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An analysis of selected characteristics of employee assistance programs at the United Negro College Fund member institutions

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Employee Assistance Programs (EAPs) have proven to be an effective management strategy for the prevention and resolution of employee problems. With a significant rate of substance abuse, psychological or emotional concerns, childrearing issues, marital concerns and a heightened interest in wellness today, EAPs provide a valuable service at a significant cost benefit to the company or organization. Despite the fact that EAPs have been in existence for nearly 75 years, they are utilized by only 2% or 3% of the employees at any given time.

All of the forty-one United Negro College Fund (UNCF) member institutions were administered the Employee Assistance Survey. The Employee Assistance Survey was designed to gather demographic information as well as information relating to the design, utilization, and costs of the UNCF member institutions' Employee Assistance Program.
All of the forty-one UNCF member institutions responded to the Employee Assistance Survey. The survey results revealed that five of the forty-one UNCF member institutions have contractual arrangements with Employee Assistance firms. Thirty-two of the UNCF member institutions rely on the Human Resources or Personnel Director to provide Employee Assistance Services. The four remaining UNCF member institutions rely on the following for the provision of Employee Assistance Services: Licensed Professional Counselor; Ph.D. Level Psychologist; Masters Level Psychologist; or a on-site Student-Faculty Counseling Center.

The costs of the Employee Assistance Services ran from a cost of zero to a maximum of $27.00 per employee per year. The UNCF member institutions reported that alcoholism, drugs, stress, workplace issues, and family related problems as primary causal factors for Employee Assistance referrals. Most of the UNCF member institutions with Employee Assistance Programs in place reported utilization rates at 10% or below for academic and non-academic staff.
AN ANALYSIS OF SELECTED CHARACTERISTICS OF EMPLOYEE ASSISTANCE PROGRAMS AT THE UNITED NEGRO COLLEGE FUND MEMBER INSTITUTIONS

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
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DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT

ATLANTA, GEORGIA
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CHAPTER ONE
INTRODUCTION

Organization of the Study

The study is organized into five sections. Chapter 1 provides the statement of the problem and discusses the need and purpose of the study. The research questions, definition of terms, and abbreviations are delineated in the remaining sections of Chapter 1. Chapter 2 includes a comprehensive review of related literature. Chapter 3 is devoted to the design and methodology of the study. Chapter 4 presents analyses and results of the study. The concluding chapter, Chapter 5, includes a summary of major conclusions, discussion, implications, and recommendations drawn from the results of the study.

Statement of the Problem

Counseling programs, geared specifically for employees in or near their work settings, have grown steadily in recent years, primarily because employers have come to recognize the importance of developing and preserving valuable human resources.\(^1\) The central purpose

of an employee assistance program is to provide timely professional aid for employees whose personal problems might otherwise lead to work impairment, absenteeism, accidents, conflicts in the work setting, or even job termination. Employee assistance programs (EAPs) have become prevalent because problems in living, stress, alcoholism, drug dependency, family conflicts, interpersonal difficulties, financial pressures, and other problems affect almost everyone. These problems impact on work performance and productivity. When organizations' managers choose to allocate resources for EAPs, they know that they are, simultaneously, providing valued employee benefits and building a more stable and efficient work force.\(^2\)

These programs normally offer services to all employees of the organization as well as to their immediate family members. Counseling is normally offered by an in-house employee assistance program or by counselors working under consulting contracts. Whether programs are based on internal or external models, virtually all EAPs share some common features in terms of counseling services offered.

The EAP model does not include long term therapy thus counseling is short term in length. Employees, needing extensive therapeutic intervention, are referred to hospital or outpatient-based services.

\(^2\)Ibid., 4.
Counseling is offered to employees who are referred by supervisors and to individuals who refer themselves. Participation in the EAP may be mandatory based upon the nature of the referral and the disciplinary system of the company or institution.

The effectiveness of the EAP is dependent upon the degree of trust that exists between the EAP and the employees, thus counseling should be confidential. The most effective EAP is convenient for its employees in terms of office hours and it insures accessibility for all employees. Effective EAPs provide counselors who are able to work within a "broad brush" environment. This environment includes clients from varied backgrounds and cultures as well as counselors who are educated, aware, and sensitive to these differences.3

Many companies and organizations have developed programs that meet various employee needs. Some of the major program categories address mental and physical health, substance abuse, family and children issues, legal and financial activities, career development, and disability and disabled employee issues.4

Traditionally, colleges and universities have been isolated from many of the pressures and demands of business

3Ibid., 3.

and industry. Long considered protected environments, institutions of higher education have been accused of being ivory towers where troubled faculty and staff can hide out and avoid accountability. Many universities have implemented EAPs to assist troubled academic programs as well as identify and help faculty and staff.5

The University of Missouri-Columbia is one of the first universities to implement an EAP in 1973. Currently, there are approximately 150 campus-based EAP programs in the United States (see Appendix B)6. The dynamics of the academic environment are different from the managerial hierarchy of traditional business. Many universities and colleges operate within a complex bureaucracy.7 The power base is diffused, diversified, and not always well defined. Although there is power at upper levels of the hierarchy, a great deal of management, by committees and representative bodies, also takes place.8

Academic professionals constitute a population at risk of developing serious personal problems. The stress

6Ibid., 47.
factors that are faced are considerable: the pressure of "publish or perish", the uncertainty of being granted tenure, the eroding prestige associated with academia, and the surprisingly low pay scale. The divorce rate is higher among faculty members than the general population. Academic professionals are also at a greater risk of developing drinking problems. Alcohol is an accepted norm associated with professionalism and gracious living."

Based upon the examination of the current literature, all of the universities and colleges currently utilizing EAPs are predominantly Anglo Saxon. Information, regarding the utilization of EAPs by historically and predominantly African American universities and colleges, could not be located in current EAP literature and periodicals. This caused the writer to raise the question: What are the historically and predominantly African American colleges and universities doing in terms of identifying and assisting impaired or dysfunctional faculty and staff?

Most of the research, relating to mental health services and African Americans, has been focused on theoretical applications, design and utilization of traditional Eurocentric therapeutic interventions. Discussions of the development of a Black or African American perspective, as it relates to mental health theory, counseling theories and intervention, began in the late

"Ibid., 48-49."
1950s. It is important to study and analyze how historically African American institutions of higher learning provide therapeutic assistance and intervention for their constituencies. A review of literature will provide further discussion of mental health services traditionally serving African Americans.

**Need for the Study**

According to researchers of the workplace, university faculty and staff may be at high risk to alcoholism and other emotional and behavioral problems. Additionally, the treatment accorded employees by the university has a special impact on its constituencies, the students and the public. For these reasons, a college or university employee assistance program could be of significant benefit to the university and its employees.

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An examination of the literature confirms the benefits of employee assistance programs for several institutions of higher education, provides a description of some of their special characteristics, and suggests that a theory for such programs in higher education lies in perceiving of universities as human development organizations, with special obligations to employees.14

Employee assistance programs serve as cost saving measures for companies and institutions. According to a 1990 United States Department of Labor Report, every dollar invested in a drug-free workplace program, with an employee assistance program as an integral part, resulted in employers saving $5 to $15.15 There is also a 66% drop in absenteeism traceable to alcohol abuse.16 There is a 33% decline in utilization of sickness benefits and a 65% decline in work related accidents.17

Alcohol and drug abuse affects Americans of all ages, incomes and professions. Studies, including the most recent Government households survey, show:


• It is estimated that nearly 9 million employed Americans are currently drug users and 70% of all adult illicit drug users are employed.\textsuperscript{18}

• Thirty-two percent of employees know of the sale of drugs in their workplaces.\textsuperscript{19}

• Nearly 1 in 4 employed Americans between the ages of 18 and 34 has used drugs in the past year.\textsuperscript{20}

• Drug users don't limit their use to weekends; in one study 20% of workers admitted that they use marijuana on the job.\textsuperscript{21}

• About 3.1 million workers between the ages of 18 and 34 used cocaine in the past year.\textsuperscript{22}

Experiences with employee assistance programs have shown that they are helpful to organizations and institutions in terms of retaining Human Resources. Oftentimes treatment may be needed to resolve personal, emotional, or addictive disorders. For every $1 invested in treatment, there is a $40 return to employers in terms of the amount of money that could be spent on recruiting and

\textsuperscript{18}National Institute on Drug Abuse, \textit{National Household Survey on Drug Abuse} (Rockville, MD: NIDA, 1990).

\textsuperscript{19}Gallup Poll, December 1985.

\textsuperscript{20}National Institute on Drug Abuse, \textit{National Household Survey on Drug Abuse}.


\textsuperscript{22}National Institute on Drug Abuse, \textit{National Household Survey on Drug Abuse}.
training processes. The cost to replace a salaried worker is over $7,000. It can cost over $10,000 to replace a mid-level employee. It can cost over $40,000 to replace a senior executive or manager.

In terms of both costs and benefits, usage of EAPs appears to make sense. This study is needed to determine if UNCF member institutions are utilizing some form of EAP and what are the characteristics of the EAP program.

**Purpose of the Study**

The purpose of this study was to answer the following questions:

1. What are the historically and predominantly African American colleges and universities doing in terms of identifying and assisting impaired or dysfunctional faculty and staff?

2. Are UNCF member institutions utilizing some form of EAP and what are the characteristics of the EAP programs?

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Research Questions

1. Are the UNCF member institutions utilizing EAP services?
2. What type of EAP service is currently utilized by UNCF member institutions?
3. How long has the EAP service been in existence?
4. Is the EAP service a component of the employee benefit package?
5. Does the UNCF member institution perform drug and alcohol testing or screening?
6. Is participation in the EAP mandatory, if referred by supervision?
7. What is the utilization rate of the EAP by academic and nonacademic staff?
8. What are the contributing factors for utilization of the EAP?
9. How much do EAP services cost?

The research questions were augmented by a request for information as it related to survey respondent, faculty, staff, and service provider demographics.

Limitations of the Study

The writer acknowledges the following limitations in conducting this study:

1. The United Negro College Fund member institutions were the only schools eligible for the study sample.
2. The writer was limited to the responses the participating schools provided, their willingness to provide requested information, and their honesty in responding.

3. The writer did not have access to an acceptable model in the development of this study.

Research Assumptions

In conducting this study, the writer made the following assumptions:

1. The essential information was available and could be obtained.

2. The respondents would respond honestly and the information received would be accurate.

3. The United Negro College Fund member institutions provided Employee Assistance Services to their faculty and staff.

4. The United Negro College Fund member institutions would freely share information regarding their Employee Assistance Programs.

Definition of Terms

The following terms will have the meanings listed below:

**Academic Staff:** Employees of the university or college who have direct responsibilities to students. This includes full-time and part-time professors, instructors, deans, department chairs, officers.
**Broad Brush EAP:** This is an EAP designed to address comprehensive employee concerns. It includes, but it is not limited to, problems dealing with alcoholism, drug abuse, divorce, marital discord, child rearing, stress, financial management, and behavioral or psychological concerns. The broad brush EAP may also include preventative seminars and employee workshops including cultural diversity, nutrition, stress management, physical fitness, smoking, pre-retirement and legal services as possible topics.

**Committee of Concern:** A group of representatives from management, supervisory personnel, employees, union, and the EAP provider. This group is responsible for the design, implementation, and review of the EAP at a particular work setting. This group may function as a committee which develops the policy that guides and governs the EAP.

**Employee Assistance Program (EAP):** A strategy or system of intervention designed to assist managers and employees to resolve problems related to job performance and other personal issues.

**External EAP:** The procedure, system or strategy that involves an EAP counselor located away from the actual job site. These external EAPs are often highly professional, multi-service providing agencies, with easy access to various community resources. Sometimes this term is called
the central diagnostic and referral model (CDR), which is provided away from the workplace.

**Internal EAP:** The procedure by which all intervention is handled internally by an organization or company-hired EAP counselor or officer. The internal EAP counselor is housed on the work site each day. Also, this is called an "in-house" EAP.

**Non-Academic Staff:** Employees of the university who have indirect responsibilities to students. This includes full-time and part-time custodial, service, and administrative staff.

**Troubled Employee:** Any employee whose job performance is below expected standards, as identified by a trained supervisor. Also, this means any employee who realizes that he or she needs assistance.

**United Negro College Fund, Incorporated (UNCF):** This is a consortium of 41 historically and predominately African American colleges and universities. All are private and fully accredited. They primarily serve African American students.

**Utilization Rates:** The degree, or percentage, of actual utilization of an EAP as contrasted to the actual pool of potential EAP users. Sometimes this rate is referred to as the "penetration" rate, or the rate the EAP has been penetrated by employees.
**Wellness**: A system of pro-active and preventative strategies designed to preclude the development of employee problems in the workplace or outside of the work setting. These strategies may include physical fitness, nutritional and environmental awareness, stress recognition and management, legal and financial workshops, and social skills.

**Abbreviations**

In this study, hereafter, the abbreviations, listed below, will be used instead of the terms defined in the preceding sections.

EA — Employee Assistance
EAP — Employee Assistance Program
EAS — Employee Assistance Survey
UNCF — United Negro College Fund
NIDA — National Institute of Drug Abuse
CHAPTER TWO
REVIEW OF RELATED LITERATURE

From a review of related literature, one can see the evolvement of employee assistance programs from a mechanism to combat alcoholism to a comprehensive system of employee assistance and prevention. Yet, despite the need for these programs and their proven effectiveness, EAPs remain underutilized by the workers they are designed to help. The review of the literature is divided into twelve major areas: (1) Historical Perspective of Employee Assistance Programs; (2) Broad Brush Employee Assistance Program; (3) Wellness Concept; (4) Drug-Free Workplace Act of 1988; (5) The Need for Employee Assistance Programs in the Workplace or College and University Setting; (6) The Benefits of an Employee Assistance Program; (7) Employee Assistance Implementation; (8) Supervision Functions and Employee Assistance Programs; (9) Peer Intervention; (10) Publicity of the Employee Assistance Program; (11) Utilization of Employee Assistance Programs; and (12) Characteristics of Mental Health Services Traditionally Utilized by African Americans.
History of Employee Assistance Programs

The genesis of EAPs can be traced to the 1870s. During this period, American business and industry were confronted by shifts in labor demographics that management viewed as problematic. Those shifts included changes in the character of the labor pool as immigrants, former slaves, and women began entering the workforce. There became a need for lower-cost, more efficient medical care to maintain workers' health and productivity. Also, there was an increase in leisure-time alternatives that could affect job performance.¹

The business community, of the late 19th century, dealt with the shift in labor demographics through policies and programs that were known at the time as the "Welfare Movement." This movement took the form of a number of services offered by management to labor for the purpose of mitigating various management-defined problems of life in industrial society. The Welfare Movement was perhaps the first conscious step toward establishing the climate in which EAPs were to flourish in decades to follow.²

During the Washington Temperance Society's movement of personal improvement during the early 1900s, the American workplace experienced the first expression of concern for


²Ibid.
on-the-job drinking and dealing with the problem in a nonpunitive sense. Employers, in particular, were committed to the removal of alcohol in order to eliminate one of the main problems in socializing a reliable workforce.3

The concern of employers for their employees' emotional well being is now almost 75 years old. This concern began with the R. H. Macy Company in New York and the Northern State Power Company in Minnesota. Both companies offered their employees a counseling program as part of a benefits package. Two years later, in 1919, Metropolitan Life Insurance Company followed suit.4

In the 1940s, Maurice DuPont Lee, the chairman of E. I. DuPont DeNemours, became concerned about the high dismissal rate of his employees. Prompted by a humanitarian as well as an economic motive, Lee met with William Wilson, the co-founder of the then blossoming Alcoholics Anonymous program. From these discussions, a vehicle for rehabilitating alcoholics, as an alternative to firing, was developed.5 This vehicle is now known as the Employee Assistance Program (EAP).


Originally designed primarily for the alcoholic employee, EAPs quickly grew into a system which addresses the following:

1. the needs and broader problems of the problem drinker;

2. the turnover, absenteeism and sub-par job performance, which costs American industry substantial money;

3. the increasing complexity of society which creates a wide range of problems that each person must cope with, from child rearing to marital problems, financial concerns, stress factors, drug abuse, retirement anxiety, to relocation issues. EAPs are designed to focus on the possible manifestations of these programs as they invade the work life of the individual.

The forerunners of the present EAPs were designed primarily to restrain alcoholism among employees. Several

crucial steps added strength to the role of industry in combating alcoholism from a management perspective. In 1956, the American Medical Association (AMA) recognized alcoholism as an illness; and, in 1959, the American Federation of Labor and the Congress of Industrial Organizations (AFL-CIO) followed suit. In 1973, the Vocational Rehabilitation Act of 1973 became law, and legislation mandated companies holding federal contracts in excess of $2,500 to "make reasonable accommodations to hire, maintain and promote qualified candidates with physical disabilities and histories of mental illness". These events were significant in encouraging management to incorporate and support services for employees experiencing substance abuse and psychological dysfunction.

In 1959, 50 EAPs existed in the United States. By 1975, there were 700 EAPs in the public and private industry. By 1981, 56% of all private companies in the United States had implemented some form of an EAP. There were more than 9,000 employee counseling programs in 1991.

In 1972, the Occupational Branch of the National Institute of Alcohol Abuse and Alcoholics discovered that

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only 1,300 companies had written policies concerning alcoholic employees. Informal policies existed in many more companies, and these, eventually, became more stable and comprehensive as EAPs were developed in the various settings. These programs, today, provide coverage to nearly 45 million American workers.10

Employee assistance programs are effective management tools to resolve situations that previously were handled in an exclusively disciplinary manner. They are not simply other fringe benefits, but effective tools for addressing factors which previously related directly to production and profit.11 Discharge or termination is viewed as a wasteful approach, where labor turnover and the training of new employees are costly.12 Management often makes a considerable investment in the employee and EAPs are humanitarian vehicles for protecting this investment. While employee participation remains voluntary, continued poor job

10Ibid.


performance may result in discharge. Figure 1 shows this process, according to Busch.13

Broad Brush Employee Assistance Programming

From a background of occupational alcoholism, the basic ideas were conceived on which the current EAP concept is based. This is known as the Broad Brush EAP. It is a system of intervention designed to address the emotional, psychological and social needs of the employee. Researchers discovered that identification with problem drinking often undercut the potential effects of an EAP and drove the problem underground.14 Also, with an exclusively alcoholic emphasis, management personnel seldom were identified as having dependency problems. Alcoholic employees could point to management or supervisors experiencing the same problem and demand equitable treatment. Nonsupervisory personnel were receiving most of the attention and the upper levels of the industrial hierarchy remained untouched. Both factions thus became antagonistic to the program and management could avoid treatment by excusing their lack of participation because alcoholism was seen as an affliction of lower level personnel.


Employee’s Performance Declines

Supervisor Talks to Employee, Suggests Help

Employee Assistance Program

Employee Recognizes and Admits Problem

Accepts Referral to Appropriate Professional Assistance

Accepts Help and Works on Problem

Performance Becomes Satisfactory

Suspension or Probation

Termination

Employee Fails to Recognize Problem

Supervisor Warns Employee Again, Suggests Help

Performance Continues to Decline

Supervisor Takes Disciplinary Action

Figure 1. Referral Process of EAP
employees. Studies have confirmed, however, that alcoholism
cuts across all occupations and professions at a relatively
equal rate.15

In changing an emphasis to a broad brush model, EAP
developers and providers were able to document significant
increased benefits to the company in terms of increased
employee efficiency and lower company costs.16 Shain and
Groeneveld17 reported that management's concern is more
with job performance standards than with altruistic
idealism. Others disagreed, and felt that humanitarian
goals and management's increasing awareness of its own
corporate and social responsibility stand out as the
underlying support of an EAP.18 Companies with a
heightened sense of social responsibility seem to be more
sensitive to the role the company can undertake in
contributing to the individual employee's sense of well-

15E. M. Pattison and E. Kaufman, eds., Encyclopedic

16H. Z. Levine, "Corporate Wellness Programs,"

17Shain and Groeneveld, Employee Assistance Programs.

18Carr and Hellan, "Improving Corporate Performance
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(Minneapolis, MN: Hazeldon Foundation, 1980); J. Spicer, P.
Owen and D. Levine, Evaluating Employee Assistance Programs:
A Sourcebook for the Administrator and Counselor,
unpublished manuscript (Minneapolis, MN: Hazeldon
being. The worker's ability to function productively and happily in the home, the community and on the job is borne out by the current interest in Theory Z\textsuperscript{19} which promotes a paternalistic concern for employees. Increasingly, industry has become more aware of its responsibility to the total health of the employee.

The broad brush concept of employee assistance came into being during the mid 1970s; prior to 1970, there were only a few isolated programs functioning as comprehensive counseling services. The broad brush movement grew from a discernable need in workers, one of which was the relatively low rate of utilization, or penetration, by employees. EAPs were often identified as solely alcoholism programs, yet, management soon felt this stigma to be inappropriate to the image it wished to convey. By expanding its scope to include emotional distress and prevention, employers could remove the attitude of an EAP being a "program for drunks" and include more comprehensive services for its workers.

With the broad brush model becoming increasingly popular, EAPs were reaching more troubled employees without the negative connotation of alcoholism alone. A major trend, therefore, has been a growing emphasis on dealing with emotional problems within the work setting rather than focusing only on efficiency or disciplinary problems. This

has caused an increase in the professionalism in handling these problems. Often EAP providers utilized highly trained personnel as both intake and referral sources for employees. There has been a growing movement to credential and standardize the training of EAP counselors. The Association of Labor-Management Administrators and Consultants on Alcohol (ALMACA) has been in the foreground of this movement.

Another benefit of the broad brush approach was the increase of self-referrals to the EAP as the scope of the service became more widely defined. A systems approach offering a comprehensive service to all troubled employees became the norm. All EAPs seem to share the following major components:

1. Written policy
2. Insured confidentiality
3. Labor-management involvement

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25
4. Company wide information and education program
5. Supervisor training
6. Uniform identification and referral procedures
7. Availability of treatment resources
8. Follow-up procedures and evaluation

Wellness Concept

The most recent inclusion in the growth of broad brush EAPs has been the emphasis on employee wellness or prevention-orientated initiatives. Previously, as EAPs focused on the resolution of existing problems, wellness sought to meet employee needs in the deterrence of problems and the promotion of health and healthy living. Through

22Shain and Groeneveld, *Employee Assistance Programs.*

a system of behavior-changing programs, such as stress management, exercise and fitness, accident prevention, parenting education, alcohol and drug abuse control, nutrition, immunization, smoking cessation and weight control, these programs support better health practices. Program formats may include classes, lectures, workshops, seminars, health fairs, radio and television broadcasts, brochures and pamphlets. With a reduction and cost containment of health care cost as a priority, corporate wellness programs have proven to be successful in keeping down company costs, and maintaining healthy employees. By offering a full range of both preventative and supportive services for employees, industry can reach out to the employee in ways not previously envisioned.


EAPs, then, have grown to include not only substance abusing employees, as originally conceived, but many more workers in a total or broad brush approach to assisting troubled employees. Today there is an increasing emphasis on wellness as an approach to preventing the development of problems in workers. By utilizing these avenues, management is perceived to be more supportive of its employees as well as effecting a significant cost reduction in health benefits.

Evolving from a primarily management focus, however, one can view the development of EAP as a response to reducing tension by attempting to change behavior. This theory coincides with the concept of cognitive dissonance as originally devised by Leon Festinger and Milton Rokeach.\textsuperscript{26} Cognitive dissonance theory supports the idea that, as stressors are experienced by the individual, the individual seeks to reduce or eliminate this uncomfortable tension.\textsuperscript{27} In EAP development, the various problems which EAPs are designed to confront seek to enable the employee to become less stressed and uncomfortable, and, therefore, more productive in the work setting as well as out of the work


environment. However, as EAPs develop, it is expected that a more formalized conceptual basis will be eventually formulated.

**Drug-Free Workplace Act of 1988**

American society is facing a problem of immense complexities and diverse battlegrounds. The United States government is involved in the effort to educate citizens of the physical and psychological consequences of drug abuse and to combat the illegal selling and possession of controlled substances with legislative initiatives. Most employees in America, at some time, come into contact with fellow workers who use drugs, either inside or outside the workplace. Calculated losses from drug-related absenteeism, accidents, medical claims, thefts, and decreased productivity cost $70 billion annually. More than 65 percent of employees entering the workforce use illegal substances and 23 percent of all United States workers use drugs on the job.28

The Drug-Free Workplace Act specifies five steps that Government contractors and grantees must take if they wish to continue receiving Federal money on existing contracts or grants or to be eligible to receive future contracts or grants. They must develop a statement telling employees

that drug abuse will not be tolerated in the workplace and that action will be taken against violators of this policy. They must also design a drug-free awareness program aimed at educating employees about the consequences of drug abuse, the punishments for such acts, and the rehabilitative services available for users. The employers must make it a requirement that the employees agree that they will abide by the employer’s drug statement. The employees must also promise to notify their employer of a conviction for a drug violation in the workplace. The employer must subsequently notify the Government agency handling the contract or grant of the conviction and then take appropriate personnel action against the employee or require participation by the employee in a drug assistance program. All of the five above requirements must be complied with, in good faith, in an ongoing fashion.\textsuperscript{29}

\textbf{The Need for Employee Assistance and Counseling Services in the Workplace and College and University Setting}

As a major focus of management and personnel teams, employee assistance programs can be used to aid troubled employees for the better adjustment of the worker, as well as for the good of the company. Emotional problems and stresses can have profound effects on employee productivity. Alcoholism, financial binds, stress, or marital problems can

\textsuperscript{29}Ibid., 108.
lead to excessive tardiness, on the job accidents, or negative attitudes toward work. All of these decrease employee effectiveness and increase company costs. In 1991, 336 million workdays were lost to employee absenteeism. It is estimated that between 80% and 90% of all industrial accidents have some connection to an employee's personal problems, and emotional problems are implicated in 65% of all terminations. Concealed alcoholism also could have a cause in 70% of all grievances filed.

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31Cain, "Many Cost-Containment Tools Available."


33Wrich, The Employee Assistance Program.
With an overall rate of alcoholism of between 8% and 15%, Baxter\(^3\) estimates an average salary loss of 22% per alcoholic employee. Wrich\(^5\) calculates a 25% loss of efficiency per alcoholic employee or $5,000 a year for an employee earning $20,000.

Another perspective on the alcoholic in the workforce is the estimate that one in ten Americans has a substance dependency (alcohol or drug) problem. The impact of these dependencies on the workforce is their average of 2½ times more job absences, three times more sick leave and accident benefits, and five times more compensation claims than nonsubstance abusing personnel.\(^6\) Other researchers cite alcohol as a cause in 55% of all auto accidents, as well as a factor in 40% of all cases brought before family courts.\(^7\) Alcoholics have a suicide rate 58% higher than the national average and at least 25% of our nation's hospital beds are occupied by someone suffering from an alcohol-related illness.\(^8\)

\(^3\)Baxter, "The Dollars and Sense of EAPs."

\(^5\)Wrich, The Employee Assistance Program.


\(^8\)Matsunaga, "The Federal Role in Research, Treatment and Prevention of Alcoholism;" United States Congress, Senate Committee on Human Resources, Subcommittee on
Traditional alcoholism treatment has focused on persons who have suffered long and often destructive bouts with the disease. EAPs, however, seek to identify persons who are experiencing the earliest signs of substance abuse. By early identification through job-related performance decline and documentation, maximum results can be obtained. Also, families as well as the individual might be able to avoid the later progression of this disease. Once alcoholism begins to affect the work life of the individual, the disease is significantly advanced. Although documentation for minor work-related problems can often be traced back 10 or 20 years, early identification of the problem appears to be the key to successful treatment.


Yet, procrastination in treatment can reduce potential recovery rates from 80% to less than 15%.  

Of the 10 million alcoholics in the United States, it is estimated that 50% are women, 55% are employed below the managerial level, and 66% are members of an intact household.  

In terms of monetary figures, it is estimated that substance abuse costs American industry more than 70 billion dollars annually, 29 billion dollars of which are related to lost productivity. Losses due to alcoholism at


"R. E. Berry and J. P. Boland, "The Work-Related Costs of Alcohol Abuse," in Alcoholism and Its Treatment in Industry (pp. 37-48), C. J. Schramm, ed. (Baltimore: Johns Hopkins University Press, 1977); Cushing, "What You Can Tell the President About Absenteeism;" Egdahl and Walsh, Mental Wellness Programs for Employees; Pollman, Helping the Troubled Employee; Gam and others, "Implementing an Employee Assistance Program;" U.S. Congress, Effects of Alcohol and Drug Abuse on Productivity.
individual private companies are likewise high. In annual dollars, North American Rockwell Corporation estimates $250 million lost per year; Gulf Oil of Canada estimates $400,000; the United States Postal Service estimates $168 million, and the United States General Accounting Office, which employs all federal civilian workers, estimates $550 million a year in alcohol-related losses.44

It is estimated that 15% of the United States population suffers from a serious emotional disorder during any year.45 Egdahl and Walsh46 agree with this figure, and add that at any given times, 25% of the population suffers from mild to moderate depression, anxiety, or other forms of emotional distress.

These personal problems can have an effect on job performance. Some of these problems are stress, family, marital or financial difficulties, physical handicap adjustments, depression, or other miscellaneous crises. These problems can also take their toll on industry, as


46Egdahl and Walsh, Mental Wellness Programs for Employees.
health and hospitalization benefits are utilized." The investment to corporations becomes obvious. By removing the alcoholism stigma from an EAP, greater participation is encouraged through the broad brush model. By instructing supervisors to document and refer employees simply on declining job performance standards, the implication of substance abuse is removed and workers are more accepting of the EAP. Documentation of the utilization of the EAP at General Motors, from July 1978 to May 1982, showed 26% had no work-related problem, 44% were classified as having emotional problems, and 56% exhibited substance abuse concerns."

In reviewing the need for counseling services in the workplace, one must consider the unique characteristics of specialized situations, workers, or settings in regard to EAPs. Much has been written about the phenomenon of stress and burn-out in the workplace. Stressed workers become less efficient and increased strain produces a reduction in concentration and tolerance for job pressures." Persons,


"U.S. Congress, Effects of Alcohol and Drug Abuse on Productivity.

who are suffering from prolonged stress, often seek immediate relief and may turn to alcohol or drugs as that relief. EAPs, through a broad brush or wellness approach, can combat this tension. Psychosomatic symptoms, increased sick leave, and over-utilization of health benefits can be remediated through an EAP.⁵⁰

Persons, employed in settings that require rotating shifts, are particularly susceptible to this stress. Physicians, in training, nurses, flight attendants, factory workers and police officers, commonly suffer stress through irregular sleep patterns, poor nutrition, and intermittent pressure in their daily job functions.⁶¹ Wellness approaches designed for those workers have proven successful.

Also, women in the upper levels of the organizational structure tend to experience greater strain due to conflicting demands on their time and energy. Women can be susceptible to great stress from multiple role


expectations. Yet, women have been successful in utilizing broad brush EAPs, as identification and referral of women to alcoholism programs alone were seen as negative connotations to the image of a woman in business. By tailoring specific EAPs to help accommodate the unique needs of women through a broad brush program and a wellness approach, women increase their potential, and their contributions to the particular work setting.

Employee assistance programs address a need in workers. Originally begun to combat substance abuse, EAPs have evolved into a comprehensive system of counseling, referral and wellness. The need for industry to respond to employee problems has been at the forefront of the development of these services.

Limited use has been made of EAP services by academia. Most of the original EAPs were staffed by

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recovering alcoholics with little or no professional training, and few connections to universities. Colleges and universities are now attempting to meet the tremendous demand for employee assistance counselors created by the explosive growth of programs in the last decade.54

Benefits of Employee Assistance Programs

With the need for counseling services in the workplace, managers and EAP developers have been eager to assist employees with their documented needs, as well as increase the cost benefits of production. American companies have found that EAPs provide significant savings to industry. By combating substance abuse, absenteeism, turnover, and accidents, employee assistance can have measurable savings outcome on the corporation.55 Otto Jones, President of Human Affairs, Inc., a Salt Lake City EAP provider, cites a return of $3.10 for every EAP dollar spent.56 The United States Congress and NIDA57 have documented a return of $8.00 on an EAP dollar, and also


55Scanlon, "Trends in EAPs."

56Lovenheim, "More Care Given Employee's Psyches."

quotes General Motors, with an identified savings of $3,700 per year per employee successfully treated through an EAP. With significant corporate losses, reaching into the billions of dollars each year, EAPs have become cost-efficient to the American economy.58

Beyond the financial gains of an EAP, absenteeism in many firms improved over 300%, medical costs were reduced by 200%, job performance evaluations increased by 70%, and there were 10 times less employee terminations for those persons using the EAP, with firms usually realizing enough savings in employee absenteeism alone to offset program costs.59 Much concern has been raised over the rising costs of medical care and health benefits. EAPs are ways of limiting these costs. As interest in the broad brush and wellness concepts are more widely accepted, there will be proven gains to industry for these models.60

These benefits extend beyond the monetary and production figures presented. As EAPs are offered to employees, there is an increase in staff morale, better

58Westrate, "White Collar Stress."

59Busch, "Developing an Employee Assistance Program;" Sager, "The Corporation and the Alcoholic."

workmanship, and less antagonistic attitudes among workers. This gives credence to the notion held by Ouchi who found that, as managers become more involved in helping employees feel happy, content and better adjusted, productivity levels are raised. Likewise, persons who do not or will not respond to treatment are usually eliminated from employment.

Employee assistance, then, provides a significant monetary gain to the providing company. Of no less significance, however, is the increased productivity, morale, and adjustment of workers. By providing a concern for the employees' well-being, corporations are able to realize overall benefits which substantiate the EAPs effectiveness.

Employee Assistance Program Implementation

The design of an employee assistance program is considered to be dependent upon the setting, need and particular employer-employee relations prevailing at that setting. It is widely accepted that the most successful EAPs are a joint effort of management and labor in the design, development, implementation and operation of the

61 Roth, "The EAP Works."
62 Ouchi, Theory Z.
63 Busch, "Developing an Employee Assistance Program."
program." An EAP must be seen as an identification process, with various levels of the organization involved in the ongoing maintenance of the program. Of primary concern is the employee's confidentiality. Strict guidelines must be maintained to insure this protection. Early EAPs were often managed from personnel offices, and there seems to have been a justifiable fear of EAP contact being entered onto personnel records. Since the development of the broad brush model, however, EAPs are now seldom housed with personnel and several different models of EAPs have been developed.

One popular model that came to the forefront in the early days of employee counseling is the in-house counselor who assesses and either refers or treats the client. This model came into being while EAPs were primarily alcoholic based programs, and the counselor was often a recovering alcoholic. If the problem was not felt to be substance abuse related, the employee was either not helped at all, or, in some cases, referred out to the appropriate agency.65


Another popular EAP model is that of an internal or in-house professional counselor whose primary function is to provide diagnostic assessment only and referral is made to an outside agency or practitioner. This model is known as the Central Diagnostic and Referral (CDR) model, offering a wide range of services to its employees. As the broad brush model became more popular, and as self-referrals increased, this model was utilized.

The final arrangement seen today is one in which management contracts with a large, multi-service provider (i.e., a Community Mental Health Center, Contract EAP Provider) for all intake, referral and treatment. This is similar to the CDR model, except that the entire process of intake, referral and treatment occurs away from the work setting. This external process seems to insure the greatest confidentiality to the workers involved and removes the EAP from the daily workers of the company.

Most programs today, however, seem to share the basic outline diagrammed by Wrich in Figure 2. In this model,

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Figure 2. EAP Process Flow
the EAP counselor has an understanding and knowledge of the availability of significant resources for the referring of employees. An EAP Counselor would not carry a case load, but would possess the necessary assessment skills, diagnostic and clinical skills to evaluate the employee’s problem and recommend the appropriate agency or treatment.

In addition to the need for a competent EAP counselor, there are other components necessary for a successful EAP. These are:

1. Management backing
2. Union support
3. Insured confidentiality
4. Easy and convenient access of the program for the workers
5. Supervisor training
6. Labor-Steward training
7. Insurance involvement
8. Breadth of service components
9. Professional leadership
10. Follow-up and evaluation

Top management support is considered crucial for EAP program implementation. As the visible voice of the

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"J. Beyer and H. Trice, Implementing Change (New York: MacMillan)."
program, top management must recognize the need and the benefits for an EAP. Further, it must exhibit this support through a committed effort of finances, time, support personnel and other amenities. A demonstration of this commitment has been successfully implemented through the formation of a Committee of Concern. This joint implication committee is comprised of members from management, labor, and the EAP provider whose primary goal is to plan, develop and evaluate EAP policies and procedures. The Committee of Concern is responsible for needs assessment, specific guidelines and ongoing review and observation of the EAP.

As the EAP is developed, it is vital that the written policies reflect the company’s and the union’s (if appropriate) concern for employees and their dependents whose personal problems could or do affect the employee’s job performance or personal well being. The primary function of the EAP is to prevent or remediate unsatisfactory job performance while maintaining the privacy of employees’ personal problems. Confidentiality must be protected at all levels and reinforced by the Committee of Concern. A referring supervisor would be notified only


if contact was eventually made with the EAP by the worker. The nature of the problem is not revealed. For self-referrals or peer referrals, however, no feedback to any other person is given. As seen in Figure 3, the flow charts of events of the employee’s involvement with the EAP may be as individualized as the unique problem the worker is experiencing. There are, however, standardized procedures for handling EAP concerns and these are set by each institution’s or company’s Committee of Concern.

EAPs are often used on company time which promotes the availability and attractiveness of the program to the employees, yet, the program must not interfere with the general functions of management.

There are several steps in the development of an EAP by Committee of Concern. These steps involve discussions between the EAP provider and key management personnel on the nature of the problem. A formal needs assessment is done leading to a joint management and labor decision to develop the EAP. Written policies are then developed to structure the policies and procedures for the implementation and operation of the EAP. Key personnel are trained and program orientation is held for management, supervisors, employees and dependents. Continual awareness of the EAP is enhanced.

Ibid., 58-59.

Carr and Hellan, "Improving Corporate Performance Through Employee Assistance Programs."
Figure 3. EAP Possible Flow of Events in Referral
by periodic publicity. Effective programming is continued
through evaluation, review and improvement.75

Employee Assistance Supervisory Function

Through the EAP, managers and supervisors are taught
to document and observe declining performance on the job.
By concentrating on specific, observable signs of inadequate
performance, supervisors are discouraged from speculating on
the cause of declining performance. Additionally, they are
not trained to diagnose or treat the problem.76 Recent
trends in EAP supervisors' training involve a constructive
confrontation model built on communication skills from
counseling literature which has proven to be effective in
dealing with substance abuse employees.77 Managers and
supervisors are taught that after correction, if an employee
is unable or unwilling to resolve job performance problems,

75Employee Assistance Programs: Operations Manual,
Wabash Valley Hospital, Mental Health Center, 2900 North
River Road, West Lafayette, IN 47906 (1981).

76Pati and Adkins, "The Employers Role in Alcoholism
Assistance;" D. A. Phillips and H. J. Older, "A Model for
Counseling Troubled Employees," Alcoholism Health and
Research World (Fall 1977), 24-30; Wrich, The Employee
Assistance Program; R. Zemke, "Should Supervisors Be
Counselors?" Training 20, no. 3 (1983), 44-53.

77Franco, "Alcoholism in Industry;" Nelson, "Drug
Abusers on the Job;" Phillips and Older, "A Model for
Counseling Troubled Employees;" P. M. Roman, "Evaluation of
Employee Absenteism Programs," Labor-Management Alcoholism
Journal, 10, no. 1 (1981), 1-12; W. E. Swegan, "Industry's
 Biggest Headache: Alcoholism," EAP Digest 3, no. 4 (1982),
13-16; Trice and Roman, Spirits & Demons at Work; R. C.
Williams and G. H. Moffat, eds., Occupational Alcoholism
Programs (Springfield, IL: C. C. Thomas, 1975).
the worker is referred to the EAP prior to serious
disciplinary action. During the referral process the
employee is assured of sick benefits and job protection." Those refusing the EAP and still not resolving job performance problems might be terminated (Figure 1 on p. 22).

Studies have found that alcoholics rarely voluntarily come for treatment, and the supervisor's referral can make a significant difference in exerting appropriate pressure on the substance abusing employee." Yet, until the emergence of the broad brush and wellness EAPs, supervisors were reluctant to refer employees to an EAP due to the negative stigma of alcoholism." Also, although supervisor training had very positive initial effects, supervisors could be thwarted by an unsupportive organizational climate which could undercut program effectiveness." Other authors have

"Freedburg and Johnston, "The Effectiveness of Confrontation Procedures Before and After Treatment of Employed Alcoholics."


"Roth, "The EAP Works;" Wrich, The Employee Assistance Program.

found that further EAP interference factors are employee resistance to program participation and inadequate supervisor training. Still other research has been focused on the characteristics of referring and nonreferring supervisors, and found that supervisors who referred were older, had more longevity with the company, possessed more knowledge of the EAP program, and held more positive attitudes toward the program’s effectiveness. However, nonreferring supervisors hold a higher need to define their role as a strong supervisor, yet, they felt more need to be liked by other supervisors and employees. Googins recommends a concentration of special training to younger or newly-installed supervisors who may feel less secure in their role.

Peer Intervention

For successful intervention to take place, there needs to be (1) a well defined job description with clear performance criteria, (2) performance evaluation, and (3)
documentation of performance deterioration. Although the supervisory process works well in business and industry, it does not apply as well to faculty and nonteaching professional staff in academic settings. Evaluation of faculty and nonteaching professional staff is conducted by peers rather than by supervisors. In many cases, it has been demonstrated that there are no clear standards for evaluation. In fact, standards can vary from department to department.

Higher education maintains the sacred doctrine of "academic freedom," which draws a wide berth around what may be considered acceptable job performance. A little bit of eccentricity may, in fact, be a valued job trait. In addition, though a faculty member's performance may deteriorate, the tenure system, essentially, guarantees employment for life and allows faculty members the option of resting on their laurels.

Furthermore, job obsession and workaholism can mask underlying problems or be serious problems themselves. To attain their esteemed positions on campus, faculty and nonteaching professional staff must be achievement oriented and highly motivated, and have a compulsive need to achieve which is often viewed positively by colleagues. Yet, these


very qualities can reach a point where work excludes everything else. Impaired professionals may delude themselves and others by "looking good" at work. Deterioration in work performance may be found only in isolated areas of endeavor."

Another obstacle to referral is that most universities lack clear organizational policies for managing impaired faculty members. Also, administrators are often untrained in the management of people or organizations. They tend to be academics who have been promoted to management positions, and they sometimes flounder when faced with complicated personnel decisions. Department chairpersons, who are most knowledgeable about faculty performance, have little power. Academic deans, who have more power, are, essentially, removed from the daily functioning of academic departments. A dean can be effectively kept in the dark by an impaired professional for a considerable period of time.

To make matters worse, faculty and nonteaching professional staff often maintain a "conspiracy of silence," which amounts to a guildlike protectionism surrounding individuals' personal problems. There is an unwritten law that you do not interfere or question another's professionalism. Also, faculty members tend to be well schooled in the art of debate and argument. These skills,

"Ibid., 49."
coupled with the formidable intellect academic professionals usually possess, can make any confrontation intimidating."

Although difficult, it is possible to identify and intervene with impaired academic professionals. Academic colleagues have a unique opportunity to influence an impaired faculty member or staff person to seek help. Peers can exert considerable influence, in spite of the defensiveness and denial that often surround impairment. Peer intervention, in fact, may be the only real chance of getting through to those who truly cannot help themselves in the academic arena."

Publicity of an EAP

In order for an employee assistance program to be successful, the existence, objectives, functions and services of the EAP must be communicated to all workers. Employees should become familiar with the program before persistent problems result in reduced performance. Marketing of the EAP is vital. By a series of articles in the employee newsletter or magazine describing the uses of the EAP, the program can be brought to the employees. Some companies have incorporated brochures, payroll stuffers, posters, and even audio-visual presentations for their

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staffs." Others prefer to hold face to face orientation seminars presented by the EAP provider. By use of nonthreatening, straight-forward presentations, the existence of the EAP can be effectively kept in view of those it is attempting to reach. Also, EAP developers have suggested that publicity be specifically tailored to special target groups in the organization such as executives, women, minorities and families."

EAPs, then, whether they be substance abuse oriented, broad brush, or wellness based, seem to share several characteristics. They cover a range of employee problems and emphasize both early identification and self-referral. They are highly visible and maintain a strong positive image in the work setting. Confidentiality is stressed for both employees and family members. Ongoing evaluation and review accompanied by strong management support are also notable cornerstones of a successful EAP.

Utilization of Employee Assistance Program Services

Despite the proven effectiveness of EAPs, success rates have been hampered by a relatively low utilization rate. While there is documented evidence for the need of counseling at the workplace, the proportion of the eligible

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population using an EAP indicates a utilization rate far below expectations. EAPs enjoy considerable success once identification and referral have taken place, but the referred population represents only a small fraction of those who need help. Some researchers feel estimates of the magnitude of the problem are mere guesses. Eighty-five percent of all alcoholics are estimated to never receive treatment.

It has been estimated that successful EAPs reach between 1% and 5% of the workers each year with an average utilization of 3% for all EAPs. The highest utilization rate was at General Motors Corporation, where, in a 4-year period preceding May 1982, 7% of the workforce utilized

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Spicer, Owen and Levine, *Evaluating Employee Assistance Programs*.


Matsunaga, "The Federal Role in Research, Treatment and Prevention of Alcoholism."


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EAP." Due to the high rate of substance abuse and emotional problems, and the corporate losses to these factors already documented, it seems obvious that EAPs have not been able to reach even a quarter of the troubled employees.

While the training of supervisors seems to have no significant effect on rates of utilization," several factors seem to be influential. Employees who are knowledgeable about the EAP and believe the program to be effective, accessible and confidential are most likely to use the EAP." The majority of employees valuing the EAP, and agreeing with the philosophical premise of the EAP was still more willing to refer others rather than themselves." Some managers are unable to specify "unsatisfactory job performance," and they become unclear on exactly which employees might benefit from participation." Although inadequate supervisor training might be a factor in

"U.S. Congress, Effects of Alcohol and Drug Abuse on Productivity.

"Shain and Groeneveld, Employee Assistance Programs.

"Spicer, Owen and Levine, Evaluating Employee Assistance Programs.


"Gam and others, "Implementing an Employee Assistance Program."
utilization figures, research has found that each time the program was presented to nonsupervisory personnel, self-referrals increased.\textsuperscript{100} The data, basically, agree with Heyman\textsuperscript{101} who found that half of all employees referred to the EAP was not aware of the EAP prior to their referral. Originally conceived with the broad brush model, it is felt that self-referrals should be commonplace and should constitute at least 40\% of all EAP users.\textsuperscript{102}

Through EAPs, counseling has now become readily available to groups of clients who have not, traditionally, used social service agencies. Yet, due to the setting in which they operate, confidentiality remains the single most pressing concern of employees and EAP providers.\textsuperscript{103} Gottlieb\textsuperscript{104} found, in a study of EAPs and higher education,


\textsuperscript{101}M. M. Heyman, "Referral to Alcoholism Programs in Industry," Journal of Studies on Alcoholism 37 (1976), 900-907.

\textsuperscript{102}Hobson, "Utilizing the Systems Approach to Develop, Implement, and Evaluate an Employee Assistance Program;" Wrich, The Employee Assistance Program.

\textsuperscript{103}Lovenheim, "More Care Given Employee's Psyches;" Spicer, Owen and Levine, Evaluating Employee Assistance Programs.

\textsuperscript{104}B. H. Gottlieb, "The Informal System of Employee Assistance on Campus," in Employee Assistance Programs in Higher Education: Alcohol, Mental Health and Professional Development Programming for Faculty and Staff (pp. 65-84), R. W. Thoreson and E. P. Kosokawa, eds. (Springfield, IL:
that some settings, by their nature, even promote an informal system of guidance and support. Despite program designs and education specifically aimed at protecting the worker-client's right to privacy and confidentiality, this problem seems to be hampering the effect of the EAP and prohibiting accurate indications of the extent of the problem.

Through continual customized publicity, aimed at specific target groups of the organization, EAPs can remain visible to the employees. Ongoing evaluation must be an integral part of an EAP in order to maximize its potential to all workers.

In summary, the writer believes the literature illustrates a need for employee counseling services that were begun nearly eight decades ago. Since then, the Employee Assistance Program has been developed into an integral function of American industry. EAPs attempt to address both the work-related and non-work-related problems the employee might be experiencing. Through a system of organized, comprehensive services, employees are offered...

Thomas Publishers).


Roman, "Evaluation of Employee Absenteeism Programs."
assistance in both the presentation of problems, as well as problem prevention. Also, management hierarchy, referral procedures and performance evaluations are integral parts of the EAP. Yet, EAPs remain underutilized by those very employees they are designed to reach.

Characteristics of Mental Health Services Traditionally Utilized by African Americans

Some African American psychologists have indicated in scholarly reports, journals, and books that, traditionally, Western psychological theory, therapy and practice do not deal adequately with the developmental and historical experiences of African Americans. It has been postulated that traditional systemic counseling approaches often view African Americans as inherently disadvantaged. African American psychological theory postulates that traditional Western psychological counseling is not systemic counseling but systemic racism and should not be confused with the view that blacks are disadvantaged but are placed in situations where they are at a disadvantage.

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Historically, it has been documented that there are major differences in the utilization of mental health services by African Americans when compared to other nationalities and ethnic groups. The knowledge of the prevalence and distribution of emotional health problems, within the black population, is seriously limited. This problem stems, largely, from inconsistencies in interpretations of what actually constitutes psychotic and psychoneurotic behavior. Most studies on mental illness have established a linkage between social class, or socioeconomic position, and both the incidence and the prevalence of certain types of mental illness. Incidence rates, of many forms of mental disorders among African Americans, often result from overdiagnosis, particularly by White psychiatrists. It has been documented that the tendency among White psychiatrists to overdiagnose psychoses among blacks is a manifestation of one way in which cultural bias impedes objective perceptions. Also, it shows the inability of White psychiatrists to understand the various nuances of African American Culture and the persons socialized in the African American Culture.109

Evidence strongly endorses the linkage between social class and mental illness. There are other serious

ramifications of this association. First, the prohibitive cost of psychotherapy or psychiatric care is often beyond the capacity of all but comparatively few African Americans. Consequently, only those persons whose aberrant behavior is sufficiently serious, in terms of personal injury to others, or who are personally destructive so as to require societal intervention are likely to obtain psychiatric care. Evidence indicates that these individuals tend more often to be institutionalized and are less likely to receive private psychiatric treatment. Second, since a disproportionately large number of blacks, who suffer from mental health problems, are institutionalized, they have a greater probability of being disproportionately represented in most categories of mental disorders.\textsuperscript{110}

A study, by the Institute of Southern Studies and Southern Exposure, reported in 1989 that African American people in the South were three times more likely than Southern Whites to be committed to mental institutions. Also, it also reported that African Americans are much more often than Whites misdiagnosed for serious mental illnesses. Approximately 37 percent of all persons, involuntarily admitted to the 72 State mental hospitals from which data were gathered, were black. The hospitals covered in this study were located in Florida, Texas, North Carolina, South

\textsuperscript{110}Ibid.
Carolina, Tennessee, Virginia, Georgia, Mississippi and Louisiana.\textsuperscript{111}

African Americans must live and adapt to a unique social and cultural environment and history in the United States. That environment, and the necessity to adapt to it, has implications for any model that claims to define and understand psychological health for African Americans. Certain issues seem important in characterizing the aspects of that environment that are relevant to psychological health: racism, the need to adapt to White institutions and culture, adapting to the African American community—family, institutions, and culture, and coping with poverty and political powerlessness.\textsuperscript{112}

African Americans often have the support of families and friends, the African American community and its institutions in an attempt to successfully adapt.\textsuperscript{113} Some researchers have examined the topic of external resources that African Americans utilize in coping with the stresses


\textsuperscript{113}Ibid.
of life. A quote cited by George and McNamara\textsuperscript{114} summarizes the findings:

\begin{quote}
We know Black people have a history of being religious and oriented towards their kinship and friendship networks for buffering the stresses of life, but we were surprised by the extent to which the data [from African Americans] reveal family and church to be essential elements in the lives of our respondents.
\end{quote}

Neff\textsuperscript{115} points out that adjusting for age and social class, African Americans show higher levels than Whites for church attendance, interaction with friends, enjoyment of social clubs, and help from both friends and relatives. Also, African Americans more often had a family member nearby, had contact with relatives living close by, and were somewhat more likely than Whites to perceive relatives as available sources of help. Also, African Americans have been found to rely more than Whites on informal social networks (family, friends) than formal ones to cope with stress. Neighbors et al.\textsuperscript{116} found that for all socio-demographic groups of Black adults in a national survey

\begin{footnotesize}
\begin{enumerate}
\end{enumerate}
\end{footnotesize}
sample, informal social networks were used first and more substantially utilized than formal sources of help.

Religion has, historically, played a powerful role in the life of the African American community and for African Americans. It, apparently, continues to do so given the research findings. Studies have found African Americans to be more frequent church attenders than Whites. A national survey which looked at religion, subjective life satisfaction, and health produced several striking findings:

1. African Americans, far more than Whites, had a sense of well-being that seems to be markedly enhanced by religious attendance and by stated strength of religious affiliation, at all levels of age, education, and income.

2. African American women seem to derive most of their life satisfaction from church attendance while African American men derived theirs from stated strength of religious affiliation. For both sexes, it was found that their respective measures of religious involvements are highly predictive of global happiness, subjective health, and satisfaction with family life.

It has been documented that prayer is the most common coping response to worries or stressful episodes for African

---

117 George and McNama, "Religion, Race and Psychological Well-Being."

118 Neighbors, Jackson, Bowman, and Gorin, "Stress, Coping and Black Mental Health: Preliminary Findings From a National Study."
Americans. Moreover, prayer is utilized most often as a coping response by African Americans at all ages and socioeconomic levels. Neighbors et al.\textsuperscript{119} state that there is a fusion of external resources (church association) with internal resources (religiosity), and coping style (use of prayer) for many African Americans.

The significance of the African American church, as a source of assistance to African Americans and the African American community, has been demonstrated. African Americans are often affiliated with a church at an early age and develop long-term associations with them. African American churches are integrally involved with many life events and transitions such as marriage, the birth of children, personal illness and death of significant others.\textsuperscript{120} Several studies suggest that church involvement variables (i.e., frequency of attendance, perceived importance of church attendance and religion, church membership) are important determinants of the receipt of support from church members.\textsuperscript{121}

A considerable amount of research, in the family literature, has been focused on the living arrangements and household structure of African Americans. One of the most

\textsuperscript{119}Ibid.


\textsuperscript{121}Ibid.
consistent findings has been that African Americans are more likely than Whites to reside in extended households. This difference is maintained even when measures of socioeconomic status are controlled. Research indicates that African Americans, of all ages, use extended family arrangements to pool limited resources, mitigate economic deprivation, provide emotional support and create more viable family units. Among the family variables, having a pool of relatives, frequent interaction with family members, and close familial relationships were prerequisites for receiving support.

Ethnographic research on African Americans has been used to emphasize the integral role of non-kin in informal support networks. Many researchers argue that, for certain subpopulations in African American communities, friends tend to be the more dominant and influential members of the support network. Friendships, in the African American community, often take the form of kin relationships. It is not uncommon for unrelated older individuals to be given the surname "Aunt" or "Uncle" or to be referred to as a "play mother or father." Friendships of this sort result in an

---


intensification of bonds of mutual obligation in what would normally be a casual relationship.\textsuperscript{124} Gibson\textsuperscript{125} found that friends and neighbors were integral components of the support networks of African Americans. It has been documented that African Americans were twice as likely as Whites to utilize friends and neighbors in coping with psychological distress.

Researchers utilizing the National Survey of African Americans investigated the role of the informal support network in coping with a serious personal problem and examined patterns of informal and professional assistance in response to an identified personal problem. The majority of the respondents utilized informal help solely (43\%), or a combination of both informal and professional help (44\%). Four percent of the respondents used only professional help, while 8.7\% did not receive any outside assistance for their problem. Gender, age, income, and problem type were related to these four patterns of informal and professional help seeking: (1) women were more likely than men to seek both informal and professional help; (2) older respondents were less likely than younger ones to seek informal help only; (3) persons with physical health problems were more likely


\textsuperscript{125}R. C. Gibson, "Blacks at Middle and Late Life: Resources and Coping," \textit{Annals of the American Academy of Political and Social Science} 464 (1982): 79-90.
than persons with other types of problems to seek both informal and professional assistance; and (4) respondents with emotional problems were least likely to seek help from either source.\textsuperscript{126}

In summary, traditionally, the research findings have been used to demonstrate that African Americans seek support and assistance for personal crises from family, friends, and religion or church. Researchers examining the utilization of professional assistance for assistance in coping with personal crises and life stressors have focused mostly on poor and urban African Americans. Researchers utilizing diverse samples of African Americans may help clarify the factors regarding the utilization of support networks to include helping professionals, community resources, non-kinship relationships and the African American church.

\textsuperscript{126}Neighbors, Jackson, Bowman, and Gorin, "Stress, Coping and Black Mental Health: Preliminary Findings From a National Study."
CHAPTER THREE
METHODOLOGY

Survey research techniques were utilized in this study. The instrument was mailed to each participant.

Site and Setting

The United Negro College Fund, Inc. (UNCF) represents a consortium of 41 historically and predominantly African American colleges and universities in the United States. All are private and fully accredited. These institutions, primarily, serve African American students and communities.

The selected sites for this study included the locations of all 41 UNCF member institutions in the United States. The states, which house UNCF member colleges and universities and which formed the sites for this study, were Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Ohio, South Carolina, Tennessee, Texas, and Virginia.

The setting for this study included the offices of the Personnel Directors and Human Resource Representatives of the 41 UNCF member colleges and universities. These persons and their respective offices were selected due to the nature of employee assistance program utilization. EAP
services, in most instances, are vital components of human resources and personnel management.

Subject Pool

The subject pool for this study consisted of the 41 Human Resource and Personnel Directors employed by the UNCF member colleges and universities. Consequently, since the entire population of UNCF Human Resource and Personnel Directors was asked to participate in this study, there was no need for random selection.

Sample

The sample consisted of all members of the subject pool who were willing to participate in the study by completing and returning the survey.

Instrumentation

The Employee Assistance Survey (EAS) was employed to obtain information pertinent to this study (see Appendix F). This survey was developed by the researcher. It was reviewed by several Certified Employee Assistance Professionals for face validity and content validity. Modifications were made as necessary (see Appendices C, D, E, and F).

Instrument Description

The Employee Assistance Survey (EAS) consists of five sections. They are labeled sections A, B, C, D, E, and F.
Section A contains the request for demographic information on the staff size (academic and nonacademic), age, sex and percentages relating to ethnicity and nationality. Section B requests information regarding the actual existence and type of EAP service utilized by the college or university. Section C requests information regarding the institutional drug policy. Section D requests information regarding the EAP referral process and policy of the institution. Section E requests information regarding utilization of the institutional EAP service as well as cost of services to the institution. Section F requests survey respondent demographic information.

Section A—Demographics

This section contains five items for the purpose of collecting vital statistics on the study population and institution. Descriptive information relative to age, sex, race, and other demographic information is requested. Opened-end and closed-end questions are utilized in this section. This section yields qualitative information about survey respondents and their respective institutions.

Section B

This section contains nine questions regarding to existence and type of EAP services utilized by the respective institution.
Section C

Primarily, this section focuses on the institution's drug policy. Information regarding drug testing and screening is requested. There are two questions in this section.

Section D

This section contains two questions regarding the institutional EAP referral process and policy regarding mandatory participation in the EAP.

Section E

This section contains six questions regarding utilization records, rate of utilization, factors contributing to utilization, and cost of EAP services.

Section F

This component of the survey contains questions relative to respondents' age range, sex, race, and other pertinent demographic information.

Procedures

There were three study periods for this research. They included the pre-research period, the research period, and the post-research period. These procedural steps were used for the three study periods.
Pre-Research Period

Procedure 1: The researcher completed a preliminary study at Clark Atlanta University in regards to the utilization and design of the EAP. It was found that Clark Atlanta University, located in Atlanta, Georgia, was negotiating a contract with an external EAP provider. This study commenced and was terminated during the Spring Semester of 1992.

Procedure 2: The researcher identified the 41 UNCF member institutions from which the study respondents were to be obtained. This process included: (a) contacting UNCF headquarters by phone and letter; (b) securing a listing of all 41 UNCF member institutions with current addresses and phone numbers (see Appendix A); and (c) contacting each UNCF school by phone to identify the Personnel or Human Resource Director.

Research Period

Procedure 3: The researcher mailed an Introductory Letter to all 41 UNCF member institutions’ Personnel and Human Resource Directors to request their participation in the study. A self-addressed stamped response card was enclosed to be returned to the researcher (see Appendices C and D).

Procedure 4: The researcher mailed a cover letter and the survey to each Personnel and Human Resource Director
who agreed to participate in the study (see Appendices E and F).

Procedure 5: The researcher contacted all of the study participants by telephone to insure receipt of the survey documents. A tracking system was utilized to maintain accurate records of mailing and receipt of survey documents (see Appendix G).

Procedure 6: Following receipt of survey items, a "Thank You" Letter was sent to each study participant (see Appendix H).

Post-Research Period

Procedure 7: All data were collected, reviewed and analyzed. A total of 41 (or 100%) of the 41 UNCF member institutions responded to the Employee Assistance Survey. The research procedures were terminated at this period.

Data Analysis

Descriptive statistics are utilized to analyze the data. This includes frequency analyses and other appropriate statistics as indicated in Chapter Four.

Human Subjects Contract

A Human Subjects Contract was not needed for this study. Direct services were not provided to the sample.
CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This study was conducted to examine selected characteristics of Employee Assistance Programs at the forty-one United Negro College Fund member institutions. Results of the study are detailed below in five sections. The first section provides demographic information relating to staff and a demographic profile of survey respondents. The second section provides information regarding the existence and type of EAP service utilized at the UNCF Member Institution. The third section provides information regarding the UNCF member institutions' drug and alcohol policies. The fourth section provides information regarding the institutions' EAP referral processes and policies. The fifth section provides information regarding the EAP utilization profile and a cost analysis of EAP services.

UNCF Member Institutions' Demographic Data

This section contained five questions regarding demographics at the UNCF member institutions (see Appendix F, Questions 1-5). Also, this section examines respondent's sex, age, race, education and experience in Human Resources or Personnel Services (see Appendix F, Question 36).
Table 1 contains information about the demographic characteristics of the UNCF member institutions.

**TABLE 1**

**UNCF MEMBER INSTITUTIONS' DEMOGRAPHIC DATA**

<table>
<thead>
<tr>
<th>Types of Information</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Academic Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 500 Non-Academic Staff</td>
<td>11</td>
<td>26.9</td>
</tr>
<tr>
<td>501 to 750 Non-Academic Staff</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Information not available</td>
<td>29</td>
<td>70.7</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Academic Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 100 Academic Staff</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>101 to 250 Academic Staff</td>
<td>5</td>
<td>12.3</td>
</tr>
<tr>
<td>251 to 400 Academic Staff</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Information not available</td>
<td>29</td>
<td>70.7</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>38.0</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>62.0</td>
</tr>
<tr>
<td>Information not available</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Age in Years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 +</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information not available</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 1 (Continued)

<table>
<thead>
<tr>
<th>Characteristics of EAPs’ Employees</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American Faculty/Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>90% to 99% African American</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>80% to 89% African American</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>70% to 79% African American</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>60% to 69% African American</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>50% to 59% African American</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>40% to 49% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>30% to 39% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>20% to 29% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>10% to 19% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>0% to 9% African American</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Information is not available</td>
<td>31</td>
<td>75.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **Ethnicity and Race**            |   |      |
| White                             | 4 | 9.8  |
| Hispanic                          | 3 | 7.3  |
| Asian and Indian                  | 3 | 7.3  |
| Other                             | 0 | 0.0  |
| Information not available         | 31| 75.6 |
| **Total**                         | 41| 100.0|

| **Survey Respondent Data**        |   |      |
| Sex:                              |   |      |
| Male                              | 12| 29.3 |
| Female                            | 29| 70.7 |
| **Total**                         | 41| 100.0|

<p>| Race:                             |   |      |
| Black                             | 40| 97.6 |
| White                             | 1 | 2.4  |
| <strong>Total</strong>                         | 41| 100.0|</p>
<table>
<thead>
<tr>
<th>Age:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 19</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>20 - 29</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>40 - 49</td>
<td>29</td>
<td>70.7</td>
</tr>
<tr>
<td>50 - 59</td>
<td>5</td>
<td>12.3</td>
</tr>
<tr>
<td>60 - 69</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>70 plus</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years in Current Position:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>6 to 8 years</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>9 to 11 years</td>
<td>5</td>
<td>12.3</td>
</tr>
<tr>
<td>12 to 14 years</td>
<td>28</td>
<td>68.3</td>
</tr>
<tr>
<td>15 to 17 years</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Degree Attained:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree</td>
<td>10</td>
<td>24.4</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>30</td>
<td>73.2</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years in Human Resources and Personnel:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>6 to 8 years</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>9 to 11 years</td>
<td>5</td>
<td>12.3</td>
</tr>
<tr>
<td>12 to 15 years</td>
<td>28</td>
<td>68.3</td>
</tr>
<tr>
<td>16 to 20 years</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Summary

The most salient characteristic of the data, in Table 1, is the consistent failure of the great majority of the respondents to provide demographic information in most of the categories. The respondents indicated that the majority of Human Resources and Personnel Officers was female; almost all (40 or 97.6%) are black, 79 or 70.7% are between 40-49 years of age, 28 or 68.3% have been in their current positions for 12-15 years, 30 or 73.2% had the Master’s Degree, and 28 or 68.3% have been in the Human Resources and Personnel positions from 12-15 years.

UNCF Member Institutions’ EAP Data

This section contains thirteen questions regarding existence and type of Employee Assistance Programs (see Appendix F, Questions 6-18).

Table 2 contains information about the Employment Assistance Programs of the UNCF member institutions.

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>INFORMATION ABOUT UNCF MEMBER INSTITUTIONS’ EMPLOYEE ASSISTANCE PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic</td>
<td>N</td>
</tr>
<tr>
<td>On-Campus or Worksite EAP</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
</tr>
</tbody>
</table>
### TABLE 2 (Continued)

<table>
<thead>
<tr>
<th>Interests</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Off-Campus EAP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>92.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>100.0</td>
</tr>
<tr>
<td><strong>Designing an EAP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>95.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Implementing an EAP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>95.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutions with EAPs</th>
<th>Year</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilberforce University</td>
<td>1990</td>
<td>September</td>
</tr>
<tr>
<td>Spelman College</td>
<td>1990</td>
<td>September</td>
</tr>
<tr>
<td>Xavier University</td>
<td>1990</td>
<td>October</td>
</tr>
<tr>
<td>Virginia Union University</td>
<td>1991</td>
<td>January</td>
</tr>
<tr>
<td>Clark Atlanta University</td>
<td>1992</td>
<td>October</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutions with EAPs</th>
<th># Years</th>
<th># Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilberforce University</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Spelman College</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Xavier University</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Virginia Union University</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clark Atlanta University</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Providers of EAP Services</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Institutional Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program (Student or Faculty combined)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Licensed Professional Therapist</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Private Psychologist (Ph.D.)</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Private Psychologist (Masters)</td>
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</tr>
<tr>
<td>Private Psychologist (M.D.)</td>
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</tr>
<tr>
<td>Medical Doctor (M.D.)</td>
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</tr>
<tr>
<td>EAP Firm</td>
<td>5</td>
<td>12.4</td>
</tr>
<tr>
<td>Pastoral Counselor or Minister</td>
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<td></td>
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<tr>
<td>or Rabbi or Priest</td>
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<td>0.0</td>
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<tr>
<td>Public Mental Health Agency</td>
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<td>0.0</td>
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<tr>
<td>Private Mental Health Agency</td>
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<td>0.0</td>
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<td>Private Hospital Affiliation</td>
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<tr>
<td>Licensed Marriage and Family</td>
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<td></td>
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<tr>
<td>Therapist</td>
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<tr>
<td>Licensed Clinical Social Worker</td>
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</tr>
<tr>
<td>Counselor (Bachelors level)</td>
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<td>0.0</td>
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<tr>
<td>Human Resource Specialist</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td>Personnel Specialist</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nurse (RN)</td>
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<tr>
<td>Nurse (LPN)</td>
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<tr>
<td>Nurse (Psychiatric Nurse)</td>
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<tr>
<td>Peer Counseling Program</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Providers of EAP Services</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank Order of EAP Providers</td>
<td></td>
<td></td>
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<tr>
<td>(1) Human Resource Specialist</td>
<td>32</td>
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<tr>
<td>(2) EAP Firm</td>
<td>5</td>
<td>12.4</td>
</tr>
<tr>
<td>(3) Other</td>
<td>4</td>
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<tr>
<td>Total</td>
<td>41</td>
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</table>

<table>
<thead>
<tr>
<th>African American EAP Provider</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>Providers of EAP Services</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>EAP as a Component of Insurance or Benefit Package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>Types of EAP Coverage</td>
<td></td>
<td></td>
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<tr>
<td>Company Policy</td>
<td>41</td>
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<tr>
<td>HMO</td>
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<td>Medicare</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>Is EAP Publicity Provided to Faculty or Staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Format Used For EAP Publicity</th>
<th>Number of Institutions Utilizing Indicated Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures</td>
<td>9</td>
</tr>
<tr>
<td>Listed in Employee Handbook</td>
<td>9</td>
</tr>
<tr>
<td>Newsletters</td>
<td>9</td>
</tr>
<tr>
<td>Poster Flyers</td>
<td>5</td>
</tr>
<tr>
<td>Mailings</td>
<td>9</td>
</tr>
<tr>
<td>Staff Meeting Presentations</td>
<td>9</td>
</tr>
<tr>
<td>Faculty Meeting Presentations</td>
<td>9</td>
</tr>
<tr>
<td>1-800 Service Notifications -- Helpline</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>
Summary

The information, in Table 2, shows that 39 or 95.1% had no on-campus or worksite EAP, 38 or 92.7% had no off-campus EAP, 39 or 95.1% were not designing an EAP, and 39 or 95.1% were not implementing an EAP. This information seems to indicate a lack of any strong interest in EAP related activities. However, 32 or 78% said a Human Resource Specialist was their major EAP provider. All respondents indicated they had an African American EAP provider, they used a company policy type of EAP coverage, and they used EAP as a component of the Insurance and Benefit package. Thirty-two or 78% said no EAP publicity was provided to faculty and staff. Only five of these institutions have recently implemented EAPs. Several types of format were used to publicize the institutions' EAPs.

UNCF Member Institutions' Drug and Alcohol Policy Data

This section contains three questions regarding the UNCF Institutional Drug and Alcohol policy (see Appendix F, Questions 19-21).

Table 3 contains information about the drug and alcohol policies of the UNCF member institutions.
### TABLE 3

**INFORMATION ABOUT UNCF MEMBER INSTITUTIONS’ DRUG AND ALCOHOL POLICIES**

<table>
<thead>
<tr>
<th>Drug Free Work Place Policy Displayed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988 Drug Free Work Place Act Policy Posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| 1988 Drug Free Work Place Post Location |     |       |
| Locations Listed:                      |     |       |
| (1) Human Resource Office              | 39  | 95.1  |
| (2) Each Department or School          | 2   | 4.9   |
| Total                                 | 41  | 100.0 |

| Drug and Alcohol Testing and Screening: |     |       |
| Yes                                    | 2   | 4.9   |
| No                                     | 39  | 95.1  |
| Total                                  | 41  | 100.0 |

| Faculty | 0 | 0.0 |
| Staff   | 0 | 0.0 |
| Both    | 2 | 4.9 |
| Not applicable | 39 | 95.1 |

| Total | 41 | 100.0 |

| Not applicable | 39 | 95.1 |
| Random testing | 0  | 0.0  |
| Routine testing| 0  | 0.0  |
| Prehire Screening | 2 | 4.9 |

| Total | 41 | 100.0 |
Summary

The information, in Table 3, indicates that 41 or 100% of the respondents observed the 1988 Drug Free Workplace Act and 39 or 95% have it posted in the Human Resource office. However, 39 or 95.1% said they had no drug and alcohol testing or screening and they felt such screening was not applicable.

UNCF Member Institutions' EAP Referral Processes

This section contains four questions regarding the institutional EAP referral process and policy (see Appendix F, Questions 22-25).

Table 4 contains information about UNCF member institutions' EAP referral processes.

<table>
<thead>
<tr>
<th>EAPs' Training of Employees</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Provided in Referral of Non-Academic Employees to EAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>EAPs' Training of Employees</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Training Provided in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral of Academic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees to EAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EAPs' Agents' Titles</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Human Resource Professional</td>
<td>21</td>
<td>51.0</td>
</tr>
<tr>
<td>(2) Personnel Specialist</td>
<td>20</td>
<td>49.0</td>
</tr>
<tr>
<td>(3) No Answer</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mandatory Participation in the EAP:

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
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</tbody>
</table>

**Summary**

The information, in Table 4, indicates that all respondents provided training in referral of non-academic and academic employees to their EAPs and participation in EAP was mandatory. Also, approximately half indicated that
the title of their referral agents was Human Resource Professional or Personnel Specialist.

Use and Cost of UNCF Member Institutions' EAPs

This section contains ten questions regarding the institutional EAP rate of utilization and cost of EAP services (see Appendix F, Questions 26-35).

Table 5 contains information regarding EAP utilization and costs of the UNCF member institutions.

**TABLE 5**

**UNCF MEMBER INSTITUTIONS' EAP UTILIZATION AND COSTS**

<table>
<thead>
<tr>
<th>EAPs’ Accountability</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EAP Utilization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records Maintenance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Access to Records:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resource Professional</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>EAPs’ Accountability</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>----------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td><strong>Records Security:</strong></td>
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<td></td>
</tr>
<tr>
<td>Locked</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>Unlocked</td>
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<td>0.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| EAP Utilization Rate—Non-Academic Staff: |    |    |
| 10% or less                     | 41 | 100.0 |
| Information on utilization is unavailable | 0  | 0.0  |
| **Total**                       | 41 | 100.0 |

| EAP Utilization Rate—Academic Staff: |    |    |
| 10% or less                     | 41 | 100.0 |
| Information on utilization is unavailable | 0  | 0.0  |
| **Total**                       | 41 | 100.0 |

<table>
<thead>
<tr>
<th>Reasons for EAP Utilization</th>
<th>Number of Contributing Factors</th>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Drugs</td>
<td>7.1</td>
</tr>
<tr>
<td>Stress</td>
<td>7.1</td>
</tr>
<tr>
<td>Occupational or Job Related</td>
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</tr>
<tr>
<td>Emotional</td>
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<tr>
<td>Marital</td>
<td>7.1</td>
</tr>
<tr>
<td>Familial</td>
<td>7.1</td>
</tr>
<tr>
<td>Physical Health</td>
<td>7.1</td>
</tr>
<tr>
<td>Another’s Alcohol or Drug</td>
<td>7.1</td>
</tr>
<tr>
<td>Another’s Emotional Health</td>
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<tr>
<td>Legal</td>
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<tr>
<td>Financial</td>
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</table>
TABLE 5 (Continued)

<table>
<thead>
<tr>
<th>Reasons for EAP Utilization</th>
<th>Number of Contributing Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
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<td>Information Seeking</td>
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<tr>
<td>Other (Relocation Assistance)</td>
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<tr>
<td>Not Available</td>
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Types of Opportunities for Staff Improvement

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<tr>
<th>Wellness Workshop Provision</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td>Not applicable</td>
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<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
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</tbody>
</table>

Type of Workshops

<table>
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<tr>
<th>Seminar Provided</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>(1) Stress Management</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>(2) Time Management</td>
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<td>0.0</td>
</tr>
<tr>
<td>(3) Cultural Diversity</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>(4) Not Applicable</td>
<td>32</td>
<td>78.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
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</table>

Occurrences of Workshops and Seminars:

<table>
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<tr>
<th>Frequency</th>
<th>N</th>
<th>%</th>
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<tr>
<td>Annually</td>
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</tr>
<tr>
<td>Monthly</td>
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<tr>
<td>Bi-Weekly</td>
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<td>0.0</td>
</tr>
<tr>
<td>Quarterly</td>
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<td>Weekly</td>
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<tr>
<td>Other</td>
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<tr>
<td>Not applicable</td>
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<td>78.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 5 (Continued)

<table>
<thead>
<tr>
<th>Type of Service Cost</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flat Rate:</strong></td>
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<td>Total</td>
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<tr>
<td><strong>Per Employee Rate:</strong></td>
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<td>No</td>
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<td><strong>Per Session Rate:</strong></td>
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<td>0.0</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Summary**

From the information, in Table 5, one sees that the majority (32 or 78%) of the respondents indicated that their EAP did not maintain records, access to records was not applicable, and record security was not a major concern. Also, all respondents indicated that EAP rate utilization was 10% or less for non-academic and academic staff, 32 or 78% indicated that no Wellness Workshop provisions were made, and 32 or 74% did not specify that training occurred. Also, EAP provided no flat rate service cost, per session
Findings

The major findings from this study are listed below.

1. The majority of the staff of the UNCF member institutions in charge of EAP services, were female.

2. Most of these institutions did not provide the essential information requested.

3. Most of these institutions indicated they did not have an EAP on-campus nor off-campus; they were not designing an EAP, and they were not implementing an EAP.

4. Only five institutions indicated that they have recently implemented EAP programs. The length of time these programs have been operating ranged from five months to two and one-half years.

5. Several types of EAP services are provided.

6. The persons in charge of the EAP services at the UNCF member institutions have good credentials.

7. Most of the Human Resource Specialists stated they utilized African American EAP providers.

8. The EAP was provided as a component of the insurance or benefit package.

9. The EAP coverage was a policy of their institutions.

10. These institutions utilized a wide variety of methods to publicize their EAPs.
11. All of the UNCF member institutions indicated that they are in compliance with the 1988 Drug Free Workplace Act by posting this policy.

12. The majority of these UNCF member institutions indicated that they posted the 1988 Drug Free Workplace Act in their Human Resource offices.

13. Almost all of these UNCF member institutions indicated they did not have any type of tests for drug use or alcohol use.

14. All UNCF member institutions indicated they provided training in the referral of non-academic and academic employees.

15. All UNCF member institutions indicated that staff and faculty participation was mandatory in their EAPs.

16. Most of the UNCF member institutions indicated they did not maintain records of EAP utilization.

17. Not more than 10% of the non-academic and academic staff utilized the EAP.

18. The UNCF member institutions indicated that several factors contributed to the use of their EAPs.

19. Most of the UNCF member institutions indicated that they did not provide Wellness Workshops.

20. The UNCF member institutions indicated that they were not charged flat rates, per session rates, nor employee rates for services.
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

The intent of this study was to examine selected characteristics of Employee Assistance Programs at the 41 United Negro College Fund member institutions. These survey respondents were of particular interest due to the lack of research information available regarding EAP services at Predominantly and Historically African American Institutions.

Summary of Findings

The findings from this study are summarized in the following section.

The survey results indicated that the majority of the employees and Human Resource professionals were of the female gender. The data revealed that many of the UNCF member institutions did not provide the essential information that was requested. It is interesting to note that many of these institutions indicated that they did not have an on-campus or off-campus EAP nor were they in the process of implementing a EAP service. Only five UNCF member institutions revealed that they had recently implemented a EAP. Several types of EAP services are
provided. The data indicated that most of the UNCF member institutions utilize the Human Resource offices as the EAP or as the referral agent for the EAP service. The survey results revealed that all of the EAPs had an African American provider of services. EAP services were listed as a component of the institutional benefit package by most of the UNCF member institutions. The publicity of the EAP was conducted in a variety of ways by the UNCF member institutions.

All of the UNCF member institutions indicated that they are in compliance with the 1988 Drug Free Workplace Act. The Drug Free Workplace Policy was posted in the majority of UNCF member institutions' Human Resource Offices. Almost all of the UNCF member institutions indicated that they did not have any type of tests for drug use or alcohol use.

The survey results indicated that all of the UNCF member institutions provide training in the referral of non-academic and academic employees. All of the UNCF member institutions indicated that staff and faculty participation in the EAP was mandatory upon referral. Most of the UNCF member institutions did not maintain records of EAP utilization. The data revealed that EAP utilization was not more than 10% by all of the reporting UNCF member institutions. The UNCF member institutions indicated that a variety of factors contributed to EAP utilization. Most of
the UNCF member institutions indicated that Wellness Workshops were not provided. Finally, most of the UNCF member institutions reported that they do not charge a flat rate, per session rate, nor per employee rate for services. Clark Atlanta University was the only UNCF member institution that reported a cost of services. The EAP was charged at a rate of $27.00 per employee per year.

Conclusions

The implementation of an Employee Assistance Program depends on the acknowledgement by decision makers that such an effort will meet institutional objectives. Program development must address and meet the needs, problems, and values of the institution. Whether programs are internal or external, they must be (a) services that meet the needs of targeted organizations, and (b) organizational leaders must become convinced of the efficacy of the EAP service. Counselors must become skilled in labor law, business practices, and organizational behavior. Professional counselors, hoping to "market" or "sell" services, must be aware that solutions to real problems and meeting felt needs are paramount to the existence and continuance of the EAP.

In the development of Employee Assistance Services, for Historically and Predominantly African American institutions, it will be important to understand the history, cultural values, religious doctrines and perceptions regarding mental health services, counseling,
and psychological treatment. Counseling and Human Development curriculums must provide multicultural learning and training experiences for prospective Employee Assistance professionals.

Discussion

Historically, many institutions in the African American community have served as important resources for the reduction of alcohol abuse, personal crises, family problems, marital conflicts, and medical maladies. Existing literature indicates that many institutional and organizational leaders in the African American community have been very concerned and active in programs geared toward the treatment and prevention of alcoholism, drug abuse and other psycho-social issues.

Thompson\(^1\) argues that African American colleges have been dedicated to the improvement of life for their constituencies and African American citizenship. He contends that the African American institution is the only one of higher learning controlled by African Americans; and, thus, it must be responsive to the needs and demands of the community. Without it, African Americans, as a distinct racial group, lose the most effective vehicle for training

leaders and developing an economically and socially mobile middle class.

It has been stated that small private African American colleges and universities will need to make bold, revolutionary changes in order to continue the contributions to African American progress. Also, Thompson\textsuperscript{2} insists that African American colleges must develop a "new college", which is more responsive to societal changes and the future.

Louis Sullivan,\textsuperscript{3} former Secretary for the United States Department of Health and Human Services, believes that institutions of higher learning must be leaders in stimulating interest in self preservation to include physical health care and emotional well-being. He states that all institutions and communities must seize the opportunity presented by health promotion and prevention to cut health-care costs, prevent disability, and lead more productive lives. Drug abuse, alcoholism, stress, family planning, nutrition, physical fitness, tobacco use, and violent behavior impact daily living and the health of all Americans.

The central purpose of an Employee Assistance Program is to provide professional aid for people whose personal

\textsuperscript{2}Ibid.

problems might otherwise lead to work impairment, accidents, conflicts and termination. Employee Assistance Programs have become prevalent because problems in living affect everyone and can, in turn, impact on our daily living, physical, and emotional health.

Survey results show that all of 41 UNCF survey respondents provide some type of assistance to both academic and non-academic employees. Nine of them utilize trained counseling professionals. Thirty-two of the UNCF survey respondents relied on the Human Resource Professionals to provide assistance services. This demonstrates that there is a responsiveness towards the needs of the constituency at the UNCF member institutions.

The majority of the UNCF member institutions utilized the Internal (on-campus) EAP model. This approach remains prevalent among many organizations. Depending on the size of the firm, one or more specialists staffed an EAP office within the institution. These employee assistance specialists managed the programs and delivered the services. They provided consultation, training, and education, as well as direct services, to individuals. In most instances, individual services are limited to short-term problem solving, assessment, and referral. Counselors keep close track of available community resources so that, when an employee is assessed as needing treatment of any kind, an appropriate referral can be made. Referrals take into
account both individual needs and the constraints of the company’s health benefit package. Ideally, employee assistance specialists are closely involved with managers, supervisors, and employees, so their clients include both individuals who refer themselves and employees whose job performance has aroused supervisory concern.

This close involvement constitutes the strength of the internal model and makes it worthy of consideration by an organization large enough to support such an effort. An EAP is only successful insofar as it is used, and an internal consultant can do a great deal to keep the program visible to potential clients. The service provider’s presence, at the worksite, can encourage drop-ins from employees or supervisors who might be undecided about making the commitment to seek help.

Also, the internal EAP counselor might be trusted because of his or her knowledge of the institution and its characteristics. A counselor, who knows the system, can be both a helpful advocate for a client with work-related problems and a useful consultant for managers.

The possibilities of having an impact on the organizational environment are also enhanced for internal practitioners. The credibility that comes with being part of the organization can help practitioners address problems that may become apparent through their work. If a number of individual employees develop problems that can be attributed
to a stressor, in the work environment, an alert EAP counselor can reach managers or union stewards who might have the power to bring about needed changes. If nothing else, an internal EAP coordinator can certainly influence the institution’s resource policies and health care benefits.

Although the internal model possesses some benefits, it is not appropriate for all work settings. A major characteristic of the internal program is that it is practical only for organizations employing a large number of people at a worksite. It has been suggested that a company can justify one internal mental health professional for every 2,500 employees. If this rule of thumb were followed, most organizations would be perceived as too small to warrant hiring a full-time EAP provider. Planners may disagree about the most appropriate ratio of employees to counselors, but they know that it is cost-effective to employ full-time counselors only if there are enough employees in the location to keep them busy. Some organizations have attempted to make employee assistance the part-time obligation of a member of the personnel department, but this option is inappropriate. The EAP is based on the notion that counseling is confidential and that employment records will not be affected by participation. A personnel specialist, attempting to provide EAP services and
to make management decisions, would find himself or herself plagued by role conflicts.

Thus, small or medium-sized institutions usually find it in their best interests to contract with external consultants for EAP service delivery. However, many large organizations find the external model preferable, either because of its cost-effectiveness or because of the increased ease in guaranteeing the confidentiality of services.4

An external employee assistance program (off-campus) includes every component found in the internal system, including training, prevention, and consultation, as well as direct service delivery. Thus, external programs can be as comprehensive as internal systems. The one unique characteristic of the external model is that services are provided by consultants who are not employees of the company. These consultants are paid on a contractual basis; and, usually, meet with clients in offices located away from worksites. Some consultants deliver services on-site at a company while maintaining their identities as outsiders. Although this model has not been common in the past, it can be expected to become more prevalent as a third approach, possibly, combining some of the benefits of the internal and external alternatives.

4Judith Lewis and Michael Lewis, Counseling Programs in the Work Place (Monterey, California: Brooks/Cole), 32-34.
When an external employee assistance program is initiated, consultants assist in the development of policy and procedure statements to be signed by managers and employee representatives. The consultants, then, take responsibility for training supervisors, orienting employees, and providing ongoing information. At the heart of such programs, of course, is the provision of counseling, assessment, and referral services for employees.

Most external programs are based on telephone appointment systems. When an employee wishes to see a counselor, he or she calls a telephone number that has been made available to all members of the organization. An appointment is made to suit the employee's convenience, usually during nonworking hours, at an office close to home or work. The counselor makes an assessment of the client's situation. If short-term problem solving assistance is all that is needed, the counselor provides this service. If more help, for example, medical, psychological, legal, financial, or social is necessary, a referral is made to an appropriate professional or agency. There should be no cost to the employee for EAP counseling. Referrals to other agencies should take into account the employee's insurance coverage and ability to pay. If employees or family members refer themselves to the employee assistance program, no information, not even their names, is shared with the employing organization. If employees are referred to the
EAP by their supervisors, the counselor may maintain contact with the supervisor. However, even then, no information about the content of the counseling sessions is provided unless the client requests that data be shared.

The fact that counseling services are located outside of the workplace makes them appealing to many employees. Internal programs do very well in attracting both supervisory referrals and self-referrals of rank and file workers. However, often, executives, academicians, managers, and people in technical and professional fields are out of reach of these programs. Although every good employee assistance program, whether internal or external, stresses confidentiality and keeps assessment data out of personnel records, ambitious executives and professionals often fear that their careers will be compromised if they admit to the existence of personal problems. Also, use of the program, by highly placed executives, is affected by the tendency of managers to avoid asking for help from people who occupy slightly lower places in the organization’s hierarchy.

The placement of assessment counselors outside of the organization can encourage reluctant professionals to seek help for themselves or their families. Counselors, in external programs, have the objectivity and professional identity that come from being outside of the organization. Yet, unlike helpers in general community agencies, they are
associated with the employing company closely enough to know the work-setting and its stressors. These characteristics can encourage self-referrals from the employees in whom the institution has invested the most.\textsuperscript{5}

Other strengths of external programs lie in the many professional skills offered by service providers. An external consulting firm may use many assessment counselors, each with a distinct specialization or area of expertise. These counselors address a wider variety of problems and issues than can a single internal consultant. As Leeman\textsuperscript{6} points out, "since the counselor's supervision comes from the outside organization, the company obtains professional expertise otherwise unavailable to it."

Finally, external consultants can bring objectivity to an examination of organizational issues that an employee of the firm might not have.

Research Implications

The survey results demonstrate that the majority of the employees and Human Resources professionals were of the female gender. As more and more women enter the workforce, there will need to be changes made to accommodate working mothers and single parents. Many researchers believe that the development of EAPs parallels the changes in the

\textsuperscript{5}Ibid., 34-36.

demographics of the workforce. Also, the survey results demonstrated that ethnic diversity exists at the UNCF member institutions. It will be important that EAPs are aware and responsive to socio-cultural and psycho-cultural differences in the workplace.

The survey results revealed that the Human Resource Directors were providing Employee Assistance Services to include assessment and counseling. It will be important that Human Resource Professionals are trained in the prevention, identification and resolution of personal and organizational crises. The awareness and utilization of community service organizations and resources will serve as an invaluable tool to Human Resources Departments as they attempt to serve diverse workforces.

Finally, one of the interesting observations the writer made was the fact that many of the respondents did not provide some of the basic information that was requested. The survey results revealed that many of the UNCF member institutions did not have vital demographic statistics regarding staff and faculty size, gender, age and ethnicity readily available. It will be important for UNCF member institutions to keep updated vital records, statistics and demographic information readily available in order to plan and evaluate programs, meet governmental regulations and Equal Employment Opportunity guidelines.
Recommendations for Counselors

Many counselors have the basic helping skills needed for the delivery of worksite-based services. Counselors may find it necessary to adapt their skills to the special nature of employee assistance counseling programs. Lewis and Lewis\(^7\) stated that counselors should focus attention on developing skills associated with all of the following major competency areas: (1) program development and management; (2) short-term counseling/assessment, (3) resource utilization/networking, (4) organizational consultation, (5) education and training, (6) public relations and marketing, (7) labor laws and regulations, and (8) cultural diversity. In the context of Employee Counseling programs, effective counselors need solid competencies in each of these areas, with consulting, program management, and marketing being as important to program success as the provision of direct services.

Recommendations for the Workplace

Alcohol, drugs, stress, family problems and crises affect people in all occupations and professions. Public and private sector adoption of workplace policies and procedures, that view prevention as a proactive process, shape environmental factors that will facilitate well workers. Health care costs have had a dramatic effect on

\(^7\)Lewis and Lewis, *Counseling Programs in the Work Place*, 32-34.
the United States' economy in the last five years. Bogdanich\(^8\) has predicted that 14 percent of the nation's goods and services will be dedicated to the payment of health care expenditures in 1993. Motivating workers to change unhealthy lifestyles will be the next frontier in health cost control.

The development of workplace wellness programs will become more and more important in EAP design and implementation. Workplace wellness programs offer a variety of services including stress management, weight control, alcohol and drug information, health promotion activities, screenings and appraisals for heart disease and lifestyle risks; and sports and leisure activities programs such as volleyball tournaments, picnics, health club memberships and cultural opportunities.

Many workplace wellness programs lie within a continuum of care supported and sponsored by the institution. The three broad goals of this continuum are to:

1. Promote the physical and emotional health of employees and their families;
2. Resolve disturbances in the physical and emotional health of employees at the earliest stage of problem development; and,  

Prevent the return of physical and emotional health problems once the employee has been treated.*

Recommendations for Future Research

This study has provided an examination of the basic components of EAPs at the 41 UNCF member institutions. Future research should be expanded to include an analysis of Characteristics of Employee Assistance Services at all of the 123 Historically and Predominantly African American Institutions. This replication could focus on examining differences in demographic variables, funding source (i.e., state funded vs. private colleges and universities) and other related variables.

Finally, a study should be conducted to examine perceptual differences towards Employee Assistance Services by Human Resource professionals, academic, and non-academic employees at Historically and Predominantly African American Universities.

APPENDICES
APPENDIX A
UNCF COLLEGES LISTING AND PERSONNEL DIRECTORS
(LISTING BY STATE)

Alabama

1. Miles College
   Diana Knighton -- Director of Personnel
   P.O. Box 3800
   Birmingham, Alabama 35208
   205-923-2771

2. Oakwood College
   Mrs. Sylvia Germany -- Director of Personnel
   Oakwood Road, NW
   Huntsville, Alabama 35896
   205-726-7000

3. Stillman College
   Theodore R. Collins -- Business Manager
   P.O. Box 1430
   Tuscaloosa, Alabama 35403
   205-349-4240

4. Talladega College
   Brenda Rhoden -- Director of Personnel
   627 West Battle St.
   Talladega, Alabama 35160
   205-362-0206

5. Tuskegee University
   S. Walton Williams -- Director of Personnel
   Old Montgomery Road
   Tuskegee, Alabama 36088
   205-727-8011

Arkansas

6. Philander Smith College
   Sherlynn Ding -- Director of Personnel
   812 West 13th St.
   Little Rock, Arkansas 72202
   501-375-9845
Florida

7. Bethune-Cookman College
Sharon Bostic -- Director of Personnel
640 Second Avenue
Daytona Beach, Florida 32115
904-255-1401

8. Edward Waters College
Raymond Rose -- Director of Personnel
1658 Kings Road
Jacksonville, Florida 32209
904-355-3030

9. Florida Memorial College
Eleanor Walton -- Manager of Human Resources
15800 NW 42nd Ave.
Miami, Florida 33054
305-625-4141

Georgia

10. Clark Atlanta University
Gwendolyn Walker -- Director of Human Resources
223 James P. Brawley Dr. at Fair St., SW
Atlanta, GA 30314
404-880-8647/8437

11. Interdenominational Theological Center
Dr. Harold Moore -- Director of Personnel
671 Beckwith St., SW
Atlanta, GA 30314
404-527-7700

12. Morehouse College
Craig Triplett -- Human Resources Director
830 Westview Drive, SW
Atlanta, GA 30314
404-681-2800

13. Morris Brown College
Lucy Pennington -- Human Resources Director
643 Martin Luther King Dr., NW
Atlanta, GA 30314
404-220-0270

14. Paine College
Johnetta Odutayo -- Director of Personnel
1235 15th Street
Augusta, GA 30910-2799
404-821-8200
15. Spelman College
   Norma Jennings-Crooks — Director of Personnel
   350 Spelman Lane, SW
   Atlanta, GA  30314
   404-681-3643

   Louisiana

16. Dillard University
   Nick Harris — Director of Personnel
   2601 Gentilly Blvd.
   New Orleans, LA  70122
   504-283-8822

17. Xavier University
   Stan Harvey — Director of Personnel
   7325 Palmetto Street
   New Orleans, LA  70125
   504-486-7411

   Mississippi

18. Rust College
   Kathy Smith — Director of Personnel
   150 East Rust Avenue
   Holly Springs, MS  38635-9990
   601-252-8000

19. Tougaloo College
   Debra Kirkwood — Personnel Officer
   500 East County Line Road
   Tougaloo, MS  39174
   601-977-7700

   North Carolina

20. Barber Scotia College
    Carolyn Bust — Director of Personnel
    145 Cabarrus Avenue
    Concord, NC  28025
    704-786-5171

21. Bennett College
    Naomi Guess — Director of Personnel
    900 East Washington Street
    Greensboro, NC  27401-3239
    919-273-4431
22. Johnson C. Smith University
   Curtina Simmons -- Director of Human Resources
   100 Beatties Ford Road
   Charlotte, NC 28216
   704-378-1000/1230

23. Livingstone College
    Jan Barton -- Fiscal Affairs/HR Officer
    701 West Monroe Street
    Salisbury, NC 28144
    704-638-5500

24. Saint Augustine's College
    Col. Alphonso Pearson -- Director of Personnel
    1315 Oakwood Ave.
    Raleigh, NC 27610-2298
    919-828-4451

25. Shaw University
    Marilyn Fields -- Asst. to President/Director of Personnel
    118 East South Street
    Raleigh, NC 27611
    919-546-8200

Ohio

26. Wilberforce University
    Tamika Jones -- Director of Human Resources
    1055 North Bickett Road
    Wilberforce, OH 45384-1091
    513-376-2911

South Carolina

27. Benedict College
    Betty Jenkins -- Director of Personnel
    1600 Harden St.
    Columbia, SC 29204
    803-256-4220

28. Claflin College
    Thomasina Williams -- Director of Personnel
    400 College Avenue
    Orangeburg, SC 29115-4498
    803-534-2710
29. Morris College
   Roy Graham — Director of Personnel
   100 W. College St.
   Sumter, SC  29150-3599
   803-775-9371

30. Voorhees College
    Dean Eddie Montgomery — Director of Personnel
    Voorhees Road
    Denmark, SC  29042
    803-793-3351

Tennessee

31. Fisk University
    Eunice Edwards — Director of Personnel Services
    1000 17th Avenue North
    Nashville, TN  37208-3051
    615-329-8555

32. Knoxville College
    Brenda Underwood — Director of Personnel
    Knoxville College Lane
    Knoxville, TN  37921
    615-524-6514
    615-524-6686 (fax)

33. Lane College
    Joe Johnson — Director of Personnel
    545 Lane Avenue
    Jackson, TN  38301
    901-426-7500

34. LeMoyne-Owen College
    Jeanette Williams — Director of Human Resources
    807 Walker Avenue
    Memphis, TN  38126
    901-942-7301

Texas

35. Huston-Tillotson College
    Donald Grace — Director of Human Resources
    1820 East 8th St.
    Austin, TX  78702-2793
    512-476-7421
36. Jarvis Christian College
   Clara Dewberry -- Director of Personnel
   P.O. Box Drawer G
   Hawkin, TX  75765
   903-769-4842/2174

37. Paul Quinn College
   Joyce Bouden -- Director of Personnel
   3837 Simpson Stewart Road
   Waco, TX  75241
   214-371-1088

38. Texas College
   Dr. Daryll Coleman -- Executive Vice President
   2404 North Grand
   P.O. Box 4500
   Tyler, TX  75712-2404
   903-593-8311

39. Wiley College
   Loretta Thompson -- Executive Assistant to the President
   711 Wiley Avenue
   Marshall, TX  75670
   903-927-3300

Virginia

40. Saint Paul's College
   Alta Thomas -- Director of Personnel
   406 Winsor Avenue
   Lawrenceville, VA  23868
   804-848-3111

41. Virginia Union University
   Paul Perry -- Director of Personnel
   1500 North Lombardy St.
   Richmond, VA  23220
   804-257-
APPENDIX B

LISTING OF UNIVERSITIES AND COLLEGES
WITH ESTABLISHED EAPS IN THE
UNITED STATES

American University
Appalachian State University
Arizona State University
Ball State University
Boston College
Boston University
Brown University
California State University - Chico
California State University - Fresno
California State University - Northridge
California State University - Sacramento
California State University - San Diego
Cleveland State University
Dartmouth College
Duke University
East Tennessee State University
George Mason University
Georgetown University
George Washington University
Georgia State University
Harvard University
Hunter College
Illinois State University
Indiana University -- Purdue University at Indianapolis
Johns Hopkins University
Louisiana State University
Loyola University of Chicago
Mankato State University
Massachusetts Institute of Technology
Michigan State University
Michigan Technological University
North Dakota State University
Northern Illinois University
Ohio State University
Ohio University
Old Dominion University
Pennsylvania State University
Portland State University
Purdue University
Rutgers University
Saint Lawrence University
Stanford University
State University of New York - Binghamton
State University of New York - Buffalo
State University of New York - Stony Brook
Texas Tech University
University of Alabama - Birmingham
University of California - Berkeley
University of California - Davis
University of California - Los Alamos
University of California - Los Angeles
University of California - San Diego
University of California - San Francisco
University of California - Santa Barbara
University of Cincinnati
University of Colorado - Boulder
University of Connecticut
University of Delaware
University of District of Columbia
University of Kentucky
University of Maine
University of Maryland - Baltimore
University of Maryland - College Park
University of Massachusetts
University of Michigan
University of Minnesota
University of Missouri - Columbia
University of Missouri - Rolla
University of New Mexico
University of North Dakota
University of Notre Dame
University of Oklahoma
University of Pennsylvania
University of Rhode Island
University of Southern California
University of Tennessee
University of Vermont
University of Wisconsin - Eau Claire
University of Wisconsin - Milwaukee
University of Wisconsin - Oshkosh
University of Wisconsin - Stevens Point
University of Wisconsin - Superior
Vanderbilt University
Western Michigan University
West Virginia University
Dear ____________:  

I am a doctoral candidate in the Department of Counseling and Human Development at Clark Atlanta University. I am studying the Selected Characteristics of Employee Assistance Programs at the United Negro College Fund Member Institutions. A questionnaire has been designed to gather information regarding these human resource services. This questionnaire will take no more than fifteen minutes of your time to answer.

As an enclosure with this letter, you will find a self-addressed stamped postcard on which you may indicate your willingness to cooperate by answering the questionnaire. You may fax your response to 404-892-6725.

Thank you for the courtesy of your assistance.

Respectfully,

J. Fidel Turner, M.Ed., CRC  
Doctoral Candidate  
Counseling and Human Development

Enclosure
APPENDIX D

SELF-ADDRESSED STAMPED
RESPONSE CARD

Post Card (Front)

J. Fidel Turner, Jr., M.Ed., CRC
Clark Atlanta University
P.O. Box 62
223 James P. Brawley Drive
Atlanta, Georgia 30314

Post Card (Back)

Dear Mr. Turner,

CHECK ONE AND RETURN

_____ Please send the questionnaire, I will be happy to cooperate.

_____ I am sorry, but I do not wish to answer the questionnaire.

Comments: ________________________________________________

Date: ________________________________________________

Name: ________________________________________________

Title: ________________________________________________
Dear ________________________:

Enclosed please find the questionnaire regarding the Selected Characteristics of Employee Assistance Programs at the United Negro College Fund Member Institutions. I appreciate your willingness to assist me in this research endeavor. Please call me at 404-875-0956 (Collect) should you have any concerns or questions regarding this questionnaire. You may select to fax your response to 404-892-6725. I have enclosed a stamped self-addressed envelope for the return of the questionnaire.

Thanks again.

Respectfully,

J. Fidel Turner, Jr., M.Ed., CRC
Doctoral Candidate
Counseling and Human Development

Enclosure
EMPLOYEE ASSISTANCE SURVEY

INSTRUCTIONS AND SURVEY INFORMATION

The Employee Assistance Survey (EAS) consists of five sections and 35 questions for your response. They are labeled sections A, B, C, D, and E. Section A contains the request for demographic information on the staff size (academic and nonacademic), age, sex, and percentages relating to ethnicity and nationality. Section B requests information regarding the actual existence and type of EAP service utilized at your Institution. Section C requests information regarding the institutional drug policy. Section D requests information regarding the EAP referral process and policy at the Institution. Section E requests information regarding utilization of the institutional EAP service as well as cost of services to your Institution. Section F requests information regarding survey respondent demographics.

It is important that you respond to each question. Many of the questions require that you only check off the appropriate response. Please include any additional information in the comments section of the designated question as indicated. You may attach any available information regarding your Institutional Employee Assistance Program. Please call 404-875-0956 (collect) or 1-800-334-6014 (messages only) should you have any questions as you respond to this survey.

Thank you for your cooperation.
SECTION A

1. How many non-academic staff does your University or College employ? (This figure should include all fulltime and parttime custodial, service and administrative staff.)

Approximate number of staff ______ or

Check one:
___ fewer than 500 employees
___ 501 to 750 employees
___ 751 to 1,000 employees
___ 1,001 to 1,500 employees
___ 1,501 to 2,000 employees
___ 2,001 to 3,000 employees
___ 3,001 to 4,999 employees
___ 5,000 or more employees
___ Information is not available

2. How many academic or faculty members does your University or College employ? (This figure should include all fulltime and parttime professors, instructors, deans, and departmental chairpersons.)

Approximate number of academic or faculty members ______ or

Check one:
___ fewer than 100 academic or faculty members
___ 101 to 250 academic or faculty members
___ 251 to 400 academic or faculty members
___ 401 to 550 academic or faculty members
___ 551 to 700 academic or faculty members
___ 701 to 850 academic or faculty members
___ 851 to 999 academic or faculty members
___ 1,000 or more academic or faculty members
___ Information is not available

3. Please indicate the percentage of employees as:

_____ % Male and _____ % Female

___ Information is not available
Ages represented: (Please give approximate number in each age range)

- 10 - 19
- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 or over
- Information is not available

4. Please indicate the percentage of your faculty and staff as African American.

- 100% African American
- 90% to 99% African American
- 80% to 89% African American
- 70% to 79% African American
- 60% to 69% African American
- 50% to 59% African American
- 40% to 49% African American
- 30% to 39% African American
- 20% to 29% African American
- 10% to 19% African American
- 0% to 9% African American
- Information is not available

5. Please indicate other ethnic or nationalities represented on your campus and the percentage.

________________________________________________________________________ - _____%
________________________________________________________________________ - _____%
________________________________________________________________________ - _____%
________________________________________________________________________ - _____%
________________________________________________________________________ - _____%
________________________________________________________________________ - _____%

- Please check if this information is not available.
SECTION B

6. Does your University or College have an on-campus or worksite based Employee Assistance program office? (Check one)

   ___ Yes  ___ No

7. Does your University or College have an off-campus based Employee Assistance program provider? (Check one)

   ___ Yes  ___ No

8. Is your University or College in the process of designing an Employee Assistance Program? (Check one)

   ___ Yes  ___ No

Comments:

________________________________________________________________________

________________________________________________________________________

9. Is your University or College in the process of implementing an Employee Assistance Program? (Check one)

   ___ Yes  ___ No

Comments:

________________________________________________________________________

________________________________________________________________________

10. When did your Institution implement the Employee Assistance Program?

    _______ Year    _______ Month

11. How long has this program been in existence?

    ___ # years    ___ # months    ___ # days
12. Please indicate below your provider of Employee Assistance Services to your University or College. (Check all that apply)

- Institutional Counseling Program (Student and Faculty combined)
- Licensed Professional Counselor
- Licensed Professional Therapist
- Private Psychologist (Ph.D. level)
- Private Psychologist (Master's level)
- Private Psychiatrist (M.D.)
- Medical Doctor (M.D.)
- Employee Assistance firm
  *Please indicate the name of your Institution's EAP firm or provider__________________________________________________________
- Pastoral Counselor/Minister/Priest/Rabbi (circle one please)
- Other (please indicate)__________________________________________________________
- Public Mental Health Agency
- Private Mental Health Agency
- Private Hospital Liaison
- Private Hospital Affiliation
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Medical Social Worker (LMSW)
- Licensed Clinical Social Worker (LCSW)
- Counselor (Bachelors degree level)
- Human Resource Specialist
- Personnel Specialist
- Nurse (RN)
- Nurse (LPN)
- Nurse (Psychiatric Nurse)
- Peer Counseling Program
- Other__________________________________________________________

13. Of the above providers, name the three that are utilized most frequently in rank order.

(1) ________________________________________________________________
(2) ________________________________________________________________
(3) ________________________________________________________________
14. Does your Employee Assistance Program have a Black or African American Service Provider? (Check one)

___ Yes  ___ No

Comments:

________________________________________________________________________________________

15. Is your Employee Assistance Program a component of your Institutional Insurance or Benefit package? (Check one)

___ Yes  ___ No

16. Please indicate if the above program is covered under a: (Check all that apply)

___ Company Policy
___ HMO
___ Medicare
___ Other (please explain) __________________________________________________________________

17. Is your Employee Assistance Program publicized to all University or College faculty and staff?

___ Yes  Where?__________________________________________________________________________

___ No  Why Not?__________________________________________________________________________

________________________________________________________________________________________

18. If yes, please indicate all that apply:

___ Brochures
___ Listed in Employee Handbook
___ Newsletters
___ Posted Flyers
___ Mailings
___ Staff Meeting Presentations
___ Faculty Meeting Presentations
___ 1-800 Service Notifications (Help line)
___ Other
SECTION C

19. Is the 1988 Drug Free Work Place Act Policy posted at your Institution?
   ___ Yes ___ No

20. Where is the 1988 Drug Free Work Place Act Policy posted at your Institution?
   ________________________________________________________________

21. Does your University or College perform drug and alcohol testing or screening?
   ___ Yes ___ No
   ___ Faculty or ___ Staff
   or ___ Both
   ___ Random testing or ___ Routine testing
   or ___ Prehire screening

SECTION D

22. Are your University or College staff and faculty trained in how to refer employees to the Employee Assistance Program? (Check one)
   ___ Yes ___ No

   If no, who is responsible for making EAP referrals?
   ________________________________________________________________

23. Are your University or College staff and faculty trained in how to refer faculty to the Employee Assistance Program? (Check one)
   ___ Yes ___ No

   If no, who is responsible for making EAP referrals?
   ________________________________________________________________
24. What is the title of the person making referrals?

_________________________________________________________________

25. If an employee is referred to the Employee Assistance Program by supervision, is his or her participation mandatory? (Check one)

___ Yes  ___ No

Comments:__________________________________________________________

_________________________________________________________________

SECTION E

26. Does your Employee Assistance Program maintain records of utilization? (Check one)

___ Yes  ___ No

27. Who has access to these records?

Title:______________________________________________________________

28. Are these records locked or unlocked?

___ Locked  ___ Unlocked

Comments:________________________________________________________

________________________________________________________________
29. What is your Employee Assistance Program utilization rate for your nonacademic staff? (Check one)

- 100% to 91% of our nonacademic staff utilize the EAP
- 90% to 81% of our nonacademic staff utilize the EAP
- 80% to 71% of our nonacademic staff utilize the EAP
- 70% to 61% of our nonacademic staff utilize the EAP
- 60% to 51% of our nonacademic staff utilize the EAP
- 50% to 41% of our nonacademic staff utilize the EAP
- 40% to 31% of our nonacademic staff utilize the EAP
- 30% to 21% of our nonacademic staff utilize the EAP
- 20% to 11% of our nonacademic staff utilize the EAP
- 10% or less of our nonacademic staff utilize the EAP
- Information on utilization is not available

30. What is your Employee Assistance Program utilization rate for your academic staff? (Check one)

- 100% to 91% of our academic staff utilize the EAP
- 90% to 81% of our academic staff utilize the EAP
- 80% to 71% of our academic staff utilize the EAP
- 70% to 61% of our academic staff utilize the EAP
- 60% to 51% of our academic staff utilize the EAP
- 50% to 41% of our academic staff utilize the EAP
- 40% to 31% of our academic staff utilize the EAP
- 30% to 21% of our academic staff utilize the EAP
- 20% to 11% of our academic staff utilize the EAP
- 10% or less of our academic staff utilize the EAP
- Information on utilization is not available
31. Please indicate if the following are contributing factors for utilization of your Institution’s Employee Assistance Program. (Check all that apply)

- Alcohol
- Drugs
- Stress
- Occupational or Job Related
- Emotional
- Marital
- Familial
- Physical Health
- Another’s Alcohol or Drug
- Another’s Emotional or Health
- Legal
- Financial
- Housing
- Information seeking
- Not Available
- Other (please explain) __________________________

32. Does your Employee Assistance Program provide workshops as it relates to wellness (physical and psychological health)? (Check one)

- Yes
- No

33. If yes, please indicate what type of seminars or workshops have been provided?

- __________________________

How often? Please check if:

- Annually
- Monthly
- Bi-Weekly
- Other
- Quarterly
- Bi-Monthly
- Weekly

34. How much does your Employee Assistance Provider charge for services?

$________________________
35. Is this a flat rate?  
   Yes  No

   Is this a per employee rate?  
   Yes  No

   Is this a per session rate?  
   Yes  No

   Please check if this information is not available

   Maximum number of sessions allowed

   Please explain:

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

SECTION F

36. Please complete:

   Name: _________________________________________________________

   Title: ___________________________________________________________

   Male or Female (Circle one)  Race/Ethnic Group: _________________

   Age Range:  
                  __  18 - 20
                  __  21 - 25
                  __  26 - 29
                  __  30 - 39
                  __  40 - 49
                  __  50 - 59
                  __  60 - 64
                  __  65 or over

   Office Address: __________________________________________________

   ________________________________________________________________

   Office Phone: __________________________________________________

   Fax Number: ____________________________________________________

   Number of years in current position: ______________________________

   Highest degree attained: _________________________________________

   Number of years in Human Resources or Personnel: _________________

   Thank you for responding to this questionnaire.
*Please indicate below if you wish to receive an abstract of the final research results.

___ Yes      ___ No

Comments:

________________________________________

______________________________

Please Note: You may fax your response to:

(404) 892-6725 -- Attention: J. Fidel Turner, Jr., M.Ed., CRC

Thanks again!
## APPENDIX G

### SURVEY RESPONSE TRACKING SYSTEM DIARY

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APPENDIX H

THANK YOU LETTER TO STUDY PARTICIPANTS

Dear __________________:

I would like to take this opportunity to thank you for participating in my study of the Selected Characteristics of Employee Assistance Programs at United Negro College Fund Member Institutions.

The information that you provided will be instrumental in the completion of this study. I will forward an abstract of the research results at the completion of this project.

Thanks again.

Respectfully,

J. Fidel Turner, Jr., M.Ed., CRC
Doctoral Candidate
Counseling and Human Development

Enclosure
APPENDIX I

GROUPS, ORGANIZATIONS, & PROGRAMS ON EMPLOYEE ASSISTANCE PROGRAMS

Alcoholics Anonymous (AA)
P.O. Box 459
Grand Central Station
New York, NY 10163
212-686-1100

American Bar Association (ABA) Advisory Commission on Youth, Community, & Professional Alcohol & Drug Problems
1800 M Street, NW
Washington, DC 20036
202-331-2290

Drug Enforcement Administration
U.S. Department of Justice
1405 Eye Street, NW
Washington, DC 20537
202-786-4096

Employee Assistance Professionals Association (EAPA)
4601 North Fairfax Dr.
Suite 1001
Arlington, VA 22203
703-522-6272

Employee Assistance Society of North America
P.O. Box 3909
Oak Park, IL 60303
708-383-6668

Hazelden Foundation
Pleasant Valley Road
P.O. Box 176
Center City, MN 55012
800-328-9000

Just Say No International
1777 N. California Blvd.
Suite 210
Walnut Creek, CA 94596
800-258-2766

Nar-Anon World Service Office
P.O. Box 2562
Palos Verdes, CA 90274
213-547-5800

Nar-Anon
P.O. Box 9863
Washington, DC 20016
202-399-5316

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

National Association for Children of Alcoholics
31586 South Coast Hwy
Suite B
South Laguna, CA 92677
714-499-3889

National Association of Prevention Professionals and Advocates, Inc.
1228 E. Buckinridge St.
Louisville, KY 40204
502-583-6820

National Black Alcoholism Council
1629 K Street, NW
Suite 802
Washington, DC 20006
202-296-2696
National Coalition for Hispanic Health and Human Services Organizations (COSSNHO)
1030 15th Street, NW
Suite 1035
Washington, DC 20005
202-371-2100

National Council on Alcoholism and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770

National Crime Prevention Council
Substance Abuse Prevention Programs
1700 K Street, NW
2nd Floor
Washington, DC 20006
202-833-4000

National Organization of Student Assistance Programs & Professionals (NOSAPP)
250 Arapahoe, Suite 301
Boulder, CO 80302
303-443-5696 or
800-972-4636

National Rural Alcohol and Drug Abuse Network
c/o Arts and Sciences Outreach
University of Wisconsin
Eau Claire, WI 54702-4004
715-836-2031

North American Congress and Employee Assistance Programs
1863 Technology Drive
Suite 200
Troy, MI 48083
313-588-7733

Occupational Program Consultants Association
P.O. Box 06205
Columbus, OH 43206
614-464-0191

OSAP’s National Clearinghouse for Alcohol and Drug Information (ONCADI)
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600 or
800-729-6686

U.S. Department of Education, Alcohol and Drug Abuse Education Program
Drug Abuse Prevention Oversight Staff
Office of the Secretary
400 Maryland Avenue, SW
Room 4145, MS 6411
Washington, DC 20202
202-401-3030

YMCA of the USA
101 N. Walker Drive
Chicago, IL 60606
312-977-0031

YWCA of the USA
624 9th Street, NW
Washington, DC 20001
202-626-0721
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