EAP Ethics: The Field Speaks

A survey of EA professionals shows that confidentiality remains a key concern but suggests that more research is needed to develop a complete picture of the state of professional ethics in the EAP industry.

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The overall results indicate that while the field is largely committed to high ethical standards and uses the EAPA Code of Ethics to guide decisions, significant work remains in developing and disseminating new ethical standards that address behavioral expectations in an environment where the very definition of an EAP is expanding and changing. The committee cannot achieve this work without engaging Journal readers in a discussion and perhaps even a healthy debate.

The concluding section of this article, titled “Implications for the EAP Field,” raises critical questions about ethical standards. We invite you to react to these questions and enter into a dialogue to elevate ethics to a new and heightened level of consciousness.

SURVEY METHODOLOGY

A self-administered survey using mostly closed-ended questions and scaled responses was constructed by the Ethics Committee and tested with a small group of EAPA members. The survey examined commitment to ethics, organizational reactions to unethical conduct, use of the EAPA Code of Ethics, and leading ethical issues facing the field.

After the test, a sampling frame of EA professionals with e-mail addresses was obtained from EAPAs member database (N=3,650). A 15 percent random probability sample was drawn using a computerized program, for a target sample of 548.

The survey was administered via the Internet during the summer of 2006. Completed survey responses were converted into a spreadsheet and loaded into a statistical analysis program to prepare various tables and charts. The responses were analyzed at a confidence level of 95 percent.

Despite efforts to convert non-responders, the response rate to the survey was 25 percent of the target sample, so it is not possible to extrapolate the findings to the entire EAPA membership with a high level of confidence. It should be noted that most published surveys of ethical issues in behavioral health-related fields have response rates below 40 percent.

KEY SURVEY FINDINGS

Survey respondents said they feel that EA professionals in general, their colleagues and peers in EAP firms, and EAPA are highly committed to ethics. This is a positive finding and suggests that we, as a profession, generally believe we are committed to “doing the right thing,” even if we cannot always agree on what the “right thing” is.
The following questions are not identical to those in the survey but are intended to help organize and present the findings:

Do EAP providers ignore and/or encourage unethical conduct? Some respondents affirmed that their EAP organization ignores, or even encourages, unethical conduct. For example, 10 percent responded that their organization occasionally ignores unethical conduct, and 3 percent stated that their organization sometimes encourages unethical conduct. On the positive side, more than half of respondents (56 percent) said their organization never ignores unethical behavior if it occurs, and 79 percent stated that such behavior never takes place in their organization.

Has unethical conduct by EA practitioners increased or decreased? Nearly three in five survey respondents (58 percent) said they believe there has been no change in the level of EAP practitioners’ unethical conduct over the past five years, while one in four reported there has been a decrease in unethical conduct. Almost one in five, however, said they believe unethical conduct by EA professionals has become more common during the past five years.

Does the EAPA Code of Ethics influence EA professionals’ decisions? Only slightly more than half of respondents said the EAPA Code of Ethics guides their decisions, but this matter deserves greater dissection and analysis. Does the response rate reflect the extent to which practitioners actually consult the code and consider the meaning and implications of its text before making a decision? Or does it also include those practitioners who feel that the EAPA Code has shaped their intrinsic sense of ethical practice and is part of their “walking library” of personal reflection? The former scenario would cause less reason for alarm.

What are the leading “critical” ethical issues? Slightly more than one in three survey respondents cited confidentiality violations as a top ethical issue facing the field. This may reflect the complex and unique pressures inherent in the “dual client” concept underlying employee assistance, even though confidentiality is the sine qua non of EAP practice. Although numerous legal and ethical duties have been imposed upon the “helping professions” by licensing boards and federal and state lawmakers, the survey reveals that EAP professionals remain keenly concerned about inappropriate sharing of information between EAP providers and employers.

Three in ten respondents reported the use of affiliates with little or no EAP background as a top ethical issue. The ethical concern here is one of competence—if there are specific competencies unique to the delivery of EA services, and the bulk of these services is delivered via a network of subcontractors (affiliates) who are general mental health practitioners, there is a need to investigate whether these subcontractors adhere to accepted EAP concepts and practices. For example, does the content of EAP interventions tend to “drift” when only 5 percent of a counselor’s caseload is EAP-related? Under what circumstances, if any, do affiliates apply EAP-specific technologies?

A similar percentage of respondents cited the shift from face-to-face to telephone/internet counseling as a leading ethical issue. The ethical concern here is the use of interventions without really knowing whether or how they work. There is a paucity of well-designed empirical studies supporting the validity and efficacy of telephone or Internet counseling. Respondents expressed concern that the field is changing to new service channels without fully understanding whether they are effective.

To what extent do these critical issues vary by respondents’ characteristics? An analysis of the relationship between respondent characteristics and issue prioritization teases more than it illuminates. For example, all EAP professionals, regardless of position (internal manager, external manager, or counselor/clinician), share a concern over confidentiality violations, but counselors are more anxious about the shift from face-to-face to phone- and Internet-based services, whereas internal and external managers are more likely to question the use of affiliates with little EAP background.

Three of the four tenure subgroups ranked confidentiality and the shift away from face-to-face services as the foremost ethical concerns, while the 6-10 years’ subgroup rated the use of affiliates with little EAP background and misrepresen-

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**Figure 1**

**Do EAP Providers Ignore Unethical Conduct?**

- Occasionally 10%
- Rarely 34%
- Never 56%
tation in marketing as the leading concerns. Curiously, if one were to assume a relation between years of tenure and the holding of a management position, one would expect greater congruence between the selected concerns (i.e., those with longer tenure would display greater concern for the use of affiliates with little EAP background).

With respect to clinical disciplines, professional counselors cited confidentiality violations as their highest concern, while social workers reported the use of affiliates with little EAP background as their top concern and those with other licenses and certifications (marriage/family, drug and alcohol, etc.) ranked the shift away from face-to-face services as their utmost concern.

Based on their primary service area, local EA professionals view confidentiality violations as the chief concern, while EA professionals at regional EAPs see the shift away from face-to-face services as the leading ethical problem and national EA providers feel that misrepresentation in marketing and capitated rate structures are the primary challenges. Both local and regional EA professionals view the use of affiliates with little EAP background as the number-two concern.

**IMPLICATIONS FOR THE EAP FIELD**

What do these issues, concerns, and dilemmas mean to us going forward? Can we use the information gleaned from the survey to give us better direction?

In reviewing the survey responses, the Ethics Committee identified more questions than answers:

1. Are we guilty of unethical acts of omission more so than commission?
   a. Are we paying attention to the ethics of our own behavior but refusing to confront unethical behavior by our colleagues and peers, our EAP, or our professional organization?
   b. Can we agree that a non-decision is really a decision to do nothing when we know something needs to be done?

2. Why is confidentiality our leading ethical concern?
   a. Have we simply come to regard confidentiality as the standard ethical concern within our profession (not that it is not important)?
   b. Are we willing to address the many other ethical concerns that threaten our business viability and our professional behavior?

3. Why are telephone- and Internet-based EAP services such a large concern?
   a. How much of our concern stems from fear of a potential loss of income?
   b. If we are concerned about losing income, would it keep us from confronting the organizations that employ us about questionable marketing and/or service delivery?
   c. Does our breadbasket concern outweigh our concern for our professional ethics?

4. What conclusions can we draw from the fact that the survey response rate was 25 percent of a sample of 548 EAPA members?
   a. Do the results truly represent the sentiments of the EA profession?
   b. Is there in fact a common voice for the EA profession, or is each respondent simply representing his or her segment of the EAP marketplace?
   c. How valid are the survey results for the non-U.S. members?

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**Figure 2**

**Do EAP Providers Encourage Unethical Conduct?**

- Never 79%
- Occasionally 3%
- Rarely 18%
5. Do all certified employee assistance professionals (CEAPs) possess the same core knowledge?
   a. How do we ensure that a CEAP whose EAP experience is limited to working in an external managed care call center has the same ethical grounding as a CEAP who has had more traditional EAP and/or clinical experience?
   b. Is this an ethical issue all its own?

6. Do CEAPs who are working for, or affiliated with, large external vendors actually have three clients—the employee, the vendor/employer, and the client company?
   a. If so, how do they determine their “loyalty?”
   b. Is the client company seen, at times, as a phantom client, meaning the EA professional knows the relationship/contract is important but has no direct contact with the company?
   c. Do CEAPs in sales or account management roles frequently have access to confidential client information that might be useful to dist\close from a business perspective, or do clear guidelines exist that protect clinical information from being accessed by non-clinical departments regardless of the qualifications of the person wanting the information?

7. Would we prefer not to hear about ethical issues and concerns?

**RECOMMENDATIONS FOR THE INDUSTRY**

Problems within families do not get solved when they are not exposed or discussed. The same principle applies to professions and organizations. We must examine the path we are on and make a conscious decision to continue taking this path or alter our direction.

The Employee Assistance Certification Commission, which administers the CEAP credential, has proposed that mandatory ethics training be included in the credentialing/re-credentialing process. The Ethics Committee supports this requirement and recommends that the training include a focus on ethical issues unique to the EAP profession and that it incorporate discussions and dialogues with other CEAPs.

The trend in the EAP industry has been away from professional knowledge and behavior and toward an outsourced, back-office mentality. We have to decide if we want our profession to be viable and not just a loss leader for managed care or a free add-on through the human resources and/or personnel systems in an organization. To that end, the Ethics Committee makes the following recommendations:

1. EAP chapters in the United States and branches outside the United States should schedule regular dialogues around ethics and business practices. These could be in the form of face-to-face meetings, an ongoing listserv or discussion board, or teleconferences.
2. CEAPs with other clinical licenses need to recognize the ethical challenges around “workplace based” programs and the responsibilities inherent in serving a minimum of two clients.
3. EA professionals need to recognize and examine acts of omission as well.
as those of commission regarding ethical concerns.

Share your answers to the preceding questions and your reaction to this article by sending an e-mail to the following address: EthicsforEAP@eapassn.org.

By challenging ourselves and our colleagues to think and act purposefully, we can keep our profession healthy and honor our commitment to the employee assistance field. We also must invite different thinkers and different voices, especially those from outside the United States, into our discussions so that we might all expand our frame of reference and knowledge.

![Figure 3](image3.png)

**Figure 3**
*Has Unethical Conduct by EA Professionals Increased or Decreased in the Past Five Years?*

- Increased 18%
- Neutral 58%
- Decreased 24%

![Figure 4](image4.png)

**Figure 4**
*Does the EAPA Code of Ethics Guide Decisions?*

- Occasionally 19%
- Regularly 56%
- Never or Rarely 25%