ABSTRACT. This Research Note reviews the history of the field of EAP, the characteristics of the modern EAP, and the growth over the last 20 years in how many organizations have employee assistance services in the United States and Canada.

What are EAPs? EAPs are employer-sponsored programs designed to alleviate and assist in eliminating a variety of workplace problems. EAPs typically provide screening, assessments, brief interventions, referrals to other services and case management with longitudinal follow-up for mental health concerns and substance abuse problems. The source of these employee problems can be either personal or work-related. Those who work for EAPs come from many different professions including social workers, psychologists, counselors, substance abuse specialists, occupational nurses, and others. In Canada, the services are called Employee and Family Assistance Programs (EFAPs).

A Brief History of EAPs

Early EAP services initially arose out of a need for a stable and skilled workforce during WWII. The severe shortage of male workers in New York City prompted some corporations to recruit workers from the Bowery district, resulting in the hiring of numerous alcoholics. Corporate medical directors postulated that it might be more cost effective to rehabilitate problem drinkers than to have a revolving door employment policy. This approach led to the emergence of Occupational Alcoholism Programs (OAPs). These workplace-based programs grew in acceptance and number throughout the 1950s and 1960s.

The US federal government promoted OAPs through legislation such as the Hughes Act of 1970, which required all federal agencies and military installations to have an OAP and its amendment in 1972 to include drug abuse. In the early 1970s, the US government established the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with the mission of promoting the growth and diffusion of EAPs throughout the United States. Also emerging at this time was the Association for Labor—Management Administrator and Consultants on Alcoholism (ALMACA). During the mid 1970s, private EAP consulting firms such as Human Affairs International and Personnel Performance Consultants began to offer an alternative option for the delivery of EAP services from an internal model to an external model.

During the 1980s, EAPs became more popular in North America. At this point in time, the mix of services offered by EAPs expanded to feature more
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The EAP field has been nurtured over the years by the

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Employee Assistance Professionals Association (EAPA;

which evolved from ALMACA) and the Employee Assistance Society of North America (EASNA; which has

a strong Canadian influence). Today, the number of

members in these two associations exceeds 5,000 people

and is growing worldwide.

The Modern EAP

Many types of EAPs are available today and there are

some differences on the definition of what is an EAP. Regardless of the specific definition, what ultimately

distinguishes the EAP profession from other forms of

mental health counseling, coaching, and occupational

health services, is that it emphasizes employee work

performance as a central theme guiding all program

practices and services to the organization.

Arguably, the most essential function of a successful

EAP is its ability to provide confidential support

services, on demand when it is needed, free of charge to

the user. EAP services are voluntary and most

employees who use EAP services do so through self-

referrals. However, some of the employee users of EAP

services are referrals from others in the organization,

such as their supervisor, union stewards, human

resources staff, safety officers, medical personnle,

disability case managers, and other areas. Depending

on how the program is designed, use of the EAP by

spouses and by other family members of employees is

encouraged. EAPs typically report that about 1 in 10

users of the service are non-employees.

The primary activities performed by EAP professionals

include meeting privately with employees or their

family members to identify and/or resolve workplace,

mental health, physical health, marital, family,

substance abuse or alcohol problems, or emotional

issues that affect a worker’s job performance. These

kinds of individual cases typically comprise the majority

of all activity for most EAPs. This is accomplished

through a combination of different service delivery

channels, including office visits, phone and web-based

technologies.

Most EAPs also offer consultative and educational

services around legal and financial issues that affect

employees. Other EAP services support individual

leaders and supervisors with their management and

work team problems – these are called “management

consultations” – as well as more strategic consulting

around organizational change and workforce

development issues. EAPs also offer preventative and

immediate response services for crisis and workplace

critical incidents. For some EAPs, this kind of

organizational level activity makes up the majority of

the total mix of EAP services compared to individual

employee cases contact. Certainly, most EAPs function

in ways that are highly dependent on the culture of the

company that they serve and the customer expectations

for their EAP.

The Growth in EAP

EAPs have been widely adopted across North America. In 2002, well over 100 million American workers were

estimated to have access to an EAP. Much of the

growth in offering EAPs happened in the late 1990s
and early 2000s. In 1985, about 31 percent of companies in the US had an EAP and in 1995 this had risen slightly to 33 percent. But by 2002-2003, a majority of full-time workers (60%) were employed in settings with an EAP. In 2004, SHRM reported that 70 percent of employers had an EAP. According to a national survey by Employee Benefit News, about 75 percent of all businesses in 2007 had an EAP. The 2008 SHRM survey also found that 75 percent of businesses offered an EAP. Thus, in the last twenty years the number of companies with EAPs has more than doubled (see Figure 1).

However, having an EAP varied substantially based on company size (see Figure 2), ranging from 52 percent for small employers (1-99 staff), 76 percent for medium employers (100-499 staff), and 89 percent for large employers (500+ staff).

The figures on market penetration in Canada are similar to those in the US. In the province of Ontario during the period of 1989 to 2003, the number of organizations with an EAP doubled – going from 28 percent to 67 percent. As the US, EAPs in Canada are more commonly provided in government and unionized environments and in medium to larger size private sector organizations.

**Conclusion**

The history of the field of EAP began more than 60 years ago. It featured internal programs – called Occupational Alcoholism Programs – that had a focus on managing workers with alcohol problems. The alcohol related laws that were passed in the 1970s further increased the role of EAPs in the workplaces of government organizations. As more companies became aware of the success of EAPs, the industry began to grow with providers offering EAP services to many different organizations. The characteristics of the modern EAP include a “broad brush” approach where treatment is provided for a wide range of personal problems, such as alcohol or drug abuse, depression, financial problems, family problems or work problems.

As the external model became more popular, the number of companies with an EAP has more than doubled over the last 25 years. Today more than 75 percent of all organizations in the US have EAP services, although it is much more common for large size companies than for smaller companies.

**References**


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