An assessment of employee assistance and workplace counselling programmes in British organisations

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In 1992 HSE funded the Manchester School of Management, UMIST, to carry out a three year study of Employee Assistance Programmes (EAPs) and workplace counselling services in British organisations. In 1997 the researchers were commissioned to redraft the extensive resulting report for publication as a Contract Research Report (CRR). Since very little was known about UK EAP providers and their numbers had increased rapidly in recent years, it was decided that there was a need to know more about who they are, what they do, how much they cost, what kind of counsellors they employ and how they train them, the reasons why organisations purchase their services, and what organisations feel are the benefits to their employees. The aim was to highlight the main characteristics of EAPs and other workplace counselling services from the viewpoint of the providers, the organisations, and the counsellors who interface with the client-employees (and providers). The CRR outlines the results of interview and survey data collected from providers, purchasing organisations and a sample of counsellors working for EAPs.

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INTRODUCTION

Occupational stress is a feature of the current economic climate and most people suffer from it at times and to different degrees. Occupational stress can seriously impair the quality of work life and reduce personal and job effectiveness. It can result from the job itself and from the context and arrangement of work, but equally it can originate from outside factors such as personal or family life. Whatever the origins, there is no doubt that work can be stressful.

The Employee Assistance Programme (EAP) is a development of employee counselling which originates in the US. EAPs are funded by the employer, involve management if appropriate, and are marketed as being concerned that the outcomes of counselling can be related to the employee's job context as well as to his or her personal life.

Much interest and some concern has been expressed at the considerable growth of EAPs in the UK during the 1990s. As a consequence, the Health and Safety Executive funded the Manchester School of Management at UMIST to carry out the first major EAP study in the UK. The research evaluated EAP provision and included a consideration of the views of EAP providers, EAP counsellors, EAP purchasers and EAP clients.

EAPs have the potential to promote an individual's positive contribution and wellness at work, and as a consequence, to encourage organisational learning. In this respect counselling has some compatibility with corporate strategy, as well as the ability to become incorporated into the organisation's attitudes, discourse and practices. Counselling can thus become part of a corporate culture, and make both a quantifiable and a qualitative contribution to organisational effectiveness. Whether this is in fact achieved by EAPs in the UK will be addressed throughout this research report.

MANAGING STRESS AT WORK

It is widely recognised that stress is a major contributor to sickness absence, lack of mental well-being, alcoholism and other problems in the workplace (Cooper & Payne, 1988; Cartwright & Cooper, 1992). The CBI estimates that 80 million working days are lost to mental illness every year, and MIND claims that 30-40% of all sickness absence from work is attributable to mental or emotional disturbance.
There are a variety of options in looking at stress prevention. These options can be termed as primary, secondary and tertiary levels of intervention and address different stages in the stress process. Primary prevention is concerned with taking action to reduce or eliminate the sources of stress and to promote positively a supportive and healthy work environment. Secondary prevention concerns the prompt detection and management of mental health problems such as depression and anxiety, by increasing individual and collective awareness of stress and improving stress management skills. Tertiary prevention is concerned with the rehabilitation and recovery process of those individuals who have suffered, or are suffering from, mental or physical ill-health as a result of stress (Cooper and Cartwright, 1994).

**Primary Prevention**

The most effective way of tackling stress is to eliminate it at source. This may involve changes in personnel policies such as improving communication systems, redesigning jobs, or allowing more decision-making and autonomy at lower levels. The sources of stress obviously have to be identified before any tailored interventions can be put in place. Stress auditing is one of the ways in which stressors can be identified prior to an intervention being considered. Another key factor in primary prevention is the development of the kind of supportive organisational climate in which stress is recognised as a feature of modern working life and not interpreted as a sign of weakness or incompetence (Berridge, 1990a, 1990b).

**Secondary Prevention**

Initiatives that fall into this category are generally focused on training and education, and involve awareness-raising activities and skills training programmes. Stress education and stress management courses serve a useful function in helping individuals to recognise the symptoms of stress in themselves and others, and to extend or develop their coping skills and stress resilience.

Organisations, with the co-operation of occupational health and personnel, can also introduce initiatives which directly promote positive health behaviours in the workplace. Such health promotion activities can take a variety of forms including, medical health screening, on-site fitness facilities, and advice on alcohol and smoking.
Tertiary Prevention

One of the main aspects of tertiary prevention that organisations can consider to assist in the recovery and rehabilitation of stressed employees is workplace counselling. In this approach, organisations provide access to confidential professional counselling services for employees who are experiencing problems either in the workplace or in their private life. Such services can either be provided by outside agencies who operate entirely independently of the organisation, and to whom the employee is referred, or is advised to consult. In some instances counselling can be provided in-house, financed by the employer, although the independence of such a service is hard to ensure.

A recent development of workplace counselling is the Employee Assistance Programme, which can be in-house or more usually delivered through an expert external agency. Normally it is fully funded by the employer as an employee benefit and can be relatively integrated into other organisational systems. An EAP provides counselling, information, and/or referral to appropriate treatment and support services for troubled employees.

BACKGROUND TO THE DEVELOPMENT OF EAPs

Organisations are becoming increasingly aware that they can ill afford the costs associated with stress - reduced effectiveness and increased turnover among their workforce (Cooper & Williams, 1994). In addition, the threat of worker compensation claims is encouraging many organisations to consider the emotional health of their workforce (Earnshaw & Cooper, 1991). As organisations have become aware of the costs of stress to industry and the possibility of stress-related litigation claims in the future (Earnshaw & Cooper, 1995), there has also been a surge of interest in counselling. This is the result of a number of different initiatives:

1. In May 1995, HSE published guidance "Stress at Work: A Guide for Employers" which explained to employers why work-related stress is a health and safety issue and advised them on their legal responsibilities under the HSWA.

2. The Department of Health is encouraging employers to play a greater part in the mental as well as physical health of the Nation.

3. The Department of Employment has identified "Advice, Guidance and Counselling" as a National Vocational Qualification (NVQ) in its own right.

4. The IPD published a "Statement of Counselling in the Workplace", which stresses the value of EAPs to industry and organisations, but also underlines the need for clear roles and professional standards.

5. The UK Employee Assistance Professionals Association (EAPA) has published standards for the provision of Employee Assistance Programmes with aim of ensuring quality of provision.
6. The British Association of Counselling (BAC) has established rigorous counsellor accreditation criteria and is clarifying the contexts in which counselling is used in the workplace, via the Association for Counselling at Work (ACW), a sub-division of BAC.

As counselling has become more acceptable in the UK, there has been an increasing demand for information on the effectiveness of Employee Assistance Programmes and counselling in the workplace (Berridge & Cooper, 1994). Although organisations are beginning to see the assets that counselling can bring to organisations and are testing counselling as a means of employee support, it is not yet being seen as a direct means of competitive advantage by many organisations. However, some UK companies are now recognising that by helping employees cope with stress, they may reduce absenteeism, improve morale and ultimately boost profitability. Most larger companies in the UK are, therefore, beginning to see EAPs not as an additional cost, but as an 'investment'. This is almost certainly true in the medium to long term, although convincing measures of the benefit are not yet available in the UK.

In the UK, however, there is still a lack of knowledge about Employee Assistance Programmes, but at the same time organisations are beginning to seek out information about them and are keen to learn what EAPs claim to accomplish.

The potential strength of EAPs/counselling services in industry is that 'they function to minimise the damaging consequences of personal distress to the mutual benefit of the individual employee and employing organisation'. Ideally, providing professional assistance to the employee - in the form of short-term, focused, confidential counselling or referral to a specialist resource where appropriate - means early intervention and control over issues which may otherwise develop into a crisis. This could help to avoid unnecessarily damaging consequences, both for the individual concerned and the organisation as a whole.

Potential benefits for the individual include improved mental well-being, improved functioning at work, and increased job/life satisfaction. At the organisational level, evaluations of programmes, mainly in the US, have reported significant improvements in absenteeism, time-keeping, accidents and injury, medical visits, sickness benefits, surgical costs, disability claims, disciplinary action, grievances, interpersonal conflict, unwanted terminations and so on, all with the associated positive changes in work concentration and performance (Murphy, 1994).
EAPs AND AN EMPLOYER’S DUTY OF CARE

There is no legal support in Britain for EAPs and employee counselling, either in statutory obligations on employers, or as a result of landmark cases. A general duty of care exists on the part of the employer, but tertiary interventions, on their own, are unlikely to satisfy the duty of care, useful though they may be in helping people to cope better at work. In no way have British EAPs been incorporated into labour law.

The Health and Safety at Work Act (1974) and subsequent codes of practice do not place specific obligations or make enforceable recommendations on employers to provide EAPs or employee counselling. Such provision would be unlikely to represent a defence by an employer in a civil law action, although its absence may strengthen an applicant’s case.

The much-cited case of Walker vs. Northumberland County Council (1995) may prove to be a turning point for claimants of compensation for work-induced stress problems, but it offers little guidance on the utility of an EAP or counselling provision as a defence, or as a mitigating circumstance.

WHAT IS A BRITISH EMPLOYEE ASSISTANCE PROGRAMME?

The UK Employee Assistance Professionals Association defines an Employee Assistance Programme as "a mechanism for making counselling and other forms of assistance available to a designated workforce on a systematic and uniform basis, and to recognised standards".

This definition highlights certain requisite characteristics of an EAP, i.e. its clear extent of coverage of all or selected employees and their dependants, its systematic provision of counselling as of right rather than by privilege or patronage, and its adherence to levels of service quality on an independently verified basis.

In the UK, EAPs tend to have two primary objectives:

1. They are firstly for the employees of organisations distracted by a range of personal concerns, including but not limited to emotional, stress, relationship, family, alcohol, drug, financial, legal and other problems.

2. EAPs are also designed to assist the organisation in the identification and amelioration of productivity issues in employees whose job performance is adversely affected by such personal concerns.

The intended beneficiaries of the EAP are thus both the individual (the primary focus in UK practice) and the organisation (less directly in the UK). At the personal level, the objective of employee counselling is not personal restructuring (i.e. psychotherapy), but the effects on an individual’s coping and adjustment to work and non-work life can be considerable.
The UK EAPA definition of an EAP can include many different programme models. Internal EAPs are worksite-based, whereas external EAPs are located outside the workplace and are usually administered by providers who are independent of the organisation. Some EAPs can be a combination of internal and external provision. However, in general, EAPs in the UK are seen as being externally provided, with only a handful of internal services being described as EAPs. UK EAPs emphasise an approach based on 'brief' counselling and intervention.

The variability of objectives for EAPs can result in many differing modes of programme delivery. The way in which individual external providers work is often the main factor, since standardisation of the mode of delivery is a key to their provision of a high quality service with the economic use of available resources. The choice of provider may be central in determining whether the organisation adopts an EAP with a suitable delivery method.

In any case, the essential components of an EAP should reflect the provider's and the purchaser's preferred practice model, the resources available to the purchaser, the needs of its employees, as well as the size and the configuration of the organisation (Davis and Gibson, 1994). All EAPs should be tailor-made to reflect the needs of the client organisation, but there are some core EAP activities. According to the UK EAPA, the specific core activities of British EAPs include:

- An effective promotion and publicity programme that informs all employees that an EAP service is available, and how to use it. This should be coupled with easy access to such services.

- Expert consultation and training to managers, supervisors and other support staff, in the identification and amelioration of employees' job performance issues.

- Confidential, appropriate and timely problem assessment.

- Where appropriate, short-term professional counselling and other forms of assistance.

- Referrals for appropriate diagnosis and longer-term treatment and assistance.

- The formation of linkages between the EAP service and other community resources that provide relevant support services.

- Follow-up and monitoring of employees who use the service.

These are the key activities which make EAPs distinct from other forms of counselling services, whether internal or external. The focus of counselling services, other than EAPs, is still usually on the provision of counselling, but the other activities associated with EAPs are not necessarily included.
THE HISTORY OF EMPLOYEE ASSISTANCE PROGRAMMES

EAPs have their origins in the US where they were originally developed in the first half of this century, to combat the adverse effects of alcoholism in the workplace (Dewe, 1994). More recently, US EAPs have contributed significantly to the control of escalating healthcare costs, particularly in relation to alcohol, drug and mental healthcare problems (EAPA, 1994). Today there are over 22,000 programmes in place in America, covering about 25% of all US workers, including 80% of the Fortune 500 companies.

EAPs first appeared in the UK in the early 1980's, initially as internal programmes. However, clearly some organisations have had some form of counselling provision for many more years than this. An external provider marketplace developed towards the end of the 1980's and has expanded rapidly since then.

From the start, UK programmes have provided counselling for a wide range of concerns. This is in sharp contrast to the largely alcohol- and, latterly, drugs-focused programmes more commonly seen in the US. Other common features of EAPs in the UK include a very much higher proportion of 'self-referrals' than 'manager' referrals, the provision of 24 hour access to telephone counselling services and the inclusion of family members. These and other differences expand the terms of reference for UK EAPs making them more broadly based than in the US (Berridge & Cooper, 1994).

PROBLEMS WITH THE DEFINITION OF AN EAP

It is clear that most workplace counselling programmes and EAPs concentrate on individuals with personal problems, and attempt to provide a service in helping reduce anxiety derived from financial, marital and family issues. However, whilst these are obviously fundamental to helping an employee, both in terms of their personal happiness and work performance, stress at work is caused by a complicated combination of both personal and work-related issues.

Thus, in order to be really effective, counselling programmes at work must address both personal and workplace issues (Cooper & Cartwright, 1994). However, currently they do not do this, and even the EAPA definition of a British EAP (1994) does not allude to this. The only mention of the workplace is in terms of 'employees who are not being productive enough', that is, the focus is still at the individual level. Using counselling programmes in the traditional way, as espoused by the EAPA definition, can lead to the responsibility for employee mental health being shifted from the company on to the individual employee. If a counselling programme operates purely at the individual level, then clearly the organisational sources of stress are not being tackled and the organisation can conveniently 'forget' such organisational problems, because they provide a counselling service to help employees cope. The organisation is in effect distancing itself from the programme and, hence, the need to address problems of stress within the organisation.
Any EAP or workplace counselling programme should, along with management, identify sources of stress within the organisation, and advise the organisation on appropriate means to help them deal with these sources of pressure. We should not see EAPs and workplace counselling programmes as a short-term, individual based "sticking plaster" solution, but rather as a way of feeding back problems to the organisation (within the bounds of confidentiality) and empowering that organisation to help itself.

EAP COUNSELLING RESOURCES

EAP counsellors come from a wide variety of disciplines and training backgrounds, but certain standards are insisted upon by the EAPA. However, as yet there is no way in which such Standards can be enforced if a provider is found to be failing to meet the required Standards. The Standards which are laid down by the EAPA include membership of the British Association for Counselling (BAC) or the Clinical Division of the British Psychological Society (BPS), backed by training and experience in short-term personal and work related counselling, organisational issues and EAP practice, as laid down by the EAPA's UK EAP Standards of Practice and Professional Guidelines. This will be discussed in more detail when the views of EAP counsellors are addressed later.
EAP EVALUATION

In the UK, evaluations tend to be almost exclusively qualitative in nature, other than basic statistical reports on usage rates and the like. “However, in the US there has been a move away from such anecdotal evidence of EAP effectiveness towards insisting upon hard data. Almost every company with an EAP in the US is subjecting it to close scrutiny in terms of cost-benefit, utilisation and success rates. All sorts of bottom line questions are being asked” (Bickerton and Stern, 1990). In the future, this type of hard data is likely to be demanded by UK companies as well.

Since most EAPs were created in an era of increased accountability and because of their relationship to cost-conscious for-profit organisations, one would expect EAPs to generate many evaluation studies. In fact, researchers in this field seem to still be searching for identity, direction, methodologies and information. Most EAPs attempt to assist employees in a variety of ways, and this mixture of hard and soft benefits, and their simultaneous provision to the same employees, makes the identification of a clear outcome-oriented model which defines intervention difficult, if not impossible. The greater the variety of interventions and services provided to employees, the greater the vagueness of defining the impact and outcome of such interventions. However, a number of evaluations have been conducted in the US, with varying degrees of scientific rigour. These studies, on average, have found a return on investment of approximately $5 for every $1 invested (e.g. McDonnell Douglas, 1989).

CONCLUSION

Thus, the EAP concept is beginning to emerge as an integral component of organisational life. The premise on which all EAPs operate is the need to balance the protection of corporate investment in employee assets with respect, concern and care for the individuals of the workforce. Intuitively, one would expect that if a significant proportion of employees are reporting the early resolution of potentially serious problems and returning to work, then this must show up on the bottom line. It is a virtual impossibility to obtain purely quantitative proof, and so the decision to give an EAP a try is still more often a ‘leap of faith’ than a measured outcome. Given that many employers, especially in the UK, are not just concerned with showing a return on investment, this is likely to remain the case. Many UK companies are, quite rightly, primarily concerned about the well-being of their employees.

A particular problem of EAPs in the UK context, concerns the perception by many companies that EAPs are ‘just another American import’, with little relevance to UK organisations or human resource development. However, whilst the name ‘EAP’ may have been imported from the US, this is really where the similarity ends. British EAPs bear very little resemblance to their American namesakes and have developed into a uniquely British phenomenon - as this report will demonstrate.
AIMS AND OBJECTIVES OF THE RESEARCH

INTRODUCTION

There is increasing demand for information on the effectiveness of "Employee Assistance Programmes" (EAPs) and counselling in industry. This is due to the growing acceptability and use of counselling in UK organisations as an effective human resource strategy that helps combat the now well recognised human and organisational costs of stress.

The strength of EAPs/counselling services in industry is that they can function to minimise the damaging consequences of personal distress to the mutual benefit of the individual employee and employing organisation. Providing professional assistance to the employee - in the form of short-term, focused, confidential counselling or referral to a specialist resource where appropriate - can mean early intervention and possible control over issues which may otherwise develop in to a crisis. This may help avoid unnecessarily damaging consequences both for the individual concerned and the organisation as a whole. Potential benefits for the individual in distress include: improved mental well-being; improved functioning at work (reduced performance interference); and increased job/life satisfaction. Potential benefits for the organisation include improved interpersonal relations and improved internal and external PR (perceived as caring employers); reduced sickness absence/absenteeism; reduced unwanted turnover; reduced accident rates; and associated financial savings.

Despite the enormity of the potential benefits of such services, there is a paucity of information about services in the UK and an even greater paucity of robust research substantiating their effectiveness. What research does exist has been largely anecdotal and carried out almost entirely in the USA (where such programmes have their roots). While findings from American studies have indicated uniformly positive outcomes, calls for good quality, independent evaluative research are increasing since reliable evidence for the effectiveness of EAPs strengthens the credibility and professionalism of the whole movement (Battle, 1988).

In recognition of the growing importance of EAPs/counselling for employee and organisational health, the Health and Safety Executive funded the Manchester School of Management, UMIST, to carry out a 3 year independent research project.

We believed that with the co-operation of the major UK EAP and counselling providers this work would:

(1) play a major role in educating the public in this field; and

(2) result in an increased understanding about the number and range of services available in the UK, the needs for, and purpose of, EAPs and an increased awareness of their availability.
We also believed that those organisations involved in this research would be recognised for being innovative, and forerunners in this approach to employee care, which is of such keen interest to the whole of British Industry.

The results of this much needed independent assessment and evaluation of EAPs/counselling in UK industry will be of value to the providers of these services, their existing clients and ultimately all those employers looking for effective ways to support their most valued asset and enhance organisational well-being.

In addition, one of the major benefits for those EAP and counselling providers who participated in this study was that the assessment and evaluation was impartial and independent. We believed that this study represented an opportunity for those currently involved in the field to have the benefits and effectiveness of EAPs/counselling in industry expressed in terms of reliable findings. EAPs are relatively new in the UK and carrying out a government funded, independent research evaluation at that time, with the involvement of the existing major providers could only have enhanced the 'professional' image and profile of EAPs in the UK and provided a strong foundation for the future.

OBJECTIVES

This research project can be seen as comprising two distinct parts which each address different objectives:

1. The first part of the research is essentially a Qualitative Assessment of Employee Assistance Programmes in the UK. The objective being to identify the number and range of EAP/counselling providers currently operating in the UK and the range of UK-based organisations currently using such services;

2. The second part of the research is a Quantitative Evaluation of Employee Assistance Programmes in the UK. The objective here being to identify what benefits are being reaped by organisations and individual employees currently using such services (objectively substantiate the effectiveness of counselling at the organisational and individual level).

Initially the emphasis of the research was firmly on evaluating the benefits of counselling to industry (objective two), with the assessment (objective one) being seen as essentially a fact finding exercise, which was necessary but did not form the central part of the research. However, it very quickly became clear that very little was known about British EAPs and that the evaluation aspect of the research was not going to be easy to carry out. These issues will be discussed in more detail in the next section.
METHODOLOGY

INTRODUCTION

As mentioned in the last section, the original aim of the research was to evaluate the effects of counselling at the individual and organisational levels. In order for the evaluation to be strong methodologically, the research needed to demonstrate not only that benefits exist, but that these benefits can be attributed to the provision of counselling. It was also important that the research evaluated the benefits of counselling at both the individual and organisational level, since such services operate at the interface between the two and for the mutual benefit of both.

At the individual level, a questionnaire based study of stress and employee well being was carried out. Mental well-being, physical well-being, job satisfaction, interpersonal relations at work, the home/work interface, self-reported absence, and attitudinal factors were assessed by the questionnaire. These items were all subjective measures that required self-report. At the organisational level, objective data such as sickness absence was utilised. More details about the questionnaire are given in a later section.

However, we encountered a number of problems fairly early in the research. These fall into a number of key areas, namely: gaining access to providers and purchasing organisations, questionnaire administration, selecting a comparison group, confidentiality, and extracting 'hard' data from company records. These issues, and the impact they had on our ability to effectively evaluate British EAPs, will now be discussed in more detail.

METHODOLOGICAL AND PRACTICAL PROBLEMS

The aim of this section is to address and discuss some of the methodological and practical problems which arose whilst attempting to carry out the evaluation research. These problems were one of the reasons why it was decided to emphasise the qualitative assessment of EAPs as opposed to the quantitative evaluation. As mentioned earlier, the major problems encountered fall within the broad areas of: gaining access to providers and purchasing organisations, questionnaire administration, selecting a comparison group, confidentiality, and extracting 'hard' data from company records.
Gaining Access To Providers And Purchasing Organisations

It appeared that some EAP providers were unwilling to be evaluated by independent researchers, although this was not always the case. The major UK providers were understandably wary about the ethical and legal issues surrounding confidentiality, and keen to ensure that their professional standards and services were not compromised by either the research design or running of an independent assessment.

They were aware of the methodological difficulties inherent in evaluation research, but a small number recognised the need for an independent, scientifically sound evaluation. Whilst some EAP/stress counselling providers were enthusiastic about participating in the research, there were others who were outwardly enthusiastic, but did not really co-operate by, either failing to send packs of questionnaires to clients, or failing to motivate their counsellors relating to the importance of the study, the effects passing on to clients. One reason for this response appeared to be that they did not really want to be evaluated, but at the same time wished to be included in any publicity arising from the research.

EAP providers often assume the automatic effectiveness of their EAPs, and EAP personnel therefore put a rather low priority on programme evaluation. Providers and counsellors frequently do not see evaluation as part of their mission. By virtue of their professional training and commitment, they have confidence in the efficacy of their work.

Most UK EAP providers say they evaluate their own programmes. However, even if this is the case, there is always the temptation to make one's programme look good. Although some providers were happy to have an independent evaluation carried out, others said it would interrupt the continuity of their own evaluation and they were not prepared to evaluate twice because clients would have been given two sets of questionnaires addressing similar issues.

While the overall goal of different programmes is often the same, the staffing, basis for referral, assessment, and implementation differ. Indeed, in a competitive market it is necessary for providers to be able to distinguish themselves from one another. For reasons of competition, survival and efficacy, the EAP must tailor its services to the requirements of the organisation in which it operates and be responsive to the needs of the individuals within the organisation. These factors make a uniform evaluation of their effectiveness complex and open to the influence of confounding factors that one cannot control. It also meant that some providers were reluctant to allow an independent researcher into their organisation, for fear that information might be passed on to other providers. It was therefore essential for us to demonstrate credibility, especially in term of confidentiality.
However, confidentiality can be used as a defence against having an
evaluation, because providers can be threatened by the thought of being
evaluated and will try to think of reasons why an evaluation cannot be done.
Unfortunately, providers did not realise that evaluation can help them "sell"
their programmes. In most cases, they are providing valuable, needed services
and evaluations can help them demonstrate this.

Finally, if a provider does not really want to participate, and hence their
commitment to the research is lacking, there is no guarantee that the
providers/counsellors will fully co-operate in facilitating data collection. Our
research was thus hindered, because some providers/counsellors were hesitant
about the evaluation outcome and concerned that the results might not
positively reflect their EAPs.

Sonnenstuhl and Trice (1986) highlight the difficult and complex set of tasks
an outside researcher must accomplish to gain access to work organisations in
which an EAP is operating. Coupled with this is the practical impossibility of
sustained randomised research designs in work settings. Evaluation studies
require effort and co-operation between researchers, organisations and EAP
providers. Unfortunately this effort and co-operation was not forthcoming
from a significant number of providers and their client organisations.

Some possible participant organisations were also very reluctant to participate
in the research. Their reluctance stemmed from a number of different
concerns. Some organisations implement an EAP as a public relations
exercise to 'show they care'; they were not, therefore, particularly interested in
its effectiveness. In some organisations, the usefulness of the EAP had been
heavily motivated by a particular individual, who had fought hard to get the
EAP implemented. This person, therefore, potentially had a lot to lose if the
EAP was shown to be ineffective. Finally, as will be discussed shortly,
'confidentiality' can also pose a problem. Apart from the issue of client
confidentiality, some organisations were keen that their name was not
associated with the research because they did not want to be perceived as a
"stressed organisation".

Most organisations also take it for granted that programmes are effective.
They are assured by providers that this is the case and because other
organisations have them they do not perceive a need for an evaluation.

Questionnaire Administration

It was essential that our research evaluated the benefits of counselling at both
the individual and organisational level, since such services operate at the
interface between the two and for the mutual benefit of both. Our evaluation
used a questionnaire-based study of stress and employee well-being to
investigate the effects of counselling on individuals.
When designing this questionnaire there was a need to balance the length of the questionnaire against the depth of information gleaned from it. The original questionnaire was seen as too lengthy by some providers, organisations and/or counsellors and so a second shorter questionnaire was designed for use in these instances. Although the shorter questionnaire provided less detailed information, it was felt that it might lead to a higher response rate and hence a larger sample size; particularly because some providers would not have taken part in the research at all had a shorter version not been available. For the findings to be of value it was essential that enough individuals who had been through the counselling process were assessed, to enable meaningful statistical analyses to be carried out.

Although standardised mental health and job satisfaction measures were used, data on the ‘counselling’ process was necessary, so that clients' views of the service (in terms of perceived helpfulness of counsellors, perceived quality of service provision and perceived positive benefits both at home and at work) could be assessed. A ‘counselling evaluation’ section was thus incorporated into the post-counselling questionnaire. This section was viewed quite sceptically by some counsellors who felt threatened because they saw it as an opportunity for providers to monitor their individual performance. To allay these fears and obtain this kind of data, counsellors had to be assured that the provider would not have access to individual questionnaire responses.

A further problem concerning questionnaire use was that many organisations, providers and counsellors felt that asking a distressed person to fill in a questionnaire would adversely affect the client-counsellor relationship. Some counsellors did not give questionnaires to their clients, even though the provider and client organisation had agreed to participate in the research. Yet, without this data, it is impossible to properly evaluate the impact of the EAP service.

Selection Of A Comparison Group

For our research to be strong, methodologically, we needed to demonstrate not only that benefits existed, but that these benefits could be attributed to the provision of counselling. Comparative data from individuals who had not used the EAP was therefore needed, because without it, it is difficult to disentangle ‘effects’ due to counselling from those due to factors related to the individual being counselled.

This research aimed to identify what the benefits of counselling had been for those individuals and organisations currently using the service. Coupled with the practical, time and cost constraints of the study, this dictated the necessity to work with existing clients of counselling providers. Since it was impossible to get an adequate baseline measure where programmes already established, a comparison group of employees from within the same organisation was needed. The comparison group needed to be randomly selected from a list of all employees. Ideally, the comparison group matches the demographic profile of the client population, on such factors as age, sex and job status. This enhances the validity of the research, since potentially important sources of variance are minimised.
However, the selection of a comparison group was a major problem. Providers were generally unwilling or unable to select comparisons from company records, as they would then also have had access to the names and addresses of individuals not using the service. Some organisations were unhappy with the concept of a comparison group at all. The best solution to this problem would have been for someone within the organisation to select comparisons, based on generic information given to them about individuals presenting for counselling. However, the name of the person or any information which would identify them would not have been given.

Comparison group questionnaires would have been sent to employees' homes. This would have ensured that individuals were not wrongly assumed to be using the EAP by other staff members, who could have caught sight of the questionnaire and jumped to the wrong conclusion. A letter clearly explaining that they had been randomly selected was designed, because there is a tendency for the comparison group to feel that they have been selected for a particular reason, which can adversely affect their response and the reputation of the EAP service.

Despite this it was not possible to select a comparison group for any of the clients who completed questionnaires. One in-house service did attempt this and a small number of comparisons were selected, however, the sample size was too small to be utilised in any statistical analyses.

However, according to Shapiro et al (1993), studies which use comparison groups of individuals not seeking help tell us very little about the effectiveness of the treatment, since these people are much more psychologically healthy to begin with, so improvement over time is less likely. They maintain that more studies are needed which randomly allocate those seeking help to one of two groups, either immediate or delayed help. However, for ethical and practical reasons this is obviously not possible when conducting research in an applied setting. As Bechir and O'Hara (1987) suggest, one cannot withhold treatment from a group of potentially stressed people (and everybody falls into this category), particularly when the basis of an EAP is largely voluntary self-referral.

Swanson and Murphy (1991) take the position that, in reality, every member of an organisation where an EAP is present is a waiting list control, since they may at any time refer themselves to the EAP, and there is no reason to assume that those who do not refer themselves are therefore less stressed. In a free choice situation, not everyone who may benefit from counselling will opt to use the service. Ideally, therefore, they believe that more than one control group is needed, maybe from another site of similar size, engaged in a similar activity, where the service is not available.

This possibility was explored but none of the organisations involved in the research had similar other sites, without an EAP. Where different sites were available they tended to specialise in different areas and had a different set of jobs and culture. They usually also has access to the EAP.
Thus, given our inability to select a comparison group, the normative data bases were considered an appropriate comparison group, although it is recognised that the organisational factors specific to each case are then ignored.

Confidentiality

A longitudinal research design, such as this one, can present problems on ethical grounds. This relates to the issue of confidentiality, the main barrier to rigorous evaluation designs. It has been suggested that trust in confidentiality, that is, the perception of a service being truly confidential, is the cornerstone of a successful EAP (Feldman, 1991).

This perception can be hindered if data collection using individual identifying codes is used prior to the introduction of a service (i.e. as a baseline measure at a 'green field' site), since building trust in a confidential service is something that takes time to establish.

The way in which the questionnaires were administered to EAP clients had to be closely linked to the need to maintain the assurance of confidentiality given by counselling providers to their clients. Methodologically, it would have been best to distribute questionnaires by mail before the first counselling session, so as to obtain a baseline measure. However, most providers felt this was unacceptable, because it could have a negative impact on the way in which the EAP and the counsellor were perceived. Most counsellors, therefore, preferred to give the questionnaire out themselves, at the end of the first counselling session, after explaining its purpose and the fact that they did not have to participate. Although this was not the ideal situation and counsellors felt it interfered with their relationship with clients, most believed it was better than asking a distressed person to fill out a questionnaire before being counselled.

In order to be able to identify pre-, post- and follow-up measures from individual participating clients, individuals were allocated a number by the counsellor at the beginning of the first session. The list of code numbers was held in strictest confidence by the counselling provider. Although the use of code numbers assured complete anonymity, clients understandably felt worried, particularly given the current economic climate and associated redundancy announcements. The purpose of the code numbers thus had to be clearly explained both in a cover letter and by the counsellor. Confidentiality may be such a major obstacle because societal values about many problems mean that employees are hesitant to seek assistance from EAPs (Balgonal and Patchner, 1988). This reluctance is further compounded if they are not guaranteed that the data shared by them will be kept confidential, or if they feel obliged to fill out a series of questionnaires.
This methodology did require a great deal of commitment and co-operation from individual counsellors. It also entailed much more work for providers, who needed to ensure that each counsellor fully understood the purpose of the research, and the fact that they were not being assessed as individuals, but aggregately. All counsellors involved had to be totally committed to the research if they were to pass on this enthusiasm to their clients, and hence increase the likelihood of a high response rate. One of the major stumbling blocks to carrying out this research was the difficulty of trying to ensure that all this took place.

Unfortunately many of the providers and their counsellors resisted participating in this research. Despite lengthy discussions we were unable to persuade a significant number of providers and therefore counsellors of the ultimate value of the research. They did not see evaluation as a key area they needed to address.

Extracting 'Hard' Data from Company Records

For evaluation at the organisational level, access to individual absenteeism/sickness absence rates was needed. Such measures enhance the rigour of evaluation by minimising the dangers inherent in relying on subjective, self-reported data. However, many UK organisations do not monitor absenteeism. A 1991 survey by Arthur Anderson estimated that 40% of UK businesses fall into this category. This is despite an estimated annual cost of absenteeism to UK industry of 6 billion. Unfortunately the majority of the organisations involved in this research did not keep records of individual sickness absence and absenteeism. Adequate evaluation cannot be conducted objectively unless adequate data are recorded by companies to make the evaluation of 'hard' data possible.

Some companies did have such records but giving researchers access to individual employee records was not always seen as acceptable by organisations, on ethical grounds. There were severe problems, therefore, in gaining access to the records in the few companies who did have them. Even when access was granted, there was a great deal of debate about exactly how this data should be extracted. This required detailed discussions with providers, the organisation, the union and any other relevant parties, to come up with an acceptable formula.

Internal counselling services had an advantage in this respect. Internal counsellors, employed by the organisation, had access to personnel records and could therefore extract the necessary data on their clients. They are also bound by a code of ethics, so confidentiality was ensured. Internal counsellors were also in a very good position to select comparisons, because they knew what characteristics to match the individuals on. However, the extra work involved in collecting this data meant that the internal service which kept records of absence agreed to extract the data on clients, but felt that selecting a comparison group as well would be too time consuming.
CONCLUSION

The major problems encountered in attempting to conduct the evaluation have been outlined. It is for these reasons, amongst others, that the emphasis of the research as a whole was shifted from a quantitative evaluation of EAPs to a qualitative assessment of EAPs.

Partly as a result of the problems we encountered, and also because it became very clear that not much was known about British EAPs, the emphasis of the research was changed and the Qualitative Assessment of Employee Assistance Programmes in the UK became the primary objective of the research. However, the quantitative evaluation was still viewed as important and so was completed despite the methodological problems encountered.

The remainder of this research report is split into two sections. The first section addresses the Qualitative Assessment of Employee Assistance and Workplace Counselling Programmes in the UK, whilst the second section deals with the Quantitative Evaluation of Employee Assistance and Workplace Counselling Programmes in the UK. Each section is written as an autonomous unit, and details the aims and objectives, methods employed to collect data, and research findings associated with the particular aspect of the research being described.
CHAPTER ONE

AIMS AND OBJECTIVES OF THE QUALITATIVE ASSESSMENT OF EMPLOYEE ASSISTANCE PROGRAMMES

The primary aim of this chapter of the report, is to highlight the main characteristics of EAPs in the UK, from the perspective of the EAP providers, the organisations that use them and the counsellors who interface with the client-employees (and providers). Since very little is known about UK EAP providers, and their numbers have dramatically increased over recent years, it was decided that we needed to know a great deal more about 'who they were', 'what they did', 'how much they cost', 'what kind of counsellors they employed' and how they trained them, the 'reasons why organisations purchase their services', and 'what organisations feel are the benefits' to them and their employees. To answer these questions, interview and survey data were collected from EAP providers, the purchasing organisations of these providers and a sample of the counsellors working for EAPs. Where appropriate, the findings of this research will be discussed in relation to the UK EAPA Standards of Practice and Professional Guidelines (EAPA, 1994).

This part of the report is broken down into four sections. The first part deals with the EAP providers. Data were collected on their history, services provided, unique characteristics, recruitment and training of counsellors, links to their organisational clients and monitoring of quality.

The second section explores the views of the counsellors themselves; what they think of EAP providers, their level of qualifications and training, their modus operandi, etc.

The third section focuses on the client organisations of EAPs: what they think of them, why they purchase them in the first place, what their benefits are, who in the organisation made the decision to purchase the service, etc.

The final section in this part of the report provides an overall summary and implications in terms of how closely UK EAPs are satisfying the EAPA's Standards in general.
SECTION ONE

THE PROVIDERS OF EAPs AND WORKPLACE COUNSELLING PROGRAMMES

METHODOLOGY

This section will discuss who the providers of EAPs and workplace counselling services are, and how they operate. This information was gained by using two different methods - in-depth case studies of the major providers and a survey of other providers.

In-Depth Case Studies

In Order to decide who to interview, it was necessary to identify the number and range of EAP/workplace counselling providers currently operating in the UK. Various associations, such as the Association for Counselling at Work (ACW) and the Employee Assistance Professionals Association (EAPA), were contacted for information about who provides EAPs and workplace counselling programmes. In addition, other providers were contacted by 'word of mouth', and others by informal communication systems (e.g. through companies, at conferences, etc.).

Once the main providers had been identified, we wanted to find out as much as possible about who they were in terms of salient features, and what types of services they were providing. This entailed carrying out in-depth interviews with all the identified providers. At the time, this amounted to 14 providers in total - 10 EAP providers and 4 external workplace counselling providers. Areas addressed in the interviews related to key activities of the provider, number of client organisations, counsellor qualifications, counsellor experience and training, etc. We utilised a semi-structured interview format, which allowed some flexibility for people to express their views about EAPs and workplace counselling in general.

Survey Of Additional Providers

After completing the in-depth interviews with the major EAP and workplace counselling providers, we decided to survey some of the smaller providers and those that were more recently established. The detailed interviews had led to the identification of the pertinent issues regarding EAPs, and these were incorporated into a questionnaire survey. The questions related to: the key service characteristics of the provider, number of client organisations, the qualifications and training of counsellors, usage rates of service, etc. The questionnaires were sent to all known EAP and workplace counselling providers, except those who had already been interviewed.

25 questionnaires were sent to the providers of external workplace counselling services and Employee Assistance Programmes (EAPs). 16 questionnaires were returned, yielding a response rate of 64%.
THE FINDINGS

The primary aim of this section is to highlight the main characteristics of British EAPs, from the perspective of providers, both internal and external. This was done by using the information gained from both the in-depth interviews and the survey of providers.

The Configuration Of The EAP Industry In Britain

The size of the EAP industry in Britain and its configuration is given in Tables 1 and 2. The calculated overall coverage of external EAP and employee counselling providers amounted to 1,285,000 employees, which represents between 5% and 6% of the working population in Britain, who potentially have access to EAP provision. These statistics were extrapolated from the research findings in order to provide an estimation of the total industry characteristics. Caution is therefore recommended in regarding this statement of EAP coverage as definitive. In particular, it was problematic to distinguish between full-scale EAPs and varying degrees of employee counselling programmes, which could approach EAPs in various respects of scope of provision and integration into the client organisations.

However, this estimation is in line with the opinion of Reddy (1994):

"improbable as it may have seemed ..... around one
million UK employees (and their families in many cases)
will by the end of 1994 be included under the EAP umbrella
- however flimsy or primitive some early UK models remain
in design and capability" (Reddy, 1994: 61).

By comparison with the United States, where up to 25% of all employees are covered by EAPs, this current proportion of coverage in Britain apparently allows considerable scope for future EAP expansion. Information was not collected on the extent of concentration of EAPs in certain industrial sectors, or in large and high-profile organisations. However, the case studies did indicate that larger organisations were more likely to institute EAPs.
Table 1 Extent and configuration of EAP and employee counselling provision in the UK - 1995

<table>
<thead>
<tr>
<th>EAP counselling providers</th>
<th>Number employees covered</th>
<th>Number organisations</th>
<th>Average employees contract</th>
<th>Average contracts provider</th>
<th>High per fee structure</th>
<th>Low per fee structure</th>
<th>Mean per fee structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=11)</td>
<td>768,000</td>
<td>282</td>
<td>2723</td>
<td>25.6</td>
<td>£40.00</td>
<td>£15.00</td>
<td>Approx £24.00</td>
</tr>
<tr>
<td>Other EAP providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=25)</td>
<td>517,000</td>
<td>317</td>
<td>1631</td>
<td>12.7</td>
<td>£57.00</td>
<td>£21.00</td>
<td>Approx £25.00</td>
</tr>
<tr>
<td>Total providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weighted</td>
</tr>
<tr>
<td>(n=36)</td>
<td>1,285,000</td>
<td>599</td>
<td>2,145</td>
<td>16.6</td>
<td>n.a.</td>
<td>n.a.</td>
<td>£23.92</td>
</tr>
</tbody>
</table>

Notes
1. All figures computed with extrapolation of missing values
2. Figures on 'other providers' include some counselling-only provisions
3. In-house EAP and employee counselling provisions, not included

The three leading EAP providers (in terms of number of contracts held) are beginning to build a dominant position in the industry. Their coverage of employees is proportionately 2.34 times more than their numerical presence among providers. By comparison, the next eight providers' ratio is 1.81, and that of the remaining 25 providers is 0.58. Such a configuration of the EAP industry indicates that the leading three providers do not have a marked numerical superiority of provision over the following eight providers, although the position of the leading single provider was clearly dominant in the leading three companies.

Table 2 Industrial concentration in British EAP and employee counselling providers

<table>
<thead>
<tr>
<th>Total identified providers</th>
<th>Total contracts held (%)</th>
<th>Total employees covered (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top three external providers</td>
<td>8.3</td>
<td>28.9</td>
</tr>
<tr>
<td>Following eight external providers</td>
<td>22.2</td>
<td>18.2</td>
</tr>
<tr>
<td>Remaining other 25 providers (external)</td>
<td>69.5</td>
<td>52.9</td>
</tr>
</tbody>
</table>
It was not a primary aim of this research to consider the financial situation of the EAP providers, but some tentative results on this dimension are given in Table 3. The size of the EAP industry in the UK (estimated at £30.5 million annually) probably is a shortfall on the actual annual revenue, since it was difficult to contact smaller providers of employee counselling services. This estimate does not take into account the in-house EAP or employee counselling services.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Estimated percentage of market (%)</th>
<th>Estimated average total annual revenue (£m)</th>
<th>Estimated annual average revenue per provider (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top three providers in size (volume)</td>
<td>19.5</td>
<td>6.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Next eight providers in size (volume)</td>
<td>40.3</td>
<td>12.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Next 25 providers by size (volume)</td>
<td>40.2</td>
<td>12.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>30.5</td>
<td>0.85</td>
</tr>
</tbody>
</table>

**Introduction to the Providers**

Most of the current major British providers were established between 1979 and 1993, with the greatest number emerging between 1989 and 1993. This time-scale coincides with the massive growth in externally provided workplace counselling programmes as a result of their mass marketing during this period.

Most British EAP providers are not EAP-only specialists, but see themselves as general providers of counselling services, of which the EAP is one, albeit one of their most commercially significant activities. The survey revealed that 69% of workplace counselling providers describe themselves as providing EAPs, but only 6% see this as their only business. The remaining 63% offer workplace counselling programmes on an ad-hoc basis, in addition to providing EAPs. Nineteen percent provide both workplace counselling programmes and counselling on an ad-hoc basis, whilst 12% offer specialist workplace counselling programmes. *Figure 1* depicts these percentages.
Figure 1  EAP and counselling services offered by external providers

About 56% of external providers offer a nation-wide service, with 44% providing essentially a local service. Those providers offering a nation-wide service do so either by having offices located throughout Britain (in 34% of cases), or by having a head office and a network of affiliate counsellors throughout Britain (in 66% of cases).

Only 40% of providers have 24-hour access to their counselling service and some of these are via an answerphone. Of the 60% of providers who do not have 24 hour access, one third offer access only during work hours 5 days a week, with the remaining two thirds having various hours of access, although the majority are accessible up until 11.00pm.

Seventy six percent of providers indicated that their counselling services and EAPs are on the whole available to 'dependents' as well as employees, whilst 20% suggested that their services only cover employees and 13% that it is up to the client company and is negotiated at the contract stage.

Eighty percent of providers will accept both self-referrals and management referrals, but 20% only see clients who 'self refer'. Most providers who accept management referrals say that at the first session they confirm that the employee actually wants to attend counselling, if they do not then no counselling takes place.

EAPs tend to be charged on a per capita basis, with the average price (1993-1994) being about £25 per employee per year. The range was from £21 to £57 (with one provider charging between £48 and £57 for their EAPs). Most providers base their per capita fee on a number of factors, including: the number of employees covered; the number of face-to-face sessions available per client; and other services provided to the organisation, such as training or consultancy. The charges made for other workplace counselling services vary widely, with some charging on a per capita basis and others using a fee for service payment structure where the fee is based on the number of hours counselling which actually takes place.
The average number of face-to-face counselling sessions per client, offered by providers, averages about six, which is about the professional norm for short-term therapy. There is a great deal of variation in the number of sessions provided amongst providers, the lowest being three, with no limit being placed in a few cases. However, a three-session model should not be classed as a counselling service, but as an assessment and referral service, with clients being referred on to often overstretched agencies (e.g. Relate) without any attempt at therapeutic intervention. In fact, one provider felt very strongly about limiting sessions - "it is not ethically or clinically acceptable to impose a limit on the number of counselling sessions a client may receive". In this service, the counsellors worked towards 10 sessions, but the provider absorbed the cost of any sessions over 10 (which was what the price of the service was based on).

Key EAP Activities

There is very little consensus amongst providers as to what an EAP really is. However, from the providers’ perspective, the core activities of EAPs can be seen, in general, as being:

1) Initial and on-going advertising of the EAP, by 80% of providers;
2) Orientation sessions for managers and employees, by at least 80% of providers;
3) The provision of face-to-face counselling, by over 90% of providers;
4) Advice to managers, by nearly 70% of providers; and
5) Statistical and detailed feedback to the client organisation, by approximately 70% of providers.

Legal and financial advice, 24-hour access, telephone counselling and crisis back-up were not seen as essential ingredients for an EAP, by the providers. The key and peripheral EAP activities are summarised in Table 4.

Some providers felt that training (e.g. stress management, relaxation, assertiveness) should be an integral part of an EAP. Other providers stated that legal and financial advice should always be available as part of an EAP, but also suggested that this should be delivered directly to the client by a qualified legal consultant. Other comments related to the fact that although assessment and referral is a necessity as far as EAPs go, 'information only' services are not.

One final comment is worth noting - "there is considerable scope for flexibility in the design of EAPs and counselling programmes, so that the core activities may not necessarily be best provided by the external counselling provider, but may be provided by the organisation in some other way."
A clear majority of providers felt said detailed feedback to the company was essential, as this can highlight policy issues and general areas of organisational concern, which the company can then attempt to change structurally, hence reducing the stress imposed on employees by the organisation. This latter point is a very important one which warrants further consideration. EAPs aim only to address stress at the individual level. There is also a need to address stress at the organisational level but, according to some EAP providers, to do this within the framework of an EAP risks compromising confidentiality.

*Table 4 Summary of key and peripheral EAP activities*

<table>
<thead>
<tr>
<th>Key activities</th>
<th>% of providers citing this activity</th>
<th>Peripheral features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial and on-going advertising</td>
<td>80</td>
<td>Financial and legal advice</td>
</tr>
<tr>
<td>Orientation sessions for managers</td>
<td>over 80</td>
<td>24-hour access</td>
</tr>
<tr>
<td>Orientation sessions for staff</td>
<td>over 80</td>
<td>On-going telephone counselling</td>
</tr>
<tr>
<td>Face-to-face counselling</td>
<td>over 90</td>
<td>Crisis back-up</td>
</tr>
<tr>
<td>Advisory service for managers</td>
<td>nearly 70</td>
<td></td>
</tr>
<tr>
<td>Basic statistical feedback</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Detailed feedback</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation and Audit of Counselling Services

Meaningful evaluation of an EAP depends upon having measurable programme objectives and data collection mechanisms. These should be developed early in the programme planning process. However, 47% of providers stated that they do not set any performance objectives against which their performance can be assessed. The 53% of providers who do set performance objectives did so to varying degrees. Providers routinely ask employee clients to complete satisfaction questionnaires, but many providers do not evaluate or audit their EAPs in any consistent way. One provider expects an annual service uptake of at least 5% of employees, whilst another sets various objectives including ‘speed of response from first contact to first session’, ‘user satisfaction levels at the end of counselling and after three months’, and ‘changes in performance levels’. Performance objectives are agreed with each customer, at the outset, according to one provider, and another indicated that client companies often specify in advance their parameters (e.g. decline in sickness levels, a desired level of uptake of the service).

Some providers evaluate their services by looking at ‘usage rates’, ‘reports from counsellors’ and ‘feedback from client companies and individuals’, whilst others say that they welcome independent audits and undertake their own evaluation surveys amongst users. One provider works with corporate clients to conduct research in organisations, as well as working in partnership with client companies to plan and conduct evaluation programmes. Company and client feedback, in conjunction with individual case monitoring, form the evaluation of another provider’s service.

Only a minority of providers (40%) report that client organisations have commissioned an independent audit of their EAP, although what the audit consisted of is not clear. Thirteen percent of providers said that independent audits were currently being planned by at least one of their client companies. One provider who had not yet been audited believes that many companies are reluctant to formalise their monitoring procedures. It is also the case, however, that EAP providers have tended to resist any form of cost evaluation by stating that EAP benefits cannot be quantified.

The Counsellors

This section examines the practices of counselling providers in respect of counsellors whom they employ directly and whose services they use in providing EAPs and counselling-only services in the UK. The data highlighted here is drawn from the providers’ responses and illustrates the policies, practice and perceptions of providers alone. The perceptions of counsellors working for EAP providers are detailed later.
Numbers Employed

The number of counsellors employed by individual providers varies from one to 670. Only 10% of these counsellors are employees, with the other 90% being affiliates who are paid on an 'as used' basis. Affiliates may be independent practitioners or may have part-time or even full-time employment in another sector of counselling. In a few instances, affiliates are paid an annual retainer, regardless of their activity level.

Seventy percent of counsellors are actually described as counsellors by the providers. Of the rest 17% are clinical psychologists, 8% are debt counsellors, solicitors giving legal advice, or money advisors, 2% are registered NLP psychotherapists, 1% are occupational psychologists, 1% are counselling psychologists and 1% are systemic psychotherapists. These proportions are depicted in Figure 2.

Figure 2 Background of EAP counsellors
Qualifications and Training

The training and experience that providers require of their counsellors varies widely. At one end of the spectrum one provider requires all counsellors to be United Kingdom College of Psychiatrists (UKCP) registered psychotherapists and to have at least six years experience. However, this provider has some companies who insist upon counsellors, working with their employees, having a degree in psychotherapy and at least 10 years experience. Another provider uses only clinical psychologists, with the requirement that they must be Chartered by the British Psychological Society. One provider insists upon all counsellors having some other formal qualification in addition to their counselling qualification, e.g. in psychiatric nursing, occupational therapy or psychology. Another provider simply requires a Diploma in counselling, but does demand that all counsellors have a minimum of 250 hours supervised face-to-face counselling experience, with specific expertise in ‘brief’ counselling. A different provider has a similar requirement, in that they insist upon counsellors having the equivalent of British Association for Counselling (BAC) accreditation, in addition to a minimum of two years post-qualification experience. Yet another provider expects all counsellors to have at least 200 hours classroom training plus 200 hours supervised counselling experience. One provider even demands that all counsellors have been in private practice for at least five years. However, some providers only require counsellors to have a Diploma in counselling, and do not insist upon counsellors having gone through therapy themselves. It can be seen, therefore, that as the variety of qualifications and training specified for counsellors, by providers, is wide, client companies have a considerable range of training and qualifications from which to choose.

Brief Therapy or Short-Term Counselling

The majority of providers say that they expect counsellors to be experienced in ‘brief therapy’. One provider expects counsellors to produce evidence (e.g. a professional supervisor’s reference) of their ability and willingness to do short-term counselling, whilst another provider ideally thinks counsellors should be trained in ‘brief therapy’. A similar provider gives all counsellors who do not have training in short-term work at least two days of training, during which their suitability is assessed. One provider prefers counsellors to have worked with a General Practitioner (GP) or RELATE, and a second provider, who believes that experience in short-term counselling is essential, states that the systemic psychotherapy approach fits this requirement perfectly. The provider who uses only clinical psychologists does so because ‘brief therapy’ forms part of the standard Chartered Clinical Psychology training. Finally, one provider points out that the ability to do short-term counselling is necessary because client companies cannot afford extended counselling, and with short-term counselling most cases reach resolution within four sessions.

Only 63% of providers report that they check the counsellor’s suitability for EAP work (i.e. brief therapy) with their professional supervisors. Again, a variety of practices is revealed by the research, showing a considerable concern for training in short-term counselling.
Experience of Workplace Counselling

A surprising finding was that only 25% of providers expect their counsellors to have prior experience of workplace counselling, with 75% saying this is not necessary. One provider who does insist upon counsellors having experience of counselling in the workplace says that it is essential as it is the only way in which counsellors can gain credibility, especially where counsellors may be supporting managers.

Although the majority of providers do not insist upon their counsellors having this sort of experience, some do expect counsellors to be able to demonstrate an understanding of the workplace. One provider states that experience of workplace counselling is not necessary, because the provider trains counsellors for the type of work they will be involved in, whilst another gives at least two days training in which workplace issues are addressed. One provider expects counsellors to demonstrate, at interview, an understanding of the implications of working in an employment context (e.g. organisational issues, role conflict, etc.), whilst another also expects counsellors to have a workplace perspective. One provider feels that because 95% of the counselling takes place at their own premises such experience is not necessary. Another provider suggested that although experience of workplace counselling is desirable, the relatively low rates of pay make it financially difficult to recruit such counsellors. Yet another provider says such experience is not necessary because many problems are straightforward counselling terms and would apply to any environment: all of this provider’s counsellors do, however, train in business counselling issues such as redundancy, workplace law, and job-related stress. Another provider also feels that workplace counselling experience is not needed because it is rarely relevant.

Recruitment of Counsellors

The assurance of quality counselling provision depends greatly on the recruitment of suitable persons, and their possession of suitable premises for the reception of clients. With the high level of affiliates and the wide geographical spread of clients, the control of quality in these two dimensions is crucial to the service.
According to the providers, the general method of recruitment for affiliate counsellors is the interview, even if this is only conducted over the telephone. A majority (63%) of providers said that they interview all counsellors before placing them on their network. Two providers who do not interview all their all their counsellors say this is not necessary because all the counsellors are ‘hand picked’ and are therefore already known to them. One provider feels that interviews (which poor counsellors can be very good at) are inappropriate, and prefers to rely on professional supervisory reports. However, this provider does "meet" all counsellors after selection. Two further providers explain that all counsellors are interviewed over the telephone and one also follows up references. The final provider who does not interview counsellors, states that they only use network counsellors very rarely, but before a client was referred to one, then the counsellor would be interviewed and their professional supervisor contacted.

Two providers who do interview all counsellors say they have comprehensive formal interview and assessment procedures, and one also verifies counsellor qualifications. Another provider initially interviews counsellors informally, but at induction conducts a formal interview. One provider insists upon a minimum of two interviews with its representatives, followed by an interview with the counsellor’s supervisor.

The subject of judging counsellors’ assessment and diagnostic skills yielded some interesting comments. One provider says that it attempts to do this initially by interview and references, which it then monitors through in-depth supervision; whilst another seeks professional supervisors’ references as well as including a case study at the interview stage. One provider says it is extremely difficult to judge the assessment and diagnostic skills of counsellors, but it conducts rigorous checks on qualifications, supervision and case notes. Another two providers ask all counsellors to do a ‘case study’ presentation at interview. A different provider insists upon counsellors providing three professional references. Most providers say that the best way of ensuring that counsellors maintain standards and quality is to carefully supervise their work initially, and subsequently by on-going case management.

In a decentralised counselling service, the quality of professional services used by network counsellors can have a considerable effect on clients’ expectations. Only 31% of providers inspect all their counsellors' premises before placing them on the network. However, 25% of those who do not inspect premises feel that it is not necessary because all counselling is done at the provider’s premises. One provider says they do not inspect premises because of the geographical spread of their counsellors, whilst another says they do not inspect premises until a referral is made to an individual counsellor. One provider claims to know all the counsellors personally, and so believes that inspection is not needed. Another ‘has the intention’ of inspecting all premises in the future and a final provider says that they rely on reports from ‘other professionals’ as to the suitability of counsellors' premises.
Supervision Arrangements

Fifty six percent of providers say that they verify their counsellors' supervision arrangements. Those who do so tend to do this by taking up professional supervisory references, and some verify this on an annual basis. One provider actually interviews the supervisors and one provider requires an annual report from all counsellors' professional supervisors. Sixty three percent of providers check a counsellor's suitability for EAP work (i.e. brief therapy) with their professional supervisor and one provider specifically questions supervisors on the ability of the counsellor to do brief counselling.

Some of the providers who do not verify supervision arrangements say that this is not necessary because they provide their own supervisors for counsellors. One provider intends to start verifying supervisors, and the other uses only clinical psychologists who have many years experience and in the provider's opinion will seek help and advice if needed, so no further formal supervision arrangements are necessary.

Telephone Counsellors

The survey showed that 56% of providers use trained counsellors to answer the telephone when clients' contact the service. One provider says that in addition to being trained counsellors, all their telephone counsellors have the necessary skills to provide telephone support for raid, robbery and hostage victims. Another provider, however, says that experienced secretaries are entirely suitable for answering the telephone, whilst two different providers consider that the role of the receptionist is simply to verify the right of the client to access the service. They are then transferred directly to a trained counsellor. Quality assurance regarding a clients' initial contact by telephone is important, whether the initial contact is via a help-line or as part of ongoing counselling.

Ensuring the Quality of Counselling

Some providers attempt to ensure the quality of counselling by giving questionnaires to clients and asking for feedback. Other providers tend to place more emphasis on case management and supervision. One provider states that it has counsellor guidelines that must be adhered to and there is also a complaints procedure. Some providers expect counsellors to submit detailed case notes that are monitored by a clinical review team, and one provider has fortnightly case discussions and peer review sessions.
Training

A large majority, 81% of providers, say that they train counsellors once they have been recruited, but this training varies in terms of content and depth. Some providers simply say that they provide extra training as required, but give no further details, and one provider says that all their BAC accredited counsellors, if they wish, have access to basic NLP training. Another provider trains counsellors in techniques for dealing with symptoms arising out of violent experiences, and some providers run quarterly workshops on topics and issues of particular interest. One provider says that it expects all its counsellors to abide by the BAC code in relation to continuing professional development. The provider that employs solely clinical psychologists states that each psychologist has a personal development programme that is continually reviewed.

Rate of Pay of Counsellors

The rate of pay for counsellors doing EAP and workplace counselling work is fairly consistent, at around £30 per session/hour, the range being from £20 up to £45. Two providers employ full-time counsellors on an annual salary of about £20,000. Most providers say that the rate of pay is dependent upon the counsellors' expertise and the area in which they work.

Information Provided to Counsellors about Client Companies

Most providers do not give information to counsellors about client companies on a routine basis. If, for some reason, it is felt necessary, then this type of information is given to counsellors. This is a matter of concern.

Most providers say they sometimes give counsellors some information about client companies, including details of culture, policies and procedures. One provider says that the information given is always done in accordance with the client company’s wishes and is usually on a ‘need to know’ basis. However, the telephone counsellors who work for this provider receive full briefings at the start of the scheme, and up-dates as necessary, according to the provider. Most providers, however, do not give this type of information to counsellors as a matter of course, doing so only if the information is considered to be useful. One provider arranges for its counsellors to visit client companies at the introduction of the programme and meet with key personnel in the organisation, as well as doing site tours. Another provider asks client organisations to provide a ‘brief for counsellors’ and two providers believe it is essential for counsellors to know all about the company as standard practice.
EAP Usage Rates

As with any administrative procedure, good practice dictates that an organisation’s system of counselling has a built-in feedback mechanism with both quantitative and qualitative measures. The feedback typically splits calls between the various problem categories and also by age, sex, length of service, grade and location.

Usage rates are typically between 8% and 10% of the workforce per year, but reported usage rates vary widely from 1% of the workforce per year to 25%. Often, rates start low and then rise as employees begin to trust the service and respect its confidentiality and usefulness. The way in which usage is calculated by providers also varies but most providers calculate usage based on the number of clients actually receiving counselling, rather than the number who have contacted the service. Some providers do include repeat calls about the same condition in their usage figures and others only base usage on clients who receive face-to-face counselling.

In terms of usage, there is an approximate 50%-50% split between males and females, and 91% of clients are employees, the remaining 9% being family or dependents. Clients from managerial positions represent 30% of all clients, with the other 70% being spread across a variety of non-management categories. In addition, three-quarters of all referrals are self-referrals, re-emphasising the British tradition of individual (not organisational ) assistance and the reluctance on the part of supervisors to incorporate EAPs into the process of managing unsatisfactory employees. Provider organisations themselves differ in their attitudes toward the mode of referral, with 20% believing that self-referral is the only suitable method of referral, and 80% saying that management referral also has a place, providing it is within strictly controlled boundaries.

The survey showed that for British organisations 31% of presenting problems are emotional, 22% are work-related, 19% stem from family or marital problems and 18% of problems have financial or legal origins. Only a small number of clients report having alcohol (4%) or drug (1%) problems. The figures are shown in Figure 3.
**Figure 3** Categories of problems presented by clients

![Diagram showing categories of problems presented by clients](image)

Such figures differ from US reported figures of usage, particularly of the extent of EAP usage for alcohol (4%) or drug (1%) problems. Any explanation of such differences is complex. However, the indication is that the proportion of work-related problems is much higher (nearer 50%) for inhouse counselling services, which may be the result of the fact that inhouse counselling services tend to be very organisationally aware. Counsellors will, therefore, focus on work-related issues, as well as on personal ones. In contrast, some external providers’ EAP counsellors see themselves as personal independent counsellors and actively dissuade the client from talking about work issues.

EAPs tend to be only rarely used at night with 95% of calls being received between the hours of 7.00am and 11.00pm. The fact that few calls are made at night suggests that EAPs tend not to be used as an emergency service, and perhaps justifies certain providers’ reluctance to offer a 24-hour service, in spite of the recommendation of this in the EAPA Standards.

The majority of clients who contact the EAP by ‘phone go on to have face-to-face counselling (80%), with the average number of sessions being four. Such a progression argues for two observations related to EAP providers’ coverage and practice. First, the need for the initial contact from the client to be with a qualified counsellor, able to respond according to the client’s needs and expectations and make the decision over referral on informed criteria. Second, the relatively small number of four sessions may be seen as an indication of the philosophies and techniques of brief therapy. Care is essential, however, to ensure that system imperatives (such as cost, overload on counsellors) are not driving an excessive limitation on the number of counselling sessions.
CONCLUSION

These research data have been analysed to show the working practices of British Counselling Service Providers. A comparison will be made later with how practices match with the UK EAPA Standards, but there does appear to be broad agreement among providers concerning the coverage, suitability and pertinence of the Standards. Such acceptance is not entirely surprising, since the EAPA is, in essence, a trade association to which most of the major providers belong.

SUMMARY OF KEY POINTS

1. It is clear that there is very little consensus about what an EAP really is, but, the core activities of EAPs are seen, in general, as being: (1) initial and on-going advertising of the EAP (by 80% of providers); (2) orientation sessions for managers and employees (by at least 80% of providers); (3) the provision of face-to-face counselling (by over 90% of providers); (4) advice to managers (by nearly 70% of providers); and (5) statistical and detailed feedback to the client organisation (by approximately 70% of providers). Legal and financial advice, 24 hour access, telephone counselling and crisis back-up are not seen as essential ingredients for an EAP.

2. Fee structures for EAPs are predominantly based on a per capita payment system, the average being about £25 per employee per year. In contrast, other forms of counselling services tend to be charged on an as-used basis, with a management fee payable annually.

3. The vast majority of providers (over 90%) offer services with a session limit of about 6, the aim being to try and help the client to resolve the problem i.e. brief therapy.

4. About 31% of presenting problems are categorised as being emotional, 22% are work related, 19% stem from marital or family problems and a further 18% have legal or financial origins. Only a small number of clients report having alcohol (4%) or drug (1%) problems.

5. Only 40% of providers report that client organisations have commissioned an independent audit of their EAP, although what the audit consisted of is not clear.

6. A number of providers (47%) do not set real performance objectives before implementing an EAP, and are therefore unable to monitor the performance of the EAP against agreed objectives or outcomes.

7. Providers tend to ask clients to complete satisfaction questionnaires, but they do not evaluate or audit their EAPs in any consistent way.
8. Seventy percent of the providers' counsellor networks consist of 'counsellors', with only a minority being professionally qualified in some other profession e.g. Clinical Psychology.

9. Providers report that counsellors do need to be experienced in brief therapy, but that experience of workplace counselling is not essential.

10. The general method of recruitment for network counsellors is the interview (in 63% of cases), although this may only be conducted over the telephone. However, it is rare that the providers have inspected the premises of all their counsellors.

11. Eighty percent of providers say that they train counsellors once they have been recruited, but this varies in terms of content and depth.

12. Most providers, worryingly, do not give counsellors information about client companies, as a matter of course. This only happens if it is felt necessary, for some reason, to give this information to counsellors.

13. Providers differ in their mode of referral, with 20% believing that self-referral is the only suitable method of referral for an EAP, and 80% saying that management referral also has a place, providing it is within strictly controlled boundaries.

14. In terms of usage, there is a 50%-50% split between males and females, and 91% of clients are employees. 30% of clients are from managerial positions, with the other 70% being non-management categories. In addition, three quarters of all referrals are self-referrals.

15. EAPs are rarely used at night, with 95% of calls being received between the hours of 7.00am and 11.00pm. The vast majority of clients who contact the EAP go on to have face-to-face counselling (80%) with the average number of sessions being 4.

16. Over 90% of EAP providers not only offer EAP services, but also provide other counselling related services or activities (e.g. ad-hoc counselling, expatriate counselling and outplacement counselling).
SECTION TWO

EAP COUNSELLORS: THEIR VIEWS, QUALIFICATIONS, TRAINING AND EXPERIENCE

BACKGROUND

As more and more organisations see the benefit of counselling, so the need for well-qualified professionals has increased and will continue to do so. The irony is that there are few professionals available who have the wide range of skills necessary to help organisations. What is needed is an individual who has professional counselling training and experience as well as experience and understanding of organisations. Stress acting on an individual at work can stem from a number of organisational sources. Whilst it is important to help and counsel a troubled person on a one-to-one basis, it is also crucial to get at the root of the problem. In some cases, the sources of difficulties are internal or rooted in the client’s past. But in many others, they are linked to the way in a job is organised or a work group is structured, or to the way in which managers or supervisors treat their subordinates. Thus, we need a new breed of professional who can utilise not only counselling skills but also understand organisational behaviour (Cooper, 1986). In addition, counsellors must be able to appreciate the pressures that both employees and organisations are under, and not lose sight of the distinctive workplace counselling perspective. An individual’s personal difficulties are more likely than not to impact on work performance, and a workplace counsellor is asked to address these, even if they are secondary issues (Galliano, 1994).

So, the work of an EAP Counsellor is very different to any other form of counselling, requiring not only that the individual has recognised qualifications, but also ideally possess experience of the world of work and workplace counselling. In addition, workplace counsellors need to be well qualified in short-term counselling or ‘brief therapy’, which is the dominant therapeutic model of EAPs. Workplace counselling is essentially short-term, ranging from as little as three to a maximum of about eight sessions: many British EAP providers use a five- or six-session model. The counsellor, in many instances, is called upon to make an initial assessment of the client and to make a decision about the type of therapy the client needs. The counsellor then has to decide whether or not she or he has the ability to work with the client, or whether to refer the client back to the EAP provider for some alternative therapy.

What is Counselling?

In times when the word ‘counselling’ is used freely and loosely by many occupations (especially in selling jobs), clients are understandably unclear, if not wary, about its practice. Orlans (1986) distinguishes between ‘psychotherapy’, ‘counselling’, and the use of ‘counselling skills’. Whilst all three may be potentially helpful to organisational members and clients, there
is often considerable confusion as to what is on offer and the relevance of
different approaches to different problems. The popular view, however,
appears to regard counselling as being for ‘less serious’ problems than
psychotherapy.

The definition of counselling, proposed by the British Association for
Counselling is:

"counselling occurs when a counsellor meets with a client,
in a private and confidential setting, to explore a difficulty the
client is having, distress he may be in, or perhaps the
vague dissatisfaction with life and loss of a sense of direction
or purpose. It is always at the request of the client and no one
can be properly ‘sent’ for counselling". (B.A.C., 1988).

This definition predates the major growth of EAPs in its final caveat: while
independent professionals may well subscribe to this restriction, many
experienced EAP counsellors may feel that they have little choice other than
to accept the limitation, in that some employees may be ‘sent’ for counselling.
According to Orleans (1986):

"the overall objective of counselling is to help individuals
live more effective and fulfilled lives. While this general
goal is part of all counselling, the extent to which general
or specific goals are emphasised will depend on the orientation
of the particular counsellor".

However, an emphatic rejection of the organisation’s goals and culture is
unlikely to bode well for a contractor hoping for renewal of the service
contract.

Counselling in the Work Setting

The Institute of Personnel Management (IPM, now Institute of Personnel
Development, IPD) Statement on Counselling in the Workplace (1992) does
not make a clear distinction between the activity of counselling and the
activity of counselling skills, but uses the concept of a continuum. The
statement recognises that ‘almost all personnel specialists and managers are
engaged in some kind of activity which could be termed counselling’. The
continuum ranges from advanced psychotherapy at one end, to, at the other,
line managers or supervisors, who have no structured training, but who possess
an intuitive conviction that their experience and their natural talent will
suffice.

The current (1996) professional education programme of the IPD recognises
that interpersonal skills and organisational knowledge, including that relating
to issues of stress, are important aspects of the personnel manager’s
intellectual and practical toolkit. An optional module, entitled Employee
Counselling, Support and Welfare, provides a credible introduction to the
counselling role, including EAPs. Its assessment includes an element of basic
practical skills. But, overall, its aim is realistically limited to an appreciation of counselling and its role within welfare, occupational health and Human Resources Management.

However, according to Berridge (1993)

"Professional Counselling requires far more than personnel management training, particularly that which handles the personal non-work related problems, calling for cognitive, analytical and affective skills of a relatively high order. These are usually developed through training within a socio-psychological discipline and the sensitivity required normally is developed through directed practice".

**EAP Counselling**

In the UK, a distinction is made between those professionals who work as EAP Counsellors and those who work as EAP practitioners e.g. those who manage the service. The work of an EAP Counsellor is that of crisis intervention, assessment and short-term counselling with individual clients referred to the programme.

It is commonly recognised that any categorisation of presenting ‘troubles’ within an EAP brings definitional problems. Complex problems of troubled employees are many-faceted, requiring multiple categorisation. In the UK, the most common categories of ‘problem areas’ in workplace counselling are debt, health, marriage, general emotional disturbance and, especially anxiety. As discussed in the last chapter, alcohol and drug dependency account for only 5% of presenting problems, though the proportion rises when underlying issues are also assessed. General personal distress, plus marriage and family conflict, account for around 50% of the counsellor’s daily task. Job pressures are the primary source of stress in 22% of cases, and are probably implicated in many more. Financial and legal worries account for 18% of problems being dealt with by EAPs. This categorical confusion serves to reinforce the role of the skilled counsellor, in the referral stage as much as in their therapeutic process.

Only a tiny proportion of those who use counselling services would be diagnosed in clinical terms as mentally ill. Instead, they are often self-reliant and capable individuals, troubled by conditions of overload and under-opportunity. One commentator puts it vividly:

“What most counsellors are dealing with are ‘excesses’ in one of a number of key areas. In one or the other - often in two or three at the same time - people have overspent their ‘capital’, their credit, their resources and are, so to speak, temporarily running in the red. This is most obvious in the case of financial
resources. It is, however, just as tempting for many to ‘overspend’ in other areas, e.g. physical resources, skills resources”
(Reddy, 1991:51-52)

Thus, today, many clients of workplace counsellors are receiving help for problems that do not reflect the degree of severity that many counsellors are used to dealing with. The problems confronting counsellors are likely to be universal problems of living, which call for different techniques and models of assistance. Counsellors must have a ‘person-in-situation’ perspective that emphasises the need to understand the situational contexts of the problems that people experience (Cunningham, 1994).

METHODOLOGY

In this part of the report, we assess the views of counsellors who work for EAP providers. Little if any, independent work has been carried out in the UK, to assess the qualifications, training, experience, theoretical orientations and attitudes to EAP work of EAP counsellors.

The First Questionnaire

It was decided to send out a short questionnaire to a sample of counsellors listed in the Association for Counselling at Work (ACW) Directory as being involved in EAP or workplace counselling. The Directory provides the names and addresses of counsellors, together with the type of work they are involved in. We were therefore able to pinpoint counsellors who were likely to be working for Employee Assistance Programme Providers, or were involved in workplace counselling of another sort. It was extremely difficult to make contact with these counsellors, and it was felt that this was the only way we could achieve this objective. We knew, from speaking to EAP providers, that they would be very reluctant to disclose the names of their counsellors, on the grounds of confidentiality. We also felt that counsellors recruited through a particular EAP provider might give ‘socially desirable’ responses to some questions, particularly about their qualifications.

We were also aware that some clinical psychologists are involved in EAP work, but we decided not to survey them, because the only mechanism for contacting clinical psychologists is via the British Psychological Society's Directory. This contains the names of hundreds of clinical psychologists, only a very small number of whom will be involved in EAP work.
A total of 78 counsellors completed and returned the questionnaires, 52 indicated that they did work for EAP providers, and 26 identified themselves as workplace counsellors, but not employed by EAP providers. These latter counsellors were either directly employed by an organisation as an "in-house" counsellor or were used on a consultancy basis, providing counselling support to companies. For the purposes of this research, it was decided to focus on the counsellors who were directly involved in EAP counselling, although reference will be made to workplace counsellors too.

The Second Questionnaire

Once the 52 counsellors involved in EAP work had been identified, from the first questionnaire, a more in-depth questionnaire was sent out to these counsellors. The second questionnaire required slightly more in-depth information about the counsellors and their working relationship with the EAP Providers. It was designed to assess (a) how the counsellor's were recruited and selected (b) the level of qualifications and experience as a counsellor (c) the level of satisfaction with EAP providers and (d) the level of satisfaction with EAP work.

Where the counsellors were working for more than one EAP provider they were asked to assign a number to them, in order that comparisons between providers could be made e.g. p1, p2, p3.

Fifty two questionnaires were sent out and a total of 22 (42%) were returned. The main objectives of this detailed questionnaire were to obtain further in-depth information and to assess how satisfied counsellors are with their work as EAP counsellors. In-depth interviews were also conducted with 10 experienced EAP counsellors who worked for three or more providers.

THE RESULTS

Numbers And Background Of Counsellors

Only a minority of counsellors worked for only one EAP provider, with the vast majority (62%) working for at least two providers. Many counsellors worked in general or specialist private practice as well as doing EAP work.

Few counsellors were employed full-time by a single provider, or obtained their sole professional activity from EAP or workplace counselling activities. The survey showed that 34% of counsellors reported working for between 10 and 40 hours per week, for EAP providers, while 65% did EAP counselling for less than 10 hours per week. A positive view of this ratio is that EAP practice is hence receiving considerable input from other counselling areas and from a variety of therapeutic models, thereby encouraging a professional richness of perspectives.

The previous employment background of counsellors was extremely varied. Some counsellors had been in managerial positions within industry, and had encountered counselling at a later stage in their career. Those counsellors who had been qualified for some time had worked in a variety of professional roles, including: careers guidance; alcohol and drug abuse; the NHS;
outplacement; industry; education; and the police service. This variety may
give rise to some concern that workplace counselling is a minority and
undervalued activity, especially if the concern is linked to the activity levels
just discussed.

The number of clients seen by counsellors varied considerably. One
counsellor explained that she had received very little work over the period of
two years that she had been working for a provider, which was in marked
contrast to another counsellor who lived in the same area and was having to
turn away work from the same provider because of other commitments.
Counsellors were generally in agreement that the amount of work is variable,
and it depends upon where the counsellor is located geographically in relation
to a provider’s contracts. In some cases, the work was seasonal, with spring
and summer being the busiest periods. Counsellors with specialist skills in
post-traumatic stress found themselves carrying out block contracts for
particular companies; in some cases, this comprised the bulk of their EAP
work.

The consensus was that EAP counselling only accounted for about 10% of a
professional counsellor’s work, and as one counsellor stated: “You could not
make a living from it.” Counsellors who were registered with more than three
providers reported that they rarely worked for more than two at any one time.
In some instances counsellors had been registered with five providers but had
only ever received referrals from two of them.

Seventy two percent of counsellors performed their EAP work in their own
home, 27% used an office, 4% worked on-site at the organisation, 4% used
counselling rooms, 4% used the EAP provider’s offices and 4% used an
external facility close to the employment site. However, it was most
concerning that providers had not inspected the homes of over 50% of the
counsellors who used their own homes for EAP counselling. Fifty percent is
an extremely high proportion of counsellors who are using their own premises
which have never been inspected by EAP providers.

Sixty eight percent of counsellors had signed a contract with providers,
although this was largely dependent upon which providers the counsellors
worked for. One provider had a statement of understanding which all
counsellors had to sign. This appeared to be one of only two providers who
had a contract which must be signed. The counsellors who worked for this
provider were also sent a detailed manual about the provider and the services
offered: it also clarified the role and responsibilities of the counsellor.

Counsellors’ Qualifications and Training

However well designed or monitored an EAP is, it is the counsellors’
capability and professional expertise which will determine whether the
client’s needs are met. Many early counsellors and many early welfare
officers, possessed high levels of personal persuasion and empathy, but with
increasing professional responsibility for the outcomes of counselling, the
demand has risen for quality and consistency: as in other professions, training
and recognised qualifications were seen as the solution.
This research revealed that the majority (76%) of EAP counsellors had satisfactory training and qualifications. However, 22% of counsellors involved in EAP work were not properly qualified, with 11% holding a basic Certificate in Counselling and further 11% holding no formally recognised qualification in counselling.

So, between 10% and 20% of counsellors were being recruited without formal qualifications and/or appropriate experience. There was a general concern amongst counsellors about this proportion of people who are not qualified and lack experience of EAP counselling. Most counsellors were aware of people working for providers without appropriate qualifications and experience, but there was nothing that they could do about this. There was also a concern about BAC accreditation and whether it was an appropriate mechanism for judging the standard of counsellors. The majority of counsellors raised concerns that anyone could be a member of the BAC, and a number had chosen to abstain from being BAC accredited.

Certain EAP counsellors with backgrounds in Psychology (enabling them to become members of the Division of Counselling Psychology), raised concerns about the way counsellors are accredited by the BAC, which bases accreditation on the number of hours training and supervised practice counsellors have received. One of these counsellors felt that “the BAC are trying to turn counselling into a profession, but ‘stand alone counselling’ is not appropriate as a profession”.

One counsellor said that she was concerned generally about counselling per se. Counselling has been a growth industry over the last five to ten years and counselling courses, from basic level upwards to intermediate, have sprung up throughout the country. The concern was that people considered completing a basic course enabled them to call themselves counsellors.

On the other hand, some counsellors were aware of individuals who were obtaining work with EAP providers, having completed in-depth counselling courses, but whom they considered to be totally unsuitable to carry out EAP counselling. In one instance, a counsellor who was a supervisor for an individual who was considered ill-equipped to counsel, found out that that individual had been recruited by an EAP provider without that provider taking up supervisory references.

The counsellors with no formal qualifications were fairly open about the fact that they held no formal qualifications, and stated that their experience of counselling came through a work based situation (e.g. personnel, staff welfare). The basis of their expertise was the simple use of practical counselling skills without any wider formal training. Professionally qualified counsellors revealed that they are often faced with an individual who has been referred with a fairly minor problem, where that was not the underlying issue. It was only through extensive training and experience that the counsellors were able to effectively assess and deal with the clients’ problems. The concern is that a ‘counsellor’ who has no formal counselling training will not be able to discover and deal with the underlying issues and thus is unlikely to be appropriate for EAP work. It is extremely disturbing that some providers
are recruiting unqualified individuals on the strength of their practical workplace experience only.

One workplace counsellor said qualifications were not necessary because he/she had management experience and a keen awareness of social issues. Another workplace counsellor stated that she provided a counselling service, within a company, whilst she was still training to be a counsellor. She saw the full spectrum of problems and had to turn away clients because usage was so high. Another workplace counsellor believed that most clients need specialist and often long-term help, and so felt assessment and referral skills to be of the utmost importance.

One EAP counsellor explained that he had only been qualified as a counsellor for one year and had been working for three EAP providers for this same length of time. The counsellor recognised that he did not have the experience of some counsellors, and genuinely expressed surprise that he had been recruited. The counsellor stated that when he was recruited he did not officially have the appropriate criteria laid down by two of the EAP providers, but he was still recruited. However, another EAP counsellor only held a basic certificate in counselling, but felt that his experience outweighed the need to undertake further qualifications. Some counsellors were uneasy when the subject of qualifications was mentioned and declined to answer these questions.

With regard to the area of specialist skills, a total of 55% of counsellors stated that they specialised in one or more of the following areas - bereavement, marital, alcohol, stress management, criminal behaviour, training work, child protection. One concerning aspect of this was that many workplace counsellors referred to the fact that they had been involved in post-trauma and critical incident de-briefing work, even though they only had a basic counselling qualification.

**Experience Of Workplace Counselling**

One of the areas which caused counsellors the most dissatisfaction was resolving work-related issues. It was found that counsellors with only basic training and experience in workplace counselling were somewhat out of their depth, and had genuine difficulty defining what approach they used when carrying out their counselling.

The survey revealed that 75% of counsellors had some workplace counselling experience prior to working for EAP providers. However, most counsellors felt that whilst they could adequately deal with life issues, workplace issues needed to be dealt with by a counsellor with organisational experience. A significant number of counsellors (25%) stated that they had no previous experience of workplace counselling.

Workplace counsellors, as opposed to EAP counsellors, tended to have more workplace counselling experience, although this was often in a personnel or welfare capacity, i.e. utilising counselling skills, and is therefore not true counselling experience.
Training And Experience In Short-Term Counselling

Whilst providers reported that counsellors need to be experienced in short-term counselling, the survey showed that 18% of counsellors did not have any previous experience of short-term counselling prior to working for EAP providers. The majority of counsellors who were qualified to practise in EAP work used a brief-therapy approach. There were theoretical and practical differences between these counsellors, but in the main they subscribed to the view that they preferred brief-therapy as opposed to long-term counselling, and had backgrounds in brief therapy. These counsellors stated clearly that it was important to use the approach best suited to the client. One of the counsellors stated that they felt that counsellors who had no previous experience in brief therapy would find EAP work quite difficult to adapt to and perhaps quite frustrating.

At the time of the research, short-term counselling was not really addressed on conventional counselling courses, so extra training was essential. One workplace counsellor reported that most of their work was short-term and that they felt confident that it was effective and that the clients stayed in control. However, another said there were problems with the 'quick-fix' approach, which they saw as being based on the premise that time is money. This particular workplace counsellor was "not happy with too early a disengagement".

Counsellor Recruitment

The methods used by EAP providers for selecting counsellors were extremely varied, and gave rise to considerable concern amongst counsellors themselves. Where counsellors worked for more than one provider (a common occurrence), the variability caused counsellors to comment adversely about the inconsistency and inadequacy of the general selection process, and on the methods used to evaluate their assessment and diagnostic skills. Counsellors expressed concern about the selection methods of certain EAP providers and were particularly concerned about the way in which they had been recruited; in some cases it had been through just a telephone interview or by the checking of references.

According to providers, the general method of selection for network counsellors is the interview (in 63% of cases), although this may be conducted over the telephone. However, the extent of the formality and structure of interviews varied greatly, according to counsellors, with some 50% of counsellors feeling their interview had been informal, while 45% of counsellors had been through an in-depth interview with at least one provider. It was surprising to find that 18% of counsellors had been selected without any form of interview, and a number had been hired solely on the recommendation of a third party. Nine percent of counsellors simply completed a detailed questionnaire and their supervisors were contacted for a reference. However, it was a matter for concern that: references were not taken up in a number of cases, the counsellor’s suitability for short-term therapy was not always checked, and the candidate’s professional supervisor
was not always contacted. In the interests of the protection of clients, such shortfalls on the part of providers could be dangerous.

The evaluation of counsellors’ assessment and diagnostic skills also presented an inconsistent picture, as shown in Figure 4.

Counsellors said the largest proportion of providers (30%) used comprehensive written procedures, including case studies and in-depth interviews and 4% of providers had interviewed and required BAC accreditation. The lack of any personal evaluation of the individual’s counselling skills on the part of those providers who select only on qualifications (13%) or a directory entry (4%) must represent a potential gap in providers’ quality assurance procedures. The reliance on previous experience and training (18%) or previous voluntary experience (4%) raised issues about the quality and level of such training and of the professional supervision associated with it.

Figure 4 Selection Methods for Counsellors

Certainly, workplace counsellors were in general an experienced group in terms of personal counselling, as depicted in Figure 5, but not necessarily in workplace counselling. The many years of experience also reflected counselling in areas other than workplace counselling, as well as untrained counsellors and voluntary experience. However, such length of practice may serve to some extent as an assurance of quality.
The location of the counselling activity can have a significant influence on the perception of the EAP, as held by the individual client or the employing organisation. The locations used for undertaking the EAP counselling are: their own home - 68%; an office - 24%; on-site at the client organisation - 2%; counselling rooms - 2%; EAP provider's premises - 2%; and external facility close to organisational site - 2%.

Only a few providers, as part of a comprehensive selection and evaluation procedure, included a formal inspection of the counsellor's premises. Some counsellors said that they had been visited in their own homes, by at least one provider, in order for the provider to inspect where they carried out their counselling work. However, in the case of at least one provider, the vast majority of their counsellors had been recruited via an informal interview and without any inspection of the premises where they carried out their counselling work.

Counsellors were often dissatisfied with the lack of rigour and comprehensiveness in the selection and initial professional evaluation process of providers. One counsellor (who was registered with five providers) was generally unimpressed with the selection processes and standards of EAP providers. Concern was also expressed about providers who were willing to accept as counsellors, individuals with qualifications as diverse as clinical psychology, social work, and nursing: it was felt that such people were selected on the basis of having a general professional background, and not on their tested counselling abilities and qualifications. Such professional training does not necessarily mean that the person has the necessary expertise to practise EAP counselling.

One provider, however, had a particularly lengthy recruitment procedure. This involved submitting a C.V. and a detailed report of counselling experience, and completing a series of case studies. This was followed by an in-depth interview, which took place at the premises from where the counsellor would be working. It was also necessary to successfully participate in a role play. At the interview, the provider ascertained whether or not the counsellor was able to do short-term work. The case studies also tested the counsellors' ability to perform short-term work.
This was in contrast to a less rigorous procedure used by a different provider, who required the submission of a C.V. and completed application form, followed by a brief interview, which was designed to assess whether the counsellor was able to carry out short-term work. The interview was carried out at the provider's premises and was extremely short. The counsellor's premises had not been inspected by this provider.

Another provider had an even less sophisticated recruitment procedure. A C.V. was used as the main assessment tool, followed by a highly unstructured interview, which concentrated on the counsellor's training. No mention was made of the counsellor's ability to do short-term work.

Problems Encountered by Counsellors

The essence of UK EAPs is that of short-term therapy, using a restricted number of counselling sessions to assist the client in the resolution of a problem. The aim is to assist a relatively 'functioning' individual to cope with, and resolve, limited and short-term non-acute issues.

In general counsellors said that they had been able to cope with the problems that clients were reporting: anxiety, depression and mental health problems were considered to be fairly routine by counsellors. But some counsellors expressed concern about receiving particularly difficult cases, including potential and attempted suicides, major family traumas and sexual abuse. In the majority of cases the 'real' problem had not been the presenting problem.

Counsellors reported finding it extremely difficult to work within the allocated sessions and either tended to negotiate extra sessions or referred clients back to the provider immediately. One counsellor explained that what they undertake in EAP counselling, in many cases, is to reach a satisfactory diagnosis and assessment and often some motivational work to enable the client to recognise what the problem really is. The counsellor stated that it could often take four sessions just to achieve this from the client. The counsellors are not aware of what happens to the clients once they have been referred back to the provider. One counsellor stated that she was not prepared to deal with psychiatric cases as they were not paid enough to do so. Counsellors expressed concern that clients had been referred to them with severe problems that counsellors were not trained to cope with, and, consequently they had had to refer the client back to the provider.

The actual number of sessions provided varies according to the EAP providers' practice and the contracts negotiated with their client companies. Whilst counsellors, in general, reported being able to negotiate extra sessions, some counsellors felt it was important to work within the agreed session limit. One counsellor said "three sessions, to a person who is in need, is better than no sessions at all". Counsellors stated that they were not necessarily satisfied with this arrangement "but that was the nature of the beast".

One particular counsellor had succeeded in helping a client with severe depression in only three sessions, managing the case by giving the client
‘homework’ and by spacing the sessions out over a period of one year. The counsellor explained that she felt anything was possible if you are prepared to be flexible.

However, the consensus among counsellors was that a three-session limit is extremely difficult to work within, particularly when the problem first has to be assessed. The referring problem is invariably not the ‘real problem’ and it can take up to three sessions to find this out. However, one counsellor stated “I am convinced that short-term counselling (six-eight one hour sessions) is extremely beneficial to most employees who are reasonably ‘functioning’ individuals, but counsellors needed to be alert to cases where short-term work could be an abuse of therapy”.

Matching Counsellors to Clients’ Needs

Thirty six percent of counsellors stated that they were often used to counsel clients who had specific problems. However, not all providers had asked counsellors if they had any particular areas of expertise.

A number of the counsellors had training in post-trauma work and a high proportion of their referrals had been for specific companies. Another counsellor had specialist skills in sexual abuse and received referrals specifically in this area. The other counsellors, in the main, did have specialist expertise of some sort (e.g. alcohol and drug abuse), but had not received any referrals for this.

Assessing the Client

According to counsellors, one provider placed a lot of emphasis on initial assessment and only paid the counsellor when this had been properly completed. Counsellors had to rate the severity of the client's problems at various stages during counselling. This provider's clinical controls were rated very highly by counsellors. In addition, all clients were entitled to 8 sessions, with this provider's EAPs. General counsellors were used for the initial assessment session and then the same counsellor continued with the client, if they felt competent to do so. Counsellors were matched to clients needs depending on whether they preferred to deal with work-based problems or general life problems. This provider insisted upon very detailed case notes being kept. The counsellor had to be professional and to demonstrate that cases had been handled correctly. This provider required a very detailed assessment initially, and alcohol and drug abuse were screened for as a matter of course.

Another provider did not appear to match clients to counsellors at all. Location was the main factor. This provider did not insist upon an initial assessment form being completed, but a summary was insisted upon after counselling had been completed. The counsellors reported being unhappy with this provider because some of their EAPs were based on only a 3 session limit. This provider had no real assessment criteria and did not routinely assess for alcohol and drug problems.
All the counsellors stated that there were support systems for them in place. One provider used a "red flag system", whereby if a problem arose within the initial assessment process then the counsellor made contact with the provider straight away.

Most of the counsellors stated that they did receive information about the type of problems they might be faced with from the EAP provider, prior to commencing work. The providers varied in how referrals were given, but the usual process was that firstly the counsellor would receive a call from the EAP provider, with some basic information about the referred client. The next process was that either the provider gave the client the counsellor's telephone number, or the provider gave the counsellor a contact number for the client.

**Supervision**

In a geographically dispersed service like that of employee counselling, and in the context of some 90% of counsellors being affiliates, working part-time, perhaps for several providers, ensuring professional supervision for counsellors is a key operational activity.

All counsellors recognised and accepted the need for regular supervision, but the quality and nature of individual professional supervision by EAP providers, to their counsellors, varied considerably. Some providers gave in-depth supervision, whilst others offered none and relied on counsellors having their own supervision arrangements. The general view was that EAP providers expect their counsellors to provide their own suitable private supervision at least once a month and to subscribe to the BAC Code of Ethics. Whilst this may be a reasonable request, providers should check the existence and relevance of individual counsellors’ supervision. Supervision is an aspect of the counsellors’ role that provokes criticism in cases where the provider undertakes the delivery of professional supervision. Counsellors are most dissatisfied with providers’ supervision with about one-fifth rating it as almost non-existent and another fifth rating it as no more than average.

**Case Management**

Within an EAP, case management performs a triple function. Primarily its function is to provide the counsellor with support and guidance from a senior professional colleague. The second purpose is to ensure conformity to the design, philosophy and contractual terms of the EAP. A third purpose (the primary reason for many providers) is the control of the maintenance of quality standards for the client, and costs for the provider.

After initial assessment, the EAP counsellor and the case manager need to consider whether or not the individual client can benefit from short-term counselling, or whether referral is more appropriate. This clearly does not
happen in some cases, because counsellors said that they only have to report back to the provider after counselling has ended, not after initial assessment. However, some providers have very detailed, clear and systematic case management procedures, whereby the counsellor is required to feed back to the case manager after every counselling session. Thus, variations exist amongst providers with regard to the levels of expected feedback. In some cases, providers require detailed reports on individual clients and ‘masses of information’ (to quote one counsellor), which is sent to their supervisor. In contrast, other providers only require a telephone call after referral and a ‘one-liner’ after the first session. In one case, a counsellor claimed to have never submitted any feedback on any cases of the cases she had seen.

Forty four percent of counsellors reported having to give providers details about the number of calls to a client and 65% were expected to detail the clients’ problems. In 50% of cases providers requested information about the amount of support the client needed and in 71% of cases the amount of time needed with the client was requested. Some counsellors also had to give providers information on the need for referral, the results of counselling, a case summary, details of client age, content and process of sessions, assessment diagnosis, a complete assessment of all case notes and a brief summary of the situation.

One counsellor stated that she had access to the National Co-ordinator of one EAP provider and had managed to resolve any issues that she was not personally satisfied with. The same counsellor also stated that she was not prepared to compromise her professional standards by working for companies that did not meet with her standards. The general view was that there were structured support systems in place with all the EAP providers but none of the counsellors had needed to use them.

Client Company Information

The extent of integration of employee counselling into the organisation’s administrative and managerial processes, as well as into its corporate culture, is a key issue in the design of any such programme.

Although most EAP clients initially refer themselves for non-work related problems, the work environment may be having a major impact on them, in ways that are significant. EAP and workplace counsellors cannot ignore issues of work. For counsellors to remain alert to potential work factors in their clients’ problems, it is necessary for them to have a dynamic understanding of the employing organisation, its structure, policies, and current stresses, and how these fit into some historical perspective.

However, the majority of counsellors felt that there was no need for them to have any information about the client company, as they saw their role as being to work with the individual, and felt that any external information might hinder this process. Some counsellors said that they did not need such background information because they go by what the client tells them about
the organisation. They felt that if they had information about the organisation, then they might have a prejudice or perception about the client or the organisation. Many counsellors reported excluding any information from third parties because it is better for the client to go through a therapeutic process in relieving themselves of their problems. It is the client’s perception of the problem which is important, according to most counsellors. In practice, they felt the issue was hypothetical since most EAP counsellors had not had direct contact with the client organisations as part of their EAP work.

One counsellor, who carried out private workplace counselling usually insists upon receiving support from a board member within the client company and complete autonomy within the organisation. Most providers, on the other hand, do not give counsellors information about client companies as a matter of course, but only if it is felt necessary for some cogent reason. Only a minority of counsellors expressed any concern about such lack of information. These stated that they were not prepared to work with a provider unless thorough information about the client company was provided. They also often insist upon a contact name within the company, so that if faced with a potential work problem they know to whom to speak.

Feedback to the Client Company

The survey examined the possibility of feedback of information from the counsellor to the employing organisation. Figure 6 portrays the responses made by counsellors.
One view was voiced by a counsellor (who did not do EAP work, but did provide workplace counselling): she was adamant that no counsellor, ethically, would agree to any feedback about the client, asserting "the company or provider must trust the counsellor's judgement". However the majority of workplace counsellors (not EAP counsellors) do report having links with personnel or occupational health, whereby they can give confidential feedback to the company.

Counsellors’ General Views about EAP Counselling and EAP Providers

Counsellors were relatively satisfied, on the whole, with carrying out EAP work. When counsellors had agreed to register with one or more providers, they had few complaints about them. Similarly, counsellors felt positively that EAP work serves a useful function in respect of employment problems, that their own role was a source of much satisfaction, and their perception was that clients showed positive approval of the employee counselling process.

Nevertheless, considerable variations between providers were reported, with dissatisfaction voiced (in order of importance) on issues such as selection procedures, level and amount of feedback, quality of supervision, and the limitation in the number of sessions authorised in short-term counselling.

The amount and quality of professional training received from the providers was judged as very poor by 45% of counsellors. A number of providers were
rated as good on these dimensions, often by counsellors who were registered with a number of providers.

The areas that counsellors indicated they were least satisfied with were the level of supervision and training they received from the EAP providers. In five cases, the counsellors scored providers generally very low across the full range of issues. In particular, one counsellor, who worked for four EAP providers scored two of the providers reasonably high, in contrast to the other two providers who were rated extremely low.

One provider did give counsellors quite a lot of additional training. Counsellors reported attending full day training sessions on cognitive therapy and post-traumatic stress disorder, amongst other things. All the provider’s key staff were at these training days and all counsellors were introduced to them. Counsellors reported feeling part of a big family, with this particular provider. Another two providers did not give counsellors any extra training at all. They did not give any information about client companies either, though neither did the provider who gives extra training.

One provider was widely criticised for its standards and service. Of the experienced counsellors surveyed sixty percent had been approached, but refused to work for this provider. Positive opinions on providers were given on the topics of confidentiality policies and the support of senior colleagues in the face of difficulties.

The two areas that were important in causing dissatisfaction to counsellors were, their ability to identify and tackle problems, and finding solutions to work-based problems. At least 31% of the counsellors reported having little control over resolving work-related problems.

The interface between treatment of a client within an EAP and treatment on a private basis caused some tensions, since providers’ practices varied greatly. Certain providers would not allow counsellors to continue on a private basis with an EAP client. If more counselling was needed after the set number of sessions, then the client had to be referred back to the provider. One counsellor explained that he did not understand the principle of this requirement, because the bottom line should be protection for the client from abuse by a counsellor. However "if the provider considers this to be a possibility then they should not be using the counsellor". This counsellor preferred to work for providers who did allow him to continue, since they recognised that he behaved ethically. The counsellor believed that the providers failed to appreciate the relationship between client and counsellor, in that it is extremely difficult for a client, having built up a level of trust with the counsellor, to have to go and see somebody else.

In one case, where the provider did operate a bar, the counsellor duly referred a client back to the provider because the client’s problems were of a continuous nature. However, the client went back to the provider and requested that they continue with the same counsellor. The provider, in this case, waived the ban, as the counsellor explained it was in exceptional circumstances. Other counsellors felt it was unethical to continue seeing a client on a private basis, because of the need to protect the client from
possible professional abuse or exploitation by the counsellor. One counsellor stated categorically that they did not agree with continuing on a private basis with an EAP client. He stated that he did not feel it was appropriate and he was happy to refer back to the provider.

One counsellor stated that when she operates her private workplace counselling practice she is able to provide a more flexible service, with regard to the number of sessions, etc. There was a general concern by all the counsellors that they would like to have more freedom and flexibility when carrying out EAP work, with regard to the client and the number of sessions allocated. There was also concern about the isolation of being an EAP counsellor, particularly when there is very little contact with the EAP providers.

In one counsellor's experience, problems referred through EAP providers are often at the crisis stage, whereas in private practice when working with companies, employees' problems are picked up at a much earlier stage.

Additional concerns included the level of professional competence of the people setting up clinical services within certain EAP providers. There was also some concern that individual employees ‘are on the receiving end’ of the counselling process and not the client organisations that often caused or contributed to the client’s troubles. Underlying organisational problems which gave rise to the client’s troubles were not addressed. In addition, under normal circumstances, an individual can choose a counsellor, but with EAP work the individual is presented with a counsellor. There was some concern, therefore, about the ‘dangers’ involved, in particular, when a client is faced with a counsellor who has no formal training or experience.

Overall, the majority of counsellors stated that they would not carry out their work if they did not feel that they were providing a useful role in benefiting individuals. Counsellors also believed that EAP work was providing a useful function and in the main clients were happy with the service they were receiving from counsellors. Although, as one counsellor stated, the clients tend not to have very high expectations.
SUMMARY OF KEY FINDINGS

1. Of those counsellors initially surveyed, 11% held no formal counselling qualifications, and a further 11% held only a basic Certificate in counselling. A number of these counsellors stated that they had been working for between 10 and 40 hours per week, carrying out EAP counselling, despite having no formal counselling qualifications.

2. Many counsellors stated that they were concerned about the levels of qualifications and experience of some counsellors. They were also concerned about the dangers for the client, when faced with an inexperienced counsellor.

3. Where counsellors were working for more than one provider there were important differences in terms of their overall satisfaction scores. Eighteen percent of the counsellors reported distinct differences with regard to their levels of satisfaction with various providers. For example, in the survey of experienced counsellors those who were working for the same four providers, scored two of the providers very highly (an average of 5 out of 6), in contrast to the other two providers, who they scored very low (an average of 1 out of 6). This indicated an extremely low level of satisfaction with two of the providers, but very high levels of satisfaction with two different providers.

4. Most counsellors commented on the differing standards of EAP providers, with regard to selection procedures, level of feedback, supervision, training, and the number of sessions allocated. There seemed to be variation particularly regarding the selection process and levels of feedback.

5. Fifty percent of the counsellors had been selected, by EAP providers, only on the basis of an informal interview, with 18% having no interview. Twenty seven percent of the counsellors who were either not interviewed or only had an informal one, stated that their assessment and diagnostic skills were judged on their qualifications and experience. A number were actually recruited solely on the recommendation of a third party. Twenty seven percent of the counsellors stated that they were uncertain as to how their assessment and diagnostic skills were judged.

6. Eighteen percent of the counsellors had no previous experience of short-term counselling prior to working for EAP providers.

7. Fifty percent of the counsellors who used their own premises for counselling, reported that their premises had never been inspected by the EAP providers they worked for. This was despite the fact that it was in their contract that the provider would visit their premises before they carried out any EAP work.

8. The two areas which, overall, seemed to cause the most dissatisfaction with providers, were training and supervision. Forty five percent of
counsellors rated the amount of training they had received from providers as almost non-existent (an average of 1 out of 6), with a further 36% rating it as average (an average of 3 out of 6). Neither of these scores can be seen as good. With regard to supervision, 22% of counsellors rated this as almost non-existent (an average of 1 out of 6), with another 22% rating it as average (an average of 3 out of 6). Again, neither of these ratings is positive.

9. The two areas which, overall, counsellors indicated they were most satisfied with, were policies on confidentiality, and the level of support from the providers, when they were faced with a difficult problem.

10. In terms of the counsellors’ feelings about their actual counselling, the two areas which seem to cause dissatisfaction were initially tackling problems and resolving work related problems.

11. The counsellors were, in the main, in agreement that EAP work serves a useful purpose, giving an average score of 5 out of 6. There was also a high level of satisfaction both with their own role and their perception of the client’s satisfaction, giving a score of 5 out of 6 for both questions.

12. Ten percent of the counsellors said they were working for a total of five providers, with 17% working for up to three providers.

13. Most counsellors were concerned about certain aspects of the service the client was receiving, particularly in relation to certain EAP providers who were considered to be providing a ‘poor service’ for the client, the counsellor and the client organisation.
SECTION THREE

THE PURCHASERS OF EMPLOYEE ASSISTANCE PROGRAMMES

INTRODUCTION

This chapter of the report discusses the findings relating to what organisations thought about their EAPs and counselling services. The data were gathered by sending a questionnaire to companies with EAPs, and by carrying out a series of in-depth case studies of organisations with EAPs, external counselling services and/or internal counselling services.

Survey of Organisations with Counselling Programmes

A questionnaire was developed, with the aim of finding out as much as possible about why organisations decided to offer their employees counselling, and the effects they felt this had had on their company. This questionnaire can be seen in Appendix Two. Two hundred and thirty four questionnaires were distributed to organisations who had some form of counselling service. The organisations with EAPs received their questionnaires via their EAP provider, to ensure that it went to the person who was responsible for the EAP within the organisation. Those companies with other forms of counselling services were sent questionnaires directly, again to the person responsible for the counselling service (e.g. the counsellor). One hundred and sixty eight questionnaires were returned, yielding a response rate of 72%.

In-Depth Case Studies

In addition to the questionnaire data, there was a need to find out much more detail about why organisations purchased counselling services, and what they felt the benefits had been. It was therefore decided to conduct in-depth semi-structured interviews with a number of major private and public sector organisations.

Each of the five major EAP providers supplied us with a list of some of their client organisations, and ten of these were interviewed. In addition, through workplace counsellors and national EAP conferences, we were aware of a number of additional organisations with external, internal or internal/external counselling services, so it was decided to also interview a sample of these. We interviewed two organisations with externally provided counselling services (not EAPs), four with a combination of internal and external provision, and five companies with in-house counselling services. In general, it was a senior executive from the HRM/Personnel department or Occupational Health function who was interviewed, except in the case of in-house services, where the counsellor was interviewed.
Areas addressed in the interviews related to background information about the company, why they decided to consider offering counselling to their employees, why they decided on an internal or external service, and if they chose external provision: how they selected their provider, what their counselling service offers, how the service is assessed or monitored, and what the organisation feels the benefits of having the service have been to the organisation. A semi-structured interview was used, but some leeway for the introduction of material felt to be relevant to understanding their concerns about EAPs and workplace counselling, was allowed.

THE FINDINGS

This primary aim of this section is to highlight why organisations purchase EAPs and workplace counselling programmes and how they go about doing so.

The Type of Counselling Service

The vast majority (63%) of organisations who provided counselling to their employees did so via an Employee Assistance Programme (EAP), and the various other forms of counselling services totalled 32% (see Figure 7).

*Figure 7* Different types of counselling services within organisations

The twofold proportion of EAPs over counselling services indicates the rapid advance made by EAPs over the more traditionally found counselling services in the UK. However, care needs to be taken with this proportion since some organisations claiming to have full EAPs in practice probably only possessed an enhanced counselling service.
In theory, it could be expected that in-house services and externally provided EAPs functionally provide the same services. However, there were generally different rationales for the adoption of an external or internal counselling service.

The reasons behind companies choosing an internal or external service were somewhat predictable. External services (including EAPs) tended to be chosen in order to assure employees about confidentiality and independence. In particular, EAPs were selected when national coverage was needed. There was a general belief that more people would use the service if it was external, and also that EAPs allowed employees access to a whole range of other services in addition to counselling, which would be difficult and costly to provide internally. It was stated that the amount of time needed to develop and manage a service internally was prohibitive, as was the cost involved.

A number of organisations had chosen an EAP because their US parent company had one. One such company said that their parent company in the US had an internal EAP, but that an external one was felt more appropriate for the UK. An external service was perceived as less costly - at present this organisation pays £25 per employee for its external EAP, whereas the internal EAP in its parent company in the US costs the equivalent of £40 per employee. Many purchasers felt that having an external resource freed human resource professionals and line management to get on with their own tasks. One company which described itself as extremely "nacho" had chosen an EAP because they felt employees were more likely to use a service where they could be guaranteed anonymity as well as confidentiality. Another company pointed out that for the cost of one specialist, an EAP could be provided which gives employees access to a wide range of skilled individuals. An EAP was bought by one company simply because their organisation has a policy of resourcing services externally. Some EAPs were also introduced as part of another initiative designed to support or care for staff.

One company did point out that their EAP was there to supplement various in-house counselling provisions and to provide a somewhat wider coverage. External services were also seen as being the most flexible, reliable and cost-effective option, by those companies who had selected an external service. However, those organisations who had decided upon an in-house service had done so for very similar reasons, that is, cost, accountability, and flexibility. Importantly, in-house counsellors were believed to have a better appreciation of the organisation's procedures, policies and culture, by companies who had internal counsellors.

One organisation began with an internal service and an identification of staff needs, but usage of the service led to the decision to extend the in-house service by adding an EAP, which widened the scope of the counselling service, by providing 24 hour access, financial and legal advice and being available to the employee's family as well. A similar type of service was chosen by another company which has occupational health nurses trained in counselling skills and a pilot EAP at one site, with ad-hoc counselling provision elsewhere.
A summary of the reasons put forward in favour of having an externally provided EAP is given in Table 5.

Table 5 Main factors cited in favour of externally provided EAPs

<table>
<thead>
<tr>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality ensured for employees</td>
</tr>
<tr>
<td>Independence ensured</td>
</tr>
<tr>
<td>National coverage available</td>
</tr>
<tr>
<td>Wide range of issues covered</td>
</tr>
<tr>
<td>Higher skills of counsellors</td>
</tr>
<tr>
<td>Higher take-up encouraged</td>
</tr>
<tr>
<td>Flexibility and reliability of service</td>
</tr>
<tr>
<td>Set-up and development costs minimised</td>
</tr>
<tr>
<td>Lower per capita operating cost than in-house EAPs</td>
</tr>
<tr>
<td>Frees up HR professionals from counselling role</td>
</tr>
<tr>
<td>Frees up line managers from advisory role</td>
</tr>
<tr>
<td>Foreign parent company has external EAP</td>
</tr>
<tr>
<td>Company policy of externally sourcing for services</td>
</tr>
</tbody>
</table>

However, comments made indicate a general lack of understanding by organisations, of the difference between an external counselling service and an EAP. This was somewhat disturbing given that an external counselling service usually provides only counselling, which is paid for on an ad-hoc basis, whereas an EAP provides a wide range of services, including but not limited to counselling, which is usually paid for on a per capita basis. It was obvious that a number of organisations who reported having an EAP, in fact only had an external counselling service, because there was no provision of the other services one would expect to see as part of any EAP (e.g. legal and financial advice, manager and supervisor training, and both telephone and face-to-face counselling).

Number of Employees Covered by the EAP

One hundred and forty five companies specified the number of employees covered by their counselling service. These totalled 815,000. However, 618,000 of these were covered by only 23 internal counselling services, whereas the 122 external services covered only 197,000 between them. The range in the number of employees covered is also interesting.

The smallest company with an external service had five employees and the largest 15,000 employees, whereas the smallest organisation with an in-house counselling service had 1,000 employees and the largest 220,000 employees. These figures reflect the fact that for larger companies, the most cost-effective way of providing a service is likely to be in-house.

Most internal services were available to all staff, although one in-house service did say that counselling was only available to branch staff since the current focus of the service was on armed robberies.
A company with an EAP said that it was only available at one site which had problems with retaining staff, while another said that finances would not stretch to providing the service nation-wide. Some companies only implemented an EAP at their Head Office and others only made it available to graded staff. One company with an EAP said they had piloted the EAP at three sites, which were chosen because these locations were considered to have the highest stress levels. Another organisation said that their EAP was available to all permanent staff, but not to temporary or casual staff. Other companies stated that the EAP was only available to staff being redeployed or that only managerial grades could access the service.

In general, external services were also available to family members (87%), whereas internal services rarely extended to the family (28%). However, the internal services did comment that family would be seen, if this was with the employee, for a problem where the family was relevant (e.g. a marital problem).

One internal service said they would see family if the problem stemmed from the activities of the organisation only, whilst another said that when compulsory redundancy applied family could be seen for up to 4 sessions. However, the family of employees could not, in general, access the in-house service themselves.

One organisation with an EAP did say that the telephone helpline was available to employees' families, but that counselling was not available, whilst another company said that family could only use the EAP via the employee and at the counsellor's discretion.

The length of time companies have had their counselling services and whether or not they have changed in that time

The length of time companies had had their counselling service in place are shown in Figure 8.
Figure 8 Length of time organisations have had a counselling service

As can be seen, 30% of the sample had had their counselling service for less than 1 year, 20% for between 1 and 2 years, 14% between 2 and 3 years, 12% between 3 and 4 years, 5% between 4 and 5 years and 19% for over 5 years. This reflects the recent upsurge in interest in counselling in the workplace. Internal services tended to have been in place for longer than external services. This was to be expected because the highly sophisticated marketing of counselling in the workplace by external providers is a relatively new phenomenon.

Eighty two percent of organisations said that their counselling service had always been in its present form, whilst 18% had made various degrees of changes. There was a noticeable difference between internal and external services in this respect. The in-house services were much more likely to have changed over the time they had been in place than the external services were. In fact, only 10% of external services had made any changes, whereas over 40% of the internal services had.

In addition, the changes that in-house services had undergone were generally quite dramatic, whereas, in contrast, the external services had really only made quite minor and often cosmetic changes, or else simply extended a pilot programme to cover more or all staff. Most external services said that the service was reviewed periodically, and that some slight changes were occasionally made. One company with an EAP said that they were currently introducing management referral for those instances where work performance had deteriorated to an unacceptable level. This is a standard part of US EAPs, but tended not to be seen as part of UK EAPs, although this situation may well change over time, as organisations realise the benefits that the addition of management referrals can bring to the business.
A couple of companies said that they had recently introduced a procedure whereby all staff who contacted the EAP were offered face-to-face counselling as a matter of course, irrespective of the presenting problem, because it was felt that the assessment part of the EAP was not being carried out satisfactorily by telephone counsellors. The same organisation had also made the access line a 'freephone' number. In addition, one company had put an audit system in place, which specified details regarding how quickly clients should be seen, the maximum distance a client should be expected to travel, etc. External services were also much more likely to be introduced on a pilot basis than internal services were. In fact, none of the in-house sample reported having piloted the scheme, whereas the majority of external services mentioned that a pilot scheme was initially set up.

One internal service was initially only available to staff on the main site, but is now available to the whole organisation on a national level. Most of the in-house services have developed from Occupational Health providing basic information, advice and guidance to now providing professional counselling through a well structured, sophisticated and often separate counselling service.

Initial Impetus for the Adoption of a Counselling Service

The initial impetus for adopting a counselling service in an organisation proved to have a definite effect on whether in-house or external programmes were adopted. The initial 'champion' for an organisational innovation such as an EAP is likely to guide its nature and control.

Organisations were asked to indicate from where, within their company, the initial suggestion to provide counselling for employees came. 11% of organisations believed that the Managing Director was the first to suggest a service may be needed, 48% of organisations felt that Personnel or the HRM function were the initial instigators, 8% said Occupational Health and 4% indicated the Welfare function. The other 29% of organisations stated various combinations of these, or suggested the initial thoughts came from other sources (e.g. trade unions, line managers, US parent company and employees). These figures are indicated in Figure 9.
Figure 9 demonstrates that in 60% of organisations, the social science and medical professions (personnel or human resources, occupational health and welfare staff) promoted or inaugurated counselling services, with senior management, line management or trade unions initiating counselling services in only 40% of organisations. Such sponsorship tends to suggest that traditional personnel management and welfare values, may underpin the adoption decision and arguably the operating principles of such EAPs, in a majority of organisations. It was not surprising, with 48% of counselling services being sponsored by the human services professionals (HR and personnel staff), that EAPs were more often purchased than in-house services. Such EAPs are typically less integrated with other organisational control systems and processes, because of the counsellors’ lack of detailed knowledge about the organisation.

However, a more detailed analysis of sponsoring functions and the decision between in-house and external provision revealed a further dichotomy, as shown in Table 6.
Table 6 Sponsoring department or function and choice of in-house or externally sourced EAP or counselling

<table>
<thead>
<tr>
<th>Sponsoring or initiating function or department</th>
<th>Percentage in organisations</th>
<th>Choice of externally sourced counselling/EAP</th>
<th>Total (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel or human resources</td>
<td>26</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Occupational health</td>
<td>23</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Welfare</td>
<td>19</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sub-total</td>
<td>68</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>Managing director (or equivalent)</td>
<td>1</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Other departments (e.g. line managers unions or parent firm)</td>
<td>31</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Sub-total</td>
<td>32</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

These figures suggest that if the personnel or HR function initiates the EAP or counselling service, it is twice as likely to be external as to be in-house. The reasons for such a trend are likely to include the problems of confidentiality with any in-house service and the personnel professional's wish to differentiate his/her HR and counselling role as far as is possible.
The Occupational Health function’s sponsorship of counselling or EAPs was four times as likely to correlate with in-house provision as with external provision. This may be due to their strong belief in confidentiality and the assumption that this is most securely maintained internally, as occurs with occupational health and medical services. Another explanation for the internal preference could lie in the fact that Occupational Health professionals also often believe that they have or can gain the requisite skills needed for counselling employees and therefore see no need to contract out such sensitive and medically related services.

Unsurprisingly, where the welfare function initiates counselling or EAP services, such practitioners themselves are unlikely to advocate external contracting out, even in times of outsourcing being a corporate fashion. The reverse situation, however, applies with managing directors who are twelve times as likely to opt for external provision. Line managers are equally divided between in-house external provision.

Independent Information about Counselling and EAPs

In spite of these distinct tendencies for initiating functions to diverge in a major way in their preferences between the type of EAP or counselling service chosen, a general feeling was expressed by all groups that counselling is not well defined or understood in the UK. The lack of objective information about EAPs, including their potential benefits and shortcomings, was widely expressed.

However, companies with external services and EAPs were more likely to think that there was enough independent advice than internal services were. This may be due to the perception organisations had of external providers being able to offer them advice and guidance on counselling at work, which of course they are, but it is not independent in nature. However, most organisations did appear to be aware that provider literature is basically a marketing tool, and it is difficult, therefore, to make comparisons between providers. One company did say that EAP providers found it impossible to help companies assess whether or not they were getting value from their programme. Providers were both marketing their services and advising the value of the EAP at the same time. There was thus insufficient independence. Many organisations also felt that it was difficult to find out who all the providers were, let alone how good their service was. One organisation did feel that there were very few competent EAP providers. Most of the evidence regarding the effectiveness of counselling in the workplace is still anecdotal, although companies felt that the recent spate of articles in personnel magazines had been helpful, to some extent. One company said that one could never get to the bottom of whether or not a service was effective because of the confidentiality issue. Some organisations also stated that professional bodies such as the BAC, ACW and IPD would help organisations when possible, and a couple of organisations were aware of the existence of the EAPA Britannic Chapter, although they also believed it to be primarily a trade organisation for providers. One company did feel that because EAPs were still relatively new in the UK, that the EAPA Britannic Chapter should take on a stronger and more proactive role.
One internal service made the point that the literature which was available was not specific enough about the need to link preventative and therapeutic approaches, and another company with an EAP said it was essential to fully explore the market and test providers against one's own model requirements.

One large organisation was particularly concerned that "organisations don't know enough about relevant qualifications of counsellors and may choose a scheme purely on cost, without realising that the counsellors are not adequately qualified or supervised."

Companies generally felt that more information on the benefits of face-to-face counselling was needed, as well as cost-effectiveness data on EAPs. Organisations were calling for a WHICH Consumer Association type analysis of EAP providers.

In general, organisations did not know where to turn for help and advice about EAPs and workplace counselling, which was truly independent. Organisations were often not even aware of the EAP concept until they were approached by a provider and then the only information they studied was that circulated by the EAP provider (i.e. the marketing brochure).

Organisations believed that EAPs were still relatively new in the UK and that this was why there was no central source of information about them. However, they also believed that counselling itself was not well understood or sufficiently well defined. The general opinion was that there was a lack of information about EAPs and what benefits they can bring. Often the only way of gaining any sort of independent advice was to contact other companies who had EAPs. This is a problem in itself because organisations decide to buy a service which they think suits their needs, and so they are unlikely to want to admit to anyone outside the company that the EAP is not as good as it might be. This also assumes that the EAP which is best for one company will also be the best for a second company. This is clearly not the case. One company stated that "EAPs are still not recognised as an integral part of managing business so information is not available from non-expert publications."

Another organisation said that it was not advice that was needed, but that "it would have been useful in choosing a provider, to have had access to comparative performance data for the different providers, in a format 'friendly' to the client". Another organisation reiterated this by stating that there is very little comparative data, and that they felt that they would have benefited from some clearer, even anecdotal information and "a clear cost-benefit analysis".

The Final Decision to Introduce a Counselling Service

Important though the initiation or sponsorship of a counselling service proposal may be, the ownership of the final decision demonstrates the real locus of information and power. *Figure 10* shows the extent to which various departments make the final decision to purchase an EAP or counselling service. In 36% of organisations this decision was taken by the Managing Director or Chief Executive, and in another 11% of companies the decision
was made at Senior Management level, whilst only 13% believed Personnel had ultimately decided to buy the service. However, the largest single category (37%) was the ‘not sure’ or a ‘combination of groups’ category. This reflects one characteristic of the introduction of a counselling service to an organisation. An EAP or counselling service can potentially have a wide-ranging and pervasive impact on the organisation, and requires extensive consideration, consultation and preparation for its introduction.

**Figure 10** Who made the final decision to introduce a counselling service?

A revealing point is a comparison between the initiating or sponsoring departments and the final decision-makers, as depicted in Table 7. It is evident that initiation or sponsorship for an EAP or counselling service may originate from the specialist functions (personnel, occupational health and welfare) in a total of 60% of cases. However, 47% of the final decisions are made at a senior or top management level. By comparison, only a total of 16% of final decisions are made by specialists in personnel and occupational health. This lack of a final decisional role may reflect the lack of organisational power on the part of personnel or HR directors, or their budget allocations.
Table 7 Initiators and decision-makers on counselling introduction

<table>
<thead>
<tr>
<th>Department or function</th>
<th>Counselling or EAP</th>
<th>provision introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sponsorship or initiation</td>
<td>Final decision-making</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Social science or medical professions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel or human resources</td>
<td>48</td>
<td>13</td>
</tr>
<tr>
<td>Occupational health</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Welfare</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Sub-total</td>
<td>60</td>
<td>16</td>
</tr>
<tr>
<td>Senior or line Management:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing director (or equivalent)</td>
<td>11</td>
<td>36</td>
</tr>
<tr>
<td>Other departments (e.g. line managers, unions, parent firms)</td>
<td>29</td>
<td>-</td>
</tr>
<tr>
<td>Senior management</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>Not sure/combination</td>
<td>-</td>
<td>37</td>
</tr>
<tr>
<td>Sub-total</td>
<td>40</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

However, when this evidence is related to the generally felt lack of definition and understanding of EAPs and counselling in the UK, it may be asked on what criteria are the 47% of decisions taken by senior management really based? One would expect that senior people in today's cost-conscious organisations would want some proof of the benefits of introducing a service

**Is There a Need for an EAP?**

Companies were asked whether or not they had carried out any sort of needs analysis or stress audit before deciding to go ahead with introducing a counselling service. Only 30% of organisations had attempted to do so.
This result was surprising. Given the cost-conscious times in which organisations operate, one would have expected organisations to have carefully considered whether or not there was a need for a counselling service, before paying for one. Apparently this was not the case, although a couple of organisations did say that some sort of 'needs analysis' was essential in order to justify the cost of providing an EAP.

Those organisations who had carried out some sort of 'needs analysis' varied widely in their level of sophistication. Many organisations felt that simply asking employees if there was a need constituted a needs analysis. In the current economic climate, one would suggest that most employees would say that there was a need if they saw an additional employee benefit as being on the cards. However, employees are sometimes suspicious of the motives of management when they want to introduce an EAP. On the other hand, employees might say that in the current environment of accelerated organisational change, pressures experienced by staff, necessitate supportive action by the employer e.g. via an EAP or counselling service.

Some organisations did carry out full scale stress audits in order to highlight whether or not a counselling service might be useful. One large company held 'stress focus' groups, and issued questionnaires to managers to find out how much of a problem stress was.

Other companies said they had looked at the numbers of staff visiting occupational health with either stress-related illnesses, or problems which they felt would benefit from counselling. In addition, some companies knew that there was a need for the EAP they were providing because they had already had an in-house service which was 'well used'.

Another organisation had already been using an external counselling service which they had had evaluated, so they were clear about what they wanted and needed the EAP to address. A similar reason was given by another company who already had a limited counselling service which was 'well used', so they assumed an EAP would fulfil any further need.

One organisation only bought an EAP due to the impending introduction of an alcohol policy, and another organisation with an in-house service, decided to introduce counselling as a consequence of a large number of staff experiencing PTSD. It was the effects that armed robberies were having on staff which prompted one organisation to consider counselling, because it wanted to improve the care available to these people.
Absence due to possible stress related illness was monitored by some companies, prior to deciding to buy a counselling service, and one organisation, who decided upon providing counselling in-house, calculated the likely cost of stress to the business in terms of sickness absence. Another organisation in a particularly stressful industry noticed that several people had been absent suffering from stress-related illnesses. This prompted further investigation, and formal interviewing of a slice of the organisation was undertaken, which clearly highlighted a need. However, many organisations said "they had a 'gut feeling' that the organisation would benefit from the service" or that "their US parent company had an EAP and had insisted that they had one". Some companies felt that the need was obvious - employees are very stressed as a result of culture changes taking place at work and outside forces (e.g. the recession). Three organisations with external services said that the jobs which their staff do (i.e. teaching, social work and probation work) are inherently stressful, so the need for a counselling service does not need proving in any way.

One organisation considering an EAP wanted to identify potential problem areas so that they could ensure that the chosen provider could meet these needs. They also asked employees what sort of service they would like in order to engender ownership of the programme. Another company carried out a 'needs analysis' as part of a general welfare improvement programme because they needed to find out whether or not the service was necessary before committing themselves to the cost. A further comment was that the need to introduce the service was perceived as being more important than the need to justify it. However, the company realised that a baseline measure was needed to evaluate the service at a later date, so a stress audit was carried out. (This is one of the few companies with an EAP who have even mentioned evaluating a service.)

Sometimes low usage was viewed as unimportant because there will always be some staff who will need the service. One organisation felt that an EAP would be of benefit to staff who have been made redundant, and its provision was also viewed as a way of evaluating the potential of such a service for wider application.

Surprisingly, many organisations with external services felt that a needs analysis was not necessary, since they were only introducing the scheme on a pilot basis. This is of great concern, and assumes that a service can be easily removed after a pre-determined period of time. However, it does not take into account the problems of stopping something which employees have come to see as a benefit to which they are entitled. A well structured stress audit will indicate whether or not a counselling service may be beneficial, and if so, in which areas, thereby negating the need for pilot schemes. One particularly worrying comment made was that "the organisation wanted to offer staff another company benefit and that a needs analysis would have wrongly suggested that the EAP was being introduced for the organisation's gain." Some organisations had run for the safety net of an EAP as a knee jerk reaction to some critical incident (e.g. a workplace suicide or armed robbery). However, some organisations still provide an EAP primarily as an employee benefit.
Obviously, whether or not a stress audit is carried out is dependent upon the reason for implementing the service in the first place. However, regardless of the reason surely it is necessary to establish that there is in fact a need, and if so, what sort of need. It may be the case that the provision of an external counselling service on an ad-hoc basis would be sufficient and a full EAP is not needed.

How Organisations Decided Whether to Provide Counselling In-House or Externally

In-House Service

Those organisations with in-house provision of counselling tended to feel that external provision would be too expensive, and so they looked at providing it in-house, either by recruiting a counsellor or in the majority of cases by training Occupational Health nurses, Welfare staff or Personnel officers. One company said that they trained their Occupational Health nurses in crisis intervention counselling, but interviewed for a qualified "person focused" counsellor as well. Another organisation asked for volunteers within the workforce who had been trained in listening and counselling skills and now provided their in-house counselling service. The critical factor for one company was that the counselling service had strong links with Occupational Health, and it was felt that an internal service best fitted their needs.

External Services (including EAPs)

Some organisations considering external provision did evaluate the various providers and selected the one which they felt best suited their needs. However, since the majority of the organisations had not completed a 'needs analysis', it was difficult to see how the EAP could have been matched to the needs of the company. A large number of organisations simply purchased their EAP from either the first or usually only provider who they came into contact with. If not, then the provider was recommended by some other organisation. One company needed cover to extend into Europe, and at the time only one provider was able to fulfil this need. Another chose the only provider they saw as having EAPs as their 'core' business.

Some organisations obviously did put a great deal of thought into the selection process. One organisation used an employee who was also a trained counsellor to interview the providers about their counsellors and counselling processes, while another looked for a provider who was able to deliver a quality service but was also able to present to the Board in a 'level headed business manner'. One company was particularly impressed by a particular provider because of "its understanding of the needs of their business, and due to its impressive quality control standards". Other organisations considered 'cost' the primary concern, using a competitive tender procedure, and were unaware that cost was not necessarily an indication of quality. One company chose the provider "who appeared to offer the most comprehensive service".

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What we found disturbing here was that most organisations had only identified the existence of, at most, three or four providers, and were not aware of what services, quality control, etc. the EAP should provide, in order to make an intelligent decision. Quality was often stated as being important, but given that most organisations were unaware of what qualifications and training counsellors need to do EAP work, this appeared to be only a surface assessment of quality. True quality can only be assessed by carefully considering each provider, whilst also being in possession of all the facts regarding what constitutes a quality EAP. Given the lack of attention given to this, it was impossible to know which services were of a high quality. One company said “the provider gave a presentation and we were so impressed that we did not consider any others.” How could they possibly know this provider's impressiveness translated into a quality service, especially when no others were seen in order to make a comparison.

Why Organisations Introduced Counselling

Organisations had a wide variety of motives for introducing a counselling service. *Figure 11* depicts the motives cited by employers for introducing counselling into their organisations.

*Figure 11* Factors cited for the introduction of counselling

These figures indicate the percentage of organisations who mentioned any of the reasons as one of their motives.
Organisations were also asked to choose from the six reasons and list their relative importance. Figure 12 indicates the percentage of times that each motive (when cited) was listed as the 'primary' reason for introducing a counselling service.

*Figure 12* Primary factors cited for the introduction of counselling

![Pie chart showing reasons for introducing counselling services]

- Generally to support staff: 42%
- To help cope with high stress levels among staff: 22%
- To reduce absenteeism: 3%
- To help adapt to organisational changes: 16%
- To improve productivity: 4%
- To give the impression of being a caring company: 12%
- To reduce unwanted labour turnover: 1%

It is useful to compare the raw scores of motives cited by employers with the weighted scores, when the degree of importance to them, of each factor, is taken into account. *Table 8* illustrates this comparison and important differences are revealed.
Table 8 Raw and weighted scores and rankings of employers’ factors for the introduction of counselling

<table>
<thead>
<tr>
<th>Factor</th>
<th>Raw percentage of frequency of citation</th>
<th>Weighted percentage of frequency of citation</th>
<th>Raw ranking among motives</th>
<th>Weighted ranking among motives</th>
</tr>
</thead>
<tbody>
<tr>
<td>General support for Staff</td>
<td>92</td>
<td>87.5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Help in coping with high stress levels</td>
<td>57</td>
<td>81.0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Help in adapting to organisational changes</td>
<td>70</td>
<td>68.8</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Giving the impression of being a caring company</td>
<td>76</td>
<td>63.2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>To improve productivity</td>
<td>48</td>
<td>62.8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>To reduce absenteeism</td>
<td>57</td>
<td>48.8</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>To reduce unwanted labour turnover</td>
<td>34</td>
<td>28.0</td>
<td>7</td>
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The motives of to ‘generally support staff’ and ‘to appear to be a caring organisation’ both remain major reasons for the adoption of a counselling service, but both factors showed reduced weighted importance, and ‘to appear to be a caring organisation’ falls considerably as a ranked factor from second to fourth. By contrast ‘to reduce stress levels’, which is a more concrete performance-related factor, shows a much higher weighted score, rising from fourth to second, reflecting the depth of management concern for this aspect. It is unfortunate that introducing a counselling service is unlikely to perform this function, although it may well help those who contact the service to cope better. It is only one of two factors (the other being ‘to improve productivity’) to display an enhanced score on the weighted basis. The ‘to reduce absenteeism’ and ‘to reduce unwanted labour turnover’ factors both remain secondary factors in employers motives for adopting a counselling service. This highlights the view of decision-makers and sponsors of counselling that it is less of an economic tool, but more a high-level cultural and organisational intervention - even if more at the level of the individual than at the corporate level.
Organisations also suggested other reasons why their organisation had considered counselling. One organisation wrongly felt "it was a legal responsibility under Health and Safety at Work legislation", and another said "they specifically wanted to deal with drinking problems".

Some internal services were particularly keen to reflect the values and culture of the organisation and to persuade staff that they 'really do care'. One company with an in-house service also made the point that the counselling service adds value to the business, and consequently to shareholders, while another organisation with in-house provision stated that feedback from their counselling service had helped the organisation in terms of organisational design issues.

An EAP was seen as being needed by one organisation, because of the constant situational and technological change, and the fact that the company had a young highly educated workforce. Another company introduced an EAP, however, because of a take-over and the consequent major changes in operating procedures. It was felt that employees might find the need for independent advice and counselling.

A large volume of new staff was being recruited by one organisation which felt that it would take some time for confidence to build up in the human resource professionals and therefore a "belt and braces" approach was necessary. Some companies introduced EAPs to cope with the issues surrounding redundancy. Another organisation said that the EAP was in keeping with the organisation's 'total quality' approach to work and one enlightened company realised that home and work impact upon each other, and that it is in the interest of both the employee and the organisation that the troubled employee is supported and enabled to survive difficult times. They also recognised the impact of family needs on employees, so they made sure the EAP covered employees' families. Although not a prime reason, one of the perceived benefits of introducing an EAP was that it would reduce the burden on the Personnel or Human Resource department. At times of change, Human Resource departments may fail to respond appropriately and EAPs are invaluable in this respect. However, an EAP was recognised by only a minority of organisations as providing a confidential advice service to managers wanting help with particularly difficult staff or situations.

The Department, Within the Organisation, Most Closely Associated with the EAP

Organisations were asked to indicate with which department their counselling service was most closely associated. There were marked differences between the responses from organisations with internal services and EAPs or external services, so the results will be discussed separately.
Internal Counselling Services

For internal services, 31% said that the Personnel function was most closely associated with the service, 10% indicated it to be Welfare and 17% Occupational Health. In addition, 21% said the service operated completely independently of any other department, and that this was how it had been intended to operate. The remaining 21% of organisations stated it was some combination of the above departments.

A few internal services commented on the fact that the service was deliberately completely independent of any other department within the organisation, the reason for this being "to assure confidentiality is maintained and to increase usage, because both Personnel and Occupational Health could be regarded with suspicion by potential client employees". One service provider commented that a serious attempt had been made for the in-house service not to be associated with any department, particularly Occupational Health, for whom there is a fairly high level of mistrust. A different company said that although the counselling service operated independently, it cooperated with Personnel, Occupational Health, training and development etc., as appropriate.

External Services (including EAPs)

For external services, 55% of companies said the service was most closely associated with the Personnel department, 12% with Occupational Health and 14% with both Personnel and Occupational Health. The remaining 19% said the service was associated with a variety of departments including line management, training and development, health and safety and welfare.

Has the EAP been Audited or Evaluated?

Only 45% of organisations said that they had carried out some sort of audit or evaluation of their counselling service, although 10% intended to do so in the future. However, these figures are somewhat misleading because when we looked at the details given by those organisations who said they had audited, it is apparent that this was actually not the case. There seemed to be a lack of understanding amongst organisations as to what an audit was or should be.

Those Organisations Who Had Audited

Of those organisations who said they had audited, 13% said this had been done by the counselling service provider, 42% said someone within the organisation had carried out the audit and 7% said it had been a joint venture between both the provider and the organisation. However, only 20% of companies had commissioned an independent person to conduct the audit or evaluation. This highlights the fact that organisations clearly did not know what a proper audit entailed, otherwise they would not have believed that such a process could be carried out either by the service provider or by someone within the organisation. Even more disturbing was the fact that 3%
of companies believed that the statistical data available via the EAP provider constituted an audit or evaluation process.

Those who said they had done an audit also made comments in line with the assumption already made, namely, that they did not really know what an audit was. Companies said that 'staff surveys' revealed that the service was useful, and that particular groups within the workforce were more or less likely to use the service than others. Such revelations were simply satisfaction and usage indicators, as was the statistical data from providers, and in no way constituted a quality audit of the counselling service, although such data was obviously useful.

Those few organisations who had had a full independent audit, all said that it had resulted in changes being made and that a general tightening up of procedures had occurred. Most had found the general quality of counselling to be quite high, with a few exceptions, but reported that the procedures tended to be lax. These organisations' comments reflected the need for quality audits to be initiated by organisations, as they can only lead to an improvement in the quality of existing and future services.

External Services (Including EAPs)

The organisations with EAPs who had attempted some form of assessment of the service made varying comments. One company found that the service was needed and useful, but that there was a need to tighten up some contractual procedures.

The general reaction by staff in a number of different organisations was found to be positive, although one assessment revealed that employees were lukewarm about the EAP - "like insurance it is only useful when you need it." Another company reported that the 10% of employees who had used the EAP gave excellent feedback, but that the 90% who had not used it were strongly against the EAP concept.

One company also pointed out that employees valued having a different perspective on an issue and felt that they were not perceived as being less able because they chose to use the service. The EAP was seen as showing the organisation to be supportive and "above board".

The Human Resource Director in one company interviewed those who were known to have used the service and some who had not, to ascertain why they had not. The users were very pleased with the service and non-users felt that they had not needed to use it but would if necessary. Auditing usage and general problem areas is part of the information used to renew the contract by one organisation. Over time, this company expected to begin to audit the effects of the EAP on measurable targets (e.g. absenteeism and performance). The organisation was not aware that this was in fact evaluation as opposed to audit. There were some worrying results regarding the counselling provided, when one organisation audited its EAP.
Internal Counselling Services

It was noticeable that most of the internal services discussed the need for evaluation of the service, rather than audit, whereas very few companies with external provision of counselling even mentioned evaluation. For this reason, many of the comments made by internal services tended to concentrate on outcome or client satisfaction measures. One company said that whilst the service was useful to the few who used it, more education of staff was needed and that there appeared to be a general lack of managerial support. Questionnaires revealed that one internal service was useful and another received universally positive reactions. One in-house service which had conducted an audit had found out that response times were poor and counsellors were not always seen as being impartial. This organisation had been able to address these issues as a result of the findings. Another 'service audit' led to improvements, and also highlighted the fact that the service was highly valued and was particularly effective in reducing the symptoms of post-traumatic stress.

Those Organisations Who Had Not Audited

The reasons why organisations had not audited were also analysed. Forty one percent believed it was too early to do so, even though some of these companies had had the service in place for a number of years. Fifteen percent said they were satisfied with the service and therefore saw no need to audit it, 5% said they did not have the time or money to consider auditing and 12% said that the statistical feedback from providers was sufficient. Curiously, one organisation felt that an audit was not needed because usage was extremely low - a prime case for an audit, one would have thought!

Two organisations (both with in-house services) pointed out that there was still no proven evaluation method for counselling. Whilst this may be true, audit is not the same thing as evaluation, and procedures are available for auditing counselling services.

Some other interesting comments were made by organisations who had not audited their externally provided counselling service. Some said that there had been numerous studies evaluating counselling and the results had been mainly positive, so there was no need to audit the service, whilst others were having difficulty in assessing "value for money" and comparing the value of alternative services.

One company felt that there was still no effective approach to auditing, which protected confidentiality. Many organisations quite wrongly assumed that auditing a service compromised confidentiality. This is clearly not the case if the audit is carried out independently, but may well be the case if an organisation attempts the audit itself. There was also a feeling that if the uptake was in line with expectations, then the service must be fulfilling a need and can therefore be justified. Whilst this is undoubtedly the case, surely there is still a need to audit the service's procedures to ensure that the best
quality service is being delivered to one's employees. One company with a very low usage rate stated that "employees value having the EAP, even if they do not use it."

**Do EAPs Need to be Independently Audited?**

Only 49% of companies felt that there was a need to independently audit counselling services, whilst 48% felt this was unnecessary and 3% could not really decide.

**Internal Counselling Services**

Internal services felt that an internal audit system was the most appropriate, with some feeling that there was no need to audit an internal service at all. Cost was also raised as an issue by some internal services, who felt that the budget was not available for this even if they felt an audit was needed.

However, a number of in-house counselling services did mention that an evaluation of the service would be helpful in terms of marketing within the organisation and felt it might help when they are eventually marketed tested. Such services were also more likely to feel the need for hard data on effectiveness. Only one internal service actually stated that the audit should really be carried out by someone independent of both the provider and the organisation. There was a tendency for confidentiality to be used as a defence against auditing by the in-house providers.

One in-house service felt there was no need to audit an internal service but said they would definitely audit an external one, perhaps feeling threatened by any outcome of a service that he/she was responsible for introducing or implementing.

**External Services (Including EAPs)**

Those companies with externally provided services (including EAPs) again tended to misunderstand the term audit. Many confused the terms audit and evaluation, believing that audit was concerned with outcome measures rather than looking at process. Organisations did feel that they would like to know whether or not their employees saw the service as a benefit, and would like to be able to demonstrate the EAPs effectiveness because this would help ensure the continued provision of the service. One company did believe that there was a need to show a clear business benefit in financial terms, while another said that there was obviously a need to justify costs.

The Board of one company was very concerned to ensure that the service provided value for money, and considered it important to evaluate the scheme before renewing the contract. Many companies also mentioned that it would be useful, in time, to be able to compare the effectiveness of different providers by having objective independent assessments across providers.
Many companies felt that it would be beneficial to see if other services might be more appropriate. A further comment related to the fact that there was undoubtedly a need for auditing EAPs, because this would add to the reputations of good providers, whilst another company said that it was necessary to develop and challenge practice, especially in an area which is cloaked in confidentiality. This is a developing area in which some form of standardised practice would be useful if not essential. An audit would assist both the organisation and the provider because there is definitely a need to validate the EAP concept, according to one company. Another organisation revealed that they always like to benchmark their activities, to see if they are getting value for money, and another said that the culture of their organisation was one of continuous improvement and customer satisfaction so it would be very foolish to think that the EAP could not be improved or changed to meet their changing requirements.

Unfortunately, there were some companies who felt that auditing was not worth the investment. One organisation said that "in our experience the high cost of external audits is seldom justified", and another said that audit was not a business priority right now. There was also some feeling that there was no need to audit if the organisation and its employees felt happy with the service and the feedback about quality was good. Some organisations, however, believed that the company was too small to audit, or that usage was so low that audit was not needed. Others felt that because the service was really only used for legal and financial advice an audit was unnecessary. One particularly interesting comment was that "in the light of a service which is found almost universally useful by both managers and employees, and which gives employees a strong 'feel good' factor, it is unlikely that the company would want to spend money on either an evaluation or audit". A different company said that there was no need to audit because if the service did not meet their requirements then the contract would not be renewed. However, if this organisation does not audit its EAP then it cannot possibly know whether or not the service is meeting their requirements and is therefore unable to make an informed decision about whether or not to renew the contract.

Effects of the EAP on the Organisation

The data regarding the effects of the counselling service on the organisation are all qualitative in nature, and the comments made by companies with internal and external counselling services will again be discussed separately.

Internal Counselling Services

One in-house service hoped that "the counselling service would reduce wastage of valuable staff and stress to employees that they are valued". It also felt that it served to empower employees and could help to improve communication.
Introducing a counselling service was also viewed as enhancing the 'caring image' of the organisation in a discreet way, whilst also keeping people at work. Another organisation hoped to improve the morale of staff and to support them, as well as identify those in danger of long-term psychological ill health, following a traumatic incident.

A desire to reduce the "casualties" of downsizing was also mentioned. One company said that because of the high profile of the counsellors in the organisation and the willingness of clients to admit they had used the service, the climate and culture of the organisation was changing - there was a slightly greater acceptance of personal problems and stress as a result.

Another company also believed that the service had helped influence management attitude towards staff going through difficult times. The part played by one in-house counselling service in the 'culture change' of the organisation was stressed, and mention was made of the introduction of critical incident de-briefing.

Another important point made was that employees were so sceptical and suspicious of management, because of continual changes within the organisation, that the only person they could off-load to was the counsellor.

Raising awareness of stress and its effects was seen as another positive aspect of introducing a counselling service, and one internal service believed that it had also made seeking counselling slightly more 'respectable'. The fact that one service had a low usage rate was not seen as a negative point by the organisation because they believed that it had been successful with the few people who had used it. The introduction of a counselling service was believed to have given one company a competitive edge over some of its competitors, and the company also believed that it had added value to the business. It was for these reasons that the service was still in existence.

Another view was that it was important to keep the image of the 'caring organisation' alive. It also demonstrated an acknowledgement that times are stressful and that the company was accepting some responsibility for this. One concerned company said that introducing the service had "opened a can of worms. By highlighting the effects of stress and traumatic stress, it had alleviated the stress of those who presented for counselling but had generated debate on such issues as confidentiality and particularly the role of management in causing stress. It may also have generated unrealistic expectations about the impact that the programme could have on the organisation."

External Counselling Services

One organisation with an external counselling service said that although feedback about the service was good, uptake had been rather slow. However, the service was seen as good back-up to Human Resource professionals.
Employees in a similar company with external provision felt that the counselling service was one of the best services provided by their employer and was much appreciated by staff. Further, one organisation believed that line management relationships had improved as a result of having the service. The service was something which staff valued, and it had also improved management/staff relationships.

There was also a feeling by one company that work performance had improved as a result of having an external counselling service. The provision of an external counselling service had allowed the need for counselling at certain times to become an acceptable subject for discussion, according to another organisation. The organisation had also made the recognition of stress and stress management a compulsory element of line management training, which had raised the awareness of managers and resulted in more employees seeking help and advice for stress. A lot of time has been spent by this organisation in getting managers to listen and they believed that this had helped some people to stay at work or to come back to work early, whilst also enabling some stressful life events to be diffused at an early stage.

Employee Assistance Programmes

The effects on the organisation, of introducing an EAP, were on the whole very similar to those stated by companies with in-house or external services. One organisation believed the effects of the EAP were purely 'cosmetic' in terms of making the organisation look good. Typical comments referred to the fact that the EAP gave employees a positive message that the company recognised that they had problems for which help was required and that when sought that assistance was highly effective. The EAP had clearly filled a requirement in some companies. Employees see it as management showing a 'caring' attitude, and managers feel that it helps them offer positive advice in situations when they would have normally been at a loss. As well as showing a caring attitude some companies also believed that the EAP meant that staff spent less time away from their desks because help was available quickly. An EAP can also be an outlet for employee concerns and is useful as a suggested option when sensitive issues arise. Sensible advice from a third party can help to rationalise a situation, improve personal confidence and in turn improve corporate outlook. Some employees, however, still saw EAPs in a sceptical way and hence kept them at arms length, according to the experiences of one company. One organisation was convinced that their EAP had helped improve performance at work and improved workplace relations, and another had found that productivity had improved in those employees who had used the service. Reductions in sickness absence had been directly attributed to the EAP by one organisation.
Another company pointed out that surprisingly work/organisational changes, which were the main influence in introducing the EAP, had not figured largely in the feedback given to them. One particularly interesting quote was that "we find it difficult to evaluate the effects of the EAP on the organisation. We feel it is a good service/benefit to be able to offer and in some respects it would be obvious now if we removed it. However, if we have to reduce costs the service would be the first benefit to be scrapped because it is almost impossible to evaluate its contribution to the company."

Another interesting comment was that with organisations becoming less hierarchical and more cost-effective, the luxury of having experts on-site was gone. In addition, more job roles now cover a much greater variety of tasks and responsibilities, so the EAP offered considerable support to many of them.

A few organisations mentioned the fact that the EAP was perceived as meaning that they were a caring organisation and one company went so far as to say that it had provided them with some good publicity. Another stated that having an EAP impressed prospective and new employees because it gave the impression that the company valued its staff and cared about their well-being.

The comments made seemed to suggest an underlying trend, in that an EAP often appeared to be purchased for PR reasons, whereas internal counselling services were much more likely to be initiated because an organisation really wanted to support staff and address organisational issues and problems.

**Had Absence Reduced Since The EAP Was Introduced?**

Only 14% of organisations believed that absence had reduced as a result of introducing the counselling service or EAP, 46% did not think it had and 40% said they were unable to comment either way.

**Internal Counselling Services**

One particularly interesting comment, from an in-house service, related to the fact that initially introducing the service had "opened a can of worms" and this led to absence increasing, but the organisation felt that they could expect some improvement eventually. Another company with an internal service said that the absence levels of those using the service prior to attendance were so high that an improvement was almost inevitable. For some organisations the question was difficult to answer because at the same time as the counselling service commenced, absence control and monitoring procedures were introduced, so it was considered likely that this had resulted in any reductions in absenteeism. Fear of redundancy was also likely to have had an impact on absence levels, in the prevailing economic climate. For some organisations, absence was not seen as being something the counselling service aimed to address.
External Counselling Services

One company with an external counselling service said that because problems were dealt with at an early stage this often meant an early return to work. Other organisations with external counselling services said that the number of people using the service was too low to affect absence statistics or that their absence reductions were more likely to be due to recent organisational changes.

Employee Assistance Programmes

Some companies reported that their EAP had resulted in reductions in absence, but there were no details of how the link between the EAP and the absence reductions was made in most cases. However, one company did say that their reductions in sickness absence had been directly attributed to the EAP. One organisation said that the question of confidentiality prevented a detailed investigation of absence. This was particularly true if the service is an external one.

Some clients had reported that counselling had helped them remain at work during crises, whilst others had left going for counselling so late that they needed to be off work once they acknowledged their need. One organisation stated that sickness absence was not a good indicator of health, and that it was impossible to look at the effects of the EAP on absence because any effect could be outweighed by possible effects of changes in the workplace. Another feeling was that they had not had the service long enough to be able to know if absence had reduced, but they hoped that there would be a significant reduction. The numbers of users of the service was sometimes too small to affect organisational absence levels. Some companies felt that a reduction in absence was to be expected because problems were being dealt with early and this usually meant an early return to work. Other comments related to the fact that reducing absence was not an objective of the EAP, or, indeed, that proper absence records were not kept by the company.

Had Substance Abuse Problems Reduced Since The EAP Was Introduced?

Twenty one percent of organisations felt that there had been a reduction in alcohol and drug related problems as a result of introducing either a counselling service or EAP, whilst 32% felt that there had not. The majority of organisations (47%) felt unable to comment either way.

Some organisations said that alcohol was not a problem for their company and therefore no positive effects could be expected. One internal service said that they only got a few alcohol related cases, and that when they did the outcome was not necessarily successful. Another in-house provider felt that the counselling service had raised the organisation's awareness of alcohol related problems, but also commented that there was a separate alcohol policy.
Those who had known of individuals who had used an EAP service for alcohol related problems felt that in these few cases it had been successful. Some organisations pointed to the fact that they had an alcohol policy and that it is probably this which had the greatest effect, whilst one company said that it was their disciplinary procedure relating to alcohol which probably caused any reductions. One company pointed out that a recent alcohol and drugs policy coincided with the introduction of the EAP, with the EAP supporting part of the policy's aims. There was also a feeling that individuals and line management were well aware of the support that the EAP could have and had given and that all supervisors and managers were trained in this area, according to one company. This had improved the level of awareness of the problem and how it could be handled, which encouraged employees to admit they had a problem and to seek help. So far, no one had approached many of the EAPs for alcohol related problems. Organisations also reported that like many other companies they did not think they had a problem until the EAP was introduced. Some people felt that EAPs were poor at addressing chemical dependency, as opposed to alcohol, though. Others believed that because the service was confidential it was impossible to know what effect the EAP had had on alcohol and drug related problems. One organisation believed that the significant reduction in these types of problems was due mainly to the introduction of testing procedures. One worrying comment was that "the EAP did pick up one employee with a severe alcohol problem, but this then cost the company more money to put the person through an alcohol programme". There was also one company where an individual had been sacked and another was in a disciplinary situation due to alcohol abuse, the point being that although the EAP gave both individuals an outlet it did not solve the problem.
SUMMARY OF KEY POINTS

1. The vast majority (63%) of UK organisations surveyed indicated that they had selected an EAP, as opposed to some other form of counselling service.

2. Despite this, 23 internal counselling services were providing 618,000 employees with counselling, whereas the 122 external counselling services (including EAPs) were only providing counselling to a total of 197,000 employees.

3. However, there was a general lack of understanding about the differences between external counselling services and Employee Assistance Programmes, even after companies had bought an EAP.

4. EAPs were often purchased for PR reasons, whereas internal counselling services were much more likely to have been initiated because organisations really wanted to support staff and address organisational issues and problems.

5. Despite the smaller number of in-house counselling services, they appeared to have a better appreciation of the organisation's policies, procedures and 'culture'.

6. Overall, the factors which were considered important reasons for introducing a counselling service were: to help employees adapt to change; to respond to high stress levels within the organisation; to generally support staff; and to 'appear' to be a caring organisation. Services tended not to be introduced with the intention of improving productivity, reducing absence or reducing unwanted labour turnover.

7. Only 30% of companies had carried out any form of needs analysis or stress audit before deciding to introduce counselling. Even those companies who had attempted to do this, did not really use a rigorous procedure to identify whether or not there was a need for a counselling service.

8. Although 45% of organisations reported having evaluated or audited their counselling service, this was actually not the case. In fact, the services had not been audited or evaluated in any systematic and independent way.

9. There was a general lack of understanding, amongst organisations, as to what an audit was, or should be. There was even less knowledge about evaluation.

10. EAPs tended to be put in place, and then very few changes were made. If changes were made they tended to be minor 'cosmetic' changes. In contrast, internal services were much more likely to have changed over the time they had been in place, and these changes were likely to have been quite dramatic.
11. Fifty six percent of organisations reported that there was not enough independent advice available. There was insufficient information about EAPs and the benefits they can bring to organisations, which was independent in nature.

12. In addition, organisations had difficulty in identifying all the providers of counselling services and EAPs, and when they did identify a provider they had no independent information about how good that provider was.

13. Many organisations had not initiated a careful selection procedure for selecting an EAP provider, but either bought the first EAP they came across or used the provider recommended by another company.

14. If Occupational Health or Welfare suggested that a counselling service might be helpful, then internal provision was likely, whereas if Personnel or Human Resources suggested introducing a counselling service, it was likely to be contracted out, externally.

15. In 50% of companies the final decision to go ahead with introducing a counselling service was made at a very senior level (e.g. the Managing Director, Chief Executive, etc.).

16. Most organisations did not realise that EAPs provided a confidential advice service for managers, to help them deal with difficult issues or staff.

17. EAPs and external counselling services were usually chosen to assure employees about confidentiality and independence, and to provide a range of other services.

18. In general, external services were also available to family members (87%) whereas internal services rarely extended to the family (28%).
SECTION FOUR
CONCLUSION

INTRODUCTION

In this concluding section of the first chapter of the report, we summarise the information gained from the qualitative assessment of EAPs and, where relevant, discuss the extent to which the findings of this research are in line with the UK EAPA Standards for EAPs. Whilst the whole of the Standards document will not be highlighted here, the key criteria/standards will be explored, in light of our findings. It is clear that in general, many EAP providers were not fully operating as the EAPA Standards suggest they should. However, it is important to note that there were clearly some very good providers and others who are continually trying to improve their service, whilst there were also providers who, in terms of the Standards, were not meeting the level of service expected by the EAPA.

KEY EAP ACTIVITIES

The vast majority (63%) of UK organisations that provide a counselling service for their employees do so via an EAP. However, there was a general lack of understanding, amongst organisations, as to the differences between external counselling services and Employee Assistance Programmes (EAPs), even after companies had bought an EAP. For example, most organisations did not realise that EAPs provided a confidential advice service for managers (to help them deal with difficult issues or staff), despite the fact that this was seen as a core EAP activity, by EAP providers.

This lack of clarity amongst organisations, is to be expected, to some extent, because there was very little consensus amongst providers as to what an EAP really is. However, from the providers’ perspective, the core activities of EAPs were seen, in general, as being: (1) initial and on-going advertising of the EAP (by 80% of providers); (2) orientation sessions for managers and employees (by at least 80% of providers); (3) the provision of face-to-face counselling (by over 90% of providers); (4) advice to managers (by nearly 70% of providers); and (5) statistical and detailed feedback to the client organisation (by approximately 70% of providers). Legal and financial advice, 24 hour access, telephone counselling and crisis back-up were not seen as essential ingredients for an EAP by the providers.

The EAPA Standards state that - “The EAP must be prepared to respond to emergencies and urgent situations in a timely fashion, consistent with organisational polices. Timely intervention may prevent or lessen long-term problems”.

In addition, they say that “The EAP must be able to provide crisis intervention and other appropriate professional services, 24 hours a day, 7 days a week”.
The fact that the majority of providers did not see the provision of 24 hour access or crisis back-up as essential ingredients of an EAP was clearly not in line with the EAPA Standards, although indicating a fair level of consensus amongst providers themselves.

A clear majority of providers said that they felt that detailed feedback to the company was theoretically essential, as this can highlight both policy issues and general areas of operational concern, which the company can then attempt to change structurally, hence reducing the stress imposed on employees by the organisation. This latter point was referred to earlier, when the providers’ views of EAPs were being discussed. However, in practice, EAPs only address stress at the individual level. There is also a need to address stress at the organisational level, but to do so within the framework of an EAP risks compromising confidentiality according to some providers (Lee and Gray, 1994). For this reason, most workplace counselling programmes and EAPs concentrate on individuals with personal problems, and attempt to provide a service in helping to reduce anxiety derived from financial, marital and family issues. These activities are obviously fundamental to helping an employee in terms of both his or her personal happiness and work performance. Stress at work, however, is caused by a complicated combination of both personal and work-related issues. Thus, in order to be effective, counselling programmes at work must jointly address both personal and work issues (Cartwright and Cooper, 1994).

This joint approach does not occur. Even the UK EAPA definition of a British EAP does not allude to this combination of issues. The only mention of the workplace is in terms of ‘employees who are not being productive enough’; hence, the focus is still at the individual level.

Using counselling programmes in the traditional individualised way, as espoused by the EAPA definition, can lead to the responsibility for employee mental health being shifted from the company to the individual employee. If a counselling programme operates purely at the individual level, then clearly the organisational sources of stress are not being tackled because they are only providing a counselling service to help employees cope rather than addressing the underlying causes of work-related stress. The organisation is, in effect, distancing itself from the programme and, hence, from the need to address problems of stress generation within the organisation.

Any EAP or workplace counselling programme should, along with the organisation, identify sources of stress within the organisation, and advise the organisation on appropriate resources to help deal with these sources of pressure. We should not see EAPs and workplace counselling programmes as a short-term, individual-based ‘sticking plaster’ solution, but rather as a way of feeding back problems to the organisation (within the bounds of confidentiality) and empowering that organisation to help itself.
SELECTING AN EAP PROVIDER

The selection of an external EAP provider is a decision that can have long-term and deep consequences for the internal culture of an organisation. It should, therefore, be a well-informed and clearly structured decision taken at the right level, with the appropriate decision support mechanisms. Yet 56% of organisations reported that there was not enough independent advice about workplace counselling available. Neither was there sufficient independent information specifically about EAPs and the benefits they can bring to organisations. In addition, organisations had difficulty in identifying all the providers of counselling services and EAPs, and when they did identify a provider they had no independent information about how effective that provider was at delivering the claimed levels of service and quality.

Many organisations had not initiated a careful selection procedure for selecting an EAP provider, but had either bought the first EAP they came across or used the provider recommended by another company. Given the weighty potential impact of the EAP, and the heavy marketing engaged in by the major EAP providers, this shortfall of informed decision-making often contrasts markedly with decisions in other sectors of corporate activity.

Given, also, that the adoption of an EAP is a ‘step into the unknown’ for many companies, the advice of an independent EAP consultant could prove to be wise in making a decision. The consultant can help the organisation to perform several of the key steps in assessing the extent of a ‘good fit’ between the organisation and the EAP provider.

Only 30% of companies carry out any form of needs analysis or stress audit before deciding to introduce counselling. Even those companies who attempt to do so do not use a rigorous procedure to identify whether or not there is a need for a counselling service. However, the EAPA Standards clearly expect some form of needs assessment to be carried out:

"Programme design should be based on an assessment of organisational and employee needs, as they relate to EAP utilisation."

An assessment of the needs of the employees and the organisation is a vital part of programme planning and development and is primarily the responsibility of the purchaser. This assessment will help the organisation to determine the most appropriate method of providing counselling services. The EAP provider should assist the organisation in assessing expressed needs and help in reviewing existing company policies (e.g. alcohol or harassment) and their relationship to the EAP.
REASONS FOR INTRODUCING A COUNSELLING SERVICE

Overall, the factors which were considered important reasons for introducing a counselling service, by organisations, were: to help employees adapt to change; to respond to high stress levels within the organisation; to generally support staff; and to 'appear' to be a caring organisation. Services tend not to be introduced with the intention of improving productivity, reducing absence or reducing unwanted labour turnover.

EAPs were more often purchased for PR reasons and to assure employees about confidentiality and independence. They also provide a range of other services. In general, external services are also available to family members (87%), whereas internal services rarely extend to the family (28%).

Internal services were usually introduced for different reasons. They were much more likely to be initiated because organisations really want to support staff and address organisational issues and problems. Despite the smaller number of in-house counselling services, they did appear to have a better appreciation of the organisation's policies, procedures and 'culture'.

If Occupational Health or Welfare suggested that a counselling service might be helpful, then internal provision was likely, whereas if Personnel or Human Resources suggested introducing a counselling service, it was likely to be contracted out, externally.

Although it was usually one of the above departments who suggested introducing a counselling service, in 50% of companies the final decision to go ahead with a counselling service was actually made at a very senior level (eg. the Managing Director, Chief Executive, etc.).

After the decision to institute an EAP has been taken (in 50% of cases at a very senior level), responsibility for the EAP is usually passed back down to a less senior hierarchical position. This is not the most appropriate level at which the EAP could operate. A senior person is far better placed to institute changes as a result of feedback. Indeed, the EAPA Standards state that:

"The EAP needs to be positioned at an organisational level where it can be most effective and where it will gain support and endorsement from all levels of management, including Board Directors. The EAP should establish working relationships with a variety of internal departments (e.g. Human Resources, Occupational Health)."

Programme acceptance and utilisation is directly related to the degree of support from top management, but also by the involvement of employees, supervisors, line management, personnel, directors, unions, welfare, and occupational health. One technique for maximising the potential for a highly effective programme is to form an advisory committee representing the different levels within the organisation. This committee can formulate a policy statement, as well as specific strategies for implementation and evaluation. Indeed, the EAPA Standards document maintains that:
"The organisation needs to have an advisory committee with a high level executive mandate and this committee needs to involve representatives from a cross-section of the workforce".

INTERNAL VERSUS EXTERNAL SERVICES

In this survey, 23 internal counselling services were providing 618,000 employees with counselling, whereas the 122 external counselling services (including EAPs) were only providing counselling to a total of 197,000 employees.

Fee structures for EAPs were predominantly based on a per capita payment system, the average being about £25 per employee per year. In contrast, other forms of counselling services tended to be charged on an as-used or ‘fee-for-service’ basis, with a management fee payable annually. Whether this can be managed more cheaply in-house depends largely on the size of the company. It has been estimated variously that 3000 to 10,000 employees is the cut-off point, above which contracting out is likely to be more expensive than an internal alternative (Reddy, 1993: 59). Most companies take the decision as to whether to provide counselling in-house or to contract out on grounds other than cost, assuming that they are committed to the expenditure.

The advantages of contracting out are:
- confidentiality may be seen to be greater
- for small companies it may be more cost-effective
- external counsellors may have more expertise in specialised counselling situations.

Against this, the main advantages of providing the service in-house are:
- counsellors know the company culture
- if problems are identified, it is easier for counsellors to influence managers, whether to help the employee affected, or, if appropriate, to modify their own behaviour or the company's practice.

Despite the smaller number of in-house counselling services, their counsellors did appear to have a better appreciation of the organisation’s policies, procedures and ‘culture’.

The greater confidence employees have in the confidentiality of the counselling service, the more likely they are to consult it. Generally the services surveyed guaranteed confidentiality, with only certain exceptions.

Companies with EAPs in general expected to be told less than companies with internal counselling services. This tended to lead to a lack of organisational feedback from EAP providers, even though such feedback does not in any way compromise confidentiality. Again EAP providers do not really live up to the EAPA's Standards, with regard to the issue of organisational feedback

"EAPs consult with the organisation where developments and events impact on the well-being of employees and fall within the EAP professionals’ areas of expertise."
INTRODUCING A COUNSELLING SERVICE

The EAP needs to be carefully positioned, within the organisational structure, in order to maximise not only its contribution to individual employees' welfare, but also its value as an employee benefit, and its potential role in organisational change and development. The EAP needs to function as an integral, yet independent, part of the organisation, and needs to ensure that it offers support to all involved in achieving performance, encouraging change, and other company developments within corporate goals, policy and culture.

The feedback loop is an essential component of a responsive and constructive EAP. An EAP provider should report to the internal co-ordinator, or other person within the organisation, on any current or emergent organisational trends which have been distilled quantitatively or qualitatively from problems presented by users of the EAP. As a corollary, EAP providers should be proactive in suggesting steps an organisation might take to minimise any adverse impact of organisational developments, thus moving closer to primary prevention.

Services which combine the best of internal and external provision are likely to function most effectively in this sense. An effective combination appears to be that of an internal company counsellor, who has the back-up of an external service, either for cases s/he feels unable to deal with, or, in some cases, for employees to contact directly, if they wish to.

However, a different type of service, which was not seen in this survey (and is not really prevalent in the UK as yet), could well be the best option. This type of counselling service would operate in the following way: a company pays an external counselling provider to supply them with their own dedicated company counsellor/s. This counsellor regularly visits the company and gets to know its culture policies and procedures etc. However, the clinical responsibility is held by the external provider, thereby ensuring confidentiality and quality. In addition to combining the positive aspects of internal and external provision, this type of service would also address the negative aspects associated with external provision (eg. lack of integration with the company) and also those of internal provision (eg. lack of perceived confidentiality). One of the key aspects of this type of service would be the ability of the counsellor to give effective feedback to the organisation on key issues which may need addressing.
PUBLICISING THE SERVICE

The formal aspects of publicising an EAP can be handled by the external provider’s routine communications via booklets or videos, targeted at employees and introduced in briefing sessions or on a self-service basis. Usually an explanatory letter about the EAP is sent to each employee and to their home address, if family is covered. With EAPs, a laminated card and brochure are usually given, detailing contact methods, and articles in the company newsletter also communicate details of the service. However, counselling services and EAPs are often also effectively advertised by word of mouth.

If publicity is not constantly reinforced, then usage rates may fall, so companies usually take steps to keep the interest and awareness of employees high. One publicity measure adopted by companies with an external EAP was to send regular leaflets dealing with particular issues e.g. alcohol problems, financial worries or family difficulties.

There is a need to emphasise to managers that the provision of the counselling service does not restrict their role. Usually seminars are arranged to alert managers to the existence of the scheme and explain how they can spot when deteriorating job performance might be due to personal problems, and how to refer staff to the counselling service in these instances. In instances where unions participate in promoting an EAP, such seminars can also be run on a joint basis, in order to maximise their contribution in avoiding or resolving individual industrial relations problems through mutuality.

SERVICE AUDIT AND EVALUATION

"An EAP provider needs to evaluate the appropriateness, effectiveness and efficiency of its internal operations. This, could be achieved by identifying measurable objectives for both process and outcome evaluation. Evaluation needs to take place at least annually". (EAPA Standards).

Meaningful evaluation of an EAP depends upon having measurable programme objectives and data collection mechanisms. These should be developed early in the programme planning process. In addition to guiding the implementation of the EAP, measurable objectives allow the organisation to judge the programme's progress and usefulness and to identify the need for programme modifications. The procedures for achieving each objective need to be reviewed periodically to ensure that the objectives are obtainable. Data that measures programme effectiveness should be gathered routinely and analysed, to evaluate the extent to which the programme is achieving each objective. At the outset of the programme, a written evaluation plan needs to be developed, which is directly related to the programme's goals and objectives and states the techniques by which data will be collected.
However, a large number of providers (47%) did not set real performance objectives before implementing an EAP, and were therefore unable to monitor the performance of the EAP against agreed objectives or outcomes. The 53% of providers who did set objectives did so to varying degrees. Providers tended to ask clients to complete satisfaction questionnaires, but they did not evaluate or audit their EAPs in any consistent way.

A review of the daily operation of the programme does not necessarily measure its total impact on the organisation and the effectiveness with which it fulfils its mandate. Therefore, a well-run EAP continually reassesses the needs of the organisation. In order to assess the efficiency and quality of the service, process measures should be monitored. This is essentially audit and helps to identify the integrity of the programme both internally and comparatively.

The EAPA Standards document suggests that:

“EAPs should be audited by external, independent, professional auditors to agreed UK Standards, as laid down in the Standards document”.

However, only a minority of providers (40%) reported that client organisations had commissioned an independent audit of their EAP. Additionally, what the audit consisted of was not clear. Whilst 45% of organisations reported having evaluated or audited their counselling service, this was actually not the case, since the services had not been audited or evaluated in any systematic and independent way. One provider who had not been audited believed that many companies were reluctant to formalise their monitoring procedures.

It is also the case that EAP providers have in practice resisted any form of evaluation by stating that EAP benefits cannot be quantified. However, the importance of evaluating an EAP cannot be overestimated. Many programmes must be evaluated to justify their existence to some external authority. Even if this is not the case, an EAP should be evaluated, or at least audited, to ascertain the extent to which it is reaching its objectives and to find ways to improve the effectiveness of its performance. The goals of an EAP should be built in from the beginning and it is essential for organisations to be able to evaluate whether or not those goals are being met.

EAP audit is based on the premise that a quality EAP, which has consistent and effective service delivery, also needs to have a co-ordinated and standardised set of policies, procedures and services, for both the administration and operation of the EAP. These need to be developed in response to programme objectives and organisational needs.

In the first place, companies need to know that the EAP is running smoothly and that the efficiency and quality of the service is high. Whilst such process evaluation, or audit, is an essential basis for continued improvement and development of the service, it does not measure ‘value for money’.
Companies had rarely actively attempted to quantify the cost savings made by the counselling service. There was a belief that the counselling service paid for itself in terms of reduced absenteeism, improved morale and a lower staff turnover, although this confidence was based on anecdotal evidence rather than hard data. Most companies provided a counselling service as an uncosted benefit for employees, and would continue to do so as long as it was believed to be useful, even if it cost more to operate than it saved.

Organisations were also often reluctant to audit or evaluate services because some organisations had implemented an EAP as a public relations exercise to 'show they care'. They were not, therefore, particularly interested in its effectiveness. Also, most organisations took it for granted that programmes were effective. They were assured by providers that EAPs are effective and because other organisations had them they did not perceive a need to invest in their own audit or evaluation.

To some extent the lack of audit and evaluation can also be seen as relating to the fact that there was a general lack of understanding, amongst organisations, as to what an audit is, or should be. There was even less knowledge about evaluation.

A further perceived problem with audit and evaluation, was that of confidentiality. However, confidentiality can wrongly be used as a defence against having an audit or evaluation. In fact, a professional audit or evaluation carried out independently does not in any way threaten confidentiality. People can also feel threatened by the thought of being evaluated and will try to think of reasons why an evaluation of the EAP cannot be done.

These concerns combined with the haste and enthusiasm which often accompany the development and implementation of an EAP, means audit and evaluation planning is usually either ignored or assigned a low priority on the 'things to do list'. However, as EAPs become more of an everyday occurrence in the UK, organisations will increasingly be expected to justify their spending on an EAP, and evaluation is essential for this.

As a consequence of the lack of audit and evaluation, EAPs had tended to be put in place, and then very few changes were made. If changes were made they tended to be minor 'cosmetic' changes. In contrast, internal services were much more likely to have changed over the time they had been in place, and these changes were likely to have been more fundamental and sometimes quite dramatic.

EAPs rely on the premise that well-run EAPs do help staff in distress, and as a consequence help the organisation, and pay for themselves over time. However, this assumption should not be made automatically, as every organisational context is different. It is essential to evaluate the 'whole service', in order to show that this assumption is indeed valid in the particular organisation involved. Thus, in addition to audit or process evaluation, outcome evaluation is needed, to ensure that the EAP is correctly designed for the organisation in which it is operating, and that it is meeting the needs of that organisation and its employees.
Evaluation is primarily concerned with the impact of the service on the organisation as a whole and individuals using the service. Evaluation utilises a scientific approach and requires the design of a study to look at the specific effects of the service, in the particular organisation involved. Encompassed within this should be an analysis of organisational 'bottom line' personnel data, because it is necessary to be able to establish a link between counselling employees and personnel performance criteria. A number of different outcome measures can be monitored, including absenteeism, accidents, job performance etc.

Outcome evaluation can make a significant contribution to the further development of good quality and 'value for money' EAPs in the UK. However, to what extent complete evaluations are demanded by organisations will depend on a large extent on the organisation's reasons for initially implementing an EAP. As discussed, for some organisations an EAP is seen as a 'company benefit', which should also help their corporate image. In such cases, organisations are unlikely to feel the need for outcome research or the need to justify the EAP's cost. Nevertheless, whatever the reason for EAP implementation, companies should regularly audit the service to ensure that they receive value for money, that the service is run efficiently and to a high standard, and that the EAP is designed in a way which best meets the needs of the organisation and its employees.

THE COUNSELLORS

The findings of this investigation did not entirely support the recommendations put forward by the EAPA Standards document, with regard to the minimum levels of qualifications and experience that an EAP counsellor should possess. The investigation revealed that whilst the EAP providers said they were complying with this Standard, the fact of the matter was that they were not. The results revealed that counsellors were being recruited without formal counselling qualifications and appropriate experience. The EAPA Standards document states that:

"Each EAP shall retain counsellors qualified to perform their duties. The quality of provision depends on the professional qualification, training and experience of its counsellors."

The Standards go on to explain that staff competence is critical to programme success and that, depending upon the type of services provided, various levels of experience, professional training and supervision, may be required. However, basically, the work of an EAP counsellor is that of crisis intervention, assessment and short-term counselling. The EAPA therefore states that:

"The minimum professional Standards for EAP counsellors are: training and experience to a level required by the registration and accreditation systems of the different professional bodies (eg. BAC, BPS)".
It is against a background of such professional criteria, that EAP providers’ policies and practices will be addressed in respect of counsellors.

**Numbers Employed**

The number of counsellors employed by individual providers varied from one up to 670. Only 10% of these counsellors were employees, with the other 90% being affiliates who are paid on an ‘as used’ basis. Affiliates may be independent practitioners or may have part- or even full-time employment in another sector of counselling. In a few instances affiliates were paid an annual retainer, regardless of their activity level.

Only 70% of counsellors were actually described as counsellors by the providers, 17% were clinical psychologists, 8% were debt counsellors, solicitors or money advisors, 2% were registered Neuro-Linguistic Programming (NLP) psychotherapists, 1% were counselling psychologists, and 1% were systemic psychotherapists.

**Qualifications and Training**

The training and experience that providers require of their counsellors varied widely. Of those counsellors who were surveyed, 11% held no formal counselling qualifications, and a further 11% held only a basic Certificate in Counselling. A number of these counsellors stated that they were working for between 10 and 40 hours per week, carrying out EAP counselling, despite having no formal counselling qualifications. In addition, a number of counsellors stated that they were concerned about the levels of qualifications and experience of some counsellors. They were also concerned about the dangers for the client, when faced with an inexperienced counsellor. There was concern that clients should be made aware that they can complain if they are not satisfied with the standards of counselling they receive.

As discussed previously, counsellors were quite open about the fact that they lacked counselling qualifications, and tended to explain this by stating that they had experience of counselling within the workplace eg. personnel or welfare. In fact, to all intents and purposes, the counsellors were simply using 'counselling skills'. Further, counsellors revealed that they were often faced with an individual who had been referred with a fairly minor issue which invariably was not the underlying issue, and only through experience could the counsellor effectively assess and deal with the client's problems. Thus, a 'counsellor' who has no formal counselling training is not appropriate for EAP work. It is extremely concerning that some providers were recruiting individuals on the strength of their workplace experience only.

Whilst the prime responsibility for counsellor qualifications and training must lie with the provider, it is also the counsellor's responsibility to ensure that they have the relevant skills to do the job. According to the Standards:

"EAP counsellors have to show that they have a level of training and competencies equivalent to that recommended by the EAPA in the UK,"
Brief Therapy

The majority of providers say that they expect counsellors to be experienced at 'brief therapy'. A variety of practices were revealed by the research, showing a considerable concern for training in short-term counselling.


Whilst providers reported that counsellors do need to be experienced in brief therapy (short-term counselling), 18% of the counsellors surveyed said that they did not have any previous experience of short-term counselling prior to working for EAP providers.

Experience Of Workplace Counselling

Providers in general felt that experience of workplace counselling was not essential. However, the EAPA clearly expects EAP counsellors to have some sort of workplace counselling perspective:

"EAP counsellors should have training and experience in work-related and organisational issues, and EAP practice."

One of the areas which caused counsellors the most dissatisfaction was resolving work related problems.

Counsellors who had only basic training and experience of workplace counselling were somewhat out of their depth and had genuine difficulty defining what approach they used when carrying out their counselling. EAP providers who are recruiting unqualified counsellors are to a certain extent undervaluing the training and experience of 'good' counsellors who have undertaken extensive training. They are also potentially endangering individual clients.

Most providers, worryingly, did not give counsellors information about client companies, as a matter of course. This only happened if it was felt necessary, for some reason, to give this information to counsellors.

Recruitment of Counsellors

The assurance of quality in counselling provision depends greatly on the recruitment of suitable persons, and their possession of suitable premises for the reception of clients. With the high level of use of affiliates and the wide geographical spread of clients, the control of quality in these two dimensions is crucial to the service to individuals and client companies.
Some of the problems associated with counsellor qualifications and training, which were highlighted earlier, may be a reflection of the poor recruitment procedures which some providers had.

According to the providers, the general method of recruitment for affiliate counsellors was the interview, even if this was only conducted over the telephone. A majority of providers (63%) say they interview all counsellors before placing them on their network. Indeed, 50% of the surveyed counsellors were selected, by EAP providers, only on the basis of an informal interview, with 18% having had no interview. Twenty seven percent of the counsellors who were either not interviewed or only had an informal one, stated that their assessment and diagnostic skills were judged on their qualifications and experience. A number were actually recruited solely on the recommendation of a third party. Twenty seven percent of the counsellors stated that they were uncertain as to how their assessment and diagnostic skills were judged.

In a decentralised counselling service, the quality of professional premises used by network counsellors can have a considerable effect on clients’ expectations. Only 31% of providers reported that all counsellor premises had been inspected before counsellors were placed on the network. This was confirmed by the counsellors, because 50% of the counsellors did use their own premises for counselling, but these had never been inspected by the EAP providers they worked for. This was despite the fact that it was in their contract that the provider would visit their premises before they carried out any EAP work. Twenty five percent of those providers who did not inspect premises felt that it was not necessary because their organisational structure meant that all counselling was done at the provider’s premises.

**Telephone Counsellors**

The survey revealed that 56% of providers use trained counsellors to answer their clients’ contact by telephone. Quality assurance in clients’ contact by telephone with the counselling service is an important element, whether in initial contact via a help-line or as part of ongoing counselling.

**Training**

A large majority (81%) of providers said that they trained counsellors once they had been recruited, but this varied in terms of content and depth. However, one of the two areas, which overall, seemed to cause the most dissatisfaction with providers, from the counsellors’ point of view, was training. Forty five percent of counsellors rated the amount of training they had received from providers as only about 1 out of 6 on a Likert type scale, with a further 36% rating it as approximately 3 out of 6. Neither of these scores can be seen as good.
Supervision

Counsellors also felt dissatisfied with the supervision they received from the provider. Twenty two percent of counsellors rated this as 1 out of 6 on a Likert-type scale, with another 22% rating it as about 3 out of 6. Again neither of these ratings is positive.

The EAPA Standards clearly state that:

"Every EAP counsellor must receive regular professional supervision from a senior counsellor trained in supervision."

Professional counsellor supervision serves to protect the clients' interests, to assure the quality of client services and to respond to the EAP counsellors' skills and effectiveness.

Whether in-house or external, counsellors themselves need regular supervision. According to the BAC, supervision is necessary in order to: enhance the therapeutic effectiveness of the relationship between counsellor and client; enable the counsellor to develop his/her professional identity through reflection on their work; clarify the relationship between counsellor, client, supervisor, and organisation; and ensure that ethical standards are maintained throughout.

The EAP provider is meant to ensure that each EAP counsellor receives professional supervision which is equivalent to that recommended by the BAC.

Clearly this does not happen. Most providers required the counsellor to arrange their own suitable supervision, and whilst this may be a reasonable request, surely providers should be checking that this is in fact taking place.

Case Management

Another key area addressed by the EAPA Standards is that of case management:

"Case management is distinct from counselling supervision, in that it focuses principally on the role the EAP plays in supporting individual clients. Case management is essential where clients are seen by freelance affiliates contracted by the EAP provider."

After initial assessment, the EAP counsellor and their case manager need to consider whether or not the individual can benefit from short-term counselling or whether onward referral is more appropriate.

This clearly did not occur in some cases, because counsellors reported only having to report back to the provider after counselling has ended, not after initial assessment. However, there were some providers who clearly had very sophisticated case management procedures, where the counsellor was required to feedback to their case manager after every counselling session.
Information Provided To Counsellors About Client Companies

It is a matter of concern that most providers did not give information to counsellors about client companies, on a routine basis. If, for some reason, it was felt necessary, then this type of information was given to counsellors.

General Comments

It is wrong to 'tar all providers with the same brush'. It was clear that there were large discrepancies between providers, on a whole range of issues. The majority of counsellors commented on the differing Standards of EAP providers, with regard to selection procedures, level of feedback, supervision, training, and the number of sessions allocated. There seemed to be variation particularly regarding the selection process and levels of feedback.

Where counsellors were working for more than one provider there were important differences in terms of their overall satisfaction scores. Eighteen percent of the experienced counsellors reported distinct differences with regard to their levels of satisfaction with various providers. For example, the counsellors who were working for the same four providers, scored two of the providers very highly (with an average of about 5 out of 6 on a Likert-rating scale), in contrast to the other two providers, who they scored very poorly (with an overall score of 1 out of 6). This indicates an extremely low level of satisfaction with two of the providers, but very high levels of satisfaction with two different providers.

Ninety percent of the counsellors raised concerns about a particular EAP provider who was considered to be "extremely poor". Twenty percent of the counsellors were registered with this provider and were not happy with the standards of service the company was providing, and 60% of counsellors had been approached by this EAP provider but had refused, on the grounds that they considered the company was unprofessional in every aspect.

The counsellors were, in the main, in agreement that EAP work serves a useful purpose, with an overall average score of over 5 out of 6 on a Likert-rating scale. There was also a high level of satisfaction, both with their own role and their perception of the client's satisfaction, (with an overall average for both questions of 5 out of 6).

However, a large number of counsellors were concerned about the service the client was receiving, particularly in relation to certain EAP providers who were considered to be providing a 'poor service' for the client, the counsellor and the client organisation.
EAP USAGE RATES

As with any administrative procedure, good practice dictates that an organisation’s system of counselling has a built-in feedback mechanism with both qualitative and quantitative measures:

"EAPs should provide the company with a breakdown of the types of calls received." (EAPA Standard).

The statistical feedback compiled, for Purchasers by Providers, typically splits calls between the various problem categories and also by age, sex, length of service, grade and location.

Usage rates were typically between 4% and 8% of staff, although there was some variation. Rates started low and then rose as employees began to trust the service and its confidentiality etc.

In terms of usage, there was a 50%-50% split between males and females, and 91% of clients were employees. Thirty percent of clients were from managerial positions, with the other 70% being non-management categories.

In addition, three quarters of all referrals were self-referrals, emphasising the UK tradition of individual (not organisational) assistance and the reluctance, on the part of supervisors, to incorporate EAPs into the management process of dealing with unsatisfactory employees. Providers themselves differed in their attitudes towards mode of referral, with 20% believing that self-referral was the only suitable method of referral for an EAP, and 80% saying that management referral also had a place, providing it was within strictly controlled boundaries.

About 31% of presenting problems were categorised as being emotional, 22% were work related, 19% stemmed from marital or family problems and a further 18% had legal or financial origins. Only a small number of clients reported having alcohol (4%) or drug (1%) problems. Such proportions differ from US reported usage figures, particularly regarding the extent of EAP usage for alcohol or drug problems. The indication is that the proportion of work-related problems is much higher (nearer 50%) for in-house counselling services, which may be the result primarily of the fact that in-house counselling services tend to be very organisationally aware. Counsellors will, therefore, focus on work-related issues, as well as on personal ones. In contrast, some external providers’ EAP counsellors admitted that they see themselves as personal independent counsellors and actively dissuade the client from talking about work issues.

EAPs tended to be used only rarely at night, with 95% of calls being received between the hours of 7.00am and 11.00pm. The fact that few calls were made at night suggests that EAPs tend not to be used as an emergency service. This perhaps justifies certain providers’ reluctance to offer a 24-hour service, in spite of EAP Standards.
The vast majority of clients who had contacted the EAP went on to have face-to-face counselling (80%) with the average number of sessions being four. Such a progression argues for two observations related to EAP providers’ coverage and practice. First, it illustrates the need for qualified counsellors to receive the initial connect call from a client, and to respond to it according to the client’s needs and expectations, making the decision over referral on informed criteria. Secondly, the relatively small number of four sessions may be seen as an indication of the philosophies and techniques of brief therapy. However, care is essential to ensure that system imperatives (such as cost, overload on counsellors) are not driving an excessive limitation on the number of counselling sessions.

**FINAL COMMENTS**

This summary of findings and comparison with the UK EAPA Standards reveals broad agreement among providers concerning the coverage, suitability and pertinence of the Standards. Such acceptance is not entirely surprising, since the EAPA is, in essence, a trade association to which all the major providers belong.

At the same time, it is also noticeable that slavish or total conformity to the Standards was not demonstrated by providers. Most providers diverged markedly from the Standards in numerous aspects of their practice. Variability amongst competitors in the EAP industry may be argued to connote that the market principle is working in an industry that is still at a relatively immature and unconsolidated stage. The variability could be functional, enabling the testing-out of service provision and practice in the eyes of fellow professionals and the purchasers. But in the absence of widespread acceptance, in practice, of even minimum standards on the part of EAP providers who are members of the UK EAPA, it is problematic for an intending purchaser of an EAP to attempt to make an informed and discerning choice.
CHAPTER TWO

AIMS AND OBJECTIVES OF THE QUANTITATIVE EVALUATION OF EMPLOYEE ASSISTANCE PROGRAMMES

The primary aim of this section of the report, is to discuss the findings of an attempted quantitative evaluation of a sample of British EAPs and workplace counselling programmes, at both the individual and organisational levels. The methodology involved designing a self-report questionnaire and also collecting objective sickness absence data.

There have been very few quantitative evaluations of workplace counselling programmes conducted in the UK. One of the only ones was the Post Office study (Cooper et al 1990), which evaluated an internal workplace counselling service. Due to this paucity of quantitative evaluation research, an evaluation of British workplace counselling programmes, carried out independently and on a nation-wide basis was much needed.

This chapter of the report is broken down into three sections. The first outlines the methodology used in this research and the reasons why such a methodology was selected. Details of the questionnaire measures are also included, as is a discussion of how the measures were selected. This section also focuses on the methodological and practical problems encountered whilst conducting this research. Details of why we were unable to use as rigorous a methodology as we would have liked are given, as are details of the practical problems encountered whilst trying to administer questionnaires and collect absence data.

The second section presents the findings of the research and the results of the statistical analyses carried out on the data collected.

The final section is a discussion of the key findings of the evaluation, together with possible explanations for the results found.
SECTION ONE

METHODOLOGY

METHODOLOGICAL CONSIDERATIONS

It was essential that the research evaluated the benefits of counselling at both the individual and organisational level, since such services operate at the interface between the two and for the mutual benefit of both. At the individual level, a questionnaire based study of stress and employee well-being was used. General and context-specific (i.e. work-related) mental well-being, physical well-being, job satisfaction, interpersonal relations at work, home/work relationship, self-reported absence and attitudinal factors were assessed. These are subjective measures that require self-report. Details of the measurement instrument are given later.

At the organisational level, access to objective data such as absenteeism, sickness absence, turnover and accident rates was desirable and anticipated.

One of the common criticisms of research evaluating the effectiveness of programmes aimed at enhancing well-being is that many factors other than the treatment programme itself can influence the results. This criticism is particularly valid when no comparison group is used, and measures are only taken at the point of entry into a programme and at a single point in time immediately after completion.

There are several problems with such a 'before' and 'after' design when evaluating the effectiveness of counselling programmes:

Firstly, without comparative data from individuals who have not used the programme, it is extremely difficult to disentangle effects due to the counselling process from those due to factors related to the individual being counselled, or to the organisation;

Secondly, because an individual is likely to be in a highly stressed state at the time of entry into the counselling process, regression to the mean effects may influence findings (since, statistically, there will always be spontaneous movement towards the mean and away from the extreme);

Thirdly, the evaluation of benefits is limited to immediate impact when, in fact, the time lag between application of the counselling process and the manifestations of its effects is unknown.

Indeed, the 'effectiveness' of a counselling programme, from an employer's (and individual's) point-of-view, is likely to be defined in part by its ability to have a positive impact 'beyond' the time of contact. Given that the manifestation of effects is likely to vary between individuals, problem types and over time, it would have been unfair to those providing counselling services to restrict the assessment of benefits to 'immediate impact' only.
For these reasons it was decided that a control group was desirable, as was the need to follow-up clients some months after counselling had been completed.

One of the positive aspects of this research was that we anticipated working with a number of counselling providers, which would have enabled us to assess the benefits of counselling to employees, in a variety of occupations and locations (provided sample sizes were large enough). This would have enhanced the overall external validity of the research and consequently its ultimate practical value to all parties. It also meant, however, that 'treatment effects' might influence the results. This was because even though the overall goals of counselling programmes might be the same (or at least compatible), the way in which these goals were met - the structure, implementation and operation of programmes - differed.

Confidence in the overall results, and in the evaluations for each individual EAP/counselling provider, is therefore greatly increased if data collection is not set within the context of a single organisation. We therefore wanted to collect data from at least two client organisations for each provider, in order to make the evaluation more meaningful, since this would have increased sample sizes, enhanced validity and minimised the possible influence of potentially unique organisational factors.

Linked closely to these design considerations, there were several potential sources of variance intrinsic to this study which might potentially have confounded the results and these must be considered.

As stated earlier, the benefits derived from counselling (outcomes) will vary between individuals, problem types and over time. 'Treatment' is also variable, since short-term, focused counselling is necessarily eclectic and responsive to the needs of the individual client. Furthermore, observed effects may be influenced not only by the experiences and personal qualities of the individual being counselled, but also by the experience, personal qualities and qualifications of the counsellor. Since one has no control over these factors, they can at best be measured and at least acknowledged as potential sources of variance. In recognition of these complexities, our study included a short questionnaire to be completed by counsellors themselves (after the final session with each client), in addition to a section for clients' evaluation of the counselling process.

Finally, as with all assessments of treatment programmes, an individual's willingness to go for counselling and their expectations for therapeutic gain can influence results (selection effects). Since the majority of employees using such services will have referred themselves voluntarily (and not everyone who may benefit from counselling will elect to participate), self-selection into groups cannot be avoided. However, some measure of employees' attitude towards the provision of counselling was included on the questionnaire. Although this does not eliminate selection effects, it provides data on the perceived value of counselling and ties in with the suggestion that such programmes can serve an internal PR function simply by being in place.
SELECTION OF CRITERIA MEASURES

Regardless of how creatively designed, well-controlled and smoothly executed a research design is, its ultimate value is largely determined by the measures from which data are derived. The choice of what to measure and which measures to use must be guided by the relevance of the variables selected to the goals and objectives of the research; standardisation of the measurement instrument; technical features of the measurement instrument (reliability and internal validity); and feasibility in terms of access, time and cost constraints.

Given the multiple outcomes that counselling can produce, the definition of which criterion measures should determine 'success' demanded careful consideration. Take-up/usage rates are sometimes put forward as a measure of success. However, these rates are more accurately interpreted as an index of the demand/need for services and an index of the success of programmes in gaining employee confidence. Take-up rates are, therefore, a powerful statement in themselves. If 10-15% of the working population feel that some professional assistance in dealing with difficulties they may be experiencing will be of value to them, it has to be an option that is seriously considered by employers. On their own, however, they say nothing about the benefits derived from having been through the counselling process.

As stated earlier, the potential value of EAPs/counselling programmes to industry is that they offer benefits to both individuals and employing organisations. Outcome measures must, therefore, tap both these levels and reflect the interaction of the individual with the organisation. As Roman et al (1987) have stated in relation to evaluation, "...exclusive attention to individual employee outcomes can lead to neglect of EAPs potential as a humane and reasonable mechanism for trying to stabilise both individual and organisational performance". To be of real practical value, measures should also have implications for organisational functioning.

The function of any evaluation is to assess effectiveness in achieving predetermined objectives. One of the main purposes of our preliminary discussions with providers and organisations with EAPs was to gain a deeper understanding of the issues involved and avoid omitting important areas of concern for providers and their clients. Our starting point in deciding what to measure was therefore guided by those individual and organisational factors that EAPs/counselling programmes are said to impact upon.

Potential benefits to the individual include: improved mental well-being, coping ability and interpersonal relations; and increased job/life satisfaction. Potential benefits to the organisation include: increased 'morale' and improved interpersonal relations; decreased rates of absence/sickness, employee turnover, accidents and formal grievances; and increased performance (in terms of both quality and quantity).
Organisational level measures - Absence Data

For evaluation at the organisational level we ideally wanted access to individual absenteeism/sickness absence rates. This was desirable for a number of reasons. Firstly, such rates are of serious concern to employers. Secondly, such rates are a relevant indicator of a programme's 'effectiveness': previous research has found a significant relationship between subjective and objective measures of stress and absenteeism, suggesting that any significant decrease in stress should in turn result in a decrease in absenteeism (Cole et al, 1982). Finally, multiple and objective measures will enhance the rigour of the evaluation by minimising the dangers inherent in relying on subjective, self-reported data.

It was recognised, however, that many UK organisations do not monitor absenteeism: a 1991 survey by chartered accountants Arthur Anderson estimated that 40% of UK business's fall into this category. It was also understood that access to individual employee records may not be acceptable on ethical grounds. However, organisational data - even in summary form - were still deemed useful. Existing performance indicators could also have formed outcome measures at the organisational level. This obviously required detailed discussion with client organisations.

If it was decided that even if such organisational level data were not available (or organisations did not wish to be involved with this aspect of the research), it was still possible for them to participate, if they gave providers their permission to collect the individual level data from those employees using the service.

Individual level measures

When evaluating programmes which can produce multiple outcomes for the individual, one cannot possibly include all potentially relevant variables in a single study. This would be far too demanding on respondents - even if identification of the relevant variables was clear cut.

Individual outcome measures considered for inclusion in this study were: organisational commitment/morale; coping ability; job satisfaction; and mental/physical well-being. Of those, job satisfaction and mental/physical well-being were selected as outcome measures. These were selected for two important reasons:

Firstly, they are the most common individual benefits said to be derived from the provision of EAPs/counselling services in industry.

Secondly, there is extensive research evidence indicating their relationship with individual turnover, absenteeism and job performance (Griffin et al, 1986) - all of which are of obvious relevance for effective organisational functioning.

As stated earlier, it is imperative that measures reflect the interaction of the individual with the organisation and assess the stated goals of
EAPs/counselling. It is also true to say, however, that the experience of stress - its causes and consequences - is unique to the individual. Personal characteristics and circumstances will influence whether and how distress is experienced. The benefits derived from counselling are therefore also likely to be influenced by these factors.

Personality characteristics implicated as having an important influence on 'stress' include: Type A/B, locus of control, hardness, coping ability, and trait anxiety. Again, one cannot possibly assess all these potential influences within the context of a single study. Furthermore, reliable existing measures designed to tap such characteristics tend to be lengthy (an example being Rotter's (1966) locus of control scale which has 35 items). While it is undoubtedly important to endeavour to discover what makes one person more susceptible and/or able to cope with stress than another, it was not the purpose of this study. In order to minimise the time taken to complete the proposed questionnaire, none of the above characteristics was included in the current study.

The personal characteristics selected for this study were age, sex, educational achievement, and marital and parental status. Job characteristics and health habits were also included. The inclusion of these categorical variables allowed us to assess whether the benefits derived from counselling differ between sub-groups. In recognition of the subjective nature of 'stress', all respondents were also asked whether they were experiencing stress in particular spheres of their lives at the time of completing the questionnaire and if so, to give these experiences a subjective stress rating. The selection of which life spheres to include was based on problem categories commonly addressed by EAPs/counselling services. This was viewed as more meaningful, and less time consuming, than including a standard 'life events' scale which is both lengthy and not directly relevant to those problem areas addressed by counselling services.

A major strength of EAPs/counselling services lies in their holistic approach to well-being and their recognition of the fact that a clear distinction between personal and work-related problems is not possible. Distress in one area is likely to adversely affect the other unless dealt with effectively. There is support for this contention in the research literature. Steiner & Trucillo (1989), for example, found the relationship between life and job satisfaction to be direct - suggesting that the way in which people cope with dissatisfactions in their work or home life can influence the degree to which this dissatisfaction spills over to the other life domain. People will bring their personal worries to work at times, just as they will take work problems home with them. It was imperative, therefore, that this research included some measure of the home/work interface.

It was equally imperative that work-based pressures were assessed, because of the potential of EAPs/counselling to perform a proactive role in organisational well-being. While it was recognised that it is not within counsellors' power to change an employee's job, rate of pay, or how the organisation is structured - EAPs/counselling services do have a potentially important role to play in alerting organisations to internal factors that may be inhibiting performance in groups of employees. These are, after all, the
factors employers have most control over and can alter. In the recent survey on stress at work carried out by MIND, it was reported that 63% of respondents considered workplace problems to be causing equal or greater stress than personal difficulties (The MIND Survey, March 1992). Unless these factors are looked at, internal factors which may have important implications for effective organisational functioning will be overlooked. We felt that concentration solely on personal stressors would not do justice to the potential which counselling services have for facilitating action that can enhance individual and organisational well-being.

**The Measures Used**

*The Questionnaire*

The self-completion questionnaire designed for this research consisted of a biographical section and three sub-scales. The questionnaire measured:

i) individual variables which may influence the experience of stress;

ii) major consequences of distress for the individual; and

iii) major sources of pressure (at the interface of the individual with the organisation).

The decision as to which measures to use was dictated by the standardisation of the measurement instrument, reliability and internal consistency of the instrument and time/cost constraints. Access to a large normative database is particularly important when research is being conducted with diverse groups of people in diverse settings. The measures selected for use in this study, and their psychometric properties, are outlined below.

*Current state of health: mental and physical well-being*

The GHQ-12 and mental/physical health sub-scales of the OSI were selected for use in this research. Both of these scales have demonstrated validity across different occupational groupings. Used in conjunction they provide both a context-specific (work-related) and global measure of mental health (OSI and GHQ-12, respectively).

The questionnaire also asked for a self-report measure of sickness absence for the 6 months prior to completing the questionnaire and whether they were currently being treated for any ailments.

*OSI Current State of Health scales (Cooper et al, 1988)*

Both mental and physical health is assessed by these sub-scales. The mental health scale comprises 18 items which relate to the manifestations of cognitive aspects of strain in the work context. The contextual nature of the mental health scale was highly appropriate for this study and allowed some subjective measure of 'performance interference' to be included. The
physical health sub-scale (12 items) assesses the frequency of common somatic symptoms of anxiety and depression.

These scales have demonstrated good convergent and discriminant validity. The internal consistency of both sub-scales is high with an alpha of 0.88 for the mental health scale and 0.78 for physical health. The psychometric properties of these sub-scales is certainly adequate - as shown by their high internal consistency across different occupational samples. In addition, the OSI sub-scales have a large normative database.

General Health Questionnaire (GHQ-12, Goldberg, 1972)

The work-related nature of the mental health scale of the OSI is obviously of value given the objectives of this research. It was felt, however, that a more global measure of mental well-being, which can identify minor psychiatric disorders, was also needed. The GHQ-12 was selected, since it has been validated in the occupational setting (Banks et al, 1980) and gives a single severity score of mental health. Although one of the primary purposes of the GHQ is individual clinical case identification, in this study it was to be used for intergroup comparisons based on severity scores. A further advantage of the scale is its brevity and clarity.

The psychometric properties of the GHQ-12 are good: it has high internal consistency (alpha coefficients between 0.82 and 0.90) and a unidimensional factor structure across three different occupational samples (Banks et al, 1980).

Job Satisfaction

The job satisfaction scale of the OSI (Cooper et al, 1988) was selected for use in this study. This scale consists of 22 items and provides an overall job satisfaction score, as well as 5 sub-scores for satisfaction with the job itself, organisational design and structure, organisational processes, personal relationships at work and achievement, value and growth. For the purposes of this research, the overall job satisfaction score was used in the analyses.

This sub-scale has high internal consistency (Cronbach's alpha of 0.85). It has demonstrated construct validity, correlating well with Warr et al's (1979) job satisfaction scale (r = 0.70). Good convergent and discriminant validity has also been demonstrated (Robertson et al, 1990). Again, a large normative database is also readily available.

Demographic variables

Personal and job demographic variables included age, sex, marital and parental status, education, job grade and tenure. Questions relating to lifestyle/health habits (alcohol and nicotine consumption) were also included. This section also included a question about stressful situations currently being experienced in seven different life spheres and asked for a subjective stress rating of those situations (where appropriate). Respondents were also asked if any changes/events were currently occurring within their organisation which they perceived as affecting their job - either directly or indirectly. The
purpose of this question was to identify whether any factors unique to that organisation were exerting an influence on findings.

**Sources of pressure**

Four of the six sub-scales of the OSI 'sources of pressure' scale are highly relevant to the nature of this research since they tap the interface of the individual with the organisation and allow the identification of perceived organisational sources of pressure. The Likert-type response options for these sub-scales allowed us to identify the extent to which each potential source of pressure is perceived by individuals. Intergroup comparisons along these dimensions can then be carried out.

The four sub-scales are:

'Home and work relationship': addresses whether home problems are brought to work and whether work is perceived as having a negative impact on home life. It does not address specific home or work-based problems, but assesses the extent to which the individual experiences a conflict between the two.

'Relationships with others': considers perceived pressures arising from personal contacts at work. The sub-scale taps the issue of interpersonal relations and allows an assessment of changes along this dimension over the course of time.

'Organisational structure and climate': addresses problems which commonly arise from bureaucracy, communication problems and morale in organisations. The sub-scale is focused at the level of the organisation.

'Factors intrinsic to the job': this sub-scale looks at workload, variety of tasks and rates of pay. This sub-scale is focused at the level of the job itself.

It was important for us to identify organisational and job sources of pressure in this research, since whether individuals perceive their main sources of pressure as coming from within the organisation, or outside it, is likely to be a source of variance influencing findings.

**Other information**

In addition to the scales outlined above opinions regarding the provision of a counselling service were sought. The questionnaire included a short section on employees’ attitudes towards the provision of counselling (perceived values of such a service for both individuals and the organisation as a whole). Individuals were also asked if they had been absent from work in the last six months and if so on how many occasions and for how long. The pre-counselling questionnaire is shown in *Appendix One*.

An additional 'counselling evaluation' section was included for those individuals who had gone through the counselling process, so that their views of the service (in terms of perceived helpfulness of counsellors, perceived quality of service provision and perceived positive benefits both at home and
at work) could be assessed. A copy of the post-counselling questionnaire can be seen in *Appendix Two*.

The questionnaires were estimated to take no longer than 30-40 minutes each to complete.

In addition, counsellors were asked to complete a short response sheet after the last session for each individual client who had received counselling. This sheet asked factual questions and gave counsellors the opportunity to highlight/expand upon factors relevant to individual cases.

*Objective Sickness Absence Data*

In addition to collecting self-report questionnaire data, we needed to consider whether the fact that individuals attend counselling has any impact on the organisation. It was decided that sickness absence data might be one of the organisational statistics affected by the provision of counselling, so sickness absence data were collected.

*Methodology*

*Evaluation at the Individual Level*

The original methodology was a retrospective design comprising an 'experimental' (counselling) group and a 'comparison' (non-counselling) group. However, data from those using the service was considered desirable, and useful, even if it was not possible to select a comparison group. This in fact proved to be the case and the reasons for, and consequences of, this have been discussed in detail earlier in this report.

Pre-counselling and post-counselling measures were taken for the experimental group over a period of 8-12 months. Pre-counselling measures were taken at the first counselling session and post-counselling measures were taken after the last session (agreed between the individual client and counsellor). A comparison group (equal in size to the experimental group) was to have been selected at random from a list of all appropriate employees. The comparison group would have been given the same questionnaire. A follow-up measure was then given to the experimental group (and would have been given to the comparison group) after an interval of 3 months.

Time constraints meant that follow-up measures could not be taken after a longer time interval in this study. Ideally one would want to have more than one follow-up measure, over a greater time interval - even several years. While restricted, our follow-up period was sufficient to stabilise regression to the mean effects, and identify the benefits of counselling to the individual beyond immediate impact.
The research design allowed the benefits of counselling for the individual employee to be effectively evaluated since it enabled us to assess:

1) the immediate impact of counselling on individual well-being for those employees who chose to use the service; and

2) the longer-term impact of counselling on individual well-being for those who had used the service, compared to their personal pre-counselling and post-counselling levels.

However, due to the lack of a comparison group we were unable to assess whether the changes seen in the experimental group were more positive than those seen in the comparison group.

**Evaluation at the Organisational Level**

Access to hard data was desirable, in order to assess the benefits of counselling at an organisational level. This would ideally have been individual sickness/absence records collected retrospectively for the six months prior to counselling and six months after completion of counselling. Any individual sickness absence data could only be collected with the informed consent of the individuals concerned. The absence data was collected in two forms. The first was the total number of days absence in the six month period, and the second was the number of absence events in the six month period. Where possible control data, over the same time periods, were also to be collected.

**Administration and Distribution of Questionnaires**

The way in which the questionnaires were administered to the experimental group was closely linked to the need to maintain the assurance of confidentiality given by counselling providers to their clients. The importance of keeping disruption to the counselling process itself to a minimum was also recognised.

It was decided, therefore, that for the experimental group (i.e. employees who presented for counselling) questionnaires would be distributed by the counsellors themselves. The pre-counselling measure was distributed at the first session and the post-counselling measure at the end of the final session. It was also essential, however, that we were able to match measures taken at pre-counselling, post-counselling and follow-up for each individual counselled.

Each individual was therefore allocated a number by the counsellor at the beginning of the first session. The resultant list of identifying code numbers was held in strictest confidence by the counselling providers. This number was written on the first questionnaire by the counsellor and the same number used on questionnaires handed out at the end of the last session. Measures taken at follow-up were also distributed via the counselling provider, using the same code number. A cover letter explaining the purpose of the
numbering system, as well as outlining the research, was sent out with each questionnaire.

By adopting this approach, the individual's right to confidentiality and anonymity was protected: only the counselling providers knew the identity of employees presenting for counselling. However this required a great deal of commitment and co-operation from individual counsellors. In general, the counselling providers fully understood the reasons for this approach.

In order to maintain confidentiality and encourage individual employees to respond, freepost reply envelopes addressed directly to UMIST were provided.
SECTION TWO

RESULTS

This quantitative evaluation considered the effects of counselling at both the individual and organisational levels. Questionnaire and sickness absence data were collected for individuals who attended counselling. Questionnaire data were collected from the clients of nine separate counselling services and EAPs. Absence data were available from a further four companies (only one of which also gave us questionnaire data).

In addition, it was possible to collect questionnaire data from a sample of all employees of two of the nine companies. Both had EAPs. This data were collected at two time points - the first just as the EAP was introduced or relaunched, and the second 18 months to two years after implementation.

Individual Questionnaire Data

The data collected at the individual level were self-report questionnaire data. This contained items relating to general and context-specific (i.e. work-related) mental well-being, physical well-being, job satisfaction, interpersonal relations at work, home/work relationship, self-reported absence and attitudinal factors. Demographic data were also collected.

The data were collected from nine different client groups at three time points, for each individual attending counselling. Time one (pre-counselling) was when the individual first attended counselling, time two (post-counselling) was when the person ended counselling and time three (follow-up) was a period 3-6 months after counselling had finished. There were cases where all three questionnaires were not completed by each client, so all questionnaires could not be utilised in the statistical analysis. However, all responses were included in the demographic and attitudinal analysis for each of the three groups of questionnaires i.e. pre-counselling, post-counselling and follow-up.

The demographic data common to all three sets of questionnaires were analysed and this revealed that all three samples were very similar demographically. However, the follow-up sample was not quite as similar to the pre- and post-counselling samples as the pre- and post-counselling samples are to each other.

Individuals were asked, at the pre- and post-counselling stages, to rate the severity of the problems they may or may not have been experiencing at the time of completing the questionnaire. This revealed that after counselling the client group reported having less family, health, job and colleague problems and these same problems, where they did exist, were rated as less severe. However, individuals reported having more marital and financial problems and these were also rated as being more severe. Marital problems were rated as particularly severe at the post-counselling stage.
Clients were asked to say whether or not they had been absent from work in the previous 6 months and if so how many days absence they had had. After counselling less people reported having been absent from work in the last 6 months, and that those who had been absent had had fewer days off.

*Table 9* presents the summary statistics and sample sizes for all the pre-, post- and follow-up OSI and GHQ questionnaire scores.

*Table 9* Summary Statistics for all Pre-, Post- and Follow-up Questionnaire Scores for Individuals who Attended Counselling.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Counselling</th>
<th>Post-Counselling</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean s.d. (n)</td>
<td>Mean s.d. (n)</td>
<td>Mean s.d. (n)</td>
</tr>
<tr>
<td><em>Job Satisfaction</em></td>
<td>70.02 19.14 145</td>
<td>70.82 17.69 66</td>
<td>63.35 18.42 26</td>
</tr>
<tr>
<td><em>Mental Health</em></td>
<td>68.47 16.08 169</td>
<td>60.32 15.90 103</td>
<td>59.26 19.67 27</td>
</tr>
<tr>
<td><em>Physical Health</em></td>
<td>42.71 11.40 176</td>
<td>36.50 12.30 103</td>
<td>37.08 11.59 26</td>
</tr>
<tr>
<td><em>GHQ</em></td>
<td>34.55 8.01 179</td>
<td>25.73 8.61 103</td>
<td>23.86 7.90 28</td>
</tr>
<tr>
<td><strong>Sources of Pressure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Factors Intrinsic to Job</em></td>
<td>28.46 7.49 111</td>
<td>28.76 6.76 67</td>
<td>27.83 6.36 18</td>
</tr>
<tr>
<td><em>Relationships at Work</em></td>
<td>30.82 8.65 101</td>
<td>30.84 8.26 68</td>
<td>30.89 8.39 18</td>
</tr>
<tr>
<td><em>Organisational Structure and Climate</em></td>
<td>37.92 11.31 125</td>
<td>39.43 11.29 70</td>
<td>41.32 9.43 19</td>
</tr>
<tr>
<td><em>Home/Work Interface</em></td>
<td>31.35 9.75 98</td>
<td>29.57 10.08 60</td>
<td>27.53 10.88 19</td>
</tr>
</tbody>
</table>

*Pre-Counselling*

In addition to the demographic, OSI and GHQ variables, clients were also asked a couple of other questions at the pre-counselling stage.

When asked who had suggested that they use the service: 14% said that a friend had suggested it, 24% said their manager or supervisor had suggested it, and in 5% of cases personnel had suggested it. Occupational Health
suggested it in 21% of cases, and the Union was cited as making the suggestion by 3% of clients. However, the majority (36%) reported that they referred themselves.

They were also asked whether or not they thought that the provision of a counselling service was valued by staff; 88% said that it was definitely valued, 10% believed that it was possibly valued, and 2% said that it was not valued by staff.

Post-Counselling

As with the pre-counselling questionnaire, at the post-counselling stage clients were asked a series of questions, in addition to the demographic, OSI and GHQ ones.

Clients were asked what category 'the initial problem they sought help for' fell into: 24% said family problems, 38% marital problems, 29% had problems at work, 11% reported legal problems and 10% financial ones, 18% were having problems with colleagues at work and 26% said they had health problems. Obviously some clients reported having more than one problem.

The next set of questions were about the quality and usefulness of the service the clients had received. The results of this are shown in Table 10.

**Table 10** Responses to Counselling Evaluation Section of Post-Counselling Questionnaire.

**How Quickly Did You See A Counsellor?**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 24 Hours</td>
<td>15%</td>
</tr>
<tr>
<td>Within 48 Hours</td>
<td>9%</td>
</tr>
<tr>
<td>Within 1 Week</td>
<td>44%</td>
</tr>
<tr>
<td>Within 2 Weeks</td>
<td>21%</td>
</tr>
<tr>
<td>Within 1 Month</td>
<td>9%</td>
</tr>
<tr>
<td>Longer than 1 Month</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Was this Early Enough?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>86%</td>
</tr>
<tr>
<td>No</td>
<td>14%</td>
</tr>
</tbody>
</table>

**How Many Sessions Did You Have?**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>7.35</td>
</tr>
<tr>
<td>s.d.</td>
<td>7.17</td>
</tr>
<tr>
<td>Range</td>
<td>1 - 40</td>
</tr>
</tbody>
</table>

**Over What Period of Time, in Weeks?**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>10.62</td>
</tr>
<tr>
<td>s.d.</td>
<td>10.38</td>
</tr>
<tr>
<td>Range</td>
<td>1 - 48</td>
</tr>
</tbody>
</table>
Was This Enough to Help You?

Yes 74%
No 26%

Did You See The Same Counsellor?

Yes 89%
No 11%

The Counsellor

Responses Rated from 1 - 6 (1 = Definitely No; 6 = Definitely Yes).

Was The Counsellor Friendly and at Ease?

Mean 5.43
s.d. 0.97
Range 1 - 6

Could You Speak Honestly and Openly to The Counsellor?

Mean 5.49
s.d. 0.95
Range 1 - 6

Was The Counsellor Concerned to Help You?

Mean 5.22
s.d. 1.20
Range 1 - 6

Did The Counsellor Help You Understand Your Problems Better?

Mean 4.94
s.d. 1.40
Range 1 - 6

Can You Handle Your Difficulties Better Now?

Mean 4.60
s.d. 1.54
Range 1 - 6

Was The Counsellor Trustworthy?

Mean 5.53
s.d. 0.79
Range 2 - 6

Did You have Confidence in The Counsellor's Ability to Help You?

Mean 4.79
s.d. 1.34
Range 1 - 6
**How Satisfied Were You With The Service You Received?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>5.00</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>1.24</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 6</td>
</tr>
</tbody>
</table>

**Has Going For Counselling?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helped You Resolve The Problem</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Not Resolved The Problem, But You Can Handle It Better</strong></td>
<td>74%</td>
</tr>
<tr>
<td><strong>Not Resolved The Problem. It is Just as Difficult As Before</strong></td>
<td>11%</td>
</tr>
</tbody>
</table>

**Since Completing Counselling, Have You Sought Help From Anywhere Else?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>17%</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>83%</td>
</tr>
</tbody>
</table>

**Effects of Counselling on Work and Non-Work Life**

Rated on a Scale 1 - 5 (5 = Very Positive Effect; 1 = Very negative Effect)

**Ability to Concentrate on Immediate tasks?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.79</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.86</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Relationship With Colleagues At Work?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.67</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.75</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Relationship With Family/Friends?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.91</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.79</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Self-Confidence?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.88</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.81</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Job Performance?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.70</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.84</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Overall Enjoyment of Life?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>3.81</td>
</tr>
<tr>
<td><strong>s.d.</strong></td>
<td>0.80</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>
Decision-Making Ability?

Mean 3.74  
s.d. 0.82  
Range 1 - 5

Would You use The Service Again?

Yes 85%  
Not Sure 12%  
No 3%

This revealed that the majority of clients (44%) were seen by a counsellor within 1 week and that this was early enough in most cases (86%). The average number of sessions was 7, over an average period of 11 weeks, with most clients (74%) believing this to have been enough to help them. 89% of clients reported seeing the same counsellor throughout.

In general, the counsellor's were rated very highly (5.5 on a 6 point scale) in terms of being friendly, honest and open, concerned to help the client and trustworthy. Slightly lower (5 on a 6 point scale), but still high scores were given for the counsellors 'ability to help the client', 'overall satisfaction with the service received', 'counselling having helped the client to understand the problem better' and 'enabling them to handle difficulties better'. In terms of the effects of going for counselling on the clients' work and non-work life, all areas (i.e. ability to concentrate on tasks; relationships with colleagues, family and friends; self-confidence; job performance; overall enjoyment of life; and decision-making ability) were rated highly (around 4 out of 5). The majority of clients (74%) believed that counselling has not resolved the problem, but had enabled them to handle it much better. 85% of clients would use the service again if the need arose.

The statistical analyses of the questionnaire data were first conducted on the data gathered from all nine companies taken together, then each company's data were analysed separately (where the sample size was large enough for this to be possible).

Counseled Employees

To determine whether the scores obtained changed from before counselling to after counselling, paired t-tests were conducted. The results for the total group are presented in Table 11.
Table 11  Paired t-tests for Differences Between Pre- and Post-
Counselling  Mean Scores for the Total Group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>Pre</td>
<td>(53)</td>
<td>66.85</td>
<td>18.26</td>
<td>-1.18</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td></td>
<td>68.70</td>
<td>18.12</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Pre</td>
<td>(73)</td>
<td>68.62</td>
<td>17.71</td>
<td>5.12</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td></td>
<td>59.21</td>
<td>16.48</td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td>Pre</td>
<td>(77)</td>
<td>41.69</td>
<td>12.72</td>
<td>5.04</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td></td>
<td>35.99</td>
<td>11.72</td>
<td></td>
</tr>
<tr>
<td>GHQ</td>
<td>Pre</td>
<td>(76)</td>
<td>33.28</td>
<td>9.04</td>
<td>8.39</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td></td>
<td>24.11</td>
<td>8.34</td>
<td></td>
</tr>
</tbody>
</table>

Sources of Pressure

<table>
<thead>
<tr>
<th>Factors to Job</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>(47)</td>
<td>30.02</td>
<td>8.14</td>
<td>1.75</td>
<td>.087</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>28.55</td>
<td>6.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships at Work</td>
<td>(n)</td>
<td>Mean</td>
<td>s.d</td>
<td>t-value</td>
<td>2-tail Prob.</td>
</tr>
<tr>
<td>Pre</td>
<td>(38)</td>
<td>33.37</td>
<td>8.74</td>
<td>1.69</td>
<td>.098</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>31.55</td>
<td>8.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Org. Structure and Climate</td>
<td>(n)</td>
<td>Mean</td>
<td>s.d</td>
<td>t-value</td>
<td>2-tail Prob.</td>
</tr>
<tr>
<td>Pre</td>
<td>(48)</td>
<td>40.29</td>
<td>11.76</td>
<td>1.46</td>
<td>.151</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>38.58</td>
<td>10.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Work Interface</td>
<td>(n)</td>
<td>Mean</td>
<td>s.d</td>
<td>t-value</td>
<td>2-tail Prob.</td>
</tr>
<tr>
<td>Pre</td>
<td>(37)</td>
<td>30.87</td>
<td>9.95</td>
<td>.26</td>
<td>.796</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>30.54</td>
<td>9.58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results presented in Table 11 indicate that clients' general and context-specific mental well-being and physical well-being improved from pre- to post-counselling. The results for these three items were highly significant (p<.0001). However, there was no indication of changes for job satisfaction or any of the sources of pressure scales.

Eight companies produced large enough samples for the data to be analysed separately. A consideration of these analyses highlighted that there were differences between the results for different companies. Four of the samples showed no significant differences on any of the scales - these were all individuals from companies with external EAPs. A fifth sample showed a significant difference only for the general mental well-being scale (p<.01) - this was also a company with an external EAP. Finally, three companies showed a similar pattern of results to that found for the group as a whole (i.e. significant differences for general and context-specific mental well-being and physical well-being, with significance levels ranging from p<.01 - p<.0001).
Two of these companies had internal counselling services and one had an 
external counselling service (but not an EAP). Clients from the company 
which had an external counselling service also reported significantly less 
stress as coming from 'relationships at work'.

To determine whether the changes shown in Table 11 were due to factors 
unrelated to counselling, ideally a control group from within the same 
organisation was needed. Unfortunately, due to the problems which have 
already been discussed in detail in an earlier chapter, this was not possible. 
However, with two of the companies it was possible to send questionnaires to 
a sample of all staff, just before the EAP was launched in one company and 
just before it was re-launched in the other one. We were then able to send out 
a second questionnaire 18 months to 2 years after this. It was therefore 
decided that these two groups could act as controls for the individuals who 
had attended counselling in the other nine companies, although the controls 
are not as good as we would have liked. The two companies would not allow 
us access to company records to select matched controls for individuals using 
the service, they would only allow us to send questionnaires to a sample of all 
staff, anonymously. Despite this, it was still possible to use the data obtained 
in this way as some sort of control for clients using the services.

Control (but not matched) Employees

An independent group t-test was conducted on these data because it could not 
be assumed with any degree of certainty that members of the Time 1 groups 
were also in the Time 2 groups. The results are shown in Tables 12 and 13.

**Table 12** Independent Groups t-tests for Differences Between Time 1 and 
Time 2 Group Mean Scores, for Company 1.

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>(193)</td>
<td>80.64</td>
<td>16.46</td>
<td>2.29</td>
<td>.023(*)</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Time 2</td>
<td>(83)</td>
<td>75.70</td>
<td>16.35</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>(228)</td>
<td>54.15</td>
<td>14.82</td>
<td>-.19</td>
<td>.848</td>
</tr>
<tr>
<td>Time 2</td>
<td>(91)</td>
<td>54.50</td>
<td>13.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>(226)</td>
<td>32.04</td>
<td>10.75</td>
<td>.58</td>
<td>.564</td>
</tr>
<tr>
<td>Time 2</td>
<td>(90)</td>
<td>31.26</td>
<td>11.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>(233)</td>
<td>11.73</td>
<td>5.39</td>
<td>-.95</td>
<td>.345</td>
</tr>
<tr>
<td>Time 2</td>
<td>(94)</td>
<td>12.36</td>
<td>5.65</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources of Pressure

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>(136)</td>
<td>25.67</td>
<td>7.21</td>
<td>-.83</td>
<td>.407</td>
</tr>
<tr>
<td>Intrinsic to Job</td>
<td>Time 2</td>
<td>(67)</td>
<td>26.60</td>
<td>8.01</td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>(n)</td>
<td>Mean</td>
<td>s.d</td>
<td>t-value</td>
<td>2-tail Prob.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>---------</td>
<td>--------------</td>
</tr>
<tr>
<td>Mental Health Time 1</td>
<td>197</td>
<td>50.32</td>
<td>13.49</td>
<td>-.40</td>
<td>.687</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>165</td>
<td>14.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health Time 1</td>
<td>198</td>
<td>28.18</td>
<td>9.73</td>
<td>-.40</td>
<td>.690</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>168</td>
<td>10.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ Time 1</td>
<td>199</td>
<td>12.75</td>
<td>5.99</td>
<td>1.76</td>
<td>.079</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>170</td>
<td>5.83</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources of Pressure**

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Intrinsic to Job Time 1</td>
<td>185</td>
<td>26.11</td>
<td>7.13</td>
<td>-.69</td>
<td>.493</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>153</td>
<td>6.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships at Work Time 1</td>
<td>154</td>
<td>26.68</td>
<td>7.47</td>
<td>-.03</td>
<td>.976</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>131</td>
<td>7.29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Org. Structure and Climate**

| Time 1          | (182) | 37.01| 11.21| -.16    | .870         |
| Time 2          | (157) | 37.20| 10.34|         |              |

**Home/Work Interface**

| Time 1          | (150) | 25.57| 8.92 | .66     | .509         |
| Time 2          | (130) | 24.85| 9.10 |         |              |

As can be seen from Table 12, for company I there were no significant differences for the mental and physical health scores, although job satisfaction did improve slightly (p<.05) and stress from organisational structure and climate increased slightly (p<.05). Table 13, for company II, indicated no significant differences between the two time points, on any of the variables.
Thus, whilst the client group as a whole showed improved mental and physical well-being following counselling, no such improvement was detected in the two control groups.

*Impact of Counselling at Follow-Up*

In order to see whether the scores had changed from before counselling to follow-up, paired t-tests were carried out. The results for the total group are presented in *Table 14.*

**Table 14** Paired t-tests for Differences Between Pre-Counselling and Follow-up Mean Scores for the Total Group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Job Satisfaction</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>(24)</td>
<td>63.17</td>
<td>18.21</td>
<td>-.08</td>
<td>.935</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>63.38</td>
<td>19.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Mental Health</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>(27)</td>
<td>72.89</td>
<td>17.70</td>
<td>3.94</td>
<td>.001**</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>59.26</td>
<td>19.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Physical Health</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>(26)</td>
<td>44.39</td>
<td>10.53</td>
<td>2.93</td>
<td>.007*</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>37.08</td>
<td>11.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>GHQ</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>(28)</td>
<td>35.04</td>
<td>7.92</td>
<td>5.30</td>
<td>.000***</td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td>23.86</td>
<td>7.90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources of Pressure**

| Factors Intrinsic to Job |     |      |      |         |              |
| Pre            | (13)| 30.54| 7.00 | 1.20    | .254         |
| Post           |    | 28.08| 6.68 |         |              |
| *Relationships at Work* |    |      |      |         |              |
| Pre            | (14)| 33.57| 10.73| .71     | .488         |
| Post           |    | 32.21| 8.39 |         |              |
| *Org. Structure and Climate* |    |      |      |         |              |
| Pre            | (15)| 38.20| 11.37| -1.24   | .235         |
| Post           |    | 40.67| 10.50|         |              |
| *Home/Work Interface* |    |      |      |         |              |
| Pre            | (14)| 29.57| 10.56| .25     | .806         |
| Post           |    | 28.93| 11.30|         |              |

The results shown in *Table 14* indicate that general and context-specific mental well-being and physical well-being improve from pre-counselling to follow-up. However, there were no changes evident for job satisfaction for any of the sources of pressure scales.
Three companies produced large enough samples for the data to be analysed separately. A consideration of these analyses highlighted that there were differences between the results for different companies. Only one company, which had an internal counselling service, showed the same pattern of results as the group as a whole. Another company, also with an internal counselling service, showed no significant differences on any of the variables. The final company had an external counselling service (not an EAP) and showed a significant reduction in context-specific mental well-being from pre-counselling to follow-up, but also revealed that clients felt more stress was coming from their 'organisational structure and climate'.

Table 15 depicts the data regarding whether or not the scores had changed from post-counselling to follow-up. Again paired t-tests were conducted.

Table 15 Paired t-tests for Differences Between Post-Counselling and Follow-up Mean Scores for the Total Group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>Pre</td>
<td>63.39</td>
<td>19.86</td>
<td>.65</td>
<td>.521</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>62.09</td>
<td>19.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Pre</td>
<td>58.44</td>
<td>16.88</td>
<td>-.73</td>
<td>.475</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>60.08</td>
<td>19.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td>Pre</td>
<td>35.58</td>
<td>11.79</td>
<td>-1.07</td>
<td>.298</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>37.71</td>
<td>11.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ</td>
<td>Pre</td>
<td>21.50</td>
<td>6.99</td>
<td>-1.56</td>
<td>.131</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>23.73</td>
<td>8.18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources of Pressure

<table>
<thead>
<tr>
<th>Factors</th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-value</th>
<th>2-tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic to Job</td>
<td>Pre</td>
<td>29.36</td>
<td>4.07</td>
<td>.15</td>
<td>.882</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>29.14</td>
<td>5.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships at Work</td>
<td>Pre</td>
<td>30.87</td>
<td>8.42</td>
<td>-.82</td>
<td>.426</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>32.07</td>
<td>8.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Org. Structure and Climate</td>
<td>Pre</td>
<td>38.50</td>
<td>8.50</td>
<td>-2.54</td>
<td>.025(*)</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>43.50</td>
<td>8.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Work Interface</td>
<td>Pre</td>
<td>28.93</td>
<td>9.95</td>
<td>.45</td>
<td>.660</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>27.87</td>
<td>11.70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 15 reveals no significant differences from post-counselling to follow-up for mental or physical well-being. However, a significant increase in stress caused by 'organisational structure and climate' was evident (p<.05).
Again, three of the individual counselling services/ EAPs yielded a large enough sample to be analysed separately. Two of these services were internal counselling services and neither showed any significant differences on any of the variables. The third service was an external counselling service and showed a significant reduction in general mental health (p<.05), and more pressure as coming from 'organisational structure and climate'.

Sickness Absence Data

Sickness absence data were collected from four different client groups. Data were collected retrospectively for the 6 months prior to an individual beginning counselling and then for the 6 months immediately following the cessation of counselling. Total number of days absence was recorded (for all four client groups), and also the number of absence events (for three of the client groups). In addition, with one company, we were able to select matched controls for each client and data were collected for the controls between the same time periods of time as for the client. The controls were matched on age, sex, job grade and length of time with the company.

To determine whether absence (total number of days or number of events) had changed in the six months following counselling, compared to the six months immediately preceding counselling, a series of paired t-tests were conducted, the results are presented in Tables 16 and 17 (number of days and number of events, respectively), together with the summary statistics and sample sizes. Paired t-tests were also conducted for the control group and are also shown in Tables 16 and 17.

Table 16  Summary Statistics and Paired t-tests for Differences Between Pre-Counselling and Post-Counselling Total Sickness Absence Days Mean Scores, for Clients and Controls.

<table>
<thead>
<tr>
<th>Sample</th>
<th>(n)</th>
<th>Pre-Counselling Mean</th>
<th>s.d.</th>
<th>Post-Counselling Mean</th>
<th>s.d.</th>
<th>t-Value</th>
<th>2-Tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>(209)</td>
<td>13.77</td>
<td>29.99</td>
<td>3.23</td>
<td>9.17</td>
<td>4.98</td>
<td>.000***</td>
</tr>
<tr>
<td>Company A</td>
<td>(26 )</td>
<td>2.69</td>
<td>4.78</td>
<td>.73</td>
<td>2.39</td>
<td>1.83</td>
<td>.080</td>
</tr>
<tr>
<td>Company B</td>
<td>(79 )</td>
<td>24.38</td>
<td>41.84</td>
<td>6.24</td>
<td>13.75</td>
<td>3.65</td>
<td>.000***</td>
</tr>
<tr>
<td>Company C</td>
<td>(29 )</td>
<td>24.07</td>
<td>29.23</td>
<td>2.76</td>
<td>5.12</td>
<td>4.00</td>
<td>.000***</td>
</tr>
<tr>
<td>Company D</td>
<td>(75 )</td>
<td>2.44</td>
<td>4.14</td>
<td>1.11</td>
<td>2.96</td>
<td>2.23</td>
<td>.029(*)</td>
</tr>
<tr>
<td>Company D (Control Group)</td>
<td>(75 )</td>
<td>2.25</td>
<td>6.61</td>
<td>2.16</td>
<td>3.62</td>
<td>0.14</td>
<td>.890</td>
</tr>
</tbody>
</table>
The results in Table 16 show that for total number of days absence there is a highly significant reduction (p<.0001), from pre- to post-counselling, for the group as a whole. The results also show a difference between the individual companies, when their data were analysed separately. Three of the companies still show a significant reduction, two at the .0001 level and one at the .05 level. Two of these companies had internal counselling services and one had an external EAP. However, one of the companies, with an external EAP, did not show a significant reduction in the number of days absence from pre-to post-counselling.

When the results for the company where a matched control group was selected are considered (this company was one which had an external EAP), it can be seen that whilst those who attended counselling showed a significant reduction in the total number of days absence, from pre- to post-counselling, there was no accompanying reduction in those who had not attended for counselling.

**Table 17** Summary Statistics and Paired t-tests for Differences Between Pre-Counselling and Post-Counselling Sickness Absence Events Mean Scores, for Clients and Controls.

<table>
<thead>
<tr>
<th>Sample</th>
<th>(n)</th>
<th>Pre-Counselling Mean</th>
<th>s.d.</th>
<th>Post-Counselling Mean</th>
<th>s.d.</th>
<th>t-Value</th>
<th>2-Tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>(182)</td>
<td>.86</td>
<td>1.11</td>
<td>.41</td>
<td>.70</td>
<td>4.83</td>
<td>.000***</td>
</tr>
<tr>
<td>Company A</td>
<td>(26)</td>
<td>.96</td>
<td>1.78</td>
<td>.73</td>
<td>.23</td>
<td>2.04</td>
<td>.052(*)</td>
</tr>
<tr>
<td>Company B</td>
<td>(79)</td>
<td>1.00</td>
<td>.97</td>
<td>.51</td>
<td>.73</td>
<td>3.46</td>
<td>.001**</td>
</tr>
<tr>
<td>Company C</td>
<td></td>
<td>Data on Absence Events not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company D</td>
<td>(75)</td>
<td>.69</td>
<td>.93</td>
<td>.37</td>
<td>.73</td>
<td>2.77</td>
<td>.007*</td>
</tr>
<tr>
<td>(Control Group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 17** shows the results for the number of absence events. A similar picture to the one for total days absence is apparent. There is a highly significant reduction in the number of absence events from pre- to post-counselling, for the group as a whole (p<.0001). There was also a reduction in the 'number of absence events' for three of the companies, when their data was analysed separately. One of these companies had an internal counselling service, whilst the other had an external EAP. It was not possible to collect data on the number of absence events for the fourth company.

Again, when the results for the company where matched controls were selected are considered, whilst there is a reduction in sickness absence events for those attending counselling there is no reduction for those who did not attend counselling, over the same period of time. Again this company was one which had an external EAP.
T-tests were also carried out to test whether or not the client group's absence was significantly different from the control group's absence, at both the pre- and post-counselling stages. The results are shown in Table 18, together with the summary statistics. The results depicted in Table 18 illustrate that whilst there was no significant difference between the absence levels of individuals in the client group and control group, prior to client attending counselling, there was a highly significant difference (p<.001) between the number of absence events for the two groups and a significant difference (p<.05) in terms of the total number of days absence, during the post-counselling period.

Table 18  Paired t-tests for Differences Between Client and Control Pre-Counselling and Post-Counselling Total Sickness Absence Days and Sickness Absence Events Mean Scores, Plus Summary Statistics.

**Pre-Counselling**

<table>
<thead>
<tr>
<th></th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-Value</th>
<th>2-Tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Days Absence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Group</td>
<td>(75)</td>
<td>2.44</td>
<td>4.14</td>
<td>.21</td>
<td>.836</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
<td>2.25</td>
<td>6.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Absence Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Group</td>
<td>(75)</td>
<td>.69</td>
<td>.93</td>
<td>.37</td>
<td>.714</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
<td>.64</td>
<td>.85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Post-Counselling**

<table>
<thead>
<tr>
<th></th>
<th>(n)</th>
<th>Mean</th>
<th>s.d</th>
<th>t-Value</th>
<th>2-Tail Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Days Absence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Group</td>
<td>(75)</td>
<td>1.11</td>
<td>2.96</td>
<td>-1.95</td>
<td>.053(*)</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
<td>2.16</td>
<td>3.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Absence Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Group</td>
<td>(75)</td>
<td>.37</td>
<td>.73</td>
<td>-3.56</td>
<td>.001**</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
<td>.81</td>
<td>.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Company-Wide Questionnaire Data

As discussed earlier, with two companies it was possible to send questionnaires to a sample of all employees, just before the EAP was launched in one company and just before it was re-launched in the other one. We were then able to send out a second set of questionnaires 18 months to two years after this.

The data from these questionnaires were self-report. They contained items relating to general and context-specific (i.e. work-related) mental well-being, physical well-being, job satisfaction, interpersonal relations at work, home/work relationship, self-reported absence and attitudinal factors. The questionnaire was in fact almost identical to that used pre- and post-counselling with clients.

Whilst the demographic profiles of the two companies are very different, the profile of the two samples from the same company, at Time 1 and Time 2, are very similar.

*Table 19* presents the summary statistics and sample sizes for the Time 1 and Time 2 questionnaire scale scores for both Company I and Company II.

*Table 19* Summary Statistics for Questionnaire Scores at Time 1 and Time 2, for Both Company I and Company II.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Company I</th>
<th></th>
<th>Company II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>s.d.</td>
<td>Mean</td>
<td>s.d.</td>
</tr>
<tr>
<td></td>
<td>(n)</td>
<td>(n)</td>
<td>(n)</td>
<td>(n)</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>80.64</td>
<td>16.46</td>
<td>75.70</td>
<td>16.35</td>
</tr>
<tr>
<td></td>
<td>(193)</td>
<td>(83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>54.15</td>
<td>14.82</td>
<td>54.50</td>
<td>13.76</td>
</tr>
<tr>
<td></td>
<td>(228)</td>
<td>(91)</td>
<td>(200)</td>
<td>(165)</td>
</tr>
<tr>
<td>Physical Health</td>
<td>32.04</td>
<td>10.75</td>
<td>31.26</td>
<td>11.27</td>
</tr>
<tr>
<td></td>
<td>(226)</td>
<td>(90)</td>
<td>(200)</td>
<td>(168)</td>
</tr>
<tr>
<td>GHQ</td>
<td>11.73</td>
<td>5.39</td>
<td>12.36</td>
<td>5.65</td>
</tr>
<tr>
<td></td>
<td>(233)</td>
<td>(94)</td>
<td>(199)</td>
<td>(170)</td>
</tr>
<tr>
<td>Sources of Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factors</td>
<td>25.67</td>
<td>7.21</td>
<td>26.60</td>
<td>8.01</td>
</tr>
<tr>
<td></td>
<td>(136)</td>
<td>(67)</td>
<td>(200)</td>
<td>(153)</td>
</tr>
</tbody>
</table>
In addition to serving as a control group for the client questionnaires, it was initially our intention to also determine whether the scores obtained from these individuals had changed from Time 1 to Time 2, for the same person, and if this depended upon whether or not they had attended counselling in the intervening period. However, with one company the majority of the questionnaires returned at Time 2 were not from those who had returned it at Time 1, and with the other company the numbering system became confused at the distribution stage so it was impossible to match up questionnaires from the two time points as being from the same individual.

The analysis thus focused on the overall group scores, in an attempt to see whether or not the introduction of an EAP had had an impact at the 'global' organisational level (i.e. whether or not having an EAP had affected those who work for the company, regardless of whether they had used the EAP or not).

In order to see whether the group scores had changed from Time 1 to Time 2, independent samples t-tests were carried out. The results for the two companies are those presented in Tables 12 and 13 (Company I and Company II, respectively).

Table 12, which relates to Company I, revealed that there was very little change in the group scores over the time period. However, job satisfaction significantly decreased over this period (p < .05), whilst stress from 'organisational structure and climate' significantly increased (p < .05).

However, for Company II (Table 13), there were no significant differences on any of the variables.

The Cronbach's Alpha reliability coefficients for the questionnaire items were all above 0.70 and the scales were therefore all suitable for use in statistical analysis.
SECTION THREE

CONCLUSION

In this concluding chapter, we discuss the findings of the quantitative evaluation of Employee Assistance and Workplace Counselling Programmes in the UK. The key findings will be highlighted and the possible reasons for these findings will be explored. Some of the results will also be discussed in relation to the findings of the Post Office study (Cooper et al, 1990), which is one of the only other evaluations of workplace counselling to have taken place in the UK.

Individual Questionnaire Data

The key findings in relation to the pre-counselling, post-counselling and follow-up psychological measures are:

1. After receiving counselling (and at follow-up) clients report significantly improved general and context-specific (i.e. work-related) mental well-being and physical well-being, compared to before counselling. However, there are no reported changes for job satisfaction or any of the sources of pressure scales.

To a great extent this finding is not surprising. Counselling, whether internal or external to the organisation, is aimed at helping the individual cope with their personal and work lives better. As such, one would hope to find some change in a client's mental and physical health after receiving counselling.

However, job satisfaction is concerned with an individual's satisfaction with various aspects of their job, and the sources of pressure scales are concerned with where employees perceive stress as originating from within the organisation. None of these things is likely to change as a result of going for counselling, because counselling services are not organisational interventions and it is therefore unlikely that specific organisational issues are addressed. This results in the organisation staying the same and the individual changing. Hence, one cannot expect to see an impact on job satisfaction or sources of pressure. In effect, the individual still views the workplace the same as they did before (because it is the same as it was before), so no changes result for job satisfaction or sources of pressure. However, individuals are able to cope better and therefore should be more mentally (and probably physically) healthy.

The findings for mental health and job satisfaction are the same as those found in the Post Office study (Cooper et al, 1990). Even though different measures of mental health and job satisfaction were used, the Post Office study also found an improvement in mental well-being from pre-to post-counselling, but no change in job satisfaction.
The fact that similar findings were obtained when comparing pre-counselling and follow-up scores, suggests that any psychological changes resulting from counselling are likely to be sustained over a period of at least 3 - 6 months after counselling. This is to be expected. Indeed it was suggested in the method section of this report that the effects of counselling might continue well after counselling ends and therefore greater effects may be seen at some stage later. This possibility will be addressed shortly.

2. There are some differences in terms of the results for internal and external services. The data from this research suggest that it is mainly the internal counselling services which are having the effects described above.

This may be due to some extent to the greater ability of internal services to deal with workplace issues, as highlighted in the first section of this report. If an individual is counselled as a person within the workplace context and all the culture, policies and procedures of the organisation are known to the counsellor, one would expect the counsellor to be more effective at helping the person to cope with both their work and home life. This more effective coping can be expected to have an effect on the person's mental and physical health. This may well be the case with internal counselling services.

In contrast, the first chapter of this report highlighted that EAPs are less able to deal with organisational issues, primarily because the counsellors do not know about enough about the organisations involved. Thus, clients seeing an EAP counsellor are likely to be counselled as individuals, but not within the context of the workplace. Therefore, the whole of the person's life is not being addressed. If only the individual's personal problems are being dealt with and they are no better able to cope with work-related issues, then a significant effect on mental and physical health is unlikely.

The somewhat surprising finding is that if internal services do have the ability to feedback organisational issues to the company (as they purport to do - as described in the first section of this report), one would expect there to also be an effect on the other variables contained in the questionnaire (i.e. job satisfaction and sources of pressure). The fact that this was not evident may be explained in at least three ways:

Firstly, the pre- and post-counselling questionnaires were completed by individuals at the start and finish of counselling. The time period between completion of the two questionnaires is therefore quite short (on average about 10 weeks, according to clients). Even if an organisational problem was picked up by a counsellor and fed back to the company it is unlikely that any changes at the organisational level would be instituted before the client finished counselling. Therefore, one could not expect to see an impact on the job satisfaction and sources of pressure scales.

Secondly, although internal counsellors do indeed have the opportunity to feedback issues of employee concern to the organisation, it may well be that they do not actually do so in practice. It is quite possible that they use their knowledge of the company to help individual clients (hence the effect on individual well-being scores), but do not then feedback issues to the
organisation for them to address. If this is the case then obviously no impact on job satisfaction or sources of pressure can be expected.

Thirdly, it may be the case that even if the counsellor does feedback problems and organisational issues to the company, these may not be addressed by the organisation. So, although the counsellor has picked up on these issues and fed back on them, the organisation may choose not to do anything about them. If this is the case then obviously there would be no impact on an individual's job satisfaction or sources of pressure.

A further explanation for the differences found between the internal and external services may be to do with the sample sizes. We were able to collect much more data from the internal services than from the EAPs, so the sample sizes, and hence the likelihood of significant findings are much greater for the internal services.

3. An unmatched control group of a sample of all employees within two companies showed no changes on the mental and physical health scales where changes were detected for counselled employees.

Whilst these two groups of employees were not ideal as controls they were considered to be suitable for this use, given the fact that we were unable to collect data from matched controls from within the same organisations as the clients. The fact that these individuals showed no changes in the scores for the scales which the client group did, suggests that the effects found for counselled employees are likely to be due to some extent to the counselling process.

4. There were no significant differences from post-counselling to follow-up (3 - 6 months after counselling) on any of the mental and physical health measures. However, clients did report significantly more stress as coming from the 'organisational structure and climate'.

As discussed earlier, there is a belief that counselling may well continue to have an effect for some time after counselling itself has ended. This suggestion is not borne out by the results of this research, because no improvement in mental or physical health was found from post-counselling to follow-up. However, at follow-up clients did report significantly more stress as coming from the 'organisational structure and climate'. Therefore the longer-term impact of counselling may have been obscured by the perception of more stress. Indeed, if employees are reporting more stress from work, but their psychological health has been unaffected, this is positive in itself, as one would have expected to see a reduction in mental health when more stress is being experienced.

It might also have something to do with the continued failure of organisations to address organisational issues giving rise to stress. The individual is mentally better able to cope with stress in general, following counselling, but the failure of the organisation to take effective action is then likely to prove even more frustrating and hence stressful.
Sickness Absence Data

The findings of this research with regard to objective sickness absence data were:

1. There was a significant reduction in both the total number of days absence, and the number of absence events, from pre- to post-counselling. However, there was no such reduction for the matched control group.

The findings from the objective sickness absence data are in line with the self-reported sickness absence given by clients on the questionnaires. The self-report absence statistics reveal that after counselling fewer people have been absent from work in the last six months, and those who have been absent have had fewer days off.

These results are also identical to those found in the Post Office study, where the number of days absence and total absence events fell in the six months following counselling compared to the six months preceding counselling.

2. The absence statistics (days and events) for the control group and client group were identical at the pre-counselling stage, but differed significantly at the post-counselling stage, when the client group showed significantly less absence compared to the matched controls.

These sickness absence results can be considered in conjunction with the questionnaire results on psychological health, in that essentially what is happening is that going for counselling is having an effect at the individual level. It is the individual’s health (i.e. mental and physical well-being) and health behaviours (i.e. sickness absence) which appear to be affected by counselling, rather than organisational indicators (i.e. job satisfaction and sources of pressure). As discussed earlier, this is to be expected because counselling is essentially an intervention which focuses on the individual (not the organisation), where the emphasis is on changing the individuals response to stress rather than changing the organisational sources of stress. It is therefore likely that the greatest effect will be shown for individual outcomes i.e. absence, mental well-being and physical well-being.

Company-Wide Questionnaire Data

The results from the company-wide questionnaires are:

1. The introduction of an EAP does affect the individual being counselled but not the whole employee population, in terms of mental and physical health, job satisfaction and sources of pressure.

This finding is not surprising since as discussed earlier an EAP is an individual not organisational intervention. Hence no organisational impact can be expected. In order to have an organisational effect, an organisational level intervention would need to be introduced, in addition to the counselling.
An organisational level intervention would enable the organisation to identify its sources of stress and where possible to address them appropriately. Simply introducing an EAP in an attempt to affect organisational indicators is unlikely to work, since an EAP does not have any global effect on the organisation, although it does help individuals psychologically and reduce their absence.

Whilst this research offers support to the argument that a healthier workforce is likely to lead to a healthier organisation (if we count sickness absence as an indicator of this), the company-wide data do not suggest that an EAP has any effect on the organisation, other than reducing absence in those who use the service. This is not surprising since if an organisation is to manage stress effectively it is essential to intervene at both the individual and organisational levels.

2. Individuals who have access to an EAP, but do not use, do not benefit psychologically, or in terms of their job satisfaction or perceived sources of pressure from knowing that it exists.

This finding is in direct opposition to what some organisations and/or providers believe, which is that simply knowing help is available should it be needed can reduce stress. This is not supported by these data, which shows no effect on individuals who have not had counselling. In fact, the employees in one of the companies involved reported being less job satisfied and seeing more stress as coming from 'organisational structure and climate', following the implementation of the EAP.

**Stress Interventions at Work**

DeFrank and Cooper (1987) classify workplace stress interventions into three levels, focusing on the individual, the individual/organisational interface, and the organisation.

At the moment British EAPs and workplace counselling programmes are focused purely at the individual level, although this does not have to be the case. They can also target the organisation.

Indeed, a comprehensive stress management programme should attempt to identify and reduce (or eliminate) stressors at each of the three levels (Cooper et al, 1990). To employ interventions which focus purely on the individual, which most EAPs do, is to make the individual responsible for their problems, even if they are work-related. However, individual level interventions do have a very important role to play because individuals may suffer stress from both their personal and work life and this will impact upon an employee's performance at work and their psychological well-being.

The key is that, whilst the introduction of a counselling service may well be of benefit to individuals, psychologically, there is unlikely to be any impact at the organisational level, unless an intervention targeted at changing the organisation is also in place. There is a need for British companies to look much more closely at their reasons for buying counselling services. If their aim is to support staff, then the service is probably useful in this respect.
However, if organisations are hoping to positively influence 'bottom line' indicators at the organisational level, as providers claim counselling services can do, then they are likely to be disappointed. The evidence suggests that there is little organisational impact beyond the reduction of sickness absence in those employees who use the service.

Finally, when organisations do buy counselling services it is essential for them to thoroughly evaluate them, to find out what the impact of the service is in their particular company. The effects of introducing a counselling service in one company are likely to be very different to those found by another company. In addition, there may well be differences in effectiveness between internal and external programmes, and between different providers (whether internal or external).

Evaluation will help to clarify whether or not the service is effective at the individual and organisational level and how this effectiveness compares to other programmes which have also been evaluated. The importance of investing in quality evaluations of workplace counselling programmes cannot be over estimated.

Outcome evaluation and process evaluation (audit) can make a significant contribution to the further development of good quality and 'value for money' EAPs and counselling services in the UK. Audit will not be addressed again here as it was discussed at length in Chapter One.

The extent to which complete evaluations are demanded by organisations, will depend largely on their reasons for initially implementing a counselling service. For some organisations, an EAP is seen as a 'company benefit', which should also help their corporate image. In such cases, organisations are unlikely to feel the need to justify the EAP’s cost. Nevertheless, whatever the reason for EAP implementation, companies should ensure that they receive value for money, that the service is being run efficiently and to a high standard, and that the service is designed in a way which best meets the needs of the organisation and its employees.

Myers (1984) believes that in the haste and enthusiasm which often accompany the development and implementation of a counselling service, evaluation planning is either ignored or assigned a low priority on the things to do list. It appears that the importance of investing in evaluations has been temporarily obscured by the unprecedented growth and popularity of the programmes. However, as the novelty and excitement of the initial growth of the movement subsides, there will be an increased demand for documentation of the benefits of EAPs and workplace counselling services.
REFERENCES


Berridge, J. (1990b). The EAP and employee counselling. Employment Bulletin and Industrial Relations Digest, 6, no 1, 4-7.


Hoskinson, L. EAPs are cleared for take-off in the U.K. EAPA Exchange, May, 19-20, 1993.


Roman, P.M., Blum, T.C. and Bennett, N. Educating Organisational Consumers About Employee Assistance Programs, Public Personnel Management, 16, (4), 299-312, 1987.


Swanson, N.G. and Murphy, L.R. Mental Health Counselling in Industry. In Cooper, C.L. and Robertson, I.T. (Eds.) International Review of Industrial and organisational Psychology, 6, Chapter 7, John Wiley & Sons Ltd, Chichester, 265-282, 1991.

APPENDIX ONE

PRE-COUNSELLING QUESTIONNAIRE
(SAMPLE OF QUESTIONNAIRE USED IN RESEARCH)

BIOGRAPHICAL SECTION

This first section asks some general factual questions about you, your family and your work. It will provide us with useful background information. All responses will be treated in strictest confidence.

Please answer each question by circling the appropriate answer option, or putting a tick/writing in the box which reflects your response.

YOU AND YOUR FAMILY

1. Sex: Male Female

2. Age: ................ Years

3. Are you:

   Single / Married / Divorced /

   Separated / Widowed / Cohabiting

   If married or cohabiting, is your partner in paid employment?

   YES NO

   Full-time

   Part-time

4. Number of Children: If none, please write '0'

   Under 5 years ....... 6 - 18 years ........ over 18 years

       ........
YOUR EDUCATION AND TRAINING

1. What is the highest academic qualification that you hold?
   (Please tick the appropriate box)
   - No formal qualifications
   - Degree level or equivalent
   - 0 Level or equivalent
   - Higher degree level
   - A Level or equivalent

2. What is the highest professional qualification that you hold?
   Please specify

YOUR WORK

1. How long have you worked with your present employer?
   .......... years
   If less than 1 year, how many months?
   .......... months

2. What position do you hold?
   .................................................................
   .......... years
   If less than 1 year, how many months?
   .......... months

3. Is this a managerial position? Yes No

4. Do you supervise the work of other people? Yes No

5. Do you work full-time or part-time? F/T P/T
6. Approximately how many hours a week do you work during a normal working week?  
       ........ hrs/week

7. Does your job involve shift work?  Yes  No

YOUR HABITS

1. Do you smoke?  
       Yes  No

How many/much of each of the following do you smoke on a typical day?  
       ....  cigarettes  
       ....  cigars  
       ....  pipe (ozs./day)

2. Please answer this next set of questions by circling the number which best reflects your typical drinking habits using the scale shown.

   5  4  3  2  1 
Always  Frequently  Sometimes  Rarely  Never

Generally speaking, how often do you

Drink alcohol at the weekend?

   5  4  3  2  1

Drink alcohol at the end of your working day?

   5  4  3  2  1

Drink alcohol at lunchtime during the working week?

   5  4  3  2  1
Take tranquillizers, sedatives or other drugs?

5 4 3 2 1

3. Please estimate how many units of alcohol you drink in a typical week.
1 UNIT = 1/2 pint of beer or 1 glass of wine or 1 measure of spirits.

.......... Estimated units/week

YOUR CURRENT SITUATION

1. I realise this is a difficult question, but in which of the following areas of your life are you currently experiencing situations/events that you find stressful? (that is, a source of strain, anxiety or distress)

Please answer for each area of life listed. Where you answer YES, please rate how stressful this is for you, where 1 = not very stressful and 10 = extremely stressful.

STRESS

NO YES RATING

Family difficulties

Marital/partnership difficulties

Difficulties with your job

Financial difficulties

Difficulties with colleague(s) at work

Legal difficulties

Personal health problems

Other

Please specify

.................................................................
2. **What made you decide to use the service?** *Please tick the appropriate box*

- A friend suggested it may be helpful to me
- A manager/supervisor suggested it may be helpful to me
- Personnel suggested it may be helpful to me
- Occupational health suggested it may be helpful to me
- Employee relations/union suggested it may be helpful to me
- I referred myself in confidence
- Other *Please specify*

3. **Are any changes/events currently occurring within your organisation** which have affected your job, either directly or indirectly?

   YES  
   NO

   *Please specify the nature of the event/change*

2. **Are any changes/events currently occurring within your organisation** which have affected your job, either directly or indirectly?

   YES  
   NO

   *Please specify the nature of the event/change*
HOW YOU FEEL ABOUT YOUR JOB

This section of the questionnaire is concerned with the extent to which you feel satisfied or dissatisfied with your job.

Please rate each statement against the satisfaction/dissatisfaction scale provided and answer by circling the number which best reflects how you feel about your job at the present time.

- Very much satisfaction 6
- Much satisfaction 5
- Some satisfaction 4
- Some dissatisfaction 3
- Much dissatisfaction 2
- Very much dissatisfaction 1

1. Communication and the way information flows around your organisation

   6 5 4 3 2 1

2. The relationships you have with other people at work

   6 5 4 3 2 1

3. The feeling you have about the way you and your efforts are valued

   6 5 4 3 2 1

4. The actual job itself

   6 5 4 3 2 1

5. The degree to which you feel motivated by your job

   6 5 4 3 2 1

6. Current career opportunities

   6 5 4 3 2 1
7. The level of job security in your present job
   6  5  4  3  2  1

8. The extent to which you may identify with the public image or goals of your organisation
   6  5  4  3  2  1

9. The style of supervision that your superiors use
   6  5  4  3  2  1

10. The way changes and innovations are implemented
    6  5  4  3  2  1

11. The kind of work or tasks that you are required to perform
    6  5  4  3  2  1

12. The degree to which you feel that you can personally develop or grow in your job
    6  5  4  3  2  1

13. The way in which conflicts are resolved in your organisation
    6  5  4  3  2  1

14. The scope your job provides to help you achieve your aspirations and ambitions
    6  5  4  3  2  1

15. The amount of participation which you are given in important decision-making
    6  5  4  3  2  1

16. The degree to which your job taps the range of skills which you feel you possess
    6  5  4  3  2  1
17. The amount of flexibility and freedom you feel you have in your job

6 5 4 3 2 1

Please continue using the scale shown and circle the number that best reflects your response as before.

18. The psychological 'feel' or climate that dominates your organisation

6 5 4 3 2 1

19. Your level of salary relative to your experience

6 5 4 3 2 1

20. The design or shape of your organisation's structure

6 5 4 3 2 1

21. The amount of work you are given to do whether too much or too little

6 5 4 3 2 1

22. The degree to which you feel extended in your job

6 5 4 3 2 1
HOW YOU ASSESS YOUR CURRENT STATE OF HEALTH

Part A of this section of the questionnaire focuses on your feelings and behaviour, both at work and more generally, and how these are affected by pressures you may perceive. Part B is concerned more specifically with the frequency of occurrence of manifestly physical problems. Please answer by circling the number that best reflects how you have felt over the last three months for each of the items listed.

PART A: HOW YOU FEEL AND BEHAVE

1. Would you say that you tended to be a rather over conscientious person who worries about mistakes or actions that you may have taken in the past, such as decisions?

<table>
<thead>
<tr>
<th>Very true</th>
<th>Very untrue</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

2. During an ordinary working day are there times when you feel unsettled and upset though the reasons for this might not always be clearly obvious?

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

3. When you consider your level and quality of job performance recently, do you think that your contribution has been significantly useful?

<table>
<thead>
<tr>
<th>Very useful</th>
<th>Not really</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

4. As difficult problems occur at work that require your attention, do you find that you can think as clearly and as concisely as you used to or do you find your thoughts becoming 'muddled'?

<table>
<thead>
<tr>
<th>Definitely don't think as clearly</th>
<th>Definitely think as clearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
5. When the pressure starts to mount at work, can you find a sufficient store or reserve of energy which you can call upon at times when you need it that spurs you on into action?

<table>
<thead>
<tr>
<th>Not much energy</th>
<th>Lots of energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

6. Are there times at work when you feel so exasperated that you sit back and think to yourself that 'life is all really just too much effort'?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

7. As you do your job have you noticed yourself questioning your own ability and judgement and a decrease in the overall confidence you have in yourself?

<table>
<thead>
<tr>
<th>No noticeable decrease</th>
<th>Noticeable decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

8. Generally and at work, do you usually feel relaxed and at ease or do you tend to feel restless, tense and find it difficult to 'settle down'?

<table>
<thead>
<tr>
<th>Relaxed</th>
<th>Tense</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

9. If colleagues and friends behave in an aloof way towards you, do you tend to worry about what you have done to offend them as opposed to just dismissing it?

<table>
<thead>
<tr>
<th>Definitely worry</th>
<th>Definitely don't worry</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
10. If the tasks you have implemented, or jobs you are doing, start to go wrong do you sometimes feel a lack of confidence, and panicky, as though events were getting out of control?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

11. Do you feel confident that you have properly identified and efficiently tackled your work or domestic problems recently?

<table>
<thead>
<tr>
<th>Have faced up properly</th>
<th>Have not faced up properly</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

12. Concerning work and life in general, would you describe yourself as someone who is bothered by their troubles or a ‘worrier’

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

13. When trying to work do you find yourself disproportionately irritated by relatively minor distractions such as answering the telephone or being interrupted?

<table>
<thead>
<tr>
<th>Not at all irritated</th>
<th>Very Irritated</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

14. As time goes by, do you find yourself experiencing fairly long periods in which you feel rather miserable or melancholy for reasons that you simply cannot put your finger on?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
15. Would you say you had a positive frame of mind in which you feel capable of overcoming your present or any future difficulties and problems you might face such as resolving dilemmas or making difficult decisions?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

16. When you think about your past events do you feel regretful about what has happened, the way you have acted, decisions you have taken, etc.?

<table>
<thead>
<tr>
<th>No regrets</th>
<th>Lots of regrets</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

17. Would you describe yourself as being a rather moody sort of person who can become unreasonable and bad tempered quickly?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

18. Are there times at work when the things you have got to deal with simply become too much and you feel so overtaxed that you think you are 'cracking up'?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
PART B: YOUR PHYSICAL HEALTH

Examine the following list of commonly occurring ailments and indicate how often you have suffered from each of these ailments over the last 3 months.

Please answer by circling the number which best reflects your answer on the scale shown.

<table>
<thead>
<tr>
<th>Very frequently</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
</tr>
<tr>
<td>Infrequently</td>
<td>3</td>
</tr>
<tr>
<td>Very infrequently</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Inability to get to sleep or stay asleep

   6  5  4  3  2  1

2. Headaches and pains in your head

   6  5  4  3  2  1

3. Indigestion or sickness

   6  5  4  3  2  1

4. Feeling unaccountably tired or exhausted

   6  5  4  3  2  1

5. Tendency to eat, drink or smoke more than usual

   6  5  4  3  2  1

6. Decrease in sexual interest

   6  5  4  3  2  1
7. Shortness of breath or feeling dizzy
   6 5 4 3 2 1

8. Decrease in appetite
   6 5 4 3 2 1

9. Muscle trembling (e.g. eye twitch)
   6 5 4 3 2 1

10. Pricking sensations or twinges in parts of your body
   6 5 4 3 2 1

11. Feeling as though you do not want to get up in the morning
    6 5 4 3 2 1

12. Tendency to sweat or a feeling of your heart beating hard
    6 5 4 3 2 1

13. Are you currently receiving GP and/or hospital treatment for any ailment(s)?
    YES - Through GP
    YES - Through hospital
    NO

    Please state ailment

    ..............................................................................................................
14. Over the last year, how many times have you visited your GP?

........................ times

15. Are you currently using the services of a health/counselling/advice agency other than the one available to you through work?

YES  NO

Please state nature of agency

16. Are you currently being prescribed and using medication?

YES  NO

17. Have you had to take sick leave over the last six months?  YES

NO

IF YES, Please indicate how many days sick leave you have taken in the last six months

............. DAYS
SOURCES OF PRESSURE

Almost anything can be a source of pressure to someone at a given time and individuals perceive potential sources of pressure differently. The items below are all potential sources of pressure. Please answer the questions as they actually apply to you. Do not answer theoretically. For example, if a question asks about your pressure from managing your staff, and you do not have anyone working for you, you should answer 1, i.e. no pressure. Do not answer on the basis of how much pressure you would expect to feel if you had to manage staff.

*Please circle the number which applies to you using the scale below.*

- Very definitely is a source: 6
- Definitely is a source: 5
- Generally is a source: 4
- Generally is not a source: 3
- Definitely is not a source: 2
- Very definitely is not a source: 1

1. Having far too much work to do
   6 5 4 3 2 1

2. Lack of power and influence
   6 5 4 3 2 1

3. Over-promotion - being promoted beyond my level of ability
   6 5 4 3 2 1

4. Not having enough work to do
   6 5 4 3 2 1

5. Managing or supervising the work of other people
   6 5 4 3 2 1

6. Coping with office politics
   6 5 4 3 2 1

7. Taking my work home
   6 5 4 3 2 1

8. Rate of pay (including perks and fringe benefits)
   6 5 4 3 2 1
9. Personal beliefs conflicting with those of the organisation
   6 5 4 3 2 1

10. Under-promotion - working at a level below my level of ability
    6 5 4 3 2 1

11. Inadequate guidance and back up from superiors
    6 5 4 3 2 1

12. Lack of consultation and communication
    6 5 4 3 2 1

13. Not being able to 'switch off' at home
    6 5 4 3 2 1

14. Keeping up with new techniques, ideas, technology or innovations or new challenges
    6 5 4 3 2 1

15. Ambiguity in the nature of job role
    6 5 4 3 2 1

16. Inadequate or poor quality of training/management development
    6 5 4 3 2 1

17. Attending meetings
    6 5 4 3 2 1

18. Lack of social support by people at work
    6 5 4 3 2 1

19. My partner's attitude towards my job/career
    6 5 4 3 2 1

20. Having to work very long hours
    6 5 4 3 2 1

21. Conflicting job tasks and demands in the role I play
    6 5 4 3 2 1
22. Covert discrimination and favouritism
   6 5 4 3 2 1

23. Mundane administrative tasks/paperwork
   6 5 4 3 2 1

24. Inability to delegate
   6 5 4 3 2 1

25. Threat of impending redundancy/early retirement
   6 5 4 3 2 1

26. Feeling isolated
   6 5 4 3 2 1

27. A lack of encouragement from superiors
   6 5 4 3 2 1

28. Staff shortages and unsettling turnover rates
   6 5 4 3 2 1

29. Demands my work makes on my relationship with my partner/children
   6 5 4 3 2 1

30. Being undervalued
   6 5 4 3 2 1

31. Having to take risks
   6 5 4 3 2 1

32. Changing jobs to progress with career
   6 5 4 3 2 1

33. Too much or too little variety in work
   6 5 4 3 2 1

34. Working with those of the opposite sex
   6 5 4 3 2 1

35. Inadequate feedback about my own performance
   6 5 4 3 2 1

36. Business travel and having to live in hotels
   6 5 4 3 2 1
37. Misuse of time by other people
   6 5 4 3 2 1

38. Simply being seen as a 'boss'
   6 5 4 3 2 1

39. Unclear promotion prospects
   6 5 4 3 2 1

40. The accumulative effects of minor tasks
   6 5 4 3 2 1

41. Absence of emotional support from others outside work
   6 5 4 3 2 1

42. Insufficient finance/resources to work with
   6 5 4 3 2 1

43. Demands that work makes on my private/social life
   6 5 4 3 2 1

44. Changes in the way you are asked to do your job
   6 5 4 3 2 1

45. Simply being 'visible' or 'available'
   6 5 4 3 2 1

46. Lack of practical support from others outside work
   6 5 4 3 2 1

47. Factors not under my direct control
   6 5 4 3 2 1

48. Sharing of work and responsibility evenly
   6 5 4 3 2 1

49. Home life with a partner who is also pursuing a career
   6 5 4 3 2 1
50. Dealing with ambiguous or 'delicate' situations
   6 5 4 3 2 1

51. Having to adopt a negative role (such a sacking someone)
   6 5 4 3 2 1

52. An absence of any potential career advancement
   6 5 4 3 2 1

53. Morale and organisational climate
   6 5 4 3 2 1

54. Attaining your own personal levels of performance
   6 5 4 3 2 1

55. Making important decisions
   6 5 4 3 2 1

56. 'Personality' clashes with others
   6 5 4 3 2 1

57. Implications of mistakes you make
   6 5 4 3 2 1

58. Opportunities for personal development
   6 5 4 3 2 1

59. Absence of stability or dependability in home life
   6 5 4 3 2 1

60. Pursuing a career at the expense of home life
   6 5 4 3 2 1

61. Characteristics of the organisation's structure and design
   6 5 4 3 2 1
OPINIONS ABOUT COUNSELLING

There are times in all of our lives when we may face difficulties - either at work or outside work - which distract and worry us. This may affect our quality of life both at work and at home. One of the ways in which employers can help their staff through difficult periods is to provide them with access to a confidential counselling service - giving people the freedom and privacy to seek help/advice when they feel they need it. This final section of the questionnaire concerns your views about the provision of such services.

1. Generally speaking, do you think having access to a confidential counselling service is a benefit that will be valued by members of your organisation?

Yes, definitely Possibly No

2. What benefits do you think such a service can provide for

a) the individual employee?

b) the organisation as a whole?

If you would like to make any comments about stresses you may be under in your job - or other issues related to this research which you feel are important and have not been covered by this questionnaire, please use the space below.

Thank you very much for your time and help with this research.
APPENDIX TWO

POST-COUNSELLING QUESTIONNAIRE
(EXAMPLE OF QUESTIONNAIRE USED IN RESEARCH)

BIOGRAPHICAL SECTION

This first section asks some general factual questions about you, your family and your work. It will provide us with useful background information. All responses will be treated in strictest confidence.

Please answer each question by circling the appropriate answer option, or putting a tick/writing in the box which reflects your response.

YOU AND YOUR FAMILY

1. Sex: Male Female

2. Age: ............... Years

3. Are you:
   Single / Married / Divorced /
   Separated / Widowed / Cohabiting
   If married or cohabiting, is your partner in paid employment?

      YES  NO

   Full-time
   Part-time

4. Number of Children: If none, please write '0'
   Under 5 years ........ 6 - 18 years ........ over 18 years .....
YOUR EDUCATION AND TRAINING

1. What is the highest academic qualification that you hold?

(Please tick the appropriate box)

No formal qualifications  Degree level or equivalent
0 Level or equivalent  Higher degree level
A Level or equivalent

2. What is the highest professional qualification that you hold?

Please specify

YOUR WORK

1. How long have you worked with your present employer?

............ years

If less than 1 year, how many months?

............ months

2. What position do you hold?

How long have you held this position?

............ years

If less than 1 year, how many months?

............ months

3. Is this a managerial position?  Yes  No

4. Do you supervise the work of other people?  Yes  No

5. Do you work full-time or part-time?  F/T  P/T
6. Approximately how many hours a week do you work during a normal working week?

......... hrs/week

7. Does your job involve shift work? Yes No

YOUR HABITS

1. Do you smoke?

Yes No

How many/much of each of the following do you smoke on a typical day?

...... cigarettes

...... cigars

...... pipe (ozs./day)

2. Please answer this next set of questions by circling the number which best reflects your typical drinking habits using the scale shown.

5  4  3  2  1
Always Frequently Sometimes Rarely Never

Generally speaking, how often do you

Drink alcohol at the weekend?

5  4  3  2  1

Drink alcohol at the end of your working day?

5  4  3  2  1

Drink alcohol at lunchtime during the working week?

5  4  3  2  1

Take tranquilizers, sedatives or other drugs?

5  4  3  2  1
3. Please estimate how many units of alcohol you drink in a typical week.
1 UNIT = 1/2 pint of beer or 1 glass of wine or 1 measure of spirits.

............ Estimated units/week

YOUR CURRENT SITUATION

1. I realise this is a difficult question, but in which of the following areas of your life are you currently experiencing situations/events that you find stressful? (that is, a source of strain, anxiety or distress)

   Please answer for each area of life listed. Where you answer YES, please rate how stressful this is for you, where 1 = not very stressful and 10 = extremely stressful.

   NO             YES

   STRESS RATING

   Family difficulties
   Marital/partnership difficulties
   Difficulties with your job
   Financial difficulties
   Difficulties with colleague(s) at work
   Legal difficulties
   Personal health problems
   Other Please specify

   ..............................................................

2. What made you decide to use the service? Please tick the appropriate box

   A friend suggested it may be helpful to me
   A manager/supervisor suggested it may be helpful to me
   Personnel suggested it may be helpful to me
Occupational health suggested it may be helpful to me

Employee relations/union suggested it may be helpful to me

I referred myself in confidence

Other  Please specify

3. Are any changes/events currently occurring within your organisation which have affected your job, either directly or indirectly?

YES  NO

Please specify the nature of the event/change

4. Are any changes/events currently occurring within your organisation which have affected your job, either directly or indirectly?

YES  NO

Please specify the nature of the event/change
HOW YOU FEEL ABOUT YOUR JOB

This section of the questionnaire is concerned with the extent to which you feel satisfied or dissatisfied with your job.

Please rate each statement against the satisfaction/dissatisfaction scale provided and answer by circling the number which best reflects how you feel about your job at the present time.

<table>
<thead>
<tr>
<th>Very much satisfaction</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much satisfaction</td>
<td>5</td>
</tr>
<tr>
<td>Some satisfaction</td>
<td>4</td>
</tr>
<tr>
<td>Some dissatisfaction</td>
<td>3</td>
</tr>
<tr>
<td>Much dissatisfaction</td>
<td>2</td>
</tr>
<tr>
<td>Very much dissatisfaction</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Communication and the way information flows around your organisation

   6   5   4   3   2   1

2. The relationships you have with other people at work

   6   5   4   3   2   1

3. The feeling you have about the way you and your efforts are valued

   6   5   4   3   2   1

4. The actual job itself

   6   5   4   3   2   1

5. The degree to which you feel motivated by your job

   6   5   4   3   2   1

6. Current career opportunities

   6   5   4   3   2   1
7. The level of job security in your present job
   6 5 4 3 2 1

8. The extent to which you may identify with the public image or goals of your organisation
   6 5 4 3 2 1

9. The style of supervision that your superiors use
   6 5 4 3 2 1

10. The way changes and innovations are implemented
    6 5 4 3 2 1

11. The kind of work or tasks that you are required to perform
    6 5 4 3 2 1

12. The degree to which you feel that you can personally develop or grow in your job
    6 5 4 3 2 1

13. The way in which conflicts are resolved in your organisation
    6 5 4 3 2 1

14. The scope your job provides to help you achieve your aspirations and ambitions
    6 5 4 3 2 1

15. The amount of participation which you are given in important decision-making
    6 5 4 3 2 1
16. The degree to which your job taps the range of skills which you feel you possess

6 5 4 3 2 1

17. The amount of flexibility and freedom you feel you have in your job

6 5 4 3 2 1
Please continue using the scale shown and circle the number that best reflects your response as before.

18. The psychological 'feel' or climate that dominates your organisation

6 5 4 3 2 1

19. Your level of salary relative to your experience

6 5 4 3 2 1

20. The design or shape of your organisation's structure

6 5 4 3 2 1

21. The amount of work you are given to do whether too much or too little

6 5 4 3 2 1

22. The degree to which you feel extended in your job

6 5 4 3 2 1
HOW YOU ASSESS YOUR CURRENT STATE OF HEALTH

Part A of this section of the questionnaire focuses on your feelings and behaviour, both at work and more generally, and how these are affected by pressures you may perceive. Part B is concerned more specifically with the frequency of occurrence of manifestly physical problems. Please answer by circling the number that best reflects how you have felt over the last three months for each of the items listed.

PART A: HOW YOU FEEL AND BEHAVE

1. Would you say that you tended to be a rather over conscientious person who worries about mistakes or actions that you may have taken in the past, such as decisions?

<table>
<thead>
<tr>
<th>Very true</th>
<th>Very untrue</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

2. During an ordinary working day are there times when you feel unsettled and upset though the reasons for this might not always be clearly obvious?

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

3. When you consider your level and quality of job performance recently, do you think that your contribution has been significantly useful?

<table>
<thead>
<tr>
<th>Very useful</th>
<th>Not really</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

4. As difficult problems occur at work that require your attention, do you find that you can think as clearly and as concisely as you used to or do you find your thoughts becoming 'muddled'?

<table>
<thead>
<tr>
<th>Definitely don't think as clearly</th>
<th>Definitely think as clearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
5. When the pressure starts to mount at work, can you find a sufficient store or reserve of energy which you can call upon at times when you need it that spurs you on into action?

<table>
<thead>
<tr>
<th>Not much energy</th>
<th>Lots of energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

6. Are there times at work when you feel so exasperated that you sit back and think to yourself that 'life is all really just too much effort'?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

7. As you do your job have you noticed yourself questioning your own ability and judgement and a decrease in the overall confidence you have in yourself?

<table>
<thead>
<tr>
<th>No noticeable decrease</th>
<th>Noticeable decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

8. Generally and at work, do you usually feel relaxed and at ease or do you tend to feel restless, tense and find it difficult to 'settle down'?

<table>
<thead>
<tr>
<th>Relaxed</th>
<th>Tense</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

9. If colleagues and friends behave in an aloof way towards you, do you tend to worry about what you have done to offend them as opposed to just dismissing it?

<table>
<thead>
<tr>
<th>Definitely worry</th>
<th>Definitely don't worry</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
10. If the tasks you have implemented, or jobs you are doing, start to go wrong do you sometimes feel a lack of confidence, and panicky, as though events were getting out of control?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

11. Do you feel confident that you have properly identified and efficiently tackled your work or domestic problems recently?

<table>
<thead>
<tr>
<th>Have faced up properly</th>
<th>Have not faced up properly</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

12. Concerning work and life in general, would you describe yourself as someone who is bothered by their troubles or a 'worrier'

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

13. When trying to work do you find yourself disproportionately irritated by relatively minor distractions such as answering the telephone or being interrupted?

<table>
<thead>
<tr>
<th>Not at all irritated</th>
<th>Very Irritated</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

14. As time goes by, do you find yourself experiencing fairly long periods in which you feel rather miserable or melancholy for reasons that you simply cannot put your finger on?

<table>
<thead>
<tr>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
15. Would you say you had a positive frame of mind in which you feel capable of overcoming your present or any future difficulties and problems you might face such as resolving dilemmas or making difficult decisions?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

16. When you think about your past events do you feel regretful about what has happened, the way you have acted, decisions you have taken, etc.?

<table>
<thead>
<tr>
<th>No regrets</th>
<th>Lots of regrets</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

17. Would you describe yourself as being a rather moody sort of person who can become unreasonable and bad tempered quickly?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

18. Are there times at work when the things you have got to deal with simply become too much and you feel so overtaxed that you think you are 'cracking up'?

<table>
<thead>
<tr>
<th>Definitely Yes</th>
<th>Definitely No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
PART B: YOUR PHYSICAL HEALTH

Examine the following list of commonly occurring ailments and indicate how often you have suffered from each of these ailments over the last 3 months.

Please answer by circling the number which best reflects your answer on the scale shown.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very frequently</td>
<td>6</td>
</tr>
<tr>
<td>Frequently</td>
<td>5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
</tr>
<tr>
<td>Infrequently</td>
<td>3</td>
</tr>
<tr>
<td>Very infrequently</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Inability to get to sleep or stay asleep
   
   6  5  4  3  2  1

2. Headaches and pains in your head
   
   6  5  4  3  2  1

3. Indigestion or sickness
   
   6  5  4  3  2  1

4. Feeling unaccountably tired or exhausted
   
   6  5  4  3  2  1

5. Tendency to eat, drink or smoke more than usual
   
   6  5  4  3  2  1

6. Decrease in sexual interest
   
   6  5  4  3  2  1
7. Shortness of breath or feeling dizzy
   6 5 4 3 2 1

8. Decrease in appetite
   6 5 4 3 2 1

9. Muscle trembling (e.g. eye twitch)
   6 5 4 3 2 1

10. Pricking sensations or twinges in parts of your body
    6 5 4 3 2 1

11. Feeling as though you do not want to get up in the morning
    6 5 4 3 2 1

12. Tendency to sweat or a feeling of your heart beating hard
    6 5 4 3 2 1

13. Are you currently receiving GP and/or hospital treatment for any ailment(s)?

   YES - Through GP

   YES - Through hospital

   NO

Please state ailment


14. Over the last year, how many times have you visited your GP?

    ............... times
15. Are you currently using the services of a health/counselling/advice agency other than the one available to you through work?

YES

NO

Please state nature of agency

16. Are you currently being prescribed and using medication?

YES

NO

17. Have you had to take sick leave over the last six months?

YES

NO

IF YES, Please indicate how many days sick leave you have taken in the last six months

........... DAYS
SOURCES OF PRESSURE

Almost anything can be a source of pressure to someone at a given time and individuals perceive potential sources of pressure differently. The items below are all potential sources of pressure. Please answer the questions as they actually apply to you. Do not answer theoretically. For example, if a question asks about your pressure from managing your staff, and you do not have anyone working for you, you should answer 1, i.e. no pressure. Do not answer on the basis of how much pressure you would expect to feel if you had to manage staff.

Please circle the number which applies to you using the scale below.

- Very definitely is a source 6
- Definitely is a source 5
- Generally is a source 4
- Generally is not a source 3
- Definitely is not a source 2
- Very definitely is not a source 1

1. Having far too much work to do
   6 5 4 3 2 1

2. Lack of power and influence
   6 5 4 3 2 1

3. Over-promotion - being promoted beyond my level of ability
   6 5 4 3 2 1

4. Not having enough work to do
   6 5 4 3 2 1

5. Managing or supervising the work of other people
   6 5 4 3 2 1

6. Coping with office politics
   6 5 4 3 2 1

7. Taking my work home
   6 5 4 3 2 1
8. Rate of pay (including perks and fringe benefits)  
   6  5  4  3  2  1

9. Personal beliefs conflicting with those of the organisation  
   6  5  4  3  2  1

10. Under-promotion - working at a level below my level of ability  
    6  5  4  3  2  1

11. Inadequate guidance and back up from superiors  
    6  5  4  3  2  1

12. Lack of consultation and communication  
    6  5  4  3  2  1

13. Not being able to 'switch off' at home  
    6  5  4  3  2  1

14. Keeping up with new techniques, ideas, technology or innovations or new challenges  
    6  5  4  3  2  1

15. Ambiguity in the nature of job role  
    6  5  4  3  2  1

16. Inadequate or poor quality of training/management development  
    6  5  4  3  2  1

17. Attending meetings  
    6  5  4  3  2  1

18. Lack of social support by people at work  
    6  5  4  3  2  1
19. My partner's attitude towards my job/career
   6 5 4 3 2 1

20. Having to work very long hours
   6 5 4 3 2 1

21. Conflicting job tasks and demands
    in the role I play
   6 5 4 3 2 1

22. Covert discrimination and favouritism
   6 5 4 3 2 1

23. Mundane administrative tasks/paperwork
   6 5 4 3 2 1

24. Inability to delegate
   6 5 4 3 2 1

25. Threat of impending redundancy/early retirement
   6 5 4 3 2 1

26. Feeling isolated
   6 5 4 3 2 1

27. A lack of encouragement from superiors
   6 5 4 3 2 1

28. Staff shortages and unsettling turnover rates
   6 5 4 3 2 1

29. Demands my work makes on my relationship
    with my partner/children
   6 5 4 3 2 1

30. Being undervalued
   6 5 4 3 2 1

31. Having to take risks
   6 5 4 3 2 1

32. Changing jobs to progress with career
   6 5 4 3 2 1

33. Too much or too little variety in work
   6 5 4 3 2 1
34. Working with those of the opposite sex
6 5 4 3 2 1

35. Inadequate feedback about my
own performance
6 5 4 3 2 1

36. Business travel and having to live in hotels
6 5 4 3 2 1

37. Misuse of time by other people
6 5 4 3 2 1

38. Simply being seen as a 'boss'
6 5 4 3 2 1

39. Unclear promotion prospects
6 5 4 3 2 1

40. The accumulative effects of minor tasks
6 5 4 3 2 1

41. Absence of emotional support from others
outside work
6 5 4 3 2 1

42. Insufficient finance/resources to work with
6 5 4 3 2 1

43. Demands that work makes on my
private/social life
6 5 4 3 2 1

44. Changes in the way you are asked to
do your job
6 5 4 3 2 1

45. Simply being 'visible' or 'available'
6 5 4 3 2 1

46. Lack of practical support from others
outside work
6 5 4 3 2 1
47. Factors not under my direct control
   6  5  4  3  2  1

48. Sharing of work and responsibility evenly
   6  5  4  3  2  1

49. Home life with a partner who is also
    pursuing a career
   6  5  4  3  2  1

50. Dealing with ambiguous or 'delicate' situations
   6  5  4  3  2  1

51. Having to adopt a negative role
    (such a sacking someone)
   6  5  4  3  2  1

52. An absence of any potential career
    advancement
   6  5  4  3  2  1

53. Morale and organisational climate
   6  5  4  3  2  1

54. Attaining your own personal levels
    of performance
   6  5  4  3  2  1

55. Making important decisions
   6  5  4  3  2  1

56. 'Personality' clashes with others
   6  5  4  3  2  1

57. Implications of mistakes you make
   6  5  4  3  2  1

58. Opportunities for personal development
   6  5  4  3  2  1

59. Absence of stability or dependability
    in home life
   6  5  4  3  2  1
60. Pursuing a career at the expense of home life
   6 5 4 3 2 1

61. Characteristics of the organisation's structure and design
   6 5 4 3 2 1
COUNSELLING EVALUATION SECTION

We are interested to know about your experiences of the counselling service - what you thought about it and how you feel it has, or has not, been of benefit to you.

Please remember that all responses will be treated in strictest confidence. Only I will see what you have written so please give your true opinions. Thank you.

Please answer each question by circling the appropriate answer option or putting a tick/writing in the box which best reflects your response.

1. How long had the problem(s) that led you to contact the counselling service been worrying you?

   a few weeks  a year or so  a few months  several years

2. I realise this is a difficult question, but what category did the problem(s) you initially sought help/advice for fall into? Please tick the appropriate box. You may tick more than one box.

   Family difficulties  Legal difficulties
   Marital/partnership difficulties  Difficulties with colleagues at work
   Difficulties with your job  Personal health problems
   Financial difficulties  Other  Please specify

3. Did you receive help elsewhere during the time you were seeing the counsellor?

   Yes  No

   Please say where
4a. How soon after contacting the service were you seen by a counsellor?

within 24 hours                      within 2 weeks
within 48 hours                      within 1 month
within 1 week                        after more than 1 month

b. Did you feel this was early enough?

   Yes  No

5a. How many sessions with the counsellor did you have?

      ............ sessions

b. over what period of time?

      ............ weeks

c. did you feel this was enough to help you? Yes  No

d. did you always see the same counsellor? Yes  No

6. We would like to know how you feel about the counsellor you saw and the service you received.

   Please answer by circling the number which best reflects your opinion using the answer scales shown for each question

a. Did the counsellor seem friendly and at ease?

   Definitely          Definitely
   Yes                 No

         6  5  4  3  2  1

b. Did you feel you could speak honestly and openly to the counsellor?

   Definitely       Definitely
   Yes               No

         6  5  4  3  2  1
c. How concerned to help do you think the counsellor was?

<table>
<thead>
<tr>
<th>Very Concerned</th>
<th>Not at all Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

d. Did the counsellor help you understand your problem(s) better?

<table>
<thead>
<tr>
<th>Definitely</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

e. Do you feel you can handle your difficulties better having seen the counsellor?

<table>
<thead>
<tr>
<th>Definitely</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

f. Did you feel that the counsellor was trustworthy?

<table>
<thead>
<tr>
<th>Extremely trustworthy</th>
<th>Not at all trustworthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

g. How much confidence did you have in the counsellor's ability to help you?

<table>
<thead>
<tr>
<th>A great deal of confidence</th>
<th>No confidence at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

h. Overall, how satisfied are you with the service you received?

<table>
<thead>
<tr>
<th>Extremely satisfied</th>
<th>Not at all satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
7. In terms of the initial problem you sought help for, which of the following statements do you feel holds most true for you? 
*Please tick the appropriate box*

- Going for counselling has enabled me to resolve the problem
- Going for counselling has not resolved the problem, but I can handle it much better
- Going for counselling has not resolved the problem and I find it just as difficult to handle as before

8. Since your counselling sessions have ended, have you sought any further help?

- Yes
- No

*Where from?*

9. What effect do you feel going for counselling has had on the following areas of your work and non-work lives?

*Please indicate your answer by circling the number which best reflects your opinion using the scale below as a guide.*

- 5 a very positive effect
- 4 some positive effect
- 3 no effect
- 2 a slightly negative effect
- 1 a very negative effect

Your ability to concentrate on immediate tasks?

5 4 3 2 1

Your relationships with colleagues at work?

5 4 3 2 1

Your relationships with your family/friends?

5 4 3 2 1
Your self-confidence

5  4  3  2  1

Your job performance

5  4  3  2  1

Your overall enjoyment of life

5  4  3  2  1

Your decision making ability

5  4  3  2  1

10. Would you use the service again if the need arose?

   Yes
   Not sure
   No

If no, why not?

11. If there are any other comments about the counselling service that you would like to make, please use the space below. We are interested in any feelings or thoughts you may have about it.

Thank you very much for your time and help with this research
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