



EAP Evidence: What Services Define Real EAPs? Results of an Employee Assistance Industry Global Survey

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This is the second article for the *EAP Evidence* column in *JEA*. In this series, I review empirical data and industry facts on trending topics in employee assistance program (EAP) service delivery and effectiveness in a changing global business climate.



In the [first column](#), I described the rise of companies who are relatively new to the global market for supporting workplace mental health services. These providers typically sell some mix of digital Apps and internet platforms with self-care tools, self-directed clinical support programs (such as internet cognitive behavioral therapy or iCBT), and artificial intelligence features. Many also offer online-only access to human support provided by peers, coaches or licensed mental health counselors. I call these new businesses “Imposter EAPs” when they strive to replace established full-service EAPs with only technology focused products and fail to also offer most of the other core components of employee assistance that support the workplace and [manage behavioral health risks for the organization](#).

The "Imposter EAPs" **over-emphasize** the use and effectiveness of digital resources rather than **real human professionals**. For example, getting a clinical session with a licensed counselor happens only after first being forced to complete an online risk screening and then use various digital self-care tools or engage with peers or coaches (who lack clinical licensure). More egregious is that little to no workplace focused services are offered, such as crisis response, manager consultations, high risk case management for psychiatric or substance issues, employee training, and other specialty services that are provided onsite at the customer's **workplace**.

Counseling and other work-focused EA service elements are now delivered effectively using **remote access options**. Thus, the use of smartphone **apps** or internet technology itself is not the issue, rather it is the mix of the different kinds of services involved. The double duty mandate to support the individual worker *and* the workplace has always distinguished real EAPs from other employee benefits and behavioral health treatment providers that focus on clinical supports for individuals. This point was featured in my **keynote address** to the 2016 EAPA World Conference. This talk described how to integrate EAP into the customer work organization to better support other employee benefit partners operating at both the low-cost prevention or the high-cost medical treatment ends of the health care risk continuum that guides population health management.

Survey: What Services Define EAP?

Back in 2011, I partnered with consultant **John Burke** to investigate trends in the field of employee assistance (EA). Seven areas of EA services were featured in the study (see Table 1). These services align with most of the traditional **EAP Core Technology** service components that have grounded the field for over 40 years. Note that while designed for employees, most of these services are typically also made available to the covered spouses and family members of employees. Each service was rated for three questions: (1) its importance to defining what EAP should be; (2) how much it is used; and (3) its current business value. Results from this earlier study of 150 people were described in a **research brief**, published in a **JEA article**, and presented at conferences for **EASNA** and the **National Behavioral Consortium**.

I repeated this study in 2023 and obtained new data from a sample of 204 people. The geographic mix represented 14 countries, including the United States (44%), South Africa (36%), Canada (7%), and 11 other countries (13%). The respondents included a mix of external vendors of EAP who support many employers (32%), internal staff model EAPs who serve one organization (28%), employers with an EAP (17%), or individuals with roles as clinicians, consultants or other specialty providers that partner with EAPs (23%). The typical respondent had 15 years experience in the EAP field. Over half of the sample were CEAPs (i.e., 55% had earned the Certified Employee Assistance Professional) and 56% were members of EAPA. Thank you to those who promoted the study and those who participated in the online survey.

Core Services that Define EAP

The first question asked: In your opinion, how important is this type of service to defining what an EAP **should be**? *This set was rated as: low, medium or high importance. This result sample had 204 people.* The results are displayed in Figure 1. All seven kinds of services were judged by from 62% to 95% of the sample as being of high importance to defining what an EAP should be. Counseling services received the highest percentage of the

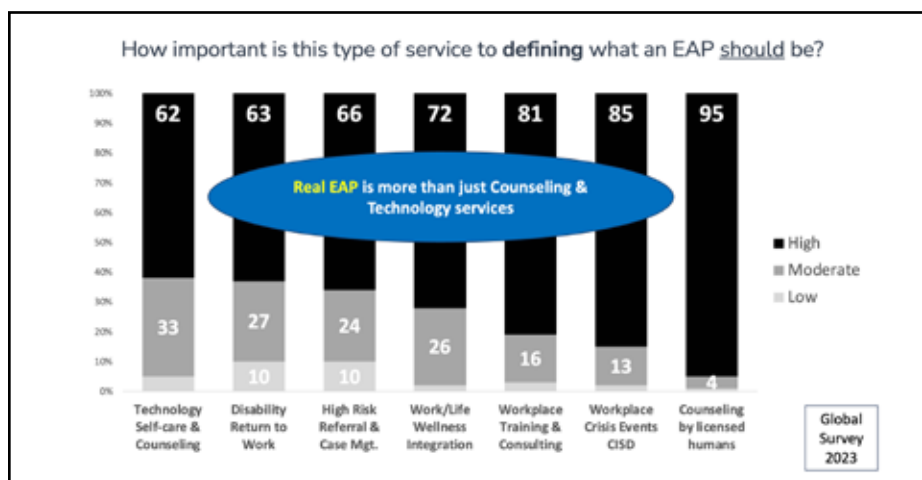


Figure 1. Survey Results for Services Important to Defining EAP.

sample with this rating (95%), followed by workplace crisis response (85%) and also management consultations, workplace trainings, and organizational support (81%). The other five kinds of services examined, however, also received a high importance rating by the majority of the sample (average high importance rating of 73% for these five services). Few in the sample considered these services to be of moderate importance (20% average across all services) and very few considered these services to be of low importance (only 5% average across all services).

Taken together, these results indicate that EAP is much more than just providing counseling and technology services. Note that these two kinds of services are all that is typically offered by many of the “Imposter EAPs.”

Business Value of Services that Define EAP

Another question asked: *How is the business value of this type of service currently perceived in the EAP industry?* This set was rated as *Fading*, *Stable* or *Rising*. This result had valid data from 191 people. The results are displayed in Figure 2. All seven of these services that define EAP were judged as either being stable or rising in their business value to employers and purchasing organizations by 80% or more of respondents. Moreover, six of the seven service areas had roughly similar percentages for the stable value or rising value options.

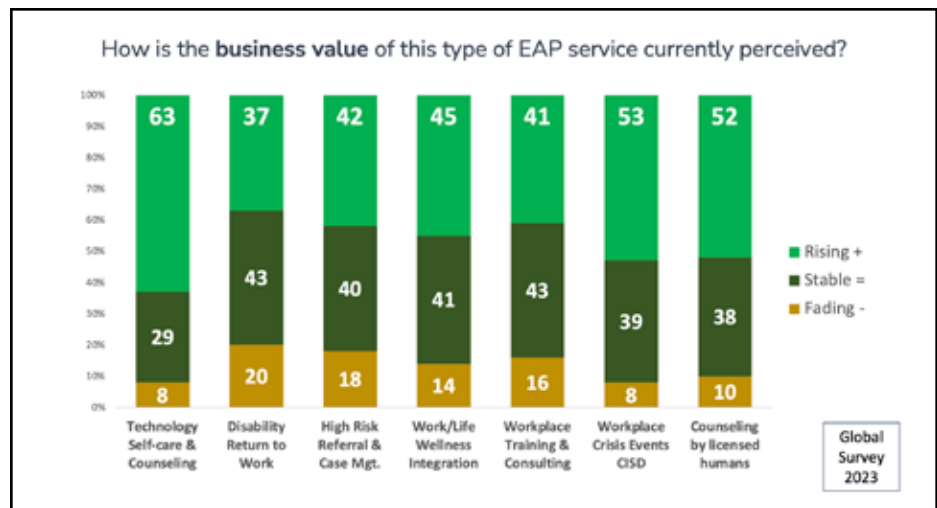


Figure 2. Survey Results for Trends in the Business Value of EAP Services.

The technology service area was unique, however, with 68% of the sample considering it to be rising in value (which was the most of any service type) compared to only 29% who felt it was stable and just 8% as fading. This finding reflects the substantial market interest during the [COVID-19 pandemic](#) era in offering remote access to human licensed counselors and for increasing virtual delivery options for other kinds of worker and workplace services from EAPs.

The average across all seven types considered together, was that these core services were considered to be rising in business value by 48% of sample, being stable in their value by 39% of sample, and fading in value by only 13% of the sample.

Additional Analyses

Due to space limitations, other results revealing how often these different services were used at various kinds of EAPs and analyses of possible differences based on EAP model and background characteristics of the sample on the ratings of importance, business value, and use levels were not included in this article. In general, the results were consistent across most of the sample profile factors. Future reports will explore tests of such factors in more detail. Findings specific to the South African portion of the study sample were [presented](#) at the 2023 Eduweek conference hosted by the EAPA-South Africa member chapter.

Implications for Employers

In summary, this article examined the findings from over 200 experienced professionals active in the employee assistance field from many parts of the world. They evaluated the importance of services that historically defined a full-service traditional EAP and also the business value of these services in today’s marketplace. It is clear from

this evidence that there is strong general agreement about what kinds of services *should be* provided by real EAPs and that doing so has significant value to employers.

One implication is that some of the digital-only vendor businesses are just not being honest with benefits brokers and employers about what they are selling. How can they claim to be able to “replace EAPs” without actually offering most of the services that define a full-service EAP? Thus, when a mental health App or techno-only provider ignores the workplace service components that are essential to employee assistance, it is not a real EAP.

Maybe that is what employers want these days, but it is important they know this critical difference during a vendor selection process or if considering changing from an internal staff model type of EAP. Thus, I offer for consideration the simple quiz in Table 1. The higher the score, the more “real” the EAP is for that employer.

Services Offered by Real Employee Assistance Programs		Does Your Current Provider Do This?		
		Yes full service	Yes but limited	No or not sure
Clinical Support	Confidential access to a licensed counselor for problem assessment, brief clinical support and referral (if needed).	2	1	0
Workplace Level Supports	Consultation with managers, workplace trainings and other organizational level support.	2	1	0
	Critical incident preparedness and response for workplace violence, traumatic events, deaths and natural disasters.	2	1	0
	Integration of Work/Life and Wellness services into EAP to support families, prevention and behavioral lifestyle change.	2	1	0
High Risk Case Support	High risk case finding and long-term case management for employees with mental health and alcohol/drug issues.	2	1	0
	Support for employees on disability leave with mental health and alcohol/drug issues to return to work and stay at work.	2	1	0
Technology Access	Technology and web-enabled services for education, self-care and clinical support from EAP counselors.	2	1	0
Total Score:				

Table 1. The Real EAP Quiz.

Dr. Mark Attridge is an independent research scholar as President of Attridge Consulting, Inc., based in Minneapolis. He has created over 200 papers and conference presentations on various topics in workplace mental health, EAP, psychology and communication. He has delivered keynote addresses at multiple EAPA World Conferences and is past Chair of the EAPA Research Committee. He can be reached at: mark@attridgeconsulting.com.
