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New Research on "Imposter" EAPs

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PLUS:

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EAP Evidence: In-Person, Worksite and Online Delivery Options Are All Important to Supporting Workplace Mental Health

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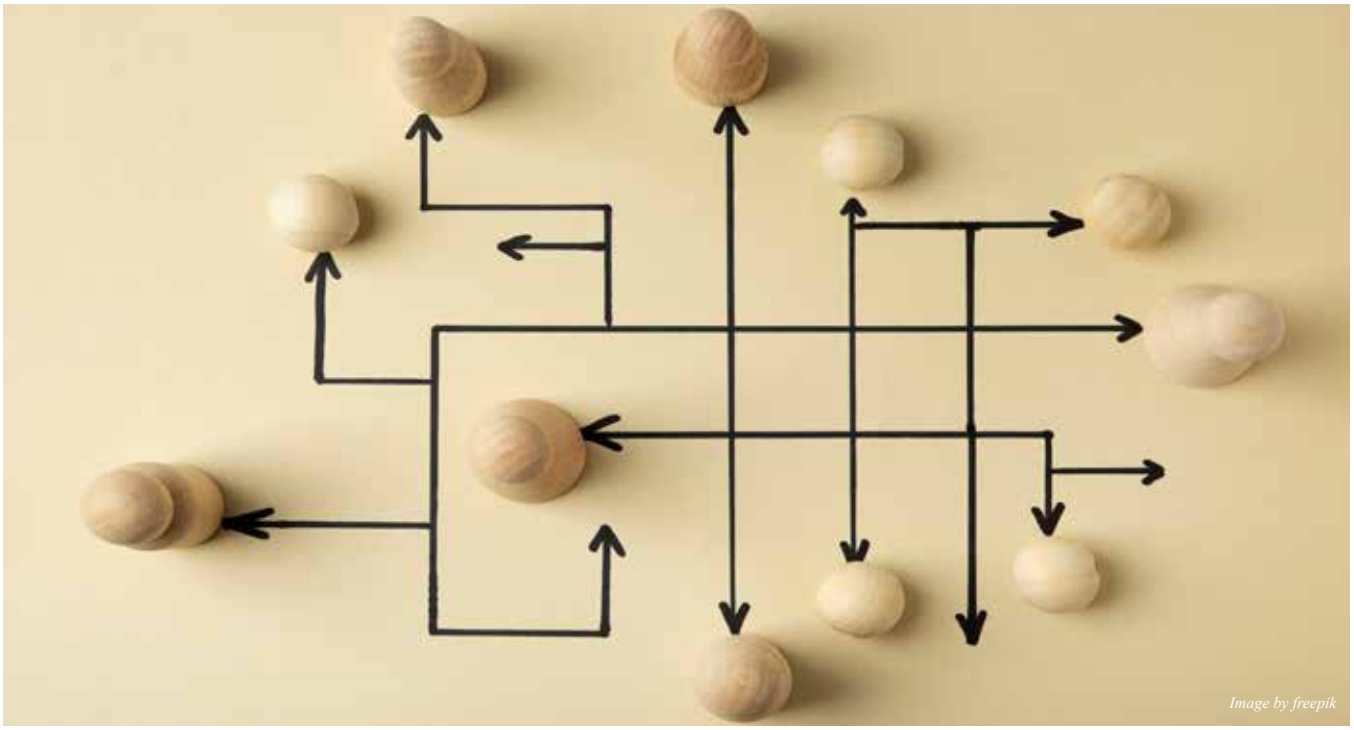

This is the fourth article in a series for *EAP Evidence* column[1] reporting on results of an EAP Industry Global Survey. In this series, empirical data and industry facts are examined on trending topics in EA service delivery and effectiveness in a changing global business climate.

My first column introduced the concept of "Imposter EAPs." These are companies who have recently entered the market to sell services intended to support workplace mental health goals but who actually provide only a limited part of the full spectrum of services offered by the established EAPs they are trying to replace. They tend to ignore the workplace by focusing on digital-only services for employees. My next column presented results from an industry survey in year 2023 that specified the seven core services that define real EAPs. These results replicated an earlier industry study conducted in 2011. My third column contrasted the marketing myths made by Imposter EAPs with the truths made in the marketing for "Traditional EAPs." These findings were based on ratings by professionals in the EA field from the same industry survey project featured in the second column.

This present column continues with analyses of additional data from the same global EAP industry survey study (see Methodology Box). This time the focus is on ratings of the importance of different ways to provide EAP services for supporting workplace mental health. In preview, the data will show that offering digital tools

[1] See Journal issues Vol..53, Nos.3 & 4; Vol. 54, No.1 for previous three articles in this series.

alone is not enough and that services from human providers (delivered in-person or via technology) and services supporting the worksite are both highly important. Tests based on the business model of how EAP is purchased reveal different profiles of these results for the professionals at internally staffed EA programs serving one employer compared to those working at external vendors serving large numbers of employers.

Three Options for Delivering EAP Services

Conceptually, there are three basic groups that combine aspects of who is the provider of the intervention service (human or digital) and what is the modality of how the service is delivered to the user (in-person or remotely via technology). See the Venn diagram illustration in Figure 1 below with service examples in each area.

1. In the first group are providers who interact live and in-person with a client (i.e., human to human with no technology involved). For EAPs, this mode is often counseling delivered at the worksite of the employer customer or at a private practice office located in the local community. This is also called face to face counseling.

2. At the other extreme is when the intervention provider is not a human but is instead a computerized technology of some kind with only the human client interacting online with a software/hardware digital tool.

3. In the middle is the third group which involves the overlap of human providers and digital resources. This involves combinations of counselors or other EAP staff using different technology modalities to interact with clients and in some cases also integrates various self-directed digital tools into the clinical treatment process.

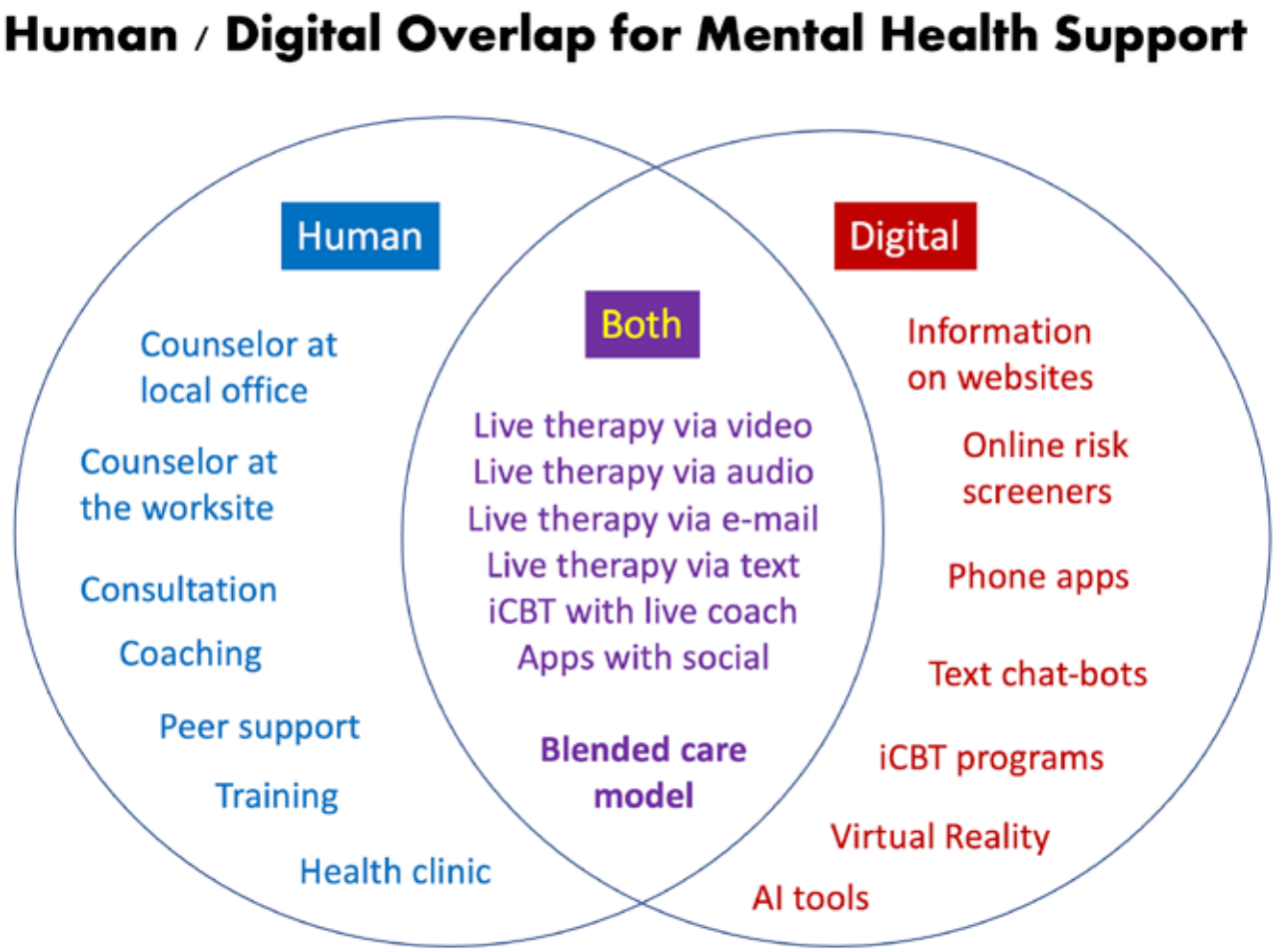

Figure 1. Conceptual model of three modalities based on overlap of human and/or digital services

Importance of Delivering EAP Services In-Person and Onsite at Workplace

First, let's look at providing EAP services by humans who meet in-person (face to face) with employees and managers onsite at the workplace. The question asked on the survey was: *EA counseling and consulting can be provided in-person with clients at an office (face to face) or at the worksite with individuals or groups of employees. In general, how important to employer efforts overall to support workplace mental health are the following* ***different in-person ways to use the EAP*** *for counseling or other EA workplace and account management services?* The response options included: (1) no importance; (2) low importance (3) moderate importance; (4) high importance; or (5) very high importance.

As shown in Figure 2, in the total sample when combining the top two rating options for high importance or very high importance, 62% of the sample considered in-person counseling provided at a clinical location away from the workplace to be highly important. Half (50%) also considered in-person counseling provided onsite at the workplace to be highly important. A majority of the total sample (57%) considered organizational level consulting and training for groups of employees delivered in-person at the worksite to be highly important. Fewer people in the total sample considered consultations with individual managers delivered in-person at the worksite (38%) and holding meetings in-person at the worksite about management of the EAP account (36%) to be highly important.

Exploratory tests revealed that more people in the internal EAP provider group considered all four kinds of in-person EAP services delivered at the worksite to be highly important than those in the external EAP group: Counseling in-person at worksite: 62% vs. 37% (internal vs. external); Group training and support in-person at worksite: 67% vs. 47%; Manager consulting in-person at worksite: 49% vs. 28%; and EAP account management meetings in-person at worksite: 48% vs. 24%.

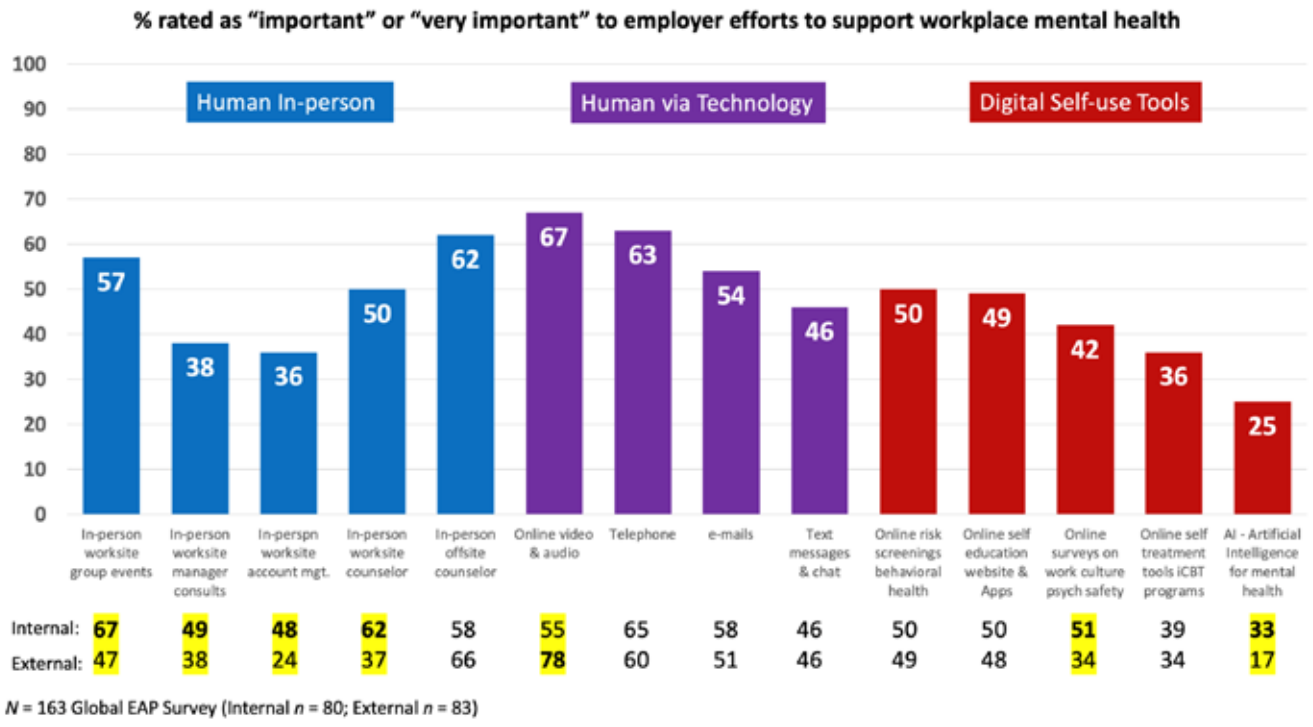

Figure 2. Results for total sample on ratings of importance for 14 delivery options and comparing subgroups of internal staff vs. external vendor models of EAP

Importance of Delivering EAP Services Remotely via Technology

Next are the findings for EAP services provided by humans from the EAP who use a technology modality to connect with employee and manager clients. The query for this area asked: *Since the COVID-19 global pandemic started in 2020, the use of technology options to access EAP counselors or other workplace specialty services has greatly increased. In general, how important to employer efforts overall to support workplace mental health are the following* ***different remote access ways to use the EAP*** *for counseling or other EAP workplace and account management services?* The four items each had the same 1-5 rating options.

As shown in Figure 2, when combining the top two ratings, 67% of the total sample considered having EA providers use online video to deliver services to be highly important. This was the highest rated option of the 14 in the study. Using the telephone to deliver EA services had 63% of the total sample who considered it a highly important option. About half of the total sample (54%) considered having an EA provider use e-mail to be highly important. Use of text messaging and chat was highly important as a delivery option to 46% of the total sample. Thus, the modality that combined both live visual and audio communication (online video) was rated the highest, followed closely by live audio only (telephone) with the other options involving only written exchanges both rated relatively lower in importance. Simply stated, talking with clients online or over the telephone was judged as more important than just writing to clients. Note that providing counseling remotely using online video or the telephone was at a similar level of importance to in-person counseling provide somewhere away from the workplace (67% and 63% vs. 62%, respectively). These three delivery options constitute the vast majority of all EAP counseling activity today. These results are not surprising given the research evidence for the effectiveness of in-person counseling, phone counseling, and online video counseling from EAPs.

Survey results found that more professionals in the external EAP group considered it highly important to provide counseling remotely using online video than did those in the internal EAP group, 78% vs. 55%, respectively. The other three remote delivery modalities were rated of similar importance for both groups of the internal and external EA professionals.

Importance of Self-Service Technology Resources

The last part focused on digital-only services designed for self-use by employees. The survey question on the survey for this area was: *The current marketplace for workplace mental health supports now includes many new companies that sell a wide variety of machine-based self-care tools on websites and smartphone application that do not involve humans at all (i.e., no live counselors or health coaches). Some of these technological services are provided as part of the EAP benefit whereas others are purchased by employers as separate stand-alone benefits. In general, how important to employer efforts overall to support workplace mental health are the following* ***technology-based self-care*** *kinds of services?* The five items each had the same 1-5 rating options.

This study provides empirical evidence that EA services provided by a human in-person or provided by a human remotely using various technology modalities are all highly valued as options for the delivery of employee assistance services.

As previously shown in Figure 2, when combining the top two ratings, 50% of the total sample considered online risk screenings for behavioral health issues to be of high importance. These screenings are usually sets of clinically validated questions (such as for depression) completed confidentially by the employee which are then scored quickly to provide feedback on the level of clinical risk based on research norms. Ideally, such tools would encourage contacting the EAP counselor if the user was at risk and interested in getting immediate support. EAP industry survey data indicates that few employers are integrating screening tools into the counseling benefit to foster appropriate cross-referrals of at-risk employees.

About half (49%) of the total sample also considered it highly important to provide online access to general prevention and educational content on mental health topics. As this is the most basic kind of self-directed technology tool, the EAPs have developed websites and related prevention and wellness oriented online content for many years.

Online survey data collection for employee perceptions of work culture and psychological safety at work was considered highly important by 42% of the total sample. More people in the internal EAP provider group considered conducting surveys about workplace issues to be highly important than did those in the external EAP group (51% vs. 34%).

Only about a third of the total sample (36%) considered self-directed computerized programs for specific mental health disorders to be highly important. These tools often are based on cognitive behavioral therapy (CBT) principles and treatment tactics for common mental health problems such as anxiety, depression, and insomnia. Issue-specific apps and iCBT online programs also can be used as an adjunctive tool for clinical treatment plans directed by EA counselors and health coaches. This blended care model is supported in research studies as being more effective than using digital tools alone.

Finally, just a fourth of the total sample (25%) considered self-service or website applications using artificial intelligence (AI) to support mental health issues to be highly important. This was the lowest rated option of the 14 in the study. Almost twice as many people in the internal EAP provider group considered AI for mental health to be highly important than in the external EAP group (33% vs. 17%). This low result could be because AI has yet to be developed much in ways that are relevant to the delivery of EA services.

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Summary and Implications for EAPs

This study provides empirical evidence that EA services provided by a human in-person or provided by a human remotely using various technology modalities are all highly valued as options for the delivery of Employee Assistance services. Of course, most EAPs fully embrace using technology to deliver EAP clinical care and other workplace specialty support services.

Bonafide EA services are defined by a dual focus on the work organization as well as assisting employee and family member concerns. This kind of full-service support often requires EAP staff onsite at the customer workplace to meet in-person with employees, managers, leaders and other allied benefit program partners. The study results identified important differences in this area based on the EAP delivery model employed. The part of study sample working at internally staffed EAPs valued all of the worksite and in-person service delivery options significantly more so than did those sample participants who worked at EAPs provided by external vendors. Thus, not all EAPs are the same in their appreciation of the in-person and worksite aspects of the product. This workplace-based aspects of EA service is weak or missing altogether at "Imposter EAP" provider companies, wherein clinical and consulting staff may frequently lack the requisite expertise to deliver onsite EA services and other in-person services (such as crisis response).

The recent "digital transformation" of mental health services worldwide has ushered in a new era that promises enhanced access and reduced stigma, better data collection, and more efficient operational practices. The clinical effectiveness of telehealth and online video services involving human counselors is well established in over 100 research studies. In contrast, mobile applications and digital-only support services by machines for mental health are still in the promising stage of effectiveness according to meta-analyses reviews of the available clinical research studies. Thus, perhaps it makes sense that digital-only support tools were the lowest rated service


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aspects in the present study. Only about half as many of the EA professionals considered digital-only tools and AI resources to be highly important compared to services provided by humans (about one-third vs. two-thirds of the study sample, respectively).

Some of the larger EAPs have developed their own digital support services and online tools, while others have partnered with companies specializing in the digital therapeutics area. But choosing a technology partner is not an easy task. During this time of change and challenge, many in the EA field have appropriately questioned the therapeutic effectiveness of these commercially driven new offerings. Most of these new applications for mental health have little or no scientific foundation nor have they done the necessary empirical quality and safety testing before going to market. Research shows iCBT programs and related digital programs *can* be effective if fully used as designed, but the program utilization data reveals that a large majority of users typically drop out early before receiving much benefit. The published study reports that do document the effectiveness of digital treatment interventions touted on seller websites usually exclude these dropouts and non-completers. This variable use behavior dilutes the true overall effectiveness of these tools.

Also concerning is that some new providers have built into their operational model a hierarchy of digital paths of action that force the online user to first navigate a gauntlet of self-service initial assessment tools, then consider interacting other peers who have similar issues, then consider engaging with a wellbeing coach, before finally getting offered access to a licensed or certified mental health provider. All of this effectively reduces operational costs for the provider company (more profit!) but it may not best serve the concerned employee or family member seeking support for either a behavioral health problem or a work/family/personal issue. In contrast, many more traditional EAPs have front-door access which starts with a human performing assessments asking questions to determine what the employee needs before directing them to the appropriate service component matching the level of clinical severity and the client's preference for in-person, phone, online or self-care options. It's also common that a certain portion of EAP users without clinical care needs but instead require assistance to address personal financial, legal, or practical work/life issues. At the other extreme are the individuals who should be immediate referred from the EAP into their mental health benefits for more advanced clinical diagnosis and treatment, psychiatric medications or substance use treatment. Each EAP case is unique and the current digital-only tools are not sophisticated enough to effectively support this kind of client complexity as a first use resource.

Even more troubling are the unethical business behaviors of selling user personal and clinical data by several digital platform counseling services, such as BetterHelp[2]. Others, including Cerebral revealed it shared the private health information including mental health assessments, of more than 3.1 million patients with advertisers and

[2] BetterHelp was ordered by the US Federal Trade Commission to pay customers $7.8 million for mishandling users' private health data.

social media giants like Facebook, Google and TikTok; and Headway, currently involved in a class action lawsuit alleging it secretly shared website visitors' private data, including information about their mental health conditions with Google. Alcohol recovery support online companies Monument and Tempest have confirmed sharing with advertisers the personal information and health data of over 100,000 of their patients without their consent. This flagrant disregard of client rights and other unfair staffing practices of techno-providers are putting the safety of clients – and the individual clinical licensure of their counselors – at risk. I don't know any provider members of EAPA who would even think about selling their client data in clear violation of EAPA's Code of Ethics to outside companies for extra revenue. I encourage employers to ask digital-focused alternative companies and EAPs alike to clearly illustrate the full range of services offered, how much each service component is actually used, the level of treatment effectiveness for each component, and how client data privacy and staff safety are protected.

Time will tell how many of these digital disruptor companies survive long enough to become collaborators to the many established bona fide EAPs who want to add more self-care and digital-only services to the in-person, online delivered and workplace services that they already do so well. Developing a coherent operational model that integrates all of these multiple delivery options and provider partners is the next phase of evolution for the EA services. My hope is this process is based on evidence and not on marketing promises.

Methodology: EAP Industry Survey in 2023. The call to participate was promoted on LinkedIn, through emails and with the support of many others in the EAP industry (including EAPA). The relevant sample for this article featured 163 people who voluntarily completed an online survey in the summer of 2023 with valid responses to the delivery modality-related set of 14 questions. The geographic mix of the sample included professionals living in the United States (45%), the South Africa region (36%), Canada (7%) and 8 other countries (12%; Belgium, China, Germany, Japan, Malaysia, Spain, Switzerland, and the United Kingdom). The demographic profile of the respondents was mostly women (66%), average age 49 years (range from 27 to 75), and a mix of races (White 48%; Black 29%; Asian 9%; others 14%). The typical respondent had been active in EAP for 15 years (range less than 5 to over 30 years), about half were CEAPs (Certified Employee Assistance Professionals; 51% responding yes or in process), and about half were members of EAPA (57%). The professional work contexts of the participants included the following: 34% worked at external vendors of EAP; 29% worked at internal programs with dedicated EAP staff for one employer; 16% were the employer purchaser of an EAP; 7% were consultants or insurance brokers; 10% were counselor affiliates or workplace specialists working with EAPs; and 4% were wellness providers. Most in the study had managerial or senior level positions. Having a mix of different work contents within the EAP industry among the study respondents allowed us to dig into this data a little deeper. The worksite-focused kinds of services were also examined for those whose jobs were focused more on serving a single workplace and work organization – this group included 47 professionals working at internal staff model EAPs, the 26 purchasers of EAPs for their own organizations and the 7 worksite wellness providers (n = 80 total). This group was compared against another group who had more of an external or multi-employer focus – this was comprised of 56 professionals working for external vendors of EAPs, 9 EAP counselor affiliates, 7 EAP specialist providers and 11 consultants or brokers (n = 83). Meaningful differences between the internal or external groups were found on 7 of the 14 service areas tested (p values > .05 and at least a small statistical effect size).

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 and professional workshops at multiple EAPA World Conferences and is past Chair of the EAPA Research Committee. He can be reached at: mark@attridgeconsulting.com.*