DIFFERENCES IN SELF-REFERRAL TO EMPLOYEE ASSISTANCE PROGRAMS: DOES SOCIAL VULNERABILITY IN THE WORKPLACE MATTER?

by

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(Under the Direction of Thomas L. McNulty)

ABSTRACT

This paper examines the impact of employees' perceptions of social vulnerability within the workplace on self-referral to employee assistance programs (EAPs), controlling for both individual and company level characteristics. Overall, support is found for the hypothesis that employees belonging to groups likely to have greater perceptions of social vulnerability within the company, as indicated by racial/ethnic background, educational attainment, occupational position, and income, are less likely to self-refer than their counterparts less likely to perceive themselves as being socially vulnerable, net of company level variables. Additionally, certain company level variables support the hypothesis that the context of the company matters for self-referral. Theoretical and policy implications of the findings are discussed.

INDEX WORDS: Employee assistance programs, Self-referral, Social vulnerability, Workplace

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A.B., The University of Georgia, 2001

B.S., The University of Georgia, 2001

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

ATHENS, GEORGIA

2003

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DEDICATION

I dedicate this thesis to my parents, David and Joy Roberts, for their encouragement of my education through the years and to my husband, Matt Popp, for his love and support during this thesis process.

ACKNOWLEDGEMENTS

I want to thank the University of Georgia, the Institute for Behavioral Research, and the National Institute on Alcohol Abuse and Alcoholism for making this research possible.

Further, I would like to express my appreciation to my committee members, Dr. Thomas L. McNulty, Dr. Paul M. Roman, and Dr. Linda A. Renzulli for their expert guidance during the course of this research. Through his interest in employee assistance programs, Dr. Roman inspired my own research topic for this thesis. Dr. Renzulli has offered many insights on ways to improve my research.

I want to give special thanks to Dr. Thomas McNulty for his insightful guidance, expert knowledge, and for the amount of time he has spent assisting me as I have worked on this thesis. In particular, I want to thank him for helping me become a better scholar.

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CHAPTER 1

INTRODUCTION

The emphasis of this paper is on an understudied workplace program: the employee assistance program (EAP). These programs have spread to both U.S. companies and companies throughout diverse areas of the world during the past two decades (Blum, Martin, & Roman, 1992; Hartwell et. al., 1996; Roman, 2002; Harper, 2000; Masi, 2000; Heck, 1999; Klingemann, Takala, & Hunt, 1992). Even as early as 1991, 45% of full-time employees had access to an EAP through their workplaces, excluding the self-employed (Blum, Roman, & Harwood, 1995). Yet, Milne, Blum, and Roman (1994) note that "rigorous research on EAPs . . . has not kept pace with their rapid proliferation across organizations" (124).

This paper fills a gap in the literature on EAPs by examining how an employee's perceptions of social vulnerability within a workplace may have an impact on his or her self-referral to an EAP. In particular, I focus on the impact of race/ethnicity, educational attainment, occupational position, and income on self-referral to EAPs. These programs allow for a workplace to deal with employees that are performing poorly based on their personal problems, while providing employees access to resources for alcohol and drug treatment, family counseling, mental health counseling, and legal/financial counseling (Blum & Roman, 1989). Therefore, EAPs may be considered either a potentially stigmatizing method for management to correct poor employee job performance or as a job benefit. Prior to EAPs, other workplace programs existed that only treated alcohol

problems. During the 1970's, in order to reduce stigma surrounding workplace-based treatment for alcohol problems, the National Institute on Alcoholism and Alcohol Abuse (NIAAA) created EAPs. NIAAA wanted to reach alcoholics within the workplace. To accomplish this goal of destigmatization, EAPs would accept managerial referrals of employees with any personal problem impacting their work, instead of only accepting referrals based on alcohol problems. Also, the EAP would accept self-referrals of any personal nature (Roman, 2002). Therefore, employees would not associate the EAP with only stigmatizing alcohol problems.

However, the fear of being considered a poorly performing employee, as well as the stigma generally surrounding both problem drinking and psychological issues (National Panel, 2002; Wahl, 1999), might continue to lead to a stigmatizing label for employee utilization of EAP services. Two articles suggest that employees may perceive the use of an EAP program to be stigmatizing. MacDonald and Dooley (1990) discovered that one common reason for employees not to use an EAP was a concern that their work colleagues might discover the fact that they were receiving counseling. Further, Butterworth (2001) showed that support for EAP counseling was high, as long as it was for someone else. Consequently, an employee might think that using the EAP for personal problems is a good idea until he or she considers the stigmatizing label he or she might receive, as well as the potential negative consequences of this stigmatizing label.

Although self-referral has become common in EAP caseloads, some employees may not self-refer prior to developing poor job performance because they may fear gaining a negative label from their manager and coworkers. In turn, this label might reduce their likelihood of getting a promotion or a raise, or it might increase their chances

of being fired or harassed, further inhibiting use. Ideally, if all employees self-referred for a problem *before* it affected their job performance or attracted attention, then both the employees and the company would benefit. Resolution of personal problems diminishes the suffering of employees, and the company benefits from a reduction in the poor performance of employees, eliminating some of the potential sources of "trouble" like tardiness and absenteeism that impact a company's productivity. Thus, self-referral is important to study as a distinct category of referral for both theoretical and policy reasons.

Within many workplaces, a member of a particular group may feel socially vulnerable to negative outcomes like termination or failure to gain a promotion.[1] Certain groups are relegated to lower occupational positions within the workplace as has been documented for minorities and the less educated. Often, people in lower occupational positions receive less income and fewer benefits (Tomaskovic-Devey, 1993). Minorities have a history of being targets of discrimination within the workplace (Tomaskovic-Devey, 1993; Padavic & Reskin, 2002). Wilson (1996) documents the discrimination occurring against African Americans because of the attitudes of inner city employers and racial stereotyping. Within the inner city, there has been a disappearance of work for minorities. These facts may cause a racial/ethnic minority member to be even more cautious when making decisions in the workplace. If she loses her job, it may be harder to find another one. Therefore, minorities face discrimination, which may foster

[1] The concept of social vulnerability has been used in various ways. For instance, it is been used in HIV/AIDS research (Guzman, 2001) and in research on Latino children and the child welfare system (Zambrana & Dorrington, 1998). In the current research, certain groups are thought to perceive themselves as "socially vulnerable," meaning that they perceive themselves as having a greater risk for a negative outcome within the workplace.

perceptions of social vulnerability in the workplace, and hence lower their rate of self-referral compared to Whites.

Often, minorities occupy blue-collar jobs, making them more vulnerable because they have lower occupational positions within the workplace. People with less education and lower occupational positions are more easily replaced in the workplace than those with higher educations and higher occupational positions. Blue-collar workers and clerical workers typically have lower educational attainment, and they have less control over their work than those with higher educations and white-collar jobs. Further, more people have the appropriate qualifications to enter into blue-collar or clerical work than white-collar work. These group members may feel that their status within the workplace is tenuous, and this status may be a disincentive for self-referrals to an EAP. Since employees and management may consider EAP use stigmatizing, feelings of social vulnerability may lead racial/ethnic minorities, those with less education, or those with lower occupational positions within their company to avoid self-referral to the EAP.

Additionally complicating matters, certain characteristics of a company may encourage or discourage use of policy, in general or for particular employees. Although this encouragement may or may not be intentional, different groups often have varying access to positions, services, as well as resources (Kerbo, 2000). For example, companies with more racial/ethnic minority employees may provide less information to their employees, leading to lower self-referral rates, rather than lower self-referral rates being due to feelings of social vulnerability.

CHAPTER 2

CONCEPTUAL FRAMEWORK

Organizations and the Workplace

Considerable sociological research has been completed on organizations, with a particular emphasis on the workplace. In Karl Weick's (1969) seminal piece, he discusses the social psychology of organizing. For this paper, one of the most important issues he covers in the book is the idea of communication networks within the workplace. As shown by work of Kanter (1977), "tokens are simultaneously representatives and exceptions. They serve as symbols of their category, especially when they fumble. . ." (239). I argue here that minority group members will have more to consider in the workplace because they realize that others in the workplace are expecting them to have problems. Kanter continues by noting the negative impact this fact may have on the psychological well-being of the tokens. Therefore, these employees may have increasing need for the EAP, but they may feel unable to use the program.

Often, research in the workplace has emphasized variations by gender, race, and class variables. When considering inequality in hiring practices and income, Tilly and Tilly (1998) note the importance of considering "power and organizational maintenance," as well as "stereotypes and attitudes" (179). Considerable research has been completed on issues of diversity, as well as discrimination, within the workplace (Browne, 1999; Kanter, 1977; Padavic & Reskin, 2002; Reskin and Roos, 1990; Tomaskovic-Devey, 1993). Yet, Lambert (1998) notes that current information on benefit use often does not

note variations in benefit use based on race. In her study, she finds that significantly fewer African Americans and Hispanics used supports for themselves. However, less is known about the impact of race on EAP referral within the workplace. In Lambert's study, supervisors and white-collar workers were more likely to have used benefits (1998). On the other hand, income is not related to policy use.

Do Race/Ethnicity, Education, Occupational Position, and Income Matter?

Certain employees may perceive that they are more socially vulnerable in the workplace based on their group membership, and these employees may want to avoid the stigma associated with EAP referral. Throughout much of United States history, employers have discriminated on the basis of sex, race, and class. Women and minorities have had employers refuse to hire them, they have been segregated into different jobs than white men, they have been denied promotions, and they have received lower wages (Padavic & Reskin, 2002; Tomaskovic-Devey, 1993).

Minority group members may feel more socially vulnerable to job loss based on current discrimination, perceptions of current discrimination, or knowledge of historical discrimination within the workplace. First, an employee's feelings of social vulnerability may arise from witnessing discrimination within the workplace aimed toward a person of his racial/ethnic group. Second, although discrimination may not actually occur in a workplace, a minority group member might perceive an action by the company as being discriminatory against members of his racial/ethnic group, leading to feelings of social vulnerability. Third, if an employee belonging to a racial/ethnic minority knows that members of his or her group have been discriminated against in the past, then he or she may feel more socially vulnerable, even if the employee has not witnessed or perceived

discrimination in the particular company's past. Therefore, an employee belonging to a racial/ethnic minority group may have more consequences of his or her self-referral behavior to consider in light of the stigmatizing aspects of EAP referral. Additionally, since racial/ethnic minority groups tend to be placed into blue-collar or clerical jobs, this fact may also impact self-referral.

Since employees are often segregated into dissimilar types of occupational positions based on their racial/ethnic group, differences in self-referral may reflect their position within the lower-tiers of the occupational structure, instead of or in addition to the effect of racial/ethnic group. Employees in blue-collar or clerical positions, or employees with less education or income, may perceive themselves as socially vulnerable since they are more easily replaced with new employees. This awareness among blue-collar and clerical employees may lead them to feel more socially vulnerable within the workplace, regardless of their racial/ethnic background. Further, those with lower occupational positions and lower educational attainment typically have lower incomes than their counterparts, reducing the likelihood of gaining treatment through other mechanisms in the community. Therefore, the groups that have the least access to help in the community because they have lower income and education levels may also be the persons most socially vulnerable within the workplace and hence the least likely use an EAP.

Previous research has shown inconsistent patterns of referral and self-referral to EAPs based on race, class, and gender (Crampton, 1994). According to Crampton (1994), when considering utilization, the conclusions about race are mixed. Although whites are usually "the primary EAP users" with either Hispanics or Blacks as the

secondary/tertiary users depending on the study, the proportion of each group referring reveals more about self-referral (Crampton, 1994; 30; Blum & Roman, 1992). When considering self-referral for drinking problems, Delaney, Grube, and Ames (1998) found that Black workers were more likely to say that they would use an EAP than White workers. Yet, this research was conducted in a unionized plant, and union hourly workers said that they were more likely to use an EAP than salaried employees for problems with alcohol (Delaney et al., 1998). This fact was attributed to "contract provisions providing a sense of security to union employees who opt to enter the EAP" (6). Further, this research did not observe actual self-referral behavior, and it is important to note that intentions and actual behaviors may differ.

Company-Context and EAP Policy

Companies may vary in the amount of encouragement they offer their employees to self-refer. Thus, company-context is an important factor to consider when examining group differences in self-referral. Are individual level differences in self-referral explained by the company-context? Expanding institutional theory to EAPs, employee assistance programs may be adopted for symbolic reasons to improve legitimacy while not actually being fully implemented (Meyer & Rowan; 1995). Companies may vary in their degree of implementation and support of self-referral to an EAP and may subtly encourage or discourage employees to self-refer.

Specific companies may discourage use because of economic costs, especially among expendable employees. Companies may reserve use of their EAP self-referral policy for certain groups. "[W]ithin organizations, more powerful individuals and groups generally receive more of the organization's resources" (Blair-Loy & Wharton, 2002;

820). Therefore, a company might intentionally reserve use of an EAP as a benefit for those of higher positions in the company, while discouraging use among more expendable employees. Extending this idea, companies may shape policy with the composition of their workforce in mind. For example, a company with a greater percentage of employees in white-collar positions may be more likely to encourage EAP self-referral.

Blair-Loy and Wharton (2002) examine the effects of managerial and professional workers' workplace context on their use of work-family policies. Their research used multi-level modeling to determine if work-group context mattered in the use of either family-care policies or flexibility policies (e.g., flextime and telecommuting). One important finding was that while women were more likely to use family-care policies than men, women in workgroups with higher percentages of women or with women supervisors were less likely to use them than women in workgroups dominated by men. According to Blair-Loy and Wharton (2002), "these findings suggest that while use of family-care policies is driven by individual need, having powerful coworkers and supervisors facilitates policy use" (832). The authors argue that work-group characteristics shape policy use through power and protection, considered a social resource. Work-group characteristics also significantly influenced employees' use of flexibility policies. Further, employees within workgroups with a larger percentage of nonwhite, non-U.S.-born workers were less likely to use family-care policies, but employees in companies with longer average organizational tenure were more likely to self-refer.

Although the current study does not examine work-group level data, it seems that employees in companies with greater percentages of racial/ethnic minorities will be less likely to self-refer because they will be provided with less access to benefits including EAP self-referral than employees in companies with higher percentages of White employees. Through the provision of information or other resources, companies may encourage program use when having a greater percentage of employees in higher positions (e.g., white-collar workers). For example, all workers may not receive encouragement or information about the EAP, although one's familiarity with the EAP has been show to influence employees' confidence in an EAP (Milne, Blum, & Roman, 1994). In particular, a company might provide less information to racial/ethnic minorities or employees in lower occupational positions. However, the key point in this study is whether controlling for company characteristics helps explain individual level differences in self-referral. My expectation, regardless of company-context, is that more socially vulnerable employees will be less likely to self-refer to EAPs.

CHAPTER 3

DATA AND METHODS

Data

Between early 1990 and mid-1992, data for the EAP Referral Study were collected from 84 work sites across a wide variety of company sites and locations with support from the National Institute on Alcohol Abuse and Alcoholism Research Grant R01-AA-07250. Only those referring to the EAP for the first time were included in the sample (n = 6,480). All new clients that were referred to the EAP completed a questionnaire at intake. Also, an administrator at the EAP filled out an additional form. These data included detailed information on diagnostic categories for alcohol problems, interpersonal and work-based referral routes, job characteristics, and various aspects of treatment referral. This data set also includes company level data on the EAP clients' company. Unfortunately, the data set was missing company level data for some of the companies. These companies were removed from the analysis, reducing the number of companies and participants in the study. Following deletion of missing data on the dependent and independent variables, the sample size includes 4,266 referred clients in 32 workplaces. Table 1 reports definitions, means, and standard deviations for the outcome variable and explanatory variables.

Individual Level Variables

The dependent variable is a binary outcome distinguishing between "pure" self-referrals (coded 1) and all other types. "Pure" self-referral means that only people self-

referring without any outside recommendations are included in the category. Forty-two percent of the sample are included in the self-referral category.

Table 1: Means and Standard Deviations for Dependent and Independent Variables

Dependent Variable	**Mean**	**S.D.**	**Variable Description**
Self-referral	.42	.49	Dummy coded; reference = "pure" self-referral
Independent Variables			
Race/Ethnicity			
African American	.21	.41	Dummy coded; reference = White
Hispanic	.07	.26	
Asian/Other	.03	.17	
Occupational Position			
Clerical Worker	.29	.45	Dummy coded; reference = white-collar workers
Blue-Collar Worker	.28	.45	
Education			
Some College	.33	.47	Dummy coded; reference = high-school degree or less
College Degree	.22	.41	
Graduate Degree	.07	.25	
Income			
<$15,000	.07	.26	Dummy coded; reference = earnings of $50,000+
$15,001-$20,000	.10	.29	
$20,001-$30,000	.35	.48	
$30,001-$50,000	.35	.48	

Individual level (N = 4,266)
Company level (N = 32)

The key indicators of social vulnerability within the workplace are race/ethnicity, education, occupation, and income. *Race/ethnicity* is a dummy coded indicator, distinguishing between whites (the reference category) and three other racial/ethnic groups (African Americans, Hispanics, and Asian/Others). Those in the Other category

were placed with the Asians because of the small number of cases within the "Other" category, and both minority groups had relationships in the same direction on self-referral when compared with Whites.

Education is composed of four dummy coded indicators distinguishing employees with a high school degree or less (reference) from employees with some college, bachelor's degrees, or graduate degrees. *Occupational position* is a dummy coded indicator contrasting blue-collar and clerical workers with white-collar workers (reference). The white-collar workers in this study are executives, professionals, managers, supervisors, technical workers, and university faculty. *Income* is represented by a set of dummy coded indicators, distinguishing those with less than $15,000, $15,001-$20,000, $20,001-$30,000, $30,001-$50,000, and those with greater than $50,001 (reference).

Table 2 includes the means, standard deviations, and variable descriptions for individual and company level controls. Gender, clinical assessment, and marital status are the individual level control variables. The reference category for *gender* is male. *Clinical assessment* is represented by three binary variables: 1) substance abuse is coded 1 for employees clinically assessed with alcohol, cocaine, and other types of substance abuse; 2) a binary variable (coded 1) is used to represent those employees assessed with marital and family problems; and (3) psychiatric or emotional problems are combined into a binary variable (coded 1) for those employees assessed with these types of problems. These variables are not necessarily mutually exclusive, as some employees might present with more than one of the problems because of comorbidity. *Marital status* is represented by a set of dummy coded indicators distinguishing married and

cohabitating employees (the reference) from those never married, and those either divorced, separated, or widowed.

Table 2: Means and Standard Deviations for Individual and Company Level Control Variables

Control Variables	**Mean**	**S.D.**	**Variable Description**
Individual level			
Gender	.58	.49	Dummy coded; reference = male
Clinical Assessment			
Substance Abuse	.30	.46	Dummy coded; reference = no s. abuse
Marital and Family Problems	.50	.50	Dummy coded; reference = no family problems
Psychiatric/Emotional Problems	.47	.50	Dummy coded; reference = no psychiatric or emotional problems
Marital Status			
Never Married	.19	.39	Dummy coded; reference = married/cohabitating
Divorced/Single/Widowed	.29	.46	
Company level			
EAP Information	.41	.50	Dummy coded; reference = no information about the EAP given
Percent Male	42.89	19.41	Continuous
Percent White	70.06	12.46	Continuous
Percent White Collar	37.74	18.12	Continuous
Average Tenure	9.41	3.11	Continuous

Individual level (N = 4,266)
Company level (N = 32)

Company Level Variables

EAP information is a dichotomous variable indicating whether or not a company provides an EAP handbook for employees, as well as the inclusion of a discussion of the EAP in the company's benefit manual and personnel manual. Those employees with

more EAP information will be more likely to self-refer than those with less. Companies that provide this information for their employees are coded 1.

In order to note the position of the self-referring client within his or her particular company, several control variables are aggregated from the individual level data. These measures are *percent male employees, percent white employees, percent white-collar employees, and average employee tenure with the company*. It is important to note that these variables are treated as controls for EAP clientele, since all of these employees are EAP clients referred through various mechanisms.[2]

Analytic Strategy

Multi-level modeling using binary outcome HLM is utilized in this study to determine the impact of race/ethnicity, education, occupational position, income, and company level variables on self-referral because the EAP Referral Study consists of employees nested within companies (Raudenbush & Bryk, 2002; Snijders & Bosker, 2002). When data are hierarchically arranged, multilevel models are useful because they account for the "social dependence that exists between members of the same social unit" (Blair-Loy, 2002; 823).

Preliminary analysis indicates significant statistical dependence among the level one units (employees) due to clustering in the level two units (companies). This violates the regression assumption of independent error terms across the observations, which may result in underestimated standard errors. Therefore, this analysis uses HLM to adjust coefficient standard errors and maximize the efficiency of the estimates. In particular, the analysis utilizes fixed effects.

[2] In this analysis, I try a host of different measures, but none of them altered the substantive pattern of results discussed below.

At the first level, in this case employees, the models estimated take the form

$$\eta_{ij} = \beta_{0j} + \beta_{qj}\chi_{qij} + r_{ij} ,$$

where η_{ij} represents the log-odds of self-referring to an EAP within a company *j* by an individual labeled *i*. The company *j*'s intercept is represented by β_{0j}, the level-1 coefficients are β_{qj} (q = 1,2 . . ., Q), χ_{qij} is level-1 predictor *q* for case *i* company *j*, and the level-1 random effect is r_{ij}.

Including the intercept, each level-1 coefficient (employee) is an outcome variable at level-2 (company). Except for the intercept, all level-1 coefficients are modeled as fixed effects (i.e., $\beta_{qj} = Y_{q0}$). The intercept is modeled as

$$\beta_{0j} = Y_{00} + Y_{01}W_{1j} + Y_{02}W_{2\,j} \ldots + \mu_{qj} ,$$

with Y_{00} representing the log-odds of self-referral; Y_{01}, Y_{02} etc. are level-2 coefficients; the level-2 predictors are $W_{1j}, W_{2\,j}$., etc.; and μ_{qj} is a level-2 random effect. Therefore, company level variables are used to explain variation in the log-odds of self-referral across companies.

First, multi-level binary outcome models are run at the individual level to determine the impact of race/ethnicity, education, occupational position, and income on self-referral when controlling for gender, clinical assessment, and marital status because the dependent variable is binary. Second, a full model with all of the individual level variables is run to assess net effects. The analysis is completed in this manner to assess both the unique and additive effects of key individual level predictors—and concerns about collinearity among some of the predictors. Third, models are replicated to incorporate company level controls.

CHAPTER 4

RESULTS

Descriptive Results

Means and standard deviations are included in Table 1 for the dependent and independent variables and in Table 2 for the control variables. In this sample, the largest percentage of employees enters into the EAP through self-referral (42%). Twenty-one percent of the sample is African American, 7 percent is Hispanic, and 3 percent are Asian/Other. When considering education, 33% of the employees have had some college, 22% have a college degree, and 7% have a graduate degree. Twenty-nine percent of the employees are clerical workers, and 28% are blue-collar workers. The majority of employees earned between $20,001 and $50,000 per year (70%). Employees earning $15,000 to $20,000 made up 10% of the sample, and 7% earned less than $15,000.

Fifty-eight percent of the sample is female. Of those employees clinically assessed, 30% are assessed with substance abuse problems, 50% are assessed with marital and family problems, and 47% are assessed with psychiatric/emotional problems. The majority of employees are married, while 19% of the employees have never been married and 29% are either divorced, separated, or widowed. Forty-one percent of the companies offer EAP information—a surprisingly low percentage. The average tenure with the company for the employees is 9.41 years.

Individual Level Models

Table 3 presents six multi-level equations predicting the probability of self-referral to an employee assistance program. The baseline model includes the individual level controls (i.e., gender, clinical assessment, and marital status). In this model, gender is not significant, but those clinically assessed with substance abuse problems (-.056; $p < .05$) are significantly less likely to self-refer than employees assessed with other issues. On the other hand, employees with marital problems (.058; $p < .01$) are significantly more likely to self-refer than those assessed with other problems. Those employees assessed with psychiatric or emotional problems do not significantly differ from clients assessed with other problems in any of the models—individual or company level. With respect to marital status, divorced, separated, or widowed employees (-.042) are significantly less likely to self-refer ($p < .05$) than married employees.

Consistent with the theoretical model, Model 2 shows that African Americans (-.099) and Hispanics (-.085) both have statistically significant ($p < .01$) lower log odds of self-referral to an EAP when compared with whites, net of effects of gender, clinical assessment, and marital status. Asians and Others (-.069; $p < .10$), however, do not significantly differ from whites at the .05 level, although the coefficient is in the expected direction and marginally significant.

Model 3 incorporates the independent variable education while excluding the race/ethnicity variable. As hypothesized, those employees with some college (.092), a college degree (.176), or a graduate degree (.208) are more likely to self-refer than those with a high school degree or less ($p < .01$). An increase in the effect occurs across the educational categories—indicating a monotonic or linear effect.

Table 3: HLM Individual Level Models with Race/Ethnicity, Education, Occupational Position, and Income Entered Separately Predicting Log-Odds of Self-referring to an Employee Assistance Program

Individual Level Variables	(1)	(2)	(3)	(4)	(5)	(6)
Control Variables						
Female	.026	.033*	.045**	.039**	.063**	.060**
Clinical Assessment						
Substance Abuse	-.056*	-.059*	-.038	-.044	-.049*	-.040
Marital and Family Problems	.058**	.058**	.062**	.059**	.063**	.062**
Psychiatric/Emotional Problems	-.017	-.026	-.022	-.021	-.018	-.028
Marital Status						
Married/Cohabitating[A]						
Never Married	-.048	-.044	-.058*	-.042	-.026	-.040
Divorced/Separated/Widowed	-.042*	-.040*	-.025	-.023	-.032	-.020
Independent Variables						
Race/Ethnicity						
White[A]						
African American	--------	-.099**	--------	--------	--------	-.053*
Hispanic	--------	-.085**	--------	--------	--------	-.048**
Asian and other	--------	-.069	--------	--------	--------	-.087*
Education						
High-school degree or less[A]						
Some College	--------	--------	.092**	--------	--------	.066**
College Degree	--------	--------	.176**	--------	--------	.104**
Graduate Degree	--------	--------	.208**	--------	--------	.115**
Occupational Position						
White-Collar Workers[A]						
Clerical Workers	--------	--------	--------	-.119**	--------	-.050
Blue-Collar Workers	--------	--------	--------	-.169**	--------	-.073**
Income						
$50,000+[A]						
Less than $15,000	--------	--------	--------	--------	-.224**	-.092*
$15,001-$20,000	--------	--------	--------	--------	-.191**	-.079
$20,001-$30,000	--------	--------	--------	--------	-.134**	-.046
$30,001-$50,000	--------	--------	--------	--------	-.053	-.021
Constant	.423**	.450**	.325**	.494**	.493**	.436**
N	4266	4266	4266	4266	4266	4266
Chi Square	420.547**	428.240**	418.760**	427.465**	476.520**	444.094**

*p<.05 **p<.01 [A] Excluded Category Logit coefficients presented.

Model 4 alternatively incorporates occupational position. Consistent with expectations, both clerical (-.119) and blue-collar workers (-.169) are less likely to self-refer than white-collar workers ($p < .01$). Model 5 alternately replaces occupation with income. As hypothesized, those with incomes less than $15,000 (-.224), between $15,000-$20,000 (-.191), and between $20,001-$30,000 (-.134) are less likely to self-refer ($p < .01$) when compared to employees with incomes of $50,000 or higher. Yet, those with incomes ranging from $30,001-$50,000 do not significantly differ from those with incomes of more than $50,000.

Finally, Model 6 presents the fully specified equation. When controlling for education, occupational position, and income, African Americans (-.053) and Asians/Others (-.087) continue to be less likely to self-refer than Whites, although at a lower level of significance ($p < .05$). Hispanics (-.048) continue to have lower log-odds of self-referral ($p < .01$). Analysis not shown indicates that the Asian/Other effect is suppressed by education: Asians/Others tend to have higher levels of education and are less likely to self-refer, while education is positively related to self-referral. This supports the hypothesis that net of other indicators of social vulnerability, African Americans, Hispanics, and Asian/Others are less likely to self-refer than their White counterparts. When considering education, employees with some college (.066), a college degree (.104), and a graduate degree (.115) have positive log-odds when compared with employees with less than a high school degree ($p <.01$), supporting the hypothesis about education. The significant clerical worker effect is explained by the other variables indicating social vulnerability. Contrastingly, blue-collar workers (-.073) are significantly less likely to self-refer than white-collar workers even when controlling

for other indicators of social vulnerability ($p < .01$). Only those with less than $15,000 (-.092) are less likely to self-refer than those with an income greater than $50,000 ($p < .05$), net of the effects of other predictors.

Company Level Models

Table 4 presents multilevel models including company level variables while entering race/ethnicity, education, income, and occupational position separately. Model 1 merely repeats the last model from Table 3, in order to ease comparison. Model 2 begins with the individual level model with race/ethnicity and the company level variables. Compared to Whites, African Americans (-.098), and Hispanics (-.086), retain negative log-odds of self-referral ($p < .01$), net of the effects of company level predictors. Yet, Asians and others (-.070) are no longer less likely to self-refer than whites at a conventional level of significance ($p < .10$). At the company level, the only significant effect consistent with the general theoretical argument is that employees in companies with larger percentages of white-collar workers (.004) are more likely to self-refer than employees in companies with smaller percentages of white-collar workers ($p < .01$).

In Model 3, education is alternately incorporated in the place of race/ethnicity. Employees with some college (.094), a college degree (.175), and a graduate degree (.205) continue to have higher log-odds of self-referral, net of company characteristics ($p < .01$). In this model, employees in companies with higher percentages of male employees (.003) are more likely to self-refer ($p < .05$), and percent white collar (.003) continues to exert a positive effect on the log-odds of self-referral ($p < .01$).

Consistent with the hypothesis, Model 4 shows that both clerical (-.118) and blue-collar workers (-.168) are significantly less likely to self-refer than their white-collar

counterparts, net of company characteristics ($p < .01$). In this model, employees in companies with higher percentages of male employees (.003) are more likely to self-refer ($p < .05$). Interestingly, the percent white-collar effect is no longer significant, suggesting that its effect is mediated by individual level predictors of occupational position. As noted above, companies may shape EAP policy with the composition of the workforce in mind.

Model 5 replaces occupation with the income variable. Employees earning less than $15,000 (-.228; $p < .01$), between $15,001-$20,000 (-.194; $p < .01$), between $20,001 to $30,000 (-.133; $p < .01$), between $30,001 to $50,000 (-.054; $p< .05$) all have significantly lower log-odds of self-referral compared to employees with incomes greater than $50,000. Of the company level variables, percent white collar (.003; $p < .01$) and average tenure (-.018; $p < .05$) are significant. Employees in a company with a greater percentage of white-collar employees are more likely to self-refer, whereas employees in a company with greater average tenure are less likely to self-refer.

Model 6 presents the fully specified multilevel model. The hypothesis concerning race/ethnicity is supported. In particular, African Americans (-.052; $p < .05$), Hispanics (-.048; $p < .01$), and Asian/Others (-.087; $p < .05$) are less likely to self-refer than their White counterparts. Further, the hypothesis that the employees with more education would be more likely to self-refer than employees with less education is also supported. Specifically, employees with some college (.067), a college degree (.104), or a graduate degree (.112) have significant, positive log-odds of self-referral compared to employees with a high school degree or less ($p < .01$). Findings for clerical workers are supported, but explained by other individual level indicators. Also, blue-collar workers are less

Table 4: HLM Multi-Level Models with Race/Ethnicity, Education, Occupational Position, and Income Entered Separately Predicting Log-Odds of Self-referring to an Employee Assistance Program

Individual Level Variables	(1)	(2)	(3)	(4)	(5)	(6)
Female	.060**	.035*	.047**	.041**	.065**	.062**
Clinical Assessment						
Substance Abuse	-.040	-.060*	-.039	-.045	-.049*	-.041
Marital and Family Problems	.062**	.057**	.061**	.059**	.062**	.062**
Psychiatric/Emotional Problems	-.028	-.025	-.022	-.021	-.018	-.027
Marital Status						
Married/Cohabitating[A]						
Never Married	-.040	-.046	-.059*	-.044	-.028	-.041
Divorced/Separated/Widowed	-.020	-.040*	-.025	.024	-.033	-.021
Race/Ethnicity						
White[A]						
African American	-.053*	-.098**	--------	--------	--------	-.052*
Hispanic	-.048**	-.086**	--------	--------	--------	-.048**
Asian and other	-.087*	-.070	--------	--------	--------	-.087*
Education						
High-school degree or less[A]						
Some College	.066**	--------	.094**	--------	--------	.067**
College Degree	.104**	--------	.175**	--------	--------	.104**
Graduate Degree	.115**	--------	.205**	--------	--------	.112**
Occupational Position						
White-Collar Workers[A]						
Clerical Workers	-.050	--------	--------	-.118**	--------	-.047
Blue-Collar Workers	-.073**	--------	--------	-.168**	--------	-.071**
Income						
$50,000+[A]						
Less than $15,000	-.092*	--------	--------	--------	-.228**	-.099*
$15,001-$20,000	-.079	--------	--------	--------	-.194**	-.086*
$20,001-$30,000	-.046	--------	--------	--------	-.133**	-.049
$30,001-$50,000	-.021	--------	--------	--------	-.054*	-.023
CompanyLevel Variables						
EAP Information	--------	-.054	-.056	-.053	-.075	-.064
Percent Male	--------	.003	.003*	.003*	.003	.003*
Percent White	--------	.001	.002	.002	.002	.001
Percent White Collar	--------	.004**	.003**	.002	.003**	.003*
Average Tenure	--------	-.015	-.011	-.015	-.018*	-.014
Constant	.436**	.297	.075	.320*	.327*	.266
N	4266	4266	4266	4266	4266	4266
Chi Square	444.094**	283.834**	277.937**	288.607**	301.052**	288.731**

*p<.05 **p<.01 Logit-coefficients presented. [A]Excluded Category

likely to self-refer than white-collar employees, net of all control variables (-.071; $p < .01$). In the full model, employees with less than $15,000 (-.099) and from $15,001 to $20,000 (-.086) have significant, lower log-odds of self-referral compared to employees earning greater than $50,000 a year ($p < .05$). At the company level, employees in companies with higher percentages of males (.003) and white-collar employees (.003) are more likely to self-refer ($p < .01$). This also supports the general theoretical argument, since these indicators of company context fail to account for differences in individual self-referral.

Some interesting findings also emerge from the individual level control variables. After the baseline model, females are significantly more likely to self-refer than males, and this holds true for every individual and company level model. This contrasts with Model 1 because gender was non-significant indicating a suppressed effect explained by the other variables. Of the clinical assessment variables, employees assessed with substance abuse are significantly less likely to self-refer than employees assessed with other problems. It appears that education and occupational position account for the significant effect of substance abuse when compared with all other types of assessment. Employees with lower education and blue-collar workers are more likely to be assessed with substance abuse problems. Employees assessed with marital problems are more likely to self-refer than those with other problems throughout the models at a significant level. On the other hand, employees assessed with psychiatric/emotional problems did not significantly differ from those assessed with other problems in any of the models.

CHAPTER 5

DISCUSSION AND CONCLUSION

Discussion

Employee assistance programs have rapidly spread throughout the U.S. and the world (Blum and Roman, 1992; Hartwell et. al., 1996). Despite this rapid proliferation of EAPs, mainstream sociological research, for the most part, has ignored EAPs. This absence of research is unfortunate because EAPs have the potential to mitigate the personal problems experienced by employees, as well as having the potential to reduce turnover and improve the productivity of the company through the reduction of the problems experienced by employees. In turn, this fact may increase profits. Of the literature actually focusing on EAPs, often the emphasis has been on managerial referrals. Although it is important to study all aspects of EAPs, I argue that self-referral is particularly important to understand, especially as self-referral may relate to the perceptions of social vulnerability by employees within the workplace. Self-referral may be the dominant type of referral, and of the EAP clients included in this analysis, the largest percentage of employees (42%) entered through this type of referral. The ideal type of referral may actually be self-referral in the sense that these employees may seek treatment before they start manifesting performance problems. In turn, this pre-emptive self-referral may cause the relationship between the employee and her supervisor to remain unproblematic, preventing negative consequences, including labeling, from

occurring. Although this discussion makes self-referrals sound ideal, in reality employees and managers may consider self-referrals to be stigmatizing.

While companies offer their EAPs as a benefit for their employees to gain access to help for their personal problems, EAP use may be considered stigmatizing by employees. This stigmatization may arise from the fact that EAPs deal with employees referred by their managers for performance problems, or it may arise from the types of personal problems that it handles. The potential for stigmatization through use of self-referral may lead certain groups of employees to avoid the service if they already feel socially vulnerable for negative outcomes within the workplace. No study that I am aware of has examined the impact of perceptions of social vulnerability in the workplace while also controlling for relevant company level correlates.

Employers have discriminated on the basis of race, as well as sex and class, throughout U.S. history. Often, employers refuse to hire individuals belonging to minority racial/ethnic groups, and when these minority individuals have been hired, discrimination often occurs through segregation into different jobs than white men. They have been denied promotions and have received lower wages (Padavic and Reskin, 2002; Tomaskovic-Devey, 1993). Previous studies of racial/ethnic group membership within the workplace have often focused on disparities in income. Yet, benefits may also be tied to disparities between groups within the workplace.

Accordingly, this study examines differences in self-referral, often considered a benefit. The multivariate analyses, for the most part, are consistent with the over-arching hypothesis that those that may feel socially vulnerable within the company—whether based on the fear of discrimination by employers or the fear of being easily replaced by

an employer—are less likely to self-refer to an EAP. In light of the historic and current discrimination that has occurred to African Americans, Hispanics, and Asians/Others in the workplace, members of these groups may feel socially vulnerable and fear the consequences of the stigmatization they might face within the workplace if their managers or co-workers discovered their use of EAP services. When controlling for other indicators of perceptions of social vulnerability, as well as relevant variables at the individual and company levels, African Americans, Hispanics, and Asian/Others are less likely to self-refer than their White counterparts, indirectly supporting the argument that perceptions of social vulnerability within the workplace impact an individual's likelihood of EAP utilization.

Controlling for other potential indicators of social vulnerability, like education and occupation, is key to illuminating whether or not differences in self-referral by race/ethnicity are based on the fact that minorities are often sorted into dissimilar occupational positions from White employees. Often, racial/ethnic minority members are placed into occupational positions with a larger pool of available candidates placing them at greater risk for termination. Therefore, these employees may be responding to the tenuous nature of their occupational position, rather than the potential for discrimination based on their racial/ethnic group membership. Yet, findings show that irrespective of education, occupational position, income level, and company level characteristics, minority groups are less likely to self-refer. This supports the argument that African Americans, Hispanics, and Asians/Others are less likely to self-refer than their White counterparts because they feel socially vulnerable within the workplace based on their

racial/ethnic group membership. These groups may be the most in need of employment-based EAP services, but they are least likely to avail themselves of these services.

Alternative explanations, however, may arise for these results. Perhaps minorities prefer to access help for personal problems within their communities because of vulnerability in the workplace. Yet, it may be the case that they are not receiving adequate help for these problems in the community, leading to referrals from other sources, like managerial referrals. Also, it might be the case that racial/ethnic minority members do not belong to (or have access to) networks within the workplace that discuss use of the EAP. Although the study includes a measure of whether a company provides EAP information within a handbook and other similar sources, perhaps information about EAPs as a benefit circulates by word-of-mouth between the networks of Whites more than the minorities. Since a large percentage of companies provide no formal information to their employees, word-of-mouth may be very important to consider. Unfortunately, since the EAP Referral Study sample only includes employees that have referred to the EAP for the first time, it is not possible to see how long a person may experience problems within the workplace before he either self-refers or is referred by his manager. More research needs to be done to understand the differences occurring in self-referral by employees of different racial/ethnic backgrounds.

When considering education, it seems that higher educational attainment leads to higher levels of self-referral behavior. Those employees with higher-levels of education may have an advantage in two different manners. In the workplace, it is not as easy (or as inexpensive) to replace workers with more education. Thus, these workers are aware that they are less socially vulnerable to negative job consequences like termination, and

they are more likely to be white-collar and to have higher incomes, factors which are also positively associated with self-referral. The social psychological health literature indicates that education is an important variable to consider because it helps individuals use resources that are available more efficiently, and because it allows for the garnering of more resources (i.e., better jobs and higher incomes) (Mirowsky & Ross, 2000). Therefore, education is an important variable to consider when studying self-referral to an EAP, and it is essential to control for education when noting the impact of occupational position on self-referral.

Based on ideas of social vulnerability within the workplace and the stigma associated with EAP referral, it seems likely that employees in more tenuous occupational positions might be less likely to self-refer than employees in more secure positions. Consistent with this line of reasoning, both blue collar and clerical workers are less likely to self-refer than white-collar workers, but the clerical effect is accounted for by the other social vulnerability indicators. Self-referral is also related to income in a theoretically consistent manner. Employees with incomes less than $15,000, $15,001-$20,000, and $20,001-$30,000 are less likely to self-refer when compared with employees earning more than $50,000 per year.

Even though females tend to be more socially vulnerable within in the workplace, females are more likely to self-refer than males, net of other individual and company level variables. This finding does not support the idea that those that are more socially vulnerable in the workplace are less likely to self-refer. However, in light of research in the sociology of health literature, this fact is not particularly surprising. Illness behavior tends to be different for women and men, in general. When considering visits to a

physician, women visit more frequently than men (Zimmerman & Hall, 2001). More importantly, women present more frequently than men for mental illnesses. In particular, women present for eating problems, anxiety disorders, and depression; whereas, men present more frequently than women for disorders like alcohol abuse and antisocial disorders (Zimmerman & Hall, 2001). This overall pattern of women self-referring more frequently than men under a variety of settings and circumstances is consistent with that observed here regarding self-referral to EAPs.

Throughout every model in this analysis, employees assessed with marital and family problems are more likely to self-refer than those clinically assessed with other problems. Considering the argument of social vulnerability, it seems possible that people feel more comfortable self-referring for family and marital issues than they do for issues like substance abuse problems or psychiatric/emotional problems. Not only does this research focus on individual level factors, but it also focuses on characteristics of the company that might impact self-referral.

In this research, using company level variables as controls is important because particular characteristics of a company may be encouraging or discouraging use of the EAP by employees or specific types of employees. This research cannot observe whether different types of employees are given varying levels of encouragement, but this is a critical issue for future research. For example, companies with a large percentage of White and white-collar employees may provide more information or insurance coverage for employees, increasing their likelihood of self-referral. This idea is indirectly consistent with the finding that self-referral increases significantly as the percentage of white-collar employees increases.

It is interesting to note that depending on the particular individual level variables included, different company level indicators become significant. Throughout all of the models including the company level variables (except the model including only occupation without the other indicators of social vulnerability), those employees working in a company with a greater percent of white-collar workers are more likely to self-refer. This finding is not surprising based on the idea that companies with a greater percentage of white-collar workers have greater access to resources that might persuade them to use an EAP. Also, the percent male effect supports the general idea of this paper because employees in companies with higher percentages of male workers are more likely to self-refer.

Several limitations of the study exist. First, one cannot generalize to all companies or employees in the United States from the data set because it was not a random, national sample. Also, the study tended to be of larger companies that would be more likely to offer their employees more diverse benefits (Blum, Roman, & Harwood, 1995). However, use of this data set can inform future research. Additionally, the research focuses on employees that have entered the EAP for the first time. Therefore, it becomes impossible to compare the characteristics of EAP using employees to non-using employees that have not reached the EAP through any referral mechanism. As noted previously, self-referrals might be the ideal referral for both the company and the employee, but managerial referrals also provide a route to the EAP. It is possible that a manager may not want to refer employees to the EAP with performance problems, meaning that these employees do not receive treatment through the EAP unless they self-refer. Another limitation of the study is that the number of companies in the sample was

reduced considerably. With fewer companies in the analysis, the number of variables in the analysis is reduced. This reduction in the number of company level variables means that by controlling for company demographics and EAP information, other variables of interest could not be controlled for in the study.

This article has extended knowledge about employee assistance programs, as well as knowledge of how stratification within the workplace may impact the resources that employees use. For the most part, individual level indicators of position within the workplace are more important than company level variables. However, additional research needs to be completed to supplement the knowledge gained from this study.

Future Research

Additional research is needed to understand the different mechanisms through which employees gain entry into employee assistance programs. Several directions for future research emerge. First, although the results of this research point to the idea certain employees are less likely to self-refer because of their perceptions of social vulnerability, there is no intervening measure of perceived social vulnerability. Future studies should focus on creating precise measures of perceived social vulnerability so researchers can assess whether perceived social vulnerability mediates the effects of race/ethnicity, education, occupational position, or income on self-referral. Once this is accomplished, it will be interesting to note whether a direct relationship exists between social vulnerability and self-referral patterns. This would provide a more direct test of the theory. Second, a multinomial analysis that considers referrals beyond self-referral would help to elucidate factors associated with different types of referrals. Then, it would be possible to see the impact of perceptions of social vulnerability in the

workplace on self-referrals, managerial referrals, peer referrals, among other types of referral.

Third, additional company level indicators, including employee networks, policies, employee-manager relationships, and company policies will add to the understanding of EAP use through self-referral. A study of networks within companies might show if peer endorsement of the EAP might cause potential EAP users to be more aware of and more comfortable using the EAP. Further, studies of networks in the workplace have been done in the past to show that men and women, for example, gain promotions in the workplace through different types of social ties. Perhaps, men and women differ on peer endorsement, causing women to be more likely to self-refer. An important issue to examine would be to see if controlling for the presence of a union or a union contract within a company would make union workers feel more comfortable self-referring because they might feel less socially vulnerable (Delaney, et. al, 1998). Unfortunately, data on unionization were not available in the present study. Although this study noted differences between companies, it did not have the ability to study the potential differential access to resources that might arise within a company. Future research could examine if employees in more secure occupational positions within a company have greater access to social resources conducive to self-referral, such as insurance coverage. For instance, insurance coverage, industry-type, and unionization may indicate that companies provide certain employees with different levels of encouragement for self-referrals. Another interesting way to learn more about EAPs might be to do a study similar to that of Blair-Loy and Wharton (2002) noting, within the work-group context, which employees utilize policy.

Fourth, future studies might consider clinical assessment as the outcome variable in order to note if men and women, among other variables, differ on the assessments they receive from EAP clinicians. Blum, Roman, and Harwood (1995) completed an assessment of this nature, focusing on employed women with alcohol problems that sought help from an EAP. A study comparing EAP and non-EAP using employees should focus on differences in level of problems, performance, and patterns of referral. For example, research of this nature might reveal whether or not managers are quicker to refer blue-collar minorities.

Policy Implications

This study lends itself to policy implications, although future research needs to be completed on perceived social vulnerability in the workplace and referral before making any specific recommendations on how to implement change in the workplace. Since certain groups are more or less likely to self-refer than to enter the EAP by a different manner, management might want to note self-referral patterns of clients into the EAP based on gender, race/ethnicity, education, and occupation, as well as how company policy might be impacting self-referral rates. Yet, it is imperative that this research be done without invading the privacy of the employees because of the confidential relationship between the EAP and the employee. After discovering the groups of employees that are less likely to self-refer, it might be necessary for a company to change its policy. For instance, insurance coverage might be offered to more employees to make it easier for them to get treatment. However, companies may not want all of their employees to seek help.

In conclusion, this study suggests three major policy implications. Targeting information to those groups that are less likely to use the EAP may make them feel less socially vulnerable to negative consequences in the workplace. Even something as simple as the manager in charge of managerial referrals discussing the purpose of the self-referral to an EAP might encourage her subordinates to feel more comfortable with self-referral. Explicit, written policies protecting employees from reprisals based on their use of an EAP may encourage those feeling vulnerable to feel more comfortable with self-referring to an EAP. Finally, re-emphasizing the benefits for companies may encourage employers themselves to support self-referral.

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APPENDIX A

CORRELATION MATRIX

Variables	1	2	3	4	5	6	7	8	9	10
1 Self-referral	1.00									
2 Gender	-.00	1.00								
3 Substance Abuse	-.07	-.04	1.00							
4 Marital and Family Problems	.06	.06	-.02	1.00						
5 Psychiatric/Emotional Problems	-.05	.08	-.11	-.12	1.00					
6 Married/Cohabiting	.06	-.11	-.04	.21	-.14	1.00				
7 Never Married	-.04	-.01	.01	-.28	.11	-.50	1.00			
8 Divorced/Widowed/Separated	-.03	.14	.04	.01	.07	-.66	-.31	1.00		
9 White	.08	-.08	.02	.01	.08	.04	-.03	-.01	1.00	
10 African American	-.04	.06	-.03	-.02	-.11	-.07	.04	.04	-.76	1.00
11 Hispanic	-.06	.04	.06	.02	.02	.02	-.01	-.01	-.41	-.14
12 Asian and Other	-.02	.02	-.05	-.01	.01	.02	.02	-.04	-.26	-.09
13 High-school degree or less	-.12	.06	.09	.05	-.04	-.02	-.10	.10	-.09	.08
14 Some college	-.00	.05	-.01	-.00	.06	-.01	-.02	.03	-.01	.04
15 College Degree	.10	-.08	-.06	-.02	-.02	.02	.11	-.12	.08	-.09
16 Graduate Degree	.08	-.08	-.05	-.04	.03	.02	.05	-.07	.08	-.09
17 White-collar Workers	.15	-.13	-.08	.00	.02	.09	.03	-.12	.19	-.18
18 Clerical Workers	-.06	.39	.00	.05	.03	-.07	.02	.06	-.06	.09
19 Blue-collar workers	-.11	-.25	-.09	-.05	-.04	-.02	-.06	.07	-.15	.12
20 $50,000+	.07	-.23	-.00	.00	-.01	.09	-.05	-.06	.12	-.11
21 Less than $15,000	-.03	.08	.00	-.02	-.02	-.07	.10	-.01	-.12	.15
22 $15,001-$20,000	-.01	.10	.00	.00	-.02	-.05	.06	.00	-.10	.11
23 $20,001-$30,000	-.06	.19	.02	.02	.01	-.06	-.02	.08	-.07	.06
24 $30,001-$50,000	.03	-.16	-.01	-.01	.01	.07	-.04	-.04	.12	-.14
25 EAP Information	-.11	-.05	.15	-.04	.09	.01	-.02	.01	.04	-.13
26 Percent Male	.09	-.32	.03	-.03	-.07	.07	-.06	-.03	.02	.04
27 Percent White	.00	-.04	-.02	.05	.04	.06	-.06	-.01	.21	-.21
28 Percent White-Collar	.07	.15	-.02	.06	.01	-.06	.08	-.01	-.02	.03
29 Average Tenure	.06	-.02	-.06	.07	.01	.09	-.16	.04	.03	-.02

Correlation Matrix (Continued)

Variables	11	12	13	14	15	16	17	18	19	20
1 Self-referral										
2 Gender										
3 Substance Abuse										
4 Marital and Family Problems										
5 Psychiatric/Emotional Problems										
6 Married/Cohabiting										
7 Never Married										
8 Divorced/Widowed/Separated										
9 White										
10 African American										
11 Hispanic	1.00									
12 Asian and Other	-.05	1.00								
13 High-school degree or less	.07	-.05	1.00							
14 Some college	.00	-.06	-.54	1.00						
15 College Degree	-.05	-.08	-.41	-.37	1.00					
16 Graduate Degree	-.04	.08	-.21	-.19	-.14	1.00				
17 White-collar Workers	-.08	.05	-.41	-.12	.44	.30	1.00			
18 Clerical Workers	-.01	-.05	.08	.19	-.21	-.16	-.56	1.00		
19 Blue-collar workers	.09	-.01	.37	-.06	-.28	-.17	-.54	-.40	1.00	
20 $50,000+	-.03	-.01	-.21	-.13	.22	.28	.34	-.20	-.18	1.00
21 Less than $15,000	-.01	-.02	.08	-.01	-.06	-.04	-.18	.10	.09	-.09
22 $15,001-$20,000	.02	-.03	.09	.01	-.09	-.06	-.18	.14	.05	-.10
23 $20,001-$30,000	.05	-.03	.18	.07	-.20	-.14	-.32	.24	.11	-.23
24 $30,001-$50,000	-.03	.06	-.16	.02	.16	.03	.32	-.27	-.08	-.24
25 EAP Information	.08	.09	.03	.03	-.03	-.06	-.09	-.06	.17	.02
26 Percent Male	.02	.01	.10	-.06	-.06	-.02	-.14	-.10	.26	.02
27 Percent White	-.04	-.02	.08	-.03	-.07	-.00	-.02	-.01	.04	.01
28 Percent White-Collar	-.02	-.01	-.06	-.10	.14	.09	.31	-.06	-.29	.05
29 Average Tenure	.01	-.05	.11	.02	-.07	-.14	-.0	.05	.00	.02

Correlation Matrix (Continued)

Variables	21	22	23	24	25	26	27	28	29
1 Self-referral									
2 Gender									
3 Substance Abuse									
4 Marital and Family Problems									
5 Psychiatric/Emotional Problems									
6 Married/Cohabiting									
7 Never Married									
8 Divorced/Widowed/Separated									
9 White									
10 African American									
11 Hispanic									
12 Asian and Other									
13 High-school degree or less									
14 Some college									
15 College Degree									
16 Graduate Degree									
17 White-collar Workers									
18 Clerical Workers									
19 Blue-collar workers									
20 $50,000+									
21 Less than $15,000	1.00								
22 $15,001-$20,000	-.09	1.00							
23 $20,001-$30,000	-.21	-.24	1.00						
24 $30,001-$50,000	-.21	-.24	-.55	1.00					
25 EAP Information	-.03	-.06	-.04	.09	1.00				
26 Percent Male	-.13	.03	.01	.05	.16	1.00			
27 Percent White	-.00	.01	-.01	-.02	.17	.11	1.00		
28 Percent White-Collar	-.09	-.01	-.07	-.00	-.32	-.46	-.09	1.00	
29 Average Tenure	-.25	-.12	.13	.07	-.21	.07	.14	-.16	1.00