for the company health plan, more than half earned under $10 per hour. This same study also reported that low-wage workers are less likely to work for firms that offer health insurance, and when they do have employer-sponsored health coverage, they spend a larger share of their income on insurance premiums. Twenty-seven percent of workers who earn less than $10 per hour have no health insurance at all. The growing trend among employers of hiring part-time and temporary workers for whom they do not have to provide benefits is partly to blame for this predicament (Shapiro & Perrott, 1995, in Rocha, 1997). The charge for coverage is also cost-prohibitive. More than three-fourths of workers must pay some or all of their health insurance premiums, with the employee's share averaging nearly $2000 yearly for even the more economical HMOs offered by the nation's largest employers (Children's Defense Fund, 2000). Nearly 40% of low-wage workers surveyed in 2001 said that their premiums were difficult to afford, and their coverage is often inferior (Collins et al., 2003).

A large percentage of low-wage jobs also require non-standard work hours in which more than half of the hours worked are not between 8:00 am an 4:00 pm. One study of the work schedules of low educated mothers revealed that close to half worked non-standard hours, and nearly 16% worked non-standard hours *and* weekends (Presser & Cox, 1997). Other studies document a lack of other benefits, such as paid vacations and sick time (Hagen & Davis, 1994; cited in Piotrkowski & Kesslar-Sklar, 1996). A large proportion is not covered under Family Medical Leave Act (FMLA) provisions which require employers to hold jobs for those who must interrupt their work to attend to the medical needs of family members (Piotrkowski & Kesslar-Sklar, 1996). According to a recent Urban Institute study (Phillip, 2004), over half of poor workers cannot take paid leave from their jobs, and that those who need it most, parents with very young children, are the least likely to have it.

The recent reports from the Census Bureau are not good news (Center on Budget and Policy Priorities, 2004). After a reduction in the poverty rate from 1997 through 2000 (from

13.3% to 11.3%), there has been a steady increase over the past three years. In 2003, 12.5% of our population lived under the poverty threshold (up from 12.1% in 2002). Just as disheartening is the finding that the numbers of those living in extreme poverty, those with incomes less than half of the federal poverty guidelines, has increased by 1.2 million over 2002 levels to 15.3 million. The national median income did not decrease significantly from 2002 to 2003, but since 2000, it has fallen by $1,535 after adjusting for inflation. The numbers of Americans without health insurance has risen by 5.2 million for a total of 45 million, or 15.6% of the population. The economic growth during the first half of 2004 does not mean that more persons are working. In fact, the percentage of employed adults has not increased, and average weekly wages were lower during the first half of 2004 compared to 2003. According to the Center on Budget and Policy Priorities, "among full time workers, wage losses from 2003 to 2004 have been greatest among low-paid workers" (2004, p.3).

Studies of those struggling to survive in the aftermath of welfare reform are especially illustrative of the challenges facing low-wage workers in general. As has been previously established, a large proportion of low-wage workers is, or at least had been, cyclically and/or partially reliant on welfare benefits. The legislation's time limits raise concerns about how well these working poor will fare when they can no longer access these benefits. One study found that over 37% of welfare recipients were uncertain as to when their benefits would expire (Zedlewski & Holland, 2003). There is also some evidence that those who left welfare within the past year may still be food insecure (Boushey & Gundersen, 2001), and that those who cycle between work and welfare have serious barriers such as poor health, education less than high school, and poor work history (Zedlewski, 2003).

The Families and Work Institute report, *Faces of the Low Wage Workforce,* (Fountain, 1999) presents a compelling picture of the aspirations and challenges faced by low-wage

workers. The report presents the reader with a snapshot into the lives of eight working poor – all women – struggling to make ends meet. The report concludes with this summary:

> Most have the same dreams and aspirations that higher-wage workers have. They are concerned about their children. They manage work and family. Many depend on extended networks of family and friends to care for their children. Whether married or single, they find time a precious commodity. Their struggles may emanate from different places, but ultimately mirror those of their high-wage counterparts. And each has a story worth hearing. (p.13)

In spite of the current job creation slump, labor market studies projected a growing demand for low-wage, low-skilled workers through the next near-decade. Technology has made it possible for business to redesign its production and service delivery methods, rendering employers less reliant on skilled, higher paid employees. The concurrent decrease in the relative wage of unskilled workers has made it even more lucrative for employers to expand enterprises that would have been impossible at higher wages (Burtless, 2000). In tight labor markets, which occur during periods of economic growth such as we experienced from the mid-1990s until recently, employers have difficulty finding qualified applicants for all positions, including low-wage jobs. Earlier surveys of employers have substantiated that this is the case. In some studies, up to 40% of surveyed employers reported difficulty filling entry-level, hourly positions. (Galinsky & Bond, 1998, cited in Fountain, 1999; Holzer, 2000; Regenstein & Myers, 1998). As a result, they were forced to lower their qualifications and/or increase wages in the short run (Holzer, 2000). However, in the long run, technological advances usually work against the low-skilled. Downturns in the business cycle, similar to what we have experienced since 2001, and/or a recession substantially decrease demand for less qualified workers. Nonetheless, 6 million of the 7.5 million new jobs projected to be created through 2012 will be low-wage jobs (Corporate Voices for Working Families, 2004).

These projections make it all the more pressing that business and industry consider providing work-based services to assist these workers, a majority of whom struggle with a

combination of challenges that impede their ability to retain employment. The policy initiatives discussed in the Introduction to this study, such as the EITC, expanded child care funding, medical coverage for children, and liberalized interpretations of welfare regulations, are certainly helpful to low-wage earners who can take advantage of them. However, with the exception of the EITC, they may not be available in all states. In addition, most are categorical programs with strict eligibility requirements determined by each state, and do little to help those who have no relationship with the public welfare system.

The one certain commonality of low-wage workers, regardless of their state of residence, is that they have employers. According to previously cited statistics, nearly half of all workers have access to employer-sponsored EAPs. These programs are accessible to all employees of the organization, regardless of income status, and may have the potential of reaching a greater percentage of the working poor than do state administered public programs. The following section discusses the available literature on how EAPs are assisting this group of employees.

2.6. EAPS AND LOW-WAGE WORKERS

In his comprehensive discussion and analyses of the field of occupational social work, Maiden (2003) proposed that the main effect of the 1996 welfare reform legislation has been to swell the ranks of the working poor. He contended that this population is high-risk, as a large proportion are entering or re-entering the labor market with issues that may prevent them from remaining attached to their jobs. Some of the problems he cited are related to lack of resources, such as child care, transportation, and housing instability, while others are more intrinsic to the individual such as poor physical and mental health and lack of basic skills.

Maiden (2003) viewed EAPs as having the potential to be a great help to these workers, and stressed that social workers, because of their values, training, and experience, are particularly suited to work with this population. He advocated that a strong case management component be incorporated into EAP programming that includes: a proactive, longer-term

involvement with clients that includes bi-weekly contacts; general support and mentoring; specialized supervisory training and on-going job performance monitoring; and the broadening of services to include such tangible resources as "locating suitable transportation and housing and other services that would promote employment retention" (2003, p. 156).

Several EAP interventions have been implemented to address the needs of special populations. Areas that hold relevance for this study are innovations that address the needs of single parents and minorities, as these groups are over-represented in low-wage occupations. Other initiatives have targeted those transitioning from welfare to work.

2.6.1. The Rockford, Illinois EAP

The Rockford, Illinois enhanced EAP (Karuntzos, Dunlap, Zarkin, & French, 1998; French et al., 1998) is based on the premise that women and minorities have "unique issues and special needs that may affect alcohol consumption, constrain access to EAPs for alcohol-related problems, and limit the effectiveness of EAP services for these individuals" (Karuntzos et al., 1998, p. 51).

The investigators developed an enhanced intervention to supplement standard services including: 1) hiring specialized EAP counselors to revise the materials; 2) developing a culturally diverse training curriculum for counselors; 3) using standardized alcohol screening instruments at intake that are sensitive to the target populations; 4) revising the supervisory training materials to be more sensitive to diversity issues; 5) cultivating specialized community resources; 6) revising the outreach materials to attract more women and minorities; 7) modifying the EAP orientation sessions to include issues specific to these populations; 8) developing outreach seminars on topics related to diversity; and 9) contracting with interpreters.

The enhanced model was implemented in 1995 at two of the 97 companies serviced by the EAP: a hospital and school district that together employed over 7,000 individuals. Sixteen work sites who signed contracts with the EAP after intervention implementation were also provided the enhanced program. One hundred and seven companies with existing contracts

prior to the initiation of the enhanced intervention served as the comparison group. Results of an evaluation supported that the enhanced intervention was effective in improving overall EAP utilization, especially for women and minorities. The mean number of women or minority cases per worksite rose by 58 percent, white male cases increased by 45 percent, and total EAP cases rose by 53 percent (Zarkin, Bray, Karuntzos, & Demiralp, 2001).

2.6.2. The North Carolina Enhanced EAP for Work First Participants

In 1997, the North Carolina State Legislature authorized $1 million per year for the development of a pilot Enhanced EAP (EEAP). The purpose of this two-year pilot demonstration project was to assist welfare recipients suffering from alcohol and drug abuse problems become employable enough to enter the job market. The project utilized seven existing EAPs, and was implemented in 11 counties. The initiative was developed by the University of North Carolina at Chapel Hill School of Social Work's Jordan Family Institute (Worth, 1998).

The enhanced protocol provided training for state employees working with Work First clients, (e.g. those required to work as a result of the 1996 welfare reform legislation) and placed substance abuse specialists, known as Qualified Substance Abuse Personnel (QSAPs) in the state's welfare offices. These specialists screened those participants suspected of alcohol or drug abuse. Clients whose assessments indicated an abuse problem were referred to community treatment programs featuring a special relapse prevention component. Progress was to be monitored on a regular basis. Clients with no addiction problems, and those in compliance with their treatment protocol who were determined employable, participated in job readiness programs preparing them for interviews and the world-of-work. Anticipating that some of their needs would be more severe or chronic than the traditional EAP client, the EAPs recruited additional community agencies to work with Work First clients.

Once a Work First participant was placed in employment, the employer became entitled to enhanced services including a specialized mentoring program, as many EAP sessions as needed (expanded from the usual number of six allowable sessions), access to EEAP

counselors 24 hours/seven days per week, and two-year aftercare. In exchange for hiring Work First participants, the EEAP marketing strategy offered businesses standard EAP services for their entire workforce and the enhanced services for Work First employees at no cost for two years. "The EEAP model is designed to help small businesses overcome their reservations about hiring people they anticipate may have numerous personal problems, especially substance abuse" (Worth, 1998, p. 23).

According to Smith Worth of the University of North Carolina at Chapel Hill's Jordan Family Institute, and developer of the EEAP, a preliminary evaluation indicated that the program did not function as anticipated (A.S.Worth, personal communication, August 3, 2000). No referrals for substance abuse treatment were made by the QSAPs. Instead, Work First clients found their way to the workplace without treatment, and were then seen by the contracted EEAPs. A large proportion of clients who accessed the EEAP identified their major employment barriers as child care and/or transportation. Nearly 60% exhibited deficiencies in job skills and/or workplace behavior and close to 80% had been assessed with mental health difficulties (A.S. Worth, personal communication, August 3, 2000).

A legislative report dated April 1, 2001 indicated that as of that date, EEAP sites served over 1,256 Work First participants and secured more than 34 contracts with employers. However, in spite of the financial and administrative support of public agencies, positive feedback from employers, and the creativity and flexibility of the EEAP staff, the program did not function as intended nor did it attract the numbers of anticipated clients. Concerns about confidentiality inhibited the referral of clients to the EEAP as well as lack of inter-agency collaboration. More aggressive outreach and case management, targeted education of all staff who may be in contact with potential EEAP clients, and resolution of confidentiality issues were among the recommendations for program improvement. Unfortunately, the initiative is now over. To date, the EEAPs located in community-based or publicly funded mental health centers

grew less productive and many are closing down (A.S. Worth, personal communication, September 13, 2004).

2.6.3. Minnesota's Communities Investing in Families

Communities Investing in Families (CIF) is a collaboration of over 100 businesses and human service agencies in a rural five-county region of Minnesota (CIF Newsletter, 1998). One of the organization's initiatives was an EAP service funded by the McKnight Foundation. All area employers (most of them small companies scattered throughout the region) were offered free EAP services for 25 employees in exchange for hiring, or committing to hire, welfare recipients. The EAP services were provided by an external provider, Sand Creek Group, Ltd.

CIF encountered challenges in recruiting employers. They assumed that most would be familiar with EAPs, and view them as desirable but unaffordable benefits. CIF projected that because many of the region's companies were small, the marketing strategy of offering free services for 25 employees would entice many employers on board. Instead, they found that most were not at all knowledgeable about EAPs. As a result, most of their time and budget was spent educating employers on a one-to-one basis about the benefits of EAPs. This was a daunting task due to the geographic dispersion of the 3,800 area employers. CIF also met with resistance from employers cautious about hiring welfare recipients. They "still have major myths about 'welfare recipients,' and often lump all low-income families and entry-level workers into the same general category" (p. 5). The organization also suspected that welfare recipients, concerned about privacy issues and the stigma attached to welfare, were hesitant about sharing their public assistance status with employers.

According to CIF's director, by mid 2000, 16 employers had signed on. The average employee utilization rate was approximately 5.25%. Sand Creek Group offered an 800 toll-free line for an initial assessment. Callers were referred to a service in their area, and were entitled to four free sessions with this local provider. Sand Creek also offered unlimited coaching sessions for supervisors in handling difficult or troubled employees. This service component

had been well utilized (personal communication, August 9, 2000). Regrettably, the overall program did not progress as hoped. According to the director, CIF continued to experience difficulties getting employers and families to enroll in the program. CIF has "mostly discontinued our use of EAP as a TANF tool in rural areas" (personal communication, September 14, 2004).

2.6.4. Other corporate programs that benefit low-wage workers

In addition to the EAP projects described above, some companies have developed initiatives that benefit low-wage workers. A recent study commissioned by Corporate Voices for Working Families (Litchfield, Swanberg, & Sigworth, 2004) selected 15 companies from a pool of organizations "known for promoting programs and policies for their hourly and lower-wage employees" (p.7). The organizations represented a range of industries (retail, financial, manufacturing, child care, education, hospitality, infoimaging). The researchers identified low-wage workers as those in the bottom 25% of the pay scale at each organization, and asked human resource representatives from each company to identify the program or policy that was most helpful to these workers. Five categories of programs were identified:

1. Dependent care programs provided some type of financial assistance to workers with dependent care needs (two companies).
2. Financial incentive programs offered bonuses to hourly employees for exceeding sales goals (two companies).
3. Financial assistance authorized grants or short term loans for financial hardship (two companies). One organization disseminated information to employees about available government benefits.
4. Scheduling/leave policies provided flexible work arrangements and/or paid sick leave (four companies).
5. Employee development initiatives offered various types of educational and skill enhancement programs (four companies).

While most of the companies had not collected data that would permit precise cost-benefit analyses, company representatives reported that these programs and policies resulted in several important benefits to their businesses. Some companies experienced a positive impact on attracting and retaining employees; others reported an improvement in worker productivity; some noted that employees became more competent in their jobs and many were able to apply for better positions within the organization; and many found that absenteeism rates decreased (Boston College Center for Work & Families, 2004).

2.7. EFFECTIVENESS OF EAPS

EAP evaluations are rare. In 1992, less than one percent of the 13,000 EAPs had been evaluated (Masi, 1992). Most attempts to evaluate outcomes suffer from methodological shortcomings. Two common problems have already been discussed. These include the inconsistent reporting of demographics and the failure to clarify the effectiveness of various treatment strategies with workers of different occupations, organizational status, and demographics. There is also almost a total lack of experimental or strong quasi-experimental methodology among studies on the efficacy of EAPs (Harris, Adams, Hill, Morgan, & Soliz, 2002; White & Sharar, 2003), rendering isolating causal linkages difficult, if not impossible. In addition to this lack of internal validity, the individualized nature of EAPs has negative consequences for the generalizability of findings. Because most evaluation studies are paid for by the employer, and are intended to serve the company's purpose, replication is almost out of the question. Not only are program components and service delivery unique to each organization, but outcomes are defined and measured differently (Patrick, 1990; Roman & Blum, 1996; Sonnensthul, 1992).

Harley (1991) contended that the effectiveness of EAP program components is unsubstantiated. He cited Trice (1980) and Roman (1983), who asserted that the employee assistance field has developed and diffused without a strong theoretical base. The field is still in

a state of evolution, and “charismatic, highly visible ‘authorities’ have disseminated their accumulated wisdom” (p. 53), most of which deals with procedural issues and program implementation. Patrick (1990) suggested that this status actually precludes traditional outcome evaluations, and evaluators should instead focus their efforts on process evaluations. These types of studies would at least help to identify and define the specific elements of each component of service delivery, hopefully facilitating the development of standardize interventions and valid outcome measures.

EAPs are company-sponsored and funded programs. This reality often means they are faced with demonstrating their worthiness to the company in order to justify their continued existence (Roman & Blum, 1996). As a result, EAP evaluations tend to be in-house promotional efforts (Cayer & Perry, cited in French et al., 1995), and have been criticized for potential investigator bias (Krupnick & Pincus, cited in French et al., 1995). Companies are concerned with the bottom-line: “what have you done for me lately?” To EAPs, this translates to cost-savings – an emphasis quite evident in effectiveness studies. The majority of evaluative studies on EAPs are cost/benefit efforts designed to confirm that the program has indeed improved the company’s bottom line (Csiernik, 1995; Cunningham, 1994). Simply put, these types of analyses compare the money spent on providing the services with the financial value of the changes produced by the services. Dollar amounts are calculated from indicators such as increased productivity, decreased absenteeism, and decreased health claims to arrive at a figure of overall dollars saved (Every & Leong, 1994). Programs are deemed successful if costs are less than benefits, and positive effects are observed (Csiernik, 1995).

There seems to be some disagreement among evaluators as to the essentials elements of a cost-benefit analysis. Masi (1997) asserted that the methodology must utilize comparison and control groups to determine differences in cost savings between employees who have used services to those who have not. Conversely, Csiernik (1995) contended that cost-benefit analyses are a “rudimentary form of outcome evaluation” (p. 30), a quasi-experimental pre-post

design with no control group. The use of control/comparison groups aside, it appears that the criteria used to evaluate costs and benefits are inconsistent. Csiernik (1995) reviewed seven evaluations, and found there was some overlap among them in operationalized outcome measures. However, none used the same indicators from this group of six: sick leave, changes in health insurance cost, absenteeism, accidents, lost time, and health claims.

Other variables measured in cost/benefit analyses of EAPs include disability payments, tardiness, disciplinary actions, grievances, and Worker's Compensation claims. Some researchers maintained that intangible variables – positive changes indirectly related to EAP objectives – should also be considered. Enhanced labor relations, improved performance of both the impaired worker and his/her fellow workers, and reduced turnover costs are among those cited (Csiernik, 1995; Masi, 1997; Patrick, 1990). In most cases, the unit of analysis in EAP evaluations is the organization, department, or work unit, and data are reported in the aggregate.

A study conducted by Yamatani et al. (1999) stressed the need for EAPs to demonstrate their effectiveness if they are to survive this era of downsizing. The authors point out that this is especially true of universities, which are increasingly strained by dwindling resources. They conducted a comprehensive evaluation of a University EAP, known as the FSAP, to "generate information pertaining to the program's service adequacy, program effectiveness, client satisfaction, cost-efficiency and cost-savings" (p. 109). The evaluation consisted of several components. EAP staffs of universities with similar demographics were surveyed to compare the FSAP with other university EAPs. The researchers conducted a second survey of FSAP clients to determine their level of satisfaction with services, perceptions of staff competence, degree of improvement, and service frequency and duration. Finally, the researchers analyzed client demographic data, average cost per client, estimated average savings, and the estimated cost/benefit ratio.

They found that the FSAP, while similar to other university programs in types of services provided, problems addressed, utilization rates, and resources, served a higher number of employees. Most FSAP clients were self-referred, and two-thirds were from support and administrative staff. Their assessments of the quality of service delivery were quite positive. Six questions asked respondents to rate their perceptions of problem improvement. For each category, the mean response score indicated that clients believed the FSAP had significantly helped them.

The researchers used data extracted from personnel records from a previous cost/benefit analysis which determined the estimated cost-savings per client to be $1530. Based on the number of clients utilizing the FSAP, they estimated the annual net savings generated by the program to be $321,400. This study underscores the importance of including client satisfaction and problem improvement instruments in studies evaluating the efficacy of EAPs.

There are few studies designed to evaluate the effectiveness of treatment strategies for specific problem areas experienced by workers, with the possible exception of substance abuse. Based on a longitudinal study using a census technique, 439 EAPs with at least 500 employees were surveyed in 1984. In 1988, a second survey was sent, with a seventy percent return. The analysis of results indicates that at both times, nearly 70% of the referrals to an EAP for help with an alcohol problem were reported to be on the job with adequate performance one year later (Bennett & Blum, 1990).

Some analysts ascribe the seeming success of alcohol interventions to several factors. First, the field of substance abuse treatment has itself become standardized, partly due to the knowledge gained and disseminated by workplace alcohol programs. "Once employees have been motivated to comply with treatment . . .everyone knows exactly what must be done" (Sonnenstuhl, 1990, p. 256). Treatment of the substance-abusing worker is the EAP specialty. Second, part of effective alcohol treatment includes follow-up, which is often required in EAP

protocol. This process facilitates reintegration of the worker, and provides an element of support that is often lacking for workers experiencing other types of problems. Follow-up also offers a built-in early warning system, alerting the EAP counselor that further treatment or intervention might be needed to prevent recidivism (Sonnenstuhl, 1990).

There are very few studies on the success of EAPs in ameliorating other employee problems. One EAP did report positive outcomes in the area of family therapy (Bayer, 1995). In this study, 61 couples in which at least one partner was considering divorce accessed the EAP. They were provided five standard EAP sessions, and 53% accepted referrals for longer-term counseling. Mandatory referrals (there were only four of these) were followed for one year, during which time there were no recurring difficulties, and no dissatisfaction with work performance. In follow-up interviews both immediately following EAP engagement and six months later, clients rated the immediate involvement of the spouse as the most helpful event. Average satisfaction with EAP and referral services was five on a scale of six.

Kline and Snow's experimental study (1994) analyzed the effectiveness of a 15 session stress management program on a group of 142 mothers working as secretaries. Results indicated that the program produced positive changes in the subjects' work coping skills, as well as their abilities to handle stressors originating in one sphere, and impacting functioning in the other.

Maiden's study (1996) sought to determine if EAP intervention reduced the incidence of domestic violence in men referred to the service for alcohol addiction. He found that while clients perpetrated spousal abuse less frequently and the episodes were less severe, the pattern of violence continued.

An interesting work based program, while not a formal EAP, may shed some light on ways the profession can improve work performance by assisting families. Felner et al. (1994) investigated the effectiveness of the Parenting Partnership, a collaboration of several worksites, a large non-profit agency, and the State Department of Alcoholism and Substance Abuse. The

program provided parent training courses at participating worksites during the employees' lunchtime. Each complete course provided 24 one hour sessions twice weekly for 12 weeks. The goal was to provide adequate time for comprehensive coverage of working parents' concerns. The content sought to modify risk and protective conditions for substance abuse, and to inform and link participants with community resources.

The sample consisted of 191 parents who completed surveys at four intervals: pretest, posttest, and at nine and 18 months. The participants were divided according to program dosage based on how many sessions they attended. Parents who received a high program dosage showed long-term improvements in measures of parenting practice and knowledge, and substance abuse knowledge and attitudes. Measurements of punitiveness, irritability, stress, and depression declined. Felner et al. (1994) noted that while the program focus was the prevention of substance abuse and related problems, their were also positive changes in areas of family well-being theorized to affect job performance.

Some analysts contend that EAPs rely too heavily on customer satisfaction instruments to assess program effectiveness (Harris et al., 2000; Masi, Jacobson, & Cooper, 2000). Harris et al. (2000) asserted that while evaluating customer approval is certainly important, self-report bias is a disadvantage of this methodology, as well as a lack of reliable measures of problem improvement. They conducted a randomized pre-post survey study utilizing several standardized assessments with acceptable psychometrics. Their results found that the participating EAP clients did indeed improve in several areas including impact of emotional problems on social and daily activities, perceptions of depression levels, and perceptions of general health. The researchers note, however, that because they were not able to ask participants for certain demographic data, the generalizability of the findings was restricted. Their recommendations for future research were particularly useful and included incorporating triangulation (e.g. accessing employee records, interviewing the employee, coworkers,

supervisor, and family members) in future methodologies and using control groups who did not use EAP services.

Dale Masi is a nationally recognized and respected EA expert. In addition to numerous books and articles on the history, challenges, and effectiveness of EAPs, her consulting firm has developed a rigorous quality assurance strategy that assists EAPs and other mental health providers improve the quality of their clinical services (Masi et al., 2000). While technically not outcome research, the procedure involves meticulous clinical reviews by highly trained experts of numerous randomly selected case records to determine the degree to which specified standards are adhered to in the treatment process. Documents are analyzed to assess if the demographics and referral sources are recorded, and if clients signed a "statement of understanding" (p.12), or contract, and a Release of Information form. Clinical components of the study include number of sessions, comparisons of presenting and assessed problem, outpatient referrals, and staff qualifications. Masi et al. presented the summary results of 42 clinical reviews of primarily external EAP companies conducted between 1984 and 1998 representing over 4000 cases and 3200 employees. The findings reflected "that quality of care is often overlooked or neglected by mental health companies" (p.16). She recommends that mental health providers must incorporate more stringent methods into their service provision evaluations in order to ensure that clients are benefiting from the services they receive.

2.8. SUMMARY OF LITERATURE REVIEW

EAPs have evolved from adherence to a strict focus on the alcohol-abusing employee to broad-based programming that encompasses most problems that affect worker performance. Some EAPs have also incorporated wellness and prevention initiatives into their offerings. The last 30 years has seen their rapid expansion, much of it attributed to programs that are operated by external (i.e. outside of the company) mental health contractors. Today, it is estimated that 65 million US citizens, or up to 45% of the workforce, have access to EAPs. As the field has

expanded, its knowledge base has matured, and although some experts question the rigor of evaluative studies, research does support that the programs are useful to workers and employers.

EAP research focusing on low-wage workers is almost non-existent. Most of what we do know about them has been generated by labor market, poverty, and welfare reform studies. Findings support that, for the most part, low-wage workers hold low-status jobs in certain industries, such as service, retail, and health care. They are vulnerable to involuntary lay-offs and part-time status, often work non-standard hours, and their benefits are typically inferior, if they have them at all. Low-wage workers' earnings are insufficient to lift them out of poverty, and they generally lack the skills to advance to better paying and more secure jobs. Women, especially those who head households, are over-represented in the low-wage market, as are certain minorities.

The working poor often face multiple challenges in their efforts to retain employment. They disproportionately experience health, mental health, and cognitive difficulties that make the chances of achieving a decent paying job unlikely. In addition, they often lack the types of supports that facilitate job retention, such as adequate child care and reliable transportation. These obstacles, combined with the everyday struggles of trying to make ends meet with insufficient resources, often result in stressful personal lives and problematic work performance.

The primary goal of EAPs is to assist workers whose problems negatively impact work performance to return to optimal functioning. If they are successful, the potential cost of the troubled employees to the company in terms of absenteeism, health care, turnover, etc. may be reduced or avoided. EAP research has identified mental health, family, stress, and drug and alcohol abuse as the most prevalent problems treated by the programs, followed by work-related difficulties. While evidence suggests that low-wage workers are impacted to a greater degree than are other workers by these types of difficulties, literature on EAPs' efforts to help them overcome these difficulties is just emerging. This recent focus, perhaps prompted by

welfare reform and its ostensible relationship to an increase in the numbers of working poor, is admittedly sparse. However, these few studies do support that low-wage workers are grappling with multiple hardships in their efforts to keep their jobs and support their families.

The data collected and presented in this research will better enable practitioners to plan and implement interventions that are more responsive to the needs of their lower paid employees. In spite of the current stagnant economy, the plight of the working poor has attracted the attention of policy-makers, and industry is still concerned with reducing the expenses of employee turnover. According to Armiento (1999), the "changing business climate has pushed many to reframe the way they think about low-wage employment" (p. 3). Industries heavily dependent on low-wage workers must attract and keep the best of them if they are to remain competitive, and are beginning to focus on low-wage workers as "distinct segments of their workforce" (Armiento, 1999, p. 5).

3. METHODOLOGY

This study was designed to describe and explore if EAPs interact differently with low-wage workers than they do with higher wage earners. Specifically, the study examined how the two groups of workers access EAP services, their utilization rates, the types of problems each group brings to the EAP, and practitioners' perceptions concerning how their programs compare in effectiveness with low-wage and other workers.

A secondary goal of the study was to supplement the knowledge base regarding work-based mental health treatment options available to low-wage earners, and how these alternatives may be different from those offered to other workers. Recent studies have found that the number of the working uninsured are growing, but we do not know to what degree this impacts or limits access to behavioral health care for low-wage workers.

Another secondary goal of the study was to provide current descriptive data to supplement what we do know about internal EAPs, and to augment the available literature regarding how EAPs promote their services and educate workers about the benefits of their programs.

3.1. Study Design

This study employed a cross-sectional survey design. Respondents were drawn from the membership of the Employee Assistance Professionals Association (EAPA). Respondents were asked to provide their perceptions about their EAPs' effectiveness in meeting the needs of low-wage earners, and their judgments as to whether they recognized differences in EAP usage, referral sources, number, types and severity of problems between low-wage workers and other occupational groups were investigated. Data were collected in the fall of 2002 through a mail survey.

3.2. Sample

EAPA (Employee Assistance Professionals Association) is an international professional association with approximately 7,000 members worldwide. According to the EAPA's membership department, there are approximately 4,000 members registered in the United States, with 637 listed as employed in internal programs. The decision to survey only internal practitioners was a practical one. They have more knowledge of the institutions and their structure and culture, and of the occupations and wage levels of the clients they serve. The membership list of internal program representatives was requested from EAPA, and surveys were sent to all 637 professionals

Thirteen undeliverable surveys were subtracted from the original mailing list of 637, for a total population of 624. Seventy-one completed surveys were returned, a response rate of just over 11%. An additional 93 respondents (15%) reported that they were unable to complete the questionnaire. One hundred and seventy-five (175) postcards were returned (respondents were instructed to mail these simultaneously with the surveys) exceeding the 164 surveys actually received. Eighty-four postcards indicated that respondents completed the questionnaire, whereas only 71 were returned completed.

Twenty–eight (17%) of the 164 respondents reported that they worked for external, not internal, programs. Several commented that they were puzzled as to how their names appeared on a list of internal providers. There are potential ramifications of this apparent inaccuracy, which will be addressed in the limitations discussion.

3.3. Concepts/Variables

The independent variable in this study was wage status. A fundamental issue was how to define "low-wage." Given that potential participants work in diverse industries, for employers of varying size, and in widely different geographic areas, rather than impose a description, each respondent was asked to provide a definition. Respondents were then asked to address the

study's central questions using that definition. Subsequent analyses would treat "wage level" as a dichotomous variable with the respondent-derived characterization as low-wage and not low-wage.

There are several dependent variables. Utilization rate was defined as the percentage of the workforce accessing the EAP, and was operationalized at the ratio-level of measurement via survey items requesting respondents' utilization estimates for low-wage and other workers. Referral source was defined as the initiator of the EAP referral. The literature identified eight of these routes via which workers typically access EAP services: self, supervisory-mandated, supervisory-recommended, human resources, medical department, human resources, union, and family member. These comprised the categories from which respondents were asked to estimate the proportion of the low-wage and other worker EAP caseload referred by each source.

The types of problems workers bring to the EAP were conceptualized based on 11 worker-related problem categories typically handled by EAPs identified in prior research. These problems formed the response categories, and included: drug/alcohol related (self), mental health (self), medical/health (self), family, stress-related, and work-related. Respondents were asked to check the most prevalent problems, then estimate the percentage of the low-wage and other worker caseload for each of the problem categories checked.

Respondents' perceptions of the effectiveness of their EAPs in addressing the needs of low-wage workers were operationalized via two Likert-scaled items. The first asked respondents to rate their programs' levels of effectiveness in assisting low-wage workers, and the second asked for their efficacy ratings as compared to other workers. An open-ended item invited respondents who observed differences in EAP helpfulness between the two worker groups to share their opinions as to why this was the case.

Exploring if respondents felt there were differences in the treatment options between their low-wage and other workers was a secondary, but important, goal of this study. This

construct was operationalized via a dichotomous contingency question inquiring if respondents considered there to be differences in treatment plans between low-wage and other workers. A "yes" response instructed respondents to briefly describe these disparities. A similarly constructed item inquired if there were variations in compliance to treatment between the two sets of workers.

3.4. Survey Instrument

The survey instrument (Appendix F) contained 41 items, most closed-ended, and was divided into six major sections: defining low-wage and estimating the proportion of the low-wage in the organization; the structure of the EAP, services offered, and utilization; promotional strategies and referral sources; worker problems and perceptions of EAP effectiveness; organizational demographics; and respondent demographics. Each section began with a brief summary of the information requested and how it would be applied

The first section began with open-ended item asking that respondents provide their own definition of low-wage. This decision was made primarily due to the cost-of-living differentials in various regions of the country. This format also allowed respondents to consider the demographics and pay ranges of their organizations – a specified hourly rate might be a living wage for a single individual, but may relegate a family to the poverty level. Finally, the open-ended format would hopefully avoid frustrating potential respondents by restricting them to a purely quantitative format if they preferred to clarify their reasoning. Based on their own definitions of low-wage, respondents were to then approximate the percentage of low-wage in their organization. The other two questions of this section were designed to eliminate practitioners whose organizations had few or no low-wage earners, and those who worked for external EAPs.

The next section focused on descriptive data about the respondent's EAP model, services offered by the program, and utilization rates. In this section, respondents were also asked to describe utilization differences between low-wage and other employees.

The third section explored promotional strategies utilized by their programs to recruit clients. Questions pertaining to referral sources were also included in this section.

The fourth section of the instrument dealt with the problems low-wage and other workers brought to the EAP. Different aspects of these problems were explored, including type and prevalence, severity, and impact on job performance. In this section, respondents also rated their perceptions of their programs' effectiveness with low-wage earners in comparison to other workers.

The fifth section of the instrument addressed information about respondents' organizations. Items pertained to primary product or service, whether the company operated in one locale or was multi-site, number of total employees, and percentage of employees according to gender.

The final section of the survey requested demographic data regarding the EAP practitioners. Questions asked respondents to furnish: gender, age, race/ethnicity, educational background, licenses and certificates, years in the current job, and job title and responsibilities. Respondents were encouraged to answer all items in this section, but could opt to omit those considered too sensitive.

The instrument was developed and then reviewed by two local EAP professionals who had experience in internal programs and one researcher with experience evaluating EAPs. The instrument was revised based on feedback and suggestions from these experts.

3.5. Procedures

After the survey was revised, an application for IRB approval was submitted. Because the instrument would be mailed to participants' worksites, human subject concerns necessitated

that EAPA endorsement be secured. Following the submission of required documentation to EAPA, the organization granted endorsement, and provided a letter to this effect. This letter was included in the survey packet (Appendix A). The cover letter explained the purpose of the survey and its voluntary nature (Appendix B). The first page of the survey explained the procedure for returning the questionnaire (Appendix C). These instructions also clarified that while respondents could access organizational and program reports to answer some of the items, they should not feel compelled to do so if the time involved would deter them from completing the survey. Their informed estimates and perceptions would provide sufficient data for the study's purpose. The survey packet also included a postcard with the respondents' mailing labels affixed, which they were directed to mail simultaneously with the survey (Appendix D). This system would allow removal of their names from the list in the event of a second mailing. Those respondents unable to complete the questionnaire because their organizations had few or no low-wage employees, or they worked in external programs, were to indicate as such on the first page of the survey and return this sheet only. The postcard instructed respondents to check whether they returned the questionnaire "answered" or "unanswered."

The surveys were prepared and mailed. Two mailings were conducted during October and November of 2002. The first was sent to the entire population of the 637 EAPA members registered as belonging to internal programs. Nine survey packets were returned as undeliverable, reducing the population to 628. The first mailing resulted in a return of 45 completed surveys, plus 51 from respondents who indicated that they were unable to answer the questions either because their organizations had few low-wage employees (29) or because their EAP was an external contractor (17). Five respondents returned the survey unanswered, but did not indicate their reasons.

The cover letter was revised for the second mailing (Appendix E), which was sent to the remaining 533 EAPA members. Twenty-six completed surveys were returned. Four packets

were returned as undeliverable and 42 respondents indicated that they were unable to complete the survey. Of these, 20 reported that they had no or few low-wage employees and 11 did not work for internal programs. Another 11 did not complete the survey, most of whom did not offer an explanation, with several citing other reasons (instrument too lengthy, data not available).

Completed surveys were assigned identification numbers (denoting first or second mailing) as they were returned and cross-checked with the postcards. Surveys that were returned incomplete were also cross-checked with the postcards. Respondent labels were removed when postcards were returned in order to prevent subsequent mailings to respondents who had already returned the surveys. Copies of the EAPA mailing labels were made in order to send study summaries to respondents, and a notation that a survey was returned was made on the label copy. Data entry occurred as surveys were received. Frequency distributions were run periodically and examined to ensure accuracy and to eliminate out-of-range codes. Data analysis began approximately five weeks after the second mailing.

3.6. Data Analysis

Univariate analyses were conducted on all variables. Quantitative analyses generated frequencies and measures of central tendency and dispersion for those variables operationalized at ratio and interval levels of measurement. The survey's several Likert-scaled items were also analyzed in this manner. Content analysis was utilized to create categories for responses to open-ended items, which were then coded numerically. Bivariate analyses between the independent variables, (e.g. the two worker categories), and the primary dependent variables (e.g. utilization, referral sources, types of problems, perceived effectiveness) were conducted to ascertain if there were significant differences. Post-hoc considerations suggested that correlational analyses between a number of secondary variables of interest (e.g. promotional activities, services offered, differences in treatment) and several of the primary dependent variables were worthy of exploration. Similarly, post-hoc examination of

responses to qualitative items found that they often supported the quantitative findings, but on several occasions, inconsistencies were apparent. These items allowed respondents to share their insights, and were valuable in illuminating dynamics and revealing possible trends that would have otherwise been impossible to detect.

3.7. Human Subject Concerns

The IRB assessed the risk of harm for participants in this study as negligible by its granting of exempt status. The study was conducted anonymously, thereby negating the possibility of linking the surveys to respondents. Respondents were assured that there was no mechanism to link the returned postcards with the questionnaire. Possible repercussions of sending the questionnaire to respondents' worksites were hopefully reduced by EAPA's endorsement letter. The types of questions posed in the survey were not of a personal nature, and therefore unlikely to cause any discomfort or distress. It is possible that unforeseen negative consequences might have arisen from participation in this study, but it is far more probable that benefits outweighed any potential harm.

4. RESULTS

This chapter is organized around the research questions, and is comprised of four sections. The first section presents respondent and organizational demographics, and descriptive data pertaining to respondents' EAPs. The second section analyzes respondents' definitions of low-wage and their estimates as to the percentages of these workers in their organizations. The third section examines the primary questions posed in this study: 1) a presentation and comparison of EAP usage for the general and low-wage workforce; 2) analyses of referral sources for low-wage and other workers; 3) comparison of worker problems; and 4) respondents' assessments of their EAPs' helpfulness with low-wage as compared to other employees. This section also includes bivariate and correlational analyses suggested by post-hoc examination of the data. Treatment issues and respondents' ideas as to how their programs could be more responsive to low-wage workers are presented in the fourth section. This section also includes non-parametric analyses of the most relevant qualitative findings as they relate to the study's primary objectives.

4.1. RESPONDENT AND ORGANIZATIONAL DEMOGRAPHICS

4.1.1. Respondent demographics

The sample was relatively balanced by gender with 39 (55%) females, and 32 (45%) males. On the other hand, respondents were overwhelmingly Caucasian, 67 (94%), with only two each (3%) identifying as African-American or Hispanic. Table 1 summarizes the background characteristics of respondents.

Respondents fell into two distinct categories of professional responsibilities. Of the 69 respondents who answered this question, a majority, 44 (62%), had management responsibilities, with job titles such as manager, director, and coordinator. The remaining 25 (38%) did not perform administrative functions, and had job titles such as counselor, specialist, or representative. Women comprised the majority (55%) of those with management duties.

Respondents' average job tenure in their current position was 10.2 years (*SD*=5.9), ranging from a low of two years to a high of 30. The following table describes the background characteristics of the respondents including gender, ethnicity, job tenure, and employment status.

Table 1: Respondent Demographics

Gender	*n*	%0	Management Status	*n*[a]	%	Ethnicity	*n*	%	Yrs in Job	*n*[a]	%
Female	39	55	Yes	44	62	White	67	94	1-5	18	26
Male	32	45	No	25	38	Afr. Amer	2	3	6-10	19	28
			[a]*N=69*			Hispanic	2	3	11-15	22	32
									16-20	7	10
									> 20	3	4

[a]*N*=69

The sample was highly educated, and primarily trained in human services. A majority of respondents (81%) achieved a master's degree, eight possessed a doctorate (11%), and five were bachelor-level practitioners (8%). Of the 68 respondents specifying their discipline, 35 (52%) stated that their degree was in social work, with 13 each reporting degrees in counseling or psychology (19% each). The remaining seven professionals (10%) earned degrees in human resources, education, liberal arts, and human services. Forty-two of the respondents reported that they held Certified Employee Assistance Professional (CEAP) certification.

The EAP literature identifies seven prevalent job responsibilities performed by EAP practitioners. Respondents were asked to check which of these functions they performed in the course of their work. Table 2 summarizes the findings based on respondents' management status. Most survey respondents performed multiple tasks. The number of roles handled by respondents ranged from one to eight, with a mean of 5.4 (*SD* =1.3). Managers assumed more responsibilities than other respondents. In fact, most managers were also involved with direct service activities including assessment and referral (96%), and counseling (80%). Their

average number of roles was 5.7 (*SD* =.93), while the mean for non-management respondents was 4.9 (*SD* =1.7).

Table 2: Respondent Job Functions

	Overall (*N*=69)		Managers (*N*=44)		Non-Managers (*N*=25)	
	n	%	*n*	%	*n*	%
Directing/Managing	44	62	44	100	3	12
Assessment/Referral	66	93	42	96	23	92
Counseling	60	85	35	80	24	96
Consulting	63	89	42	96	19	76
Education	64	90	40	91	22	88
Training	66	93	42	96	22	88
Research	8	11	4	9	3	12

In addition, nine responded to an open-ended item describing other functions fulfilled in the course of their work. Four reported engaging in activities related to benefits management and business development. Other responses included crises intervention, coaching, and employee fitness.

4.1.2. Organizational demographics

The overwhelming majority of respondents were employed by service organizations, and specifically, the health care sector. Forty-seven of the 66 respondents (71%) furnishing their organizations' product or service worked for a health care provider, while seven (11%) were employed in mental health. Government (3) and education (4) were among the other industries represented. The remaining five respondents worked in transportation, manufacturing, public utilities, engineering, and construction.

Forty (56%) reported that their organizations are single-site, with the remaining 31(44%) indicating that their employers operate in more than one location. Three of the later group noted that their companies conduct business on a national or global level. Sixty-three respondents furnished general geographic locations. The largest proportion of the EAP staff, 23 (36%),

worked for organizations based in the Midwest, followed by the South (17 or 27%), the Northeast (13 or 21%), and finally the West (10 or 16%).

Overall, the respondents worked for large organizations, but the variation in the number of employees was extreme, as summarized in Table 3. Of the 66 respondents who furnished these data, the total number of employees ranged from a low of 30 to a high of 80,000 employees. Even excluding these two extreme outliers did not appreciably alter the measures of dispersion and central tendency; the number of employees ranged from 100 to 57,000, averaging 7,820 workers, and having a median of 3,350. The standard deviation of 11,987 further supports the wide spread in size among respondents' organizations.

Inspection of Table 3 reveals that most of the institutions employed fewer than 10,000 employees (52, 79%), with the range of 1,000 to 2,999 being the most common. In addition to the gap in employee size noted in the table, the distribution of number of employees throughout the range was quite uneven.

Table 3:Organizational Size (*N*=66)

Number of employees	# of organizations	%
30 – 999	8	12.1
1000- 2999	23	34.9
3000 - 5999	14	21.1
6000 - 9999	7	10.5
10,000 – 19,999	6	9.0
20,000 – 36,999	4 [a]	6.0
37,000 – 80,000	4	6.0

[a] There were no organizations with 20,000 – 26,999 employees
Mean = 8,795, *Median* = 3,350, *SD* = 14,812

Only 56 respondents provided estimates of their organizations' workforces according to gender. Slightly more than 67% of respondents' workforces are female, ranging from a low of 15% to a high of 95%. The range for male employees was 5% to 80%. These results likely

mirror the higher proportions of women employed in service industries. The survey did not ask respondents for the gender composition of their low-wage workforces.

4.1.3. EAP type and services

Nearly all (67) respondents characterized their EAP as a "full service" program, offering a wide range of services for clients, with support for supervisors and union personnel. According to the 70 respondents who identified services offered by their EAP, 69 (97%) of the programs performed assessment, referral, and employee education, 68 (96%) conducted management consultation, 66 (93%) provided supervisory training, and 65 (92%) offered critical incidence de-briefing. A majority, 64, (90%) also offered counseling and health risk appraisals, 62 (87%) participated in concurrent reviews, 58 (82%) carried out after care/follow-up, and 51 (72%) furnished case management. More than half of the respondents indicated that their programs engage in policy development (49) and health promotion activities (38). Only 27 (38%), of the respondents' EAPs offered career counseling. The programs were least likely to provide retirement counseling or conduct research and evaluation at ten each (14%).

Thirty-four respondents answered an open-ended item requesting a description of other services offered by their EAP. Fourteen programs offered some type of programming that could possibly benefit low-wage workers. For example, six provided financial assistance in the form of crises or emergency grants, and four granted some type of educational assistance. Other services and activities included budget/credit counseling, special interest workshops and educational groups, and cultural diversity training.

All respondents reported that their low-wage employees are eligible for EAP services, with four indicating that special programs or services have been developed to meet their needs.

4.2. DEFINING LOW-WAGE

Sixty-nine respondents defined “low-wage.” Thirty-one (45%) respondents described low-wage earners in terms of either hourly wages or yearly earnings, 27 (39%) opted for more qualitative explanations, and 11 (16%) combined aspects of each.

Of those preferring quantitative definitions, some specified hourly rates while others cited annual salaries. The hourly wages considered low-wage by respondents ranged from the minimum wage of $5.15 to $12.00, with a mean of $8.67 per hour. Yearly salaries considered to be low-wage ranged from $15,000 to $40,000, with a mean of $23,545. Based on a 2,040 hour work year, the hourly rate conversion would range from $7.35 to $19.60 with a mean of $11.54.

Thirty-eight respondents offered qualitative definitions of low-wage. Content analysis of these descriptions yielded three broad categories (some respondents’ definitions included more than one category). One prevalent theme, noted by 13 respondents, pertained to difficulties low-wage earners typically encounter in meeting basic needs. The following quotes are reflective of the responses in this group:

> Difficulty making ends meet, and accumulates unmanageable debt.
>
> Often go without lunch to make ends meet.
>
> No money left after paying bills, and may work two jobs.

The same number of respondents felt that low-wage was characterized by the types of jobs performed by the worker, and/or the tenuous nature of their labor market. For example:

> Entry level positions in housekeeping and food service.
>
> Part-time work with no benefits or medical coverage.
>
> Unstable employment with no unemployment compensation
> or disability.

Twelve responses either used the Federal Poverty Guidelines or focused on “relative” poverty in comparison to local standards:

Below poverty level after taxes.

Within 30th percentile of average income

Under 200% of the Federal Poverty Guidelines

Based on their definitions, 65 respondents estimated the size of their organizations' low-wage workforce. The estimates ranged widely, from 2% to 60% (*M* =22%, *SD* =14%). The survey did not request that respondents estimate the gender composition of their low-wage workforce.

4.3. CENTRAL RESEARCH QUESTIONS

The findings pertaining to the study's research questions are presented in this section, first comparing utilization rates of low-wage and other employees. Respondents' perceptions as to the etiology of possible differences are described, and the results of correlational analyses suggested by post-hoc examination of the data are offered.

4.3.1. Utilization

Sixty-nine respondents estimated the extent to which all workers used their EAPs. The EAP literature suggests that a utilization percentage of five to eight percent is deemed "acceptable" (Masi, 1997). As displayed in Table 4, only 11.6% of the organizations had an overall utilization rate below 5%, and one-third of the institutions' usage rates fell within the range considered to be adequate. The remaining organizations had utilization rates above 8%. The overall utilization mean of 9.7% also exceeds this satisfactory range. The standard deviation of 4.8% is indicative of the wide variation among EAP utilization in respondents' organizations, which ranged from a low of 3.5% to a high of 25%.

Fewer respondents were able to approximate the low-wage utilization rate. Several commented that their programs' data collection methods did not permit this type of extrapolation. However, 49 did report estimates, which fluctuated even more dramatically than the overall utilization rates. Respondents reported low-wage employee EAP usage ranging

from a low of 1% to a high of 70%, with an average utilization rate of 15%, and a standard deviation of 15%. Deleting the 70% usage rate outlier in the analysis did not alter the statistics to any consequential degree. This is most likely due to the number of programs with very high low-wage utilization rates. There were 11 organizations whose low-wage usage rates were 30% and greater.

A comparison of the low-wage and general utilization rates generated several interesting findings. Even though the average utilization rate for low-wage earners is higher than the general rate, concluding that low-wage employees access EAPs more frequently than their higher-paid counterparts would be misleading. Further inspection of the utilization variables determined that of the 49 respondents who estimated both the overall and low-wage rates, 22 reported low-wage utilization rates that were lower than the general average, 19 estimated higher rates for low-wage workers, and 8 reported no difference between the two rates. The higher mean low-wage utilization rate is a product of the extremely high low-wage rates of the 11 institutions with usage rates ranging from 30% to 70%, while none of the general utilization rates was over 25%. Similar proportions of both the low-wage and general utilization rates, 51% and 55% respectively, exceeded the acceptable range of 5% to 8% as suggested in the literature. However, 26.5% of respondents reported low-wage rates of less than 5% as compared to 11.6% for the general rate.

Consistent with other research studies, women were more likely than men to use the services. An estimated 71% of the general EAP clientele were female, and women comprised approximately 75% of the low-wage EAP clientele. These high rates reflect the fact that approximately 67% of respondents' total workforce are female.

Forty-one respondents offered their insights as to why utilization rates between low wage employees and other employees diverged. Interestingly, five respondents who, even

though they stated they could not estimate rates for their low-wage staff, responded to this item. Even more perplexing, four respondents who *reported higher rates* for low-wage earners offered rationales which *supported lower utilization* among this group.

Table 4:General and Low-Wage Utilization Rates

	General (*N* 69)		Low Wage (*N* 49)	
Rate	# Organiz	%	# Organiz	%
<5.0	8	11.6	13	26.5
5.1-8.0	17	33.3	11	22.5
8.1-10.0	16	23.2	3	6.1
10.1-15.0	12	17.4	5	10.2
15.1-20	9	13.1	6	12.3
20.1-25	1[a]	1.4		
25.1-30			3	6.1
30.1-70			8[a]	16.2

General	Low Wage
[a]No org. with rates 20.1 – 24.9%	[a]No org. with rates 50 – 69.9%
SD= 4.8, *Mean*= 9.7, *Mdn*=9	*SD*=15, *Mean*=15, *Mdn*=8

Among those who reported lower utilization rates for low-wage workers, several themes emerged. The most prominent theme, reflected in 10 respondents' comments, suggested that low-wage workers may be less likely to access EAPs due to cultural influences, and lack of confidence in and/or familiarity with the helping process:

> The majority of our low-wage are Hispanic and African-American.
>
> There are language and cultural barriers, and many don't know what the EAP has to offer.
>
> Low wage employees may be less accepting of the counseling concept.

Five respondents suggested that the traditional problem resolution process characteristic of EAP treatment is not conducive to the more immediate, tangible needs of low-wage workers:

> EAPs focus on talk to resolve problems, not concrete services and advice.

Another theme reflected in five respondents' comments suggested that organizational conditions make it difficult for low-wage staff to access services:

> Low wage don't have freedom to use our services during work time, many have other jobs, and don't have time to come in on their own time.

> Low wage are not involved in professional activities (trainings and committees) which remind them about the service.

Finally, four respondents concluded that low paid workers' lower usage is due to their inferior status in the organization and the tenuous nature of the low-wage market:

> Low-wage workers may make do without complaint for fear of losing their jobs.

> They have difficulty keeping appointments due to obstacles like child care and transportation.

The major theme among respondents who estimated higher usage rates for low-wage earners was that they more frequently access EAPs because their problems are exacerbated by the stress of poverty:

> Poverty contributes to mental health problems.

> Low-wage workers are more desperate, and therefore more willing to ask for help.

> Low-wage workers have increased stress, leading to more family problems.

A related theme addressed the lack of treatment alternatives for low-wage workers, implying that they have limited alternatives outside of the workplace:

> Most low-wage workers can't afford the co-pays for outside treatment.

> Higher paid workers have more choices for assistance.

4.3.1.1. Promotional activities and utilization.

Respondents described promotional strategies, thereby permitting the exploration of possible relationships between EAP outreach and utilization rates. Respondents were asked to identify their EAPs' promotional and recruitment strategies from a list of six: employee orientation presentations, information in new hire packets, postings, mailings, newsletters, and workshops. An additional open-ended question requested that they briefly describe other approaches.

All of the respondents reported that their EAPs utilized at least two promotional strategies with one respondent citing nine. The average number of strategies was 4.9. Employee orientation presentations (63, 89%), workshops (61, 86%), and new hire packets (58, 82%) were the most frequently utilized methods, while mailings (27, 38%) were the least used. Thirty-one respondents described other promotional approaches, but nearly all were very similar to the closed-ended options. Web-based techniques (8) and health/benefits fairs (7) were the most frequently cited promotional strategies that did not duplicate the closed-ended answer categories.

To assess if the intensity of these methods, operationalized as the total number of promotional activities, was significantly associated with utilization, Pearson's tests of association for both the general utilization and low-wage utilization rates were conducted. Neither relationship was statistically significant. However, post-hoc analyses of relationships between specific types of promotional activities and utilization rates did produce two significant, but perplexingly inverse findings. EAPs that employed mailings (r =.-253, p<.01) and postings (r =-.268, p<.05) had lower general utilization rates than those that did not.

Only 11 respondents indicated that their EAPs conducted special outreach activities to attract low-wage workers. These activities included career development (1), home ownership workshops (1), educational resources and referrals (1), programs geared to single parents (1), life-long learning workshops (1), reading and ESL tutoring (1), and substance abuse and domestic violence education (1). It is striking that these activities, while described by respondents as outreach, could also be considered services. A t-test for independent groups did not find statistically significantly higher low-wage utilization rates for those organizations with special outreach programs. Thirteen respondents reported that their EAPs provide supervisors and/or other relevant staff with special training/consultation in working with low-wage staff. There was not a statistically significant relationship between this specialized training and the low-wage utilization rate.

Proactive outreach and specialized supervisory training may be more of a function of the proportion of low-wage workers in these organizations, as the percentage of their workforce considered low-wage was higher than the sample average of 22%. The low-wage workforce constituted nearly 28% of the population for those institutions that provided supervisors with additional training, and over 30% for those organizations that targeted their outreach to low-wage workers. The low-wage workforce mean percentage was 40% for the four organizations that engaged in both of these activities.

4.3.1.2. Services and utilization.

To assess if there might be some relationship between EAP services and utilization rates, Pearson's correlations were conducted between the total number of program services identified by respondents and the general and low-wage usage rates. Neither relationship was significant. It seemed plausible that those EAP services that involve direct service provision to workers (e.g. assessment, counseling) might be positively associated with utilization. To investigate this, point bi-serial analyses between each of these types of EAP activities and the two groups' utilization rates were conducted. The only service yielding statistically significant correlations was outplacement counseling, which was positively associated with higher usage rates for both groups. For low-wage workers, the Pearson's point bi-serial correlation was .321 (p<.05), and for the general employee group it was .240 (p<.05).

Fourteen respondents specified that their EAPs offered additional services that could be helpful to their low wage staff (i.e. crisis and emergency funds, school loans). Only eight of the respondents were able to estimate their low-wage utilization rate, but the mean for these organizations was 31%, more than twice that of the low-wage utilization average. An independent samples t-test found a significant difference between the low-wage utilization rates of the two groups. (t = 3.1, p<.01), and the bi-serial correlation was also significant (r=.416, p<.01).

4.3.1.3. Organizational factors and utilization.

Correlational analyses were also conducted to explore possible relationships between utilization rates and organizational factors including the total number of employees and percentage of low-wage earners in the workforce. The total number of employees bore no relationship to either the overall or low-wage EAP usage, nor was the percentage of the low-wage workforce significantly related to the low-wage utilization rate.

4.3.2. Referral sources

Employees arrive at the EAP via several routes. Table 5 summarizes the findings for both low-wage workers and other employee groups. According to respondents, self-referral was the most common means by which most low-wage employees and their higher paid peers come to the EAP. Two-thirds of non low-wage and over half of low-wage workers initiated their own referrals to the EAP. Supervisory-recommended referrals were the second highest type for both groups of workers, whereas supervisory-mandated referrals, and those initiated by medical departments, unions, and family members were infrequent. Human resource department referrals were slightly higher. A few respondents noted other referral sources, with co-worker being the most common.

As Table 5 depicts, the referral profiles for low-wage staff and their better-compensated counterparts are slightly different. As with other workers, the majority of low-wage workers initiate EAP contact on their own. However, both the supervisory mandated and recommended referrals were higher for low-wage workers, as were referrals initiated by human resource departments.

Thirty-seven respondents offered their perceptions about why there might be differences in referral sources between the two worker groups. As summarized in table 5a, their estimates, while similar to the other respondent group, were slightly lower for both worker groups in the self-referral category, and higher in the supervisory categories (three respondents were unable to estimate referral source percentages for one or both of the employee groups).

Table 5:Non low-wage and Low-wage Referral Sources

Referral Source	Mean Percentage Non low-wage(*N*=63)	Low-wage(*N*=57)
Self	66%	56%
Supervisory-Mandated	6%	9%
Supervisory-Recommended	11%	15%
Human Resources	5%	7%
Medical Department	3%	3%
Union	1%	<1%
Family	4%	3%

Table 5.a.: Non low-wage and Low-wage Referral Sources, respondents who provided explanations for referral differences

Referral Source	Mean Percentage Non low-wage (N=34)	Low-wage(N=34)
Self	63%	50%
Supervisory-Mandated	7%	10%
Supervisory-Recommended	13%	19%
Human Resources	6%	8%
Medical Department	3%	4%
Union	1%	<1%
Family	5%	4%

Most of their qualitative responses supported higher supervisory-initiated referral rates, but the perceived underlying dynamics varied. For example, nine echoed the previously noted hesitancy of low-wage earners to access unfamiliar services, making supervisory involvement more likely:

Stigma associated with asking for assistance.

Less knowledge about resources, and less likely to use.

Less open to counseling

Six alluded to the perception that low-wage workers' problems are more likely to affect work performance:

High absenteeism and tardiness

More personal problems result in more disciplinary actions

Five respondents noted that low-wage earners may not self-refer because of the prohibitive cost of treatment:

Low-wage workers drop insurance coverage.

Limited purchasing power in acquiring resources

And finally, three responses identified the more visible nature of low-wage work:

Low wage are more closely supervised, so their problems are noticed more quickly.

There are more supervisory referrals as their problems are more visible (domestic violence, substance abuse, transportation, housing).

4.3.2.1. Promotional activities, supervisory training, and referral sources.

It is conceivable that EAP outreach strategies, while they may not necessarily produce pronounced increases in EAP usage, might influence how workers access the programs. To assess if there was a relationship between promotional activities and EAP referral sources, two sets of correlational analyses were conducted: 1) Pearson's tests of association between the total number of promotional activities and the low-wage and general referral rates for the two major referral sources (e.g. self and supervisory), and 2) point bi-serial analyses between each promotional activity and the rates for these referral sources. For purposes of this analysis, supervisory-mandated and supervisory-recommended referrals were summed into one composite variable. Other referral sources (human resources, medical departments, unions, and families) were eliminated from these analyses due to their low referral rates, and because they are less exposed to EAP outreach and recruitment activities. One significant finding emerged as a result of these analyses: EAPs that use more strategies to promote their programs have higher low-wage self-referral rates (r =.288, p<.05). This relationship did not

hold for other workers. Other specific promotional activities did not statistically significantly increase the likelihood of a self or supervisory referral for either of the worker groups.

Independent group t-tests were conducted to assess if there were referral differences between those programs that provided specialized supervisory training and consultation and those that did not. EAPs that trained supervisors of low-wage workers had slightly lower self-refer rates for these workers, but the results were not significant (t=1.98, p=.054).

4.3.3. Problems

Respondents were asked to identify the five problems most commonly treated in their EAPs and to estimate the percentage of the EAP caseload for each problem. Sixty-six respondents completed this section of the survey for employees who were not low-wage and 63 for low-wage employees.

The data summarized in Table 6 reveal that family, mental health and work-related problems were the three most common issues for both groups (see “Number/% Among top 5” in Table 6). The percentages of respondents who considered these among the most prevalent problems were somewhat lower for low-wage earners. Family and mental health/self received identical ratings for non low-wage staff; 87% of the respondents ranked them among the top five problem areas, while work-related ranked next (78%). Family was also the highest ranked problem identified for low-wage staff, with 70% of the respondents rating it among the top five problem areas. Mental health/self, work related, and financial problems all tied for second place (66%). Stress problems, while not among the five most prevalent problems for either worker group, were still ranked quite high for both. Seventy-one percent of the respondents rated it among the five most prevalent problems for non low-wage workers, and 61% did so for low-wage workers. Substance abuse problems ranked next for both groups, but the percentage was much greater for higher paid workers: 62% as compared to 45%. The only problem category, aside from financial, in which there was a sizeable disparity in respondents’ rankings

was in the “absentee/tardiness” category; 27% of the respondents rated it among the most prevalent for low-wage earners, whereas only 13% did so for non low-wage earners.

Table 6:Ranking and Percent of Total Caseload for Problem Categories

Problem Categories	Non Low-Wage(*N*=66) Number/% among top 5 ranked	Non Low-Wage(*N*=66) % total EAP caseload	Low-Wage(*N*=63) Number/% among top 5 ranked	Low-Wage(*N*=63) %total EAP caseload
Mental Health (self)	62 (87%)	20%	47 (66%)	14%
Family (marital, children, subs. abuse/mental health of family member)	62 (87%)	28%	50 (70%)	24%
Work-related (conflicts with supv/co-worker, skill deficit, quality of work)	55 (78%)	15%	47 (66%)	14%
Stress-Related	53 (79%)	16%	43 (61%)	17%
Drug/Alcohol (self)	44 (62%)	9%	32 (45%)	7%
Financial	20 (28%)	3%	47 (66%)	15%
Medical	13 (18%)	2%	10 (14%)	2%
Absenteeism/Tardiness	9 (13%)	1%	19 (27%)	5%
Dependent Care[a]	8 (12%)	1%	13 (17%)	2%
Legal	3 (4%)	<1%	9 (13%)	1%

[a]Combined elder and child care

The data summarized in the Table 6 also show that respondents only perceived a substantial difference in the proportion of the caseload between the two groups in the problem areas of mental health (self) and financial (see “% Total EAP Caseload” columns). Not surprisingly, more low-wage earners presented with financial difficulties and better paid workers were more likely to present with mental health issues. Marked differences were also found between the groups in the family and absenteeism/tardiness problem categories. Low-wage earners experienced more attendance difficulties, while higher-paid workers presented more often with family concerns.

Sixty-eight respondents rated their perceptions of low-wage employees’ problems compared to those of higher paid workers in number, severity, chronicity, (i.e. persistence) and impact on job performance. Table 7 summarizes these findings. Most respondents felt that

lower paid earners' problems were more acute in all of these dimensions. Forty-nine (72%) respondents rated low-wage earners' problems as more severe, 45 (66%) felt that their problems were more chronic, 43 (63%) considered their problems to have greater impact on job performance, and 39 (57%) concurred that low-wage earners had a greater number of problems than their counterparts. Few respondents assessed low-wage problems as less critical than those of other workers, and some were unsure as to how low-wage and other employees' problems compared on these factors.

Table 7:Respondents' Ratings of Low-Wage Problems Compared to Other Workers (N=70)

Nature of problems	Less		Same		More		Not Sure	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Number	1	2	23	34	39	57	5	7
Severity	2	3	13	9	49	72	4	6
Chronicity	1	2	17	25	45	66	5	7
Impact on Job	1	2	20	29	43	63	4	6

Thirty-nine respondents offered additional observations relating to differences in the nature of problems experienced by low-wage staff and higher paid workers. Content analysis of their responses revealed four major themes. Seventeen comments reflected a belief that the stress of economic hardship impacts both personal functioning and work performance. For example:

> Fewer resources to deal with difficulties, low educational level, inadequate income, lower coping skills.
>
> Many problems related to financial issues.
>
> Less resources to problem-solve.

Seventeen responses reflected the opinion that low-wage workers have a tendency to wait until a crisis occurs before seeking help, and a few suggested that the problems are within the workers themselves:

> Low-wage often wait until the last minute to seek assistance.
>
> Lack of maturity in handling problems
>
> Many have pre-existing mental health, drug and alcohol, and mental retardation issues.

Seven comments implied that either the workplace itself and/or health insurance limits may exacerbate problems:

> The co-pay for treatment can be prohibitive.
>
> Low-wage are sometimes underinsured, making referrals difficult.
>
> Can't get flex time.
>
> Rigid jobs, no respect

And finally, seven responses indicated that there are differences in the way low-wage and other workers' problems are manifested on the job:

> For high-wage, job performance may be the last area affected, and family problems may be the first.
>
> Fewer supports, therefore problems are more severe, and job impact is seen more quickly. Higher-wage can "cover" better.

4.3.3.1. Problem categories and referral sources.

Correlational analyses were conducted to determine if there was a predominant referral source for certain types of problems. The percent of EAP caseload for each of the problem categories (except dependent care) for each worker group, and the percentage for the three most common referral sources, self, supervisory (the composite variable), and human resources were used for these analyses.

Two statistically significant findings partially supported those reported by prior research. Workers who arrive at the EAP with drug and/or alcohol problems are more likely to be referred by a supervisor, and less likely to self-refer (Blum & Roman, 1992; Thomas & Johnson, 1994). There was a statistically significant positive relationship between workers who were not low-wage presenting with substance abuse problems and supervisory referrals (r=.294, p<.05), and

an inverse relationship for substance-abusing workers and self-referrals (r =-257, p<.05). In contrast, low-wage workers with substance abuse problems were more likely to be referred by human resources (r =.398, p<.01). Non low-wage workers with family problems seemed more likely to self refer (r =.383, p<.01). This relationship was not statistically significant for low-wage earners (r =.266, p=.066), but analysis with a larger sample may have produced a significant finding.

4.3.4. Perceptions of effectiveness

Respondents were asked to rate their EAPs' effectiveness in addressing the needs of their low-wage workers on a five-point Likert-scale item ranging from very ineffective to very effective. In general, their ratings were favorable. Of the 70 who answered this question, 39 (56%) ranked their programs as *somewhat effective*, and only 13 (19%) rated them as *very effective.* Conversely, seven (10%) evaluated their EAPs as *somewhat ineffective* and only three (4%) assessed them as *very ineffective*. The remaining respondents (8) were uncertain as to how useful their programs' were in assisting their low-wage workforce.

A somewhat different picture surfaced when respondents compared their programs' success in addressing the needs of low-wage earners to other occupational groups. In spite of the fact that the majority of the respondents felt that their EAPs were at least somewhat effective with low-wage workers, they did not fare as well in comparison to other workers. While 38 (55%) appraised their programs as equally responsive to the needs of both groups, a considerable percentage felt they were not as effective with low-wage workers. Nearly one-fourth (24%) of the respondents assessed their programs as failing in this area, and only 11 (16%) evaluated their programs as more adequately responding to the needs of low-wage earners than other workers.

One could theorize that if EAP practitioners perceived low-wage earners' problems to be more acute than those of other workers, they may also rate their programs as less effective with the former. To test the significance of this relationship, a composite variable was created by

summing each of the four problem indices (e.g. number, severity, chronicity, impact on job performance). The relationship was not statistically significant (r =.238, p=.051), but perhaps with a larger sample size, this premise may have been supported.

Thirty-one respondents offered their opinions as to the sources of differences in their EAPs' efficacy with low-wage staff and other employees. Most reflected the view that their EAPs were not doing as well in assisting low-wage workers. Two distinct trends were evident in these comments. One stream (15) blamed systemic conditions, either societal or organizational or both, for this disparity:

> Low-wage can't get off work as easily for appointments, and there is a shortage of tangible help.
>
> Most low-wage have HMOs which offer terrible coverage for mental health and substance abuse issues. This is a major problem.
>
> No way to change management practice of not valuing poor workers- they are interchangeable.

Nine respondents identified low-wage earners themselves, or the nature of their problems, as sources of difficulty in achieving positive outcomes:

> Their cases are more complex, and they enter the EAP only after problems are critical.
>
> They are not as vested in their jobs. This results in willingness to decline treatment prematurely or refuse services at the onset.

The comments of five respondents who felt that their programs were successful with low-wage earners suggested that their proactive efforts to develop specialized services and/or quality, affordable health insurance played an important role in this accomplishment:

> Low-wage employees are eligible for very affordable enhanced behavioral health care for long term help.
>
> Our program tries to meet all needs, and to seek out free or low-cost help.

The survey solicited respondents' ideas as to how their EAPs could be more beneficial for their low-wage. Forty-two respondents offered their proposals, generating four distinct types of solutions (some presented several ideas). The most common responses (12) were those

describing strategies to develop more extensive resources, both within the organization and the broader community.

> Develop a discretionary emergency cash fund.
>
> Provide employer-sponsored child care.
>
> Network with larger systems to develop programs on a larger scale, and interact with community leadership.

The next most prominent cluster (11) advocated for more aggressive outreach and education to low-wage workers:

> Target low-wage, starting with managers.
>
> Be more visible.
>
> Provide education and training to low-wage workers to specifically target their needs.

A third subgroup (11) proposed broader policy solutions such as raising pay and providing or improving health care plans for low-wage staff. The following quotes reflect these perspectives:

> Pay all hard workers a decent living wage.
>
> Decrease co-pay amount for mental health and substance abuse services.

A final theme (8) pertained to the need for management and/or staff to increase their sensitivity to and/or awareness of the need for more specialized interventions:

> Encourage management to allow time to use services.
>
> Train EAP staff and supervisors about issues.

4.4. TREATMENT ISSUES

Respondents were asked their impressions about differences in interventions between low-wage and other workers. Thirty-nine (56%) of the respondents did not perceive that low-wage and other workers received different treatment from the EAP. However, a sizeable minority of 29 (41%) felt that there were disparities in service provision. Thirty-two respondents presented their views on this issue (several respondents who did not perceive treatment disparities still

offered their insights) which suggested three broad categories. Nearly half (13) of the responses purported a difference in the dynamics of the treatment process itself, with a stronger emphasis on tangible issues for low-wage earners:

> Concrete issues at first, then psycho-emotional work
>
> Low-wage prefer fewer sessions, talking about "issues" not as helpful.
>
> Treatment is more likely to be short-term.

According to some respondents (10), cost concerns sometimes impact treatment options for low-wage workers:

> Low-wage earners often can't afford the co-pays.
>
> There is more consideration for treatment cost.

Another perception among respondents (9) was that the low-wage are more likely to be referred to community resources:

> More often refer to public agencies with sliding fees.
>
> Referral to community support is higher for low-wage.

Respondents had similar observations as to the differences between low-wage and other employees in adherence to treatment plans. Forty (60%) perceived that there were variations, while 21 (31%) felt there were no differences. Forty-one respondents offered their analyses as to the nature of differences in treatment follow-through between the two worker groups (again, some respondents who did not observe treatment compliance discrepancies nonetheless shared their ideas). Unlike other open-ended items which generated several qualitative themes, nearly all of the explanations to this item inferred that low-wage workers are less treatment-compliant than other employees. Many echoed the previously cited pervasive challenges faced by the low paid in following through with treatment plans such as lack of time, resources, support, and adequate health insurance. There was an insinuation of personal shortcoming embedded in some of the comments. The following quotes are reflective of these major trends:

> Low wage have a “cheaper” HMO, or they can’t afford the co-pay for on-going treatment.

> Their priorities are affected by survival and basic needs. Crises influences adherence.

> Difficulty with time management, lack of time to follow through, lives more complex, lack of support.

Several respondents suggested that the treatment itself and/or institutional policies were responsible for low-wage workers’ apparent difficulty in adhering to treatment plans:

> They are somewhat less likely to keep the second appointment. I wonder if we are of adequate assistance.

> Few therapists are of the same class.

> Low-wage often need more leverage with supervisors who insist upon performance improvement.

It is notable, however, that a few respondents felt that lower paid workers were actually more likely to adhere to treatment plans than their higher paid counterparts. For example:

> Low-wage are more motivated to follow treatment objectives, as they meet basic needs.

Post-hoc analysis of the data suggested it would be helpful to investigate if the treatment variables (e.g. perceived difference in treatment modalities and compliance) might be related to respondents’ ratings of program effectiveness and low-wage problem severity. Perceptions of disparities in adherence to treatment plans between low-wage and other workers were not associated with either of these variables. However, those respondents who felt that there were differences in treatment between the two groups of workers were more likely to assess low-wage workers’ problems as more acute ($r = .252$, $p < .05$).

4.4.1. Non-parametric analyses

Content analysis was utilized to code responses into categories, and several cross-tabulation analyses were conducted to ascertain if these qualitative groupings were associated with attributes of other relevant variables. Two open-ended items afforded perhaps the most compelling distinctions among responses, and resulted in relatively even dispersion among

categories. These items were selected to conduct several non-parametric analyses. Question 1 asked respondents to provide their own definitions of low-wage, and 38 of them complied. Content analysis resulted in three discrete groupings: difficulty meeting basic needs (13), the nature of low-wage jobs (13), and definitions that incorporated income levels (12). This item also made it possible to identify qualitative, quantitative, and combination definitions.
Cross-tabulation analyses were conducted to explore if gender, management status, and training (e.g. social work, counseling, psychology, etc.) varied with the type of response (e.g. qualitative vs. quantitative). Interestingly, psychologists were more likely to provide qualitative responses ($\chi 2$ (7, N = 68) =15.07, p = .035). None of the other relationships were statistically significant. A second analysis assessed if these independent demographic variables were associated with the qualitative response categories: difficulty meeting basic needs, nature of jobs, and income levels. None of these relationships was significant.

Respondents provided ideas for improving their EAPs' outcomes for low-wage workers. Of the 42 comments, four distinct groups emerged through content analysis: develop resources (12), intensify outreach and education efforts to low-wage workers (11), provide training to staff and management (8), and implement broader policy solutions such as increasing wages and improving health insurance coverage (11). Crosstabulations with the three independent variables (gender, management status, and training) did not yield significant results, however 41% of the managers who responded to this item favored developing resources as the most effective strategy for assisting low-wage workers.

5. DISCUSSION

The primary purposes of this study were to explore if and to what extent low-wage and other workers differ in their utilization of EAPs, how they access the programs, the types and severity of problems, and program efficacy. The research also solicited respondents' opinions as to the causes of observed differences in program efficacy between low-wage and other workers, and asked for their ideas for improving outcomes for low-wage earners.

5.1. MAJOR FINDINGS AND INTERPRETATIONS

5.1.1. Respondents

The group was diverse in gender, and it is noteworthy that the majority of those with management responsibilities were women. Also striking was the sample's almost total absence of racial/ethnic diversity. While data were not collected on the racial composition of respondents' workforces, it was quite obvious from their numerous references to the influence of cultural dynamics on service provision and treatment outcomes, that these differences were important. The homogenous complexion of EAPs, especially in culturally diverse organizations, may compromise the ability of programs to attract and effectively treat minority status workers. This concern was expressed by a number of respondents.

The practitioners were also highly educated, an attribute often correlated with class. It seems probable, then, that there were differences in status between most of the practitioners and their organizations' low-wage workers. In fact, several respondents noted that this disparity may have operated as a deterrent for low-wage workers to use their EAPs. For the most part, respondents' comments conveyed empathy for their low-wage earners, and many expressed a need to advocate for pay increases, improved benefits, and expanded services on their behalf.

However, some respondents expressed opinions that were paternalistic and even judgmental. While these attitudes were not predominant, they were not rare enough to discount. Typically these types of attitudes on the part of the practitioner harm the therapeutic relationship,

discourage further treatment, and have a negative impact on others workers' willingness to access the service.

5.1.2. Utilization

The study found little quantitative difference between the general EAP utilization rate and that of the low-wage workforce. However, based on their answers to open-ended questions, the majority of respondents assumed that lower paid workers are less likely to access EAPs. Cultural influences, lack of confidence in and/or awareness of the benefits of the services, "time and resource deficits" associated with poverty, inadequate behavioral health care coverage, and low organizational status were the primary themes cited by respondents supporting this view. It may seem incongruous that respondents who perceived a higher usage rate among their low-wage workers cited some of these same reasons to support their assertion. They felt low-wage earners experience more problems due to economic hardship and a non-supportive work environment, but instead of *avoiding* the EAP due to misapprehension, time, or inferior health coverage, they access the EAP *because* they cannot afford treatment outside of the workplace.

The findings as to whether low-wage employees access EAPs in higher or lower rates than other workers were ambiguous, and the uneven distribution of these percentages among respondents' programs was even more perplexing. What is apparent, however, is that the respondents, for the most part, believe that low paid workers face more difficult challenges, and that these obstacles are more chronic and severe. If this is true, then they *should* be using EAPs in higher numbers.

Few factors were identified that co-varied with EAP usage in general, and EAP usage among low-wage workers. The significant correlation between the total number of promotional activities engaged in by EAPs and the low-wage self-refer rate suggests that these workers may be more likely to initiate help-seeking when they are surrounded by reminders. This positive relationship, however, was not significant for the overall utilization rate. In fact, the only significant relationships between promotional methods and general EAP utilization were oddly

inverse: mailings and postings were associated with lower usage. In interpreting this finding, it is important to note that no EAP relied solely on these strategies. If these methods were used, they were part of a “total package” comprised of several other outreach efforts.

Outreach efforts that target low-wage staff and specialized training for supervisors do not seem to influence low-wage EAP usage. This finding seems counterintuitive, especially considering that the proportion of low-wage workers was greater in organizations that utilized these strategies. On the other hand, EAPs that offered additional services more aligned with the tangible needs of low-wage earners did have substantially higher low-wage usage rates. These findings suggest that outreach and supervisory training may not attract low-wage workers to the EAP unless the program can actually provide help for their most urgent and immediate needs.

5.1.3. Referral sources

Respondents’ quantitative estimates revealed low-wage self-initiated referrals that were lower and supervisory-involved referrals that were higher than for other workers. However, their qualitative responses as to the reasons for these differences suggested that they perceived a higher degree of disparity than is supported by the data. This discrepancy could stem from several sources. As discussed in the review of the literature, insufficient intake procedures and/or data collection methods may result in poor tracking of referral sources. Prior research has found that workers who are strongly encouraged by their supervisors to seek assistance from the EAP may present as a self-refer (Sonnensthul, 1990). It is also possible that respondents may have sufficient in-depth, valid and reliable knowledge about the organization and its dynamics to draw accurate inferences, but these informed hunches may not be amenable to traditional data collection methods.

Even though supervisors were more involved in EAP referrals for low-wage workers than they were for other workers, this was not the case for substance abuse problems. Instead, human resource departments were more likely to initiate referrals for low-wage workers suspected of abusing alcohol or drugs. Further research into this dynamic is certainly indicated,

but an interpretation can still be offered. Complicated factors are involved when supervisors are confronted with a subordinate whose job performance seems compromised. The supervisor may do nothing, or may wait until something so egregious occurs that confronting the employee is unavoidable (Harley, 1991). It seems reasonable to project that in some of these serious situations, organizational policies may mandate human resource involvement. In these instances, human resources would then originate the EAP referral. This seems particularly pertinent when considering some of the respondents' comments that the more public setting of low-wage earners' work makes them more susceptible to scrutiny, and their human resource referrals are higher than those for other workers. If the organization's policies specify the types of infractions warranting human resource intervention, it may be simpler and less stressful for the supervisor to follow these guidelines rather than confront the employee with the prospect of an EAP referral. Conversely, if the supervisor does confront the employee with the deviant behavior and mandates an EAP referral, should the employee refuse, human resource intervention could be the likely outcome. A mandated supervisory referral does not mean that the consequence of rejecting the directive is dismissal, but that more stringent action will be taken should the inappropriate behavior reoccur. This more severe action could well be a referral to human resources. This type of dynamic seems plausible in light of recent findings. In their study of organizational responses to employee drug use, Knudsen et al. (2004) found that institutions with EAPs are more likely to order counseling for substance-abusing employees rather than take punitive action (i.e. dismissal). In many organizations, mandates of any kind are the purview of human resources, regardless of supervisory imperatives.

5.1.4. Problems

Based on respondents' approximations of problems brought to them by employees, there were perceptible, but not substantial, differences between low-wage and other workers. Not surprisingly, financial difficulties ranked low among higher paid staff and just the opposite among low-wage earners. It is noteworthy that overall, respondents estimates of the percent of the low-

wage caseload devoted to many of the identified problem categories, especially the most prevalent (e.g. family, work-related, mental health) consumed less of the low-wage caseload than these problems did for other workers, with the exception of financial difficulties and attendance violations. While not among the most common problem categories, respondents did estimate that poor attendance comprised 17% of the low-wage caseload, much higher than the 1% they estimated for other workers. A common theme in their qualitative comments implied that family and other outside pressures, combined with inflexible organizational policies and the more visible nature of their work, make it more likely that absences would occur, and be observed and sanctioned.

Dependent care and transportation issues are likely part of these family and outside challenges. Child care problems were not among the top five problem categories for either group, but many respondents (17%) rated them as problematic for low-wage workers, which was also supported by their qualitative comments. Transportation difficulties were not captured in the quantitative measurements, but some respondents did cite this issue as problematic for low-wage staff.

There was a disparity between the problem category rankings, and the respondents' estimations of the gravity of low-wage problems, as measured by their ratings on Likert-scaled items of chronicity, severity, impact on job performance and number of problems. The latter group of measurements clearly signified that they judged the hardships of the low-wage workers to be more compelling than those of other workers, and content analyses of qualitative responses corroborated this view. Severity of low-wage workers problems was assessed as the more serious factor, with nearly three-quarters of the respondents rating low-wage earners' problems as more extreme in this dimension. The respondents' qualitative observations portrayed the work and family lives of low-wage workers as difficult due to the multiple hardships they often encounter on a daily basis, while having fewer resources to deal with them. The most logical interpretation of this divergence between respondents' estimates in these survey items

seems obvious: even though their problems are more serious, they do not come to the EAP. Therefore, the “official” statistics do not accurately capture the hardships faced by low-wage workers. The reasons for this have been previously discussed, and are likely a combination of all of the views offered by respondents including the lack of awareness of services, lack of confidence in the treatment, inadequate health care coverage and no time for treatment due to a combination of organizational restrictions and personal constraints.

Another related disparity pertains to respondents’ evaluations of how frequently workers use the EAP for stress-related problems, and what proportion of the two worker groups’ caseloads are treated for these issues. According to their ratings, while the percentage of the caseloads seen for stress difficulties is similar for both worker groups, and somewhat lower than EAPA’s findings of 23%, (17% for low-wage workers, 16% for other workers), 75% of them rated it among the top five problems for non low-wage workers, and only 61% did so for low-wage earners. This is particularly surprising, especially in light of the qualitative portrayal of low-wage workers’ lives as being rife with strain and pressure. Again, this divergence may corroborate the previously offered explanation that it is not that stress is less of a hardship for low-wage workers, but that they do not avail themselves of EAP services when they are experiencing stress, probably a constant in their lives. An equally valid explanation, and one that is supported by respondents’ qualitative observations, is that when low-wage workers finally arrive at the EAP, they are often in crisis, and/or dealing with a multitude of problems. Practitioners may be more likely to assess (and treat) the presenting problem and symptoms troubling the worker rather than probe for underlying causes. Most likely, both of these dynamics are at play, with the result that low-wage clients are not *evaluated, assessed, or diagnosed* as frequently with stress-related problems as are other workers.

Respondents’ estimates of the proportion of the low-wage and other workers who access the EAP for substance abuse difficulties (7% and 9% respectively) were well below the percentage of workers thought to have this problem (Masi, 1997), but within the findings of other

studies (Bayer, 1995; Lawrence et al., 2002; UPMC, 1999; Yamatani, 1988). This provides further support for Blum and Roman's (1992) contention that shortcomings such as insufficient intake procedures, permitting clients to self-diagnose, and inadequately trained practitioners may contribute to the under-diagnoses of substance abuse.

5.1.5. Perceptions of EAP effectiveness and suggestions for improvement

A majority of respondents (71%) evaluated their EAPs as at least equally effective with low-wage as with other workers, yet nearly half of them still offered their insights as to why they observed disparities in program outcomes. Again, their qualitative comments conflicted somewhat with their quantitative ratings: most of their opinions inferred that their EAPs are not as helpful with low-wage workers. Respondents' comments either emphasized organizational factors (e.g. inferior health insurance coverage, rigid personnel policies, unresponsive management) or the tenacious nature of the problems of low-wage earners. Many of their ideas for improving their EAPs responsiveness and efficacy with their low-wage workers targeted these shortcomings (e.g. more proactive outreach to low-wage earners; management training). However, organizations that utilized these methods did not have higher low-wage utilization rates, nor were respondents' perceptions of their program's helpfulness with low-wage earners more positive. Only a few respondents indicated that their institutions provided low-cost, adequate behavioral health care coverage to low-wage workers, and/or were proactive in generating internal or external resources to meet their concrete needs. And, most importantly, none of the respondents suggested that organizations' institutional policies were responsive to the needs of their low-wage employees.

5.1.6. Treatment and services

A narrow majority reported that treatment plans between low-wage and other employee groups were the same, but a sizeable minority noted that there were therapeutic disparities. Again, the most prevalent differences were ascribed to the more tangible needs of the low-wage client and

to some degree their preference for shorter-term treatment that focuses more on concrete issues and less on psycho-emotional work. Some respondents did report that low-wage clients were more likely to be referred to community resources, due to the limitations (or lack of) of their health benefits.

As for adherence to treatment plans, most respondents were of the opinion that low-wage clients were less compliant. Most respondents did not ascribe this to resistance or lack of motivation, but to outside demands that prevent them from keeping appointments, and inferior behavioral health insurance that does not cover longer-term treatment. However, some respondents did place the blame for lack of treatment follow-through on shortcomings of the low-wage workers themselves (i.e. inadequate coping and time management skills). While certainly not a predominant sentiment, these views do suggest that at least among some EAPs, a class structure does exist, and that it may negatively influence low-wage workers' propensity to seek help from their EAPs.

Nearly all of the surveyed respondents worked in "full service" EAPs offering a wide variety of services. Correlational analyses found that none of the traditional direct client services was related to utilization rates for either worker group, with one exception: outplacement counseling. The most obvious explanation for this relationship is quite logical. Workers about to lose their jobs due to dismissal, downsizing, reorganization, layoffs, etc., would be more prone to seek outplacement counseling. There is less stigma associated with this type of intervention than with other types of treatment, and workers dealing with the loss of employment may feel a need for support. Outplacement services also provide such concrete assistance as referral to job placement agencies, and help prepare workers for a successful transition into another job or career. It is also possible that organizations automatically refer workers about to lose their jobs to the EAP.

Only 38% of the respondents' EAPs offer career counseling – a somewhat disappointing finding. This service could provide workers, especially those who have low skills,

with assistance in identifying and accessing training programs that qualify them for advancement, perhaps even within their own organizations. Health care institutions in particular can offer workers with limited marketable skills the possibility of career growth. This fact has considerable relevance for the EAPs represented in this study, the majority of which are located in health care institutions.

5.1.7. Comparison of findings to other studies

To a large degree, the major findings of this study corroborate those of prior research. The general utilization rate of 9.7% found in this study was somewhat higher that the 4% to 8% range considered average, but not exceedingly so. In this study, the majority of referrals to EAPs were self-initiated, followed by supervisory-recommended, a finding also supported by other research. The positive relationship between substance-abusing workers and supervisory-initiated referrals in this study has also been supported in prior research. The major problem categories identified by survey respondents (e.g. mental health, family, stress, work-related issues, and substance abuse) and their estimated percentages of the EAP caseload were comparable to those of previous research.

Very limited research has been conducted on the relationship of EAPs with low-wage workers, so there is little comparative data. However, survey respondents did perceive their problems to be more pervasive, and felt that for the most part, their EAPs needed to develop alternative strategies to attract, retain and treat these workers. These findings corroborate the results and implications of much research on those transitioning from welfare to work and other at-risk workers such as women and minorities, and the few EAP initiatives that have targeted these same groups.

5.2. IMPLICATIONS FOR POLICY AND PRACTICE

The implications suggested by the study's findings seem to fall into two distinct tiers: one directly germane to the questions posed by the study, and a secondary broad stratum that has

relevance beyond the study's specific research questions. The discussion centers first on inferences of those findings that are pertinent to the central research questions.

5.2.1. Specific to research questions

Class and culture barriers inhibit EAP utilization for low-wage employees. Several approaches to address these issues seem warranted. First, according to respondents, these workers are an ethnically and culturally diverse group with various values around the appropriateness of help-seeking. For some, EAP practitioners may be their first contact with professional mental health practitioners. Based on this study's findings, it is unlikely that if and when these workers arrive at the EAP, they will be treated by a practitioner whose background and ethnicity resembles theirs. It seems that minority practitioners are severely underrepresented, and strategies to actively train and recruit qualified minority candidates should be implemented.

Second, respondents cited institutional indifference, even callousness, to low-wage workers, and a lack of awareness of the impact of culture on attitude, behavior, and help-seeking. As previously discussed, some respondents conveyed this same lack of empathy. Diversity training that incorporates cultural and class factors should be incorporated into the on-going programming for all personnel. EAP practitioners may be the most qualified staff to facilitate this training – but they first need to become competent in effectively handling these dynamics themselves. The certification process for EAP practitioners should include intensive training on these issues.

Outreach materials should reflect inclusiveness, and EAP orientations should incorporate topics related to cultural diversity. In one study cited previously (Zarkin et al., 2001), these methods were effective in increasing EAP utilization among women and minorities. It may also be beneficial for EAPs to address general concerns surrounding help-seeking behavior. Butterworth (2001) recommends that orientations and educational workshops on the benefits and services of EAPs should openly discuss issues of stigma associated with counseling.

Underutilization due to lack of behavioral health benefits or organizational barriers that discourage program access suggest that EAP professionals need to advocate on behalf of their low-wage staff for adequate health insurance coverage and more responsive organizational policies, methods that were also proposed by some respondents. Ironically, should strategies to encourage low-wage utilization be successful, expansion of tangible resources to meet the increased need would almost certainly be required. Based on respondents' comments, it seems clear that low-wage earners who access the EAP are in need of concrete assistance. EAPs committed to helping them need to develop these resources, and those programs that provide them do have higher low-wage utilization rates. Provision of these tangible services, then, would likely increase utilization by low-wage workers and may even lay the foundation for longer-term interventions with them.

Respondents offered thoughtful and progressive ideas for improving their programs' helpfulness with low-wage workers. However, a strong case management component that coordinates the provision of needed services was not among their suggestions. This omission is somewhat surprising, considering the strong support it has received, especially among the social work profession, as a viable intervention for clients with multiple problems. Maiden (2003) advocates that case management should be a core function of EAPs that provide services to low-wage workers. The findings generated by North Carolina's Enhanced Employee Assistance Program (EEAP) (2001) evaluation also strongly recommended that a strong case management component be included in future efforts to help those transitioning from welfare to work. This study's findings provide further support for these recommendations.

Only 38% of respondents' programs offered career guidance. This service has the potential to positively impact the career prospects for low-wage earners, especially those who are employed in the health services sector. In a recent Urban Institute report commissioned by the Department of Labor to analyze the causes of the projected nursing shortage and gather data on current initiatives to address this problem, Pindus,Tilly, and Weinstein (2002) described

several programs designed to establish career ladders for entry-level health care workers. One of these projects was developed by a consortium of non-profit hospitals and health care organizations. EAPs may opt to model these types of initiatives by developing and piloting smaller-scale career guidance programs within their own institutions. This type of service may appeal to the low-wage worker, profiled by respondents as apprehensive of seeking assistance, impatient with traditional modes of counseling, and desiring concrete, specific services. From the researcher's considerable experience in these types of programs, career development is usually short-term, concrete, flexible, and very goal-oriented. Career guidance does not carry the stigma associated with mental health counseling, and may even be attractive to low-wage workers. It is entirely possible that by implementing and publicizing a strong career development component, EAPs could increase their low-wage utilization. Low-wage employees who perceive that they have the opportunity to advance within the organization may be more motivated to improve their performance and attendance, and more likely to stay on the job. This could reduce turnover costs and other expenses related to poor employee performance.

In light of respondents' qualitative remarks citing organizational restrictions and inflexibility (e.g. no flex or personal time to tend to personal matters) compounded with child care and transportation difficulties, EAP intake and treatment record-keeping procedures should be modified to capture these types of difficulties. These types of data would provide further evidence of the need to develop these types of services (e.g. on-site child care).

This study found a substantial discrepancy between respondents' quantitative estimates of the frequency for which they treat the various problems of low-wage workers and their qualitative perceptions of how severe these problems are. Hopefully, this finding will encourage practitioners to develop more thorough intake and assessment procedures.

The study supported a primary finding of previous research: substance abusing workers are more likely to be referred to their EAPs by supervisors. However, this result did not hold for low-wage personnel: human resource departments are more involved in EAP referrals for low-

wage workers suspected of substance abuse. This finding should encourage EAP professionals to evaluate their supervisory training, and investigate possible outcome differences for HR versus supervisory referrals.

EAPs should also ensure that low-wage workers have access to services during their work time, and that orientations, workshops, and seminars are offered during their shifts. This is particularly relevant when organizations operate around the clock.

5.2.2. Broader implications

One clear implication that holds relevance for the EAP field in general pertains to inclusion. Nearly all of the reviewed studies generated their data from employers, practitioners, or program and organizational records, and overlooked a very important source – the workers/clients themselves. In their discussions of strategies to improve service provision, program analysts and experts rarely considered actively soliciting the input of potential service users. When Lawrence et al. (2002) conducted a needs assessment of EAP clients, they did find a high level of interest in traditional EAP services, but study participants were also very interested in organized support groups and seminars and workshops for career issues and stress management. Study participants also indicated that they would prefer to attend some of these programs in their communities. The researchers also found that participants experienced problems for which EAP services were not offered. Lawrence et al. stress that EAP evaluations, in addition to assessing the efficacy of existing services, should also include employee input about how well EAP services match employee needs. They stress that "if a program does not meet the expressed needs of the intended service recipients, it is unlikely to be utilized at a high level" (p. 12).

In addition to conducting on-going needs assessments, current and potential clients could be included program planning. Focus groups afford a cost-effective and non-intimidating means to generate creative suggestions and ideas. Advisory boards comprised of a specified number of consumers could also be implemented.

The low response rate and indeterminate accuracy of the EAPA mailing list notwithstanding, the preponderance of representation from respondents in health care settings suggests that these institutions may host, if not the majority, then a sizeable proportion of internal EAP programs. This fact is especially salient due to the health care sector's absorption of a large share of unskilled workers – a trend that is projected to continue into the foreseeable future. This study's finding provides further support that the healthcare industry does include a considerable proportion of the low-wage labor market. Additionally, over two-thirds of the workers represented by the respondents are female, suggesting that women are heavily represented in low-wage positions, and that a substantial proportion of them work in health care.

It is surprising that so few respondents noted this obvious detail, and equally unexpected that almost none of them reported that their EAPs included gender-specific programming for women. In fact, even among those respondents who proposed suggestions for improving EAP services to low-wage workers, few identified programs specifically designed for women as an area of need.

EAPs housed in hospitals and health care centers, because they employ such a large percentage of low-wage workers, could be viewed as having a strategic advantage in the development of interventions specifically designed to meet their needs. And, some of them have, as is evidenced by respondents' reports of initiatives that provide concrete, tangible help in such forms as financial aid and tuition assistance. On the other hand, very few of them offer such help. In their explanations for this seeming lack of responsiveness, some EAP professionals point to forces outside of organizational control – the constraints imposed by managed care or lack of community resources – as the culprits. Others stress biases embedded in the organization itself which devalue the contributions of low paid workers and relegate them to a dispensable status.

One of the benefits of working in the health care industry would seem to be access to affordable and comprehensive health care that includes adequate mental health treatment.

Many respondents indicated that this is not the case, at least for low-wage staff, and some suggested that this deficit is related to their poorer outcomes. Rising health care costs have seriously constrained industry's willingness and ability to pay for ever-increasing health insurance premiums, and many companies are passing the additional expenses on to employees. This trend had resulted in growing numbers of uninsured Americans unable to afford employer-sponsored plans. One can almost certainly conclude that a large percentage of low-wage earners in other labor market sectors, if they have health insurance at all, have very limited mental health benefits.

Another broader issue concerns the inability of so many of the respondents to provide accurate, and in some cases *any,* data for low-wage earners. The survey instructions did emphasize that informed estimates were sufficient to satisfy the purposes of this study. However, many EAPs' client information was so limited that respondents did not feel comfortable offering educated guesses. Some even commented on the shortcomings of their data collection methods. This oversight suggests that in order for EAPs to improve their services and outcomes for low-wage workers as well as other sub-groups, they must at a minimum, collect wage and occupational data.

A final consideration extending beyond the defined parameters of this study concerns the status of internal EAP programs. It is striking that of 4,000 EAPA members in the United States, only 637 were registered as working in internal programs. Based on those who returned the survey instrument indicating they did not work for internal programs, this figure could be even less (although internal practitioners could mistakenly be included on the external list). It is true that not all EAP professionals belong to EAPA, but this would also be true for those who work in external programs.

5.3. STRENGTHS OF THE STUDY

This study focuses on a population of workers who struggle on a daily basis with the stresses and challenges of working in poverty. Many are on the job with pre-existing barriers, such as low educational attainment and limited skills. Some undoubtedly struggle with other hardships such as compromised mental and physical health, lack of adequate support systems, and the inability to secure the types of services that ease the transition into work life, and make it possible to sustain acceptable job performance (i.e. quality child care and convenient transportation). Since the implementation of welfare reform, which has been strongly correlated with a swell in the ranks of the working poor, empirical studies and the popular media have turned their attention to this group of workers. Little, however, has focused on the workplace as a potential source of assistance and support. This study sheds light on the efforts being made by internal EAPs to address and help mitigate the needs of this group. This is particularly important considering projections that a large proportion of newly created jobs in the near future will be in low-wage market.

Well over half of the respondents offered thoughtful, descriptive responses to all of the open-ended items, many conveying a level of empathy for and understanding of the plight of their low-wage earners. This is a positive finding, and one that will hopefully contribute to the development of improved services for low-wage earners. In this study, the analyses of qualitative responses to open-ended items provided detailed and in-depth understanding of the questions posed. Content analysis sometimes revealed a more nuanced interpretation of the study's central variables than would be possible through purely quantitative methodology. Open-ended questions generated data not easily retrieved quantitatively, such as opinions or ideas, and allowed respondents to clarify and stipulate and provided a mechanism for cross-checking quantitative data. Analyses of these responses afforded a rich and comprehensive illustration of the challenges facing EAPs and their practitioners as they attempt to serve their poorly paid, low-status workers. In a few instances, their perceptions were either not supported

by, or actually conflicted with, the quantitative data. Occasionally, this scrutiny revealed underlying conflicting themes, such as the desire to advocate for low-wage workers, while ascribing them partial blame for their dilemma. To a considerable degree, the qualitative findings illuminated the internal and external constraints EAP professionals face in helping their low-wage workers ameliorate the barriers to achieving a satisfying quality of life, both off and on the job.

Responses to open-ended items largely supported what prior research has uncovered about the working poor: their jobs are low in status, high in visibility, undervalued, and with inferior (or no) benefits. Poverty analysts advocate for broad policy solutions to address some of these deficits, such as expansion of Medicaid coverage, and increasing the minimum wage. In answering the question "If it were up to you, what could your EAP do differently to more effectively address the needs of low-wage employees?" many of the respondents' suggestions for improving these conditions were similar to those of poverty analysts, but at an organizational level. Providing adequate affordable health care was among the most prevalent responses, and others included the revision of management policies that provide more flexibility for low-wage workers and collaborating with community partners to develop resources for them. Hopefully, the dissemination of these findings will remind EAP professionals that while they may not have the authority to authorize these policies, it *is* "up to them" to *advocate* for these types of solutions.

The quantitative findings generated useful descriptive data regarding EAP practitioners who work for internal programs, the types of services these programs offer, and the nature of the problems workers bring to them. Statistical analyses found limited significant correlations for the quantitative data, but two findings may be useful to EAP programs desiring to attract low-wage workers to their EAPs. A comprehensive promotional strategy that incorporates diverse methods and the provision of concrete resources are key in attracting low-wage workers into the programs.

The respondents were highly educated group, half of whom were trained social workers, and the majority of whom held CEAP certification. On the whole, they were very experienced, and performed a variety of tasks. Based on their job tenure in their current positions – an average of over 10 years – one can conclude that turnover in this profession is low. This job longevity, while certainly no guarantee of the accuracy of their quantitative estimates and qualitative observations, offers some level of confidence in the reliability of the findings. The fact that nearly two-thirds (62%) of the sample were managers, most of them also with direct service provision responsibilities, provides further credibility. The almost total lack of cultural diversity among respondents in this study is certainly noteworthy. Hopefully this finding will encourage the profession to work more closely with schools of Social Work and other related disciplines to recruit and train qualified EA professionals.

Considering that a large proportion of internal EAPs are located in health care systems, some of the general demographics identified by the study may be applicable to programs in these same types of institutions. These would include respondent variables such as gender, education, race/ethnicity, and job tenure, as well as data pertaining to workforce composition and EAP services and utilization rates. It also seems feasible that some of the issues raised by respondents concerning their low-wage workforce could be shared by other organizations. Low organizational status, lack of adequate health insurance, and preference for short-term, concrete interventions were the most salient of the concerns they cited.

The majority of respondents took the time to answer open-ended questions, which were interspersed throughout the survey. Their subjective comments contributed to the study in several ways. Most importantly, their perceptions and opinions enhanced the research by adding depth, especially important as much of the quantitative data did not meet the criteria for conducting tests of statistical significance or correlation. Just as significantly, their willingness to expend this additional effort suggests a desire to more comprehensively express their insights

and observations. This is hopefully indicative, at the least, of their concern about the quality of their low-wage employees' life, both on and off the job.

The influence of perceptions on the nature of service delivery cannot be discounted. This study seems to have provided a vehicle for some respondents to reflect on how their unexamined assumptions as well as their organizations' unwritten values may have impacted their programs' relationships with low-wage earners. Some respondents commented that they had not previously considered the questions posed by the study, and that their participation sensitized them to the importance of devoting more time and resources to examining how their programs can improve their services to low-wage earners. Hopefully, these sentiments are representative of the sample in general, and will ultimately result in EAP programming that is more helpful to low-wage workers.

5.4. LIMITATIONS OF THE STUDY

The primary purpose of this study was to describe internal EAP programs that offer services to their low-wage workers, and to generate data permitting a comparison of their efficacy between their low-wage and other workers. Recognizing that the most reliable measurement would be the actual data of internal programs, a large local EAP provider was approached by the researcher for permission to access this information. After many meetings over many months, it became evident that this would not be possible. Of necessity, the study design incorporated survey methodology utilizing EAPA's internal membership list. Some of the study's limitations derive from those that are inherent in survey methodology in general, while

others are generated from the constraints of the survey instrument, the questionable accuracy of the mailing list, and the unique dynamics of EAP programs themselves and the organizations that house them.

The low response rate and uncertain reliability of the EAPA mailing list as a source for identifying and contacting internal EAP professionals restricts this study's viability as an

exploratory tool. Seventeen percent of those returning the survey indicated that they were not internal providers. This raises concern about the accuracy of the mailing list and its ramifications on the representativeness of the sample, especially since there is no way to adjust for this potential source of error. It is possible (although not probable) that most of the external practitioners who mistakenly received the survey noted as such on the first sheet of instrument as instructed. Given the study's low response rate, it seems counter-intuitive that most of those who were mistakenly sent the questionnaire would feel compelled to inform the researcher that they received it in error. What seems more likely is that a percentage of those on the internal mailing list should have been on the list of external programs, but this proportion is unknown. The reverse may also true: a certain percentage of the external provider mailing list included internal programs.

Compounding this quandary is the low response rate and the caveats this casts on the generalizability of the findings. There are several possible levels of factors that constrain the study's external validity. First, a shortcoming of survey methodology is selection bias: individual respondents may differ in substantial ways from those who did not participate, and as a result, their impressions and observations may not reflect those of the general population. Second, their programs may not reflect the norm insofar as they pertain to the study's central variables (e.g. utilization rates, worker problems, referral sources, perceived treatment efficacy, etc.). And it is also possible that both of these dynamics could have influenced the study. These shortcomings pose challenges to the study's external validity.

A related limitation of the study is its reliance on EAPA membership to generate participants. There is another professional organization for EAP practitioners – EASNA – whose members were not surveyed. There are differences between these organizations, especially in their orientation to supervisory confrontation, and it is possible that their members belong to one

or the other because of their theoretical and programmatic preferences. Finally, not all EAP practitioners belong to either of these professional organizations, and therefore had no chance of inclusion in the study.

The survey instrument was developed by the researcher and was reviewed by EAP professionals. Revisions were incorporated based on their wording and formatting suggestions. The fact that the survey is fluid, and the questions clear and concise, does not guarantee that it is reliable and valid. The study relied totally on respondents' approximations, which many of them admitted were "guesstimates." (In fact, several potential respondents who did not participate declined due to their programs' insufficient data). There is no way to cross-check accuracy. Their estimates could have been grossly erroneous, thereby compromising measurement reliability. For example, the survey requested estimates for the general and low-wage utilization rates separately. It is possible, but unlikely, that their programs track these two rates separately. What is more probable is that respondents either "guesstimated" these computational adjustments when answering the survey item, or they did not. In any case, these rates may not be accurate (e.g. the general utilization rates included the low-wage rates). It is also possible that some respondents, due to their own biases or vested interests, intentionally misrepresented the data.

As discussed previously, the instrument's open-ended items served several important functions in this study. But, a possible shortcoming that has negative connotations for the instrument's validity is that in their attempts to provide useful information, participants might have offered opinions or insights that were either not fully conceptualized or supported by their programs' data.

The literature identified indicators used by EAPs to measure outcomes (e.g. reduced turnover, absenteeism, health care costs, client satisfaction, etc.), but the survey instrument did not ask for these types of specifics. Instead, it relied solely on respondents' constructions of success. This omission was not an oversight, but the result of a decision to keep the instrument

manageable in length and complexity so as to increase response rate. While this choice probably did result in an undetermined number of completed surveys that might not have been returned had more in-depth data been requested, the findings say little about how respondents' EAPs evaluate the impact of their programs. This constrains the study's capacity to suggest conclusions regarding EAP efficacy with low-wage as well as other workers.

Respondents defined "low-wage worker" for themselves. The benefits of this strategy outweighed the drawbacks in several respects already discussed. However, in exchange for respondent choice and perhaps enhancing the descriptive value of the study, the instrument gave up precision and some degree of rigor. For example, the dichotomous variable of wage level was operationalized as low-wage and "other" – a very broad attribute that ranges from barely above respondents' definitions of low-wage to the institutions' highest paid professionals. Clearly, "near low-wage" employees would have more in common with those slightly below them in pay and occupational status than they do with their organizations' executives. Nor did the survey ask for job classifications of those defined as low-wage. It is entirely possible that there were important differences among sub-groups of low-wage workers (e.g. work schedules, job responsibilities, amount of interaction with peers and management, union membership).

The study resulted in few significant findings, and those that were identified may have been impacted by variables that were not included in the research. The survey did not collect data on many other factors that could conceivably either account for differences in the study's central variables, moderate or mediate, or otherwise affect the relationship between the primary variables. For example, organizational elements such as structure, culture and communication patterns, could feasibly have more influence on EAP utilization rates than, for example, number and type of promotional activities. Such variables could also function as moderators or mediators, or there could be interactional effects between such variables and/or the primary variables. Other potentially consequential factors that were either not collected or examined include organizational size, geographic region, racial/ethnic data (for employees), unionization,

and the institutions' reliance on temporary workers to supplement its pool of low-wage employees.

The study, then, is limited in several respects. First, due to the dubious accuracy of the mailing list and low response rate, the degree to which study participants are representative of the larger population of internal EAP practitioners may be compromised. This in turn limits what can be inferred about the representativeness of the programs for which they work.

5.5. RECOMMENDATIONS FOR FUTURE RESEARCH

The uncertain representativeness of the sample and low response rate makes it impossible to assess if the findings are characteristic of internal EAPs, or idiosyncratic to the respondents' programs. A larger and more diverse sample would hopefully isolate those processes that encourage low-wage workers to seek assistance from their EAPs, and/or sensitize other referral sources, when problems negatively affect work performance and well-being.

As discussed in the literature review, it is particularly difficult to study indicators of EAP effectiveness for a number or reasons. These include the reality that internal programs are part of their larger institution, and thus reflect its unique culture, mission, and priorities. As a consequence, EAPs can be distinctly different entities, complicating the task of identifying common treatment and outcome measures. It was not feasible in this study to explore this dimension, but it is critical that a knowledge-base of EAP "best-practices" be developed. Future research should conduct in-depth studies of diverse internal programs, perhaps utilizing evaluation methodologies. These would include process techniques which closely scrutinize program implementation, inputs, services provided, and activities as well as outcomes. A by-product of this type of study may be that EAPs become sensitized to the need to develop intake and assessment procedures that accurately capture referral sources and presenting problems. The programs would also hopefully recognize that in order to identify gaps in services, and to evaluate how effectively they are meeting the needs of the diversity of workers who access their

programs, data collection and record keeping systems that permit analyses based on occupational status are needed.

Many studies, including this one, attempted to delineate the various sources by which an EAP referral originates, but little is known about the referral process itself. Future studies of this gateway mechanism are warranted. Useful methodologies should incorporate process studies within diverse organizations. The study design should provide in-depth descriptions of how each type of referral (e.g. self, supervisory recommended and mandated, etc.) commences and proceeds through to the EAP. Emphasis should also be placed on examining if there are differences in procedures within organizations based on occupational status, and comparisons made between organizations to assess those methods that result in the most productive outcomes.

A related and somewhat disconcerting finding noted but not discussed at length is the paucity of respondents who reported engaging in research. Efforts should be made to assist EAPs develop the capacity to evaluate their own programs. By gaining expertise in identifying the theories and assumptions that inform their treatment modalities and connecting them to desired measurable outcomes, EAPs will become more adept in designing and implementing interventions that are effective in helping their clients become more productive employees. In turn, they will be better positioned to provide their organizations with evidence to support their value.

With the exception of substance abuse treatment, we know very little about the interventions used by EAPs. The profession could greatly benefit from studies designed to identify and track the outcomes of treatment modalities used by practitioners for various presenting and/or assessed problems. Quasi-experimental, or even experimental, studies could be designed to assess the effectiveness of these interventions with diverse occupational groups.

A few respondents reported high low-wage utilization rates, services and/or programs specifically developed for low-wage employees, and quality health insurance coverage (these

three variables did not necessarily coincide). Programs like these should be identified and studied to assess the organizational, community, and economic factors that facilitated these results.

One type of service with particular relevance for low-wage workers is case management – an intervention that most respondents indicated was available through their programs. Because the instrument did not ask respondents to describe their programs' activities, it is unknown how they interpreted this function. Linking clients to needed resources and coordinating a seamless delivery of services is quite different from monitoring health insurance expenditures. This study did not find a significant correlation between low-wage utilization and case management, suggesting that additional information regarding how this intervention is defined and implemented is warranted.

The researcher was unable to secure the cooperation of an internal EAP for access to their data, and had to forego this methodology. It is essential that future researchers be persistent in pursuing the collaboration of EAPs for the purpose of analyzing existing data. This data should include client problem evaluation and improvement measures as well as aggregate statistics such as attendance, absenteeism, turnover, and health care expenditures. Procedures would need to be developed that ensure anonymity for the clients (i.e. that the data could not be linked to individual clients).

The difficulty in gaining access to EAP data, regardless of program location (i.e. internal or external), could be partially alleviated by the establishment of data reporting requirements and procedures that could eventually lead to a data base accessible to researchers and practitioners. This practice is common among professional associations, and facilitates the timely retrieval, analysis, and dissemination of information. As previously discussed, there is a lack of uniformity among EAPs regarding desirable outcome measures, and treatment interventions are certainly not consistent across programs. However, access to basic data such as client demographic and occupational information, referral sources, presenting and assessed

problems, and treatment type and duration would at least permit trend studies that could be very useful to the profession.

Business and industry have a vested interest in cost containment. While EAPs have demonstrated that they are cost-effective to their organizations, there are still far too many gaps in the knowledge-base. Standardized procedures and requirements for data reporting would provide researchers, program managers, practitioners, and other stakeholders with at least rudimentary investigation tools. This data-base should also be accessible to government agencies and Workforce Investment Boards to facilitate the timely retrieval and analyses of data that can inform policy.

Future research should also include EAP clients, both low-wage and other employees, as participants. Survey methodology (in-person or mail) could be utilized to elicit their evaluations of the program (e.g. client satisfaction), and measures that assess improved functioning as well as clients' perceptions of problem improvement should also be integrated into the research. As with the current study, analyses would include comparisons of low-wage and other employees on these instruments.

APPENDIX A. EAPA ENDORSEMENT LETTER

2101 Wilson Boulevard
Suite 500
Arlington, Virginia USA 22201-3062

Telephone 703/387-1000
Fax 703/522-4585
www.eap-association.org

-----------------------EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION, INC. -----------------------
Sponsor of the CEAP Certification Program

July 3 I, 2002

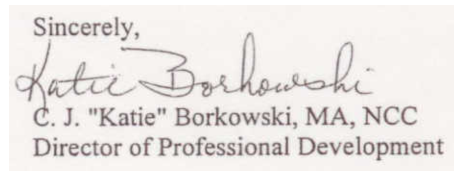
Kathleen McDonough, M.S.W Doctoral Candidate
27 Divinity Street
Pittsburgh, PA 15214

Dear Ms. McDonough:

The Research Committee of the Employee Assistance Professionals Association (EAPA) chaired by Mark Attridge, PhD has reviewed your research proposal "EAPs and the Working Poor." The Research Committee advised that "the proposed survey project has merit and the methodology looks good."

The Employee Assistance Professionals Association supports the research project and is looking forward to a summary of the results.

Best wishes for a successful outcome.


Sincerely,

C. J. "Katie" Borkowski, MA, NCC
Director of Professional Development

Cc Mark Attridge, PhD
Chair, Research Committee

Antoinette Samuel, MPA, CAE
CEO

President, **Linda L. Sturdivant, CEAP.** University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania
Vice~Presjdent, **Dorothy K. Blum, Ph.D., CEAP, SELECT, Inc., Clifton, Virginia**
President· Elect, **Donald G. Jorgensen, Ph.D., CEAP,** Jorgensen Healtheare Associates, Tucson, Arizona
Secretary, **Thomas E. Cole, CEAP,** Ford Motor Company - UAW, Batavia, Ohio
Treasurer, **James Printup, CEAP,** The Oasis Group, Ltd., St. Paul, Minnesota
Immediate Past President, **Gregory P. DeLapp, CEAP,** Carpenter Technology Corporation, Reading, Pennsylvania
Chief Executive Officer, **Antoinette A. Samuel, MPA,** Arlington, Virginia

APPENDIX B: COVER LETTER FOR FIRST MAILING

Dear Employee Assistance Professional,

Over the last decade, EAPs have demonstrated an ability to adapt to changing conditions. Managed care, mergers, acquisitions, downsizing, and the changing nature of the workforce are a few of the economic forces EAPs have confronted successfully. The profession continues to meet many challenges, and in the process, has become better at what it does.

One area of emerging interest is how EAPs are addressing the needs of the working poor. We know little about them, and if their needs may differ from those of other workers. This research study, **EAPs and the Working Poor**, is a beginning effort to explore this issue. By completing and returning the enclosed survey, you will contribute to the understanding of how EAPs are serving this population of workers. We have secured your name and address from the Employee Assistance Professionals Association (EAPA). The organization has endorsed this research study, and a statement to this effect is attached.

Please take the time to complete the survey and return it in the enclosed, self-addressed envelope *within 2 weeks*. Mail the enclosed postcard separately. There is no way to connect this postcard to your questionnaire, but we can then remove your name from the mailing list in the event of a follow-up mailing. If your company has few or no low-wage earners, and you feel you cannot address the questions, please indicate as such where instructed on the survey. Mail it in the enclosed self-addressed envelope, and return the postcard separately.

This questionnaire is anonymous, and your participation is entirely voluntary. You may elect to complete all or part of it. You will incur no expenses, nor will you be compensated.
The questionnaire contains complete instructions for responding, but please don't hesitate to call or e-mail me if you have any questions.

Thank you so much for sharing your valuable time in order to contribute to this study.

Kathleen McDonough, M.S.W., Doctoral Candidate

University of Pittsburgh School of Social Work
PHONE: 412 322-7776 E-MAIL: kemst34@pitt.edu

APPENDIX C: PROCEDURE FOR RETURNING QUESTIONNAIRE

Dear Employee Assistance Professional,

Thank you for taking the time to complete and return this survey. The questionnaire, **EAPS and the Low-Wage Earner**, consists of 41 items. Some questions ask for percentages. If you are uncertain of these rates, please provide your best estimate. We would appreciate accuracy, but your approximations and thoughtful perceptions will provide sufficient data for this research.

Some of you may work for programs which also provide EAP services to companies other than your own. This questionnaire pertains only to your own organization's workers.

As the cover letter explained, the purpose of this study is to assess your perceptions of how your program is responding to the working poor, the great majority of whom are low-wage earners. Defining this population presents a challenge, as it is dependent on many factors such as rate of pay, number of household members dependent on the earner's wages, and regional cost-of-living indices.

For this reason, we are asking you to provide a definition of the working poor/low-wage earner in your organization. Please use your knowledge of the company, its employees, your geographic location, and other factors you think are relevant in defining this group of workers.

If your company is an external provider only, or has few or no low wage employees, please note this where indicated on the first page of the questionnaire. *Return the first page only* in the envelope provided, and send the postcard separately indicating that you have returned the questionnaire "unanswered."

Again, thank you for your time and valuable assistance. Please do not hesitate to contact me at your convenience should you have any questions.

Kathleen McDonough, MSW
University of Pittsburgh, School of Social Work
2117 Cathedral of Learning
Pittsburgh PA 15260
412 322-7776
kemst34@pitt.edu

Please remove this sheet before returning your questionnaire.

APPENDIX D: RETURN POSTCARD

I HAVE RETURNED THE QUESTIONNAIRE
EAPS AND THE LOW-WAGE EARNER:

_______ unanswered

_______ answered

URGM&P 34342

Kathleen McDonough, MSW

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1752 PITTSBURGH PA

POSTAGE WILL BE PAID BY ADDRESSEE

SCHOOL OF SOCIAL WORK
UNIVERSITY OF PITTSBURGH
4200 5TH AVE
PITTSBURGH PA 15213-9910

APPENDIX E: COVER LETTER FOR SECOND MAILING

October 31, 2002

Dear Employee Assistance Professional,

A few weeks ago, we sent you a questionnaire, **EAPs and the Low-Wage Earner**. We have not yet received your response, and have enclosed another packet for your convenience. We would very much appreciate your taking the time to answer it. If you have already returned the questionnaire, please disregard this mailing.

Over the last decade, EAPs have demonstrated an ability to adapt to changing conditions. Managed care, mergers, downsizing, and the changing nature of the workforce are a few of the economic forces EAPs have confronted successfully. The profession continues to meet many challenges, and in the process, has become better at what it does.

One area of emerging interest is how EAPs are addressing the needs of the working poor. We know little about them, and if their needs differ from those of other workers. This research study is a beginning effort to explore this issue. By completing and returning the enclosed survey, you will contribute to an understanding of how EAPs are serving these employees. We have secured your name and address from the Employee Assistance Professionals Association (EAPA) as a practitioner in an internal program. EAPA has endorsed this study, and a letter confirming their support is enclosed.

Please take the time to complete the survey and return it in the enclosed, self-addressed envelope *as soon as conveniently possible*. **Mail the enclosed postcard separately**. There is no way to connect this postcard to your questionnaire, but we can then remove your name from the mailing list. If your company has few or no low-wage earners, and you feel you cannot address these questions, please indicate as such where instructed on the survey. Mail it in the enclosed self-addressed envelope, and **return the postcard separately.**

This questionnaire is anonymous, and your participation is entirely voluntary. You may elect to complete all or part of the survey. You will incur no expenses, nor will you be compensated. The enclosed questionnaire contains complete instructions for responding, but please do not hesitate to call or e-mail me if you have any questions.

Thank you so much for sharing your valuable time in order to contribute to this study.

Kathleen McDonough, M.S.W., Doctoral Candidate
PHONE: 412 322-7776 E-MAIL: kemst34@pitt.edu

APPENDIX F: SURVEY

EAPS AND THE LOW-WAGE EARNER

1. Please describe how you define low-wage:

____
____
____
____
____
____
____
____
____

2. According to this definition, approximately what percentage of your workforce to whom you provide service do you consider to be low-wage? *(Do not include other company locations that your local EAP does not service).*

   ________________ %

3. _______ My organization has no low-wage employees, and I am therefore returning the questionnaire unanswered. *(Please return **this sheet only** in the enclosed envelope and send back postcard separately noting that you have returned it "unanswered"). Thank you for taking the time to respond.*

4. _______ My EAP is an external contractor only, and I am therefore returning the questionnaire unanswered. (*Please return t**his sheet only** in the enclosed envelope and send back postcard separately noting that you have returned in "unanswered"). Thank you for taking the time to respond.*

This section of the survey asks you about the structure of your EAP, and the kinds of services the program provides. We also inquire about your program's referral sources, utilization rate, and whether you think there are differences in utilization based on occupation/wage level. We are also interested in your perceptions about why there may be differences in utilization rates.

5. Please check the number corresponding to the description that most closely resembles your EAP.

____ **The Full Service EAP**: grounded in the human resource management consultation orientation, and offers a wide range of support for managers, supervisors, and union stewards. Utilizes core technologies including, but not limited to:

- problem identification and assessment;
- constructive confrontation;
- short-term intervention; referral for diagnosis and treatment;
- case monitoring and follow-up;
- assistance to work organizations in providing support for health benefits;
- identification of the effects of EAP services on the work organization and individual job performance

____ **The Integrated Program**: focuses on behavioral health benefit management by merging managed behavioral health care (MBHC) and employee assistance services. This model integrates gate keeping for access to in-program EAP counseling with the approval of out-referral placement for treatment.

____ **The Wrap-Around EAP**: provides access to outpatient behavioral health benefits to compensate for managed care restrictions on mental health services.

____ **The Compliance EAP**: a specialized program to monitor and comply with conditions of the Drug-Free Workplace Act. Central elements include alcohol and drug testing, counseling for detected abusers, and medical review officer services.

____ **Peer Assistance Programs**: operated under labor and professional associations in support of their membership.

____ **Other**: Describe: ____

____

____

____

____

____

6. Please identify the services offered by your EAP. (*Check all that apply*)

____Assessment
____Diagnosis
____Short-term counseling
____Referral
____Management consultation
____Supervisory training
____After care/follow-up
____Case management
____Employee education
____Health promotion
____Career guidance
____Health risk appraisals
____Drug screening
____Policy development
____Internal case reviews
____Utilization reviews
____Concurrent reviews
____Research/evaluation
____Outplacement counseling
____Retirement planning
____Critical incidents de-briefing

7. Describe any other services offered by your EAP.

____

____

____

8. Are low-wage employees eligible for EAP services? (*Check your response)*

1 _____ NO
2 _____ YES

9. Some organizations have developed separate programs to provide services to low-wage employees. Does your company have such a program?

1 ______ NO
2 _____ YES

10. What is the approximate overall EAP utilization rate per year for your organization?

_________ %

11. What is the approximate overall EAP utilization rate per year for your organization according to gender?

1 ________ % MALE
2 ________% FEMALE

12. What is the approximate EAP utilization rate per year for low-wage employees?

_________ %

13. What is the approximate overall EAP utilization rate per year for low-wage employees according to gender?

1 ________ % MALE
2 ________% FEMALE

14. If the utilization rates between low-wage employees and other occupational groups differ, why do you think this is the case?

____

____

The next section of the questionnaire concerns your EAP marketing and recruitment strategies. Information concerning your referral sources is also requested.

15. How does your EAP promote its services? *(Check all that apply)*

_____ PRESENTATION AT EMPLOYEE ORIENTATION
____ INFORMATION INCLUDED IN NEW HIRE PACKET
____ POSTINGS
____ MAILINGS
____ NEWSLETTER
____ WORKSHOPS
____ OTHER: DESCRIBE ____

____

16. Does your EAP conduct special outreach activities for low-wage employees?

1 ____ NO
2 ____ YES ⟶ Briefly describe___________________________________

____

____

____

17. Does your EAP provide supervisors, managers, and/or other relevant staff with additional consultation or training in working with low-wage employees?

1 ____ NO
2 ____ YES

18. Please indicate below the approximate percentage for each type of referral to your EAP **for employees who are not low-wage.**

TYPE OF REFERRAL	**PERCENTAGE OF TOTAL**
SELF	___________%
SUPERVISORY-MANDATED	___________%
SUPERVISORY-RECOMMENDED	___________%
HUMAN RESOURCES	___________%
MEDICAL DEPARTMENT	___________%
UNION	___________%
FAMILY MEMBER	___________%
OTHER: LIST	
__________________________	___________%
__________________________	___________%

19. Please indicate below the approximate percentage for each type of referral to your EAP **for low-wage employees.**

TYPE OF REFERRAL	**PERCENTAGE OF TOTAL**
SELF	___________%
SUPERVISORY-MANDATED	___________%
SUPERVISORY-RECOMMENDED	___________%
HUMAN RESOURCES	___________%
MEDICAL DEPARTMENT	___________%
UNION	___________%
FAMILY MEMBER	___________%
OTHER: LIST	
________________________	___________%
________________________	___________%

20. If there are differences in referral sources between low-wage and other employees, why do you think this is the case?

____

____

____

____

The following section of the questionnaire concerns the types of problems employees bring to your EAP, and your assessments of the outcomes of treatment in general, and for low-wage earners in particular. We are also interested in your insights regarding possible differences in the nature and intensity of worker problems based on wage/occupational status.

21. Of the problem areas listed below, please check the **five** that you consider to be the most common for **employees who are not low-wage,** and estimate the percentage of the EAP caseload for each *(it is understood that clients may have multiple problems).*

CHECK 5	**TYPE OF PROBLEM**	**% OF EAP CASELOAD**
____	Drug/Alcohol related (self)	_________%
____	Mental health (self)	_________%
____	Medical/Health (self)	_________%
____	Family (marital, children, substance abuse/mental/mental health of family member	_________%
____	Legal	_________%
____	Financial	_________%
____	Stress-related	_________%
____	Dependent care (child)	_________%
____	Dependent care (elderly or other)	_________%
____	Work-related (conflicts with supervisor/co-workers, skill deficit, quality of work)	_________%
____	Absenteeism/tardiness	_________%
____	Other: Describe	_________%
_____	____	_________%

22. Of the problem areas listed below, please check the **five** that you consider to be the most common for **low-wage employees,** and estimate the approximate percentage of the EAP caseload for each. *(It is understood that clients may have multiple problems)*

CHECK 5	**TYPE OF PROBLEM**	**% OF EAP CASELOAD**
____	Drug/Alcohol related (self)	_________%
____	Mental health (self)	_________%
____	Medical/Health (self)	_________%
____	Family (marital, children, substance abuse/mental/medical health of family member)	_________%
____	Legal	_________%
____	Financial	_________%
____	Stress-related	_________%
____	Dependent care (child)	_________%
____	Dependent care (elderly or other)	_________%
____	Work-related (conflicts with supervisor/co-workers, skill deficit, quality of work)	_________%
____	Absenteeism/tardiness	_________%
____	Other: Describe	_________%
_____	____	_________%
_____	____	_________%

23. How you would rate low-wage employees' problems compared to other occupational groups in number, severity, chronicity, and impact on job performance?

Number of problems
1 ____ LESS
2 ____ ABOUT THE SAME
3 ____ MORE
4 ____ NOT SURE

Chronicity
1 ____ LESS
2 ____ ABOUT THE SAME
3 ____ MORE
4 ____ NOT SURE

Severity of problems
1 ____ LESS
2 ____ ABOUT THE SAME
3 ____ MORE
4 ____ NOT SURE

Impact on Job Performance
1 ____ LESS
2 ____ ABOUT THE SAME
3 ____ MORE
4 ____ NOT SURE

24. Please use this space to record any other differences, if any, you may have observed in the nature of problems between low-wage employees and other employees.

____

____

____

____

____

25. Are there differences in treatment plans between low-wage employees and other occupational groups?

1 ____ NO

2 ____YES → Briefly describe: ________________________________

____

____

____

____

26. Are there differences in adherence to treatment plans between low-wage employees and other occupational groups?

1 _____ NO

2 ____ YES → Briefly desribe: ________________________________

____

____

____

____

27. How would you rate your EAP's effectiveness in addressing the needs of low-wage employees? *(check your response)*

1 _____ VERY INEFFECTIVE

2 _____ SOMEWHAT INEFFECTIVE

3 _____ NEITHER INEFFECTIVE NOR EFFECTIVE

4 _____ SOMEWHAT EFFECTIVE

5 _____ VERY EFFECTIVE

6 _____ NOT SURE

28. How adequately do you think your EAP addresses the needs of low-wage employees as compared to other occupational groups? *(check your response)*

1 _____ MUCH LESS ADEQUATELY

2 _____ SOMEWHAT LESS ADEQUATELY

3 _____ ABOUT THE SAME

4 _____ SOMEWHAT MORE ADEQUATELY

5 _____ MUCH MORE ADEQUATELY

6 _____ NOT SURE

29. If there is a difference in you EAP's effectiveness between low-wage and other employees, why do you think this is the case?

____

____

____

____

30. If it were up to you, what could your EAP do differently to more effectively address the needs of low-wage employees?

____

____

____

____

____

____

____

This section of the questionnaire concerns your organization: structure, industry, and number of employees.

31. *Please check the most appropriate description of your organization*
.

___ONE LOCATION → In what region of the country is your organization located?

____ NORTHEAST
____ SOUTH
____ MIDWEST
____ WEST

_____MULTI-SITE
_____OTHER: DESCRIBE ____

32. What type of services and/or products does your company produce?

____

____

33. Approximately how many total employees work in the organization?

______________ TOTAL NUMBER OF EMPLOYEES
_________% MALE
_________ % FEMALE

______________ NUMBER OF EMPLOYEES AT YOUR SITE
__________% MALE
__________% FEMALE

This final section of the survey requests that you provide information about yourself. While we would appreciate your answering all of the questions, feel free to skip those you do not wish to answer.

34. What is your gender?

1 ____ MALE
2 ____ FEMALE

35. What is your race/ethnicity? *(Check your response)*

1 ____CAUCASIAN
2 ____AFRICAN-AMERICAN
3 ____HISPANIC
4 ____NATIVE AMERICAN
5 ____ASIAN
6 ____PACIFIC ISLANDER
7 ____BI-RACIAL
8 ____OTHER: SPECIFY ______________________________________

36. What is your job title?
_______________________________________ JOB TITLE

37. How many years have you worked in your current job? *(Round up)*

________ YEARS

38. Do you work in your organization's EAP? (*Check response)*

____YES
____ NO ⟶ What is your affiliation with the EAP?_________________________
____
____

39. What are your job responsibilities? *(Check all that apply)*

____DIRECTING/MANAGING
____ASSESSMENT/REFERRAL
____COUNSELING
____CONSULTING
____EDUCATION
____TRAINING
____RESEARCH
____OTHER: SPECIFY____

40. What is your highest level of education? *(Check your response)*

____ HIGH SCHOOL DIPLOMA
____ POST-SECONDARY CERTIFICATE
____ ASSOCIATE DEGREE
____ BACHELOR'S DEGREE: SPECIFY FIELD ________________________________
____ MASTER'S DEGREE: SPECIFY FIELD ___________________________________
____ DOCTORATE: SPECIFY FIELD ____
_____ OTHER: SPECIFY ____

41. List any licenses/certificates you possess.

____
____
____

Please share any additional comments you feel would be helpful to this study.

Again, thank you for agreeing to share your insights and expertise. Please don't hesitate to call or e-mail me if you have any questions.

Return this questionnaire in the return, self addressed envelope within 2 weeks. Mail the enclosed post card at the same time. In case you have misplaced the self-addressed, stamped envelope, return to:

Kathleen McDonough, MSW
University of Pittsburgh, School of Social Work
2117 Cathedral of Learning
Pittsburgh, PA 15260
412 322-7776, e-mail: kemst34@pitt.edu

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