Health Promotion Through Employee Assistance Programs: A Role for Occupational Therapists

Marianne Maynard

Key Words: health promotion • preventive health services • work

Health promotion is predicted to have a major impact on occupational therapy practice. Keeping people well and promoting a healthy lifestyle will be the focus for the future. Many companies and agencies are taking the lead by instituting employee assistance programs (EAPs). With the de-emphasis on long-term hospital care, many occupational therapists will be seeking employment with community health programs. This paper advocates a role for occupational therapists in health promotion and disease prevention in an EAP. A description of EAPs and the contributions that occupational therapists can make to these programs is offered. Practice and education considerations for occupational therapists' roles in EAPs are provided.

In the 1970s, a series of articles in the American Journal of Occupational Therapy urged therapists to broaden their perspectives and practice to include community health promotion and disease prevention. During this period, health policy agencies also began to place more emphasis on keeping people well through health promotion programs. Occupational therapists, along with other allied health professionals, were encouraged to share their expertise in advocating a healthy lifestyle through the prevention of disease and disabilities and the maintenance of wellness.

Wiemer and West (1970) found support for the role of the occupational therapist in health promotion and disability prevention in the American Occupational Therapy Association's (AOTA's) definition of occupational therapy as the art and science of directing a person’s response to selected activity to promote and maintain health, to prevent disability, to evaluate behavior, and to treat or train patients with physical or psychosocial dysfunction. The authors observed that our practice model was expanding from a hospital-based and treatment-oriented setting to a community-based and health-oriented setting. Walker suggested in 1971 that the emerging model of occupational therapy is concerned with the well community and the maintenance of health and prevention of deficits, disease, and disabilities. She identified areas of practice in home health, maternal and child health, community guidance, and chronic disease care. Wiemer proposed in 1972 that the role of the occupational therapist in preventive and community health should be that of a health advocate and counselor and that by joining with other health professionals, occupational therapists can promote their special knowledge of the relationship between health and occupation. In the wellness community, therapists can function in all types of settings such as homes, schools, labor union halls, industrial plants, businesses, hospitals, and town halls.

Finn (1972), in her Eleanor Clarke Slagle lecture, traced changes in our professional role in the delivery of health services in the 1960s. She affirmed that, unless we begin to refocus our attention on keeping people well, we will never be able to stem the tide of human suffering in our country. She also urged us to move beyond the role of therapists and become health agents, to progress along the continuum from hospital and clinical services to community and health programs. Occupational therapists can make unique contributions to preventive health care and community programming because they understand the importance of activities in wellness. Grossman (1977) advised us to "be skilled in the techniques of primary prevention: consultation, education, and collaborative efforts to develop community resources, to establish..."
natural support systems, and to use natural caretakers" (p. 351).

The official AOTA position paper on the role of the occupational therapist in the promotion of health and prevention of disabilities (AOTA, 1979) identified a framework to promote health and prevent disease and injury through primary, secondary, and tertiary programs:

The provision of services for primary prevention most often focuses upon health promotion activities that are designed to help individuals clarify their values about health, to understand the linkages between lifestyle and health and to acquire the knowledge, habits and attitudes needed to promote both physical and mental health. Secondary prevention services that help to prevent or retard the progression of a disorder to more serious or chronic condition normally include early diagnosis, appropriate referral, prompt and effective treatment, as well as health screening, consultation, crisis intervention, and home health care. Tertiary prevention programs encompass the provision of rehabilitative services to assist disabled individuals in attaining their maximum potential for productivity and full participation in community life. (p. 50-51)

Occupational therapists are generally active in all three prevention levels and with most of the risk factors listed. However, their role has only recently become visible. New areas for occupational therapy services in health promotion and wellness activities will continue to emerge. One specific area that is expanding rapidly in business and industry is the employee assistance program (EAP). EAPs address both primary and secondary prevention health issues of employees, and many also incorporate health promotion activities. Occupational therapists can contribute to EAPs by identifying and providing services for workers who are at risk for occupational dysfunction or who have early signs of maladaptive occupational behavior.

**Employee Assistance Programs**

For some time now companies and institutions as well as local, state, and federal agencies have been using employee assistance programs to handle their employees’ personal and job-related problems. The earliest EAP may have been an alcohol rehabilitation program for employees instituted by Macy’s department store in 1917. DuPont established the first corporate EAP in the 1940s because of alcoholism among its workers. After World War II, with the increase in drug and alcohol misuse and mental health problems at the workplace, more companies established EAPs. These programs have expanded or grown from an estimated 50 in 1950 to over 5,000 in 1981 (Sakell, 1985). For example, General Motors’ EAP provides services to 44,000 employees at over 130 sites (Galvin, 1983). The list of major corporations, private firms, state agencies, and universities with EAPs continues to grow, with many EAPs expanding their services into areas of health promotion, stress management, and fitness and recreation programs for employees and their families. In general, companies have found it more cost-effective to rehabilitate good workers with problems than to fire them and train new workers (Pelletier, 1984).

**Staffing Patterns and Procedures**

Depending on the organizational structure and the size of the facility, EAPs may be free-standing units reporting directly to top management or units within employee health or human resource departments. Employee assistance services are usually included as part of the company benefit package. For example, mental and physical health problems may be covered by employees’ group health insurance plans.

The staffing pattern also varies in companies, depending on the location in the organizational structure and on the services provided. Most EAPs are staffed by counselors and human services professionals, including mental health and rehabilitation counselors, social workers, and perhaps industrial health nurses and related health personnel. As EAPs expand into health promotion and disease and disability prevention activities, there is a substantial role for occupational therapists to perform as members of the EAP team.

**General Operational Procedures**

The general purpose of an EAP in industry is to identify, confront, diagnose, treat, and follow up on employees’ health problems:

The eight elements for program support identified by people who work in stress prevention are: (a) a policy statement or performance contract; (b) union support; (c) clearly defined work performance standards; (d) recognition that performance problems have a variety of causes; (e) a diagnostic and referral agent; (f) comprehensive treatment resources; (g) insurance coverage that is compatible with the EAP philosophy; and (h) an evaluation program (Gam, Sanser, Evans, & Lair, 1983, p. 62).

Most EAPs procedures include the following steps: (a) referral of an employee either by supervisor, colleague, family member, or a voluntary referral; (b) screening process, including information gathering; (c) personal interview, assessment of problem/situation; (d) diagnosis of concern, problem, and situation; (e) intervention process, which may include employees’ family members or co-workers; (f) intervention in the form of counseling sessions, group support sessions, information and skill building classes, and seminars; (g) continuing follow-up and evaluation of services provided (Sakell, 1985).

If after the initial screening or diagnosis of a problem situation the EAP administrators are unable to handle the employee’s problem within their unit, the employee is referred for follow-up to an appropriate community service agency. An important part
of most EAPs are the training sessions, which teach supervisors how to identify and refer troubled employees to EAP services. In many cases, the supervisor provides the early guidance and referral that is so important in primary prevention.

The Richmond Employee Assistance Program (REAP), for instance, provides services to 10,000 employees in 16 organizations. Based on request or employees' needs, classes have been offered in assertiveness, communication skills, dealing with depression, financial planning, life planning skills, parenting skills, retirement planning, single parenting, stress management, substance abuse awareness, time management, and two-career family management. REAP also provides support groups for employees and their family members who are concerned about Alzheimer's disease and related disorders, battered women, aging parents, children with special needs, and separation and divorce (Krammer, 1984). Frequent services offered by EAPs are in the area of retirement planning, stress management, family concerns, financial and legal concerns, and health and fitness. In addition to counseling employees, identifying problems, and finding solutions, the larger EAPs spend a large amount of time organizing and conducting support groups and special seminars and classes for their employees in occupational performance areas where occupational therapists have expertise, such as daily living management and encouraging a balanced work-leisure lifestyle.

EAPs and Health Promotion

Some corporations include health promotion activities under the EAP, either providing in-house facilities for their activities or cooperating with a local YMCA or YWCA, Heart and Lung Association, or Red Cross to provide their activities. Some corporations provide incentives for employees to stay well, such as memberships in recreational and fitness clubs or discounts on goods and services (Pelletier, 1984).

Most companies disseminate health education information as part of their overall employee health promotion program. The larger companies may focus on stress management and physical fitness programs. Most health promotion programs also provide some type of risk assessment and screening for early detection of coronary, hypertension, and other life-style risk factors.

Health hazard appraisals or health risk profiles are two methods used to determine an employee's probability of becoming ill or dying from a particular cause. The concept of risk implies that there are specific links between habits and disease, such as between smoking and lung cancer or overeating and heart disease. Risk for certain diseases is related to a person's group membership based on heredity, environment, personal history, age, sex, and race. There are three basic types of risk: (a) those of potential importance on a probabilistic basis in an otherwise asymptomatic person; (b) those indicating the early manifestation of disease; and (c) those indicative of fully developed disease (Mavis, 1984).

Employees may volunteer to complete a health risk profile questionnaire or be interviewed for such information. Those employees that evidence a high-risk life-style are especially encouraged to complete a health risk profile. The information is then processed by comparing the person's health data with the national morbidity data base, examining deviation from the average risks for the various causes of death. This process is usually built into the scoring process and interpretation of data with commercially available forms of health risk profiles. The EAP or health promotion counselor will then meet with the employee and family members if this is necessary for interpreting the profile results. The consultation usually focuses on employee habits, helpful resources, and a discussion of a course of action for changing habit patterns. The employee may be encouraged to participate in health promotion classes, exercise programs, or stress management seminars. Periodic follow-ups are made to check progress and provide additional encouragement and resources. High-risk employees are urged to see their personal physicians for monitoring. Health risk assessments have been found to be helpful for promoting a healthy life-style in that they help employees understand the choices involved in risk-taking behaviors in relationship to their life-style. The feedback and interpretation of a profile seems to communicate to the employee a sense of urgency to change risk behavior for a more healthy life-style (Mavis, 1984).

The Occupational Therapist on the EAP Team

Occupational therapists' knowledge and skills can be used in EAPs, especially in the areas where a recognized void in services exists. Major contributions would be providing employee services in the areas of analysis and enhancement of daily living skills for maintenance of productivity, leisure, and home/family management; assessment and recommendations on adapting the work and home environment to improve health and well-being; task analysis and instruction in work simplification to reduce stress and strain on body parts; conservation of energy and time for improved job performance. Other areas for occupational therapist services would include the identification and elimination of architectural barriers; instruction in the use of adaptive devices; modification of the work unit for the worker injured or disabled on the job; and promotion of a milieu supportive of occupational role performance through in-
 interpersonal skill development, and support group process and activities such as health and fitness promotion, stress reduction, and retirement and leisure planning programs.

As EAP team members, occupational therapists would contribute their evaluation skills in functional assessment, self-maintenance, and occupational role performance, as well as their knowledge of adaptive and maladaptive role behaviors. Occupational therapists' experience in program planning, implementation, and evaluation, as well as their experience in collaborating with medical, human services, and education personnel for the purposes of referral, information, and follow-up, could facilitate EAP team efforts in program development and networking.

**The Therapist's Approach**

Depending on the EAP and organizational structure, the occupational therapist's intervention may include the procedures illustrated in Table 1. These interventions are part of a repertoire of services that may improve the quality of life. Johnson and Kielhofner (1983) suggest that occupational therapy's major contribution to prevention or health maintenance is to enable people to modify their health-threatening lifestyles and restore healthy patterns of work and play. The general areas of services of the EPAs either implicitly or explicitly address the occupational behavior perspective as described by Rogers (1983):

First, there is an emphasis on the health of persons in terms of their productive participation in society. Second, health is seen as correlated with daily experience, which consists of work, play, rest, and sleep. Third, daily experiences take place in a complex physical, temporal, and social environment, which is a critical factor in shaping behavior. Fourth, occupational dysfunction that may be recognized by symptoms such as boredom, futility, indifference, lack of self-respect, immobility, and disorientation, disrupts daily life. Fifth, daily life may be reorganized through engagement in occupations, such as work, play, crafts, and sports. Sixth, the occupational therapists assist the process of organizing behavior by habit training and socialization of patients to the expectations of the culture. (p. 97-98)

The human development through the occupation model as described by Clark (1979a; 1979b) could also serve as a guiding framework for a therapist working on an EAP team. It can help in identifying the worker’s (consumer’s) problems, setting goals, facilitating role performance, and enhancing behavioral functioning. Employers are finding not only that an increasing number of workers are developmentally delayed or impaired in basic skills and knowledge such as cognitive, motor, and social performance areas, but also that they are psychologically handicapped in their ability to handle stress and interpersonal relationships. This model recognizes that developmental delays can have a major impact on occ-

---

**Table 1**

<table>
<thead>
<tr>
<th>Intervention Goals</th>
<th>Principles of Behavioral/Situational Change</th>
<th>Techniques Used for Behavioral/Situational Change</th>
<th>Criteria of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>To obtain information on worker’s support networks and significant others that may be helpful in intervention plan.</td>
<td>Assess worker’s dysfunction areas, identify occupations and resources beneficial in meeting worker’s need.</td>
<td>Additional exploration, information gathering, and identification of resources. Collaboration with significant others in worker’s network.</td>
<td>Reeducation in high-risk habits and behavior detrimental to health.</td>
</tr>
<tr>
<td>To support optimal health and well-being of workers by promoting a healthy and safe workplace, supportive milieu, and balanced lifestyle of work, play, and rest.</td>
<td>Design an intervention plan to improve worker’s deficits and/or environmental conditions. Facilitate and promote worker’s and significant others’ involvement and commitment to intervention plan.</td>
<td>Problem solving sessions. Goal setting and action planning.</td>
<td>Resumption of normal occupational roles and function in work, home, and community settings.</td>
</tr>
<tr>
<td>To assess worker’s behavior and performance in terms of occupational role components (work, leisure, and self-maintenance) and areas of developmental delays (sensory, motor, cognitive, and psychosocial). To assess work environment and milieu as to compatibility with worker’s needs, skills, job requirements, and work condition. To promote, improve, reestablish, or maintain worker’s occupational role performance, adaptive behavior, and skills.</td>
<td>Assess worker’s occupational role performance, adaptive behaviors, and skills to determine areas of deficit needs and overall capabilities and strengths. Assess environmental conditions (home, work, and community) that may be supportive or nonsupportive of worker’s performance. Validate and share findings, make recommendations, and follow up results.</td>
<td>Observation of work unit and situation. Consultation with employee, supervisor, and significant others. Interview and occupation history. Assessment of worker’s role, tasks, and performance. Group sessions, educational classes, seminars, skill development for remediation, development, prevention, maintenance.</td>
<td>Improved state of health and well-being based on worker’s self-report and reports from significant others. Acquisition of skills. Improved occupational performance. Engagement in health-promoting life-style behaviors.</td>
</tr>
</tbody>
</table>

Note: EAP = Employee assistance program.
occupational performance and provides some directions for the therapists to deal with this problem. The basic concepts found in both these models seem to be compatible with the EAP's holistic approach to intervention.

**Practice Considerations**

Today, consumers have two alternatives for selecting health services: the medically oriented, doctor-centered, hospital-based treatment program or the community-centered, health promotion, disease prevention, and consumer-involved program. Therapists also have choices in considering community practice. Although job opportunities in hospital acute-care programs are on the decline, more opportunities for practice exist in community programs, such as home health agencies, business and industry, public school systems, community mental health programs, day care programs for the elderly, private and group practices, and health maintenance organizations.

However, to take advantage of these opportunities, therapists must be prepared to work not only with pathology but also with health concepts within the normal life continuum of health-wellness and illness-disease. They need an understanding of the impact of personal life-styles, environmental and sociocultural influences, and economic resources on health. In community health programs, occupational therapists must be prepared to intervene anywhere along the health-illness continuum as the need arises, be it in the home, school, agency, or institution. Our focus will be on the maintenance of health and the prevention of disease through life-style management in primary and secondary prevention programs. We will also continue to be active at the illness-disease dysfunctional end of the continuum, providing treatment, reeducation, and skill development in tertiary programs.

**Education Considerations**

Grossman (1977) suggests the following:

Students must be introduced to career opportunities other than the clinical model. The concepts and skills of community programming can be an integral part of theory and practice courses. Field placement in the community should emphasize interdisciplinary training for outpatient and outreach services. These experiences are better integrated when assigned after hospital-based placements with clear role models. More importantly, students should be exposed to multiple systems (family, hospital, community) and develop varied interactional patterns (p. 354).

Academic courses should stress critical thinking and problem solving along with disease prevention, health promotion, and treatment concepts and skills. Programs used in the industrial and business community, such as EAPs, require that the therapists have skills in interviewing, counseling and group process.

One option for education programs is to provide fieldwork experiences in a community-based program such as an EAP. If there is no occupational therapist to supervise the student, an occupational therapist faculty member, a consultant, or a private practice therapist in the community could work with a staff member at the agency and provide the on-site supervision. Such collaborative ventures would not only promote the profession of occupational therapy, but also open new employment opportunities for therapists in community practice. For example, a 2-month affiliation with an EAP program under the cooperative supervision of a school faculty member and an EAP counselor would enable the students to enhance their skills in program planning, assessment procedures, teaching, group process, job and task analysis, and skill development. My own exploration with EAP directors has convinced me that they would welcome such an arrangement. Those located near universities are already providing field experiences for social work, rehabilitation, and psychology students, and several EAP directors have expressed a willingness to provide training sites for graduate level occupational therapy students.

Another way that occupational therapists can become involved in EAPs is to provide training sessions for employees on a contractual basis. Many EAPs contract with either individuals or other agencies to provide specific classes in areas of employees' needs. Occupational therapists have the knowledge and expertise to conduct such classes, especially those related to life-style management and occupational performance. Role delineation tends to be more flexible in EAPs than in the hospital care system. Each staff member works in an area of expertise in addition to sharing tasks that are germane to all human services workers. The social worker may be focusing on the worker's family situation, the rehabilitation counselor on the job climate, and the psychologist on the emotional well-being or psychosocial adjustment of the worker. The occupational therapist can complement these efforts by placing emphasis on the worker's occupational dysfunction in work, play, leisure, rest, and the maintenance of a balanced life-style in daily living activities.

**Summary**

The rapid expansion of EAPs provides a natural area for occupational therapy programming in the well community. If occupational therapists apply their skills and knowledge in the corporate work site, they are able to intervene in the health care continuum earlier than at the acute care stage. Occupational dysfunction can be corrected while the person is still functioning on the job. This approach provides a
saving in both time and money for employees, employers, and society.

Occupational therapists are encouraged to take advantage of the opportunities to work as team members in EAPs. Educators can encourage students to consider this job opportunity by promoting fieldwork experiences at EAP facilities and by collaborating with faculty and agency staff for on-site supervision. As EAP team members occupational therapists have the opportunity to inform the public about their services, to promote and maintain health and well-being, to prevent disease and injury, and to correct and improve occupational performance. We provide primary, secondary, and tertiary programs for children with impairments in the public school system. Let us also provide primary and secondary programs for adults in their place of work by assuming a place on the EAP team.

References


