WHITE PAPER

A Proactive Approach To Expatriate and Family Support

BY: Pat Bannister, Vice President and Business Area Lead, Global Human Performance, Leidos Health

Kenneth M. Burgess, M.Ed., LPC, Behavioral Healthcare Consultant

GLOBAL HUMAN PERFORMANCE, A DIVISION OF LEIDOS HEALTH
A Proactive Approach to Expatriate and Family Support

Today, almost every organization, large or small, is affected by global events and competition. Many U.S. companies now sell their products abroad and the products they sell are often manufactured and/or assembled offshore.

As a result, many companies have employees either traveling to or living/working in foreign countries. Global success requires them to develop and maintain highly competent and well prepared employees. This is particularly important with regard to expatriates. International assignments are challenging for employees and families. Failure rates are often high and costly to employees, in terms of family, relationships and careers, and to companies, in terms of financial losses and personnel.

While few of today’s multinationals offer full-service, in-country support for their expatriates and families, those that do often use their existing internal or external (contract) Employee Assistance Program (EAP) as the provider.

This paper will discuss the EAP service model and its shortcomings, particularly with respect to your international safety, profitability, and performance objectives. You will also learn about a positive, proactive alternative and the success that such a model can deliver.

Employee Assistance Programs: A Concise History

The term “employee assistance program” (EAP) is generally credited to occupational alcoholism consultants working in the United States during the early 1970s. The forerunner to EAP was the occupational alcoholism program. These programs became prevalent after the formation of Alcoholics Anonymous in the late 1930s, and by 1970, occupational alcoholism programs could be found within many large corporations in the United States and Canada.

The name change from occupational alcoholism to EAP (1973) was undertaken to both “de-stigmatize” the program and to increase referrals through a less threatening “broad-brush” approach. (It was felt that few would self-refer to an alcoholism treatment program for personal concerns.) The “broad-brush” EAP model was used with hopes of drawing substance abusers into its service by addressing problems that were indirectly related to alcohol and
drug use (financial and legal concerns, marital and family difficulties, etc.).

Most early alcoholism programs were under the direction of “lay counselors” who were recovering alcoholics themselves. In making the shift to EAP, it was discovered that non-professionals were unprepared for the many new problems they encountered as EAP counselors, including psychopathology. In short, EAP was outside of the range of expertise for most of this group, a fundamental weakness that led to the new professional model. By the early 1980s, most of those working in EAP in North America were clinical professionals.

The Employee Assistance Professionals Association (EAPA) has offered its credential, the Certified Employee Assistance Professional (CEAP), since the mid-1980s. Certification requires both supervised experience and training, and has become a basic requirement for professionals working in the EAP field. Managed behavioral healthcare (which has dominated the EAP field since 1990) requires that all of its EAP providers have professional counseling credentials in addition to the CEAP.

Today, EAP looks very different from its predecessor, the occupational alcoholism program. EAPs are found in many areas of the world as well, with Canada, Great Britain, Australia, South Africa and Western Europe leading the way. (There are also chapters of the EAPA in other countries.)

**EAP Alone Fails to Meet the Needs and Challenges of Global Business Expansion**

With the expansion of the world economy, EAPs have become increasingly involved in the global business arena. Our experience indicates that the prevalence of mental health and substance dependency problems among expatriates is at least equal to that of the general population, perhaps higher. We know, too, that personal problems have been responsible for a good number of expatriate failures. The importance, therefore, of having a clinical service (like EAP) in back-up cannot be overstated, as some employees and family members will need the service.

By definition, an EAP is “a work-based intervention program aimed at the early identification and/or resolution of work and personal problems that adversely affect performance. These problems generally include health, marital relationships, family, financial, substance abuse, and emotional concerns.”

This definition of EAP is universal. EAPs in Australia, Great Britain, New Zealand, Canada, Jamaica, South Africa, and other locations, all generally have this work performance perspective. (Although, you will find a stronger substance dependency component within North American programs.) Wherever it is located, EAP delivers what its name implies: assistance, treatment, and support for employees and family members in trouble.

In addition to personal problems, many other factors can (and do) undermine expatriate assignments. Some companies do not adequately prepare their expatriate employees (and families) for working overseas. Dr. Frank Alagna, a psychologist and owner of Consultants for International Living in New York City, worked with many different organizations in helping them achieve success in international assignments. Dr. Alagna found that: “Less than one-half of the U.S. expatriates he’d encountered
over the years were actually successful in their assignments.” The majority of U.S. expatriates were what Dr. Alagna called … “the working wounded.” Their companies simply had not prepared them for the difficulties of living and working as expatriates. When EAP is positioned as the program of support for expatriate employees and families, the effort falls short due to the same limitation these programs face stateside: they’re positioned and well recognized as approaches for best managing troubled people. Moreover, the “stigma” often associated with EAP can frighten away expatriates who may simply have some questions to ask. An Expatriate Support Service, positioned as separate from any existing program or service, carries no such stigma.

To be successful in the international arena today, companies must take seriously the need to provide support for their expatriate employees and families, and the service provided is best when extremely proactive in focus. Unlike EAP, which uses work performance to drive troubled people to seek help, we recommend a support service that reaches out and engages families in a non-threatening way, is positioned as a non-clinical entity, and offers a continuum of service and support across the duration of an overseas assignment.

Proactive Employee and Family Support: A New Health and Wellness Model for Today’s Global Organization

For expatriates and families, we strongly recommend a shift in program focus. An expatriate family support service represents a “wellness” model. As such, it is important that the program not be perceived as an EAP. We’ve discovered that expatriates and families are more protective of their privacy than domestic employees and families are.

From our experience, we have found expatriates reluctant to reach out on their own, and very reluctant to reach out to a program like EAP until a problem becomes completely unmanageable. At Leidos, we recommend a simple, positive name such as “Expatriate Support Service” be used.

Regardless of the name you choose, it is absolutely essential to understand that expatriates and family members will only call a service when they feel completely safe to do so. Sending employees and families overseas is far more complicated than assigning them to a new location stateside. As such, it is important for decision-makers to be aware of the many problems that can, and often do arise for expatriates, and that programming and support be in place to offset difficulties. From our experience, we believe that certain services should be offered to expatriates and family members at specific stages of the expatriation process:

**PHASE 1:**

The Candidate Selection and Assignment Phase

Some companies use their (internal) EAPs, external counseling professionals, industrial psychologists, and candidate selection instruments to select candidates for overseas assignments.

There are many individual characteristics (personality and behavioral factors) that (do) positively or negatively impact assignments. Knowledge of these factors and using objective selection criteria can increase the likelihood of finding suitable employees and families for the job.

**PHASE 2:**

Pre-Departure Preparation and Orientation

Candidate success depends not only on skills and personality traits, but also on the depth and quality of the preparation received prior to departure. The family must be viewed as an integral component in this training, and the spouse must participate in many of the discussions and programs related to preparation and acculturation.

Ineffective and inadequate training and orientation cause some expatriate managers to consider a foreign assignment an “assignment in ambiguity.”
Inadequately prepared families find themselves struggling with an ill-defined assignment, an ill-defined future, low morale, and increased stress (as above).

**PHASE 3: In-Country Support**

Upon their arrival in the host country, families need time to get acclimated. “Hitting the ground running,” is not a good way to begin an assignment. Generally, at least two weeks are needed just to settle in to the new home. The host country personnel group should help the family to enroll in continuing language courses and to meet host nationals and other expatriates.

Most families find the financial implications of their move to be comfortable, but the primary problem expressed by expatriates and their families in the literature is the lack of non-financial support once on assignment.

Some companies have wisely moved to provide expatriate support services to their families on assignment. Our company, Leidos, is deeply involved in providing these contract services at a number of world locations.

**PHASE 4: The Repatriation Phase**

The return home is the final adventure, and much like the in-country phase, repatriation requires thorough preparation. The most common problem in repatriating is the employee’s return to a less prestigious and more mundane work role. In-country, expatriates are often the “big fish in the small pond.” Once home, the inverse is most often the case.

International assignments present companies with an opportunity not only to influence their employee’s work lives, but also to influence their personal and family lives. Failing to properly manage an assignment has a destructive effect, not only on the company, but also on the family. To succeed in today’s global market, companies must invest in their expatriates and fully prepare them (and their families) for the challenges they will face. In short, the effective management of international assignments is the key to global business success.

**The Steps of a Basic Family Support Service Include:**

**Program Orientation**
This orientation includes a discussion of the Family Support Service, its purpose, how it works, the “call” schedule, the various program offerings, and how to access help in time of need. This information is important to the success of your program and can be effectively provided by Human Resources during pre-departure training. We recommend that a program brochure be included with the other general orientation materials.

**Pre-Departure Call – First Contact**
This is a pre-departure call made to the employee and spouse by your Expatriate Support Program. The purpose of this call is to again, introduce your support service, to discuss the assignment and location, and to identify (any) personal or family needs that may require further planning and/or resources. The Support Program staff also helps to prepare expatriates and family for the normal emotional adjustments and cultural adaptation they are likely to experience during an assignment. During this call, it’s important for the Support Staff representative to begin to build a trusting relationship with the family so that they are more likely to reach out, if/when needed.

**In-Country Contact**
This call, made after the employee (and family, if applicable) has been in-country for 30-days or longer, is a follow-up to the pre-departure call, and is a “check-up” to see that things are going well or, if any additional support may be needed.
We recommend using the same representative to conduct the follow-up with each family.

Follow-Up Outreach
Within 90 days of the initial in-country contact, we call the employee again (and spouse, if applicable) to refresh our relationship and to make certain that things are going well. At this stage, most expatriates are beginning to move through various stages of cultural adaptation and it’s important for them to discuss and understand this. After this initial “outreach” call, we contact the expatriate (and spouse) twice annually (or more frequently if needed) until they are about to be repatriated or reassigned.

Problems can and do arise for some, and it’s important that professional counseling services are available for employees and family members should counseling be needed. The Support staff provides information and mentoring, and, because of their helping relationship, direct expatriates to professional counseling should such services be necessary. It is difficult for expatriates to find professional counselors at most offshore locations and it’s recommended that the services you provide be available in-country. As such, every effort should be made to locate “local” in-country resources. When unavailable, telephonic or secure electronic counseling is a viable alternative.

Repatriation Services
We contact the employee and family prior to repatriation to discuss the process and to help them understand the challenges, often unexpected, of returning home. This often includes sending them articles to read, and, in some cases, involves multiple calls.

Utilization of Services
Compared to the traditional Employee Assistance Program, the Expatriate Support Service is “proactive” and “prevention” focused. And while EAP typically provides its services to “3-to-10 percent” of any given employee population, a successful Expatriate Family Support Service maintains a utilization rate close to 100%. To achieve this level of utilization, it’s our experience that employees and family members must view this service as being different and separate from their EAP.

In Conclusion
As we detail in this article, traditional EAP is not up to the challenges of living and working abroad as it is too limited in scope, and too often addresses issues at the point of need only. And, EAP continues to operate under considerable stigma. A well developed, proactive Expatriate and Family Support Service program provides continuous support and direction across the life of an assignment. It begins with preparation and training of expatriates, which has been shown to be a “key” factor for the success of any international assignment. Once in-country, employees and their families are actively engaged and expertly shepherded through the initial transition process – bearing in mind that the entire assignment is an ongoing series of adjustments, large and small. Finally, such a model also guides them through the difficult task of returning home and facilitates a smooth repatriation.

International assignments are critical to achieving global business success, yet expatriate relocation is challenging and difficult for those who go – employees and (often) their families. Relocation creates some unusual risks for all involved and assignment failure rates are historically high for Western companies (particularly for U.S. companies). Actively managing these risks via a proactive wellness program that supports expatriates and expatriate families before, during and after the assignment, is essential to a successful and productive expatriate workforce and to achieving international business objectives.
About the Authors

**Pat Bannister**, Vice President, Business Area Lead, Global Human Performance, Leidos Health

Patrick A. Bannister, M.P.A., is a vice president and manager of the Global Human Performance Division at Leidos, and is also the project director for the company’s Adolescent Substance Abuse Counseling Services (ASACS) program. Mr. Bannister has worked for Leidos (formerly SAIC) for 36 years. The Global Human Preformance Division’s annual revenue is approximately $50 million, with customers representing the Defense Health Agency, Naval Health Research, headquarter elements of the U.S. Army, Air Force, Navy, and Marine Corps, and commercial entities.

Prior to his current role, Mr. Bannister was the Senior Group Vice President of the Environmental and Health Sciences Group from 1995-2000. In this capacity he was responsible for overseeing $87 million in annual revenue and more than 700 employees. Services included environmental regulatory development and enforcement, pollution prevention, solid waste/recycling; environmental engineering, health care services, health studies and analysis; and occupational health services. Clients included the Environmental Protection Agency, Department of Defense, National Aeronautics Space Agency, National Institutes of Health, and various commercial customers.

**Ken Burgess, M.Ed., LPC**, Behavioral Healthcare Consultant

Ken Burgess has more than 20 years of international experience and has lived as an expatriate in both Russia and Brazil. He began his career as an EAP manager for a FORTUNE 500 organization, but when asked to develop services for expatriates, he soon realized the need for the model presented.
ABOUT LEIDOS

Leidos is a FORTUNE 500® science and technology solutions leader working to address some of the world’s toughest challenges in national security, health and engineering. The Company’s 20,000 employees support vital missions for our government and the commercial sector, develop innovative solutions to drive better outcomes and defend our Nation’s digital and physical infrastructure from ‘new world’ threats. Headquartered in Reston, Va., Leidos reported annual revenues of approximately $5.77 billion for its fiscal year ended January 31, 2014 after giving effect to the spin-off of the company’s technical services and information technology business.

For more information, visit leidos.com.