

Trends in EAP Services and Strategies: An Industry Survey

Mark Attridge, PhD, MA
Attridge Consulting, Inc.

John Burke, MA
Burke Consulting / Empathia

Copyright ©2011 Employee Assistance Society of North America (EASNA). Contact at: Phone: (703) 416-0060
Website: www.easna.org Address: 2001 Jefferson Davis Highway, Suite 1004, Arlington, VA 22202

ABSTRACT. *This Note describes the results of a new research study of trends in the services and strategies offered by employee assistance programs (EAPs). Survey data was collected from 150 professionals in management and clinical roles from the United States and Canada who were active in the EAP industry. Seven kinds of services were examined and rated for three issues: (a) frequency of use by organizational clients; (b) importance to defining what EAP should be; and (c) business value. Results of statistical analyses revealed three groupings of services: (1) **Core EAP Services** include counseling and referral for individual employees, manager consultations and organizational support, and critical incident response; (2) **Pareto EAP Services** involve using the EAP to find and support individuals in need of behavioral health expertise for treating high-risk conditions and for assistance with return to work for mental health and addiction disability; and (3) **Connecting EAP Services** using the Internet and other new technologies and also the integration of the EAP with Wellness and Work/Life programs to connect individuals to self-care and prevention services. Other trends and strategies for success of the field are addressed. Providing strategic, proactive and consultative approaches to the organization is a promising area for EAPs.*

Introduction

Employee Assistance Programs (EAPs) have a long history of supporting employees and organizations in a variety of ways. The role of employee assistance (EA) in supporting worker mental health and job performance is already a key component to the overall success of thousands of organizations. This study surveyed senior level professionals active in the EAP industry to explore trends in the use, importance, business value, and perceived viability of key kinds of services. The potential for providing more strategic consulting by EAPs at the organizational level was also examined. A final issue of interest was to determine which societal trends are shaping the future of the industry.

Methodology

Study Design

The study design was a single-group of volunteer participants assessed at one point in time. Data was obtained from a self-report survey featuring both quantitative and qualitative items. The study authors created all of the measures on the survey. Independent consultants conducted this research and thus the study methodology was not examined by a university-based internal review board (IRB). However, the guidelines required by the American Psychological Association for ethical research practices were followed in the study.

Preliminary results of the study were presented at an EAP industry conference.¹

Procedure

The study used a methodology of e-mail recruitment and Internet-based data collection. The sampling frame was derived from using the contact lists of the study authors and the list of current EASNA members. The specific size of the e-mail distribution population was difficult to determine as there was some overlap among the three lists, but it was estimated at 600 people.

A subgroup of 68 visitors to the survey website were not included in the final sample due to either a failure to start the survey ($n = 47$) or because they did not complete the primary part of the survey with structured response-format items ($n = 21$). Thus, the final sample included 150 respondents with usable data. This group represents a completion rate of roughly 25% of all of those who were invited to participate. The data was collected in August and September of 2011.

Participants

Demographic Profile. The sample was comprised of an even mix of males (48%) and females (52%). Respondent age ranged from 25 to 78, with an average of 55 years old. The respondents were from several countries, with most being from the United States (77%; from 28 different states) or Canada (20%; with about half from Ontario and the rest being from four other provinces) and one person each from Ireland and South Africa.

Job Types. Examination of job titles was used to code individuals for having an *executive or managerial role* (57%). Examples of these job titles included: Account Executive, Administration, CEO, COO, Director, Manager, Owner, President, and Vice President. The job titles were also used to code individuals for being in a *clinical role* (33%). Examples of clinical job titles included: Clinical Counselor, EAP Counselor, Psychotherapist, Social Worker, and Therapist. A small segment of the sample – 7% – had both

management and clinical roles and only 3% had neither role.

EAP Experience. Most respondents were experienced professionals, with an average of 18 years of working in the EAP field (range 1 to 39 years). Many were also involved as members of various industry professional associations, including: 64% were members of the Employee Assistance Professionals Association (EAPA; of which 90% were from the United States and 10% from other countries); 39% were members of the Employee Assistance Society of North America (EASNA; of which a third were Canadian and two-thirds were from the United States); 8% were members of the Employee Assistance Roundtable (EAR – for internal programs); 3% were members of the Employee Assistance Collaborative (for EAP in higher education organizations); and 7% were members of the National Behavioral Consortium (NBC - for external providers).

EAP Context. The respondents were associated with the EAP field in a variety of ways, including: working for an external vendor of EAP services (51%), working for an Internal model EA program resident at one organization (23%), being an individual provider of clinical services (11%), being a consultant or academic researcher (5%), or “other” (9%).

Program Type. Among those who provided EA services from either external programs, internal programs or “other” kinds of providers ($n = 124$), the following countries were represented as markets of service delivery: United States (90%), Canada (52%), UK/Europe (31%), Asia (24%), and “other” (22%). Most of the external EAPs ($n = 75$) were large in size with 77% having more than 100 clients, but there was a range in the number of organizational clients served with 3% with less than 10 clients, 6% between 10 to 49 clients, 14% and between 50 to 100 clients.

Areas of EAP Service

Based on our experience in the industry, seven core areas of employee assistance services were featured in the study. These areas are listed below as defined on the survey:

Service 1. Confidential access to a counselor for problem assessment, brief clinical support and referral for employees.^{2,3}

Service 2. Consultation with managers and other organizational level support.^{4,5,6}

Service 3. Critical Incident Response (CIR / CISD) for workplace violence, traumatic events and natural disasters.^{7,8,9}

Service 4. Integration of EAP with Work/Life and Wellness services to support families, prevention and behavioral lifestyle change.^{10,11,12}

Service 5. High-risk case finding and long-term case management for employees with mental health and addiction issues.^{13,14,15}

Service 6. Return to Work, Stay at Work and workplace staff support for employees on STD/LTD disability leave for mental health and addiction issues.^{16,17}

Service 7. Technology and web-enabled services for education, self-care and clinical support from EAP counselors.^{18,19,20}

Each service was rated on a structured response format for three questions: (1) how often it was typically used by organizational clients; (2) its importance to defining what EAP should be; and (3) its current business value.

Strategies for EAP Success

Three open-ended qualitative items augmented the focus on services. We wanted to get a sense of the present day viability of the different EA service areas, to assess the level of interest in offering more organizational level consulting by EAPs, and to learn which societal trends were affecting the field.^{21,22,23,24}

Results

The results are presented in two parts – first for the quantitative items for the three issues

concerning the kinds of services and then for the qualitative items.

Part 1 – Trends in EAP Services

Level of Service Use

The level of use was assessed for each of the seven services with the following item: *How often is this service used by your client organization(s)?* The response options included: not offered, low use, medium use and high use. These categories were not defined in more detail other than these general labels. These items were answered by 118 respondents, with 32 non-provider cases excluded. The results are presented in Table 1.

Table 1

Level of Use in Client Organizations: By Service

Service	Not Offered %	Low Use %	Medium Use %	High Use %
Counseling	1	1	25	73
Consults	1	12	51	36
Crisis	1	15	49	35
Integration	4	23	37	36
MH/SA	8	40	30	22
Disability	13	43	28	16
Technology	4	38	39	19

The vast majority of EA providers offered all seven kinds of services. Only disability support services were not offered by at least 90% of these providers.

Counseling services were used most often, with almost three-fourths of providers indicating a high level of use by clients and one-fourth at medium level of use. Management Consultation and Crisis Response were the next most commonly used services, with about a third of clients at high use and half at medium use level. Integration of EAP with Work/Life and Wellness had about a third of clients at high use and a third at medium use. The

other three kinds of services had lower levels of use, with about half of the providers reporting high or medium levels of use and most at the low level of use.

Thus, although all seven of the services were offered by the vast majority of all EAP providers, there was a wide range between the different kinds of services in how often they were each used by client organizations.

Importance of Services to Defining EAP

Respondents also rated each service for how much it represented the nature of EAP. This dimension was assessed with the following item: *In your opinion, how important is this type of service to defining what an EAP should be?* The response options included: low importance (1), moderate importance (2), and high importance (3). These items were answered by 147 of the 150 people in the sample (3 cases had missing data). The results for the importance of each service to defining EAP are presented in Table 2.

Table 2

Importance to Defining EAP: By Service

Service	Low %	Moderate %	High %
Counseling	1	8	91
Consults	4	12	84
Crisis	1	21	78
Integration	5	41	54
MH/SA	16	37	47
Disability	13	39	48
Technology	13	47	40

Counseling services were rated highest in importance for defining EAP, closely followed by Management Consultation and Crisis Response. All three of these services had a high rating from more than three-fourths of the sample, along with few moderate ratings and only 4% or less with a low importance rating. The other four services tended to have a high importance rating by about

half of respondents and a moderate rating by about a third of respondents and 16% or less with a low importance rating. Thus, all seven kinds of services were judged by more than 80% of the study sample as being high or moderate in importance to defining what an EAP should be.

Trend in Business Value of Services

The trend in marketplace value of services was assessed with the following item: *How is the business value of this type of service currently perceived in the EAP industry?* The response options included: fading in value (1), stable value (2), and rising in value (3). These items were answered by 147 of the 150 people in the sample (3 cases with missing data). The results are presented in Table 3.

Table 3

Business Value Trend: By Service

Service	Fading Value %	Stable Value %	Rising Value %
Counseling	18	61	21
Consults	24	39	37
Crisis	9	47	44
Integration	12	28	60
MH/SA	31	39	30
Disability	24	39	37
Technology	12	21	68

Compared to the level of use and importance to defining EAP, this dimension had more variability between the seven kinds of services. Counseling was the only service with a majority of the sample saying that it had stable value (61%). Technology and Integration were the only services with a majority of the sample rating it as rising in value. Three services – Management Consultation, Integration and MH/SA Case Support – had at least one-fourth or more of the sample endorsing all three of the different trend directions.

Moderating Factors

Exploratory tests were conducted on each of these three focal measures for each of the seven kinds of services for possible differences due to other moderating factors. Tests examined factors of respondent age, sex, years in EAP field, management role status, clinician role status, EAP model (internal vs. external), external EAP size, and EAP markets (Canada, UK/Europe, Asia).

Of the 210 possible tests conducted, only about 10% reached statistical significance ($p < .05$) and all of these significant effects were of small magnitude ($r < .30$). Thus, the primary findings presented above did not differ appreciably by other factors representing background or business characteristics of the sample.

Summary of Results for Services

Consideration of the results for use, definition and business value in relation to each other was used to yield a composite or “higher order” result. This logic-based finding was confirmed by the results of a statistical factor analysis of the data for the definition of EAP ratings, which also yielded three factors for the seven kinds of services. These factors or clusters of services are now described.

Cluster 1: Core Capabilities – “The Big 3.”

These three services had the highest ratings for being important to defining EAP and also have history as being considered as part of the core technology of the field of EAP. Counseling and referral for individual employees had mostly high use and stable business value. Management consultations and organizational support was characterized by mostly moderate use and stable to rising business value. Critical incident response was characterized by mostly moderate use and stable to rising in business value.

Cluster 2: “Pareto” Cases with High Touch.

These kinds of services involve using the EAP to find and support individuals who need behavioral health expertise for high-risk conditions in traditional EAP clinical problem areas. Using the EAP for case management of employees with mental health and addiction problems had mostly

low use and a mixed trend for business value. Supporting employees on disability for employees with mental health or addiction problems had mostly low use and stable to rising business value. Both of these services were rated of less importance to defining EAP than all of the “Big Three” services.

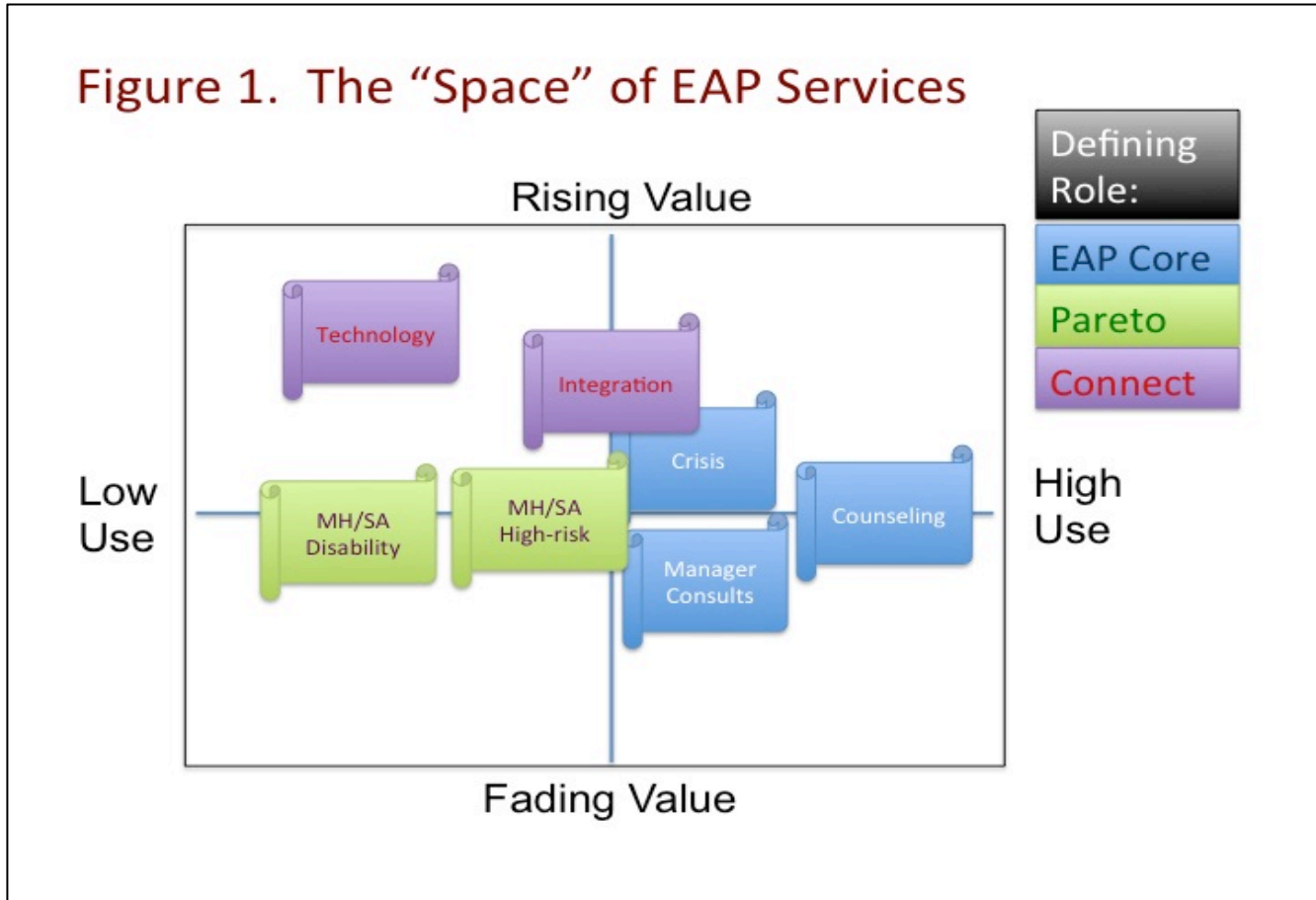
Cluster 3: Connecting Cases with High Tech.

These services use new technology and the organizational role of the EAP to connect individuals to EAP services and to other relevant services and company benefits. The integration of EAP with Wellness and Work/Life had mostly mixed level of use and rising business value. The service of technology and web-enabled services for EAP was characterized by low to moderate use but was rising in business value. Both of these services were also rated relatively lower in importance to defining EAP than the “Big Three” core EAP services.

Figure 1 (see next page) offers a visual depiction of the contextual relationships among the three clusters of services. In this conceptualization, the clusters of services representing the EAP Core, Pareto and Connect types are displayed on two dimensions of level of use at client organizations (the horizontal axis) and direction of trend in business value (the vertical axis). The Big Three of the EAP Core (shown in blue) are toward the higher levels of value and in the middle range for business value. The two Pareto type services (shown in green) are moderate in value but lower in use level. The two Connection type services are shown in purple. Technology has the highest business value but is lower on use. Integration is also high on business value and more moderate in level of use.

Part 2 – Qualitative Questions

Three open-ended items were used in the study to get a sense of the present day viability of the different EA service areas, the interest in organizational level consulting by EAPs, and future directions in general affecting the field. These items were answered by 120 of the 150 people in the sample (30 cases with missing data who did not complete this last page of questions).



Qualitative Item 1 - Which of the different types of employee assistance services in the previous section best fit with today's marketplace realities and opportunities?

Results as Themes:

- Technology for providing EAP service, greater efficiency, access, social media
- Integration with health, wellness, disability
- Face-to-face counseling viewed as critical
- Concerns of overall value of EAP; lost credibility, viewed as simply counseling, employers do not value EAP

Case Examples:

“While face-to-face services are a cornerstone of the services we offer, moving toward higher technology and partnering with other key workplace health and productivity management partners allows for greater exposure for EAP.” *46-year old female, Operations Manager*

“With counseling being stable and our services to leaders being marginalized, the importance of integration with technology or other wellness services is where EAP will need its next focus.” *43-year old male, VP of Operations*

“EAP services are still not generally seen as preventive health programs.” *61-year old female, President*

Qualitative Item 2 - Given your knowledge of the marketplace, can the value of an EAP be enhanced by also offering services that provide more of a strategic, proactive and consultative approach to the organization?

The responses were coded into general categories:

- Yes = 68%
- Yes, But... = 23%
- No = 5%
- Don't Know = 4%

Thus, 91% of the respondents were positive about this kind of EAP offering as being possible.

Results as Themes:

- Proactive; serving beyond the normal 5-10% of the employee population as caseload at an organization, more with wellness
- Behavior experts; leverage EAP skills better
- Difficulty demonstrating value; outcomes reporting, ROI, distinguishing free from fee-based EAP types
- Lack of readiness to do this; difficult to sell, staff needs new skills, too costly to change

Case Examples:

"Yes, being a partner to assess the culture, guide and understand organization goals and offer the EAP solution/intervention that will offer greatest impact." *56-year old female, Director of Workplace Services*

"Yes, but this requires more collaborative time with key organization contacts and this time is hard to come by." *58-year old female, Clinical Services Manager*

"No, many small EAPs do not have this capability. Large EAPs maybe." *68-year old male, President*

Qualitative Item 3 - In the bigger picture, what societal or business trend do you think will contribute most to the viability and success of the employee assistance industry in the future?

Results as Themes:

- Technology; social media, self-management, online service, instant access
- Workplace change; health care reform, economy, retention, aging population, globalization, violence
- Health and productivity; partnering, impact of behavioral issues, culture of health
- Looking forward; restate value proposition, change the name, avoid becoming a non-profession

Case Examples:

"Technology and web-enabled services for education, self-care and clinical support from EAP counselors because of the societal focus on quick, easy 24x7 access that's self initiated to address issues or secure information." *67-year old female, Clinical Consultant*

"Promotion of employee mental health is just as important as physical health, which can lead to innovation and increased competitiveness." *52-year old male, President & CEO*

"Clarity about the role of the EAP in the medical insurance industry. Some service providers offer EAP as part of their services, although at no extra costs, but also without having the necessary expertise." *56-year old male, Associate Professor*

"Change the name...people don't understand what it means...time to re-package." *37-year old female, Counselor and Coach*

Conclusions

Seven kinds of services were examined in this study of industry professionals. The results indicated three groupings of services: Core EAP services, Pareto EAP services, and Connecting EAP services. The fourth service area of providing strategic, proactive and consultative approaches to client organizations was generally seen as a positive future direction for EAPs, but one that can be challenging to get the opportunity to provide and to have staff who are properly qualified to deliver it. Future trends for growth in the field included the increased use of technology, legislative and business changes affecting the workplace, greater recognition of the role of mental health in productivity and organizational health, and positioning issues for EAP as a commodity product versus a profession. These findings offer four primary routes to success that can be followed as areas of services that can be offered to help ensure future success of the EAP industry.

References

- [1] Attridge, M., & Burke, J. (2011, September). *Two perspectives on the Employee Assistance Field: What are the services and strategies that define the future of the industry*. Invited address at the fall meeting of the National Behavioral Consortium, Las Vegas, AZ.
- [2] Attridge, M. (2009). Employee assistance programs: A research-based primer. In J. C. Quick, C. Cooper, & M. Schbracq (Eds.), *The handbook of work and health psychology, 3rd Ed.* (pp. 383-407). New York: Wiley.
- [3] Attridge, M. (2010). 20 years of EAP cost-benefit research: Taking the productivity path to ROI. Part 3 of 3. *Journal of Employee Assistance, 40*(4), 8-11.
- [4] Attridge, M., Amaral, T. & Hyde, M. (2003). Completing the business case for EAPs. *Journal of Employee Assistance, 33*(3), 23-25.
- [5] Attridge, M., Hyde, M., & Amaral, T. (2003, April). *Making the business case for organizational assistance*. Presented at the Employee Assistance Society of North America Annual Institute, San Antonio, TX.
- [6] Beard, M. (2000). Organizational development: An EAP approach. *Employee Assistance Quarterly, 16*(1-2), 117-140.
- [7] Attridge, M., & VandePol, B. (2010). The business case for workplace critical incident response: A literature review and some employer examples. *Journal of Workplace Behavioral Health, 25*(2), 132-145.
- [8] Everly, G. S. Jr., Phillips, S. B., Kane, D., & Feldman, D. (2006). Introduction to and overview of group psychological first aid. *Brief Treatment & Crisis Intervention, 6*(2), 130-136.
- [9] Regel, S. (2007). Post-trauma support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. *Occupational Medicine, 57*(6), 411-416.
- [10] Attridge, M., Herlihy, P., & Maiden, P. (Eds.). (2005). *The integration of employee assistance, work/life and wellness services*. Binghamton, NY: Haworth Press.
- [11] Bennett, J., & Attridge, M. (2008). Preventive health services: A new core technology component? *Journal of Employee Assistance, 38*(4), 4-6.

[12] Jacobson, J. M., & Attridge, M. (2010). Employee Assistance Programs (EAPs): An allied profession for Work/Life. In S. Sweet & J. Casey (Eds.), *Work and family encyclopedia*. Chestnut Hill, MA: Sloan Work and Family Research Network.

[13] Attridge, M. (2010). Taking the pareto path to ROI. Part 2 of 3. *Journal of Employee Assistance*, 40(3), 12-15.

[14] Attridge, M., & Wallace, S. (2009). *Hidden hazards: The business response to addictions in the workplace*. Vancouver, BC, Canada: Homewood Human Solutions.

[15] Roman, P. M., & Blum, T. C. (2004). Employee assistance programs and other workplace preventive strategies. In M. Galanter & H. D. Kleber (Eds.), *The textbook of substance abuse treatment, 3rd Ed.* (pp. 423-435). Washington, DC: American Psychiatric Association Press.

[16] Attridge, M., & Wallace, S. (2010). *Able-Minded: Return to work and accommodations for workers on disability leave for mental disorders*. Vancouver, BC, Canada: Homewood Human Solutions.

[17] Smith, G. B., & Rooney, T. (1999). EAP intervention with workers' compensation and disability management. In J. Oher (Ed.), *The employee assistance handbook* (pp. 337-360). NY: Wiley.

[18] Attridge, M. (2011). E-therapy research review: Yes it works and what it means for EAPs. *Journal of Employee Assistance*, 41(4), 10-13.

[19] Richard, M. A. (2009). Cyberspace: The new frontier for employee assistance programs. In M. A. Richard, W. G. Emener, & W. S. Hutchison, Jr. (Eds.), *Employee assistance programs: Wellness/enhancement programming, 4th Ed.* (pp. 288-292). Springfield, IL: Charles C Thomas.

[20] Wittes, P., & Speyer, C. (2009, May). *Online counseling: A key component of 21st century EAP in a global economy*. Presented at the Annual Institute of the Employee Assistance Society of North America, Denver, CO.

[21] Attridge, M. (2010, June). *Research insights on EAP value: Keynote address*. Presented at the Northern Illinois Employee Assistance Professionals Association 32nd Annual Conference, Chicago, IL.

[22] Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul R., Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2010, May). The business value of EAP: A conceptual model. *EASNA Research Notes*, 1(10), 1-5.

[23] Burke, J., & Sharar, D. (2009). Do 'free' EAPs offer discernable value? *Journal of Employee Assistance*, 39(6), 6-9.

[24] Burke, J., & Sharar, D. (2009). The perceived value of 'free' versus fee-based employee assistance programs. *World at Work Journal*, 18, 21-31.

Suggested Citation:

Attridge, M., & Burke, J. (2011). Trends in EAP Services and Strategies: An Industry Survey. *EASNA Research Notes*, Vol. 2, No. 3. Available from: <http://www.easna.org>.