Masters in Social Work Thesis

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An Evaluation of Employee Assistance Program Services to Monolingual Spanish Speaking Hispanics in the United States

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The purpose of this study is to examine an Employee Assistance Program's (EAPs) bilingual and bicultural capacity in their service delivery to Hispanics who require Spanish. The methodology of the study takes two approaches. First, a client satisfaction survey was administered to a sample of EAP clients who required Spanish. The survey measured satisfaction with EAP access, satisfaction with the EAP counselor, and satisfaction with EAP office procedures. Second, an EAP counselor survey was distributed to a sample of counselors who stated they have bilingual capacities in their service delivery. The findings of the study identify strengths and areas for improvement in current and future EAP services to clients who require Spanish.
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Chapter 1: Introduction

Employee Assistance Program

One of the most remarkable developments in the delivery system of social services in the 1980's was the widespread establishment of Employee Assistance Programs (EAPs) in American corporations. EAPs have introduced a broad range of social services to the heretofore unrecognized and unserved population of corporate employees.

The EAP is a service purchased by an organization, for the employee, designed to help employees prevent or resolve problems affecting productivity and morale. The EAP is delivered as a free employee benefit, paid for by the employer, that enables an individual easy access to a professional mental health counselor for confidential assistance. Sometimes, low productivity and poor morale are not the result of difficulties in the workplace. Rather, family conflicts, substance abuse, legal and financial concerns, or the problems of eldercare can take their toll on work performance. Through EAP, employees and their family members can confidentially discuss personal concerns, free of charge, with counselors trained to help them.
Organizations provide EAP to their employees for a variety of reasons: 1) to address productivity, absenteeism, and turnover; 2) as a gateway to mental health and substance abuse benefits; and 3) as an inexpensive way to improve overall employee well-being.

Johnson (1991), a human service professional who has worked with EAP and is the author of articles written on the subject, states that most of the use of EAPs is by employees or household members who initiate the contact independent of the company and of supervisors. More than 90 percent are self-referred in contrast to 10 percent who were referred by their supervisors. Some have work concerns that lead them to make the appointment. Many more have marital, parenting, alcohol and drug, legal, financial, or other personal problems. Therefore, Johnson states that to keep things in perspective, we need to be aware that a minority of the issues brought to an EAP are directly related to work.

"EAP services to persons who have confidentially referred themselves provide an opportunity to work out problems without personal cost and without going through a lot of red tape before the problems become larger. Often, long-term and more costly intervention is avoided. Employees often express their appreciation that their employer has provided EAP benefits and state that it gives them a positive attitude towards their company." (Johnson, 1991)
Johnson further states that EAP is a valuable resource for supervisors who become involved with an Employee’s problem, either by choice or not. "The value of EAP as a resource to supervisors and their employees is great. It frees supervisors from matters that are not their job, and it gives them a definite resource for these matters." (Johnson, 1991)

As a result of their growing responsibility to organizations, Googins and Davidson (1993) state in their article that EAPs are expected to develop closer working partnerships with human resource departments and management. Googins and Davidson discuss the likelihood that EAPs will be the pivotal point between organization and mental health/substance abuse treatment benefits. This, they state, will include EAPs offering more short-term counseling models so that more types of intensities of problems can be resolved within the EAP. Googins and Davidson also state that it appears the EAP will take on additional responsibility in supporting macrolevel intervention. This may occur when the organization uses the EAP to assess the affects on employees when changes in the work environment happen and the organization requests the EAP to develop appropriate prevention and intervention strategies for these employees. "The EAP plays a role in helping organizations better anticipate and react to the human and social effects
of reorganization and retraining." (Googins and Davidson, 1993)

Workplace Diversity

In 1992, Karen Matthes wrote in an article on workplace diversity that a macro level change becoming increasingly more prevalent in the workplace is diversity of population. In fact, Matthes commented that one of the defining characteristics of the 1980’s was the increased diversity in the American workplace. During this period, recognition was given to pronounced workplace shifts. "These shifts suggest that cultural diversity will be the hallmark of the U.S. workforce for the present and foreseeable future. That is, there will be an increasing preponderance of nonwhites in the labor force and a corresponding decrease in the percentage of whites." (Matthes, 1992)

Matthes argues that this holds particular relevance for Hispanics living in the United States. This ethnic group has been growing at such a rate that demographers are predicting that one out of six Americans will be Hispanic by the year 2050. Matthes states that the 1990 U.S. Census reported 22 million Hispanics representing 9 percent of the population in the United States, giving a 53 percent increase in the last ten years. In California, 25 percent of the population is Hispanic, and 40 percent of the population is Los Angeles is Hispanic. According to Matthes, given the increasing
difficulty in finding skilled labor, the recruitment and retention of Hispanic employees will make good business sense.

Unfortunately, the integration of Hispanics into the American workforce is being slowed down by negative stereotyping. Historically, the American labor force gathered its strength from immigration. Meltzer (1991) describes how immigration played a major role in America’s Industrial Era between 1860 and 1900. He states that during this time period, 14 million immigrants, mostly from the European continent, steamed into the United States, settling mostly in the urban-industrial Northeastern United States. These immigrants made up a huge percentage of the labor force and were willing to accept low wages, mostly due to their desperate need for money and also their difficulties with the U.S. language and culture. In addition to accepting poor labor conditions and wages, Meltzer (1991) states that immigrants were also accepting of the horrendous living conditions forced upon them in what we commonly referred to as the slums.

According to Trattner (1970), it wasn’t until the rise and growth of the Progressives and Socialists in America in the late 19th century that the American public’s attention was directed to the abuses of the industrial order. Although most Americans during this time period rejected radicalism,
the Socialist's revelation of exploitation and industrial abuses helped stir public opinion and develop a reformist attitude. Trattner states that the Socialists were instrumental players in the labor movement and eventual union cause.

Today, 75 years after the labor movement's inception, the American corporation faces a new issue involving immigration that needs public attention: diversity. In the late 19th century, most immigrants migrated from the European continent. Today, the United States is experiencing a large influx of Mexicans and Latinos, and also internal migrating among Hispanics. This migration trend is changing the face of the American corporation, making it more diverse in culture and ethnicity. With this change comes new demands on American corporate managers, such as language and cross-cultural understanding.

In 1992, Harry Waters wrote an article stating that the issue of workplace diversity presents U.S. organizations with four special concerns. The first, Waters states, is that a culturally diverse workforce will bring different values, expectations, assumptions, and so forth, to the workplace. In essence, this will make the task of management more complex. This complexity is underscored by the fact that many of our traditional management notions about what 'works' for a certain population may be
inappropriate in a diverse setting. Waters gives the example that there is evidence to suggest that communication styles, such as levels of attraction, understanding, and willingness to engage in future communication episodes may vary as a function of race and culture.

A second concern Waters discusses is that the need to understand and be able to manage a diverse workforce is absolutely crucial if an organization is to survive.

"In an increasingly competitive global marketplace, there is a heightened need for organizations to have high levels of commitment, innovation, and productivity from their members. Organizations that assume that the changing workplace demographics can be ignored or that such changes have no direct impact in the way work is done will find that they are less competitive and run a higher probability of not being successful. The long-term survivability and profitability of the organization are ultimately related to recognition of diversity." (Waters, 1992)

The third concern according to Waters centers on the appropriate method of capturing the potential benefits that diversity can offer. He states, "It is the astute organization that understands that diversity can generate multiple perspectives regarding current business operations and future business directions, as well as more innovative solutions to fundamental productivity problems."

Finally, Waters states in the fourth concern that ultimately organizations are going to have to address many sensitive
issues that, in the past, they were either unable or unwilling to address. "Often race and race-related problems are not considered important unless or until suffered from or committed an overt act of discrimination. Unfortunately, most U.S. organizations operate in a climate of reluctance or silence when it comes to discussing matters relating to race." (Waters, 1992) Waters comments that organizations should move away from this reluctance and develop intervention programs for managers and supervisors that includes cross-cultural and conflict resolution training programs for race-related concerns.

Although the boundaries, nature, and scope of EAPs are debated, EAPs continue to evolve as a proactive field of prevention programs for employees. EAPs have moved from an isolated, relatively non-essential position in work organizations to the point where they now occupy a legitimate role in the human resources function in many American corporations. That role can be expanded further in working with organizations on a macro and micro level in dealing with workplace diversity.

In examining how a specific organization acknowledges diversity in the workforce through EAP, an evaluation was performed on an EAP service, administered by a managed mental health care company, to Hispanics who had preferred or required Spanish. As part of the company's participation
agreement, the company name shall remain anonymous. For identification purposes, they shall be referred to as Company X.

Company X is a managed mental health care organization operating nationwide in the delivery of mental health services to corporate employees. Company X offers two EAP program choices. One is ‘Assistance and Referral’. This program offers face-to-face assessment, problem resolution and the identification of appropriate resources for up to three counseling sessions. The second choice is ‘Assessment and Short-term Counseling’. This program offers face-to-face assessment, short-term counseling and resource identification services for up to eight counseling sessions.

Company X recognizes that utilization of EAP by Hispanic individuals who require or prefer Spanish is increasing. Although there is no documented evidence of this increase at Company X, Account managers, Marketing coordinators, and clinicians alike state that they see a definite increase in awareness and use of bilingual EAP services by Hispanics.

Currently, one employee is used on a 24 hour basis for all calls requiring Spanish interpretation. Company X also contracts with clinicians who have a stated bilingual capacity in their service delivery for referral sources. Based on these capacities, Company X states that they are
able to serve Hispanic clients when organizations require a Spanish bilingual capacity.

Company X agreed to an evaluation of their current EAP services to individuals who require or prefer Spanish during the EAP process. The evaluation data was drawn from two instruments, a client satisfaction survey and an EAP Affiliate inventory on Spanish bilingual service capacity. (Study methodologies will be explained in Chapter 3.) The purpose of evaluating these areas was to identify strengths and areas for improvement of Company X’s EAP delivery to individuals who require or prefer Spanish.

Chapter 2: Literature Review


A common conclusion in the literature reviewed is that language skills needs to be viewed as a basic need, as one would view shelter, food, and health care. For many
Hispanics living in the United States, adapting to and learning a new language is vital to building a life.

In a 1992 study of Mexican and Latino immigrants performed by the Urban Coalition and Sin Fronteras in Minneapolis and St. Paul, Minnesota, just under 1/4 (23 percent) answered 'yes' when asked if they could read English and 26 percent answered 'yes' when asked if they could understand English. The rest either answered 'no' or 'a little'. When asked what percent of a conversation in English they could understand, most indicated less than 50 percent. (Falcon and Rode, 1992)

Falcon and Rode not only state there a need to learn English among Mexican and Latino immigrants, they state also that the desire to learn or improve one's ability to understand English is universal. 99 percent of those interviewed thought it was important for them to improve their English, and this was true even for those who already have a good command of the English language. 93 percent of those interviewed agreed that it'd be better if more places had translators who could speak Spanish. The study asked in what kind of places are translators necessary. Aside from those who simply answered 'everywhere', most people were able to name at least one kind of place. By far the greatest demand for translators is in the medical services, hospitals, clinics and doctor's offices. Several people in
the study mentioned their inability to speak English and the lack of Spanish speaking staff at some clinics as an obstacle to obtaining health care. "One of the greatest dilemmas facing low-income people in this country is access to health care. Consider that dilemma far greater when language hinders access even more." (Falcon and Rode, 1992)

The issue of language has been a hotly debated issue in the United States during the last 10 years. Waters (1992) states that the battle began in the mid-1960s, when bilingual language programs for Mexican and Latinos were promoted by advocacy groups as being ultimately helpful to recent immigrants in learning English.

According to Waters, critics contend that bilingual education will impede Latino and Mexican assimilation in American life and result in a separate Spanish-language track for Mexican and Latino children. Waters explains that although leaders of the bilingual movement dispute that this is their intention, the Reagan Administration, which strongly opposed bilingual education, shared those fears. Such concerns combined to produce the U.S. English movement, a lobbying group organized in the early 1980s to press for a constitutional amendment to declare English the official American language.

"Do Latinos and Mexicans living in the United States resist learning English? No. More than 80%
support bilingual education, but as a means for learning English, not as a way of maintaining a separate cultural identity. 99% say that anyone living in the United States should learn English. And more than 2/3rds of Americans born Latinos and Mexicans are better in English than in Spanish, or speak no Spanish at all." (Waters, 1992)

A study conducted in 1991 by Orlando Rodriguez of the Hispanic Research Center on intergenerational processes among Puerto Rican families in New York City interviewed 100 children on their language use and ability. The study found that in various types of interaction, the children were more likely to use English than their parents were.

When the question of their knowledge of English and Spanish was explored, their own evaluations of their ability to speak, write, understand, and read the two languages differed markedly from their parents. The children rated themselves as having less knowledge of Spanish than their parents did. For knowledge of English, the situation was reversed.

In their individual comments about the language issue, some of the younger people mentioned both economic and cultural advantages to being bilingual. The study reported that none of them questioned the value of knowing either language, but a few did comment on the difficulty of preserving Spanish in American society. Many people in both generations felt that
there was discrimination against Spanish-speaking people in favor of both whites and blacks who spoke English.

"The issue, then, for the 100 young people in this sample is a complex one. Despite their recognition of the value of retaining their ability in Spanish, they are clearly losing some knowledge of it and also using far less than their parents." (Rogler, Cortes & Malgady, 1991)

Although the English movement in the United States has been a powerful lobby, human service professionals have debated against the movement on the basis of ethics. In the February, 1991, issue of The American Psychologist, the scientific literature relevant to the arguments for and against the English-only movement were reviewed to determine whether the Resolution Against English-Only before the Board of Directors and the council of representatives of the American Psychological Association (APA) was supportable. Some of the misconceptions advanced by English-only advocates that affect the sociopsychological, educational, testing, and health service delivery arenas were examined. The study argued that,

"there is no support for the English-only initiatives, and that the English-only movement can have negative consequences on psych-social development, intergroup relations, academic achievement, and psychometric and health service delivery systems for many American citizens and residents who are non-proficient in English. The public interest is best served by affirming a position in opposition to English-only. The English-only movement is socially divisive and poses a threat to the human welfare that psychologists espouse in the APA Ethical Principles of Psychologists." (Padilla, Lindholm, Chen, Duran, Hakuta, Lambert and Tucker, 1991)
Not only is language a basic need for survival in any environment, it is also of great importance as a tool for understanding the individual needing care, whether it be of a social, health, or mental health nature. In their article, Kirkman-Liff and Mondragon (1991) state the health of Latino and Mexican citizens in the United States has attracted public health research interests for important reasons: poor health status, diminished routine use of care, and increasing unprecedented violence. The most dominant contextual variables for health, level of income and education, are the lowest in the nation among the Hispanic population. Kirkman-Liff and Mondragon conclude that public health research of Hispanics in the United States can be more instrumental if it increases its specificity with this heterogeneous group. An important methodological inquiry that must be considered vital is language of interview.

"Language on interview is an operationalization for measurement that adds not only to methodological study but to the inferences drawn. Among 69 articles published on the topic in the last 10 years, there were none that treated the language as an analytical variable. English language ability sufficient for an interview is often an indirect measure of ability to obtain other health inputs, such as employment, housing, education, nutrition and health care." (Kirkman-Liff and Mondragon, 1991)

The importance of language during an interview is further described in a study by Marcos, Urcuyo, Kesselman and Alpert in 1973 conducted on ten patients who were recent admissions
to the adult service of Bellevue Psychiatric Hospital, New York City. Each reported Spanish as being their mother tongue, yet sufficiently fluent in English to participate in English psychiatric interviews. Each patient was interviewed in English and Spanish, 24 hours apart. The English and Spanish questions were identical and in the same order.

The study reported that for each patient clear and consistent differences were found between the English and Spanish interviews. Compared to the parallel Spanish-language situation, patients interviewed in English demonstrated more content indicative of psychopathology, more frequent misunderstandings of the interviewer, briefer responses, and a significantly higher frequency of speech disturbances previously shown to be associated with anxiety. They tended to speak more slowly and with longer silent periods, characteristics associated with depression. The main finding of this study is that patients do, in fact, act differently in ways which the English-speaking clinician is likely to associate with increased psychopathology.

"When a patient attempts to speak a language other than his/her mother tongue, problems are created for both the client and the psychiatrist. Communicating thoughts in a relatively unfamiliar language imposes an additional burden on the patients already difficult effort to organize a chaotic situation." (Marcos, Urcuyo, Kesselman, Alpert, 1973)
In summary, the need for bilingual capacities in all service sectors of our society should not be looked upon as a threat to the English, rather, it should be considered a necessary tool for successful access and use of services.

**Part II: Utilization of Mental Health Services among Hispanics in the United States.**

A study performed by Orlando Rodriguez (1987) at the Hispanic Research Center addresses an issue of concern to Hispanic communities in the United States: the utilization of mental health and social services by Hispanics. Rodriguez provides an overview of the literature on the underutilization of different types of services by Hispanics. "Generally, utilization research circumscribes its theory and findings within a specific service area, rarely addressing findings and interpretations of researchers in other service areas. By reviewing utilization across a broad spectrum, gaps in one area may be informed by findings in other areas." (Rodriguez 1987)

Thus, an objective of Rodriguez’s review is to identify areas of convergence in approaches, findings, and interpretations of Hispanic utilization across a range of social and health services.

A consistent finding in Rodriguez’s review is the tendency among Hispanics to underutilize preventative as opposed to
emergency or primary care facilities. This tendency is somewhat analogous to the tendency, found in one National Institute of Mental Health study by Eaton and Locke (1981) regarding the overutilization by Hispanics of inpatient psychiatric services. These services are more oriented toward the resolution of crisis and severe symptoms, and to underutilize outpatient services, which serve milder cases.

Rodriguez's review is able to derive some conclusions. First, there is a lack systematic knowledge about patterns of utilization of services among Hispanic minorities. Even in the areas of health and mental health services, existing research is hampered by divergent definitions of utilization and the restriction of studies to Mexican Americans and Puerto Ricans. Second, Hispanic subgroups appear to differ with respect to the types of service they tend to underutilize, but it is not clear what these differences are, or whether they apply across the board for all types of services. The literature also suggests that Hispanics tend to overutilize crisis-oriented services and underutilize preventative services. Given this information, little is known about those factors associated with utilization. For example, do Hispanics underutilize services because of the particular characteristics of Hispanic culture, because of characteristics they share with other minorities (low income and low education), or because of the barriers to use of services imposed by service systems?
In an attempt to confront these questions, the Hispanic Research Center conducted a study of service utilization among Hispanics living in the South Bronx. The study goes beyond the usual examination of mental health utilization to consider the use of other services as well as persons experiencing specific needs.

The study attempts to discover the extent to which—and the reason why—Hispanic residents of the South Bronx underutilize or overutilize a variety of mental health and social services. The research design includes measures of needs of services; a comparative examination of Hispanic utilization against the experiences of other ethnic groups; and the incorporation of the major competing perspectives on utilization.

Based on his review of literature, Rodriguez hypothesizes that there are two factors that influence mental health utilization among Hispanics: alternative resources theory and barrier theory.

According to Ramos and Boyce (1974), alternative resources theory posits that a number of factors pertinent to the primary group structure of Hispanic life may provide alternatives to reliance on services. They state that among
these are the Hispanic family and compadrazgo systems, the intimate network of neighbors, friends, and acquaintances. Ramos and Boyce state that these structures are seen as emotionally supportive and help-giving mechanisms that Hispanics may rely on instead of going to bureaucratically organized systems.

In contrast to alternative resources theory, barrier theory posits that Hispanics underutilize services because of obstacles which keep them from using services. According to Ramos and Boyce, barriers may be found in subcultural values, which dispose those Hispanics who identify with them not to seek out and use services. Among the values Ramos and Boyce describe are confianza, the value of trust; personalismo, trust in the immediate person, not in the organization; respeto, the value of respect intrinsically owed to another person; verguenza and orgullo, the sense of shame and the value of pride; and machismo, the value of manliness. "Hispanics who identify with these values are predicted to shun contacts with Anglo institutions, hence leading to underutilization of services." (Ramos and Boyce, 1974)

"The subcultural barriers explanation places the onus on the individual's identification with values which disposes him or her not to use a service. In contrast, institutional barriers explanations look for characteristics of the service institutions which keep individuals away from them." (Ramos and Boyce, 1974)
The Hispanic Research Center's study (1987) gives some examples of institutional barriers, such geographic isolation of facilities, which may discourage Hispanics from traveling far from their neighborhoods; the lack of Spanish-speaking personnel among service agency staff; and the lack of rapport between middle-income level Anglo providers and lower-income level Hispanics.

"Some observers see these cultural tensions between service provider and client as pervasive, applicable not only to the service provider's notion of what is an appropriate service (for example, the notion that the client should conform to appropriate norms of self-expression and proper behavior), but also bureaucratic notions of ideal petitioner (well-documented, prompt, articulate, rule-oriented)." (Rodriguez, 1987)

The study's data concerning the influence of cultural barriers on the use of mental health services concluded that acculturated Hispanics are more likely than the unacculturated to use mental health services. (The issue of acculturation and its effects on mental health will be discussed in detail in the following chapter.) With respect to institutional barriers, the data show that perceptions of having problems with organizations and agencies, instead of indicating barriers to use of services, predict utilization. Rodriguez states that this may indicate that those who use mental health services are more knowledgeable about how these services are rendered and thus more likely to be critical of them.
The data provided no evidence that for those with psychological distress, integration into the informal web of friends, neighbors, and relatives provides an alternative to mental health care. However, the data provided support for intact households being a possible alternative resource.

"If living in an intact household reflects the mutual support of spouses and support of parents toward children, Hispanics living in this type of family arrangement are less likely to use mental health resources. Among Hispanics, indices of social network integration have significant effects on utilization, but in a direction opposite of the alternative resource theory. Integration into the social network provides advice and referral information which increases the possibility of seeking services." (Rodriguez, 1987)

Awareness of Services and Satisfaction with Services.
The following discussion explores two aspects of Hispanic's behavior related to use of mental health and social services as presented by the study performed by the Hispanic Research Center: awareness of available services and satisfaction with services.

"Knowledge of which services are available is an important issue to consider in determining the extent of utilization of mental health and social services. Beyond the question of alternative resources and cultural barrier theory, a person's knowledge of what services are available will influence whether he or she seeks those services." (Rodriguez, 1987)
The Hispanic Research Center’s study (1987) of utilization of mental health and social services among Hispanics in the South Bronx asked a subset of respondents about their knowledge of service organizations in the area offering mental health and social services. Responses were coded according to the specificity of the knowledge.

The study made comparisons of knowledge of services among three ethnic groups living in the South Bronx: Hispanics, blacks, and whites. The data shows differences among the ethnic groups in their knowledge of service organizations offering services for the disabled, for the elderly, for female heads of family, and for mental health. Overall, people in the area know more about services for the elderly and the disabled than about services for female heads of family, and mental health. There is relatively little knowledge about services for female heads of family such as day care and family counseling. With respect to mental health there is relatively good knowledge about inpatient and outpatient services, but less knowledge about other types of mental health services. The data indicates that Hispanics have the least knowledge of the three ethnic groups about what services are available.

In an examination of the differences in satisfaction with services among the three ethnic groups identified in the study, it’s surmised that the respondent’s perceptions of
problems with service organizations signalled the extent of satisfaction with services. Responses are divided into three types of problems: the personal treatment received, the language barrier, and problems applying for or receiving services.

The study reported the majority of residents in need of services do not consistently experience problems with services. At most, one-fourth of the sample indicate having a particular problem. However, there is considerable variation among ethnic groups in the types of problems experienced. Problems with organization personnel—for example, lack of respect by workers—are the most frequently reported by all groups. Further the study reported that language barrier is a significant problem for Hispanics. One-fifth of Hispanic residents report that organization workers could not speak Spanish, and over one-tenth report having to use children as interpreters when dealing with service organizations. Problems in applying for and receiving services are the least reported.

In summary, the study’s findings show a considerable lack of knowledge about available services among residents of the area surveyed. Hispanics have the least knowledge of the three ethnic groups. One-third of the area residents—a substantial proportion—report one or another problem with services received. Problems with treatment are the most
prevalent among all three ethnic groups, but for Hispanics an equally important problem is the language barrier.

In sum, the analysis derived from the Hispanic Research Center's study emphasizes the importance of two factors in the utilization of mental health and social services among Hispanics: 1) integration into the social network, which provides advice and referral information conducive to use of services by Hispanics; and 2) influence of acculturation in accessing and facilitating many types of services by Hispanics.

**Part III: Acculturation Issues among Hispanics living in the United States.**

In his article, Waters states that cultural assimilation is a complex phenomenon. Waters explains that in many minds, the term itself, an underlying concept of absorption into a dominant culture, is both overly simplistic and offensive. "A better term, advocacy groups argue, is acculturation, which implies the mutual influence of various cultural groups on each other." (Waters. 1991)

Rogler, Cortez, and Malgady explain in their article that traditionally, acculturation has been assessed or inferred by comparing Hispanics to non-Hispanics and by identifying
differences among Hispanics according to their generational status. These differences are identified "through assorted collections of factors, regardless of item format, considered together only because they apparently pertain to acculturation; and by means of scales psychometrically developed with attention to issues of reliability and validity." (Rogler, Cortez, Malgady, 1991)

In a 1980 article on acculturation, Padilla discussed his views on measuring acculturation by scales. He states that comparison of Hispanics and non-Hispanics, the most global level of analysis, usually pursues the ambitious objectives of explaining group differences in mental health status by means of demographic and other variables, such as physical health. "The analysis is driven by the possibility that independent of the differences stemming from such variables, there could be residual variation in mental health attributable to cultural differences between the groups, differences that were not measured directly." (Padilla, 1980) Padilla explains that this type of analysis is driven by the assumption that non-Hispanics are closer to the cultural core of American society than are Hispanics, the two groups thus being separated by acculturation distance.

In 1987, Escobar and Telles stated in their article that comparisons between Hispanics and non-Hispanics sometimes are supplemented with intergenerational comparisons among
Hispanics in an effort to integrate inferences about the link between acculturation and mental health status. At other times, the intergenerational or interethnic comparisons are supplemented with findings based on direct measures of acculturation. In either case, the assumption that the younger generations are more acculturated is not considered sufficient by itself. "Observed differences in mental health status between generations could well signify differences with respect to a host of factors other than acculturation, such as the immigration experience, the historical period covering the life span, stage of life cycle, social mobility, and socioeconomic status." (Escobar and Telles, 1987)

Padilla explains that for the past decade, an assortment of interview items and acculturation scales, developed to tap the respondent's immediate cultural life and adding face validity with greater measurement rigor, has been used to assess acculturation more directly. Padilla states that the items used to measure acculturation are unified only by the assumption that each has validity in relation to acculturation. For example, these items seek to examine whether English or Spanish is used in a variety of situations and social relations, the language of the media the respondent reads or watches, the consumption of Hispanic or American food, cultural preferences in style of clothing, and self-assessments of ethnic identity.
Padilla states that there are two troublesome assumptions that have influenced the development and content of these types of acculturation inventories. The first is described in a 1980 article by Szapocnick, Kurtines and Fernandez. They state:

"Researchers assume in their methodological procedures that increments of involvement in the American host society culture necessarily entail corresponding decrements of disengagement from the immigrant's traditional culture. At the aggregate level, a procedure has been used in which the scores on scales separately signifying involvement in one or the other culture and subtracted from each other, the resulting score indicating how the person is poised between the cultures. If the two scales are considered to be an equivalent reflection of the degree of involvement in the two corresponding cultures and the subtraction yields "0", then the person, evenly balanced between the cultures, is said to be bicultural." (Szapocnick, Kurtines & Fernandez, 1980.)

The second troublesome assumption is described by Gerek and Rogler in their 1980 article. They state that researchers assume that acculturation scales apply across all Hispanic subgroups. Gerek and Rogler explain that Hispanics display considerable diversity, not only with respect to socioeconomic status and other demographic characteristics, but also with respect to specific cultural elements historically rooted in their respective Nationalities. In support of this argument, a study of mental health of Hispanic groups (Moscicki, Rae, Rogler & Locke, 1987) used data from the Hispanic Health and Nutrition Examination
Survey, focused on depression among Mexican Americans, Cuban Americans, and Puerto Ricans. The study’s major finding was that even after socioeconomic status was controlled, Puerto Ricans consistently rated higher in depression than did the other two Hispanic groups. The study pointedly recommended that attention be given to cultural differences among Hispanics.

"Researchers must support the need to abandon these assumptions of Hispanic generalization and give individualized attention to the specific cultures of Hispanic groups. An alternative approach to challenge these assumptions should recognize that the two cultures—the original and the host society’s—are not necessarily mutually exclusive or bipolar and that acculturation involvements in each of them could be measured separately" (Gerek & Rogler, 1980)

Acculturation and Mental Health Status

In 1991, Rogler, Cortez and Malgady stated that acculturation is conceived as an exogenous force shaping psychological distress: Changes in acculturation entail changes in the person’s relationship to the effective environment, which impinges in new ways upon his or her psychological well-being. Beyond this formulation, acculturation—considered along with social structural, social mobility, and experiential factors—has been used to advance diverse predictions. Rogler, Cortez and Malgady state that acculturation has been hypothesized to relate linearly both negatively and positively with psychological distress, and also to relate in curvilinear fashion to
psychological distress, so that biculturality produces an optimal mental health situation. The arguments underlying these competing predictions can be typified in the following ways.

**Negative Relationship**

"Immigrants low in acculturation have been recently uprooted from traditional supportive interpersonal networks in their society of origin and have not had sufficient time to reconstruct such networks in the host society. Shorn of social bonds, they also experience the strains of pervasive isolation from cultural parameters of the host society. The strains accumulate in an unfamiliar and unpredictable environment that uncontrollably impinges on everyday life. The absence of intrumental skills, such as knowledge of English, keeps the unfamiliar world from becoming familiar and controllable. This predicament lowers self-esteem and, eventually, gives rise to symptomatic behavior." (Rogler, Cortes, Malgady, 1991)

Falcon and Rode's study of Hispanics in Minnesota summarized the immigrants experience concerning this acculturation influence. They stated that the act of leaving ones homeland, culture and loved one's and trying to live in a strange land and a different culture can be an emotionally wrenching experience. "The story of immigration is not merely one of physical journey, landing a job, finding a place to live or learning a language. It is also very much the story of an emotional journey, of fear and worry, loneliness, separation, and hope." (Falcon and Rode, 1992)
Positive Relationship

"Increases in acculturation alienate the person from traditional supportive primary groups. Increased acculturation also facilitates the internalization of host society norms, among which are damaging stereotypes and prejudicial attitudes toward Hispanic people. The result of these processes is self-deprecation and ethnic self-hatred in a weakened ego-structure. In addition, increases in acculturation expose the person, both socially and ecologically, to the risk of increased alcohol and drug abuse." (Rogler, Cortez & Malgady 1991)

Data from 1993 Hispanic Health and Nutrition Examination Survey by Black and Markides were used to examine the influence of acculturation on alcohol consumption among Puerto Rican, Cuban-American, Mexican-American women in the United States. The survey reported that acculturation was found to be positively related to frequency of consumption and probability of being a drinker among all three groups. A positive relationship was also evident for total drinks consumed among Cuban-American women, and volume (drinks per occasion) and total drinks consumed among Mexican-American women.

Falcon and Rodes alludes to this type of acculturation experience in their study summaries. They state that the act of immigrating can put enormous strains on family relationships. In some cases, the parents of the person is immigrating are supportive and encouraging, but in many cases they are opposed to the idea. Even when they are
supportive, however, the long separations lead to much sadness and worry.

Another source of discouragement for many immigrants is their inability to help their family back home by not sending as much money as they intended. Nearly 3/4s of the interviewers from the Falcon and Rodes study said they had intended to send money to their families, but only 63% of that group have actually been able to send anything at all.

Some of the strongest feelings of loss and anxiety occur when immigrants have had to leave one or more of their own children in the home country. Falcon and Rodes reported more than 1/4 (28%) of the immigrants who had children under the age of 18 were separated from them. The parents included men who had come to the U.S. to find work while the wife and children remained behind. It also included women who had been separated of abandoned by their husbands or who were escaping abuse and decided to leave one or more of their children with relatives.

In summary, Masi, Mensah and Mcleod (1993) state that in exploring mental health issues in the context of culture of the host society, it is important to stress the number of potentially precipitating and perpetuating factors for family and individual pathological responses in immigrants and refugees. The abrupt loss of cultural frames of
reference, the degree and speed of cultural changes, the
stability and coherence of the new culture may well all lead
to a sense of sociocultural disintegration. Masi, Mensah
and Mcleod state that sociocultural disintegration indicate
high levels of mental illness.

"From studies on the general population, it is
well known that people facing cultural conflicts,
poverty, minority group status, loss of
socioeconomic status, racial, occupational,
educational or other forms of discrimination
suffer from an excess of socio-emotional and
psychological difficulties including mental
disorders. All of the above factors frequently
operate in the lives of immigrant and refugee
families." (Masi, Mensah & Mcleod, 1993)
Chapter 3: Methodology

The purpose of this study was to examine an Employee Assistance Program's bilingual and bicultural capacity in its service delivery to Hispanics who require or prefer Spanish. The methodology of the study takes two approaches: 1) a client satisfaction survey; and 2) an EAP affiliate survey. The reasoning behind developing two study approaches was based on the need to evaluate the entire EAP process, from client access to the actual counseling sessions. Since both client and affiliate are involved in these steps, it was necessary to include them both in the study.

Study Population I: Client Satisfaction

The client satisfaction survey was developed (see Appendices I & II) as a culturally sensitive questionnaire to be administered to 30 participants. Each participant was contacted by telephone by a bilingual investigator requesting 15 minutes to answer 23 questions regarding their experiences with EAP. The individual contacted was given a concise explanation as to the nature of the study and told that their participation was voluntary and strictly confidential.

The objective of this survey was to fashion a continuous improvement process that focused on customer satisfaction.
In order to accomplish this objective, a research strategy was developed and implemented that would provide valid and useful client satisfaction data that could be used to improve services to clients who needed or preferred Spanish. The participants were a sample of clients who needed or preferred Spanish that have accessed EAP services in a two year period, between January 1, 1992, and January 1, 1994.

Because EAP is accessed by companies nationwide, the participants in the study represented a variety of geographic locations in the United States. A sample of 30 participants were drawn randomly from all identifiable EAP cases that were created between the designated time period. As expected, due to the size of the population, a high percentage of the sample drawn was from California, especially the Los Angeles districts. However, there were representatives from the Midwest, Eastern and Southeastern United States in the sample. This sample is representative of the target population since most EAP participants who need or prefer Spanish during the process live on the west coast, especially the Los Angeles area.

A 1993 Wilder Research Center study on client satisfaction with mental health services found five factors that influence client satisfaction with mental health services. These factors are satisfaction with:

1. Perceived outcomes
2. Professional manner and skills of provider.
3. Accessibility and conveyance of the services.
4. Office procedures and policies.
5. Quality of physical environment.

The survey was designed so that the specific questions were focused on the above five factors.

Although the measurement of client satisfaction may appear quite simple, recent research by Wilder Research Center has shown that client ratings of mental health services are usually not representative of client's true feelings. The Wilder Research Center reports that there are several problems associated with the measurement of client satisfaction. The problems involve the use of vague and poorly worded questions, the use of inadequate rating scales that artificially restrict ratings, clients giving socially desirable responses, low response rates from mailed surveys, and a lack of testing the questions and rating scales.

To minimize these problems, the following steps were taken. First, specific and focused questions that measure the five factors that influence client satisfaction were developed. (See Appendix I) Second, a scale that represents the full range of client responses was used. Third, the participants were given the survey by telephone interviews so that any questions regarding the purpose of the survey,
client concerns about anonymity and confidentiality, and misunderstandings or confusion about the questions and scale could be fully explained. Fourth, telephone interviews were used to achieve acceptable response rates. Finally, since my target populations were individuals who speak only Spanish, it was necessary to construct a culturally sensitive instrument.

In order to create a survey that is culturally-sensitive to the Spanish speaking client, these steps were taken. First, a bilingual investigator interviewed all the participants. Second, the measures were translated into the language of the respondents. (See Appendix II) Thirdly, the measures were pretested to see if they were understood as intended.

A procedure that has been developed to deal with complexities in translating instruments from one language to another is called a back-translation. In their book on social work research, Ruben and Babbie (1993) explain that this method begins with a bilingual person translating the instrument and its instructions to a target language. Then another bilingual person translates from the target language back to the original language, then a comparison is made and discrepancies are modified further. This process was administered in pretesting the survey.
The clients were asked questions that measure the five satisfaction factors. The following rating scale was used: 1 = terrible, 2 = poor, 3 = ok, 4 = good, 5 = very good, 6= fantastic. This scale was chosen because previous research by the Wilder Research Center on satisfaction with mental health services has shown that this scale produces a full range of scores.

I have presented my data in the form of summary averages, or measures of central tendency, choosing the mean for computation and analysis. Since the reader was not able to reconstruct the original data from the average, which is the mean score, a dispersion measurement was used to show a range of the scores accumulated. The type of dispersion measurement chosen for this research is the standard deviation.

In summary, the purpose of this study was to evaluate one company’s capacity and implementation of EAP to individuals who represent a diverse population in the American workforce: Hispanics. Specifically, Hispanic individuals who require or prefer to speak Spanish during the entire EAP process, including access, assessment, and follow-up. It is my hope that further research can be built on the findings of this particular research project.
Study Limitations.

There are two main limitations to this study. One was the concern that participants would give what they thought would be socially desirable responses to the survey questions. The participants may be concerned that, even though the principle investigator has stated the confidentiality of the survey, the information could get back to the participant's employer. Therefore, participants may have given responses that would be considered desirable by the research investigator.

The second survey limitation was a concern that making contact with the participants might prove difficult. EAP affiliates have reported problems in the past when attempting to contact Hispanic clients. They state that common barriers to contacting clients are workplace restrictions concerning phone calls and disconnected home phones or incorrect phone numbers.

Study Population II: EAP Affiliates (Clinicians)

The affiliate survey (see Appendix III) was developed to obtain information about bilingual and bicultural services offered by the affiliate. A questionnaire was mailed to 18 EAP affiliates who stated in their provider inquiry information that they had a bilingual capacity in their service delivery. Attached to the questionnaire was a letter
of consent describing the study. The affiliate was told that their participation was voluntary and confidential, insuring them that it would not affect their relationship with Company X. Enclosed was a stamped, addressed envelope for returning the signed consent form and completed questionnaire to the principle investigator.

The objective of this qualitative study was to generate information concerning attitudes and practices among bilingual EAP affiliates involved in the service delivery of EAP to clients who required or preferred Spanish.

The specific research questions focused on the percentage of the affiliates clientele that required and/or preferred Spanish during the counseling sessions. Further, the research questions requested information concerning the Affiliates Spanish Interpretation/Translation office capacities, ie: Spanish telephone recordings, bilingual office staff. Finally, the research questions attempted to generate the Affiliate's own observations concerning the research population, such as, the importance of Spanish interpretation/translation in EAP delivery and their opinions on trends concerning the research topic. The questions were developed to allow the Affiliate an opportunity to elaborate in their answers in order to create richer responses.
The sample of participants was drawn randomly from a list of EAP Affiliates who state in their Provider Inquiry Information a bilingual capacity in their service delivery. The list was divided into male and female groups. From these groups 9 men and 9 women were randomly selected. The participants were mailed a questionnaire along with a letter of consent to be signed. The participant was requested to answer 7 questions and return them to the principle investigator.

This qualitative study was a necessary component to include in the research process. The information generated from the study enriches the data from the client satisfaction survey, giving explanations and insights into the needs and attitudes of the client population. Further, The Affiliate is the key player during the assessment/referral process and their capacities and attitudes in serving clients who prefer or require Spanish during the EAP process are vital to the client’s needs and the issues they face. Further, the Affiliate is the liaison between the client and Company X. Their input and efforts need to be recognized and evaluated on a continual basis in order to improve Company X’s service delivery of EAP to those individuals who prefer or require Spanish.

Study Limitations.
The limit of the affiliate study is the generalization of the sample. EAP affiliate's level of bilingual and bicultural capacity may be related to geographic location. Affiliates located in California are more likely to encounter a greater need for bilingual skills, whereas affiliates located in the Midwestern United States are less likely to encounter this need. Due to this difference, future survey samples should be categorized by geographic region.
Chapter 4: Findings

Findings from the Client Satisfaction Survey.
The results of the client satisfaction survey are presented in three ways: the percentage of participation, the mean score of the participants' responses with a standard deviation score, and responses to the three qualitative questions: 1) What was the most positive aspect of EAP, 2) What was the least positive aspect of EAP, and 3) What would you change about EAP.

The results from the client satisfaction survey are categorized into three sections: 1) Initial contact and access, 2) Satisfaction with EAP counselor, and 3) Satisfaction with EAP procedures, ie, referral sources, administrative details, office location, etc. A mean score was calculated according to each response under the three sections, giving a total of 19 scores. (See table 1.1)

The client satisfaction survey yielded a 57 percent response rate from the participant sample. However, of the participants contacted, only 3 percent (1) refused to participate. The latter 40 percent of the participant sample who did not participate were not able to be contacted. (See table 1.2) 17 percent of those unable to be contacted by home phone had an incorrect listed home
phone number in their registration. This may be due to either change of residence or recording error. 83 percent of those who had a home phone number recorded in their registration had their phone disconnected. (Again, this may be due in part to recording error). Of the participants not able to be contacted, 58 percent did not offer a work phone number in their registration. 42 percent did have a work number recorded but workplace policy did not allow calls to the employee nor were messages allowed to be left for the employee. Therefore, in nearly half of the cases when a work number was given, it was not useful due to workplace policy.

Those participants who were successfully contacted were divided into two groups. Group A are those who completed the entire EAP process, beginning with initial contact with Company X to the Assessment/Referral process with the EAP counselor. Group B are those who contacted Company X to access EAP but did not follow through with the process. (See table 1.1)

Among the Group A participants (11 total), satisfaction with initial contact with Company X to access EAP averaged a mean score of 4.6. This average is based on the three mean scores for each question and response under the first category. (See table 1.1)
The second category of satisfaction with EAP counselor resulted in a mean of 4.5. The highest individual score out of eight total scores in this category was 4.9. for the response to, "Counselor communicated in a clear and understandable fashion." The lowest score in this category was 4.2 for the response to, "Ability of client to cope with issues following EAP."

Under the third category, client satisfaction with EAP office procedures resulted in a mean score of 4.4 for 7 total scores. The highest score was 4.6 for the responses to, "Ease of scheduling appointment.", whereas the lowest score of 4.2 represented the mean for responses to, "convenience of office location."

Among Group B participants (6 total), satisfaction with initial contact with Company X to access EAP averaged a mean score of 4.8. The score may suggest that satisfaction with initial contact was not the reason for lack of EAP follow through by the participant.

Findings from Affiliate Survey.
The results of this study were based on the percentage of responses, percentage ratings among responses, and of common statements and recommendations made in response to the 7 questions in the study.
The study yielded a 50 percent response rate among the sample of 18. Of the 9 who responded, 1 affiliate stated they did not speak Spanish at a level acceptable for practice and did not offer this service in their practice, although their provider inquiry information stated they did. Therefore, of the sample of 18, 8 affiliates who offered Spanish in their EAP services responded to the questionnaire.

Under question 1, the percentage of clientele requiring Spanish during the assessment referral process, 5 affiliates reported 5-10 percent of their clientele required Spanish. 2 reported 20 percent and 1 reported 30 percent. The highest percentage was 70 percent, reported by 1 affiliate.

In terms of the clientele that preferred Spanish, the %s were similar to those who required Spanish. Again, 5 affiliates reported 5-10 percent preferred Spanish. Three affiliates reported in the ranges of 20-40 percent. The highest, reported by 1 affiliate, was 80 percent.

Under question 3, regarding the affiliate’s office capacity in serving clients who require or prefer Spanish, the answers were varied. 44 percent reported having Spanish Speaking staff members, 33 percent reported having a phone recorded message in Spanish. 33 percent reported having
neither Spanish speaking staff members nor a recorded phone message in Spanish.

In terms of affiliates rating, on a scale of 1 to 10, the importance of Spanish speaking capacities in EAP service delivery, the responses created a wide distribution of scores. One affiliate gave a rating of 1 and four gave a rating of 10, with the other affiliates giving ratings of 2, 5, 8, and 9. There was no consistent variable that determined affiliate rating scores. However, 3 out of 5 affiliates who reported lower percentages of Spanish speaking clientele (10 percent or less) gave lower rating scores. (See table 2.1) Therefore, exposure to monolingual Spanish speaking Hispanics may determine attitudes toward service. However, 100% of the respondents stated under question 5 that the need for bilingual EAP service delivery is growing.

Under question 6, asking what services are requested most by monolingual Hispanics, by far the most requested services are for marital and family issues. Of the 23 listed responses to this question, 12 were either marital or family related issues, including individual needs for children. Substance abuse was listed 3 times, and emotional issues such as depression, stress, anxiety, and acculturation-related issues were listed 5 times. Affiliates also stated that clients came to them for resource information, such as
county based social services information, educational opportunities, legal and financial concerns. 2 affiliates had named these concerns in their responses to question 6. (See table 2.2 ).
<table>
<thead>
<tr>
<th>Table 1.1</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfaction with Initial Contact with Company X.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability of worker to assist client.</td>
<td>4.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Ability of worker to understand and to listen to client.</td>
<td>4.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Ability or worker to explain EAP.</td>
<td>4.7</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Satisfaction with EAP affiliate.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and skills of affiliate.</td>
<td>4.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Affiliate's ability to listen and understand client.</td>
<td>4.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Affiliate communicates in a clear/understandable fashion.</td>
<td>4.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Affiliate's recommendations.</td>
<td>4.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Client participation</td>
<td>4.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Service Outcomes</td>
<td>4.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Affiliate’s respect for client’s rights.</td>
<td>4.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Affiliates warmth/caring.</td>
<td>4.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Ability of client to cope with issues following EAP.</td>
<td>4.2</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Satisfaction with Affiliate’s Office staff/procedures.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of arranging first appt.</td>
<td>4.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Office location</td>
<td>4.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Appointment time</td>
<td>4.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Necessary paperwork</td>
<td>4.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Ability of staff to answer questions.</td>
<td>4.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Friendliness/Hospitality</td>
<td>4.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Comfort of office</td>
<td>4.4</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Table 1.2

**Sample information.**

<table>
<thead>
<tr>
<th>Contact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>63%</td>
</tr>
<tr>
<td>Female</td>
<td>37%</td>
</tr>
</tbody>
</table>

**Response**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to participate</td>
<td>57%</td>
</tr>
<tr>
<td>Refused to participate</td>
<td>3%</td>
</tr>
<tr>
<td>Unable to contact*</td>
<td>40%</td>
</tr>
</tbody>
</table>

*Reasons for inability to contact*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone incorrect</td>
<td>17%</td>
</tr>
<tr>
<td>Home phone disconnected</td>
<td>83%</td>
</tr>
<tr>
<td>Work phone not recorded in registration.</td>
<td>58%</td>
</tr>
<tr>
<td>Phone contact at worksite not allowed</td>
<td>42%</td>
</tr>
</tbody>
</table>
Table 2.1
Importance of Bilingual Affiliates

<table>
<thead>
<tr>
<th>Percentage of Spanish Speaking Clientele</th>
<th>Aff. 1</th>
<th>Aff. 2</th>
<th>Aff. 3</th>
<th>Aff. 4</th>
<th>Aff. 5</th>
<th>Aff. 6</th>
<th>Aff. 7</th>
<th>Aff. 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>10%</td>
<td>80%</td>
<td>60%</td>
<td>10%</td>
<td>10%</td>
<td>30%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

(52.0%)

Table 2.2
Requested Services By Clients

- (52.0%)
- Marital and Family Issues
- Substance Abuse
- Emotional
- Resources (Social Services, Legal, Financial, Material)

(13.0%)

(22.0%)
Chapter 5: Recommendations and Conclusions.

The recommendation to Company X based on the findings from the client satisfaction survey and affiliate study is simply this: expand multicultural integration into all sectors of EAP management.

This recommendation has already been conceptualized by the majority of participants in this program evaluation. Through anecdotal information from Company X managers and data generated from the client satisfaction and affiliate surveys, there is widespread agreement that awareness and use of EAP among Hispanics is increasing. There is also widespread agreement that Company X must continue to pursue a multicultural perspective in the delivery of EAP if it is to compete in an increasingly global market.

Multicultural perspective.

In 1990, Ralph Masi defined multicultural health as health care which is both culturally appropriate and culturally sensitive. Masi says this definition includes concepts of ethics and race relations. The multicultural perspective does not refer to health care focused on a particular cultural community; it seeks to provide a structured and integrated approach to health care. Masi explains that the goal is broad as culturally appropriate sensitive health care includes cultural and
racial sensitivity and awareness in health care programs and services, both at the institutional and community level.

"Systems change is critical to address in order to be responsive and effective. The focus is on the total health system. The multicultural health ethic incorporates racially and culturally sensitive, responsive and acceptable care for all populations within the community. It takes into consideration the linguistic, racial, and ethnic factors as they relate to health and health care. Concomitantly, the multicultural health approach does not fragment services; rather it makes them more effective and applicable to a broader range of groups. Not only are the concerns for cultural, racial and ethnic needs paramount in this approach but the overriding principle is equity in terms of access for all persons regardless of their racial or cultural background. These services should exist within a universal access system." (Masi, 1990)

Company X’s agreement to a client satisfaction survey and affiliate survey of their EAP delivery to Hispanic clients is an example of an organizational change made for improved multicultural approaches. It is true that organizations may not be ready for change. They may not have the financial and human resources required, or the level of commitment and energy needed to engage in such a process. However, these issues should not impede organizations from seeking to become more accessible.

The 1993, The United Way described ‘access’ as the opportunity and means to participate actively in the organizations established for the benefit of members of an ethno-racial group as clients or consumers. The
recommendations listed below are based on information gathered from the client satisfaction survey and affiliate survey, identifying areas of strength and areas for improvement in EAP access for the target population.

Intake

In terms of access, the intake role in the EAP process is critical to a successful EAP. They are the frontline workers who register the client, check eligibility status, refer the client to appropriate care, and support case management in case review. The intake function plays a pivotal role in client access of EAP.

The client satisfaction survey reported a mean score of 4.5 for client satisfaction with initial access. This score indicates that clients who call Company X needing Spanish translation are satisfied with the services received. However, the satisfaction survey also identified areas for improvement. For example, the survey reported 43% of the participant sample as 'unable to contact.' The survey identified three specific causes for this high percentage:
1) Home phone disconnected. 2) Home phone number recorded in registration incorrect. 3) Work phone not available, either because it was not recorded in registration or workplace policy forbids calls or messages to employees. These three areas make follow-up procedures difficult. In the affiliate survey, 3 times affiliates stated that follow
up procedures with the target population needed development. Company X's intake specialists need and implement procedures for improved follow-up results. For example, confirming client information during registration to ensure accuracy will help to eliminate error. Further, discuss with the client appropriate times to contact at home if follow up is needed or if it possible to contact them at work. These practices will improve the percentage of successful follow up with the client.

The surest way to improve access is that Company X must continue to employ bilingual staff at the intake level. An outside interpreter, once one is located, may not be trained and/or does not have the level of dual fluency needed to adequately translate the conversation between the worker and the client. Even if there is sufficient general vocabulary in the two languages, the necessary technical vocabulary and knowledge is often missing. The result is approximate interpreting which is at best confusing and, at worst, misleading. It also creates ethical problems. The personal details that constitute much of the interaction between the Company X employee and the client become open information. Not only does this breech the client's right to confidentiality, it may also encourage the client to suppress important information. Employing bilingual staff insures quality of service and creates equity among the client population in terms of EAP access.
"In any interaction between a client and a professional therapist, the meaning of health and illness as it relates to the circumstances that have brought the participants together is thus rooted in the values which each of them hold; these values are expressed symbolically in a manner that may or may not be fully understood. Therefore, the therapist must not only make the effort to gain as much insight as possible about the value orientations of the client in order to provide culturally appropriate care, but must also know upon which personal and professional values he or she will make decisions for the well-being of the client. This clarification process increases awareness of value priorities, and of the degree of consistency between the values held, and the related personal and professional attitudes and behavior of each of the participants. (Masi, Mensah & Mcleod, 1993)
people behave in certain ways and how this behavior affects health, and responses to illness.

A recommendation to Company X managers is create a means of evaluating affiliates intercultural communication abilities, whether they be linguistic, therapeutic or both. The affiliate survey identified one participant who was not bilingual yet was reported to be so in the provider information inquiry, the information that guides the referral process. Although the affiliate stated an awareness and knowledge of Hispanic issues, the linguistic capabilities were missing. Therefore, Company X may want to evaluate current services of all affiliates claiming bilingual capacities and implement this evaluation in the EAP selection process.

Concerning affiliate network expansion, the affiliate survey identified the need for more bilingual/bicultural professionals, especially MD level therapists. Some of the most common remarks in the client satisfaction survey for the qualitative question regarding 'areas of improvement for EAP' were about network expansion to offer more affiliate choices in more accessible areas. Currently, Company X contracts 55 affiliates who state in their provider information that they have a bilingual capacity in serving Hispanics. Roughly half of those (47%) are located in California and Florida. 30% are located along the East
Coast, 17% in the South west, including Texas, and finally 6% located around the Midwest. In areas such as New York and Chicago, the choices of bilingual affiliates are limited in comparison to the population and size of the city. New York has a large Hispanic population and Chicago’s is increasing due to more and more Hispanics leaving the West and East Coasts for the Midwest. Therefore, with demographic trends indicating Hispanics as being the largest minority population in the United States and still growing, expanding bilingual networks makes good business sense.

**Case Management**

The function of EAP case manager involves monitoring the assessment and referral process of EAP. Case managers review clinical information assessed by the affiliate and assist in determining outcomes for the client. Currently, Company X does not employ bilingual or bicultural EAP case managers.

The affiliate study reported six out of nine affiliates stating that there needs to be bilingual/bicultural representation among EAP case managers. They state that case managers who lack cross-cultural understanding, especially with acculturation issues, may misinterpret information that could lead to inappropriate outcomes. The inclusion of biculturally trained case managers would decrease the chances of misinterpretation.
An area in Company X's EAP case management that needs immediate attention is in the client evaluation process. An integral part of Company X's EAP is the opportunity for clients to evaluate the services received. This process is seen as beneficial for both the client and the EAP vendor and is administered to clients who wish to participate upon completion of the EAP sessions. Currently, Company X's EAP does not offer a translated evaluation form for clients who require Spanish. Therefore, on the basis of a language barrier, albeit unintentional, a client population is being denied participation in an integral part of the EAP.

"Clients have a right and a responsibility to ensure that they participate in the determination of appropriate interventions on their behalf. Practitioners, on the other hand, have a responsibility to assist those clients who are hesitant to contribute to decision-making. It is in this collaborative and complementary process that any interventions proposed will be seen to have a high probability of effectiveness for the well-being of the client. As well, the care that is delivered will be perceived to be sensitive and appropriate to the unique cultural and social circumstances of the client, thus facilitating his or her capacity to cope with the short- or long-term effects of the illness or injury."

(Masi, Mensah & Mcleod, 1993)

Company X

In their article, Googins and Davidson state that although EAP individual interventions are being continually refocused and expanded, organizational or macrolevel activities are neither universally practiced or accepted. Nevertheless,
the rapidly changing social and community environments surrounding corporations have thrust a new set of realities on corporations, bringing with them a direct challenge to existing management structures and styles.

A member of Company X’s Human Resource Department understands these new set of realities and has created a Diversity Council to help address them. The council has 16 members representing Company X’s employee population. (See Appendix I)

The Diversity Council's strategies are these: 1) Develop among all levels of managers and supervisors awareness of and commitment to diversity. 2) Ensure that all clinical care and care management, whether internal or external, is applied in a manner that acknowledges, respects, and responds to differences in all individuals. 3) Support and reward employees’ efforts and activities in diverse organizations within their respective communities. 4) Identify and strengthen systems and practices that support expanding customer base to include greater diversity; refine practices which hinder this process. 5) Enhance products/services that recognize and respond to differences in customers and subscribers. 6) Build linkages with Quality Steering committee which will support quality management and continuous quality improvement efforts at every level of the
organization. 7) Expand the composition of the workforce at the officer level of the organization.

Company X's senior management team may look to this council for monitoring and strategizing programs dealing with diversity in the workplace.

Conclusion
Currently the issue of diversity needs leadership in corporate America. Although there is a growing acknowledgment of the issue, managers are hesitant to implement programs because of cost and lack of commitment. Leaders of the diversity movement need to stress that making programs more culturally sensitive is not a frill for the client but a necessity for 100% customer satisfaction.

The process of implementing culturally sensitive care may start in client access. The employment of Hispanic employees who are bilingual and working with Human Resource Departments in developing culturally sensitive EAP presentations at the work site would improve access immensely.

"The culturally isolated migrant has many stressors to cope with and little support in doing so. He or she has an increased risk of becoming ill but is likely to lack the help of cultural brokers in accessing the health care system. Lack of knowledge about what is offered, where it is available and how it can be obtained may be an
obstacle in getting needed health care." (Masi, Mensah & Mcleod, 1993)

Masi, Mensah, and Mcleod further say that even when culturally isolated migrants are able to bring problems to the attention of health care professionals, the system is unlikely to have the resources necessary to provide them with culturally sensitive care. Typically, both language and cultural barriers between client and health professional are present. Company X’s managers may implement affiliate network development strategies so that clients are receiving care that will meet their needs in a culturally sensitive manner.

The time has come for American corporations and the American public as a whole to view diversity as an integral part of life in the United States. Historically, the United States gained its success and eventual world power status partly because of the massive labor force immigration created. Today, the immigration experience is altogether different. The United States economy is no longer as rapidly expanding and in need of labor as it was seventy-five years ago and the current rise in unemployment makes immigration difficult to absorb. Further, a major difference of immigration from the 19th century is ethnicity. Seventy-five years ago immigration was mainly from the European continent. Today, immigration includes large numbers of Mexicans and Latinos. It is the opinion of this writer that when our founding
fathers drafted the constitution of the United States proclaiming equal rights for all, they did not have people of color in mind. It is an historical fact that Thomas Jefferson was a slave owner. The 'melting-pot' theory and the United States constitution will remain ideas unfulfilled until we as Americans apply them to all peoples of the world. Organizations that recognize this and implement creative programs to deal with diversity will be able to compete in an expanding global market. Most importantly, however, the American public needs to view diversity as a strength in American society and implement strategies in the public and private sectors that express an openness to it. The consequences of discrimination and exclusiveness are glaringly apparent with today's rising crime rates and breakdown of family structures, especially among minority groups. It is time to heal the divisions past generations have created between groups of people, and that healing process must begin with a mutual commitment to understanding one another.
Appendix II
ESTUDIO PARA LA TESIS

HOLA, PUEDO HABLAR CON (NOMBRE DEL CLIENTE)

HOLA, MI NOMBRE ES RICHARD, YYO TRABAJO PARA EL PROGRAMA DE ASISTENCIA PARA EMPLEADOS, LA ORGANIZACIÓN QUE LE PROVEE SUS SERVICIOS DE EAP. YO ME ESTOY PONIENDO EN CONTACTO CON USTED PARA PREGUNTARLE CÓMO USTED SE SINTIÓ EN RELACIÓN CON EL PROGRAMA DE EAP Y LOS SERVICIOS QUE USTED RECIBIÓ. YO ESTOY TRATANDO DE MEJORAR LOS SERVICIOS PARA EMPLEADOS QUE HABLAN ESPAÑOL Y ME GUSTARÍA HACERLE ALGUNAS PREGUNTAS SOBRE SU EXPERIENCIA CON EL PROGRAMA DE EAP. ¿ESTARÍA USTED DISPUESTO A CONTESTAR 24 PREGUNTAS SOBRE EL PROGRAMA DE EAP AHORA MISMO?

SI LA RESPUESTA ES "NO", PREGUNTAR:

¿ME PUDIERA DECIR POR QUÉ USTED NO QUIERE PARTICIPAR?

GRACIAS POR DEDICARME SU TIEMPO. ADIÓS.

SI LA RESPUESTA ES "SI", DECIR:

Buen. ANTES DE COMENZAR, ME GUSTARÍA DECIRLE QUE SUS RESPUESTAS SE MANTENDRÁN CONFIDENCIALES Y QUE NO AFECTARÁN SU RELACIÓN CON EL PROGRAMA DE ASISTENCIA PARA EMPLEADOS O CON EL CONSEJERO DE EAP. ME GUSTARÍA SABER CÓMO USTED REALMENTE SE SIENTE EN RELACIÓN CON LOS SERVICIOS DE EAP QUE USTED HA RECIBIDO.

1. LA PRIMERA PREGUNTA ES: ¿CÓMO USTED AVERIGUÓ SOBRE EL PROGRAMA DE EAP?
   a. PANFLETOS EN EL TRABAJO
   b. SEMINARIOS DE ENTRENAMIENTO SOBRE EAP EN EL TRABAJO
   c. UN MIEMBRO FAMILIAR
   d. AMISTADES
   e. OTRAS FUENTES

2. ¿CUÁNTAS VECES USTED HA VISTO AL CONSEJERO DE EAP?
   
   # DE VECES

   *ESTAS PRÓXIMAS PREGUNTAS SON EN RELACIÓN A CÓMO USTED SE SINTIÓ CUANDO USTED LLAMÓ AL PROGRAMA DE ASISTENCIA PARA EMPLEADOS POR PRIMERA VEZ.

   LAS RESPUESTAS QUE USTED DARÁ ESTARÁN BASADAS EN ÉSTA ESCALA:

   1. TERRIBLE 2. MAL 3. CONFORME 4. BIEN 5. MUY BIEN 6. FANTÁSTICO 7. NO SE
3. CUANDO USTED LLAMÓ POR PRIMERA VEZ AL PROGRAMA DE ASISTENCIA PARA EMPLEADOS
PARA COMUNICARSE CON EAP, ¿CÓMO USTED EVALUARÍA LA HABILIDAD DE LA PERSONA EN EL
TELÉFONO PARA AYUDARLO? USTED DIRÍA: ______ (ESCALA)

4. CUANDO USTED LLAMÓ POR PRIMERA VEZ AL PROGRAMA DE ASISTENCIA PARA EMPLEADOS,
¿CÓMO USTED EVALUARÍA LA HABILIDAD DE LA PERSONA EN EL TELÉFONO PARA ESCUCHARLO
Y COMPRENDERLO? USTED DIRÍA: ______ (ESCALA)

5. CUANDO USTED LLAMÓ POR PRIMERA VEZ AL PROGRAMA DE ASISTENCIA PARA EMPLEADOS,
¿CÓMO USTED EVALUARÍA LA HABILIDAD DE LA PERSONA EN EL TELÉFONO PARA EXPLICARLE
A USTED LO QUE ES EAP? USTED DIRÍA: ______ (ESCALA)

* ESTAS PRÓXIMAS PREGUNTAS ESTÁN RELACIONADAS CON EL CONSEJERO QUE USTED VIÓ PARA
EAP.

1. ¿CÓMO USTED EVALUARÍA EL CONOCIMIENTO Y LA EXPERIENCIA DEL CONSEJERO? USTED
DIRÍA: ______ (ESCALA)

2. ¿CÓMO USTED EVALUARÍA LA HABILIDAD DEL CONSEJERO PARA ESCUCHAR Y COMPRENDER
SUS PROBLEMAS? USTED DIRÍA: ______ (ESCALA)

3. ¿CÓMO USTED EVALUARÍA LA HABILIDAD DEL CONSEJERO PARA COMUNICARSE EN UNA FORMA
CLARA Y COMPRENSIBLE? USTED DIRÍA: ______ (ESCALA)

4. ¿CÓMO USTED EVALUARÍA LA UTILIDAD Y RECOMENDACIONES DEL CONSEJERO? USTED DIRÍA:
______ (ESCALA)

5. ¿CÓMO USTED SE SIENTE EN RELACIÓN A SU PARTICIPACIÓN EN EL SERVICIO DE EAP? USTED
DIRÍA: ______ (ESCALA)

6. ¿CÓMO USTED SE SIENTE EN RELACIÓN CON LAS CONSECUENCIAS O RESULTADOS DE LOS
SERVICIOS RECIBIDOS? USTED DIRÍA: ______ (ESCALA)

7. ¿CÓMO USTED EVALUARÍA EL RESPECTO DEL CONSEJERO HACIA USTED Y HACIA SUS DERECHOS
COMO UN INDIVIDUO? USTED DIRÍA: ______ (ESCALA)

8. ¿CÓMO USTED EVALUARÍA LA SOLICITUD Y LA CORDIALIDAD DE SU CONSEJERO? USTED DIRÍA:
______ (ESCALA)

9. ¿CÓMO USTED EVALUARÍA SU HABILIDAD DE HACER FRENTE A SUS PROBLEMAS AHORA? USTED
DIRÍA: ______ (ESCALA)

* LAS PRÓXIMAS PREGUNTAS SON EN RELACIÓN CON EL PERSONAL DE LA OFICINA DEL CONSEJERO.
1. ¿Cómo Usted evaluaría la facilidad para reservar su primera cita? Usted diría: _____ (Escala)

2. ¿Cuán conveniente era la ubicación de la oficina del consejero? Usted diría: _____ (Escala)

3. ¿Cuán conveniente era la hora de la cita? Usted diría: _____ (Escala)

4. ¿Cómo Usted evaluaría la cantidad de documentos que Usted tuvo que llenar? Usted diría: _____ (Escala)

5. ¿Cómo Usted evaluaría la forma en que el personal de la oficina contestó sus preguntas? Usted diría: _____ (Escala)

6. ¿Cómo Usted evaluaría la cordialidad y la hospitalidad del personal de la oficina? Usted diría: _____ (Escala)

7. ¿Cómo Usted evaluaría la comodidad de la sala de espera? Usted diría: _____ (Escala)

Estas próximas tres preguntas son para que Usted las conteste como Usted quiera.

1. ¿Si Usted pudiera cambiar algo del servicio de EAP, que sería?

2. ¿Cuál fue el aspecto más positivo del servicio de EAP?

3. ¿Cuál fue el aspecto menos positivo del servicio de EAP?

Esto nos trae al final del estudio. Muchas gracias por participar. ¿Usted tiene algunos comentarios o inquietudes en relación con el estudio?

Si la respuesta es "No", le reitero las gracias. Adiós.

Si la respuesta es "Sí".......
1. What percentage of your clientele require Spanish during the assessment/referral process?

2. What percentage prefer Spanish during the assessment/referral process?

3. Do you have Spanish speaking employees? Translated phone recording? Please describe.

4. In terms of priority, based on a scale of 1 to 10, 10 being the highest, how would you rate the importance of Spanish translating/interpretive services in EAPs. Please elaborate.
5. Do you foresee this need growing? Lessening? Staying the same? Please elaborate.

6. What services are requested most by clients who require or prefer Spanish during the EAP process?
What are the areas of the EAP process that need improvement most when working with clients who require or prefer Spanish translation/interpretation. (For example, access, assessment/referral, follow-up.)
DIVERSITY COUNCIL STRATEGIES

1. Develop among all levels of managers and supervisors and awareness of and commitment to diversity.

2. Ensure that all clinical care and care management, whether internal or external, is applied in a manner that acknowledges, respects, and responds to differences in all individuals.

3. Support and reward employees' efforts and activities in diverse organizations within their respective communities.

4. Identify and strengthen systems and practices within MCC that support expanding our customer base to include greater diversity; refine practices which hinder this process.

5. Enhance products/services that recognize and respond to differences in customers and subscribers, which will ultimately increase MCC's position and image in the market place.

6. Build linkages with the Quality Steering Committee which will support total quality management and continuous quality improvement efforts at every level of the organization.

7. Expand the composition of the workforce at the officer level of the organization.
BIBLIOGRAPHY


