Factors Affecting Intended Self-Referral to an Employee Assistance Program.

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FACTORS AFFECTING INTENDED SELF-REFERRAL TO AN EMPLOYEE ASSISTANCE PROGRAM

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy in The Department of Psychology

by

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Abstract

Using data from 256 subjects from three organizations which all had employee assistance programs (EAP), this study explored factors hypothesized to affect the likelihood for employees to self-refer to the EAP. Using both correlational data and a 2 x 2 x 2 x 5 repeated measures ANOVA, it was found that perceived confidentiality, reputation of the program, perceived problem seriousness, and type of problem (job, financial, health, psychological, or relationship) were significantly related to the intent to self-refer. There was also evidence that perceived controllability of the problem and a job performance decrement influenced the propensity to self-refer. An additional analysis investigated how an attribution (internal versus external) to the cause of a personal problem affected intended EAP utilization. Valence-instrumentality-expectancy (VIE) theory was discussed as a framework for this research and suggestions are made for the development of future theoretical models. Finally, the practical applications of these findings are considered within the context of current EAP operations.
Introduction

Most organizations seem to operate under a dual concern for maximizing financial prosperity while still caring for the personal needs of their employees (Trice & Beyer, 1984). This tension over how to best realize these sometimes divergent goals and objectives has sparked considerable debate within the business and academic communities (Sonnenstuhl & Trice, 1986). Recently, one strategy designed to satisfy these competing demands has taken hold of American industry: The employee assistance program (EAP). In the most general sense, an EAP is a structured, organizationally sanctioned program that provides assessment and referral services to employees whose performance has been adversely affected due to substance abuse, psychological impairment, or other personal problems such as financial, legal, career, and familial difficulties (e.g., Gerstein & Bayer, 1988; Roman & Blum, 1985; Sonnenstuhl & Trice, 1986; Wrich, 1980). An EAP may be provided through internal (within the company) or external (outside agencies) sources (see Sonnenstuhl & Trice, 1986, for a summary).

EAPs are one component of the more encompassing topic of work related health issues, which, according to Ilgen (1990), are approaching crisis proportions and deserve immediate attention. Further, he asserts that industrial/organizational psychologists have tended to sit
on the sidelines when it comes to attacking issues of health at work, but they also are capable of making valuable contributions to this field of study. It is argued here that health related research is necessary, particularly research regarding EAPs, because these programs have such serious political, legal, and economic ramifications for organizations (e.g., Cascio, 1991; Granberry, Yennie, & Damiano, in press; Steel, 1988). Because EAPs have become so well entrenched in American industry (Blum & Roman, 1989), and their presence has such serious implications for the entire health care system, learning more about them has become of paramount importance to all of society.

In response to this challenge set forth by Ilgen (1990), the current research proposal will address a specific dimension of EAP utilization: The self-referral process. Although employees can be referred by several different mechanisms (e.g., a supervisor, the company medical department, a union representative, or even a co-worker or family member), self-referral is possibly the preferred means to access EAP services.

Additionally, this research will consider self-referral in the context of valence-instrumentality-expectancy (VIE) theory of motivation (Locke, 1975; Vroom, 1964). Given that the decision to self-refer involves a motivation based on a cognitive process, it is argued that
VIE theory is an appropriate theoretical model to investigate the proposed hypotheses. However, this research is not intended to be formal test of VIE theory.

The following section reviews some significant issues regarding EAPs and their implementation, explores the traditional supervisory referral mechanism, and presents a study to further our knowledge of the self-referral process within the framework of VIE theory.

Employee Assistance Programs

Origins. Modern day EAPs are a by-product of the occupational alcoholism programs (OAPs) of the 1940's (e.g., Masi, 1984). OAPs originally were designed to provide assistance strictly to employees who had alcohol related problems. By the early 1970's, however, the OAP had begun to transform into the modern day EAP due in part to changing social conditions such as the increasing incidence of marital and family problems, the abuse of legal and illicit drugs other than just alcohol, and the greater prevalence of personal and family financial problems. Additionally, federal legislation and policy was beginning to shift around this time as well. Congress passed the Comprehensive Alcohol Abuse Prevention, Treatment and Rehabilitation Act of 1970 which became a model for employee counseling for the entire federal government (Farkas, 1989). This program provided counseling services for a range of medical, behavioral, and
emotional problems affecting employee performance. Thus, federal policy for the first time considered alcoholism, substance abuse, and mental illness as "treatable problems" that directly impaired employee job performance (Office of Personnel Management, 1980, in Granberry et al., in press).

Prevalence and Use. Although statistics estimating the prevalence of EAPs are somewhat imprecise, it is obvious that these programs have become quite well established in American industry. For example, it is generally acknowledged that all of the Fortune 500 companies have some type of EAP (e.g., Blum & Bennett, 1990). In 1985, a report by the Department of Health and Human Services indicated that about 15% of the entire work force had access to EAPs (MacDonald, 1985). Assuredly, that figure is significantly greater today. Further, organizations that do have EAPs can expect utilization rates to run normally between 2%-10% of their employee population. When figures like these are extrapolated to the entire working population, it is clear that literally hundreds of thousands of people are affected by the presence of EAPs.

Reasons for Implementation

Political. Perhaps the most benevolent reason for establishing an EAP is to provide a mechanism for helping troubled employees. Thus, an organization with a genuine concern for its employees may institute an EAP simply for
humanitarian reasons (e.g., Smits, Pace, & Perryman, 1989). With an ever increasing incidence of personal, drug-related, and other societal problems facing their employees, business organizations may have a legitimate, altruistic interest in providing rehabilitative services. From this perspective, the EAP essentially is viewed as an employee benefit and its effectiveness is not judged on any objective financial criteria (Granberry et al., in press). Thus, this type of EAP basically is considered an investment in human resources designed to maintain and enhance worker motivation (Freed, 1985).

Legal. Currently, there is no law which explicitly states that an employer must provide or pay for the treatment of their employees' personal problems. However, while EAPs are not required per se under current U.S. law, the Equal Employment Opportunity Commission guidelines state that, "(a) An agency shall make reasonable accommodation to the known physical or mental limitations of a qualified handicapped applicant or employee unless the agency can demonstrate that the accommodation would impose an undue hardship on the operation of its program" (Equal Employment Opportunity in the Federal Government [EEOFG]; 1982). To qualify as handicapped, an individual must be able to demonstrate that he or she "(1) has a physical or mental impairment which substantially limits one or more major life activities" and the mental disorders considered
to be handicapping include among others, "emotional and mental illness." These guidelines recently became formalized into a systematic body of law with the passage of the Americans With Disabilities Act in July 1992.

In summary, while EAPs are not required by law, some experts believe that without one in place, most organizations could not meet the "reasonable accommodation" requirement (e.g., see Scanlon, 1991). Also by providing for reasonable accommodation, an EAP can be a formidable first line of defense against wrongful termination suits (Good, 1986).

**Economic.** Although some businesses may have a legitimate interest in social responsibility issues, most organizations have motivations that extend beyond strict humanitarian ideals when deciding to implement an employee assistance program. In fact, some authors believe that the motivation of companies to adopt an EAP never can be entirely benevolent (e.g., Harley, 1991). That is, corporations are not in business to cure the ills which plague individuals or our society; as competitive, capitalistic entities, they have a primary responsibility to their employees and shareholders to maximize the company's overall financial strength (Granberry et al., in press).

Taken from this perspective, the primary role of an EAP is to control employee health care costs and maximize
worker productivity. Although estimates of managing employee health care costs are varied, the common denominator is that they are all staggering. For example, problem drinking alone costs industry between $10.7 billion and $20.7 billion annually (Moriarty & Field, 1990). The National Council on Alcoholism estimates that each problem drinker costs the employer an average of $3,000 per year in sick pay, accidents, lost productivity, and bad judgment. Wright (1984) asserts that 65% of all job terminations are the result of substance abuse problems and that these workers use 50% more in sick benefits and have five times more compensation claims than the average worker. According to other estimates, mental health care costs represent as much as 32% of the total cost of employee health care programs, up 100% in the past five years, while business and government spent approximately $65 billion in 1988 on substance abuse related expenses (Afield, 1989). Finally, with an estimated 37 million Americans having no health insurance, an EAP, which is usually offered at no expense to the employee, may represent the only available forum for some of these individuals (and possibly their immediate family members) to get professional assistance for their personal problems.

In summary, when viewed within this economic framework, an EAP attempts to abate these substantial health care costs and, concurrently, have a demonstrable
and positive effect on employee job performance (Granberry et al., in press).

The Referral Process

Supervisory referrals. Whereas the philosophical and pragmatic reasons for justifying and operating an EAP are interesting, perhaps the most researched area regarding EAPs, however, centers around the process by which employees are referred for help. Currently, one of the more relied upon mechanisms is the supervisory referral. This type of referral occurs when a supervisor sends an employee to the EAP because the employee's job performance is adversely affected by some type of personal problem. A supervisory referral is based on the notion of "constructive confrontation." Although it is not widely recognized or explicitly stated in job-policies, the constructive confrontation strategy is based on well-known theories of social control (e.g., Roman, 1982; Trice & Beyer, 1982). As Sonnenstuhl (1988) notes, this strategy is a form of progressive discipline which provides employees the opportunity to change their problem behavior. For example, supervisors of employees suspected of having problems would confront these workers with evidence of unsatisfactory job performance and coach them on ways of improving their work, while simultaneously emphasizing the consequences of continued poor performance. If the performance did not improve following several of these
informal discussions, the supervisor would begin to implement standard, formal disciplinary procedures (e.g., written notices, suspension, and termination). Throughout this entire process, however, the employee is urged to seek help from the EAP to overcome those problems which are causing the performance decrement. If the employee does not freely choose to use the EAP, compliance may be mandated by company policy.

Because the supervisory referral strategy is considered a standard practice in EAP operation, researchers have investigated the effectiveness of this type of referral process. It appears that a variety of factors contribute to supervisors' willingness to refer an impaired worker to an EAP. For example, supervisors' feelings of allegiance toward their employees and fear of recrimination over their own drinking have been found to inhibit employee referrals for alcohol related problems (Trice, 1965; Trice & Roman, 1978). Some evidence indicates that the nature of the employee problem and managerial status also may affect the referral rate. For example, Besenhofer and Gerstein (1991) found that referral rates were higher for cocaine abusers than for alcohol or non-substance abusing hypothetical workers. Additionally, referral rates were higher for alcohol abusers as compared to non-substance users; whereas hypothetical front-line managers were more inclined to make referrals as compared
to upper-level managers (see also Gerstein & Duffy, in press).

In a conceptually related study, Gaber, Gerstein, Dainas, and Duffey (1991) examined the role of organizational hierarchy (upper, middle, lower) and staff status (supervisor, employee) in the number of suggested EAP referrals and the relationship to personal EAP utilization. The results showed that supervisors suggested more EAP referrals than employees; however, employees did not use the EAP more than supervisors, and lower level staff members did not use this service more frequently than upper or middle level personnel.

Other factors such as gender and race have been investigated with inconsistent findings. In a survey of over 800 health care workers, Gerstein, Moore, and Dainas (1991) found that females were more likely to refer other females than males, whereas males did not vary in their suggested referrals of male and female troubled workers. Racial differences in EAP utilization and referral patterns were not obtained; however, other researchers contend that blacks are rarely the recipients of EAP services (e.g., Nathan, 1983; Yandrick & Jones, 1989). In addition, Harris and Fennell (1988) found that men and women appear equally willing to use EAPs, although they differ somewhat in their perceptions and attitudes toward them.
Although the constructive confrontation strategy may be central to supervisory referral, some evidence indicates that it may not be necessarily the most effective (e.g., Weiss, 1987). Some early research on alcoholism programs seemed to foreshadow this conclusion. For example, Trice and Belasco (1968) maintained that despite the existence of carefully worded policies, treatment resources, and trained staff, the majority of alcoholics treated under company programs were clearly in the later stages of their alcoholism when the prospects for treatment success were severely reduced. These authors labeled the difference between the company policy statement and actual program operation as the "policy-practice gap." This gap existed because the supervisory personnel responsible for identification and referral were reluctant to confront the alcoholic employee and did not use the company program until they tolerated the drinking problem for a long time.

This policy-practice gap remains problematic for current EAPs because, in general, they still rely on the supervisory referral process and the deteriorating job performance of a subordinate. Walker and Shain (1983) assert that supervisory referral remains a troublesome component for EAP utilization because first-line supervisors are expected to do the "dirty work" of confrontation and documentation of unsatisfactory job performance. Further, in some settings, those difficulties
are compounded by the fact that the supervisor has been promoted to his position from the ranks and continues to identify with the needs and interests of his subordinates. The authors also argue, for example, that the supervisor himself may be a heavy drinker and therefore will be understandably reluctant to point his finger at alcohol-abusing subordinates.

Some evidence is accumulating which supports this notion that supervisors commonly are reluctant to use the referral strategy, leading to underserving and a possible serious shortfall in an EAP's potential effectiveness (e.g., Bayer & Gerstein, 1989; Foote & Erfurt, 1989; Riediger, 1979). Walker and Shain (1983) note that referral rates appear to run well below estimates of alcoholism prevalence in the workplace and are relatively high in the early stages of a newly implemented EAP but decline rapidly thereafter (see also Blum & Roman, 1989; Hayward, Schlenger, & Hallan, 1975). Research by Bayer and Gerstein (1990) found that supervisory referral rates were surprisingly low even when considering the severity of a subordinate's problem (see also Wilcox, 1985). Further, in a two year study of the railroad industry, fewer than 1% of the supervisors across seven railroads had made an EAP referral, which was the equivalent of only one reported referral for each 150 supervisors (in Myers, 1984, pp. 224, 232). Similarly, Harley (1991) reports a referral rate of
only one per supervisor for every six years they were employed.

Another problem inherent in the constructive confrontation strategy is that supervisory referrals are contingent upon detecting the deteriorating job performance of a subordinate. In considering employee alcoholism, Shain and Groeneveld (1980) cite evidence from a variety of studies suggesting that the relationship between this problem and deteriorating job performance is not a simple linear one. In their longitudinal study of EAP referrals, few statistically significant negative correlations could be found between supervisory ratings of job performance and a measure of alcoholic involvement. Further, for some organizations in certain years, significant positive correlations were obtained. Roman and Trice (1976) contend that the persistent and cumulative impact of poor job performance eventually leads to referral, but as Harley (1991) notes, not typically in a way that meets the early intervention goals of EAP proponents.

Supervisory referrals are also limited by the difficulties inherent in performance appraisal. The problems of detecting and documenting unsatisfactory job performance are well established in the industrial psychology literature (e.g., Landy & Farr, 1983). Some of these problems include: (1) the failure to develop adequate standards of performance, (2) inability to easily define
objective performance criteria, (3) lack of opportunity to observe relevant job behaviors, and (4) unwillingness of supervisors to document relevant job behaviors. These limitations become even more pronounced when considered within the framework of an EAP. For example, in studies of referral documentation supplied by organizations with active EAPs, job performance deterioration was mentioned as the sole indicator of alcoholism in only a small minority of cases (e.g., Shain & Groeneveld, 1980). Furthermore, some supervisors fear confronting employees and believe that referring them to an EAP creates more aggravation than relief (Googins & Kurtz, 1981; Phillips, Purvis, & Older, 1980). To compound the problem, there is typically an inordinate timelag between the onset of job problems and the much-delayed referral (Googins & Kurtz, 1984; Riediger, 1979). Some research, however, does suggest that supervisors who receive training may be better able to implement the constructive confrontation strategy (Beyer & Trice, 1978, 1984; Gerstein, Eichenhofer, Bayer, Valutis, Jankowski, 1989; Googins, Colan, & Schneider, 1989), but others disagree (e.g., Belasco & Trice, 1969).

Another limitation of the supervisory referral strategy is that it may necessitate a severe worksite related incident before it is ever implemented. Recent research by Harley (1991) examined two factors found to influence referral action, job performance and occurrence
of an incident at the worksite which served as a "trigger event" for the supervisor. A trigger event is the occurrence of a dramatic or "last straw" incident which directly leads the supervisor to make a referral for evaluation or treatment (Beyer & Trice, 1978). Examples of such incidents would be coming to work drunk or having a crying spell on the job. Harley found that a dramatic worksite incident accounted for about eight times as much of the observed referral index variance as a job performance rating scale. Also, about half of the supervisors took no referral action whatsoever regardless of what job problems their subordinate had. The author concluded that many supervisors see EAP referral as a crisis management tool, a "last ditch effort" to use when all else fails with an employee who has "made a scene" which embarrasses or adversely affects the supervisor in any way.

Self-referral. Because of all the problems and limitations inherent in supervisory referrals, much of the recent literature has suggested that the self-referral process is a potentially fruitful area worthy of investigation (e.g., Sonnenstuhl, Staudenmeier, & Trice, 1988; Sonnenstuhl & Trice, 1986; Walker & Shain, 1983). Although the historical antecedents of EAPs did not include self-referrals (Trice & Schonbrunn, 1981), Blum and Roman (1989) suggest that self-referrals have now come to
dominate the caseloads of many EAP counselors for a number of reasons. For example, formal referral may become quite complex and involve too much organizational bureaucracy. Further, self-referral may be encouraged by the EAP coordinator who views the constructive confrontation strategy as contrary to the spirit of human service-based intervention. Finally, the self-referral pattern mirrors the process of help-seeking so well established in community mental health centers. Roman (1988) reports that the applications of the label "self-referral" in EAPs have been ballooning rapidly over time to the point that they are the major route for program use in many settings today (see also, Trice & Beyer, 1984). Additionally, many practitioners agree that the ratio of self to total referrals is a good indicator of EAP success (Myers, 1984; p. 239; Wrich, 1974). Unfortunately, as Gerstein and Bayer (1991) note, there are currently no explanations of the self-referral process (see also Harris & Heft, 1992).

Another advantage of self-referral for the organization is that the EAP counselor can be viewed as an ally of the employee instead of the employer (Sonnenstuhl, 1982). The benefit for employees is that a self-referral permits them to present themselves as responsible adults rather than as persons whose behavior is offensive and requires regulation (Roman, 1988; Sonnenstuhl, 1982). Further, some organizations require supervisors to mandate
an employee referral, but this process runs counter to the original formulations of constructive confrontation which emphasizes employee free choice (Trice, 1962; Trice & Roman, 1978). Moreover, current research on EAPs has found that punitive disciplinary measures are not conducive to employees accepting help and improving their performance (Beyer & Trice, 1984; Trice & Beyer, 1984).

Theoretical Framework

As mentioned previously, this research is not intended to be a formal test of VIE, however, many of the basic assertions of this study can be explained in terms of this cognitively based theory.

According to VIE theory, there are three key cognitive components that are considered fundamental to directing individual human behavior. They are: (1) valence - the affective orientations people hold with regard to outcomes, (2) instrumentality - a probability belief linking a behavioral result to an outcome, and (3) expectancy - the strength of a person's belief about whether a particular behavioral result is possible. Vroom (1964) maintains that an individual's beliefs about valences, instrumentalities, and expectancies interact psychologically to create a motivational force to act in those ways that seem most likely to bring pleasure or to avoid pain. The concept of force represents the strength of a person's intention to act in a certain way or to engage in a particular behavior.
Although a complete discussion of VIE theory is well beyond the scope and purposes of this research, its basic tenets can be usefully applied to the EAP self-referral paradigm. Each of the theory's above mentioned major components are considered below in this context.

**Valence.** Valence refers to the affective orientations people hold with regard to outcomes. For example, an outcome is considered positively valent if a person would prefer having it versus not having it. Thus, an employee may attach positive valences to such outcomes as being a productive worker and having a reasonably stable personal life. That is, the employee would probably have (all other things being equal) a stronger underlying need (valence) for these outcomes compared to their alternatives. Therefore, in the context of this research, the assumption is that people generally derive greater satisfaction by being productive and useful employees who prefer to minimize the severity of their personal problems.

**Instrumentality.** Something is said to be instrumental if it helps to achieve or attain something else. More specifically, instrumentality is the belief that engaging in certain behaviors can facilitate the realization of the positively valent condition or outcome (e.g., being a productive employee with a stable personal life).

The implications for instrumentality in the context of EAPs and self-referral are apparent. For example, if the
employee believes that overcoming personal problems is instrumental (a means) to achieving a positive outcome (being happier and more productive), then self-referrals to an EAP should become more probable. However, before self-referral can be viewed as instrumental, the EAP must first be perceived as a mechanism that is capable of facilitating the desired (positively valent) condition.

**Expectancies.** As noted earlier, expectancy is the strength of a person's belief about whether a particular outcome is possible. As Pinder (1987) notes, if a person believes that he or she can achieve an outcome, that individual will be more motivated to try for it, assuming all other things are equal. More simply, an expectancy is a subjective estimate or probability of obtaining a particular outcome. Again, the implications for this research are evident; employees must consider the likelihood of overcoming a personal problem if they use the EAP. That is, employees must have a reasonable expectancy that the EAP can be useful in helping them achieve the desired outcome of overcoming personal and/or work related problems.

**Summary.** In the following sections, VIE theory will be directly applied to those factors hypothesized to affect the EAP self-referral process in an organizational context. The current study is then proposed within this framework.
Factors Affecting the Self-Referral Rate

Given the increasing importance of self-referrals and the paucity of knowledge about them, the present study investigated some factors affecting the intent to self-refer to an EAP. As previously noted, although few studies have examined this referral mechanism, researchers have suggested some variables which should be incorporated into future studies. These variables can be broadly categorized into factors pertaining to (1) the person (employee), (2) the social or work environment, and (3) the EAP itself. Each of these categories is considered in detail below followed by the present hypotheses.

Person. Perhaps the most significant shortcoming of past EAP research is its almost exclusive focus on employees with substance abuse problems. Because EAPs were an outgrowth of occupational alcoholism programs, most studies have concentrated solely on the alcoholic and substance abuse employee at the expense of ignoring those employees with other personal problems (McClellan, 1984; Moberg, Krause, & Klein, 1982; Steel, 1988; Steel & Hubbard, 1985). However, current broad-brush EAPs address a much wider range of problems facing employees. For example, many broad-brush programs offer services for (1) relationship problems (divorce, parenting skills, communication skills), (2) psychological/emotional disturbances (phobias, depression, panic attacks),
(3) financial/legal difficulties (debt counseling, financial planning), (4) health related issues (weight, eating disorders, AIDS), and (5) work related issues (time management, decision making skills, problem solving).
Thus, an interesting question is whether the self-referral rate varies as a function of the employee's presenting problem (see Wills & DePaulo, 1991). In response to this issue, one of the present hypotheses is concerned with whether an employee is equally likely to express intent to use an EAP irrespective of the nature of his or her problem. Perhaps it is the case that employees are comfortable going to the EAP only for certain types of problems (e.g., work related issues) but not for others (e.g., relationship problems). If this proves to be the case, the practical implication is that organizations can streamline the type of services offered and thus realize substantial financial benefits.

Another variable of theoretical interest related to the employee is the perceived seriousness or urgency of the presenting problem (Rosenstock & Kirscht, 1980; Wills & DePaulo, 1991). For example, as previously mentioned, Gerstein and Duffy (in press) found that as the nature of the employee problem becomes more severe, supervisors are more likely to make a referral (see also Harley, 1991). However, the question remains whether this relationship holds true for the self-referral process. Blum and Bennett
(1990) note that many self-referrals, where alcohol or other drug problems are identified, are not early-stage problems as some of the EAP literature has suggested, but are often the result of employees with very late stage problems. However, it is also reasonable to consider that an inverse relationship exists. For instance, as the nature of the employee's problem becomes more severe, the less likely that person is to make a self-referral because of self-denial and the threat of being "found out." Some evidence of this possibility comes from Harris and Fennell (1988) who report that as the level of an employee's alcohol consumption increases, that employee's willingness to participate in an EAP decreases. VIE theory would tend to support the hypothesis of greater self-referral for more serious problems. Seriousness could increase the instrumentality beliefs because overcoming more serious problems should be more instrumental to attaining greater contentment and productivity (i.e., the positively valent condition). Because of the importance of this issue, the present study investigated the effects of problem seriousness as it related to intended EAP self-referral.

A final individual level variable that could affect help-seeking is the employee's attributional processes. Wills and DePaulo (1991) report that there are few studies on how attributions influence selection into treatment, particularly in help-seeking naturalistic environments.
When considering the attribution of causality, some laboratory studies have demonstrated that help-seeking is decreased when performance is attributed to internal factors (e.g., Morris & Rosen, 1973; Tessler & Schwartz, 1972). More specifically, subjects who performed poorly on a manual task were less likely to ask the experimenter for assistance if they attributed their performance to a lack of ability or effort. Additionally, other experimental studies have suggested that help-seeking is increased when an attribution for consensus (i.e., the perceived number of other people seeking help) is high (e.g., Gross, Fisher, Nadler, Stiglitz, & Craig, 1979). For example, Snyder and Ingram (1983) manipulated consensus information and showed that among symptomatic people (i.e., those with high test anxiety), high-consensus information increased the likelihood to seek help. It should be noted, however, that most of the above research dealt with resolution of performance problems, not personal problems. Hence, the results may not be generalizable to a help-seeking or an EAP environment. Despite this concern, and because of the paucity of research on the attributional process in a treatment environment, this study considered the effects of causality of a personal problem on intended EAP self-referral, although no formal hypothesis was proposed.

Although these attributional studies of causality and consensus are insightful, in an EAP paradigm, an
attribution made for the controllability of the problem could perhaps provide the most useful information on the utilization of these services (Wills & DePaulo, 1991). For example, if an employee believes that the resolution of a problem is within his or her personal control, it remains unclear how this attribution could affect an intended self-referral. It could be the case that if a given problem is perceived as controllable, an employee may seek help through the company EAP. Conversely, it also is plausible that same employee would use the EAP only for a problem that was perceived to be uncontrollable. Although its applicability seems intuitively obvious, the empirical literature has yet to show a main effect of control on help-seeking (Rosen, 1983, p. 87). Additionally, VIE theory would suggest that like seriousness, the resolution of a relatively uncontrollable problem should be more instrumental in achieving the positively valent condition. Consistent with this belief, this study considered how a problem that was low in controllability could affect intended EAP self-referral.

Social/Work Environment. Not only can individual level variables affect the use of an EAP, but social or work related factors can influence this process as well. For example, it is generally accepted that confidentiality is considered the most important factor or component in determining the success of an EAP (Harris & Fennell, 1988;
Masi, 1984; Scanlon, 1991; Shain & Groeneveld, 1980). That is, how confidential the employees perceive the services offered by the EAP will have a direct and significant impact on the program's use and usefulness (e.g., Sonnenstuhl, 1990). Ironically, given the suggested significance of perceived confidentiality, very few studies have systematically investigated or measured its actual importance (but see Laubscher, 1990; Milne, Blum, & Roman, 1994). Of course, an EAP can advertise that its services are confidential, but it is quite another matter as to whether the employees actually believe that the program truly has adopted this standard. In response to this dearth of empirical research, this study assessed (1) the influence of confidentiality on intended EAP self-referrals and (2) whether confidentiality had any incremental effect when considered in conjunction with other variables of suggested importance. Taken together, these hypotheses investigated whether confidentiality had any effect at all on intended self-referrals and it, in fact, it is the most important variable as some researchers believe.

In terms of VIE theory, confidentiality can be viewed as an expectancy. That is, the EAP must be viewed as a mechanism which can likely help employees overcome personal problems. Of course, that expectation should increase if the services are perceived to be confidential.
Finally, one of the potential benefits of studying confidentiality is that organizations may gain a better understanding of low utilization rates. For example, as mentioned earlier, organizations generally assume that confidentiality is of paramount importance to an EAP. Consequently, if utilization rates begin to run lower than expected, organizations may conclude that the employees do not perceive the services to be confidential. Of course, low utilization may in fact result from a variety of reasons, but organizations seem to focus on confidentiality at the expense of considering other variables (e.g., Sonnenstuhl & Trice, 1986).

Another socially related reason why an individual may seek the services of an EAP is the lack of availability or suitability of alternative sources of help like family, friends, other professional counselors, or support groups (Aday & Anderson, 1974; Rosenstock & Kirscht, 1980). Some evidence suggests that persons with well-developed informal support networks are less likely to engage in formal help-seeking behavior. For example, Pilisuk, Boylan, and Acredolo (1987) examined the interaction of life stress and social support in predicting medical care utilization in a health maintenance organization. They found that high support, indexed through marital satisfaction and availability of confidants outside the family, reduced the level of health care utilization primarily among persons
who had experienced many stressful life events (see also Cohen & Wills, 1985). In contrast, other studies indicate that a large social network may actually facilitate help-seeking. For instance, Taylor, Falke, Shoptaw, and Lichtman (1986) studied cancer patients who were involved in support groups. They found that participants in support groups, compared with patients who were non-attenders, had more social support resources of all kinds and were more likely to have sought help from a mental health professional. Thus, a person with a well-developed social network may be guided toward seeking alternative forms of professional help including that offered through an EAP. In an effort to reconcile these competing theories, one of the present hypotheses considered how alternative sources of care influenced the intended self-referral rate to an EAP.

It is proposed that an inverse relation exists between alternative sources of care and self-referral because from a theoretical perspective, VIE suggests the expectancy that the EAP can be effective would be contingent upon the availability of other sources of care. That is, the expectancy that the EAP can help an employee overcome personal problems should increase if that person has limited (or non-existent) options to get help elsewhere.

In fact, this issue of alternative sources of help is directly related to the nature of the presenting problem.
Veroff, Kulka, and Douvan (1981) examined data which required individuals to rank potential help sources given different types of personal problems. The majority of people had a preference for coping with worries or unhappiness through informal support networks (e.g., spouse or friends). For coping with more persistent problems, respondents preferred to seek some form of professional help (doctor, clergy, or mental health professional). Other studies with college student samples report data on preferred sources of help and provide an estimate of the preference for help-seeking (involving other people) versus self-help (involving just oneself) (e.g., Christensen & Magoon, 1974; Tinsley, de St. Aubin, & Brown, 1982). About 49% of people preferred self-help to talking with a friend, and 66% preferred self-help to professional help. Collectively, these studies suggest that the use of help sources is contingent upon the severity of the problem, with a relative shift to professionals as the problem becomes more severe (see also Wills & DePaulo, 1991). As mentioned previously, one of the present hypotheses considered the effects of problem seriousness as it related to intended EAP self-referral.

Finally, as stated earlier, an EAP provides assessment and referral services to employees whose performance has been adversely affected. In the traditional EAP paradigm, the supervisor was responsible for documenting poor
performance and, through constructive confrontation, referring the employee to the company EAP. However, current research does not address the issue of how a job performance decrement influences the self-referral process. For instance, an employee who is performing poorly due to a personal problem may self-refer in an effort to "straighten up" before being confronted (and possibly embarrassed) by a supervisor and forced to see an EAP counselor. Wills and DePaulo (1991) provide support for this position by arguing that help-seeking from both informal and formal sources is primed by negative events. Yet, that same employee may be less likely to self-refer because it would be tantamount to an admission of guilt over not performing the job and, hence, would also serve as a form of self-incrimination. In either case, if the employee does not admit to having job performance problems, it may be difficult for the EAP to perform an adequate assessment or even have the correct assessment accepted by the employee (see Blum & Bennett, 1990). Because VIE theory suggests that overcoming job performance problems is instrumental to achieving the positively valent condition, the proposed research hypothesized that employees would express a greater intention to self-refer when their job performance was significantly affected.

The final group of variables that can influence the self-referral process is concerned with the nature of
the EAP itself. That is, what an individual knows and believes about the EAP may be important in terms of making a self-referral (Harris & Fennell, 1988; Milne, Blum, & Roman, 1994; Steel & Hubbard, 1985). For example, because EAPs are relatively new to most organizations, it appears that many employees do not fully understand their basic purpose or how they operate. Some survey research corroborates this assertion. For instance, in a study by Besenhofer and Gerstein (1991), only 59% of surveyed graduate level business students indicated that they knew the purpose of an EAP. Ironically, 55% of these same students stated that they worked in a supervisory capacity and 18% had even made an EAP referral at one time. In a similar study by Gerstein and Duffy (in press), only 36% of graduate level business students knew the purpose of an EAP. These findings have obvious implications for applied settings because the degree of program knowledge most probably affects the extent of program usage. Thus, this study hypothesized that an individual's level of knowledge concerning an EAP can influence the intended self-referral rate. As Walker and Shain (1983) elucidate, consistent with this direction, the trend among current broad-brush programs has been to de-emphasize constructive confrontation in favor of self-referral, peer-referral, and referral through increased program awareness.
Additionally, for self-referrals to be likely to occur, employees need not only a fundamental knowledge of the EAP, but they also must have some subjective interpretation of its effectiveness (e.g., Blum & Roman, 1989; Steel, 1988; Wrich, 1974). What is the likelihood that the EAP can help solve the employee's problem? Does the employee feel that the EAP staff is competent? Does the employee know anybody else who has benefitted from the EAP? In essence, these questions consider whether the EAP has a favorable reputation in the organization. Of course, the implication is that a negative informal reputation of an EAP may override any formal organizational support and potentially decrease the likelihood of self-referrals (see also, Kirscht & Rosenstock, 1980). However, not all research supports this contention. For example, Harris and Fennell (1988) report that an employee's perception of program effectiveness is not related to his or her willingness to use it. In response to this controversy, this study also assessed how an EAP's reputation can influence intended self-referrals.

Finally, like confidentiality, knowledge and reputation of program, in terms of VIE, are considered to be expectancies. That is, if employees are going to believe that the EAP is likely to help them overcome personal problems, they must first know about the program and also have a favorable impression of its reputation.
Theoretical Summary

VIE theory as applied to an EAP can be more fully understood by collectively considering the implications of the independent variables on overcoming personal problems. For example, suppose an employee believes that his or her problems are (1) relatively minor, (2) controllable, and (3) do not affect job performance. This individual probably would perceive little threat to the positively valent condition (having a relatively stable personal life and minimizing the severity of problems). Thus, instrumentality (overcoming personal problems) would be low because the employee would see no imminent need to overcome these type of inconsequential (or even nonexistent) problems. Motivation to use the EAP would also be low because the components that make up VIE are multiplicative and therefore, if any component is relatively weak or close to zero, motivation will be weak. Conversely, for problems that are (1) serious, (2) uncontrollable, and (3) affect job performance, an employee would feel a threat to the positively valent condition. Naturally, instrumentality would be high because there would now be a perceived need to overcome these personal problems. Thus, self-referrals to a well-known and respected EAP should increase because the expectancy would be that such a program could help restore the positively valent condition.
It should be apparent that VIE as a theory of motivation may be a useful tool in understanding the dynamics of EAP self-referrals. It is hoped that this research ultimately will contribute to a more comprehensive and integrated theoretical model which can be applied more fully to the entire EAP environment.
The Present Study

Hypotheses

In summary, the confluence of the above research concerning the (1) person (employee), (2) social or work environment, (3) EAP itself, and (4) considered within the context of VIE theory, has resulted in the following hypotheses (each mentioned earlier with the appropriate supporting literature) regarding the self-referral process in an EAP:

H1a: A significant positive relationship will be found between intended likelihood of using the EAP and measures of confidentiality, knowledge of program, and reputation of program.

H1b: A significant negative relationship will be found between intended likelihood of using the EAP and alternative sources of care. These relationships will hold true regardless of the type of problem and whether or not that problem affects employee job performance.

H2: Confidentiality will account for significant incremental variance in inclination to self-refer beyond that accounted for by knowledge of program, reputation of program, and alternative sources of care.

H3: Employees will be more inclined to self-refer for problems that are perceived as serious.

H4: Employees will be more likely to intend to self-refer for problems that are perceived as low in controllability.

H5: Employees will express a greater intention to self-refer when their job performance is significantly affected.

H6: There will be differential intended self-referral rates depending on the type of employee problem.
Method

Subjects

The subjects in this study were a total of 256 employees from three organizations, from different areas of the United States, which have external employee assistance programs. In company A, a state finance and human resources department with 140 employees, supervisors were given 140 surveys to distribute to their employees. A total of 104 were returned, but due to missing data only 98 were used for a return rate of 70%. In company B, a hospital with 850 employees, 270 surveys were to be distributed to employees who participated in a company "Health and Wellness Fair." A total of 94 were returned, but due to missing data only 90 were used for a return rate of at least 33%. Finally, in company C, a financial consulting firm with 120 employees, supervisors distributed 120 surveys to their employees. A total of 71 were returned, but because of incomplete data, only 68 were used for a return rate of 57%. Thus, across all three companies, 540 surveys were distributed and 256 used for analysis for an overall return rate of 47%.

Of the 256 employees completing the survey, 57 (22%) were male and 199 (78%) were female (for the population in these organizations, 27% were male and 73% were female). Their average age was 36.8 years ($SD = 8.6$ years), and they had the following marital status: (1) married - 62%,
(2) single - 22%, (3) divorced - 12%, (4) separated - 7% and (5) widowed - <1%. A total of 213 (83%) respondents listed their race as "White/Caucasian" and 31 (12%) checked "African-American." The remaining people were "Hispanic" (3%), "Asian" (2%), and "Other" (<1%). These percentages for race generally reflect the population at these organizations where 85% were "White/Caucasian", 10% "African-American" and 5% "Other."

In general, the subjects were a fairly well educated group. Sixty-eight percent had either "some college", an associate's degree, or a college degree, while 20% had graduate training. The remaining respondents (11%) had at least a high school diploma or a GED.

In terms of tenure with their respective organizations, the respondents had an average of 7.7 years of service (SD = 7.0) and had been in their current positions 3.8 years (SD = 3.7). Additionally, 52% categorized themselves as "non-supervisory", 35% as "manager or supervisor", 4% as "executive or administrator" and 9% as "other". When asked if they had ever used their company's EAP, 220 (86%) said "no" and only (36) 14% said "yes". Of those who had used the EAP, 31 (84%) rated the experience as at least "somewhat positive". This is almost exactly the same number of employees (30/81%) who accessed the EAP through self-referral. This demographic information is summarized in Table 1.
Table 1

**Employee Demographic Information**

1. **Sex:**
   - 57 (22%) Male
   - 199 (78%) Female

2. **Marital Status:**
   - 162 (62%) Married
   - 55 (22%) Single
   - 30 (12%) Divorced
   - 7 (03%) Separated
   - 1 (<1%) Widowed

3. **Age:**
   - \( M = 36.8 \) years
   - \( SD = 8.6 \) years

4. **Race:**
   - 213 (83%) White/Caucasian
   - 31 (12%) African-American
   - 7 (03%) Hispanic
   - 5 (02%) Asian/Other

5. **Highest level of formal education completed:**
   - 0 (n/a) Some high school
   - 28 (11%) High school or GED
   - 70 (27%) Some college
   - 28 (11%) Associate college degree (2 year)
   - 77 (30%) College degree or equivalent
   - 25 (10%) Some graduate school
   - 24 (09%) Master's degree or equivalent
   - 3 (01%) Ph.D. or equivalent

*(table con'd.)*
Table 1

**Employee Demographic Information**

6. How long have you been employed at this company?
   \[ M = 7.7 \text{ years} \]
   \[ SD = 7.0 \text{ years} \]

7. How long have you been in your current position?
   \[ M = 3.8 \text{ years} \]
   \[ SD = 3.7 \text{ years} \]

8. Position in the organization:
   - 134 (52%) Non-supervisory
   - 89 (35%) Manager or supervisor
   - 11 (04%) Executive or administrator
   - 22 (09%) Other

9. Have you ever used your company's EAP?
   - 220 (86%) No
   - 36 (14%) Yes

10. If you have used your company's EAP, how would you rate your overall experience with it?
    - 1 (3%) Very Negative
    - 1 (3%) Somewhat Negative
    - 4 (11%) Neutral
    - 14 (38%) Somewhat Positive
    - 17 (46%) Very Positive
    \[ \text{Total} = 37 \]

(table con'd.)
Table 1

**Employee Demographic Information**

11. How were you referred to your company's EAP?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor sent me.</td>
<td>05%</td>
</tr>
<tr>
<td>I went on my own.</td>
<td>81%</td>
</tr>
<tr>
<td>A family member, friend, or co-worker.</td>
<td>03%</td>
</tr>
<tr>
<td>A doctor or other medical personnel</td>
<td>05%</td>
</tr>
<tr>
<td>Other</td>
<td>05%</td>
</tr>
</tbody>
</table>

Total = 37

12. Have you ever used any other EAP before (for example, at another organization where you used to work)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>94%</td>
</tr>
<tr>
<td>Yes</td>
<td>06%</td>
</tr>
</tbody>
</table>

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Procedure

In all cases, the subjects read a cover letter written by the head of their respective Human Resources department explaining that, although the company endorsed and supported this research, employee participation was completely voluntary. They also read a researcher cover letter and completed a demographic information sheet, an employee assistance program survey, and five randomly ordered scenarios depicting different types of employee problems. All materials were returned in postage-paid envelopes directly to the author for statistical analysis.

Design

The design of this study was a 2 x 2 x 2 x 5 repeated measures ANOVA with 3 between subjects factors (seriousness, controllability, and job performance) and 1 within subjects factor (type of problem). There were between 28 and 36 subjects per cell. Each subject read a total of five scenarios (one from each problem type) which manipulated the levels of seriousness, controllability, and job performance.

Instruments

Cover Letter. The researcher cover letter explained the purpose of the study, assured anonymity, gave detailed instructions, and requested that the survey be returned in
the postage-paid envelope directly to the author (see Appendix A).

Demographic Information. This instrument provided data concerning an employee's: (1) sex, (2) marital status, (3) age, (4) race, (5) highest educational level, (6) length of employment with the organization, (7) length of time in current position, (8) position in the organization, (9) use of company EAP, (10) experience with company EAP, (11) how referred to company EAP, and (12) experience with any other EAP (see Appendix B).

EAP Survey. The EAP survey, developed by this author, measured four separate factors related to program usage: (1) knowledge of program, (2) confidentiality, (3) reputation, and (4) alternative sources of care. Each of the first three factors was measured using separate 5-item scales with a response format ranging from "1" (strongly disagree) to "5" (strongly agree). The last factor (alternative sources of care) was measured using a 7-item scale. At least two items from each scale were reverse scored. Using 377 employees from a health care company with an EAP as pilot data, reliability coefficients were as follows: (1) knowledge of program = .91, (2) confidentiality = .88, and (3) reputation = .84. The last factor (alternative sources of care) was not a part of the pilot study. Finally, two versions of the EAP scale are presented in the appendix: (1) individual items
categorized under their respective factor heading, and (2) the randomized version actually given to the subjects (see Appendix C).

**Independent Variables**

**Problem Type.** The nature of a particular employee problem was depicted in various written scenarios (see Appendices F-J). A cover page instructed the subject to assume the role of the person described in that particular scenario and to answer the questions that followed (see Appendix D). These scenarios depicted five different types of employee problems: (1) work related issues, (2) financial/legal difficulties, (3) health issues, (4) psychological/emotional disorders, and (5) relationship problems. These five areas were selected because they reflect the most typical and significant categories of how existing EAPs advertise their services. The questions which subjects answered for each scenario appear in Appendix E.

Within each of these five types of employee problems, three independent variables were manipulated: (1) severity of the problem (high versus low), (2) controllability of the problem (high versus low), and (3) impact on job performance (affects versus does not affect). Thus, the manipulation of each of these three variables across the five problem types resulted in a total of 40 separate scenarios. Each of these variables is considered below.
Seriousness. Within each problem type, seriousness was manipulated by describing a relatively serious problem (high seriousness) and a relatively minor problem (low seriousness). Further, the first sentence of each scenario read, "You recently have begun to experience some (serious/minor) problems related to..." The words "serious" and "minor" were interchanged for the conditions of high and low seriousness, respectively.

Controllability. Within each problem type, controllability was manipulated by using phrases such as: "You are confident that if you make the right moves and make some good decisions, you can successfully manage this problem" (high controllability), or "You are starting to believe that there is not much you personally can do to successfully manage this problem" (low controllability).

Job Performance. Within each problem type, job performance was manipulated by using phrases such as: "Unfortunately, this problem has affected your job performance" (affects performance) or "Fortunately, this problem has not affected your job performance" (does not affect performance).

Dependent Variable

The dependent variable in this study was the employee's intention to self-refer to the company EAP. This was measured by calculating the mean of two questions at the end of each scenario. The first question was, "I
would be inclined to use my company's EAP to get assistance with this problem" and was scored from "1" (strongly disagree) to "7" (strongly agree). The second question was, "How likely is it that you would use your company's EAP for help with this problem?" and was scored from "1" (not at all likely) to "7" (very likely). These two questions correlated .93 and had a coefficient alpha of .94.

Manipulation Checks

At the end of each scenario, three questions were presented that served as manipulation checks. The first question was, "How serious do you think this problem is?" and was scored from "1" (not at all serious) to "7" (very serious). The second question asked, "How much is solving this problem within your personal control?" and was scored from "1" (not at all within my control) to "7" (very much within my control). The third question was, "How much has your job performance been affected by this problem?" and was scored from "1" (not at all affected) to "7" (very affected). Although not a manipulation check, another question asked, "How realistic is this problem?" and was scored from "1" (not at all realistic) to "7" (very realistic). By asking this question, I hoped to get a sense of whether the problems depicted in the study were perceived as being too contrived.
Summary

I chose the methodology described here over having people describe and rate their own problems because of concerns with low response rate and social desirability bias. If employees had to describe their own personal problems, they might be substantially more hesitant to complete and return the survey materials. Further, even if the employees did describe their own problems, they may have been more inclined to describe an insignificant one and/or overstate the likelihood that they would in fact use the company EAP for assistance. Additionally, I would not have had the control needed to manipulate the aforementioned independent variables. Further, since relatively few people have ever used an EAP, it is possible that most people in the sample may not have had problems serious enough to warrant use of the EAP. However, manipulating seriousness across a variety of problem types overcame this potential limitation.

Finally, a panel of three graduate students in industrial/organizational psychology served as expert raters and provided feedback about each scenario's believability and understandability. Modifications were made to the final versions as necessary. Additionally, the entire instrument was assessed via a computer software program to have an eleventh grade reading level.
Results

Measures

Item-total and coefficient alphas were calculated for each of the four EAP survey subscales (Confidentiality, Knowledge of Program, Reputation, and Alternative Sources of Care). Because of low item-total correlations, four items were removed from the Alternative Sources of Care scale (questions #9, #17, #21, and #22). These items were chosen by calculating four successive iterations of coefficient alpha and removing the item with the lowest item-total correlation until an acceptable alpha was achieved. These analyses are presented in Tables 2-5.

Three of the subscales had high alpha levels (Reputation = .80, Knowledge of Program = .89, and Confidentiality = .90) and after removing the four items, the Alternative Sources of Care subscale had an alpha of .71. On a conceptual level, the items which remained in the scale (questions #1, #5, and #13) were related to self-help or help from family and friends. The items which were removed generally dealt with external or professional sources of assistance (e.g., support group or agency, religious leader, professional therapist). These later items, however, only had an alpha of .23 when considered together and thus were not used in subsequent analyses.

46
Table 2

Reliability Analysis - Confidentiality

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected item-total correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question #2</td>
<td>.79</td>
<td>.87</td>
</tr>
<tr>
<td>Question #6</td>
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<td>.87</td>
</tr>
<tr>
<td>Question #18</td>
<td>.72</td>
<td>.88</td>
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Note. N = 255. Coefficient Alpha = .90.

Table 3

Reliability Analysis - Knowledge of Program

<table>
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<th>Item</th>
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<td>Question #19</td>
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Note. N = 255. Coefficient Alpha = .89.
Table 4

Reliability Analysis - Reputation

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<td>.76</td>
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<tr>
<td>Question #20</td>
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<td>.75</td>
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Note. N = 255. Coefficient Alpha = .80.

Table 5

Reliability Analysis - Alternative Sources of Care

<table>
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<tr>
<th>Item</th>
<th>Corrected item-total correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question #1</td>
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<td>.33</td>
<td>.34</td>
</tr>
<tr>
<td>Question #17</td>
<td>.12</td>
<td>.44</td>
</tr>
<tr>
<td>Question #21</td>
<td>.20</td>
<td>.40</td>
</tr>
</tbody>
</table>

Note. N = 255. Original Coefficient Alpha = .43; Revised Coefficient Alpha = .71, retaining only items 1, 5, and 13.
Additionally, means, standard deviations, reliability coefficients, and inter-correlations were calculated for each of the four subscales. These statistics are presented in Table 6.

The means for Confidentiality, Knowledge of Program, and Reputation were all calculated on 5-item scales, whereas the mean for Alternative Sources of Care was calculated on a 3-item scale. Significant positive correlations were found between (1) Confidentiality and Knowledge of Program (.27), (2) Confidentiality and Reputation (.69), and (3) Reputation and Knowledge of Program (.43).

Manipulation Checks

The effectiveness of the manipulation checks was investigated by three separate 2 x 2 x 2 x 5 repeated measures ANOVAs. In the first ANOVA, the dependent variable was the subjects' response to the question, "How serious do you think this problem is?" The difference between the high seriousness (M = 4.16, SD = 1.81) and low seriousness (M = 2.81, SD = 1.64) conditions was significant [F (1,249) = 125.12, p < .01]. Thus, the subjects correctly perceived the "high serious" problems to be more unfavorable or aversive than the "low serious" problems. Further, there were no other main effects or interactions on the between subjects variables. For the within subjects variable, there was a main effect for
Table 6

Means, Standard Deviations, Reliabilities, and Intercorrelations

<table>
<thead>
<tr>
<th>Scale Dimension</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confidentiality</td>
<td>15.78</td>
<td>4.71</td>
<td>(.90)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Knowledge</td>
<td>14.84</td>
<td>4.78</td>
<td>.27* (.89)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reputation</td>
<td>16.50</td>
<td>3.27</td>
<td>.69* .43* (.80)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Alt Sources</td>
<td>12.24</td>
<td>2.43</td>
<td>-.05  -.07 .00 (.71)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N= 255. Reliabilities (coefficient alpha) are reported in parentheses on the diagonal. * = p < .05.

problem type [F (4,972) = 17.12, p < .01]. Additionally, there was a significant problem type by seriousness interaction [F (4,972) = 7.92, p < .01]. Neuman-Keuls analyses indicated that in the high seriousness psychological problems were perceived to be significantly more serious than any other problem type, and job problems were perceived to be significantly less serious than any other problem type. In the low seriousness condition, health related problems were perceived to be significantly less serious than any other problem type and job problems were less serious than everything except health related problems. The complete ANOVA results appear in Table 7.
Table 7

**Seriousness by Controllability by Performance by Problem Type ANOVA for Seriousness Manipulation Check Question**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>496.58</td>
<td>125.12**</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>1.34</td>
<td>.34</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>13.34</td>
<td>3.36</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>4.38</td>
<td>1.10</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>4.60</td>
<td>1.16</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>2.42</td>
<td>.61</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>3.88</td>
<td>.98</td>
</tr>
<tr>
<td>Error</td>
<td>243</td>
<td>3.97</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>17.84</td>
<td>17.12**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>8.25</td>
<td>7.92**</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>.12</td>
<td>.12</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>1.95</td>
<td>1.87</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>1.27</td>
<td>1.22</td>
</tr>
<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>.19</td>
<td>.19</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>.37</td>
<td>.32</td>
</tr>
<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>.67</td>
<td>.65</td>
</tr>
<tr>
<td>Error</td>
<td>972</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1215</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = \( p < .01 \).
In the second ANOVA, the dependent variable was the response to the question, "How much is solving this problem within your personal control?" The difference between the high controllability (M = 3.56, SD = 1.79) and low controllability conditions (M = 3.43, SD = 1.93) was not significant [F (1,250) = .06, ns]. Hence, the subjects did not perceive that the "high controllability" problems were any more within their personal control than the "low controllability" problems. However, there was a main effect for seriousness [F (1,250) = 31.99, p < .01]. Examining the means showed that across all problem types, individuals considered those problems in the low seriousness condition to be more controllable than the problems in the high seriousness condition. For the within subjects effects, there was again a main effect for problem type [F (4,976) = 24.67, p < .01] as well as a significant problem type by seriousness interaction [F (4,976) = 3.82, p < .01]. Post hoc tests indicated that in the high controllability condition, health problems were perceived to be the most controllable, whereas psychological problems were perceived to be the least controllable. In the low seriousness condition, psychological problems were again perceived to be significantly less controllable than all other problems, but relationship problems were considered to be the most controllable. Finally, there was a significant problem by seriousness by controllability by
performance interaction \( F = (4, 976) = 3.33, p < .05 \). I did not interpret this interaction because it was a manipulation check and the effect size was small relative to the main effect. The complete ANOVA results appear in Table 8.

In the third ANOVA, the dependent variable was the response to the question, "How much has your job performance been affected by this problem?" The difference between the does affect job performance (\( M = 3.66, SD = 1.98 \)) and does not affect job performance (\( M = 3.32, SD = 1.73 \)) conditions was significant \( F (1, 246) = 16.71, p < .01 \). Thus, the subjects correctly perceived that those problems which were supposed to affect job performance influenced it more than those problems which were said not to affect job performance. Additionally, there was a significant main effect for seriousness \( F (1, 246) = 36.14, p < .01 \). This result indicated that subjects in the high seriousness condition rated the effects on their performance as greater than subjects in the low seriousness condition across all problem types. There was also a seriousness by controllability by performance interaction \( F (1, 246) = 9.46, p < .01 \) which was left uninterpreted because it was a manipulation check item. For the within subjects effects, there was a significant main effect for problem type \( F (4, 960) = 24.13, p < .01 \) and a significant problem type by seriousness interaction \( F (4, 960) = 8.39,
Table 8

*Seriousness by Controllability by Performance by Problem Type* ANOVA for Controllability Manipulation Check Question

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>164.04</td>
<td>31.99**</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>.32</td>
<td>.06</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>2.97</td>
<td>.58</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>9.80</td>
<td>1.91</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>6.09</td>
<td>1.19</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>1.84</td>
<td>.36</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>.38</td>
<td>.07</td>
</tr>
<tr>
<td>Error</td>
<td>244</td>
<td>5.13</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>38.93</td>
<td>24.67**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>6.02</td>
<td>3.82**</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>.61</td>
<td>.38</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>2.36</td>
<td>1.50</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>1.23</td>
<td>.78</td>
</tr>
<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>.80</td>
<td>.51</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>1.91</td>
<td>1.21</td>
</tr>
<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>5.26</td>
<td>3.33*</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>976</td>
<td>1.58</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1220</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = p < .01; * = p < .05.

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p < .01]. Post hoc tests revealed that in the high performance condition (i.e., affects performance), financial and relationship problems affected performance less than all other problem types. In the low performance condition (i.e., does not affect job performance), job problems affected performance more than all other problems. Finally, health and financial problems affected performance less than all other problem types. The complete ANOVA results appear in Table 9. As discussed earlier, although not strictly a manipulation check, the response to the question concerning the realism of the study ("How realistic is this problem?") showed that the subjects generally found the scenarios to be very realistic across all problem types (M = 5.81, SD = 1.37; 1 = "not at all realistic" and 7 = "very realistic"). Further, a 2 x 2 x 2 x 5 repeated measures ANOVA showed no main effects for any of the between subjects variables; however, for within subjects effects, there was a main effect for problem type [F (4,972) = 12.75, p < .01] and a significant problem by seriousness interaction [F (4,972) = 3.75, p < .01]. The main effect suggests that there were different rates of believability as a function of problem type. Post hoc tests revealed that in both the high and low seriousness conditions, relationship problems (M = 6.24; 5.98) were significantly more believable than all other problems except financial (M = 6.04; 5.82). Health related problems
Table 9

**Seriousness by Controllability by Performance by Problem Type ANOVA for Performance Manipulation Check Question**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>310.65</td>
<td>36.14**</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>3.46</td>
<td>.40</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>143.65</td>
<td>16.71**</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>1.56</td>
<td>.18</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>.02</td>
<td>.00</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>16.43</td>
<td>1.91</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>81.33</td>
<td>9.46**</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>240</td>
<td>8.60</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>35.65</td>
<td>24.13**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>12.40</td>
<td>8.39**</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>1.81</td>
<td>1.22</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>1.49</td>
<td>1.01</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>2.67</td>
<td>1.81</td>
</tr>
<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>.99</td>
<td>.67</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>2.11</td>
<td>1.43</td>
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<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>1.70</td>
<td>1.15</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>960</td>
<td>1.48</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = p < .01.

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(M = 5.65; 5.56) were relatively the least believable, although the means were still acceptably high. The complete ANOVA results appear in Table 10.

**Summary**

In conclusion, the manipulations for seriousness and job performance were successful; the manipulation check for controllability was not. In general, all the scenarios depicting the various problem types were perceived to be very believable. Some unexpected interactions did occur (always involving seriousness) but the effect sizes were much smaller than those of interest.

**Tests of Hypotheses**

The first hypothesis (H1a) was that a significant positive relationship would be found between intention to use the EAP and measures of confidentiality, knowledge of program, and reputation of program. Alternatively, hypothesis H1b said that a significant negative relationship would be found between intended likelihood of using the EAP and alternative sources of care. These hypotheses were analyzed by computing zero-order correlations between each of the four EAP subscales and the criterion variable (likelihood of self-referral). These correlations were collapsed across all five problem types (work, health, legal/financial, relationship, psychological/emotional) and all permutations of the other three independent variables (job performance, seriousness,
Table 10

**Seriousness by Controllability by Performance by Problem Type ANOVA for Believability Manipulation Check Question**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>1.67</td>
<td>.27</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>11.45</td>
<td>1.86</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>1.37</td>
<td>.22</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>1.21</td>
<td>.20</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>22.54</td>
<td>3.67</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>.91</td>
<td>.15</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>14.62</td>
<td>2.38</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>243</td>
<td>6.14</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>10.08</td>
<td>12.75**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>2.96</td>
<td>3.75*</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>.63</td>
<td>.80</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>.50</td>
<td>.63</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>.54</td>
<td>.68</td>
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<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>1.40</td>
<td>1.77</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>.48</td>
<td>.61</td>
</tr>
<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>.77</td>
<td>.97</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>972</td>
<td>.79</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1215</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = p < .01; * = p < .05.
controllability). This approach resulted in a total of 4 correlation coefficients instead of a possible 160. A supplemental analysis investigated the correlations between each of the EAP sub-scales with the intent to self-refer across the 5 problem types. Significant correlations were found between all the problem types and both confidentiality and reputation respectively. Further, significant correlations were found between all EAP sub-scale items and relationship problems and psychological problems respectively. These data appear in Table 11.

As hypothesized (H1a), a significant positive relationship was found between intention to use the EAP and

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>J</th>
<th>F</th>
<th>R</th>
<th>H</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conf.</td>
<td>.28**</td>
<td>.39**</td>
<td>.53**</td>
<td>.32**</td>
<td>.55**</td>
</tr>
<tr>
<td>2. Knowledge</td>
<td>-.06</td>
<td>.09</td>
<td>.20**</td>
<td>.01</td>
<td>.22**</td>
</tr>
<tr>
<td>3. Reputation</td>
<td>.30**</td>
<td>.41**</td>
<td>.52**</td>
<td>.38**</td>
<td>.56**</td>
</tr>
<tr>
<td>4. Alt. Care</td>
<td>-.07</td>
<td>-.10</td>
<td>-.14*</td>
<td>-.08</td>
<td>-.13*</td>
</tr>
</tbody>
</table>

Note. J = Job, F = Financial, R = Relationship, H = Health, P = Psychological; ** = p < .01; * = p < .05.
60 confidentiality \([r (248) = .51, p < .01]\) and reputation of program \([r (248) = .54, p < .01]\). However, there was not a significant positive correlation between intention to use the EAP and knowledge of program \([r (248) = .122, ns; \text{exact } p = .0547]\). There was support for the next hypothesis (H1b), that a significant negative relationship existed between intent to use the EAP and alternative sources of care, however, the effect size was relatively weak \([r (248) = -.125, p < .05]\).

Hypothesis 2 (H2) was that confidentiality would account for significant incremental variance in the intent to self-refer beyond that accounted for by knowledge of program, reputation of program, and alternative sources of care. This hypothesis was analyzed by using a hierarchical multiple regression. Knowledge of program, reputation, and alternative sources of care were entered first in the regression equation. Confidentiality was entered last to determine if it accounted for significant incremental variance beyond that already accounted for by the first three variables. This hypothesis was supported \([F (1,243) = 12.74, p < .01]\). See Table 12 for the complete regression results.

Hypotheses 3-6 were analyzed by using a 2 x 2 x 2 x 5 repeated measures ANOVA. These hypotheses predicted that there would be significant main effects for seriousness, controllability, job performance, and type of problem on
Table 12

Hierarchical Regression of Likelihood of Using the Employee Assistance Program on EAP Survey Sub-Scale Items

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>R²</th>
<th>AR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Program</td>
<td>1</td>
<td>833.78</td>
<td>5.51*</td>
<td>.02</td>
<td>.02</td>
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<tr>
<td>Reputation</td>
<td>1</td>
<td>16029.33</td>
<td>105.93**</td>
<td>.30</td>
<td>.28**</td>
</tr>
<tr>
<td>Alt. Sources of Care</td>
<td>1</td>
<td>299.64</td>
<td>1.98</td>
<td>.32</td>
<td>.02</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>1</td>
<td>1928.27</td>
<td>12.74**</td>
<td>.35</td>
<td>.03*</td>
</tr>
<tr>
<td>Error</td>
<td>243</td>
<td>151.32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: * = p < .05. ** = p < .01.

the stated likelihood of self-referral. More specifically, hypotheses 3-5 tested for significant main effects on the between subjects variables and hypothesis 6 tested for a significant main effect of the single within subjects variable. Each is considered separately below. The complete ANOVA results are presented in Table 13.

Hypothesis 3 (H3) said that employees would be more inclined to self-refer for problems that were serious. The data supported this hypothesis. Employees were more likely to intend to self-refer for serious problems (M = 4.16, SD = 1.81) compared to minor problems (M = 2.81, SD = 1.64) [F (1,240) = 54.70, p < .01]. A correlational analysis
Table 13

Seriousness by Controllability by Performance by Problem Type ANOVA for Likelihood of Using the EAP

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>1993.47</td>
<td>54.70**</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>21.29</td>
<td>.58</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>134.53</td>
<td>3.69</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>9.08</td>
<td>.25</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>1.65</td>
<td>.05</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>87.54</td>
<td>2.40</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>3.88</td>
<td>.11</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>240</td>
<td>36.45</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>114.34</td>
<td>19.51**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>16.23</td>
<td>2.77*</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>5.64</td>
<td>.96</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>3.10</td>
<td>.53</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>4.45</td>
<td>.76</td>
</tr>
<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>2.50</td>
<td>.43</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>5.69</td>
<td>.97</td>
</tr>
<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>5.46</td>
<td>.93</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>960</td>
<td>5.86</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = p < .01; * = p < .05.
provided further support for this hypothesis. That is, the correlation between the manipulation check item for seriousness and the dependent variable was significant \( r(248) = .51, p < .01 \) indicating that subjects perceiving the problems as more serious indicated greater likelihood of self-referral.

Hypothesis 4 (H4) said that employees would be more likely to intend to self-refer for problems that were perceived as low in controllability. In general, the data did not support this contention. That is, employees were not more likely to endorse self-referral for low controllable problems \( (M = 3.43, SD = 1.93) \) versus high controllable ones \( (M = 3.56, SD = 1.79) \) \( F(1,240) = .58, ns \). However, because the manipulation check result for controllability was not significant, a correlational analysis was used to determine the results for the subjects who perceived the problems to be more or less controllable. A correlation between the manipulation check item for controllability and the dependent variable was significant \( r(247) = -.29, p < .01 \). This negative correlation provides some evidence that employees were more likely to endorse self-referral for problems they perceived as low in controllability.

Hypothesis 5 (H5) stated that employees would be more likely to self-refer when their job performance was significantly affected. The data did not support this
hypothesis, although the result was nearly significant and mean differences were in the hypothesized direction. The means for self-referral intention were 3.66 (SD = 1.98) for problems which affected their job performance compared to 3.32 (SD = 1.73) for problems that did not affect job performance [F (1,240) = 3.69, p > .05; exact p = .0559]. However, a correlation between the manipulation check item for job performance and the dependent variable was significant [r (245) = .46, p < .01] indicating that subjects perceiving the problems as affecting job performance indicated greater likelihood of stating self-referral.

Hypothesis 6 (H6) proposed that there would be differential intended self-referral rates depending on the type of employee problem. This hypothesis was supported [F (4,960) = 19.51, p < .05]. Thus, the likelihood of an employee intending to self-refer was related to the nature of the presenting problem. There also was a significant interaction between type of problem and problem seriousness [F (4,960) = 2.77, p < .05]. The means are presented in Table 14. Post hoc analysis indicated that within the high seriousness conditions, psychological problems tended to result in higher self-referral than all other problem types; whereas job problems were comparatively the least likely to result in self-referral. Psychological problems also tended to result in higher self-referral in the low
Table 14
Means by Condition by Problem Type for Intent to Self-Refer

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Seriousness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Psychological</td>
<td>4.57</td>
</tr>
<tr>
<td>Health</td>
<td>4.18</td>
</tr>
<tr>
<td>Relationship</td>
<td>4.13</td>
</tr>
<tr>
<td>Financial</td>
<td>4.09</td>
</tr>
<tr>
<td>Job</td>
<td>3.76</td>
</tr>
</tbody>
</table>

seriousness conditions. Further, it appears that this interaction occurred because of the magnitude of the difference between intended self-referral for high versus low seriousness health problems. Stated differently, seriousness had the greatest effect in determining intended self-referral for health related problems. The impact of seriousness was relatively small for psychological problems.

Additional Analyses

Attribution of causality. It was suggested earlier that an interesting additional analysis would be to explore how an attribution (internal versus external) to the cause of a personal problem might impact EAP utilization. To investigate this possibility, correlations were calculated.
between the subjects' responses to the attribution question, "Is the cause of this problem due more to internal reasons related to you or more to external reasons related to the environment?" (1 = internal reasons, 7 = external reasons), and the dependent variable, intent to use the EAP. These correlations were calculated separately for each of the five problem types (see Table 15). For three of the problem types (job, financial, and health) there were significant, but relatively weak, positive correlations. For these problems, employees were more likely to indicate that they would use the EAP if they made an external attribution regarding the cause of the problem.

Table 15

<table>
<thead>
<tr>
<th>Attribution of Causality Variable by Problem Type</th>
<th>Dependent Variable by Problem Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td>.13*</td>
</tr>
<tr>
<td>Financial</td>
<td>.15*</td>
</tr>
<tr>
<td>Health</td>
<td>.14*</td>
</tr>
<tr>
<td>Psychological</td>
<td>-.14*</td>
</tr>
<tr>
<td>Relationship</td>
<td>.12</td>
</tr>
</tbody>
</table>

Note * = p < .05.
Conversely, for a psychological problem, there existed a significant, but weak, negative correlation. That is, employees were more likely to say that they would use the EAP if they perceived the cause of their psychological problem to be internally derived. Finally, there was not a significant correlation for relationship problems between attribution and stated EAP utilization.

To further consider the role of causal attribution, a separate $2 \times 2 \times 2 \times 5$ repeated measures ANOVA was conducted. As in the previous ANOVA, the independent variables were the between subjects variables and problem type was the within subjects variable. However, in this analysis, the subjects' score on the causal attribution question served as the dependent variable (see Table 16). There was a significant within subjects effect for problem type [$F(4, 960) = 40.21, p < .01$]. Thus, employees did make different attributions of causality depending on the nature of the presenting problem. Additionally, there was a significant 2-factor interaction between seriousness and problem type [$F(4, 960) = 6.92, p < .01$], as well as a significant problem by seriousness by controllability interaction [$F(4, 960) = 2.81, p < .05$]. The means for this three-way interaction are presented in Table 17 and graphed in Figure 1. The interaction appears to be due to greater effects of seriousness for financial and
Table 16

Seriousness by Controllability by Performance by Problem Type ANOVA for Attribution of Causality

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness (S)</td>
<td>1</td>
<td>6.50</td>
<td>1.59</td>
</tr>
<tr>
<td>Controllability (C)</td>
<td>1</td>
<td>3.78</td>
<td>.92</td>
</tr>
<tr>
<td>Performance (P)</td>
<td>1</td>
<td>.87</td>
<td>.21</td>
</tr>
<tr>
<td>S x C</td>
<td>1</td>
<td>.17</td>
<td>.04</td>
</tr>
<tr>
<td>S x P</td>
<td>1</td>
<td>8.13</td>
<td>1.99</td>
</tr>
<tr>
<td>C x P</td>
<td>1</td>
<td>.03</td>
<td>.01</td>
</tr>
<tr>
<td>S x C x P</td>
<td>1</td>
<td>1.37</td>
<td>.33</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>240</td>
<td>4.09</td>
<td></td>
</tr>
<tr>
<td><strong>Within</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Type</td>
<td>4</td>
<td>89.42</td>
<td>40.21**</td>
</tr>
<tr>
<td>Prob x S</td>
<td>4</td>
<td>15.34</td>
<td>6.92**</td>
</tr>
<tr>
<td>Prob x C</td>
<td>4</td>
<td>1.23</td>
<td>.55</td>
</tr>
<tr>
<td>Prob x P</td>
<td>4</td>
<td>4.96</td>
<td>2.23</td>
</tr>
<tr>
<td>Prob x S x C</td>
<td>4</td>
<td>6.24</td>
<td>2.81*</td>
</tr>
<tr>
<td>Prob x S x P</td>
<td>4</td>
<td>1.51</td>
<td>.68</td>
</tr>
<tr>
<td>Prob x C x P</td>
<td>4</td>
<td>1.77</td>
<td>.80</td>
</tr>
<tr>
<td>Prob x S x C x P</td>
<td>4</td>
<td>.07</td>
<td>.03</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>960</td>
<td>2.22</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ** = p < .01; * = p < .05.
Table 17

Means for Problem by Seriousness by Controllability Interaction for Attribution of Causality

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Low Controllability</th>
<th>High Controllability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low Seriousness</td>
<td>High Seriousness</td>
</tr>
<tr>
<td>Job</td>
<td>4.80</td>
<td>4.35</td>
</tr>
<tr>
<td>Financial</td>
<td>3.40</td>
<td>3.91</td>
</tr>
<tr>
<td>Relationship</td>
<td>3.26</td>
<td>3.65</td>
</tr>
<tr>
<td>Health</td>
<td>3.02</td>
<td>3.46</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.10</td>
<td>2.93</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job</td>
<td>4.43</td>
<td>4.55</td>
</tr>
<tr>
<td>Financial</td>
<td>2.91</td>
<td>4.12</td>
</tr>
<tr>
<td>Relationship</td>
<td>3.55</td>
<td>3.37</td>
</tr>
<tr>
<td>Health</td>
<td>2.74</td>
<td>3.07</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.32</td>
<td>2.60</td>
</tr>
</tbody>
</table>
Figure 1

Problem by Seriousness by Controllability Interaction for Attribution of Causality

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psychological problems in the high versus low controllability conditions.

**Demographic information.** Further analyses explored how some of the demographic variables related to the use and perceptions of the EAP. To look at these relationships, a correlational analysis was conducted among the items on the demographic questionnaire, the EAP survey (confidentiality, knowledge of program, reputation, alternative sources of care), and self-referral. Some of these results are considered below.

Perhaps not unexpectedly, there was a significant positive correlation between company tenure and knowledge of the program \( r (242) = .23, p < .01 \). The same relationship held true between job tenure and knowledge of program \( r (240) = .25, p < .01 \). To further corroborate these findings, there was also a significant positive relationship between knowledge of program and the position one held in the company (non-supervisory, manager or supervisor, executive or administrator) \( r (256) = .15, p < .05 \). Taken together, these findings suggest that the longer people are employed, the more knowledge they will have about the company EAP. None of the other demographic variables (e.g., age, sex, race, marital status) correlated significantly with the intent to self-refer.
Discussion

As Harris and Heft (1992) note, in general, research on EAPs is in its infancy; and unfortunately, most of the literature that does exist is largely atheoretical and non-empirical. In response to this condition, the present study was primarily an attempt to make an empirical contribution to this untapped research area from both a theoretical and applied perspective. The major objective of this study was to uncover some factors which could influence the self-referral process in an EAP. The results and conclusions of this study are presented below followed by a discussion of implications for practice and theory, limitations, and suggestions for future research.

Results

Considering the variables from the EAP survey (H1a and H1b), confidentiality and reputation of program had rather strong relations with intent to self-refer; marginal relations existed with knowledge of program and alternative sources of care. Further, all of these findings are consistent with those dictated by VIE theory. Taken together, these variables accounted for 35% of the variance in intent to self-refer. These data suggest that employees are more likely to express interest in using an EAP when (1) the program has a good reputation and (2) they perceive the services to be confidential. Of lesser importance were
knowledge of the program and having limited alternative sources of care from self-help or from family or friends.

The second hypothesis (H2) was that confidentiality would account for significant incremental variance in intended self-referral beyond that accounted for by knowledge of program, reputation of program, and alternative sources of care. The support for this hypothesis further highlights the importance of confidentiality in intended self-referral. Moreover, given the importance accorded this variable by other researchers and practitioners (e.g., Milne, Blum, & Roman, 1994, Roman & Blum, 1985; Trice & Beyer, 1984), it appears that confidentiality is certainly a central component to the successful operation of an EAP.

Hypotheses 3-6 predicted that there would be significant main effects for seriousness (H3), controllability (H4), job performance (H5), and type of problem (H6) on intended self-referral. The results of these analyses were mixed. More specifically, the evidence strongly indicated that employees were in fact more likely to want to self-refer for problems that were serious in nature. This finding was consistent with that predicted by VIE theory. Conversely, there was only suggestive evidence from correlational analysis that employees were more likely to intend to self-refer for problems they perceived as low in controllability. In view of the potential competing
outcomes regarding controllability, this finding also was consistent with that suggested by VIE theory. Similarly, there was only marginal support for employees being more inclined to self-refer when their job performance was significantly affected. The direction of this relation was supported by VIE theory. Finally, there was strong evidence for differential intended self-referral rates depending on the type of employee problem. However, this finding was moderated by a significant interaction between problem type and seriousness. Seriousness had the greatest effect on determining intended self-referral for health related problems. Further, in both the high and low seriousness conditions, psychological problems were more likely to result in higher self-referral than all other problems. Also, in the high seriousness condition, job problems tended to result in the fewest self-referrals compared to all other problems.

An additional analysis investigated how an attribution (internal versus external) to the cause of a personal problem might affect intended EAP self-referral. A correlational analysis revealed that employees indicated that they would more likely self-refer for job, financial, and health problems if an external attribution was made. Conversely, they would be more likely to endorse self-referral for psychological problems if an internal attribution was made. Perhaps these external attributions
are more common because they are less threatening to an individual's self-esteem (e.g., Nadler & Fisher, 1986). However, it should be noted that all the effect sizes were extremely weak (none accounted for more than 2.25% percent of the variance). Additionally, an ANOVA found that employees did make different attributions based on problem type, but was moderated by a significant problem type by seriousness by controllability interaction. This interaction appears to be the result of greater effects of seriousness for financial and psychological problems in the high controllability situation.

Conclusions

One general conclusion that can be reached from these analyses is the importance of both seriousness and problem type on intended self-referral. Considering seriousness, not only was the main effect significant, but it also moderated all three independent variable manipulation check items, the believability manipulation check, and the ANOVA results for intended self-referral. That is, all of these analyses had a significant problem type by seriousness interaction. Additionally, there was a significant main effect for seriousness on the performance manipulation check item. Based on these findings, it appears that an employees' subjective estimate of the seriousness of their
problem is of particular importance in deciding whether to use the company EAP.

This same conclusion generally applies to problem type. There was a significant main effect for problem type in every ANOVA and also there were the aforementioned significant interactions with seriousness. Thus, the evidence suggests that people may not feel as comfortable getting help for certain types of problems, particularly those that are not serious in nature. The irony is that all of the organizations participating in this study advertised their EAPs as capable of handling all of the problem types investigated in this research. Taken together, these findings suggest that, on an individual level, the combination of problem type with some subjective interpretation of its seriousness, are both critically important factors regarding the intent to self-refer.

These results are corroborated by Willis and DePaulo (1991) who found that the use of professional help sources increases as the nature of the problem becomes more severe.

On an organizational level, a similar conclusion can be made regarding confidentiality and reputation of program. An organization must have an environment with a high degree of perceived confidentiality among the employees before intended self-referral can become a reality. Additionally, an EAP must have a relatively favorable reputation before employees will feel comfortable
self-referring (Sonnenstuhl, 1990). These findings mirror Milne, Blum, and Roman (1994) who found that confidence in an EAP (a measure of both confidentiality and credibility) is a highly significant contributor to the propensity to use the program.

It is interesting to note that intended self-referral appears to be a relatively infrequent occurrence. The mean score on the dependent variable across all problem types and levels of the independent variables is a relatively low 3.49 (SD = 1.9). This of course is below the midpoint on the 7-point Likert scale used to measure propensity to self-refer. Realistically, one can expect this number to be even lower in an applied setting. Thus, under conditions of low confidentiality and poor reputation of program, for example, the likelihood of self-referral would decrease even further.

**Implications for Practice and Theory**

Based on the present research findings, this study has implications for both EAP practice and theory. The practical applications will be discussed first under the same categories (person, environment, EAP itself) that were used to develop the literature review and hypotheses, then a discussion of the theoretical implications will follow.

**Person.** According to my results, characteristics of the individual person (employee) are important to intended use of an EAP. Employees appear to consider both the
nature of their problem and its seriousness before deciding whether to use the EAP. More specifically, this research indicated that employees would most likely consider self-referral for a psychological problem that was serious in nature. Unfortunately, as some authors assert (e.g., Googins & Kurtz, 1984; Harley, 1991), an effective EAP should not be viewed as a "last resort" for employees who have developed serious personal problems. Rather, it could more effectively help employees by providing assistance before the crisis stage had set in. Also ironic was that employees were least likely to consider self-referral for job related problems (irrespective of how serious they were). As mentioned earlier, one of the common goals of any EAP is to help employees whose performance has been adversely affected (e.g., Roman, 1982; Roman & Blum, 1985; Sonnenstuhl & Trice, 1986). Thus, it seems unfortunate that employees are generally not inclined to use an EAP for those problems that may most directly affect work performance. Perhaps in these instances, employees feel most threatened about their job security or creating a hostile work environment by talking about a poor supervisor or counterproductive peer to an EAP that they may not trust.

One practical application of these findings for organizations trying to encourage self-referral would be for these companies to advertise that the EAP was
established for all problems irrespective of seriousness. Further, because psychological problems were most likely to generate a self-referral, companies also may want to emphasize to employees that an EAP is much broader in scope than just some type of mental health service. Employees need to be aware that it is perfectly acceptable to use an EAP for a breadth of problems, even those that they may not (yet) consider serious. None of this will be possible, however, until an organization deals with the more fundamental issue of establishing a culture of trust and respect among all employees. In a company where politics, suspicion, and mistrust are the norm, it is almost certain that the EAP will be nothing more than a misdirected human resource intervention.

Social/Work Environment. My research findings show that certain characteristics about the social and work environment also can affect propensity to self-refer. For example, as discussed above, the degree to which employees feel the company promotes a truly confidential EAP strongly influences intended self-referral. There also is evidence that intended self-referral is inversely related to the presence of alternative sources of care (see Willis & DePaulo, 1991). So, if employees have friends or family whom they perceive competent to help them with personal
problems, the company EAP may not necessarily be their first choice.

An organization ought to be aware of these social and work environment issues if they hope to design and run a successful EAP. For example, in promoting the EAP, an organization certainly should stress that the services are confidential, but also note the credentials of the EAP staff. Assuming the credentials of the EAP staff are good, an employee who knows this may feel more comfortable in using the EAP as opposed to accessing an outside community agency. Although, there are some data which suggest that the helper's ability often is not as powerful a predictor of choice of helper, or satisfaction with help, as one might expect (e.g., Rosen, 1983). Further, because advertising has proven to be so powerful in other business contexts, EAP literature also should stress that the program is available to anyone irrespective of whether or not they are currently experiencing actual job performance problems. It should be noted, however, that currently there are no studies of the effects of advertising in an EAP environment.

In designing an EAP, to promote confidentiality no names should be used on any documents, there should be highly restricted access to any files or records, and all documents should routinely be kept locked when not in use. If the EAP is an internal program, it should be located in
a place that is fairly inconspicuous so employees can not be seen entering or leaving. Further, employees should be allowed to exit through a different door from where they entered to prevent them from encountering co-workers who may be waiting in the reception area.

**EAP.** This study also has direct implications for the design of an EAP itself. That is, this research demonstrates that a successful EAP must (1) be well-known, and (2) have a good reputation. It should be noted, however, that the effect size for knowledge of program was relatively small in this study. Despite this, it seems that employees should know, at a minimum, (1) how to access and the use the EAP, (2) the types of services offered, (3) personal financial responsibilities and obligations (see Sonnenstuhl, 1990), and (4) what type of problems are admissible. Additionally, employees need to believe that the EAP has a sound reputation for actually helping people.

An organization should try to create an environment where employees can hear many positive things about the program through both formal EAP literature and informal communication channels. Some specific ideas for promoting a favorable reputation include: (1) discussing the EAP with all new hires, (2) periodically attaching informational flyers to paychecks, or (3) publishing a letter in the company newspaper voluntarily or anonymously written by an
employee who was willing to discuss a positive experience with the EAP.

**VIE theory.** As stated earlier, this research was not intended to be a formal test of any particular psychological theory. It was thought that VIE theory had direct relevance to an EAP paradigm primarily because it is a motivational theory which is cognitively based. In considering self-referral, an employee certainly would need a degree of motivation and the decision obviously would involve some type of cognitive process as employees consider the information available to them.

The results of this research, in terms of VIE theory, can address expectancy beliefs regarding whether the EAP is viewed as a viable mechanism in helping employees resolve their personal problems. More specifically, the findings suggest that employees believe that the EAP will be most helpful when their problem (1) is considered serious; and the program (2) is perceived to be confidential, and (3) has a good reputation.

In considering instrumentalities, this research suggests that overcoming problems which are serious, low in controllability, and adversely affect job performance, should lead to the greater likelihood of achieving the positively valent condition. Thus, the inferential link to expectancies is that under conditions of high confidentiality, strong knowledge and reputation of
program, and few alternatives for help, self-referrals to an EAP should become more probable.

To further examine the applicability the VIE, future studies would need to find out whether overcoming problems is indeed instrumental for employees to obtain valued outcomes in an organizational context. Additionally, this study presupposed that individuals value being productive employees and who have stable personal lives. These assumptions should be tested in future VIE related research.

Attribution theory. Like VIE, this research also was not meant to be a formal test of attribution theory. Even with this in mind, the findings regarding attributions do seem to be somewhat inconsistent. For example, both internal and external attributions resulted in greater likelihood of intent to self-refer depending on problem type. For example, for job, financial, and health problems, employees were more likely to endorse self-referral if they made an external attribution regarding the cause of the problem. For psychological problems, however, employees were more likely to endorse self-referral if they made an internal attribution. Also, as noted previously, because the effect sizes are extremely small, the value of applying attribution theory to the context of EAP self-referral appears to be of little practical significance.
As Shapiro (1983) notes, the application of attribution theory to help-seeking behavior is not an easy task.

**Limitations**

Although the results of the present study were encouraging, several caveats should be noted. Perhaps one of the more problematic limitations of this study is concerned with specification errors. A specification error is made when an important variable is erroneously excluded from the study. Although I believe there was sufficient justification to investigate the selected variables, it is entirely possible that other important variables were excluded. For example, it could be that the location of the EAP, the type of industry, or how long the program has been operating influences the stated self-referral rate. Perhaps an individual's locus of control, degree of self-efficacy, need for achievement, or preservation of self-esteem greatly influences intent to self-refer. Again, although current research suggests that the variables studied here were appropriate, other variables certainly should be considered in subsequent research.

Another potential limitation of this study is that the non-experimental nature of the first two hypotheses makes them susceptible to common method variance and the self-report format of the entire instrument makes it susceptible to response bias. This research attempted to overcome some of these limitations by reverse scoring several items on
the EAP survey and using multiple items for the dependent variable measure.

Additionally, this research was constrained by the number and type of employee problems that were studied. This research focused on what are typically considered the five most significant areas of potential employee problems. However, in reality, employees are plagued by any number of problems that may affect job performance, and of course, they were not all considered here. Even for problems that were included, there are countless others within the same general category that were not addressed. For example, although a "Health Issues" scenario was included in the study, there are numerous other health related issues which were ignored (e.g., cancer, diabetes, AIDS). Similarly, the job problem scenario only concentrated on difficulties an employee had with his or her boss. Of course, employees typically have problems with co-workers, customers, vendors, and having limited resources. Greater inferences could be made about self-referral if the breadth of problems studied within the job problem category were expanded. Of course, that same criticism also can be applied to the other types of problems included in this study.

Finally, as mentioned throughout this paper, this research measures an employee's intent to use the services offered by an EAP. Unfortunately, no inference can be made
as to how these intentions might influence actual utilization rates. That is, in this context, one can make only very tentative inferences regarding the relationship between intention to use an EAP and actual utilization. It should be noted, however, that researchers have found fairly strong relations between intentions and actions in other contexts (e.g., Cotton & Tuttle, 1986). Thus, it is hoped that this research can provide valuable data to future studies which will investigate the relationship between EAP self-referral intentions and actual utilization.

Future Research

The future research potential of EAPs and self-referral is enormous. As mentioned earlier, so much of the previous work in this area has been neither theoretical nor empirical. Thus, future research should focus on developing and building a theoretical model which can be used to explain the process of EAP utilization. Perhaps a logical place to start would be to consider some other theories of motivation, especially those which are cognitively based. For example, goal setting or control theory may have applicability if people set goals for when personal problems are to be overcome and get some type of feedback from the help source. Further, within experimental social psychology, topics such as reciprocity, indebtedness, social comparison and self-disclosure would
seem relevant to help seeking behavior (see DePaulo, 1983). Finally, the clinical psychology literature may offer insights to the process and outcomes of seeking professional care for personal problems. Unlike much of the past EAP literature, future research certainly needs to be more scientifically rigorous in terms of design, methodology, and statistical analysis. For example, some longitudinal research would be especially valuable in addressing how use and perceptions of EAPs change over time. Additionally, researchers need to focus on field research since attempts to replicate the dynamics of an EAP in the laboratory have been too contrived. Future studies also should focus on what other variables related to the (1) person, (2) work environment, and (3) EAP itself, may influence actual utilization rates. Some of those variables were mentioned earlier, but others could include (1) the organizational culture, (2) employees' perceived reason why management implemented an EAP (e.g., a punishment versus a benefit), (3) how the EAP is marketed and advertised to employees, or (4) the credentials of the EAP counselors. Perhaps none of these variables will be as important as confidentiality or problem seriousness, but some of them will undoubtedly contribute significantly to unexplained variance.

Finally, if legitimate concerns about confidentiality somehow can be overcome, measuring actual utilization rates
in relation to some of the aforementioned variables would be a notable and insightful advancement. In any event, given the current importance of EAPs, we must continue to explore avenues to advance our understanding of them and other issues related to health and the work environment.
References


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Roman, P. M., & Blum, T. C. (1985). The core technology of employee assistance programs. The ALMACAN, 15, 8-12.


Appendix A

Cover Letter
Dear Employee:

I am conducting research relevant to the Ph.D. degree in Industrial/Organizational Psychology at Louisiana State University. The topic of my dissertation is employee assistance programs. More specifically, I am conducting this research to learn more about the experiences and opinions of people like yourself who work for organizations which offer such assistance programs. This research can directly benefit you through suggestions I will be able to make regarding the efficiency and usefulness of your company's program. And, of course, it will be a great benefit to me since this is the final requirement before being awarded a Ph.D. degree!!

In order for this study to be a success, I need your help. Attached you will find 1) a brief demographic questionnaire, 2) an employee assistance program survey, and 3) five written scenarios. If you are interested in participating in this study, please fill out all the attached documents in the order in which they are presented. The entire packet should only take you about 15 minutes to complete. After completing the packet, seal all your materials in the pre-addressed, postage paid envelope. Your participation is completely voluntary and in no way affects your standing in the organization.

Let me also assure you that your responses to all questions are completely confidential. You do not have to put your name anywhere on the packet. Further, none of the completed packets will be seen by anyone except myself. Moreover, your responses will be averaged in with those of many other people from several different organizations so that no individual person could ever be identified.

Your interest and cooperation are greatly appreciated. Your individual responses are important and will contribute significantly to this study. If you have any questions regarding this research, feel free to contact me at Louisiana State University Department of Psychology or call (504) 926-0195 ext. 228. Thank you once again!

Sincerely,

Paul R. Damiano, M.A.
Appendix B

Demographic Information
Demographic Information

The following information is needed for statistical purposes only.

1. Sex: _____ Male _____ Female

2. Marital Status: _____ Married _____ Divorced
   _____ Separated _____ Widowed _____ Single

3. Age: _____ years

4. Race: _____ white/caucasian _____ african-american
   _____ hispanic _____ asian _____ other___________

5. Please check your highest level of formal education.
   _____ Some high school
   _____ High school or GED
   _____ Some college
   _____ Associate college degree (2 year degree)
   _____ College degree or equivalent
   _____ Some graduate school
   _____ Master's degree or equivalent
   _____ Ph.D. or equivalent

6. How long have you been employed at this company?
   _____ years _____ months

7. How long have you been in your current position?
   _____ years _____ months

8. Which of the following best describes you? (check one)
   _____ non-supervisory
   _____ manager or supervisor
   _____ executive or administrator
   _____ other ____________________
9. Have you ever used your company's employee assistance program?
   _____ no (go to question 12)   _____ yes

10. If you have used your company's employee assistance program, how would you rate your overall experience with it?
    _____ very negative
    _____ somewhat negative
    _____ neutral
    _____ somewhat positive
    _____ very positive

11. How were you referred to your company's employee assistance program?
    _____ My supervisor sent me.
    _____ I went on my own.
    _____ A family member, friend, or co-worker sent me.
    _____ A doctor or other medical personnel sent me.
    _____ Other, _______________________________________

12. Have you ever used any other employee assistance program before (for example, at another organization where you used to work)?
    _____ no   _____ yes

PLEASE PROCEED TO THE NEXT PAGE
Appendix C

EAP Survey
EMPLOYEE ASSISTANCE PROGRAM (EAP) SURVEY

The following questions pertain to YOUR company's employee assistance program (EAP). Using the scale below, please indicate the degree to which you agree or disagree with each of the following statements. Please place one number in the blank to the left.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Confidentiality

___ If I used the EAP for a personal problem, I would feel certain that nobody else in this company would ever find out about it.

___ I would never use the EAP because my private problems would become public information.

___ The EAP provides services that really are kept highly confidential.

___ If I used the EAP, I would have a great deal of trust that other employees would never find out about it.

___ I would not use the EAP because other people would hear about and discuss my personal problems.

Knowledge of program

___ I am very knowledgeable about my organization's EAP.

___ I understand the types of services offered by my company's EAP.

___ I know very little about how to actually access and use the EAP.

___ If I had to use the EAP right now, I understand what my personal financial responsibilities and obligations would be.

___ I am not sure what kind of personal problems I can get help for from my company's EAP.
Reputation

____ I have heard many positive things about the company EAP.

____ I think using the EAP could be an effective way to help solve personal problems.

____ In this organization, the EAP essentially is considered to be a joke.

____ The EAP has an excellent reputation for really helping employees solve their personal problems.

____ At this organization, having an EAP is a useless idea and a waste of company resources.

Alternative sources of care

____ If I had a personal problem and needed help, there are family members that could help me.

____ I would feel comfortable going to a support group or agency for help (e.g., Alcoholics Anonymous, Family Debt Counseling, Overeaters Anonymous).

____ I would be likely to discuss a personal problem with a religious leader (e.g., priest, rabbi, minister, deacon, etc.) or my family physician.

____ I cannot count on my friends to help me when I need it the most.

____ I do not believe in paying a professional therapist (e.g., social worker, psychologist, psychiatrist) to help me solve my problems.

____ I really do not have anywhere to turn when I need help with a personal problem.

____ When I have a personal problem, I prefer to work it out by myself.
EMPLOYEE ASSISTANCE PROGRAM (EAP) SURVEY

The following questions pertain to YOUR COMPANY'S employee assistance program (EAP). Using the scale below, please indicate the degree to which you agree or disagree with each of the following statements. Please place one number in the blank to the left.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

___ If I had a personal problem and needed help, there are family members that could help me.

___ If I used the EAP for a personal problem, I would feel certain that nobody else in this company would ever find out about it.

___ I am very knowledgeable about my organization's EAP.

___ I have heard many positive things about the company EAP.

___ I really do not have anywhere to turn when I need help with a personal problem.

___ I would never use the EAP because my private problems would become public information.

___ I understand the types of services offered by my company's EAP.

___ I think using the EAP could be an effective way to help solve personal problems.

___ I would be likely to discuss a personal problem with a religious leader (e.g., priest, rabbi, minister, deacon, etc.) or my family physician.

___ The EAP provides services that really are kept highly confidential.

___ I know very little about how to actually access and use the EAP.

___ In this organization, the EAP essentially is considered to be a joke.
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

____ I cannot count on my friends to help me when I need it the most.

____ If I used the EAP, I would have a great deal of trust that other employees would never find out about it.

____ If I had to use the EAP right now, I understand what my personal financial responsibilities and obligations would be.

____ The EAP has an excellent reputation for really helping employees solve their personal problems.

____ I do not believe in paying a professional therapist (e.g., social worker, psychologist, psychiatrist) to help me solve my problems.

____ I would not use the EAP because other people would hear about and discuss my personal problems.

____ I am not sure what kind of personal problems I can get help for from my company's EAP.

____ At this organization, having an EAP is a useless idea and a waste of company resources.

____ I would feel comfortable going to a support group or agency for help (e.g., Alcoholics Anonymous, Family Debt Counseling, Overeaters Anonymous).

____ When I have a personal problem, I prefer to work it out by myself.
Appendix D

Scenario Cover Sheet
The following pages describe some different types of problems and situations that people sometimes encounter. As you read each one, try to imagine yourself having the particular problem discussed. Really try to feel what it would be like if you had to deal with that particular situation. Then at the end of each example, please answer each question by putting a circle around the number that best represents your true feelings.

For example:

1) How serious do you think this problem is?

not at all serious somewhat serious very serious

1 2 3 4 5 6 7

By circling a "5" you would be saying that this problem is more than "somewhat serious" but is not "very serious."

You may now turn the page and begin. Remember to read each situation very carefully.
Appendix E

Scenario Questions
1) I would be inclined to use my company's EAP to get assistance with this problem.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
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<tbody>
<tr>
<td>strongly disagree</td>
<td>uncertain</td>
<td>strongly agree</td>
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2) How serious do you think this problem is?

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<th>6</th>
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<tbody>
<tr>
<td>not at all serious</td>
<td>somewhat serious</td>
<td>very serious</td>
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3) How much is solving this problem within your personal control?

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<tr>
<td>not at all within my control</td>
<td>somewhat within my control</td>
<td>very much within my control</td>
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4) How believable is this situation?

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<tr>
<td>not at all believable</td>
<td>somewhat believable</td>
<td>very believable</td>
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5) How likely is it that you would use your company's EAP for help with this problem?

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<tr>
<td>not at all likely</td>
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<td>very likely</td>
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6) How much has your job performance been affected by this problem?

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<tr>
<td>not at all affected</td>
<td>somewhat affected</td>
<td>very affected</td>
<td></td>
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7) Is the cause of this problem due more to internal reasons related to you or more to external reasons related to the environment?

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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>internal reasons</td>
<td>external reasons</td>
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</table>
Appendix F

Work Related Scenarios
You recently have begun to experience some serious problems related to your job. Although you consider yourself a good employee, you always have had difficulties with your boss who never really liked you at all. In fact, you believe that your boss has been looking for an excuse to get rid of you. Perhaps to make this happen, your boss recently gave you an extraordinary amount of extra work, relatively impossible deadlines, and little guidance on how to do it. Because of this, your job is now overly stressful and demanding. To make matters worse, on a recent performance evaluation, your boss gave you an unfairly low rating which significantly hurt your chances of getting a promotion that you applied for. You are afraid that if this pattern continues, you may eventually lose your job. In spite of this, you are confident that if you make the right moves and make some good decisions, you can successfully manage this problem. Unfortunately, this problem already has begun to affect your job performance.
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You recently have begun to experience some minor problems related to your job. Because your boss has given you some extra projects, you feel like there is not enough time in the day to complete all your regular work assignments. In fact, it seems like everybody expects you to be able to do everything all at once. Due to these demands, you are having trouble managing your time effectively, setting job priorities, and working effectively with people from other departments. However, you believe that if you take the right action, you can successfully manage this problem. Unfortunately, this problem already has begun to affect your job performance.
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Appendix G

Legal/Financial Scenarios

121
You recently have begun to experience some serious financial difficulties. More specifically, because you could not afford adequate health insurance coverage, you were personally responsible to pay for some unexpected medical tests and related surgery. Consequently, you have tried to pay other bills by using credit cards and what little savings you had. However, your savings was quickly depleted and credit cards became overextended beyond their approved spending limits. To further complicate matters, you have not paid your phone and utility bills for the past two months and are becoming increasingly unable to meet other general living expenses. As a result of these problems, you have received letters from credit agencies threatening to take legal action against you. You believe, however, that if you make the right moves and make some good decisions that you can regain your financial stability and avoid potential legal problems. Unfortunately, these problems have begun to affect your job performance.
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You recently have begun to experience some minor financial difficulties. More specifically, due to mismanagement of your checking account, you have bounced a couple of checks during the past few months. This has resulted in warning letters from your bank about potential legal problems associated with writing bad checks. You also have been trying to save some extra money for quite some time to make a few home improvements and to take a nice vacation. Unfortunately, it seems like no matter how hard you try, you can never quite get ahead. However, you believe that if you make the right moves and make some good decisions you can successfully manage your financial life. Unfortunately, these problems have begun to affect your job performance.
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Appendix H

Health Scenarios
You recently have begun to experience some serious problems related to your health. More specifically, because you have been under a great deal of stress lately, you have become increasingly unable to sleep at night. Because of this persistent lack of rest, you now get some rather severe headaches and have dizzy spells. In an effort to try to sleep better, you started taking some over-the-counter sleeping pills. At first, the normal dosage worked fine, but eventually you needed to take more and more of them to be able to fall asleep. Although these pills routinely make you throw up and feel nauseated, you continue to take them anyway. You now fear that you are becoming addicted to them. You are confident, however, that if you make the right moves and make some good decisions, you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
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You recently have begun to experience some minor problems related to your health. In the past few months, because of some unexpected but important personal obligations, you have not had an opportunity to exercise regularly or eat properly. Consequently, you have put on some excess weight. These extra pounds have left you feeling excessively tired and sluggish during the day. Ironically, you have not been sleeping as well as you used to and thus, you also have been getting a few mild headaches. However, you believe that if you take the right steps you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
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Appendix I

Psychological/Emotional Scenarios
You recently have begun to experience some serious emotional and psychological difficulties. For the first time in your life, you have had a severe and prolonged episode of major depression. You experience deep and persistent feelings of hopelessness and despair. These feelings have been accompanied by uncontrollable crying spells and panic attacks. There are many mornings when you do not feel like even getting out of bed. You find yourself thinking that ending your life may be a good way to escape the pain. You are confident, however, that if you take the right steps and make some good decisions, you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
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You recently have begun to experience some minor emotional and psychological difficulties. More specifically, for reasons you are unsure of, you lately have been feeling a little sad and depressed. These feelings also have led you to have some recurring negative and disturbing thoughts. Because of what has been going through your mind, you are beginning to feel somewhat worried and anxious. You are confident, however, that if you take the right steps, you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
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Appendix J

Relationship Scenarios
You recently have begun to experience some serious problems related to your spouse or other person with whom you have an intimate relationship. What started as a disturbing lack of communication and affection has now gotten to the point where you actively try to avoid each other. When you do talk, it seems like you always end up yelling and screaming at each other. Both of you feel a lot of resentment and anger inside and there also has been some violence and physical abuse. You often think about leaving this relationship but feel like you are trapped and do not have many good alternatives. However, you also believe that if you take the right steps, you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
You recently have begun to experience some serious problems related to your spouse or other person with whom you have an intimate relationship. What started as a disturbing lack of communication and affection has now gotten to the point where you actively try to avoid each other. When you do talk, it seems like you always end up yelling and screaming at each other. Both of you feel a lot of resentment and anger inside and there also has been some violence and physical abuse. You often think about leaving this relationship but feel like you are trapped and do not have many good alternatives. However, you also believe that if you take the right steps, you can successfully manage this problem. Fortunately, this problem has not affected your job performance.
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You recently have begun to experience some minor problems with your spouse or other person with whom you have an intimate relationship. Because of your busy schedules and outside commitments, you have not had much time to spend with each other lately. As a result, your communication is not quite as good as it used to be. When you are together, there seem to be more disagreements and some hurt feelings. These problems also have contributed to there being somewhat less romance and physical intimacy as you had before. You are confident, however, that if you take the right steps, you can successfully manage this problem. Unfortunately, this problem has begun to affect your job performance.
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Vita

Paul Richard Damiano graduated from LeMoyne College in Syracuse, N.Y. in 1985 with a Bachelor of Science degree in accounting. In the Fall of 1987, Paul enrolled in the industrial/organizational psychology graduate program at Louisiana State University. He was awarded a Master of Arts from the Department of Arts and Sciences in the Fall of 1989. His masters research focused on sex-role orientation and the performance feedback process. He has publications concerning human versus computer decision making and employee assistance programs. Paul currently works as a management consultant for a training and development firm located in Baton Rouge, Louisiana.
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Paul R. Damiano

Major Field: Psychology

Title of Dissertation: Factors Affecting Intended Self-Referral to an Employee Assistance Program

Approved:

[Signature]
Major Professor and Chairman

[Signature]
Dean of the Graduate School

EXAMINING COMMITTEE:

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[Signature]

[Signature]

Date of Examination:

10/14/94