HOW RECENT INNOVATIONS IN TECHNOLOGY AND ANALYTICS CAN TRANSFORM THE EAP INDUSTRY

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Northern IL Employee Assistance Professionals Association
36th Annual Conference

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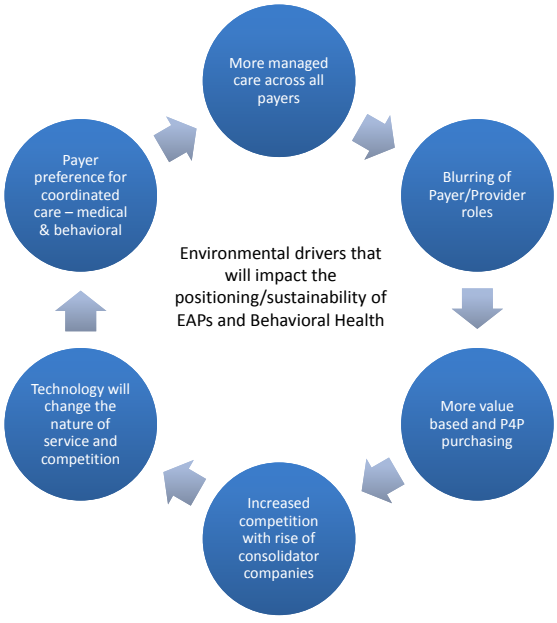
Oakbrook Terrace, IL

Agenda

1. The Environment
2. Top Needs of the EAP Industry
   - Higher utilization rates
   - Actionable and measurable outcomes
   - Better coordination among partners
   - Greater perceived value among purchasers
   - Innovative services for future generations
3. Technology as a solution

Buzzwords of the day



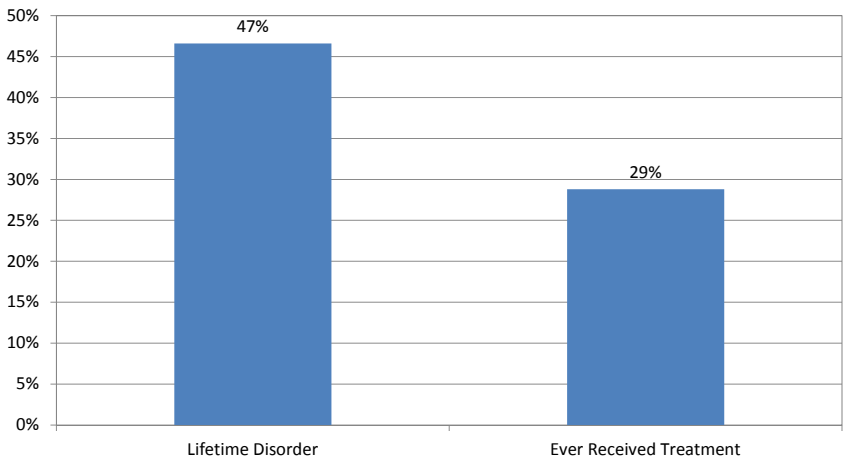
What kind of "positioning" is available to EA providers?

Low cost • Walmart strategy • EAP as "embedded" benefit • Typically a session or two with services complete	**Higher cost & robust activity** • Validated screening & case-finding • Client follow-up and monitoring • Range of organizational services • Outcomes credibly measured
"Best value" • Reasonable quality at "mid-range" price • Focus on Account Management/Customer Satisfaction	**"High Tech" & innovation** • Access via mobile devices • Help seeking through apps • Next generation of e or v-counseling & gaming
Integration & cross-referrals • Focus on "continuum" of services/one stop shop • Alignment with wellness, work-life, disease/disability management, etc.	**Niche** • Differentiate with special services, populations, features

Top Need # 1

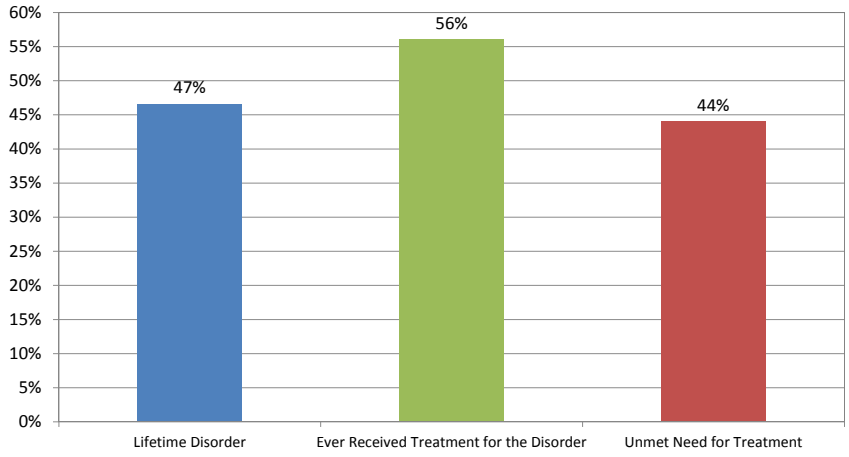
Higher Utilization Rates

Lifetime Behavior Health Disorders and Treatment for Adults
N = 5,692



Source: National Comorbidity Study Replication (NCS-R) http://www.icpsr.umich.edu/icpsrweb/CPES/data.jsp/

Lifetime Behavior Health Disorders and Unmet Need for Treatment: Adults
N = 5,692



Source: National Comorbidity Study Replication (NCS-R) http://www.icpsr.umich.edu/icpsrweb/CPES/data.jsp/

Multiple Choice

Question #1 – Pop Quiz

The average percent of members who received a "counseling" service through the EAP is:

A. 3.0%

B. 4.5%

C. 6.0%

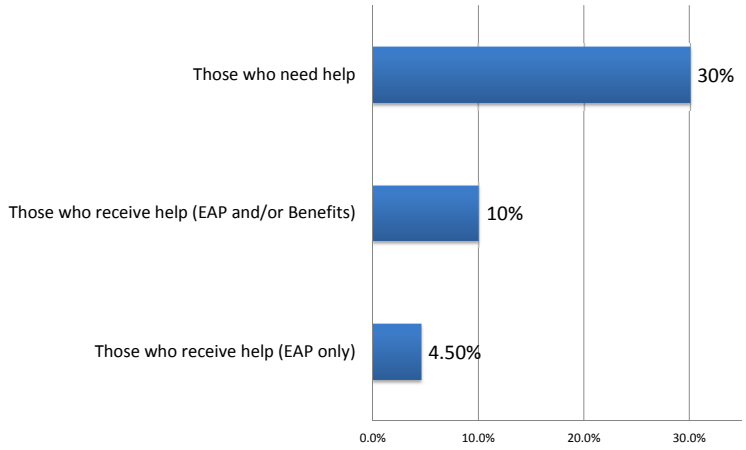
D. 8.5%

B

On average, there were 4.5 members who had used the EAP for counseling per year per every 100 covered employees

Source: Attridge, Cahill, Granberry, Herlihy (2013). The NBC Industry Profile of External EAP Vendors. Journal of Workplace Behavioral Health, Volume 28, No. 4

Low Utilization of Employer Benefits for Mental Health and Addictions



Source: Amaral (2013 EAPA Annual World Conference, Phoenix

Multiple Choice

Question #2 – Pop Quiz

The average number of EAP counseling sessions per counseling case is:

A. 2.5

B. 3.0

C. 3.5

D. 4.0

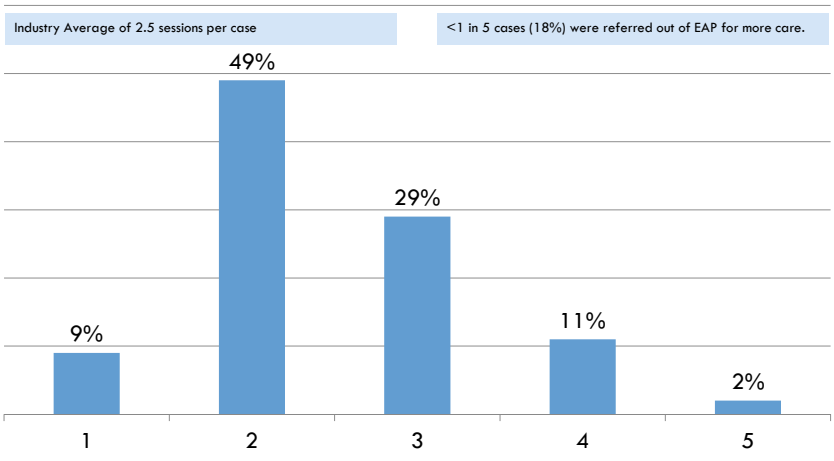
A

The industry average is 2.5 sessions per case Source: Attridge, Cahill, Granberry, Herlihy (2013). The NBC Industry Profile of External EAP Vendors. Journal of Workplace Behavioral Health, Volume 28, No. 4

NBC Study of EAP Vendors:

Avg. No. of Counseling Sessions

% of EAP Vendors at each level of Average Number of Counseling Session per Case



So what are primary barriers to increasing utilization in EAP?

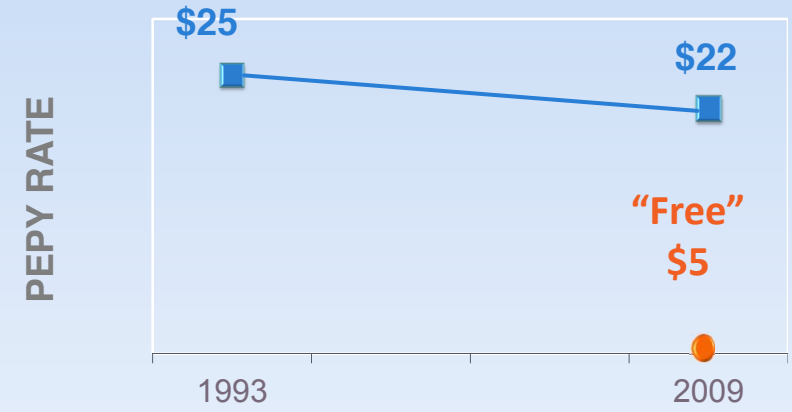
- Client's view?
- EA Provider view?
- Employer view?

True or False Client View

Question #3 – Pop Quiz	False
Stigma, denial, and lack of motivation are the most common reasons potential consumers do not seek help.	Second to cost, lack of confidence in the outcome of the service is the primary reason. Fewer than 1 in 5 cite "stigma" as a concern.

http://www.apa.org/releases/practicepoll

Provider View
Capitated Cost of EAP Over Time



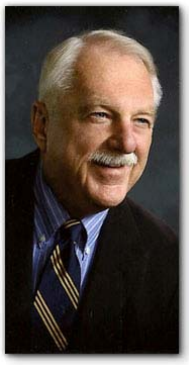
Capitated fees for full-service, 5-visit model EAP and WorkLife **AVERAGE** book-of-business PEPY.

"Free EAP" (EAP fee bundled into other service costs)

Convenience sample of 29 EAPs Per Employee Per Year (PEPY)

Source: Sharar (2009)

Provider view

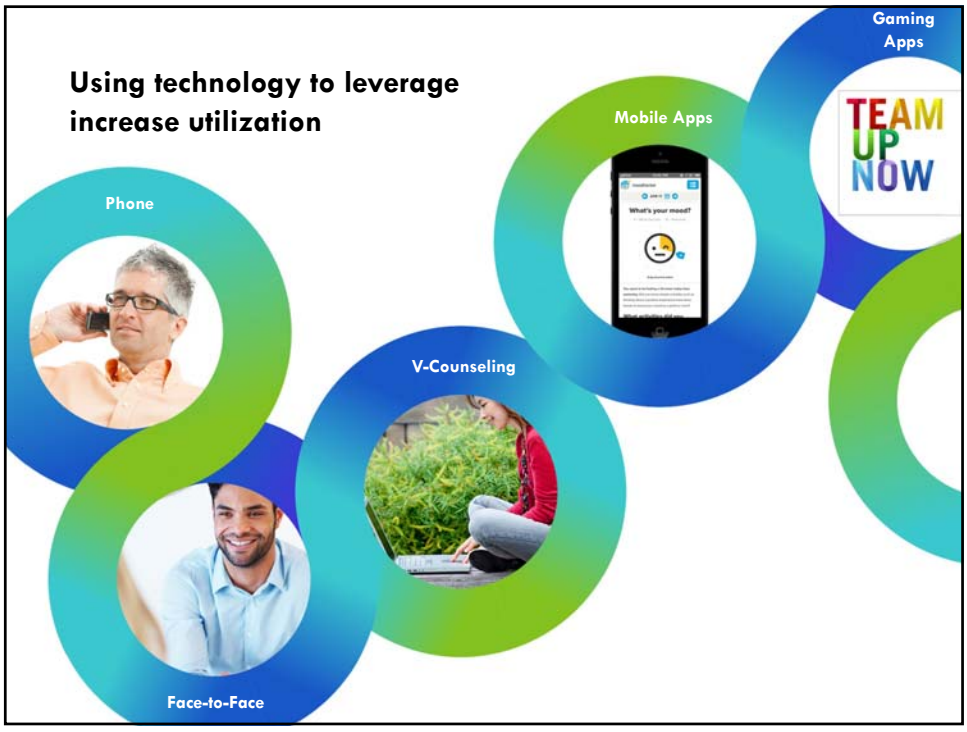


"The problem with EAP pricing and increasing utilization is the perverse incentive in capitation: the less you do the more you make."

Tom Bjornson
Founder and CEO, Claremont Behavioral

Employer/Purchaser view

- **THE OBVIOUS:** You can't get results or ROI if members don't use the service.
- **THE "PARETO" VALUE:** The majority of overall positive effects often come from the small minority of members with more severe problems – so identify and engage them
- **COMMUNICATION TOOLS:** to encourage utilization should be easy to use, modify, and deploy



Top Need # 2

Actionable
And
Measurable
Outcomes

True or False

Question #4 - Pop Quiz	True
Applied research consistently shows that EAPs are both clinical- and cost-effective.	There are now over 1,500 papers of applied research on workplace mental health and 500 just on EAP concluding that workplace intervention is generally effective.

Source: Attridge (2013) Keynote resentation, EAPA Annual World Conference, Phoenix

Let's look at a recent example using the super short WOS

WORKPLACE OUTCOME SUITE – 5 ITEM VERSION

GENERAL INSTRUCTIONS
Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

			NUMBER OF HOURS
AB	1.	For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.	

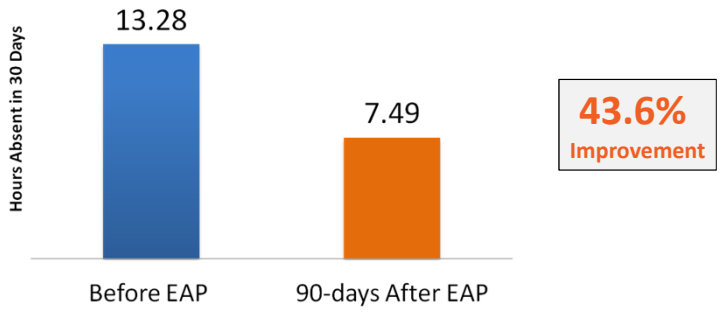
INSTRUCTIONS FOR ITEMS 2 – 5
The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.

			STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
PR	2.	My personal problems kept me from concentrating on my work.	1	2	3	4	5
WE	3.	I am often eager to get to the work site to start the day.	1	2	3	4	5
LS	4.	So far, my life seems to be going very well.	1	2	3	4	5
WD	5.	I dread going into work.	1	2	3	4	5

www.eapresearch.com

WORKPLACE OUTCOME SUITE POOLED RESULTS | **March 2014**

Change in Work Absenteeism

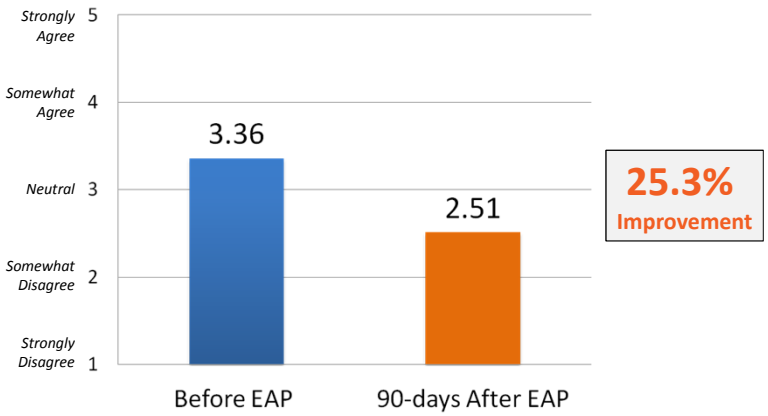


ITEM: For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.

Pooled self-report data from 3,187 cases at 20 EAP providers. Change significant at $p < .0001$.

WORKPLACE OUTCOME SUITE POOLED RESULTS | March 2014

Change in Work Presenteeism

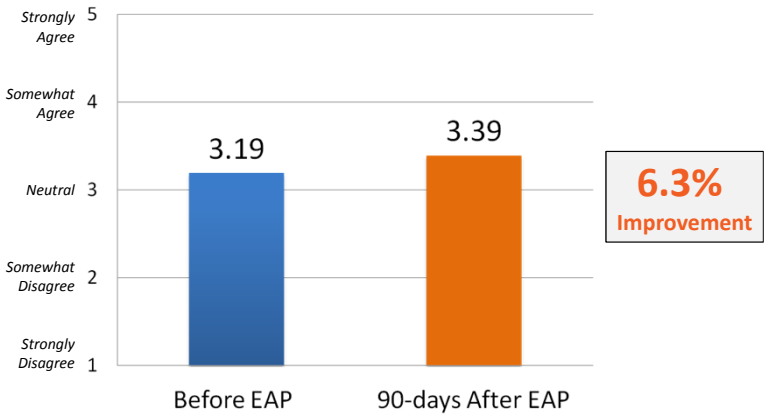


ITEM: My personal problems kept me from concentrating on my work.

Pooled self-report data from 3,187 cases at 20 EAP providers. Change significant at $p < .0001$.

WORKPLACE OUTCOME SUITE POOLED RESULTS | March 2014

Change in Work Engagement

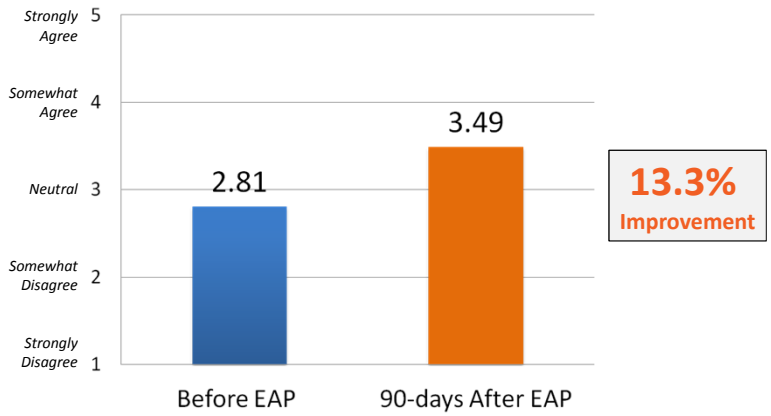


ITEM: I am often eager to get to the work site to start the day.

Pooled self-report data from 3,187 cases at 20 EAP providers. Change significant at $p < .0001$.

WORKPLACE OUTCOME SUITE POOLED RESULTS | March 2014

Change in Life Satisfaction

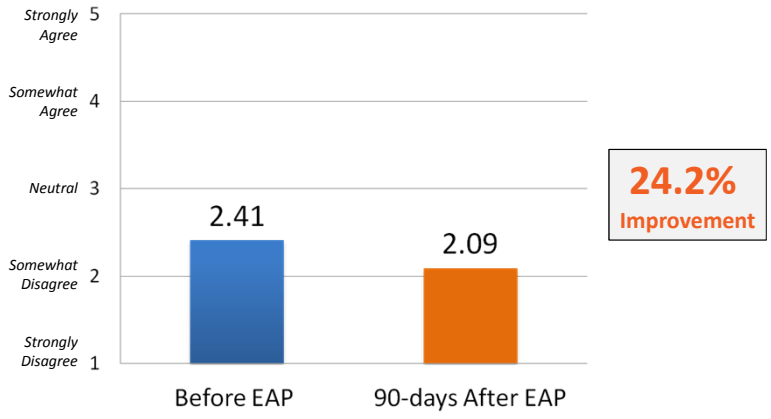


ITEM: So far, my life seems to be going very well.

Pooled self-report data from 3,187 cases at 20 EAP providers. Change significant at $p < .0001$.

WORKPLACE OUTCOME SUITE POOLED RESULTS | March 2014

Change in Work Distress

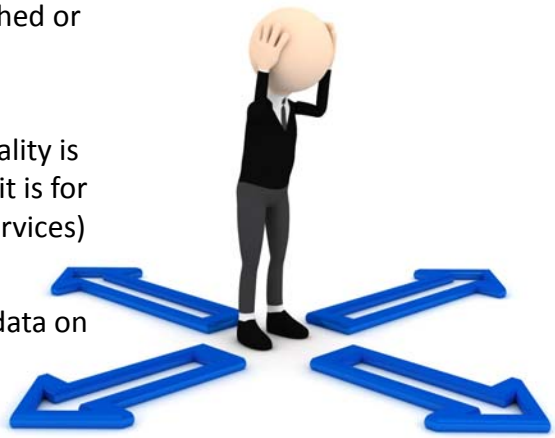


ITEM: I dread going into work .

Pooled self-report data from 3,187 cases at 20 EAP providers. Change significant at $p < .0001$.

So what's the problem?

1. Too many unpublished or proprietary studies
2. Methodological quality is generally weak (as it is for other workplace services)
3. Employer's prefer data on their workforce



The current culture of EAP isn't designed to foster improved outcomes…

- *Isolated from view, insulated from peer review, marginalized or ignored by some purchasers, and lacking any true measures of effectiveness, EAPs can operate for years without improving their outcomes.*
- <u>The main reason:</u> EAPs typically have no way of comparing their workplace or clinical outcomes with those obtained by other EAPs.

Most rigorous study to date on EA services & workplace outcomes in process, funded by the EARF…

EMPLOYEE ASSISTANCE RESEARCH FOUNDATION

OMNI
YOUR PARTNER IN SOCIAL CHANGE

This study seeks to offer causal evidence of the impact of EAP on workplace outcomes

Principal Investigator: Melissa Richmond, PhD – Omni Institute of Denver, Co

Site: Colorado State Government employees (sample frame of over 27,000)

Method: Intervention group of EAP users and a well-matched comparison (quasi-experimental)

Measures: Workplace Outcome Suite for outcomes: AUDIT, PHQ-8, DAST-10 for predictors

Aims: Quantify EAP impact on workplace outcomes; identify conditions under which EAP is most effective; estimate cost-savings in absenteeism

Conveying enhanced credibility and validity with EAP survey results…

How are we doing in regards to?

1. Response rates
2. Validated tools
3. Communicating results

NBC
National Behavioral Consortium

For your book-of-business in 2011, how many users of your EAP participated in a survey?

The "mean" number of surveys **conducted** represented **8%** of EAP users (or about 1 in every 12 users)

Does response rate matter to purchasers?

"A surprising number of EAP vendor surveys that address client satisfaction or program outcomes fail to disclose the response rate. This can lead to a weakening of the EAP vendor's ability to influence purchaser perceptions of the value and significance of the EAP offering".

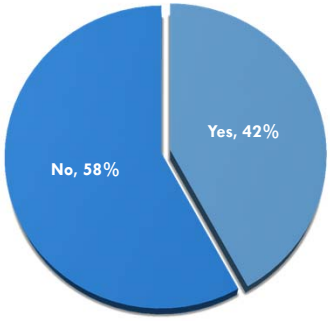
Chester Taranowski, PhD
Director of EAP for AonHewitt

Use of Research-Validated Outcome Measurement Tools

On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?

Less than half of EAPs used validated survey tools

(n = 62)



Use of Outcome Measurement Tools

Of the 42% that use outcome tools:

- 36%: Internally developed
- 28%: Workplace Outcome Suite (WOS)
- 20%: Stanford Presenteeism Scale
- 20%: Health & Productivity Questionnaire
- 20%: Other tools

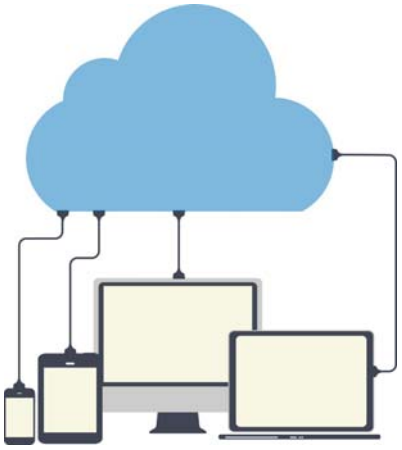
Communicating results

"Among those EAPs who engage in some form of outcome evaluation, most do not report the results back to the purchasing organization".

Source: Taranowski and Mathieu (2013). Trends in EAP implementation, structure, and utilization, JWBH (p. 183).

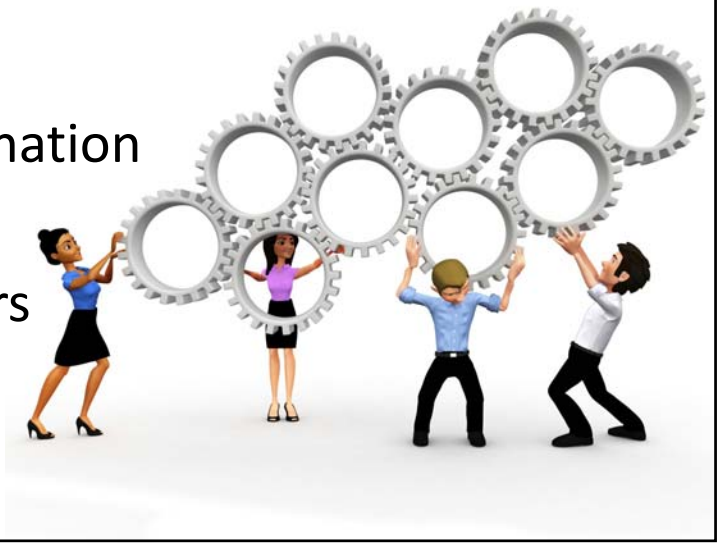
Technology can be a tool in improving your outcome evaluation strategy:

- The role of commercial web sites, e-mail and mobile devices to standardize data collection
- Automate the gathering of outcome data
- Use of appealing, colorful designs to engage participants



Top Need # 3

Better Coordination Among Partners



What is "Coordinated Care" in EAP?

- "Right care, Right time, Right place"
- **Actions** to ensure info sharing as clients transfer from the EAP to another service
- **Deliberate** organization of client activities among the EAP and one or more referral sources

4 Key Functions of "Care Coordination"

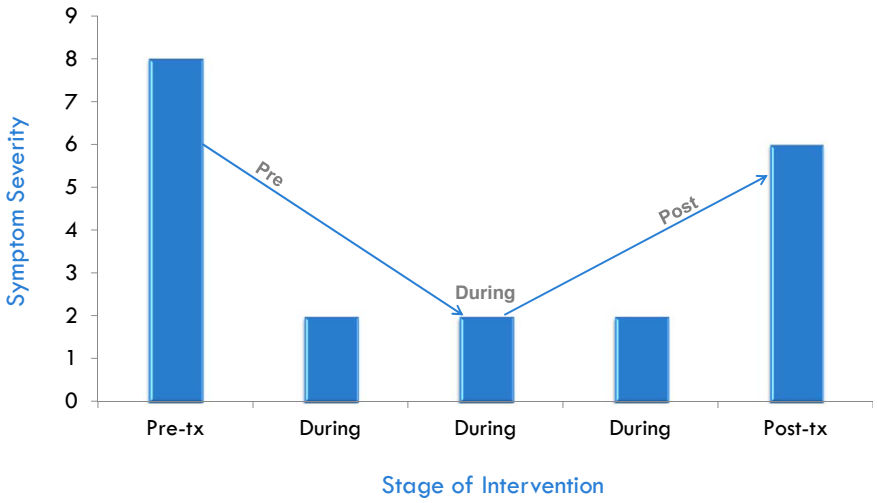
1. Information sharing/transfer during referrals*
2. Client education & engagement
3. Self-management support
4. Follow-up or monitoring of adherence*

* Referral linkages + case monitoring are components that make up the EA approach referred to as "core technology"

Why Information Transfer is Critical?

- Info is often NOT available to those who need it when they need it
- Errors occur due to lack of correct or complete info
- So clients often do NOT get the care they need or DO get care they don't need

Why Monitoring is Critical? Hypothetical but Common Example



Coordinating Care in EAP: What Do We Really Know?

- About 25% of vendors incorporate validated screening or SBIRT as a part of intake (Taranowski and Mahieu, 2013)
- Most vendors rely on a 3-10 minute intake call (Taranowski and Mahieu, 2013)
- Two studies indicate "EAP Referral Out" rates are between 15% and 18% (NBC Study, 2013; Sharar, 2008)
- About 48% of EAP affiliates conduct some form of follow-up post-referral out of EAP (Sharar, 2008)
- Anecdotally, Formal Management Referrals to EAP are in decline

Screening and Brief Intervention in a large EAP

(Richmond, Wood et al; Journal of Workplace Behavioral Health, in press)

Brief Screen Scoring	N	%
Depression Only *	863	43.9%
Depression + Alcohol	680	34.6%
Alcohol Only **	171	8.7%
Other	251	12.8%
TOTAL	1965	100%

* 9-item PHQ-9 was validated screening tool

** 10-item AUDIT was validated screening tool

Barriers and Gaps in EAP Care Coordination

1. EAP is largely viewed as "FREE" (Pre-Benefit) counseling, NOT care coordination (National Business Group on Health, 2008)
2. "Managed care" utilization review is NOT care coordination
3. Affiliate practices don't typically have "embedded" care coordinators
4. We say we do "care coordination" in most RFPs but are not paid enough to do it well
5. THE BIGGEST BARRIER: the lack of connectivity between EAPs, Affiliates, Referral Sources, and other stakeholders

The Vision and Solution

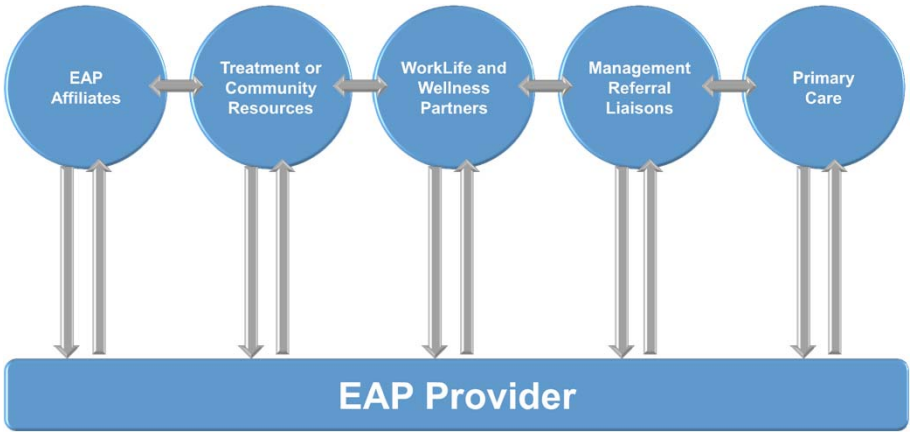
The "Pervasive" EAP:

EAP to any covered employee (client) anytime, anywhere by removing locational, time, and other constraints **while INCREASING quality, transparency, and value**.

The EAP as "Integrator": the entity that accepts responsibility for (1) improving the experience of EAP; (2) improving "well-being"; and (3) reducing negative workplace effects. This requires the linking of stakeholders across the continuum.

The "wireless" and "mobile" infrastructure is a major tool to help fulfill this vision.

Use of Technology Can Connect Every EAP Constituent



Top Need # 3

Greater Perceived Value Among Purchasers

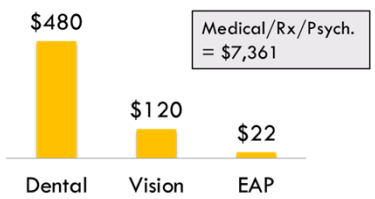
True or False

Question #5 - Pop Quiz

The typical employer investment in EAP as a % of All Health Care Benefits cost is about 2.5%.

False

The average "fee-based" EAP is about $22 PEPY. The average employer investment in health benefits is $7,983 PEPY. **So EAP is ¼ of 1%.**



Cited in Attridge (2013), EAPA World Conference Keynote, Phoenix

Cognitive dissonance

The excessive mental stress and discomfort experienced by an individual who holds two or more contradictory beliefs, ideas, or values at the same time.

Common EAP Value Propositions

EAP is. . .

- A valued HR tool that drives productivity and lowers HC costs
- Readily available, responsive resource for employees
- An integrated piece of Wellness
- Integrated with allied products (in some cases, free)
- An engagement tool
- Cheap for what you get
- Helpful in getting the "20%" off my desk
- Anecdotally cost saving

Historical Indices of EAP Value

1. High utilization
2. User satisfaction
3. Positive testimonials
4. References to studies/reports
5. Perceived "responsiveness"
6. Some minimal effort to "quantify" impact
7. Measures of whatever is convenient to measure, including proprietary internal studies.

Confirmed Value in EAP…

- Refers to the **measure outcomes** achieved relative to cost
- Is frequently obscured with **process measures** and the **subjective perception** of those with differing goals.
- Most EAPs don't know (measure) their actual results
- Relying on anecdotes and subjectivity is risky. But we continue to anchor our industry on anecdotes and value-adds.

Product Expansion of "EAP"

Cross-cutting Themes

- Product load ⬆ / Price ⬇
- Turnover ⬆ / Vendor loyalty ⬇
- Commodity-based purchasing ⬆ / Value-based ⬇
- Wide variation in quality
- **Little correlation between price and quality**

Potential Technology Solutions

The use of technology should:

- Enhance EAP services
- Engage new (younger) EAP users
- Ease access to services
- Improve access to and use of data
- Be measureable and effective (i.e. show an outcome)

Technology should <u>NOT</u> just be another method to drive efficiency, cut costs and "do more with less."

The "Holy Grail"

IF we use technology to enhance access, engage new customers, understand our clients, and measure & prove our awesomeness, will this result in higher rates and a resolution to the cognitive dissonance around EAP?

Maybe. . . Certainly using data technology to help demonstrate value will appeal to some.

In any field, improving performance and accountability depends on having a shared goal that unites the interest and activities of all stakeholders. In [EAP] however, stakeholders have . . . conflicting goals.

Michael Porter, Ph.D.
NEJM Dec. 23, 2010

What purchaser are saying about Value?

"I can't imagine why I would pay more."

- Price still reigns supreme in the U.S.
- High touch account management - Relationships and responsiveness
- Utilization (*"an EAP is not worth anything if no one is using it.")*
- Network coverage in remote areas
- Integration with other 'stuff'
- Outcomes are important, but. . . $$$$

Unpublished purchasers' survey, September, 2013.

Purchasers' Perspective

- Commercial EAP products still go to the lowest bidder …until the vendor screws up.
- Process metrics are still valued, but don't drive the value proposition. **Execution is a core expectation.**
- If the industry continues doing what it's always done, it will continue getting what it's always gotten.

Breaking the Mold

The Six Dollar Thickburger® Shown on a Fresh Baked Bun

"We did not see anything better in the higher priced options."

"The only way we would [pay more] is if some incredible new service was offered. . ."

- Two Anonymous EAP Managers
September 2013

Breaking the Mold

- Data: Produce and use improved analytics
- Rigorously measure outcomes
- Align price with performance (not good will)
- Innovate and use technology to attract younger employees

…and don't screw up

"We did not see anything better in the higher priced options."

"The only way we would [pay more] is if some incredible new service was offered. . ."

- Two Anonymous EAP Managers
September 2013

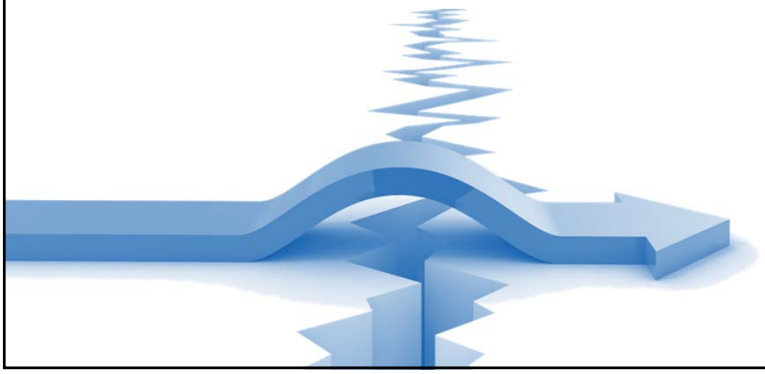
Top Need # 4

Innovative Services for Future Generations

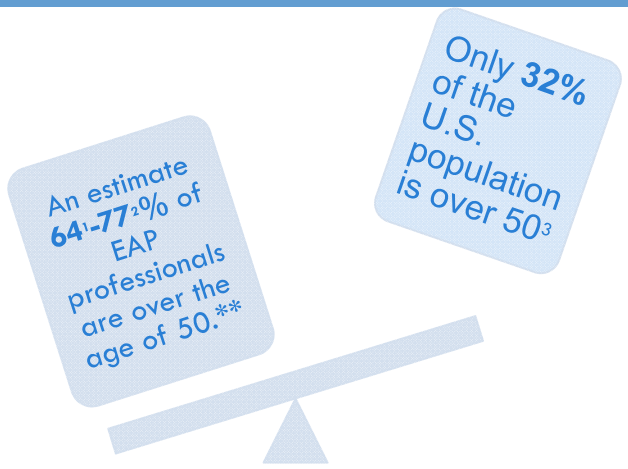
. . . Who are WE?

. . . Who are THEY?

. . . and how do we bridge the gap?



Who are we now? AGE of EAP Professionals says a lot about our worldview and how we define services.



[1]EASNA's COHP Marketing Survey Study March 2013
[2]Future Trends Research Study - Attridge & Burke (2011)

[3] http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf

EA Talent Pipeline

- **The Challenges**
  - EAP professionals are aging.
  - Few university-based programs focus on EAP.
  - Most "stumble" into EAP. Blurred lines between EA and mental health professions.
  - Minimal funding for EAP education/research.
  - Is level of pay enough to attract new people?

Adapted from Mark Attridge, EASNA 2013

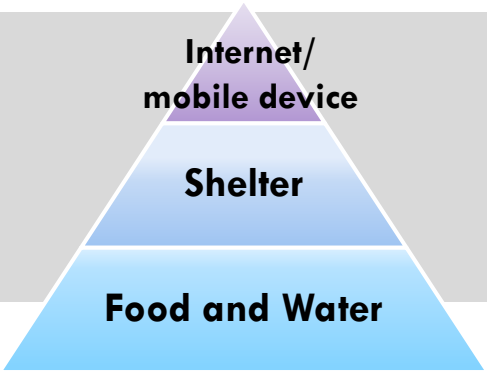
Baby Boomers	Gen X	Gen Y / Millennials
Born 1940-1960	Born early '60s early '80s	Born late '70s to 2000ish
Hard work. Pay your dues.	Educated. Responsible.	Educated. Underemployed.
Loyalty. Duty. Faith.	Individualistic. Resourceful and self-sufficient.	Socially responsible. Highly entitled. Endless reward for trivial efforts. Craves attention.
Mixed perceptions of diversity.	Embrace Diversity. First global citizens.	LIVEs diversity. Immersed in a global society.
Live to work. Workaholics.	Work to live.	Work smart. Littlest amount of effort for the greatest reward.
Slow adopters of technology.	Technology competent.	Technology immersed and dependent. Mosaic learners.

Baby Boomers	Gen X	Gen Y / Millennials
Clinical Issues • Mood disorders • Stress • Retirement planning • Goal setting • Health promotion and health maintenance	• Eldercare/childcare • Marital/relationship • CBT to counteract their perfectionism • Realistic goal setting • Realistic parenting	• Reality based Tx • Career counseling • Goal setting • Relationship boundaries • FTF communication skills • Financial, Debt Mgmt.
Modalities • Coaching • Individual counseling • Support from spouse • Reading materials • Retirement planning • Support groups • Coping with illness	• Individual counseling • Couples counseling • CBT and insight oriented • Phone and web based work-life resources	?

Information Access Service

Changing needs

Maslow 1943

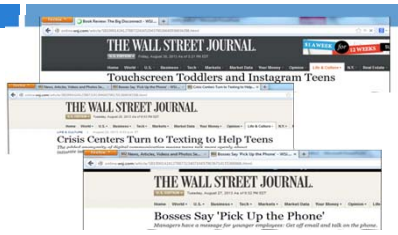


2014

Adapted from Cousino and Dolan, 2014. © myStrength, Inc.

The phone call is the new handwritten letter.

- Gary Vaynerchuk, Twitter



"…phones seem 'outdated'…even my dentist office texts me because they know phone calls can be burdensome."

"…unplanned calls are such an annoyance. Calling someone without emailing first can make it seem as though you're prioritizing your needs over theirs. ***Phone calls are a last resort."***

"Teens prefer texting when talking about intimate issues. . . Privacy trumps all else."

Order of magnitude. . .

Facebook

- **665 million** users daily, **1.1+ billion** monthly active users

Twitter

- **288 million** monthly active users. **175 million tweets** sent monthly.

You tube

- **1 billion** unique visitors, **6 billion** hours of videos watched each month

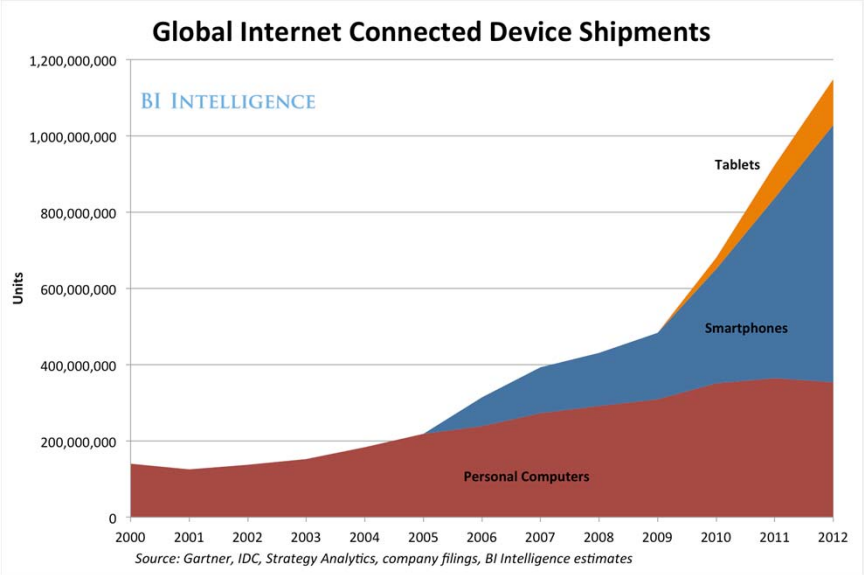
LinkedIn

- **359 million** monthly active users

Instagram

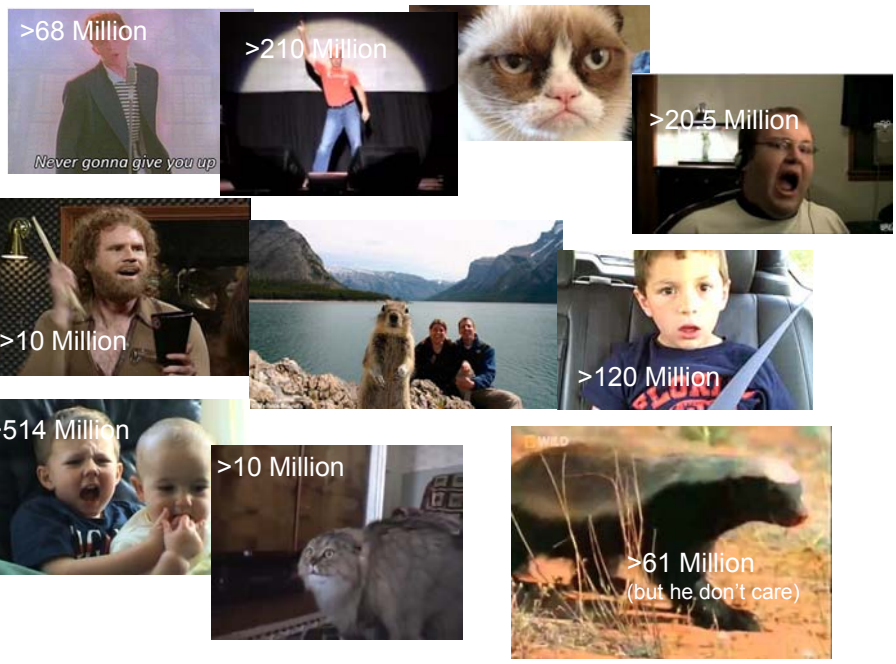
- **100 million** monthly active users
- **40 million** photos per day. **1000 comments** / **8500 Likes** per second.

http://smallbusiness.yahoo.com/advisor/21-awesome-social-media-facts-figures-statistics-2013-231748416.html

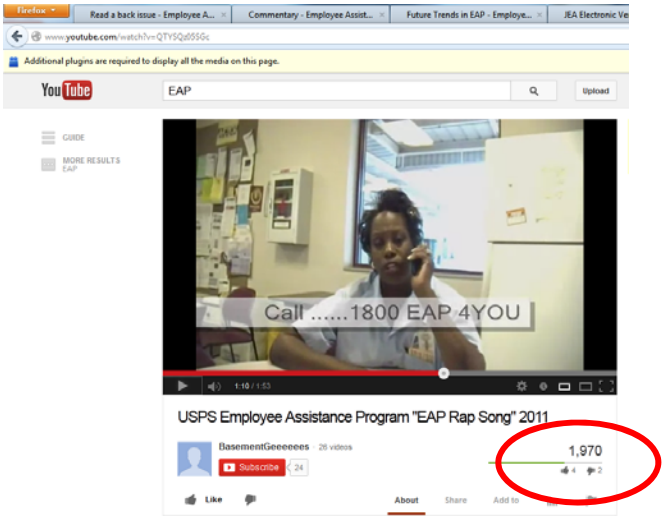


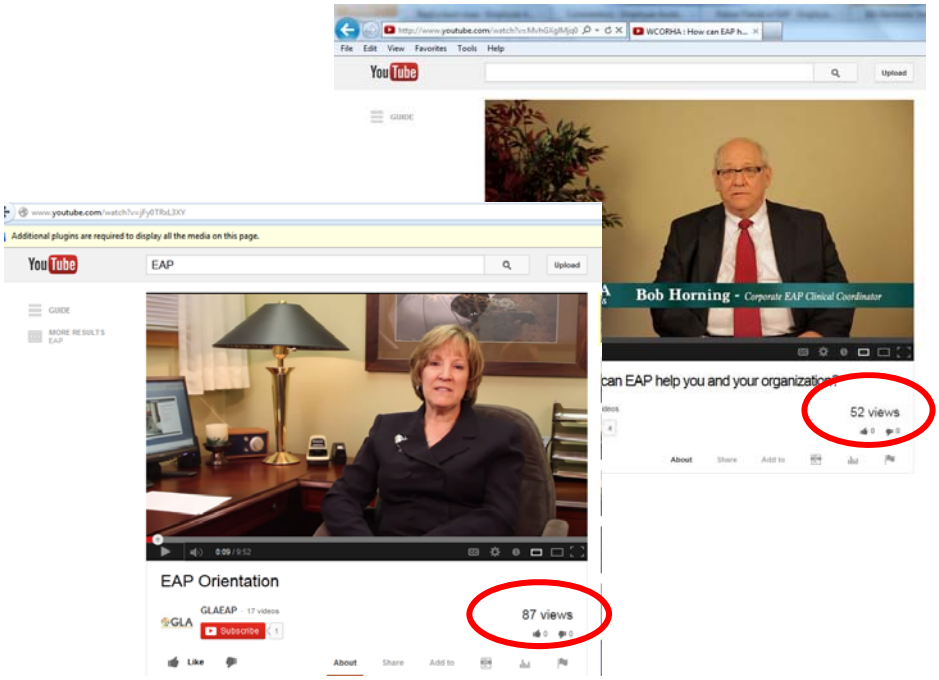
Order of magnitude. . .

- 52% of 0- to 8-year-olds have access to a new mobile device - smartphone, video iPod, or tablet. (http://www.commonsensemedia.org/about-us/news/press-releases/common-sense-media-research-documents-media-use-among-infants-toddlers-)
- 78% of young people, ages 12 to 17, have cellphones. 25% have a tablet. 25% of teens are "cell-only" users. (http://www.pewinternet.org/~/media/Files/Reports/2013/PIP_TeensandTechnology2013.pdf)
- 93% have or have access to a computer at home
- Teens average 60 texts a day. (http://www.pewinternet.org/Reports/2012/Teens-and-smartphones.aspx)
- Teens send/receive 3,339 texts a month (http://www.nielsen.com/us/en/newswire/2010/u-s-teen-mobile-report-calling-yesterday-texting-today-using-apps-tomorrow.html)



YouTube search for "EAP"- only 3 of the first 40 had anything to do with our industry.

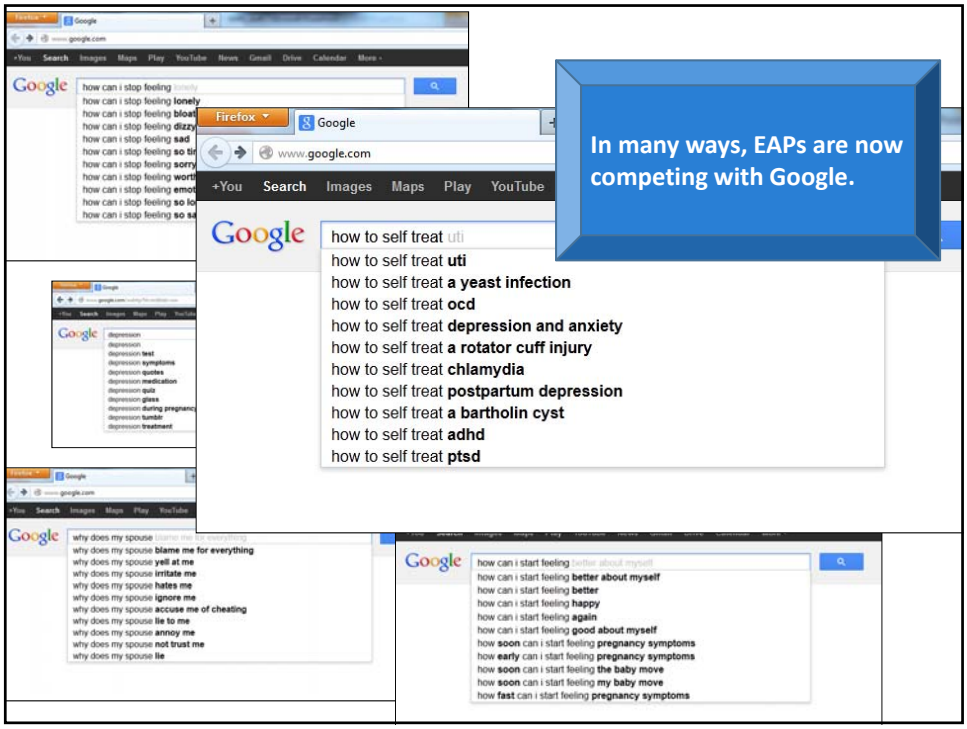


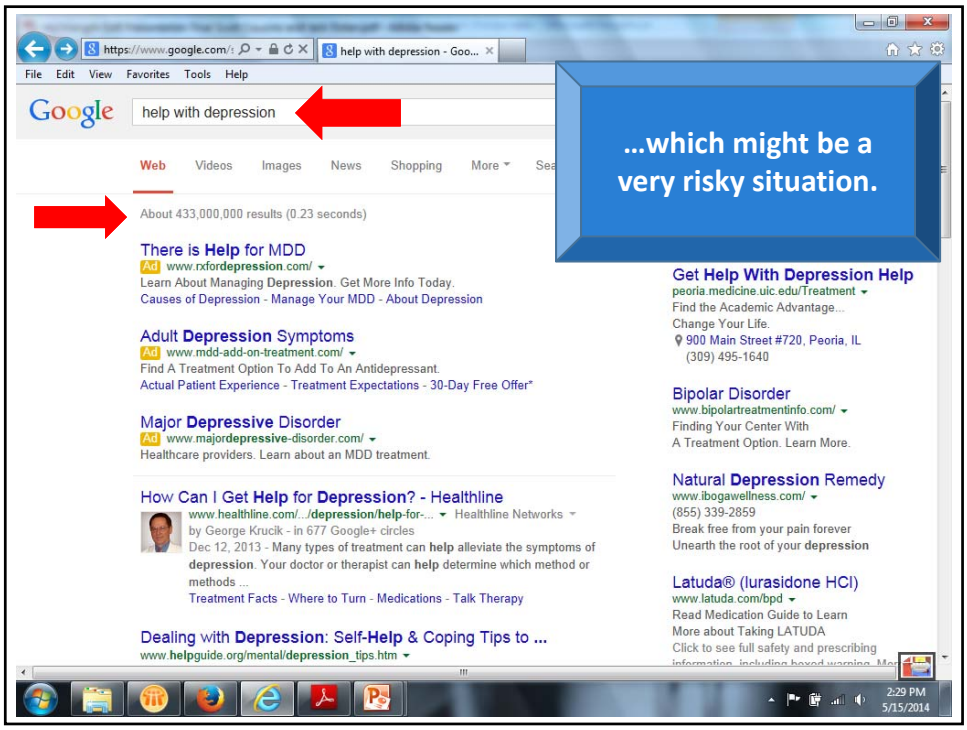


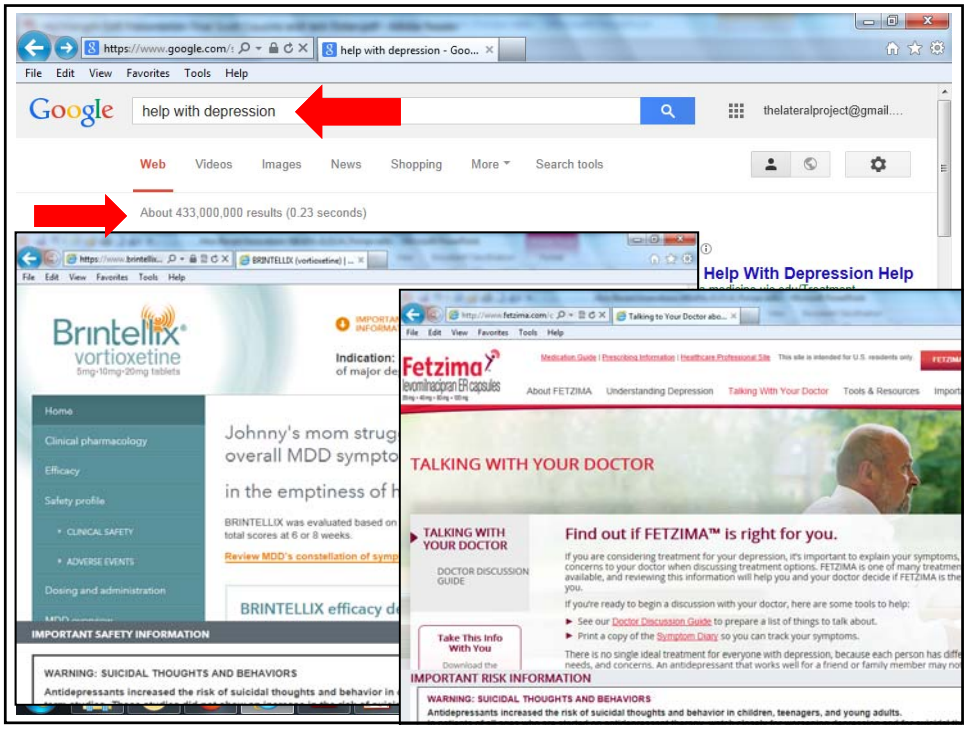
EAPs and MDs are not the front line for health info

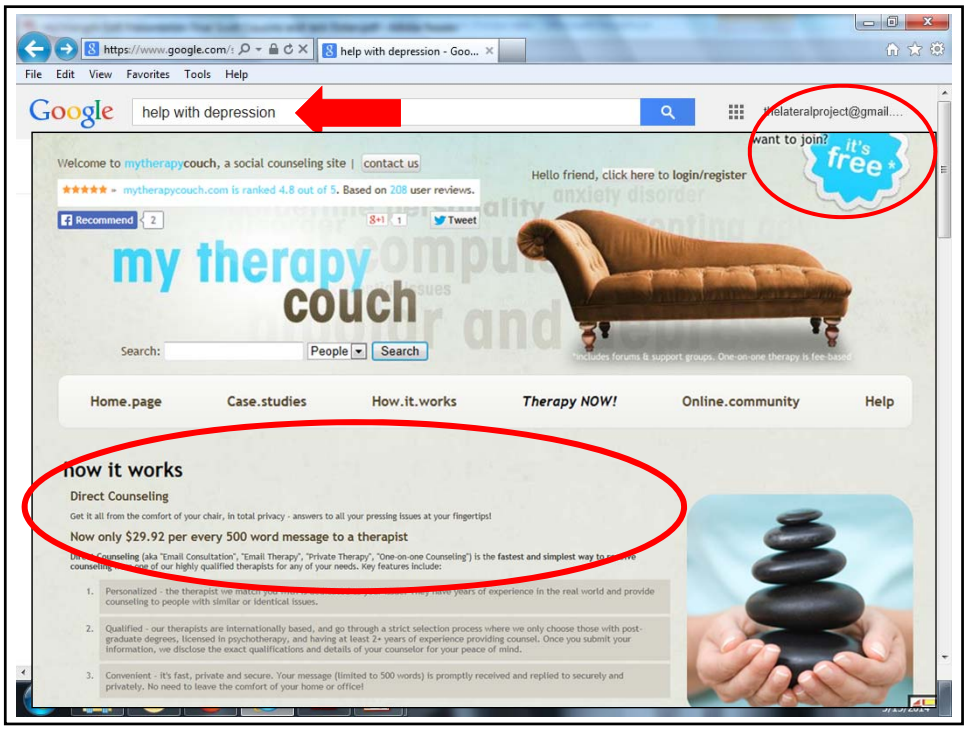
- 19% of adult smartphone users have a health app. (Pew)
- *BUT. . . 50% of apps have <500 downloads. 5 apps accounts for 15% of health app downloads.* *(IMS Institute)*
- 83% of U.S. adults use the internet and, of those, 72% say they have looked online for health information in the past year.
- 8 in 10 health inquiries start at a search engine

Source: Cousino and Dolan, 2014 citing Pew and IMS Institute. © myStrength, Inc.


In many ways, EAPs are now competing with Google.
how to self treat uti
how to self treat uti
how to self treat a yeast infection
how to self treat ocd
how to self treat depression and anxiety
how to self treat a rotator cuff injury
how to self treat chlamydia
how to self treat postpartum depression
how to self treat a bartholin cyst
how to self treat adhd
how to self treat ptsd


…which might be a very risky situation.
help with depression
About 433,000,000 results (0.23 seconds)
There is Help for MDD
Adult Depression Symptoms
Major Depressive Disorder
How Can I Get Help for Depression? - Healthline
Dealing with Depression: Self-Help & Coping Tips to ...
Get Help With Depression Help
Bipolar Disorder
Natural Depression Remedy
Latuda® (lurasidone HCl)


help with depression - Goo...
File Edit View Favorites Tools Help
Google
help with depression
thelateralproject@gmail....
Web Videos Images News Shopping More Search tools
About 433,000,000 results (0.23 seconds)
Help With Depression Help
Brintellix
vortioxetine
Indication:
Home
Clinical pharmacology
Efficacy
Safety profile
CLINICAL SAFETY
ADVERSE EVENTS
Dosing and administration
IMPORTANT SAFETY INFORMATION
WARNING: SUICIDAL THOUGHTS AND BEHAVIORS
Fetzima
About FETZIMA
Understanding Depression
Talking With Your Doctor
Tools & Resources
TALKING WITH YOUR DOCTOR
TALKING WITH YOUR DOCTOR
DOCTOR DISCUSSION GUIDE
Find out if FETZIMA™ is right for you.
Take This Info With You
IMPORTANT RISK INFORMATION
WARNING: SUICIDAL THOUGHTS AND BEHAVIORS
Antidepressants increased the risk of suicidal thoughts and behavior in children, teenagers, and young adults.


help with depression - Goo...
File Edit View Favorites Tools Help
Google
help with depression
thelateralproject@gmail....
Welcome to mytherapycouch, a social counseling site | contact us
mytherapycouch.com is ranked 4.8 out of 5. Based on 208 user reviews.
Recommend 2
Tweet
Hello friend, click here to login/register
want to join?
it's free
my therapy couch
Search:
People
Search
Home.page
Case.studies
How.it.works
Therapy NOW!
Online.community
Help
how it works
Direct Counseling
Get it all from the comfort of your chair, in total privacy - answers to all your pressing issues at your fingertips!
Now only $29.92 per every 500 word message to a therapist
1. Personalized - the therapist we match you with
counseling to people with similar or identical issues.
2. Qualified - our therapists are internationally based, and go through a strict selection process where we only choose those with post-graduate degrees, licensed in psychotherapy, and having at least 2+ years of experience providing counsel. Once you submit your information, we disclose the exact qualifications and details of your counselor for your peace of mind.
3. Convenient - it's fast, private and secure. Your message (limited to 500 words) is promptly received and replied to securely and privately. No need to leave the comfort of your home or office!

Information Access Service

So. . . Are we ready?

Technology and social networking have really changed the way we interact with people. Millennials can be anywhere because of social networking, and when the baby boomers catch up to Facebook and things like that, what happens? Then there's Twitter, and when they catch up to that, there will be something else. **If boomers don't embrace all the new media quickly, we will have a great challenge going forward.**

Anise Wiley-Little
Chief Diversity Officer
Allstate Insurance Co.
http://www.diversityinc.com/diversity-management/generations-in-the-workplace/

Challenges for EAP

- Technology might be both a problem and a solution.
  - Less interpersonal connectedness can be a problem.
  - Compulsive use
- The digital world is still the wild west where health and wellness is concerned.
- Information must be credible. Tools must be valid.
- The use of technology can not be just about adding new services.

Paro

Challenges for EAP

- Businesses and employers are going to have to up their game simply to keep up.
- As a high-touch, fringe industry that relies on voluntary user engagement, EAPs will be particularly challenged.
- Our age demographic, entrenchment and reluctance to change have us behind the 8 ball.

Current and future EAP professionals will ***need*** a basic fund of IT and social media knowledge, and specialized training in:

- Legal/Ethical Issues of Virtual Care
- Delivery of Clinical Services
- Recovery and Monitoring Support
- Self-Care Educational Resources
- Web, mobile and social medical tools

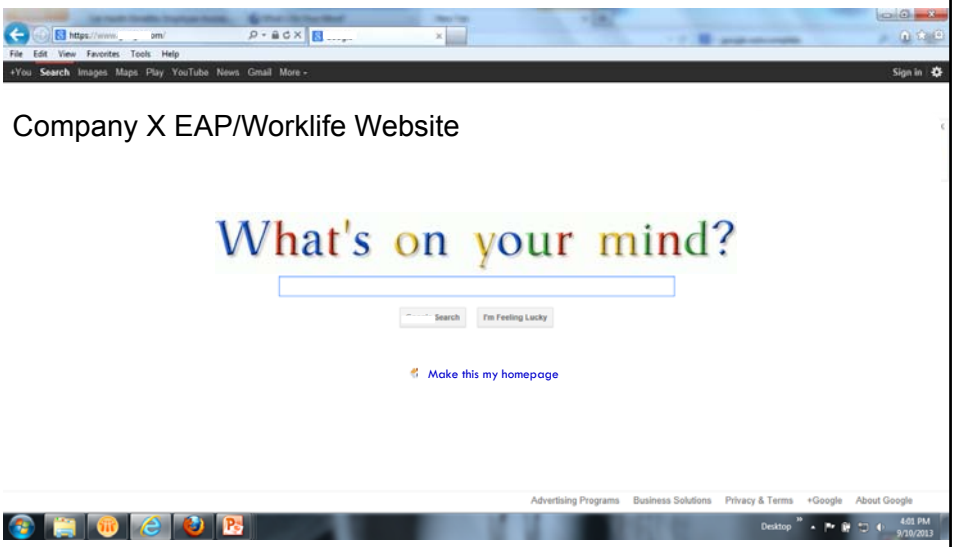
ONLINE THERAPY INSTITUTE

ONLINE COACH INSTITUTE

THERAPYONLINE

	Traditional EAPs	Adapting for the next generation
Promotions	Posters, brochures and wallet cards.	
Access	24/7 phone access	
Intervention	• Up to 6 sessions • Individual counseling appointments within 3 days. • Offices within 30 minutes drive • Work-life resources and referrals • Informational web sites • Brown bag sessions	

	Traditional EAPs	Adapting for the next generation
Promotions	Posters, brochures and wallet cards.	Emails, e-news, tweets, social media, texts, IM, memes
Access	24/7 phone access	Mobile access, Apps, chat, face-time/Skype, IM, texts
Intervention	• Up to 6 sessions. • Individual counseling appointments within 3 days. • Offices within 30 minutes drive • Work-life resources and referrals • Informational web sites • Brown bag sessions	• Real time intervention via text, IM, chat, etc. • Ad hoc, immediate access to consultation and "coaching" • Online assessment and therapy • FTF (even web based) as a last resort en route to LT Tx? • Social media based group support • Webinars, YouTube, **Podcasts** • Powerful EAP search engines instead of complex web sites



EAP vendors appear to be trying. But we will need to make this a priority in order to capture the younger generation. OR else, people will turn to Google and only contact EAP when the problem becomes critical.

Innovative Services for Future Generations: **Examples**

New EAP Tech-Tools:

- *FirstChat* – Shepell-fgi (Canada)
- *e-AP* – Homewood Human Solutions (Canada)
- *Beating the Blues* – from the UK and adapted by Employee & Family Assistance Program (BC, Canada)
- *ExecuPrev* – OWLS (USA)
- *Brain Resource*

Adapted from Mark Attridge, EASNA 2013

Innovative Services for Future Generations: **Examples**

- *MoodHacker* – ORCAS (USA)
- myStrength
- SuperBetter
- Happify
- Personal Zen

The challenge is creating tools that are recognized (used), engaging (FUN!) and grounded in science (They actually WORK!)

Preparing for the next generation

We are an industry run by therapists. EAP Managers and industry leaders will have to think less like providers and more like business leaders, with a laser focus on

- ✓ Performance based pricing
- ✓ product innovation using technology to understand and better serve our customers
- ✓ EA talent development and succession planning
- ✓ Specialized Tech. training for EA Professionals
- ✓ Engaging IT and e-business entrepreneurs in the EA industry
- ✓ Cross pollination of EAP and other industries

Adapted from Mark Attridge, EASNA 2013, and Dan Hughes, Training the Next Generation, Journal of Employee Assistance Vol. 41 no. 4 - 4th Quarter 2011.

Cautionary Tale- Sherry Turkle

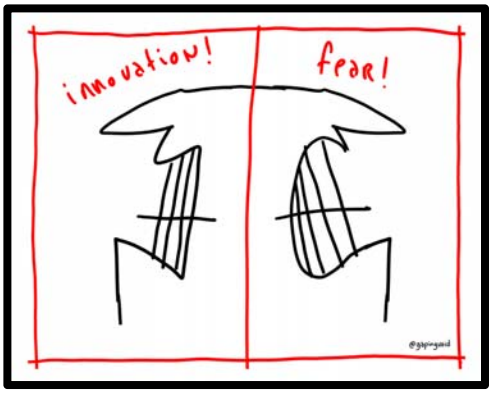
Drawn by the illusion of companionship without the demands of intimacy, we confuse postings and online sharing with authentic communication. . . We're getting used to a new way of being alone together. . . [for example] *the important new skill of making eye contact while you're texting.*

What are we doing? Why are we, essentially, outsourcing the thing that defines us as people?

Source: Excerpt from 2/26/13 NPR interview with Sherry Turkle, Director, MIT Initiative on Technology and Self Program in Science, Technology, and Society

Innovation often isn't a clear deliverable. Fear is our biggest obstacle to being **creative, innovative and embracing change.** Sometimes the face of change and the face of fear look exactly the same.

It's a lot easier to opt for 'business as usual.' The heroes at work are the folks who overcome those fears.



Adapted from Hugh McLeod. www.gapingvoid.com

Open Q&A Period