




Designing a Practical Evaluation for an EAP

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Learning Objectives

- * The collaborative process we used to design an assessment instrument
- * The criteria guiding content & implementation decisions
- * The content of the assessment
- * The critical decision questions

UVA Workplace Population

Approximately 14,000 faculty and staff

- * Average age = 41
- * 59% female
- * 83% white
- * 68% married
- * 16% teaching faculty
- * 6% management
- * 12% HCP (not MDs)
- * 23% technical
- * 32% clerical/office
- * 8% service/maintenance

Surrounded by 16,000 students!!

EAP at UVA

- * External: Institute for Quality Health Virginia (IQ Health Virginia): Health Enhancement, Occupational Health and EAP
- * Internal: historical: current: EAP vs FEAP
- * Provides consultation, education, assessment, referral, short-term counseling and case management
- * 4 clinicians supported by one secretary



Why Process/Outcome Evaluation

* Perceived needs:

- Survival
- Feedback to customers
- Internal audit, quality assurance

* Need to evaluate:

- PROCESS as well as
- OUTCOME and
- COST/BENEFIT



The Process, 1

- ✧ **Interactive: Researchers and Clinicians**
 - Necessity of staff buy-in to process as well as need
- ✧ **Consensus decision-making**
 - Including attention to affective/emotional reactions



The Process, 2

* Inductive: From experience to design


- Begin from clinical experience
- Ensure validity and reliability of final product

* Iterative: Deliberate redundancy

- Begin with broadest possible goals; narrow down to most relevant

Initial Brainstorming on Clinical Outcome Criteria

- * Symptom reduction
- * Increased job productivity
- * Increased life happiness/satisfaction
- * Behavioral change(s)
- * Sorting out of problems
- * Facilitated connections
- * Followed through with recommendations
- * Increased healthy coping
- * Identification of short-term goals
- * Increased readiness to make change



What is the most relevant outcome question?

- * How has the client improved and how has that improvement impacted the workplace?

OR

- * How has the client followed through with referral recommendations?



Underlying Question

- * What is the responsibility of EAP to help clients change from initial status

VERSUS

- * Responsibility to identify resources that clients need to make change(s)



Design Criteria

- * Brief
- * Clinician friendly
- * Integrated with computerized database system
- * Instrument must be supported by process for ensuring and maintaining inter-clinician reliability

Consensus of Critical Content

- * Source of referral: self, manager, other
- * Reasons for referral: performance, absenteeism, behavior, interpersonal relationships, suspicion of alcohol/drug use, other
- * Impact of problems on: work (manager), manager time, staff time, customer, work (client), family, social, financial: none, minimal, moderate, severe, critical

continued...

Consensus of Critical Content

* Presenting problems/issues:

- depressive symptoms
- psychological/emotional
- marital/personal/family
- legal/financial
- job stress/career
- substance abuse
- CODA
- Medical/physical
- Domestic violence
- Elder care

continued...



Consensus of Critical Content

- * Current aggressive ideas/plans: none, ideation only, vague plans, realistic plan
- * Stage of readiness to change: pre-contemplation, contemplation, preparation, action, maintenance
- * Summary of recommendations: return to EAP, other counseling/therapy, medical, consulting

Follow-up Assessment

- * Reasons for referral: declined, same, improved, resolved
- * Presenting problems: declined, same, improved, resolved
- * Current impact on life areas: none, minimal, moderate, severe, critical
- * Current aggressive ideas/plans
- * Current stage of readiness to change

Conclusions: the Reporters' 6

- * **WHO** will collect the information?
- * **WHAT** information is needed?
- * **WHEN** will the information be collected?
- * **WHERE** will the information be kept?
- * **WHY** is the information needed?
- * **HOW** will the information be used?

Conclusions: Critical Points

- ✧ CLARITY ABOUT EAP'S RESPONSIBILITY & ABILITY
- ✧ Consensus not compromise
- ✧ Not clinicians/providers alone
- ✧ Not researchers/evaluators alone
- ✧ Time, time and more time and patience
- ✧ Inductive, iterative process
- ✧ Pilot test and revise: high use is a MUST