



Future Trends in EAP

Highlights From an Industry Survey

“...the organizations we work with are eager for services that are more proactive and preventative (addressing the entire population) and also more strategic in nature...”

| By Mark Attridge, Ph.D., M.A. & John Burke, M.A.

In the fall of 2011, the authors of this article conducted a survey to examine trends in the services and strategies offered by employee assistance programs (EAPs). This article features some of the key findings from this research, which was presented at the National Behavioral Consortium. For more details about this study, see the *EASNA Research Note* (October 2011, Volume 2, Number 3), available at www.easna.org/publications-research-notes.

About the Study

Survey data was collected via a secure website from 150 EA professionals in the U.S. and Canada. Most were in senior management or clinical leadership roles. Respondents were associated with the EAP field in a variety of roles, including working for external vendors of EA services (51%); working for internal programs (23%); an individual provider of clinical services (11%); consultant or academic (5%); or “other” (9%). The following seven services were included:

- Counseling with assessment, brief clinical support, and referral;
- Management consultations and organizational support;

- Critical incident response;
- Integration of EAP with work/life and wellness;
- High-risk case finding and long-term case management;
- Support for employees on STD/LTD disability leave; and
- Technology and web-enabled services.

These services were rated on three issues: (a) estimated frequency of use by organizational clients; (b) importance in defining EAP; and (c) business value. The potential for providing more strategic consulting by EAPs at the organizational level was also examined with a qualitative question.

Part I – A Profile of EA Services

The findings for each question for the seven services (listed above) are presented in Table 1 on page 25. Results of various statistical factor analyses of this data consistently revealed three general clusters of different types of EAP services: 1) Core EAP services; 2) “Pareto” EAP services; and 3) Connecting EAP services. Each cluster is described in greater detail below.

➤ *Cluster 1: EAP Core Capabilities – “The Big 3.”* This

set includes counseling and referral for individual employees, manager consultations and organizational support, and critical incident response. These three services had the highest ratings of importance in defining EAP (average of 84% of the sample rating it of high importance). Each of these services also has a proud history as a key component of the original core technology of EAP. Brief counseling and referral for individual employees was characterized by high use and stable business value. Management consultations and support to organizations was characterized by mostly moderate use and stable to rising business value. Critical incident response was characterized by mostly moderate use and rated as stable to rising in business value.

➤ *Cluster 2: “Pareto” Cases with High-Touch EAP Services.* This set of services includes using the EAP to find and support individuals who need behavioral health expertise for high-risk mental health and addiction conditions and for those who need assistance with return to work for disability due to mental health and addiction issues. These are called “pareto” services in reference to

the economic concept in which a small segment of a population is associated with a large share of an outcome of interest. (In this instance, the few cases at a company that create a large part of annual health care expenses and work performance losses.) Both of these services were rated of less importance to defining EAP than all of the “Big Three” services. Using the EAP for high-risk case management for employees with mental health and addiction problems had mostly low use and a mixed

trend as far as business value. Supporting disability claim cases for employees with mental health or addiction problems had mostly low use and stable to rising business value.

➤ *Cluster 3: Connecting Cases with High-Tech EAP Services.*

This set involves services that use the Internet and other new technologies, along with the integration of the EAP with wellness and work/life programs – the idea being to connect individuals to self-care resources, prevention

services, and other health services and company benefits. Both of these services were also rated relatively lower in importance to defining EAP than the “Big Three” core services. Technology and web-enabled services for EAP was characterized by low to moderate use. Integration of EAP with wellness and work/life had a mixed level of use. However, technology and integration of services represent two growth areas for EAP business development as both were the highest rated for rising in business value.

Outcome Measure

Service Type	Estimated Level of Use ^a	Importance to Defining EAP ^b	Business Value Trend ^c
<i>Sample Size:</i>	118	147	147
<i>Rating:</i>	NO - L - M - H	L - M - H	F - S - R
Core EAP			
Counseling	01 - 01 - 25 - 73	01 - 08 - 91	18 - 61-21
Consultations	01 - 12 - 51 - 36	04 - 12 - 84	24 - 39 - 37
Crisis	01 - 15 - 49 - 35	01 - 21 - 78	09 - 47 - 44
Pareto EAP			
MH/SA Cases	08 - 40 - 30 - 22	16 - 37 - 47	31 - 39 - 30
Disability	13 - 43 - 28 - 16	13 - 39 - 48	24 - 39 - 37
Connecting EAP			
Technology	04 - 38 - 39 - 19	13 - 47 - 40	12 - 21 - 68
Integration	04 - 23 - 37 - 36	05 - 41 - 54	12 - 28 - 60

Note: Numbers in the table are the percentage of the relevant total sample for each outcome measure. The figures in the rows for each service type within each column add up to 100%.

^aNO = Not offered; L = Low use; M = Medium use; H = High use.

^bL = Low importance; M = Moderate importance; H = High importance.

^cF = Fading value; S = Stable value; R = Rising value.

Part 1: A Service Life Cycle Interpretation

Together these findings define three primary but distinctly different areas of focus for providing EA services. As we reflected on the findings, the link between the areas of focus and the well-studied concept of product life cycle or service life cycle became apparent. (For the purposes of this article, the term “service life cycle” will be used.) Service life cycle has four predictable phases that includes: *introduction*, *growth*, *maturation*, and *decline*. A newly defined service, embraced by the marketplace, will go from introduction to decline if the service is not continually enhanced and re-engineered to meet the changing needs of the purchaser.

The “Big 3” services represent core functions of an EAP that have, over the years, been deemed valuable and necessary by the marketplace. These functions will no doubt continue to define the field. At the same time, it is critical to retool and increase the level of sophistication of these functions in order to maintain their value and viability. The current marketplace price sensitivity around these functions suggests the “Big 3” is moving into the “decline phase” of the service life cycle.

The second cluster of “pareto” services has evolved over time as the EAP field has grown and matured. Managing high-risk and disability cases has been identified as an area of need and opportunity. Even though the utilization of these kinds of services presently is low, with a well-designed busi-

ness model the potential for higher use and future growth as a product area certainly exists.

Finally, the third cluster, which addresses integration and the use of technology, provides a significant opportunity for EAP to continue to grow and mature. This service cluster underscores how EAPs must partner and integrate more closely with a range of workplace functions including wellness and work/life, and not operate in a vacuum. Technology opens the door for creativity, problem-solving solutions and the ability to better engage the workplace (especially younger workers) through EAP capabilities such as online resources, social media, mobile wireless technology, and gaming. Done right, the increasing use of these kinds of services can prevent the decline phase of the service life cycle for the overall EAP product by adding something that is innovative and in high demand from purchasers.

Part 2 – The Proactive EAP

While acknowledging the need to continue to provide EAP core services and to expand both the “pareto” and connecting kinds of EAP specialty services, our experience as consultants working with large employers and health care systems has also led us to see the value in leveraging the skill of an EAP to be more strategic in addressing workplace needs.

We see great opportunity in moving beyond the pre-defined programs and services commonly offered today as these are primarily reactive in terms of being delivered

as an on-demand response to the problems of individual employees, or to support certain workplace events (and typically only serving 5% to 10% of a population). In contrast, the organizations we work with are eager for services that are more proactive and preventative (addressing the entire population) and also more strategic in nature and that can help them address more complex issues at the organizational level. The issues at the top of their wish list include how to foster greater employee engagement and productivity, how to retain talent and develop their executives, how to comprehensively support employees with high-risk complex health conditions, and how to create a culture of emotional wellness as part of an overall workplace health strategy.

To confirm this view, on the survey we asked the following open-ended item: *Given your knowledge of the marketplace, can the value of an EAP be enhanced by also offering services that provide more of a strategic, proactive, and consultative approach to the organization?*

The results found that 91% of the sample responded favorably to this question. This high level of endorsement supported our vision as so many people also recognized the opportunity for EAP to become more proactive and strategic in focus. Many respondents lamented the limitations of the current “reactive” model of EAP practices and felt that it needs to be re-engineered. Others noted how EAPs should take advantage of their positive reputation as experts in

handling psychological and behavioral issues in the workplace.

Yet another theme of the responses to this question was that EAPs remain too isolated and they need to integrate more deeply with wellness and other workplace-sponsored employee and family support programs – so that assessments and referrals can be done more rapidly and systematically via shared technological tools and data systems, and by regular interaction between staff in different programs.

Roughly one in four of all respondents – although still positive in general – expressed some reservations about making this proactive business shift a reality for their EAP. Reasons for this skepticism including saying that it was too hard to sell, too costly to make the needed changes operationally, and that it was too difficult to deliver as it required organizational consulting skills beyond the capacity of most of their clinically-oriented EAP staff.

Conclusions and Future Directions – The Core and More

We believe the results of this study have significant implications for the EAP field. This research reveals strong agreement among EA professionals, albeit with some reservations, that the opportunity exists for EAPs to play a more proactive and consultative role in the workplaces they serve. To their credit, some well-established internal model EAPs are already successfully consulting with organizations, and there are some external EAP companies that are rethinking their approach to be more strategic

and consultative – and as a result are winning new customers. But these examples are few and far between. Having a proactive focus needs to become more of an industry-wide movement to shift how EAPs are perceived and provided.

The need to reposition EAP, although widely recognized and often discussed openly at industry

Many respondents lamented the limitations of the current “reactive” model of EAP practices and felt that it needs to be re-engineered.

meetings, is largely held dormant by a reluctance of most EAPs to move in this direction. Why? Perhaps because of a fear of the risks associated with change. Perhaps it is the fear of the unknown. Even as the industry voices its frustration with price stagnation, commoditization issues and perceptions of eroding value, it seems to have a paralysis when it comes to rethinking and re-engineering the basic delivery model. And yet, as the service life cycle model would predict, this is just what is necessary in times like this when the basic set of EAP services is a mature product facing decline in its established markets.

Therefore, we suggest that is time for the industry to get out of the box in which it has placed itself; one of being seen as focusing

mostly on providing inexpensive counseling, occasional consultation with managers, and crisis support when needed. One way to address this problem is to restore the core by improving the *quality* of what is delivered, the *efficiency* of how it is delivered, and the relevancy of how it affects *outcomes* that are important to the purchaser.

But this strategy alone may not be enough. EAP can and should be much more. The “pareto” high-touch and the connecting high-tech kinds of services are two areas to also invest in, as they both have high potential for business growth and are already in the skill set of many EAPs. Others who are more daring can go even further to re-invent their business model to become more proactive and consultative. They can strive to find new ways to contribute to building cultures of health and emotional well-being at their client organizations.

Going in these directions as an industry is how you beat the service life cycle trap. How many of the leaders of EAPs reading this article will have the courage to seize the opportunity and take the risk to reposition their business? Will you? ❖

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Commentary on the State of EAP & Future Trends in EAP

The Communications Advisory Panel of the *JEA* invited EAP leaders to comment on the two preceding articles: “The State of EAP: Observations from the Trenches” by David Sharar, Tom Bjornson, and Alex Mackenzie and “Future Trends in EAP: Highlights from an Industry Survey” by Mark Attridge and John Burke. A diverse range of industry and national perspectives are represented among this group of commentators, including: Internal EA programs from the corporate (Turner) and higher education (Prevatt) sectors in the United States, External EA providers from Canada (Thompson) and the United States (Dyme) and EA consultants from the United Kingdom (Hopkins) and the United States (Cohen). Select quotes from their comments are presented in this article.

Richard Hopkins, MA, Lead Consultant, Plaudex Integrated Health Management Consultants (London, England) & Founder and Honorary President of the Employee Assistance European Forum (EAEF)

“Both articles provide much needed updates on the current state of the EA market from a supplier’s point of view. There are some excellent pointers for development opportunities,

such as closer integrating with related services, embracing new technology to reach more of the workforce and providing a wider range of strategic consultancy services. The key issue, however, is not what is in our self-determined ‘bag of goodies’ but rather what our customers really want. As alluded to by Sharar, Bjornson, and Mackenzie, we have not done ‘a good job of listening’ to our customers.

Partnering with our customers to determine their real needs and then meeting them will turn out to be far more rewarding, in all sorts of ways, than remaining in our current narrow world of low value diffidence.”

Bernard Dyme, LCSW, CEAP, President & CEO, Perspectives, Ltd. (Chicago, Illinois)

“Finally the EAP field is looking at the issue of selling value in a mature market. Sharar, Bjornson and Mackenzie talk about two elements that are critical in re-branding EAPs. First, we need to ask and listen to what our purchasers want and second, we need to position ourselves as solution providers who bring value and can measure and demonstrate that value. We need to stop whining about the commoditization of the field and start selling the distinguishing

elements of what we do provide. Indeed, as found in the study by Attridge and Burke, we could be more proactive and assert our role in prevention, emphasize our consultative expertise and develop a more high-tech EAP. But to follow these trends, the field must first realize that the cost of not changing is much higher than the cost of changing.”

Bruce Prevatt, Ph.D., Director (Retired), Florida State University Office of Employee Assistance Services & Visiting Faculty, Department of School Psychology and Learning Systems (Tallahassee, Florida)

“These articles are refreshing in many ways. They invite us to step away from the prevailing mental health-oriented model of EA and revisit the non-clinical aspects of what we do that makes EAP a distinct service that is dedicated to enhancing the quality of the work environment. If we are not willing to critically evaluate our scope of services and pricing strategies, we will likely have only ourselves to blame for our own demise. But by embracing the key messages found in these articles, we can provide a broader set of services without losing the basics of the EAP core technology.”

Craig Thompson, MEd, MBA,
CEO of Homewood Human
Solutions (Vancouver, British
Columbia, Canada)

“What other industry knows less about its composition and make-up and yet has seen success? And what does this portend for an industry that wants to transform and continue to grow? I agree with these observations from the first article and with the ‘service life cycle’ interpretive framework applied to the study results in the second article. As an industry, we do need to retool and re-engineer our services and to be more responsive to customer desires and market trends. If we want to be viewed as proactive and strategic then we need to behave as such. To do this well and to sustain ongoing relevance, EAPs need skilled and experienced advisors/interventionists and this requires organizational support – both in financial resources and leadership involvement. We must also act responsibly as an industry and stop undermining our purpose and value through ‘irrational’ competitive practices. Who wins when our core services are ‘free’ or when organizations conclude that the EAP field is only an ‘addon’ service?”

Mark Cohen, DSW, MPH, CEAP,
President, BEC Consulting
(New York City)

“The common thread in both of these articles is the need for EAPs to work collaboratively with customers to achieve

agreed-upon objectives. Thus, we need to change our service delivery paradigm so that is more focused on what the customer values in having an EAP. Internal EA programs will undoubtedly have an easier time in this mission since they already are a part of their respective work organizations, which affords more access to senior management and to company data. And in today’s marketplace, it’s all about the data. External EA programs will be challenged to obtain such access and to think partnering first and revenue enhancement second. But by not thinking ‘out of the box’ (i.e., the Proactive EAP), the future of our profession is questionable at best. In this regard, the authors could have been more helpful by providing some suggestions on how to achieve partnering with customers.”

Sandra Turner, PhD, MSW,
CEAP, Director, EY Assist, Ernst
and Young (Cleveland, Ohio),
President of the Employee
Assistance Roundtable (EAR) and
former President of the Employee
Assistance Professionals
Association (EAPA)

“Sharar, Bjornson and Mackenzie write passionately about the need for EAPs to deliver on the business client’s needs and values. I certainly agree. EAPs are successful when they deliver on the expressed, desired, and latent expectations of both the employee and the business client (and union representative) during each transaction. Doing such requires ‘high

touch’ in order to develop the relationship as a trusted advisor. And remember – as Attridge and Burke point out – delivering on the promise of a more productive workplace through healthier employees requires collaboration and sharing outcomes by the EAP with work/life, wellness, disability management, security, etc. EAPs should not go it alone. So instead of focusing only on the usual promotional strategies for encouraging employees and supervisors to utilize the EAP, think about establishing regular business meetings with leaders of the organization to co-create proactive solutions to their current business problems. Talk about raising the business value of EAP!” ❖

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