

The Current State of Employee Assistance Programs in the United States: A Research-based Commentary

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Abstract - This article presents a commentary by scholar Dr. Mark Attridge on the best practices and current trends in the Employee Assistance Program (EAP) benefit for employees in the United States. The goal is to help employers better understand and maximize their EAP by presenting research-based content in a style that is more conversational than academic. The paper starts with an overview of the basic qualities that define and differentiate EAPs. This is followed by examining short-term counseling and related individual EAP services for supporting distressed workers. The third part presents evidence of the effectiveness of EAP counseling and a recommended self-report outcome measure available to EAP providers. The fourth part describes the organizational level services that full-service EAPs also provide to support the workplace. The next part explores best practices that employers can use to improve the utilization of the program. The final part notes the growth of EAP globally. Also presented is a resource bibliography of over 270 research-based materials created by the author on a variety of EAP topics.

Index Terms - applied research, employee assistance program, employee benefits, leadership, Workplace Outcome Suite (WOS)

I. EAP BASICS

Defining Employee Assistance Programs (EAP)

According to the Employee Assistance Professionals Association, an employee assistance program (EAP) is defined as a “set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace.” The core service offered is individual counseling provided by a licensed professional therapist for free. EAPs also have specialists on staff who are trained and certified in how to deal with difficult situations caused by substance abuse issues. EAPs also provide a wide range of workplace consulting, training, crisis event responses, and other organizational-level services. See the articles 1 to 50 in the resource list for details on EAP basics.

According to an analysis of government national data in year 2021, over 72 million workers in the United States had access to an employee assistance program (EAP) as part of their employer sponsored benefits [46]. Over 2.6 million employer organizations across both the public and private sectors pay for an EAP to be available to their employees. It is more commonly offered as the size of the employer gets larger: 84% of employers with 500 or more employees have an EAP; 66% of employers with 100-499 employees; and 32% of small employers with 1-99 employees. Yet, because small employers account for the vast majority of all employers in the country, the final result is that 53% of all American workers have access to an EAP benefit [49].

Why Employees Use EAP Counseling

EAP users tend to be mainly healthy people who have recently experienced some event that’s distressing enough to want to talk about it with a professional. EAP users generally have some event going on that they can’t handle. They’re kind of at a breaking point. How can I deal with my stress or my anxiety? People want to get back on track and get back to working more effectively. This practical approach is why it’s so powerful. Often it’s about what I call “calming and steerage.” Calming down the person so they say, “Am I okay? Is this really a big problem or is this something I can manage?” However, in a small percentage of cases, it is a more severe problem. For example, they need maybe some psychiatric medication, or they need an alcohol treatment center, or they need a longer-term intervention appropriate to when something really serious going on. But most of the time it’s something the person can handle if they get the right path to go forward. When people are in distress, they need some support and they need it quickly. Most EAPs have a 24/7 phone number to ask for service anytime. But how fast actually one gets to talk to a counselor depends on several factors. Crisis of emergency events can usually get immediate support through the EAP service.

The EAP can be a resource to answer questions such as, “Am I normal? How severe is this experience for me? Do I need more intensive help, or can I figure out a game plan on my own to do this? What do I need to do? Is this a real clinical disorder? Can I get back to work?” A lot of people just need to determine what's going on in only one or two sessions with a counselor. Other people need four, five, or six sessions and they figure out, they try out some things, they get some feedback, they fine tune their action plan. Those are the more psychological kinds of cases that can take a while to learn how to manage your emotions better. Counselors are great teachers. They're not there to fix you, to change your life, or repair your past. They're there to teach you how to manage stress and how to manage these troubling symptoms. It could be about all kinds of different topics. In the field, this is called the “broad brush” approach to what an EAP can do.

The life events leading to EAP use typically are mental health-related, such as anxiety, depression, grief, or trauma. The COVID-19 pandemic caused a lot of stress in general and increased anxiety and depression for some people. Another type of issue is relationship problems, which include marriage, children, and family-related issues outside of work. Another type are work-related issues. Something is going on at work, or work change, or problems with customers, or problems with other staff at work. Another reason people use an EAP is for general stress, often over money and other life management concerns.

It used to be that alcohol and drugs were a central part of EAP use when they started. But today, the number of EAP cases who are seeking help for alcohol or drugs is maybe only 5% of the total caseload. It should be a lot higher—and it is, in some industries that typically have low direct supervision and mostly younger or mostly male workers (such as retail, restaurants, mining, manufacturing, or construction). Substance use and addiction are still more stigmatized than other kinds of behavioral health disorders.

Getting Access to the EAP

When people are in distress they may feel like they are losing control and they want to get some help. But first they have to break down the personal barrier to say, “I need to talk to a professional.” The employee must take the first step to reach out to the EAP when they feel distressed. That's an important decision that's hard for people to make, especially men. In general, fewer men use counseling than women and that is true at most EAPs as well. However, once people do use the EAP the clinical and work outcome results are the same for men and women in terms of how they improve and what happens at follow-up. EAPs generally do not engage in company-wide health risk screening and outreach efforts like most wellness programs do. They generally wait for people themselves to be aware of it and decide to access the EAP on their own. About 3% of all EAP cases get a referral to the EAP from a manager or supervisor at work who knows about the program.

The key criteria to use an EAP is to have to have access through your employer. Often the EAP intake process does not necessarily say, “Show me your ID number,” as the specific employer sponsor can often be determined usually from the phone number or from the web link used to first access the EAP. The user does not get a medical claim record and you don't have to give them your personal ID numbers. Usually, the caller has to say where they work. Unlike going to outpatient mental health benefits or private pay therapists in the community (if you can even find a counselor in your local area who is taking new clients), the EAP has no insurance copays and is offered at no cost to the user. Of the people who use the EAP, most are employees (usually 80% to 90%) but it usually is also offered through the generosity of the employer—like many health benefits are—to the in-household family members of the employee. Thus, a spouse or the employee's children can also use it, as well as others in the home, such as elders.

Internal Staff EAPs, External EAP Vendors, and “Free” EAPs

The vast majority of all EAP services today are provided by third-party specialized vendors that are not employees at the particular work organization being served. This is the external vendor delivery model of EAP. The specific number of EAP vendors is unknown despite it being a multi-billion dollar market in the US [46]. Most of the national health plans also sell an EAP and there are many specialty vendors who focus just on EAP services. There are about 25 regional and smaller EAP vendors in the US who are active members of the National Behavioral Consortium [28,31,32,39,43].

A troubling trend during the last decade or so in the US has been the development of new insurance products that have added an “EAP” benefit for free when the other insurance parts are purchased (i.e., disability or life insurance or other kinds of health insurance benefits) [27-29]. Of course, it is not really free, as the insurance company pays an EAP external vendor to provide these services under the brand name of the insurance company. But that operational cost of the EAP is embedded inside the overall larger insurance company premiums that the employer pays and is not a separate line item fee. These so called “Free EAPs” are indeed provided by a real EAP vendor, but the program utilization is usually extremely low, like only one or two percent of employees per year who use it for counseling. Also problematic is that these kinds of bare bones programs usually don't do any of the other workplace support services for managers and the larger organization. They just do the individual counseling and can make referrals to a partner company for crisis response if needed. But they often don't do work-life, they don't do addiction, or they don't do the difficult stuff involving the workplace. But it doesn't cost the employer anything either, which is OK if all they want is to be able to check the box that the company has an EAP. But you get

what you pay for or don't get in this case when other kinds of full-service internal staff EAPs or quality vendor EAPs yield much higher use levels and more business value.

While the "Free EAPs" represent the low end of cost and quality, the high end is represented by the internal staff model programs. There are hundreds of internal model programs in the US. The Federal Occupational Health program for employees of the US government is the largest EAP in the world, serving over 2.2 million workers [46]. Some internal programs are members of the EAP Roundtable group [210,214,244]. These kinds of EAPs are usually at large size companies with 500 or more employees. They have a number of EAP staff that are licensed counselors who work full-time at the company and serve only the employees who work there. Thus, they know the culture, they know the people, they know the risks, and so they can help in more specific ways than an outside vendor can. In my opinion, they probably do the best job of providing a full-service EAP. But they also cost the most because they're a full-time budget item. The internal EAPs are where it works the best and annual utilization is often the highest. Some employers with an external vendor also can require a number of EAP counselors to work on-site at certain workplace locations.

II. EAP FOR THE WORKER

EAP Brief Counseling

Most of the EAP counseling involves an initial comprehensive assessment and then brief talk therapy treatment. It's generally somewhere between three to six sessions of personalized counseling over a month or two of time. The worldwide average for EAP treatment episodes is about 50 days from start to finish, involving maybe five sessions total per case. So, it's fairly focused and oriented around problem-solving for the client. It is done face-to-face in an office somewhere that the employee can use privately. But a lot of EAP counseling is actually done over the telephone. More recently with the COVID-19 pandemic, almost everybody who's a service delivery provider has become pretty good at using some kind of a HIPAA-qualified online video connection that's secure, private, and ethical. EAP counseling can be done via online video, phone, in-person, or whatever access modality the client prefers to use. I've been involved in many studies that show the outcomes after use are pretty much the same across the different access modalities we have tested. As long as you're talking to a live mental health professional, you're going to get some support and find relief and. A person can use the EAP more than once too if there is another different issue later on.

I want to emphasize that EAP use is confidential. The employer is not going to know that a specific employee called the EAP and got some help. The EAP can't even tell their supervisors or managers anything about the content of what was discussed. It has the same patient privacy rules as doctors and other healthcare providers do. Even so, many workers are still afraid of using EAP because they think that someone at their company's going to find out, or that it's not private. But that's just a myth, which unfortunately probably drives down utilization of the EAP. There are rules and ethics and regulations around doing counseling. Even the other services that are not with a counselor - issues that are work-life related with legal or finance or family or other things - are all completely private in terms of the user. The only time that privacy may change is the same legal guidelines that any medical or outpatient counselor has involving situations when you're talking about self-harm or harming someone else. In that context, then yes they're going to alert somebody. But that's very rare in the EAP experience. The main point to know is that EAP counselor contact is confidential. Moreover, all EAP counselors have to be licensed to practice and have to follow the ethical guidelines of the social work or psychological profession. The EAP field also has its own specific ethical guidelines for practice and service delivery [18].

Number of Sessions of EAP Counseling Allowed per Case

I do want to clarify that there can be a limit to the number of counseling sessions allowed per case. This limit is set by the employer and is determined by the budget of the employer and not by the EAP. Most EAP benefits are defined as allowing between three to six counseling sessions per case. Many employers are increasing the number of limits available to be a more positive employer who can say, "Well, if you need to use the EAP eight times or 10 times, go ahead." Some employers now are even sponsoring an unlimited number of sessions. Although during COVID-19, the average number of sessions used per case in North America was about five or six sessions of use per case. The six-session limit model would probably be the most common contract today after the pandemic. However, employees can use the EAP service more than once to support different issues, although this is not common.

In reality, the more sessions offered after 8 doesn't actually change the average level of sessions used per case because most people, on average, just don't need a large number of sessions to resolve their acute issue among populations who are healthy enough to be working full-time. For example, even using only one or two sessions of counseling per case—which is maybe a fourth of all cases at many EAPs—has success. It is also very important to note the outcome research data shows that most employees get their problems fixed equally well even when they use a different number of sessions in the course of their care.

EAPs Referrals to Resources for Mental Health and Work/Life Issues

Unlike the new technology-based tools for mental health that do not involve a live professional counselor, EAPs are not designed to support just one particular clinical issue. It's not a structured program, like say a depression management program, a diabetes program,

a hypertension program, or online iCBT computerized training. Every time a person uses their EAP, it's a customized experience with a human that usually involves a thorough multipoint risk assessment. The counselor usually asks about mental health, about family, about your finances, about your work, and so on. They ask about a wide range of topics, which is fairly unique. A lot of other services have a particular theory or agenda or program that they're trying to do to you. In contrast, EAPs are very open to what do you need to resolve your problem. What should you say? Where do you need to go? Are you aware of all the benefits that are going on at your company? Usually, the counselor knows what's on their employer's benefit website. Part of their training is to know what the customer also has in addition to the EAP and also what's in the local or online community. Most EAPs have a national or big database of other kinds of services that are from the community, the government, or from other providers that you can use, usually for free.

Some users may need referrals for more care after EAP counseling. These usually are about 5% to 15% of all cases who need a more long-term approach for clinical care. This is relevant because when the primary issue is more serious, such as depression and maybe needing medication or if the person has an addiction sub-component or if they are experiencing disorders that are chronic conditions. This referral usually happens rather soon—after the first or second session, so that can drive down the per-case session average too.

There are also other people available from most EAPs who can help employees with debt management or financial issues and they also have legal advice services available [171-179]. A lot of people also use the EAP to get support for other kinds of personal issues with their families [23]. For example, let's say you need help for an aging mother who has Alzheimer's. Well, how do you handle that? Let's say you adopted a child. How do you make that work well? So, there's what we call work-life professionals, who are people that specialize in finding many kinds of non-clinical resources in the community or that are already sponsored by the employer, but usually it's not a psychological kind of resource. It's what I like to call "real-life" kinds of resources.

III. EFFECTIVENESS OF EAP COUNSELING

EAPs Focus on the Work Impact of Employee Issues

The main focus of EAPs is about work function of the client. It's about uncovering the impact on the workplace and making it better. It's not just about your personal problem. The goal is to make you function better in your family and your personal life, yes, but also to function better again at work. The simplest reason for using the EAP is a feeling that "I just can't do the things I normally do." The research outcomes show that people's overall life satisfaction gets better, certain clinical indicators improve, but also their work improves too. Usually only about one in every five cases calls up their EAP saying, "I want help with work," and yet half of all of the EAP users will have a work performance deficit when they start counseling, and a third have an absence problem, but they don't know it's affecting their work as much as it really is making an impact. That's another reason an employee may want to use it, is that it kind of gets them able to do what they're good at (which is their work) and so they can be more functional. Our studies show that work presenteeism is what rebounds the most after people use EAP counseling. People are able to refocus and get back to work, but most don't get all the way back. They get back to maybe high 70% to 80% range of productivity levels. And some of them get back all the way to normal performance. So that's a pretty positive result that has real dollars to it. But mainly, people like to work. They like to be effective, they like to do their job, and so that in itself is very therapeutic that you can control by getting help when needed. See the articles 51 to 151 in the resource list for details on EAP outcomes and ROI.

Measuring the Effectiveness of EAP Counseling

One challenge in our industry is to say, "We need to define what works. We need to measure that. We need to give people measurement tools." The most widely used measure in EAP is called the Workplace Outcome Suite®, or the WOS when abbreviated (<https://wellbeing.lifeworks.com/resources/wos/>). My friends Dr. Dave Sharar from Chestnut Global Health, Dr. Rick Lennox, and others developed it back in 2010. It started as a 25-item scale with five factors. The current brief version of the WOS has only one item for each of the five outcomes. The counselor gets the client to answer the set of WOS questions. This is usually done the first time they seek counseling and then again at a 90-day follow-up after the final session of counseling. Some EAPs collect data on the WOS after every session or at the end of the treatment (ex., after five sessions are used). The WOS measures five kinds of outcomes relevant to workplace counseling. It's essentially asking the client to self-report on five areas by rating how much they agree or disagree with statements on a 1-5 scale. The copyright for the WOS is owned by *TELUS Health* (formerly *LifeWorks* EAP in Canada). It is free to use by anyone, but they prefer the user to register for a license with them (email: WOSAnalytics@lifeworks.com). I'll describe in more detail each of the five outcome areas. See the articles 152 to 166 in the resource list on the WOS.

WOS: Employee Work Presenteeism

We have learned it is more important to ask about work performance on the job than it is to ask about missing work. An example item is: "My personal problems kept me from concentrating on my work." This lack of focus while working is called *presenteeism*. And this is really the big story with the Workplace Outcome Suite, the presenteeism impact of workers' problems on their work performance

overall. Almost two thirds of all EAP users start counseling with a work presenteeism problem, but this rate is almost cut in half after treatment (60% vs. 34%).

WOS: Employee Work Absenteeism

One key outcome is the level of absenteeism from work. Literally, we ask how many hours of work did you miss in the last month because of the issues that led you to use the EAP? This includes full days and partial days missed from work. It may surprise you to learn that the typical answer from EAP cases is to report missing zero hours of work—both before and after use of the counseling. So, absence actually isn't really a big problem for most employees who use counseling. Yet, a small percentage of the EAP users do have a problem with missing more work than the average worker. About 1 in every 4 EAP users starts out in counseling with an absenteeism problem (defined as missing a half day or more of work per month), but this rate is cut in half by the end of treatment (23% vs. 14%). The average across all EAP cases is about 8 hours of absence before starting counseling and about 3 hours after use. This is more than the typical employee in general, who has only has about three hours of absence per month.

WOS: Employee Workplace Distress

And then there are two other areas of the WOS that focus more on the workplace experience. The first measure is for workplace distress. An example item is: "I dread going into work." This is essentially a brief measure of the work culture or maybe the nature of the relationship with your supervisor at work. The workplace distress outcome is endorsed more by cases who use the EAP to address work-related issues. These cases tend to get referred by supervisors or because of something specific in their workplace that's troubling them. About 1 in every 3 EAP users starts counseling with this kind of problem, but this rate is reduced by half after treatment (30% vs. 18%).

WOS: Employee Work Engagement

Work engagement is an issue that is assessed in many ways at companies as part of overall worker wellbeing initiatives and annual employee surveys. Engagement involves issues of: Are you excited to do your work? Does it motivate you? Do you like your work? An example item from the WOS is: "I am often eager to get to the work site to start the day." About 1 in every 3 EAP users starts counseling with a work engagement problem, but this rate is reduced the end of treatment (36% vs. 24%).

WOS: Life Satisfaction

The final area assessed by the WOS is not about work. Rather, it is about life in general. An example item is: "So far, my life seems to be going very well." Disagreeing with this item reflects a level of basic distress, and thus we can interpret this outcome as a generalized indicator of clinical problem severity. More than 1 in every 3 EAP users starts counseling with a life satisfaction problem, but this rate is reduced to by about half after treatment (36% vs. 17%)

WOS: Research Norms for EAP Industry

There has been a movement in the EAP industry called the Workplace Outcome Suite project. The WOS is being used now by dozens of EAPs all over the world. Over 50 EAPs have shared their raw data for our ongoing benchmarking project. The WOS has been a way to standardize outcomes across lots of different EAPs. Each year, we get more raw data from EAPs all over the world and share an annual report with norms of scores for the whole field. We have been sharing a summary analysis of the global WOS data as a service to the industry through a series of ongoing annual reports. It started with Chestnut Global Health—who created the WOS measure—and now is being run by TELUS Health. They have hired me to do this work as an independent researcher over the past five years.

The most recent report was released in 2022. It has over 42,000 cases from EAPs all over the world from years 2010 to 2020. It showed a positive impact from the use of counseling in general across each of the five WOS outcome areas. In terms of statistical language, we get large size effects for both work presenteeism and life satisfaction outcomes. The other three outcomes have medium or smaller size effects because they're less relevant to the majority of counseling users. Not everyone has a work distress problem or a work engagement problem. The bigger goal is to find out what works and what doesn't work and then educate everybody about the story, both the counselors and the customers. More EAPs have added their data to the project the next annual report on the WOS now in development for later in in year 2023 will have data from over 150,000 cases – with over half during the pandemic years of 2021 and 2022.

Since 2020, LifeWorks EAP started to use the WOS in their own ongoing data collection with counseling users. This very large global EAP collects the 5-item version of the WOS data at the start of use at the first counseling session and then again at the last counseling session—but not at the follow-up 90-day after use (like most of the EAP industry). Today, after two and half years, they have this data on hundreds of thousands cases worldwide in four global areas (Canada, the United Kingdom and Ireland, the United States, and Australia) that have all used the WOS in the same way. It's really helping to tell the same outcome story to employer customers in different parts of the world.

EAPs Restore Lost Work Productivity

The presenteeism problem assessed on the WOS also has been examined in many studies by using a question that simply asks people to rate their job performance on a scale from 0 to 10. Rating it from the worst it's ever been at 0 and up to a 10 for top performance. This is from the Health and Productivity Questionnaire (HPQ) developed by researchers at Harvard University for the World Health Organization back in 2003. These studies show that the typical employee in the U.S. says that they are an 8 or 9. Thus, about 85% of their time is productive (and the other 15% is time not being productive – which is presenteeism). That's the result for a normal worker and it makes sense that you can't be productive at work all of the time. Being 100% productive doesn't really happen, so the 85% level of work productivity is typical and more realistic. The workers who are calling an EAP when in distress, according to studies I've done, are only about 60% to 70% productive.

In terms of hours of lost work productive time experienced during the month just before starting counseling for EAP users, work presenteeism is estimated to cause about 57 hours lost whereas work absenteeism is only 7 hours lost for employees in the U.S. But after the counseling has been completed, these averages are much lower, usually about 36 hours of presenteeism and only 3 hours of absence. Keep in mind that the typical non-user of EAPs has about 27 hours of lost work each month [165]. That is a substantial amount of lost work time per month for the people who are in distress. They are less productive because of whatever mental health, personal, family, or work issue that is going on. The use of EAP counseling then often is successful in getting them back to a normal level of work performance compared to when an employee just struggles on their own without counseling. Thus, work presenteeism costs employers far more in total dollars than absence days and all of the healthcare claims and other benefit claim areas combined. The cost burden for EAP counseling users are more in the area of work productive when you are at work rather than missing work or medical illness implications. The typical ROI ratio for EAP is about \$5:1 just for the improvements in work presenteeism and absenteeism combined outcome effects from use of counseling.

IV. EAP FOR THE WORKPLACE

A full-service EAP also can provide expert staff to deliver consultations with managers, trainings for managers, trainings for groups of employees, crisis event response (if needed), and other organizational-level services that customize materials and therapeutic support to the worksite context and specific workers involved. When also considering the business value of the workplace and organizational level risk management services that are also provided, the true ROI is much higher. See the articles 167 to 196 in the resource list.

EAPs and Workplace Crisis Events

The most valued service component for many EAPs to justify their budget cost is that they can handle really difficult problems that affect workers and the entire workplace. There are many kinds of crisis events. For example, let's say someone at work gets murdered in the parking lot. Or a worker's arm at the manufacturing plant gets ripped off in the machine. Or someone committed suicide. Or there's a flood or other severe weather disaster. Or there's what we call a crisis event that needs psychological trauma management after it happens. These kinds of events may not happen even once a year for a particular employer but one of the hallmarks of EAPs is they have the specialists and expert partners who are really good at trauma support if it is needed. And that can be a business situation that can go wrong very quickly with consequences of people quitting or going on disability or getting sued if it's not handled appropriately. Thus, the risk management part of EAP is very strong and traditionally an important part of the business case for EAP. Some of the new health promotion, health prevention, mental health apps, and computer robot tools for mental health don't do any of these kinds of workplace services.

Referrals to the EAP

The vast majority of users of EAPs are people who take the initiative to contact the service on their own. These users are called self-referrals. In addition to the self-referrals, another good way to promote the EAP is to have peer advisors in the workplace. These are employees who understand the role of the EAP and can make informal referrals to counseling when they notice a fellow worker who is struggling. In a lot of places, that works great because they have peer advisors that have been through really difficult situations and want to reduce that trauma among others they work with. Like the train industry is really big on EAPs because of the regular occurrence of "suicide by train" and the trauma those terrible events cause to the train workers. Or certain occupations that have a lot of workplace tragedies and risky events on a regular basis and the unions in those places want to support their members. Thus, they tend have higher EAP utilization level than other employers.

Most full-service EAPs encourage referrals from supervisors at work. Supervisors can be a key resource for workers to go to for assistance with work and personal problems that affect their work. One of our recent evaluation studies provided evidence about employees formally referred to use of EAP counseling by their supervisor at work [150]. Although they comprise a small segment of the overall caseload (about 3%), the employees who are formally referred by their supervisor or manager at work to use counseling from

the EAP do have a distinct profile in certain characteristics, including: males more than females; having a more severe risk profile for work outcomes (particularly absenteeism) and for alcohol and drug misuse problems. These kinds of EAP cases also tended to have better improvement after use of the service compared to other clients who voluntarily use the service. Taking advantage of formal referrals to the EAP can be a career saving option for some employees.

Technology and EAPs

People often think of counseling treatment as something that happens in-person at the office of the counselor (maybe involving a couch for the client to use while talking about their personal issues). But providing support for employee mental wellbeing also can be done using technology tools like online video, e-mail, or smart phone text exchanges. These technology tools allow EAPs to meet virtually with people in the workplace, such as video calls or trainings with managers, human resources (HR), supervisors, and leadership. All EAPs today have websites and can provide telephonic and online video access to counselors and other EAP staff. However, there have been significant changes in the industry over the last decade involving technology. See articles 197 to 215 in the resources list.

This EAP-specific use of technology to connect with clients and customers is different from the thousands of digital apps for mental health now available. Advancements in technology have created a lot of new online-only companies entering the EAP field. These kinds of providers often just do just little pieces of what a full-service EAP does. I call these “Imposter EAPs” [215]. Some of these digital support companies emphasize technology tools without a human being involved at all or they encourage digital interaction with friends or family of the user who can act as non-licensed coaches rather than providing real treatment from licensed mental health professional counselors. Some products are self-guided computerized training tools that never involve another human. Most of these new providers only have virtual services to support the individual and fail to offer much that directly supports the workplace and the larger organization (i.e., consultation with managers and leadership, critical incident preparedness and response, customized employee trainings, complex case management) and many never even actually go to the employer worksites.

However, the digital mental health apps and online self-care tools are great at risk-finding and getting employees to become aware of mental health issues. The techno tools certainly do have the potential to reach a high percentage of employees than the average EAP can. But they’re actually not so great at clinical treatment, because most of the users drop out and stop using robot tools. They often just don’t like them after first use. Some techno tool companies for mental health also fail to protect the privacy of the user, and that is a big ethical concern.

Another problem is that almost none of these digital apps and online programs are required to inform their users of the EAP that is also available or to automatically refer their at-risk users directly to the EAP counseling benefit for a professional risk assessment and counseling from a human professional or to get a referral into other relevant treatment benefits and resources. I find this odd when the employer is paying for both of these services. I think employers should be demanding a lot more integration of their EAP counseling services with the digital health tools being added to benefits.

V. EAP UTILIZATION

EAP Utilization – Which Services Are Included?

A key issue with program utilization is how it is defined [16]. The core services of individual support provided by a qualified and licensed professional is the starting point for measuring utilization of an EAP. Historically, the number of people who used an EAP counselor for a clinical issue was about 5 out every 100 employees at a company with access to the EAP benefit. But since the COVID-19 pandemic, this counselor case rate has increased to about 9 out of a 100 [165,212].

Another different type of service is often inappropriately compared to the EAP counseling case rate. There are a lot of mental health smartphone apps and online screening tools or other human-delivered services in areas of health promotion, health risk prevention, health and wellness, health and wellbeing. All of these services are for people that are not in that much distress (i.e., pre-clinical status) and who do not really need clinical level customized therapy from a licensed counselor. Use of these pre-clinical prevention-oriented kinds of services should be something like a half to two-thirds of a company’s total workforce. But that’s not what an EAP is designed to do or is being paid to do. That kind of computer tool use is not the same as individual professional therapy with a human counselor.

In addition to counseling services, a good EAP will provide other workplace-level services (manager consultations, employee trainings, critical incidents, organizational policy support) should be counted in part of the overall program utilization. Also, the educational/prevention digital kinds of services from a full-service EAP are added on top of this clinical case rate level of utilization and the organizational level utilization activities. Thus, counting the number of employees who attend trainings, use consulting services, participant in crisis response events or other workplace-based services also should be factored into a total EAP utilization metric.

EAP Utilization – A Realistic Level for EAP Counseling

An EAP generally does psychological counseling using a professional assessment, brief psychological treatment and also referral (if needed). What should a realistic level of utilization be for these core activities? This is the number of people calling up the EAP saying, “I need a counselor to help me, not a robot app, but a professional, licensed person.” How many employees in a given year should do that? Well, given that employees with an EAP benefit also have outpatient behavioral health treatment benefits, you can go in to use a licensed counselor in your community that your health plan has, or if you want to you can pay for it yourself. According to national epidemiologic studies, about 25% of people in a year have a mental health or substance use disorder. I think the top end would be about 25% should use some kind of professional clinical treatment service in a year. But some of this risk group is already using mental health treatment benefits or at least getting psychiatric medications without any talk therapy. In most employer plans, about 10% of all employees do use behavioral health services for outpatient or inpatient benefits. So that leaves about 15% left over from the at risk group who are not already in benefits and thus are appropriate for EAP counselor use. Then there is another 5% or so of this at risk people who just refuse to get any care. They feel it will stigmatize them and so they won’t get any professional treatment. Removing these people from the relevant at risk group leaves about 10% of all employees who are clinically relevant and personally ready to use an EAP benefit for professional counseling.

This target rate of about 10% of employees who should use EAP counseling aligns well with other recent research studies too. In year 2021, I asked over 100 professionals in the field who deliver services, who own EAPs, who do this kind of brief counseling, what do they think the average realistically *should* use the EAP for counseling [165]. In that study the result was 12% of all employees per year should be a good target level to expect for the use the EAP counseling. A study of over 200 employer members of the International Foundation of Employee Benefits found a U.S. national average of almost 10% of all covered employees who used EAP counseling in 2021. So those results are also pretty close to my estimate of what it should be. I think a 10% to 15% range of employees as users per every 100 covered by EAP is a realistic use level of just for the counseling part of what EAPs provide to work organizations.

EAP Utilization – Confusing Prevention with Clinical Counseling

I think one problem is that some employers confuse program use rates for general health promotion, prevention and risk screening kinds of services with the use rates for clinical treatment for employees with behavioral health problems. This confusion is somewhat specific for how employers view EAPs. For example, we don't say that 100% of our employee population at company X should get diabetes treatment each year. It just makes no sense. You treat only the small sample of people that have diabetes. You want to do other kinds of prevention and screening for diabetes for everybody, but you don’t treat everybody at the clinical level. Thus, part of it is having the employer understand, well, what is the level of behavioral health risk severity that the EAP service is supposed to address? And most of the time it's not prevention, it's individual treatment.

Another source of data that supports this target level comes from the really good internal programs at big organizations that have had an EAP internally for 10 to 20 years, and their average utilization is in that range of 10% to 15%. They get that higher level of use because they have union support, they have HR staff and middle managers who know about the EAP, and they have line supervisors who make referrals to the EAP. It’s really a work culture effect that makes the EAP successful. That is also why there is huge variation with some employers that have EAP use rates above that level and many below that level. Generally, every EAP external vendor that I know has certain employer customers with counselor-only annual use rates of 10% to even 20% levels, and yet they also have a lot of other employer customers that have very low utilization under 5%. So, it’s not just the EAP itself that drives the level of program use but also the company culture and certain aspects of the workplace itself.

EAP Utilization – The Role of Workplace Culture

Another approach for increasing program use is to integrate the EAP into the bigger work organization. Can employers create a culture so that supervisors and managers and people know what it is, at least at a basic level, and they feel safe making a referral to the EAP? I've written a series of ten articles on how to integrate the EAP into the bigger work culture and other kinds of employee benefits [186-195]. Just providing regular orientations to managers and HR staff about the purpose of an EAP is very effective. How and why to use the EAP should be information that is shared with other services that do health risk screening, digital apps for self-care, worksite wellness programs, work/life programs, health plan programs supporting people with chronic conditions, and so on.

For a case example, I have friends who run the internal EAP program at the University of Pittsburgh. It’s called the LifeSolutions Faculty and Staff Assistance Program. This program has some counselors who are full-time employees who are on staff as counselors and managers and also a large network of affiliated part-time counselors that can used on demand when needed. What is interesting to me is how they have been innovative in trying to integrate the EAP into various points within the HR system that align with life-event triggers that may indicate psychosocial risk events. Some of these life events are positive, such as getting married or having a baby. That can be a stressful period for the worker and his or her family. Maybe they want to talk to a mental health professional about that process, maybe not. They don’t have to. It’s not a requirement for employees to use the EAP. Rather it’s just a reminder that such resources are

available. Other examples of trigger events are an employee who goes on family leave, or goes on disability, or someone who was let go from the company. They have also integrated the EAP into communications to every new hire at the organization. The new hire gets an opportunity to meet with an EAP counselor about issues or concerns. One goal is expanding the EAP and integrating it into other parts of benefits, either chronic care programs or people that have real serious ongoing long-term things or people that have HR events, or more importantly, integrating it into all these new digital tools for employee wellbeing. In addition, since 1997, there also a version of the program that functions as an external vendor of EAP services sold to other employers in their region.

EAP Utilization – The Role of Company Leadership

The best way to promote the EAP is to explore if leadership understands the role of an EAP. If they think of it as a private, secret resource for employees and that it's hands-off for management, then they're not going to get much use of the program with that attitude. It's much better when leadership can tell people what the EAP is all about and encourage offering preventative trainings and educational seminars. Leaders can help with setting policy around all these topics. An EAP benefit needs to be part of the overall corporate structure for supporting workplace mental health. For example, the National Standard of Canada for Psychological Health and Safety in the Workplace is a voluntary program that has been around for almost 10 years. Created by the federal government, it has been led by some CEOs and others in senior leadership positions who are saying, "I want to change workplace mental health." They are creating policies and programs with the EAPs as part of a much bigger picture that leadership is advancing about workplace mental health. The key point is that it's directed and supported by leadership. They have major employers with leaders who want to change their work culture to be a more attractive place to work. And supporting their people for free with professional EAP counselors is a good part of that effort.

VI. GLOBAL EAP

The United States has the highest percentage of employers who provide EAP benefits – especially among larger size employers. But EAP is also very popular in Canada (see articles 216 to 245 in the resource list). EAP also has been expanding into other regions of the globe outside of North America (see articles 246 to 261 in the resource list). There are professional EAP organizations active in Western Europe, Asia and Latin America. The countries of Australia and New Zealand also have mature EAP markets with several high quality vendors. In South Africa, employers above a certain size are required by law to have an EAP benefit. Some of the largest EAP vendors from the US and Canada have recently acquired competing EAPs in other parts of the world to better support their multi-national corporate clients and to expand their business more generally. As the US is the only large country in the world that requires employers to pay for the health care benefits for workers, the business rationale in other countries that do have health care as a right for all citizens impacts the EAP services as well such that the organizational and workplace support role for EAPs is much greater in those countries compared to the individual counseling focus of employers in the US who sponsor EAPs partly to offset the costs of healthcare insurance paid by the employers. Thus, many of the innovations in EAP service delivery are now coming from other parts of the globe.

APPENDIX

I've been doing applied research work for almost 30 years. I have a PhD in research with a social psychology specialty from the University of Minnesota and a master's degree in communication from the University of Wisconsin Milwaukee. I'm not a clinician and not licensed to work with individuals to help them with psychological disorders. What interests me is studying the bigger picture using large aggregate data sources and finding results for the average person. I also have another graduate degree in human communication. In graduate school, we studied the topic of personal relationships, and these issues are a big part of why people use EAPs. After finishing my studies, I got a corporate job with a company called UnitedHealthcare in their new one-year-old Optum division, which had just one customer at the time. But we grew and grew very rapidly over the following 10 years to provide EAP and other health services to over 28 million people. I was the research and development (R&D) manager for the EAP and also many other kinds of specialty services. I was fortunate to get in on the ground floor of the EAP vendor industry that was really taking off in the mid-1990s. Back then, there was little data about EAP use or its effectiveness, so we had to do some of the foundational studies ourselves. This was a corporate R&D shop with five full-time research staff. We studied everything our company provided, both to understand how to deliver a good product and also to find out what didn't work. Later, I did projects with the Employee Assistance Professionals Association (EAPA), the Employee Assistance Society of North America (EASNA), and other workplace health industry groups. I volunteered to be on their research committees and collaborated with many other EAPs. I was involved with many of the landmark studies over the years through these international organizations and other consortiums of EAPs who shared their data and insights. For many years, I provided trainings and workshops for others in the EAP field on outcomes and ROI and related topics.

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Research and industry reports for most of these topics are available for no cost from the International Employee Assistance Digital Archive. It is an online library of EAP-related resources hosted at the University of Maryland Baltimore's School of Social Work. Website: <https://www.earchive.org/about>

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EAP Integration into the Work Organization

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EAP Globally (Brazil, China, France, Greece, Hungary, Ireland, Italy, Japan, New Zealand, South Africa, Thailand)

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Interviews – Podcasts & Online Video

- [262] **Attridge, M.** (2010, July). Part 1 = *Addiction in the North American workplace: A research review* video [35-minutes]. Part 2 = *Resource guide: Mental health and addiction in the workplace* video [7-minutes]. Special Symposium on Mental Health and Addictions in the Workplace. Meeting of the Pacific NorthWest Economic Region, Calgary, AB, Canada. <https://player.vimeo.com/video/15430511>
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- [264] **Attridge, M.** (2013, October). *The Business Value of Employee Assistance: A Review of the Art and Science of ROI*. Keynote Presentation at Employee Assistance Professionals Association (EAPA), Phoenix, AZ. Online video [90-minutes]. For purchase at EAPA's Conference OnDemand.

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- [271] **Attridge, M.** (2022, September). *Kaoru Dreams of EAP: The Rise of Employee Assistance Programs in Japan*. Employee Assistance Professionals Association podcast series. Hosted by Charles Epstein, with Dr. Kaoru Ichikawa. [23 minutes]. <https://podcasts.apple.com/us/podcast/kaoru-dreams-of-eap-the-rise-of/id1559778714?i=1000578852951>
- [272] **Attridge, M.** (2023, January). *Employee Assistance Programs – An Important and Underutilized Benefit: A Conversation with Mark Attridge, PhD*. Hosted by Susan Moran Bailey for “The Growth Collective” podcast series from Marsh & McLennan Agency Michigan. [45 minutes]. <https://thegrowthcollective.libsyn.com/employee-assistance-programs-an-important-underutilized-benefit-a-conversation-with-mark-attridge-phd>

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