



## EAP Evidence: Responding to the Challenges of “Imposter EAPs”

| By Mark Attridge, Ph.D., M.A.



This is the first article for a new regular column in JEA called *EAP Evidence*. I will review empirical data and industry facts on central topics in employee assistance program (EAP) service delivery and effectiveness that are relevant to a complex and changing business climate. There are many applied data projects being done globally on what EAPs can and should do and also a growing body of social science research on other aspects of workplace mental health concepts and findings.

### Challenges from “Imposter EAPs”

Since the COVID-19 pandemic, substantially more employees have experienced financial difficulties and behavioral health challenges and this increased prevalence of personal distress has encouraged more employers to ramp up their efforts to support the mental health needs of the [workforce](#). As the social [stigma](#) has waned and [demand](#)

for EAP has soared, billions of dollars of [venture capital](#) has flowed into many companies that are relatively new to this global market. These [providers](#) typically sell some mix of digital Apps and internet platforms with self-care tools, iCBT robot programs, artificial intelligence features, and online-only access to human support from peers, coaches, or counselors. This profit-driven context has generated [marketing efforts](#) that are directly confrontational with fictionalized versions of EAP. I frequently see examples of marketing that mischaracterize purpose of EAPs, how EAPs are used, and how EAPs deliver results to the users and the work organizations they serve.

I call these new businesses “Imposter EAPs” because they strive to replace real EAPs with technology focused products that lack many of the core components of employee assistance. Do these companies follow the [professional practices](#) and [ethical standards](#) developed over decades collectively by the employee assistance field? How many leaders at these new companies know the conceptual [Core Technology](#) of EAP that has guided the field since the 1980s? How many of the executives and staff clinicians have earned the certifications specific to employee assistance service delivery ([CEAP](#)) or other substance abuse treatment specialties ([SAP](#))? How many of these new companies are active members of our industries’ professional organizations, such as the international Employee Assistance Professionals Association ([EAPA](#)), the Employee Assistance European Forum ([EAEF](#)), the Asia Pacific Employee Assistance Roundtable ([APEAR](#)), or the National Behavioral Consortium ([NBC](#)) group for external vendors in the United States?

Perhaps it is related to basic differences in the backgrounds of the leadership teams. Many of these newer companies were founded and led by people with extensive technical and business backgrounds and the skills and connections needed to raise enormous amounts of money from Wall Street investment firms. Some of these leaders no doubt have some lived experience with mental health challenges to appreciate the need for effective support services, but most of them do not have advanced clinical degrees or licensure as health professionals.

In contrast, most of the leading full-service national and regional EAPs have been in business for several decades. In general, they are led and managed by people who have the appropriate education, applied training, clinical licensure, professional qualifications and workplace experiences required to properly understand the “EAP” product they are selling. EAP is much more than just providing mental health counseling for individuals delivered using one of the many [digital connection options](#) now available on smartphones and computers (which [top-tier EAPs](#) also do now as well). It is critical to understand and appreciate the workplace context for its dual role in both causing mental health problems among the workforce and in preventing or restoring employee well-being. Real EAPs are a specialized professional resource that supports both the [worker and the workplace](#).

### Technology is Not Enough

I am not anti-technology. Far from it as throughout my career I have [written](#) and [spoken](#) about the significant opportunities that a more digital world offers for integrating the promotion and day-to-day service operations of EAP into the larger work organization. A technology-first perspective can drive important innovations in reducing stigma concerning mental health issues and increases access to prevention and treatment services. Yet, the industry [data shows](#) that only about half of all users of EAP counseling focus on psychological or substance problems while many others seek support for a broad array of relationship, family, work, or personal legal or financial issues. The comprehensive [assessment](#) conducted at the start of EAP use is critical to identifying the right mix of professional and practical resources to serve the unique needs of each client. Clinically

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*The comprehensive assessment conducted at the start of EAP use is critical to identifying the right mix of professional and practical resources to serve the unique needs of each client.*

focused machine-based AI tools and [robot Apps](#) can sometimes miss important aspects of the true situation facing the client that EAP counselors are trained to search for, prioritize, and then guide the user to potentially helpful options from within the EAP and/or from their employee benefits or externally in the greater community.

Techno tools for mental health that focus solely on the individual user also tend to ignore the more powerful role of the health of the work organization. The larger work culture has policies, programs and behavioral patterns of leaders and managers that can either help or harm its workers (or a mix of both). A workplace-first perspective adds unique value and is one of the [defining elements](#) of a real EAP.

### **A Deep and Diverse Evidence Base for EAP**

We have a substantial literature to draw upon to understand basic and more advanced questions about employee assistance. The *Journal of Workplace Behavioral Health: Employee Assistance Practice and Research* (formerly *Employee Assistance Quarterly*) has been publishing peer-reviewed research articles focused on EAP with four issues per year for 38 years. Last year alone it had almost 50,000 views or downloads of its collection of papers. In 2013, Professor Jodi Jacobson Frey, PhD

and researcher Pat Herlihy, PhD created the *International Employee Assistance Digital Archive*, which is housed online by the School of Social Work at the University of Maryland at Baltimore. It has been collecting materials focused largely on employee assistance for over [10 years](#). Today it has more than 1,200 items (mostly original manuscripts, published papers, and presentations) dating back to the 1950s. Over 160 of my own works are in the Archive. To date, the Archive website has had over 26,000 visitors who have made over 206,000 downloads – all at no cost. More generally, the search I did yesterday for “employee assistance program” in popular scientific literature databases resulted in 2.9 million entries on Google Scholar and almost 35,000 entries on PubMed.

### **Summary**

This new column builds upon some of my past works for this EAPA-member publication. These include the *Research Matters* column (5 articles in 2000-2001), a 3-part series in 2010 providing a critical review of 20-years of EAP cost-benefit research, and the *Integration Insights* column (10 articles in 2015-2018). Having almost 30 years of experience in conducting and reviewing EAP research, I will strive to find the best available evidence (classic and contemporary) to feature in this new column as relevant to particular topics. In closing, my hope is to educate both [purchasers](#) and [providers](#) of the valuable traditions and solid foundations of EAP as the field continues to grow and innovate.

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