Onsite Versus Offsite EAPs
A Comparison of Workplace Outcomes
"Onsite or internal may outperform external in select areas …, but the difference in workplace outcomes following clinical counseling is likely to be insignificant."

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While the types of services offered through the employee assistance program (EAP) may vary, they are typically delivered through one of three basic staffing models (Attridge et al., 2009).
The **internal model** (i.e. onsite) is defined by EAP staff that is employees of the organization sponsoring the EAP benefit.
The **external model** (i.e. offsite) refers to when the sponsoring company or organization has entered into a contract for EAP services with an outside vendor to deliver these services via a network of affiliate counselors, crisis support specialists, and so on.
The **blended** or **hybrid model** shares elements of both models and usually has EAP staff that is "onsite" at the employer's worksite (or at multiple locations within the organization). It also has external or "offsite" contract personnel involved in EAP services in many locations.
Although the merits of these models have been discussed and debated there is little evidence to suggest that one model produces superior workplace outcomes. One of the reasons is that regardless of where the EAP counselor works, the context of clinical contact remains the same: a face-to-face meeting(s) conducted between an EAP counselor and an employee client.
This article will review the advantages and disadvantages of the internal and external models. We will then present new data from a customer organization that directly compares the workplace outcomes of in-person counseling delivered onsite versus clinical offices located offsite. The onsite EAP services were co-located within a corporate medical department at several large manufacturing facilities, while offsite services were delivered in private offices through a contractual network of community-based EAP affiliates.

Internal Programs
Internal models may be an integral part of either the personnel/human resources or medical departments or else constitute an independent service directly responsible to senior management. These in-house programs range from simple assessment, referral, and follow-up to more extensive short-term counseling or psychotherapeutic treatment of employees.
One of the unique strengths of an internal model is that EAP professionals can develop a greater understanding and knowledge of an organization than external vendors. As a result, higher quality services that are designed for that specific organization can be delivered. The internal program may be designed to fit any organizational need. Due to its link with other parts of the organization, a valuable relationship may be built between the EAP and management, supervisors and union representatives.
Internal (or in-house) EAPs likely receive a greater percentage of internal referrals from within the company, such as supervisors, HR staff, and others. The use of internal EAP for management consultations and other organizational services is also typically higher than in the external model. Yet another positive factor is that walk-in contact between employees and EAP counselors is possible with internal programs because EAP staff is available at one or more worksites.

Advantages of Internal EAP Model:
*Ownership of the program lies within the organization, i.e. "it's our program";
*Knowledge of the organization and its culture;
*Greater communication within the organization;
*More credible with some supervisors;
*Assessments can be made in the context of organizational systems;
*Can offer mediation services;
*Practitioner can provide multiple roles;
*Onsite problem assessment capability;

*Greater coordination of treatment and monitoring of follow-up; and
*EAP may be better integrated into other HR, occupational and benefit programs.

Disadvantages of Internal EAP Model:
*Too closely identified with a particular department, group or individual;
*Confidentiality of employee problems can be more difficult to protect;
*Can be expensive due to salary, administrative support and logistical costs;
*Only large organizations can justify full-time staff;
*Less diversity in clinical staff;
*Possibility of staff "burnout" with one-person EA program;
*The practitioner can be more subjective in assessments; and
*The practitioner's neutral position in the organization can be compromised.

External Programs
External programs are defined primarily in terms of an outside vendor that is contracted to provide most or all aspects of the EAP. The vendor company employs the staff that provides the EAP services to the organization. External programs come "ready-made" and therefore are easier to implement. Because the degree of onsite presence is typically lower than with internal programs, the use of phone-based EAP counseling may be emphasized. Twenty-four access and triage is usually available as needed.
The use of EAP for management consultations and other organizational services tends to be low. Website information and services for the EAP may be integrated into the company's website or may be established by the external vendor and utilized by the vendor's customer – although often with separate branding. Promotion of the EAP is often less robust.
Companies choose to implement the external EAP for various reasons. The external model provides better accountability, lower legal liability, and easier implementation. This model requires less internal resources, where typically a liaison manager will simply be delegated responsibility for coordination.
Companies may prefer a contractual approach because they believe an outside vendor can better foster an employee's confidence in the confidentiality of the program. Confidentiality is more readily perceived and maintained when counseling services are provided outside the structure of the work organization or the sessions are offered over the phone.
The major drawback to external EAP services is believed to be a lack of integration with the workplace. Dispatching employees to affiliates can become the principal focus and thus other organizational EAP services such as primary prevention, and management consultations and training can be absent. Moreover, it is more difficult to hold accountable and evaluate staff that are providing external EAP counseling and other offsite services.

Advantages of External EAP Model:
*Less costly for small or medium-size organizations;
*Confidentiality easier to maintain due to limited contact with people other than clients;
*Separate from the corporate politics of the organization;
*Offsite counseling offers more privacy and less stigmatized route to access;
*Better linkage and referral to community resources in multiple or smaller locations;
*May have access to more diverse and specialized EAP staff, and more diverse scheduling options;
*Can provide a broad range of related work/life or wellness services;
*The organization cannot be held responsible for malpractice of practitioners; and
*No need for the employer to hire and manage additional employees.

Disadvantages of External EAP Model:
*Counseling is usually not provided in-person at organization worksites;
*May not be able to adapt or tailor the program to the needs of the organization;
*Some employees and supervisors may be reluctant to deal with "outsiders" for help;
*Lack of knowledge about the organization and its unique corporate culture;
*Communication problems can occur between the EAP service center and the organization;

*Less "ownership" by the organization of the EAP;
*Externals can be "profit" oriented and may not always serve the interests of the organization or client; and
*May offer less accessibility for appointments.

Comparison of Outcomes for the Two Models
We examined the EAP services provided onsite versus offsite as well as various "workplace effects" for one major company with a hybrid EAP model. The Workplace Outcome Suite (WOS) self-report questionnaire was completed by cases at both onsite and offsite offices. The WOS is a valid, 25-item measurement tool specifically designed for EAPs (Lennox, Sharar, Schmitz, Goehner, 2010).
The data was measured at two points in time for each case: *Before* the first session of EAP services and again *after* the counseling was completed. This time frame was usually about 60 to 90 days and is thus long enough to determine if use of the EAP had a sustained impact on workplace performance. The primary focus of the study was to see if there were significant differences in the level of outcome improvement (i.e. change in WOS subscale scores from before to after use of counseling) between the clients in the two groups. The subscales include *Absenteeism*, *Presenteeism*, *Work Engagement*, *Life Satisfaction*, and *Workplace Distress*. One-hundred seven individuals participated in the onsite evaluation, while 201 offsite participants took part in the study.

The *Absenteeism* scale assesses the number of hours absent due to a personal problem that takes the employee away from work. In addition to a lack of physical presence, the WOS includes "absence" even if the employee is on the job site. This is referred to as *Presenteeism*, a scale that addresses decreases to productivity that occurs when an employee is not working at 100 percent due to unresolved personal problems. In other words, is the employee doing what he or she is supposed to be doing – or is the worker distracted by personal issues?
The *Work Engagement* scale refers to the extent the employee is invested in or passionate about his or her job. Workplace problems are likely to diminish when employees are highly engaged or enthusiastic about their work.
The *Life Satisfaction* scale is more of an overall measure that addresses the impact of work and life issues on a person's general sense of well-being. This outcome is really a perceived improvement in one's quality of life.
Finally, the *Workplace Distress* scale looks at the degree of distress at work from any number of sources. Employees usually seek EAP services because they are distressed about something, so the outcome is to reduce the mental state that makes a person less effective at work.

Results
The results are presented in Table 1. Overall, users of EAP counseling reported positive changes on four of the five measures, with *reduced* absenteeism, presenteeism, and work distress, and *increased* life satisfaction. However, little change was evident in work engagement. This pattern is consistent with other data using the same WOS tool (Sharar, Pompe & Lennox, 2011).
Of greater interest, the results revealed that the onsite and offsite locations of the counselors for the two groups did not differ significantly in any of the subscales. Once someone got to see the EAP counselor, the outcomes were similar regardless of the location of the office.
Note that we did not use a study design that would have randomly assigned clients to onsite or offsite counselors. Nor did we take into account other factors that could have potentially influenced changes in workplace outcomes for these clients – such as demographics, the type of problem, level of assessed severity, the number of clinical sessions per case, and so on.

Conclusion

There is abundant literature that outlines the perceived pros/cons of the various EAP models, but this study differs by offering recent, hard data using an applied research design that represents *typical* delivery of EAP services.

Onsite or internal may outperform external in select areas, (such as formal supervisor referrals), but the difference in workplace outcomes following clinical counseling is likely to be insignificant. In other words, if you provide standard EAP services both on and offsite, both seem equally effective.

Other internal studies have demonstrated some apparently significant differences in on versus offsite EAP. Though the data was not integrated into this study, the authors have observed EAP models where clients with workplace-related presenting problems are seen *onsite*, while other personal and family issues are seen *offsite*. In models like this, where on and offsite populations differ, outcomes also differ. It is feasible that workplace impact of EAP is more a function of the presenting problem and *how* the EAP clinical service is delivered, than *where* the service is delivered.

This is not to suggest that onsite and offsite EAPs hold equal value – or are the same. In fact, the value of internal and external EAP may be in the eye of the purchaser. The goals of the employer may dictate how the purchaser defines value and impact. For example, if efficient, insightful EAP consulting and training is a primary goal, perhaps onsite EAP may be more valued.

Likewise, some purchasers may require standardization of EAP across locations, in which case the offsite model may have more perceived value.

Therefore, employers wishing to implement an EAP should carefully evaluate the needs and goals of both their company and the EAP. Moreover, EAP vendors selling commercial products should take the time to consider the needs of their customers in order to implement a program that will result in the most meaningful outcome for that particular workplace.

References

Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul R., Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2009). EAP Services, Programs and Delivery Channels. *EASNA Research Notes, Vol. 1, No. 4*. Available from http://www.easna.org

Cagney, T. (1999). Models of service delivery. In J. M. Oher (Ed.). *The Employee Assistance Handbook* (pp. 59-70). New York: Wiley & Sons.

Christie, J. (1994). Grazing in Each Other's Pasture: Internal and External EAP's. *EAPA Exchange, June*, 18-20.

Collins, K. (1988). EAPs: Better Onsite or Offsite? *Behavioral Health Management, 20*(2), 42-45.

Csiernik, R. (1999). Internal versus External Employee Assistance Programs: What the Canadian Data adds to the Debate. *Employee Assistance Quarterly*, *15*(2), 1-12.

Erfurt, J. C., & Foote, A. (1985). Variation in EAP Design. In Klarreich, S.H., Francek, J.L., & Moore, C. E. (Eds.), *The Human Resources Management Handbook: Principles and Practices of Employee Assistance Programs* (pp. 45-57). New York: Praeger.

Leong, D., & Every, D. (1997). Internal and External EAPs: Is One Better than the Other? *Employee Assistance Quarterly*, *12*(3), 47-62.

Lennox, R.D., Sharar, D., Schmitz, E., Goehner, D.D. (2010). Development and Validation of the Chestnut Global Partners Workplace Outcome Suite. *Journal of Workplace Behavioral Health, 25*(2), 107-131.

Phillips, D.A., & Older, H.J. (1988). Models of Service Delivery. In Dickman, F., Challenger, B.R., Emener, W.G., & Hutchison, W.S. (Eds.). *Employee Assistance Programs: A Basic Text* (pp. 133-138). Springfield, Illinois: Charles C Thomas.

Sharar, D., Pompe, J., & Lennox, R.D. (2012). Evaluating the Effects of EAP Counseling. *Institute for Health and Productivity Management, (in press)*

Straussner, S. (1988). A Comparative Analysis of in-house and Contracted-out Employee Assistance Programs. *Employee Assistance Quarterly, 3*(3-4), 43-56.