

The Use of Standardized Clinical Assessment in an International Employee Assistance Program

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Background

Assessment in EAP provides clinical insight, improves quality of diagnosis and consistency across clinicians, assists in level of care decisions, provides a means to track outcomes, and has research applicability.

Though assessment per se is common in the U.S., the use of valid, standardized assessments is less common abroad.

Use of EAP assessment of any kind in developing countries is virtually nonexistent.

Goals of the Project

Develop a standard screening process for initial assessment of company staff or dependents who request EAP services for themselves or another family member.

Extend existing instrumentation to make instrument linguistically and culturally relevant in an EAP environment.

Validate the instrument and its implementation in an international EAP setting.

Gain feedback from staff members on usefulness of the assessment.

Test Site

The site is an EAP call-in center located in Mexico City.

Staff members answer calls originating throughout Mexico and refer callers to appropriate services.

Staff are available to take calls 24/7.

Volume is approximately 15 calls per day.

The center serves employees and dependents who work for 5 large companies.

Sample Demographics

Callers

- N=101 callers to an EAP call-in center in Mexico City
- 72% of callers were employees
 - 78% calling for self
 - 22% calling for family member
- 28% of callers were dependents
 - 68% calling for self
 - 32% calling for family member (mostly children)
- 55% female

Targeted Clients

- N=101
- Adult clients (over 18 yrs) - 84%
 - 58% female
 - Median age 31 years
 - Primary presenting problem – marriage and family problems
 - 71% employees
 - 78% self-report
 - 61% completed questionnaire during initial call
- Child clients (18 yrs or younger) - 16%
 - 56% female
 - Median age 9 years
 - Primary presenting problem – conduct problems
 - 50% sons, 50% daughters
 - 31% self-report
 - 69% completed questionnaire during initial call

GAIN-CGP Instrument

- Adaptation of two GAIN instruments – GAIN-Quick and GAIN-Short Screener
- Covers a wide range of issues presenting in an EAP environment (see below)
- Translation to Spanish was completed using state-of-the-art translation methods; instrument was further adapted to Mexican culture
- 8 pages long; designed to be staff-administered in about 15 minutes
- Can be used at initial assessment and over time
- Yields 7 scores – Non-clinical scale scores are General Factors, Sources of Stress, Financial Problems, and Health Distress; Clinical scale scores are Internalizing Disorder, Externalizing Disorder, and Substance Disorder
- Interpretive categories are Low, Moderate, and High
- Evidence supporting psychometric integrity of scales (Titus & Dennis, 2005) and sensitivity/specificity of clinical scale cut-offs (Dennis, Chan, & Funk, under review)

The instrument is arranged in 4 sections:

General Factors

- Lifetime experience with medical treatment, psychological services, substance abuse treatment, legal sector
- Problems with school or work that are associated with distress in other areas of one's life

Sources of Stress

- Stress from personal relationships
- Stress from problems in one's environment
- Stress from worrying about the possibility of being abused
- Stress from financial problems

Physical Health

- Overall rating of physical health during past year
- Limits in functional capacity
- Health symptoms that could be associated with physical health conditions
- Frequency of health problems

Emotional/Behavioral Problems

- Internalizing Disorder: Symptoms of internalizing conditions (somatization, depression, anxiety, traumatic stress, suicidal ideation)
- Externalizing Disorder: Symptoms of externalizing problems (anti-social behavior, problems with attention or hyperactivity, interpersonal violence)
- Substance Disorder: Symptoms of substance abuse problems

Study Procedures

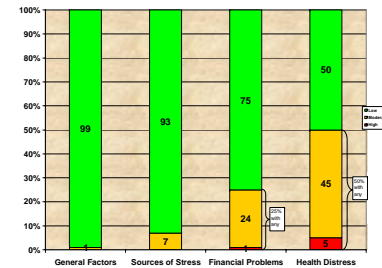
- Call-in staff invite consecutive callers to participate in testing of instrument.
- Potential client or client's collateral completes assessment over the phone or with a therapist within the first two counseling sessions
- Test period is for 8 weeks
- Post data collection, call-in and therapy staff are interviewed for their feedback on the instrument and the experience of using it in an EAP setting

Results

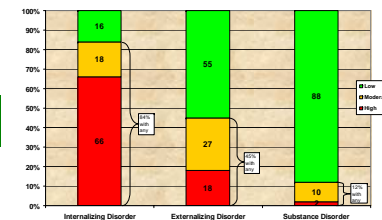
- Percent of scores falling within each interpretive category are reported
- Results are reported separately for adult and child clients

Adult Clients

Percent Adults Scoring in Interpretive Ranges: Non-Clinical Scales

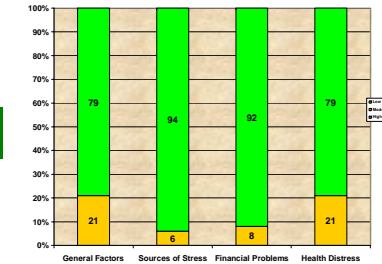


Percent Adults Scoring in Interpretive Ranges: Clinical Scales

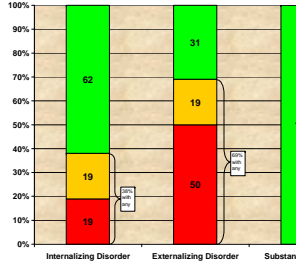


Child Clients

Percent Children Scoring in Interpretive Ranges: Non-Clinical Scales



Percent Children Scoring in Interpretive Ranges: Clinical Scales



Staff Feedback

- Useful information.** The instrument's scope of content is wider than that usually covered in an informal assessment. This provided more in-depth coverage of the client's situation and alerted staff to possible problems they might not otherwise have identified. In some cases it prompted clients to consider aspects of their situation they would not have thought of and helped them feel like they were being heard.
- Suggested adaptations.** Some therapists felt the instrument was too long and suggested streamlining the items to gather the same information more quickly. This occurred mainly when the instrument was self-administered rather than the suggested staff-administration. In addition, other staff felt adding items on nutrition and diet, burnout and overwork, and chronic medical conditions would be helpful.