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The National Behavioral Consortium Industry Profile of External EAP Vendors

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The National Behavioral Consortium Industry Profile of External EAP Vendors

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It is common practice in many professions, fields, and industries to disseminate comparative information. Absent this vital resource an individual company cannot accurately evaluate their performance against a similar cohort and therefore must rely upon anecdotal information. The findings of this study address this deficiency in the Employee Assistance Program (EAP) field by reporting empirically derived comparative data for external providers of EAP services. During 2012 the National Behavioral Consortium obtained a convenience sample of 82 external EAP vendors, located primarily in the United States and Canada and 10 other countries and ranging in size from local providers to global business enterprises. The combined customer base represented by these vendors included more than 35,000 client companies and over 164 million total covered lives. The 44 survey items addressed eight categories: (1) company profile, (2) staffing, (3) customer profile, (4) utilization metrics, (5) survey tools and outcomes, (6) business

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management, (7) business development, and (8) forecasting the future of EAP. Results reveal a wide range between vendors on most of these factors. Comparisons were also conducted between vendors based on market size, country, and pricing model. Implications for operational practice and business development are discussed along with considerations for future research.

KEYWORDS counseling, EAP, metrics, utilization, workplace wellness, work/life

This report provides empirically derived data that profiles external providers of Employee Assistance Program (EAP) services, including many of the key metrics and operational characteristics that define the external EAP field (Jacobson & Jones, 2010). The National Behavioral Consortium (NBC) conducted the study in 2012. The methodology featured a two-part sampling approach that involved first contacting all of the known large vendors of EAP services in the United States and Canada and then also widely distributing an open invitation for participation to many other EAP vendors. This process resulted in a convenience sample of 82 vendors who completed the questionnaire. The respondent companies ranged in size from local providers to global business enterprises. The customer base represented by these vendors is estimated at over 35,000 client companies with more than 69 million covered employees and more than 164 million total covered lives in the United States, Canada, and 10 other countries.¹ This is the first study to provide publicly available comparative information based on such a large and diverse set of external EAP providers. The study was funded by a grant from the Employee Assistance Research Foundation (EARF).

LITERATURE REVIEW

Growth of the EAP Field

EAPs typically provide individual counseling to employees and family members and also historically offered a wide range of organizational and workplace support services. The field of EAP has evolved considerably from its origins in the United States in the 1940s as Occupational Alcohol Programs (Trice & Schonbrunn, 1981) and prior to that in welfare capitalism initiatives (Brandes, 1976). Modern EAPs are complex programs that often feature integration or collaboration with work/life, wellness, and other behavioral health services to address a host of mental health, substance abuse issues, and workplace performance problems among employees and their family members. Employees can access EAP services through a variety different options,

including face-to-face visits with counselors, 24/7 telephone calls, Internet resources, and onsite workplace events.

In 1985, less than one third of large companies in the United States had an EAP (Dickman & Challenger, 2009). Now, more than 25 years later, the market penetration for EAPs in large organizations within the United States appears to have more than doubled. Based on the most recent study of employers with health plan benefits and using a nationally representative sample of large employers in the United States (defined as 500 or more employees), 87% of these employers sponsored an EAP benefit in year 2011 (Mercer, 2012). However, this same study reported that offering an EAP varied significantly by company size. The Mercer study (2012) documented that 93% of very large companies with more than 5,000 employees offered EAP services, whereas only 27% of small companies (fewer than 500 employees) offered an EAP benefit. An earlier study by the Society for Human Resources Management (SHRM; 2009) found a similar pattern in a national survey of private sector companies. The SHRM (2009) study reported that EAP services were offered at 89% of large employers (defined as 500+ employees), 76% of medium size employers (100 to 499 employees), and 52% of small size employers (1 to 99 employees). Regardless of which study is examined, the number of companies offering EAP services in the United States has increased dramatically since 1985, although the smaller size employers lag behind larger employers.

In Canada, these programs are often called Employee and Family Assistance Programs (EFAPs). EFAPs are popular in unionized environments and in most medium- to larger-size organizations in Canada (Csiernik & Csiernik, 2012). The most recent national survey found that EFAPs were present in 68% of Canadian employers with at least 100 employees (Macdonald, Csiernik, Durand, Rylett & Wild, 2006). Taken together, this market penetration data from the United States and Canada demonstrates how EAP has matured into a well-established industry in North America that affects many employers.

The External EAP Market

As noted above, a majority of large corporations in North America offer EAP services as an employee benefit. However, after beginning as programs staffed exclusively by full-time internal EAP professionals that provided all of the needed services (i.e., the internal model of EAP service delivery) now only a minority of organizations use this delivery approach. Instead, most purchasers select one of two basic options: either an EAP delivery model that combines the advantages of an internal program partnered with external providers (i.e., a hybrid model) or, alternatively, contracts for services from an external vendor provider or combination of vendors. The latter approach is called the external model, which is defined as having arrangements with business entities (i.e., EAP providers or vendors) that contract with an

employer to provide EAP services (Attridge et al., 2009a). Over the past 20 years the external model, when viewed in terms of total covered lives, has grown substantially. This study focused exclusively on external EAP vendors.

External vendors deliver an array of EAP services through a subcontracted network of clinical “affiliates” (often social workers, counselors, or psychologists in private practice) supplemented by internal staff that perform specific functions, such as providing counseling, 24-hour telephone access, tracking of data and reporting, and account management. These vendors usually offer a menu of options for the number of sessions for short-term counseling within a defined EAP benefit and frequently offer wrap-around services beyond or attached to EAP such as work/life, managed behavioral health, and health coaching.

Currently, there is no precise census of external EAP vendors in the United States because there is no industry-wide registry of vendors. However, estimates range from 925 to 1,530 vendors in total in the United States market (Amaral, 2008). This total is further divided into subgroups of 30 to 40 large national EAP vendors, 100 to 250 union-based EAP programs, 300 to 400 local and regional EAP vendors, 375 to 600 smaller EAPs that reside within hospitals and health care facilities but also sell their services to other employers in the local community (Amaral, 2008). No registry of EAP vendors exists for Canada. However, due to recent mergers and acquisitions, in Canada there are currently five large national EAP vendors in various markets as well as many smaller local and regional vendors according to the authors' discovery around sample selection process for this particular study.

Benchmarking Unavailable in EAP Field

A *benchmark* is typically defined as a standard of excellence or achievement against which something can be measured or judged. Despite the growth and success of the external EAP industry and literature that describes best practices in how and why benchmarking in EAP should be done (Amaral, 1999; Csiernik, 2003), the field lacks a set of consensus definitions to use in determining the experiences of EAPs that constitute benchmarks for excellence in service and outcomes. Thus, there are no benchmarks of this nature currently defined or available. One exception has been the development of accreditation processes for EAP programs that serve as quality standards for operational practices. However, few organizations have invested the time and expense required to become accredited as providers of employee assistance services (Attridge et al., 2010b).

Need for Comparative Data on EAP Vendors

Roman (2012) discussed the dearth of peer-reviewed research in general in the field of EAP over the past 15 years. He observed that the field is more accurately regarded as an “industry” rather than a true “profession” due to

the lack of a solid foundation in research-based best practices. One example of this emphasis in the field of EAP on private business demands is the absence of industry-wide comparative metrics on core aspects of operational practices and service delivery. Although EAP vendors, purchasers, and consultant advisors desire such information most vendors are reticent to share the necessary data. This reluctance is understandable as many EAP vendors regard their data as proprietary, and some view sharing data as irrelevant to their corporate goals. This view, however, is in stark contrast to other disciplines that are aggressively creating data warehouses of aggregated research that is used to accelerate advances in addressing shared goals, such as efforts in medicine to discover the next generation of cures and treatments.

This study addressed these barriers to the disclosing data on business practices in EAP by offering respondents anonymity when responding to the survey. The credibility of the project also benefited from having the endorsements of both of the major professional organizations in the field—The Employee Assistance Professionals Association (EAPA) and The Employee Assistance Society of North America (EASNA)—as well as the endorsements of many trusted and respected individuals in the field. Also, it is believed that the independent funding source (EARF) added a measure of reliability and trust (Maiden, 2008).

Potential Sources of EAP Vendor Comparative Data

Currently there is no agency or resource that routinely conducts and publicly reports data that describes the characteristics and basic metrics for EAP vendors. Certain for-profit businesses are a potential source of EAP industry information. For example, *Open Minds*, an industry newsletter, periodically conducts a survey to catalogue the number of managed behavioral health organizations (MBHOs) and EAP providers and their associated total covered lives in the United States market. Findings from the 2004 version of this report showed that large health insurance vendors dominate the EAP market, with the largest six firms covering about 70% of the cumulative market share (Oss, 2004). According to the Oss (2004), these firms offered EAP services in addition to offering other services such as managed behavioral health care, work/life services, and emerging integrated products in health and wellness that function as a “one-stop shop” for employers and benefits purchasers. The most recent *Open Minds* inquiry of more than 700 firms in 2011 again found significant consolidation at the provider level, with three-fourths of the total United States market for external EAP services being controlled by ten large firms (Morgan, Miller, & Oss, 2011).

Although *Open Minds* is a useful resource concerning managed behavioral health and EAP services it is not a scholarly publication. Also, the *Open Minds* reports are only available by purchase and do not provide information that allows industry comparable metrics.

Other comparative data on EAP providers are regularly compiled by the major consulting companies that collect general information through requests for information (RFI) instruments to profile EAP vendors and then incorporate this information to advise their employer clients on which vendors to purchase services from (Mahiue & Taranowski, 2012). However, this proprietary information is typically shared only within the consulting firm staff and their clients.

The three major data warehouse and reporting service providers in the EAP field have substantial comparative data available, but like the consulting companies they also reserve access to this data for their customers. One of these companies, however, EAP Technology Systems, has begun to release select EAP utilization metrics through research presentations at industry conferences (Amaral, 2005, 2008, 2010).

Comparative Data from Scholarly Studies of EAP Vendors

The field does have a small number of studies that present descriptive data on the experiences of external EAP vendors and internal EAP programs at different sponsoring organizations (Csiernik, 1999; Csiernik & Csiernik, 2012; Hartwell et al., 1996; McCann et al., 2010; McClellan, 1987; Rothermel, Slavik, Finch et al., 2008; Straussner, 1988). For example, Moto, Fujimori, and Suzuki (2004) provide a descriptive profile of a 5-year span of activity for a single external EAP in Japan. In another similar study, Prottas, Diamante, and Sandys (2011) provide a descriptive profile of a 10-year span of operational activity for a single external EAP in the United States. A limitation to this literature is that few of the investigations feature data collected from multiple EAP vendors.

One of the few studies of multiple EAP vendors was conducted in 2002 (Herlihy & Attridge, 2005; Herlihy, Attridge, & Turner, 2002). This study included 213 provider companies of EAP, work/life, and/or workplace wellness services that were located primarily in the United States with a few from Canada. Each company completed a short survey on the topic of historic and future trends in the integration of these services. Although not a focus of the project, a conference presentation provided some findings relevant to comparative metrics (Attridge, Herlihy, & Turner, 2002). Some of these findings included the market size (a mix of local, regional, and national), number of covered lives (averages of approximately 26,000, 68,000, and 455,000 for these three markets), service offerings (EAP, work/life and wellness), service utilization mix by different delivery formats (82% face-to-face, 15% telephone, and 2% Internet) and the level of program utilization at these vendors (average of 7.8% of employee population annually).

The dissertation study by Sandys (2012) also offers relevant industry profile information garnered from in-depth interviews with a convenience sample of senior executives at external EAP providers in the United States.

His sample of 26 vendors included a mix of market sizes (state/regional = 26%, national = 48%, and international = 26%), an average of 21 staff (of which only 22% had the Certified Employee Assistance Professional [CEAP] designation), an average of 28 years in business, and a customer base of 149 total number of client companies that represented an average of almost 350,000 covered total lives (including employees and family/dependents). This study answers Sandys's (2012) call for a large national descriptive study of the attributes of external EAPs in the United States to help confirm some of the descriptive information obtained in his study.

In summary, review of the literature indicates that despite the commercial success and growth of the external EAP industry, as a profession the field of EAP has no benchmark data available at this point in time. It also lacks a more basic resource that simply provides comparable data on the key metrics and characteristics of external EAP vendors. Absent this resource, EAP vendors cannot evaluate their performance against a set of similar companies and the purchaser decision process for vendor selection is similarly weakened. This comparative knowledge-dampening effect directly affects key external EAP business decisions concerning capitalization of quality initiatives, deployment of outcome measures, and strategic planning decisions. Therefore, access to publicly available comparative data is regarded as essential for both the vendor and purchaser and the vitality of the field's continued future growth.

RESEARCH QUESTIONS

Given the sparse literature available on EAP benchmarking and comparative data, this study focused on documenting the basic company characteristics and metrics that describe external EAP vendors and their provision of services. The following research questions (RQ) were examined:

- RQ1: Company profile—What are the most common descriptive characteristics of external EAP vendors as a company (e.g., location, corporate structure, tax status, and so on)?
- RQ2: Company size—What is the size of external EAP vendors in terms of the number of customer contracts, covered populations and staff?
- RQ3: Quality profile—How often are industry-defined indicators of quality of service (program accreditation and individual certification) present at external EAP vendors?
- RQ4: Contracts profile—What are key features of the business contracts for EAP services with customers of external EAP vendors?
- RQ5: Counseling profile—What is the clinical activity profile for counseling services provided by external EAP vendors?
- RQ6: User profile—What is the user profile (demographic factors and referral sources) for services provided by external EAP vendors?

- RQ7: Utilization rates—What is the level of utilization for EAP counseling, EAP organizational and work/life services provided by external EAP vendors?
- RQ8: Surveys—How are follow-up surveys conducted at external EAP vendors and what are the average levels of user satisfaction and key outcomes?
- RQ9: Group differences—Do these metrics differ appreciably between certain subgroups of external EAP vendors (such as by country or market size or pricing model)?

Several other questions go beyond the focus on metrics to explore the personal opinions and experiences of these vendors concerning business practices associated with promoting, managing and selling EAP services in the external market.

- RQ10: Business practices—How often are key business practices used at external EAP vendors (e.g., promotional practices, managing internal operational objectives, and managing client company focused objectives)?
- RQ11: Business development—Which factors are perceived to have had the most impact on retaining current customers and new sales and also on lost business at external EAP vendors?
- RQ12: Future of the field—How optimistic (or pessimistic) are external EAP vendors about the future of the field and why?

METHOD

Procedure

ETHICAL RESEARCH PRACTICE

An Institutional Review Board for research approved the study methodology and the appropriate documentation was submitted to the EARF. All participants in the survey had the option to complete a survey with complete anonymity. In addition, study participants were offered assistance in completing the survey if they chose to do so. The first question on the survey required informed consent in order to proceed to the rest of the survey.

SAMPLING STRATEGY AND DATA COLLECTION

The lack of a business registry that could provide a master list of all of the active EAP vendor companies in the United States and Canada precluded the option of conducting a random sample of external EAP vendors in each country. One cannot conduct a random sample from within a larger

population when the population itself is not identified. Therefore, alternative nonrandom sampling methods were adopted. The participants in the study were contacted using two sampling approaches. The first approach employed a targeted sampling strategy intended to solicit participation from the largest external EAP vendors located in the United States (defined by the authors as having greater than 2 million covered lives across all clients) and in Canada (defined as having greater than 1 million covered lives across all clients). The second approach utilized a snowball “convenience” sampling method to invite participation from an unknown much larger group of vendors. Each approach is described in more detail below.

SAMPLING METHOD 1

Targeted sampling of large vendors in North America. The first approach focused on identifying large external vendors of EAP services in the United States and Canada. During this phase the authors created sampling frames specific to the large carriers in both countries known to industry experts. In early 2012, a series of respected industry leaders or “warm contact” individuals were personally contacted to seek their endorsement and also to encourage others to participate in the study. These individuals, along with the authors, were involved in contacting and recruiting the targeted large vendors to be in this study. During the first phase of data collection, a separate webpage for the survey was utilized to track the participation of large vendors. The survey items were the same for both website portals featuring the targeted and nontargeted groups of participants.

SAMPLING METHOD 2

Snowball sampling of other vendors. In the second phase of the study, the survey was deployed through a convenience (snowball) approach. A wide range of prominent trade associations, industry organizations, businesses, and highly respected individuals in the EAP field helped to create awareness of the study by distributing a press release concerning the goals and benefits to the EAP field.² The press release included a description of how to participate anonymously or alternatively how to contact the principal investigator for assistance. The press release also included web links to the online survey. The participation engagement strategy relied on the advantage of the potential study participants being contacted from a respected and trusted colleague. A limitation of this approach, however, was that the specific number of potential study participants who eventually received the invitation to participate in the study is unknown.

The data was collected in two waves of activity. The first period of data collection occurred during May, June, and July of 2012. The e-mail invitation and online survey process was repeated a second time during October,

November, and December of 2012. The survey instructions and items were the same as in the first wave, but a different website portal tool was used in the second wave of data collection. The additional time period was designed to boost the number of participants following a favorable response from presentation of preliminary findings based on the phase one data at an industry conference (Granberry & Cahill, 2012).

RESPONDENT ANONYMITY

All potential participants were provided a direct link to the study website that allowed each participant to anonymously access the survey. Two participants requested to complete the survey in hardcopy version rather than online.

SURVEY DEVELOPMENT AND VALIDATION

Cahill (2009) created the first version of the survey as part of a NBC quality initiative. The authors, along with input from a variety of leaders in the field of EAP, refined and expanded Cahill's original version to create a more comprehensive survey instrument. In addition, a panel of 10 industry experts from the United States and Canada were invited to provide feedback on the revised survey.³ A total of 71 draft items were identified and then critically reviewed and pared down to the final set of 44 items. These items were then organized into eight categories: (1) company profile, (2) staffing, (3) customer profile, (4) utilization metrics, (5) survey tools and outcomes, (6) business management, (7) business development, and (8) forecasting the future of EAP. Respondents were instructed to answer the questions based upon their entire "book of business" across all of their customers for the year 2011. The final survey was pilot tested in print and online versions with NBC member companies resulting in several revisions based upon test user feedback. The full survey instrument is publicly available on the NBC website (www.nbcgroup.org).

EXCLUDED CASES

Approximately 50 potential participants who visited the survey website were excluded due to the following reasons: (a) visited the website landing page but did not complete any of the items, (b) completed only the opening page or two of the survey and abandoned it, or (c) duplicate responses in which the survey was started on one visit and then completed more fully on a second attempt with nearly exactly the same pattern of responses.

MISSING DATA

Not all of the participants included in the final response pool completed every item on the survey. However, their partial data was included if it

addressed three or more of the eight sections of the survey. For example, almost half of the final respondents did not provide data on the utilization of services and yet most who began the survey (85%) did continue through to complete other questions at the end of the survey even if other sections were not answered. One potential contributory reason for the lack of complete data from all respondents may have been the length of the survey, which included 157 total unique data points within the 44 questions. The median amount of time to finish the survey was 27 minutes (range of 6 minutes to 4.5 hours; $n = 78$).

DATA ANALYSIS

For both phases of data collection, the responses were downloaded from the website tool into an Excel file, cleaned for data integrity and then converted to an SPSS data file. The data from the two sampling phases were merged into one master file for analysis using SPSS Version 20 statistical software. The majority of the analyses feature descriptive statistics with some sections also including inferential statistical tests of group differences on select metrics. Also, some exploratory factor analyses were performed on several of the multi-item measures for business practices.

Respondents

SAMPLING METHOD 1 RESULTS

The study succeeded in getting participation from 73% (8 of 11) of the largest national carriers that were specifically targeted in the United States and from 100% (five of five) of the largest national carriers targeted in Canada. The Canadian vendors included EFAP providers with a variety of different business models, including the “big three” vendors that focus on the traditional customer market of mostly private sector large employers, one hybrid vendor serving the national public sector and local private sector markets, and another vendor specializing in selling EFAP as an embedded product included within health and disability insurance benefits.

SAMPLING METHOD 2 RESULTS

The study also garnered participation from an additional 69 other external vendors who responded to the survey but who were not specifically targeted. In contrast, these respondents were obtained from the variety of promotional activities designed to raise awareness of the research and encourage participation in the study. These EAP vendors were from a variety of countries, markets and business models.

A total of 82 external EAP vendor companies were included in the final data set. The count was based on combining respondents from both sampling

methods and also from the first time period of data collection (which yielded usable responses from 66 respondents) and from the second time period of data collection (which added another 16 respondents).

Measures

The survey instructions and items are presented in Appendix 1. For the purposes of this report, items on the survey were grouped into the following sections (the item number from the appendix is provided after each measure below).

COMPANY PROFILE MEASURES

Nine measures were used for assessing attributes of the company. These included questions on the company tax model (see appendix item #4), the company category type (#8), the company ownership type (#7), the number of years the company has been in business (#9), the marketing area (#11), recent experience with mergers and acquisitions (#13), the primary services offered (#10), membership in various professional associations (#16), and support for staff development (#18).

COMPANY SIZE MEASURES

Four aspects of the size of the company were measured. These items included the count of client companies (#19), the count of covered total employees (#28), the count of covered total lives (#30), the estimated ratio of covered lives to covered employees (#29), and the count of EAP staff (#17).

QUALITY PROFILE MEASURES

Two areas of quality were measured. These included program accreditation from the Council on Accreditation (COA) (#14) and certification of individuals with the CEAP designation (percentage of both EAP staff and network affiliates; #15a and #15b). The CEAP is provided to qualified individuals who have completed the certification process from EAPA.

CONTRACT FEATURES MEASURES

Four features of client contracts were measured. These aspects include what percentage of all contracts featured various pricing models (#22), allowance of continuation of the EAP clinical client with the counselor after the contract limited number of sessions was reached (#23), a gatekeeper role for the EAP (#24), and also which departments at clients had the most authority over managing the contract (#20).

COUNSELING ACTIVITY MEASURES

Several aspects of providing EAP counseling were assessed, including the number of EAP counseling cases (#31), the number of sessions of EAP counseling provided (by staff and by network affiliate counselors; #25), and the counselor case internal completion rate (#36).

ORGANIZATIONAL SERVICES PROVIDED

The volume of organizational EAP services provided in 2011 was assessed with in five subtypes (#26).

WORK/LIFE SERVICES PROVIDED

The volume of work/life services provided in 2011 was assessed with four subtypes (#27).

USER PROFILE MEASURES

Demographic aspects of gender (#32) and the employee status of users (#33) were assessed as well as the referral sources to the EAP as reported by users (#35).

SURVEY MEASURES

Questions in this area concerned the volume of surveys completed in 2011 (#37), if standardized and research-validated measure(s) were used on their survey (#38), if so, which particular validated measures were used (#39) and their average book of business survey results. The results were in the four key areas of the level of user satisfaction with the EAP service overall (#40a) and the outcomes areas of the level of improvement due to counseling (#40b), level of improvement in work performance or productivity (#40c), and level of improvement in work absence (#40d).

BUSINESS MANAGEMENT MEASURES

Another set of items focused on several aspects of business management, including the use of different promotional practices to raise awareness of the EAP (#34), operational objectives for managing the EAP (#21), client company-focused objectives (#41), factors affecting business development leading to renewed contracts and new sales (#42), and factors contributing to business erosion through contracts that were not renewed (#43).

FORECASTING THE FUTURE OF THE EAP FIELD

The survey ended with two items of a more general nature. The first item asked about the respondent's optimism or pessimism for the future of the

field of EAP (#44). The second item allowed an “open field” comment opportunity to close the survey.

RESULTS AND DISCUSSION

The results are presented in the same order as the list of the research questions. Each set of results is summarized and then briefly discussed to highlight key findings. Some of the key results are also compared with findings from other studies in the literature that featured similar measures (when available).

Part 1. Company Profile

The first research question asked: What are the most common descriptive characteristics of external EAP vendors as a company? This was answered with data on profile features of the country of company headquarters, tax model, company type, ownership type, number of years in business, market size, primary services offered, merger and acquisition history, and participation in industry association memberships (see Table 1).

COUNTRY

The company headquarters for these vendors were located in a dozen different countries. Eighty-five percent of the respondents came from either the United States (70%) or Canada (15%). The remaining 15% of the respondents included vendors from 10 other countries.

In the United States surveys were received from participants located in 28 different states. The respondents included most of the four major geographical regions identified by the United States Census Department, including 6 of the 8 states in the Northeast region (75%), 5 of the 16 states in the South Region (31%), 10 of the 13 in the Midwest Region (77%), and 6 of the 13 states in the West Region (46%). Canada had vendors from each of the four most populated provinces, including Alberta ($n = 2$), British Columbia ($n = 3$), Ontario ($n = 4$), and Quebec ($n = 3$). Responses from the other countries included one respondent each from Argentina, India, Ireland, Netherlands, New Zealand, Philippines, Russian Federation, Singapore, Turkey, and three respondents from the United Kingdom.

TAX MODEL

A majority of the respondents indicated “for profit” (68%) and the remainder indicated “not for profit” (32%). The “for profit” finding is consistent with the results for “ownership type” which included a variety of for profit business models.

TABLE 1 Company Profile of External Employee Assistance Program (EAP) Providers

Measure	Count	Percentage
<i>Country of company headquarters</i>		
United States	58	70
Canada	12	15
Other countries	12	15
Total	82	100
<i>Tax status</i>		
For profit	56	68
Not for profit	26	32
Total	82	100
<i>Company type</i>		
Free Standing EAP	49	60
Hospital or health care system	12	15
Insurance company or health plan	7	9
Community-based behavioral health or social service agency	6	7
Managed behavioral health organization (MBHO)	6	7
Third party administrator	1	1
Disability insurance plan	0	–
Other	1	1
Total	82	100
<i>Ownership type</i>		
Corporation – Other	21	26
Corporation – Private closely held	18	22
Corporation – Publicly traded	14	17
Limited Liability Company	13	16
Corporation – S Corporation	9	11
Sole proprietorship	5	6
Partnership	2	2
Total	82	100
<i>Years in business</i>		
1–4 years (start-ups)	3	4
5–10 years	7	9
11–19 years	11	13
20–29 years	33	40
30–40 years	28	34
Total	82	100
<i>Market (Size)</i>		
Local: within a single state/province/locale	16	20
Regional: within multiple states/provinces/areas	20	24
National: within one country	28	34
International: 2 to 4 countries	6	7
Global: 5 or more countries	12	15
Total	82	100
<i>Mergers and/or acquisitions (in past 3 years)</i>		
Yes	24	29
No	58	71
Total	82	100
<i>Primary services offered (Choose up to three)</i>		
EAP		99
Work/life		74
Wellness		49
Other		27
MBHO		20

(Continued)

TABLE 1 Continued

Measure	Percentage
<i>Association memberships (Choose all that apply)</i>	
Employee Assistance Professionals Association	85
Society for Human Resource Management	44
Employee Assistance Society of North America	32
Brief Intervention Group for Screening, Brief Intervention and Referral for Treatment Initiative	18
National Behavioral Consortium	16
National Business Group on Health	13
Alliance for Work Life Progress	9
World at Work	7
Canadian Employee Assistance Program Association	6
Institute for Health and Productivity Management	6
Employee Assistance Roundtable	5
Association for Behavioral Health and Wellness	5
Employee Assistance Collaborative	4
Risk and Insurance Management Society	1
International Association of Employee Assistance Professionals in Education	1
<i>Staff Development (Choose all that apply)</i>	
Attend local conferences	68
Attend regional conferences	60
Attend national conferences	62
Attend international conferences	34
Tuition reimbursement for further formal education	43

Note. $N=82$ vendors for all items.

COMPANY TYPE

The type of company included seven variations (see Table 1). The majority of vendors were free-standing EAP providers (60%) followed by being a hospital or part of a health care system as the next most common (15%). These findings demonstrate a wide range of business types were represented.

OWNERSHIP TYPE

The most common form of ownership type was some form of a corporation (65%). Several other types of ownership for these companies were also present (see Table 1).

YEARS IN BUSINESS

The number of years of being in business for these companies ranged from 1 to 40 (see Table 1). However, almost three-fourths of the respondents had been in business for 20 years or more (74%). In contrast, there were very few start-up companies with fewer than 5 years tenure (4%). On average (calculated using the midpoints of the categories), the average external EAP has been in business for 24.6 years.

MARKET

The size of the marketing area for these vendors varied considerably between the respondents (see Table 1). The respondents comprised a mix of vendors operating in local markets (20%), regional markets (24%), national markets (34%), international markets (7%), and global markets (15%).

MERGERS AND ACQUISITIONS

Slightly more than one in four (29%) vendors had experienced a merger or acquisition in the past 3 years.

PRIMARY SERVICES OFFERED

Results for primary services offered by these companies reveal a product mix that featured more than just EAP services (see Table 1). As expected, all but one company offered EAP services (99%). More interesting is that almost three-fourths (74%) also offered work/life services and almost half also offered wellness services (49%). MBHO services were offered by one in five companies (20%). Various “other” services were also offered by about one in four companies (27%) and included workplace trainings, organizational development, support services for addictions, clinical psychological services, coaching, and others. When examined together, most companies offered three different kinds of services (66%), about one in four offered two different kinds of services (27%), and only 7% offered only service type.

MEMBERSHIP IN INDUSTRY ASSOCIATIONS

Of the 15 associations included, the average vendor was a member of only two ($M = 2.52$, $Mdn = 2.00$, range = 1–10). Only one association—EAPA—was found among a majority of vendors (85%). Two other associations also had a high level of participation, including SHRM (44%) and EASNA (32%). Much lower participation levels were found for remaining 12 other associations (see Table 1).

STAFF DEVELOPMENT

Almost all of these vendors (95%) provided financial assistance to at least some of their staff for professional development in at least one of the five areas assessed (see Table 1). More specifically, a majority of companies sponsored their staff to attend local, regional, and national conferences. About one third of companies provided support for their staff to attend international conferences. Less than one half of vendors offered tuition reimbursement for their staff pursuing further formal education.

SUMMARY AND DISCUSSION OF COMPANY PROFILE

Most vendors were a for-profit corporation and had an ownership type that was some form of a corporation. Free standing EAP was the most common company type. The study findings reveal a mature market with most vendors being in business for between 20 and 40 years. The vendors ranged in size based on market area, from local to global. About one third of vendors had recently been involved in a company merger or acquisition involving another business. This profile of external provider companies provides further evidence of the recent observations that the EAP field in North America is highly competitive and in a period of significant transition (Masi, 2011; Sharar, 2009). Most vendors were members of at least two industry associations with EAPA and SHRM being the most popular. Most vendors also offered multiple forms of financial contribution toward the professional development of their staff through sponsorship of attending conferences and further education.

Perhaps the most striking discovery in the company profile results is that only 7% of the vendors offered EAP as their sole primary service. The other 93% of vendors offered a combination of EAP and other services, with 74% of vendors also offering work/life services, and 49% also offering wellness services. These findings chronicle the significant shift that has occurred over the last 25 years concerning the trend toward greater integration of workplace behavioral health services (Zullo, Herlihy, & Heirich, 2010). This is indeed a dramatic shift in the field, considering that in 1994 only 10% of the top 100 family-friendly companies had integrated programs that combined EAP, work/life and wellness-related services (Herlihy, 1997) and that in 2002 roughly one third of EAP vendors offered integrated programs with multiple services (Attridge et al., 2002). For comparison, a recent study of 142 Canadian organizations (Csiernik & Csiernik, 2012) found that 66% of the EAP programs at these organizations offered wellness programming initiatives as well as offering a wide range of other workplace support services. These findings in the literature are consistent with the findings of this study.

Part 2. Company Size

The second research question asked: What is the size of external EAP vendors in terms the number of contracts, covered populations and staff? This was answered with findings on the number of client companies, the number of covered employees, the number of covered total lives, and the number of EAP staff. Items in this section had some missing data (see Table 2).

CLIENT COMPANY COUNT

The total client companies with contracts (i.e., customers) for EAP services averaged 453. However, the median was much smaller at only 165, due to the skew effect on the mean of an outlier with one EAP vendor with 6,500

TABLE 2 Company Size of External Employee Assistance Program (EAP) Providers

Measure	<i>n</i>	<i>M</i>	Median	Range
<i>Customer book of business</i>				
Total customers (contracts)	64	453	165	1 – 6,500
Total covered employees	65	957,207	128,978	4,752 – 10,476,190
Total covered total lives	65	2,260,432	333,003	8,098 – 24,500,000
Ratio of covered lives to employees	65	2.43	2.50	1.50 – 4.00
<i>Staff</i>				
Total No. staff for EAP services	82	128	16	1 – 4,800

Note. *n* = number of vendors.

customers. The next highest count in the respondents was 2,000 customers. There was substantial range in the number of client companies in this respondent pool (see Table 2). This finding is consistent with the wide range also observed in the number of vendors in different size geographic markets.

COVERED EMPLOYEES POPULATION COUNT

The total covered employee population count averaged 957,207. But the median was much smaller at only 128,978. There was substantial range in the employee population size among these respondents (see Table 2).

COVERED LIVES POPULATION COUNT

The total covered lives count (which included employees and all family members and other covered dependents eligible to use the EAP services) averaged more than 2.2 million. However, the median was much smaller at only 333,003 due to the skew effect on the mean of five companies each with more than 10 million covered lives. There was also a wide range in the covered lives population count (see Table 2).

RATIO OF COVERED LIVES TO COVERED EMPLOYEES

The two population counts can be combined into a ratio. The average ratio of covered lives to covered employees was 2.43:1.00. This mathematically derived variable was almost the same as when the respondents were asked on the survey to estimate this ratio for their business ($M = 2.40:1.00$, $n = 59$).

STAFF COUNT

The total number of full-time staff dedicated to the EAP employed across all job positions averaged 128 people. However, the median was much smaller at only 16 staff. This difference in the mean and median was due to the skewed effect on the mean of an outlier on the high end represented by one

company that had 4,800 staff (note that the next highest staff count was a vendor with 1,000 staff). When this highest outlier vendor was removed, the adjusted sample staff count was reduced to a mean of 70. The tremendous range in the number of EAP staff from these respondents is consistent with the wide variation in market size.

SUMMARY AND DISCUSSION OF COMPANY SIZE

Based on the more reliable metric of medians, the typical external vendor had 16 staff dedicated to the EAP to serve 165 client companies and a covered population of almost 130,000 employees and more than 330,000 total covered lives. There was a wide variation, however, in each of these metrics because the respondents included mix of smaller to larger size vendors. Tests of possible differences in the metrics between vendors of different sizes (based on market size) are presented later in the paper.

Part 3. Quality Indicators

The third research question asked: How often are industry-defined indicators of quality of service present at external EAP vendors? These findings are shown in Table 3.

PROGRAM ACCREDITATION STATUS

Only 13% of the total respondents had accredited programs. Thus, few of the vendors invested the time and expense to have their EAP program externally audited and accredited for operational quality and compliance with industry best practices by the COA. This result differed by country, such that one half of the Canadian vendors (six of 12) were accredited compared to only four of the 58 United States vendors (7%), and one of the 12 international EAP vendors (8%) were accredited. This was a significant difference in COA status by country, $\chi^2(N=70)=91.08, p<.001$. COA accreditation status also varied

TABLE 3 Indicators of Quality Service: By Country

Measure	Country			
	Total	United States	Canada	International
EAP program accredited by COA ^a	13%	7%	50%	8%
CEAP status among EAP staff ^a	26%	36%	3%	1%
CEAP status among network affiliates ^b	11%	15%	1%	1%

Note. EAP = Employee Assistance Program; COA = Council on Accreditation. CEAP = Certified Employee Assistance Professional.

^aTotal $n=82$ vendors, United States $n=58$, Canada $n=12$, International $n=12$.

^bTotal $n=76$ vendors, United States $n=53$, Canada $n=11$, International $n=12$.

somewhat by the interaction of market size and country, with all of the accredited vendors in Canada being in the large markets (national, international, or global) whereas those accredited in the United States were in a wider range of markets including local, regional, and national.

CEAP STATUS OF STAFF

These findings are presented for staff and affiliate counselors. In the total responses, there was great variability between companies in how many of the staff counselors had the CEAP—from a low of 0% to a high of 100% with the average being 26%. Thus, about one in every four staff had earned the CEAP. However, slightly more than one in four companies (28%) had zero staff counselors with the CEAP. When examined separately among the other three fourths of vendors with at least one staff with the CEAP, the average of all staff with the CEAP was 36%. There was a significant difference by country, $F(2, 81) = 14.25, p < .001$, with an average of 36% of vendors in the United States, but only 3% of Canadian vendors and 1% of international vendors.

CEAP STATUS OF NETWORK AFFILIATES

The results for CEAP status were even lower for the EAP network affiliate counselors. Among the 76 companies that answered the question for their affiliate staff, with a mean of 11%. In the total responses, almost a third of the companies (30%) reported having no affiliates with the CEAP whereas among the other companies with at least one affiliate counselor with the CEAP, the average level was for 15% of the network affiliates with the CEAP. Again there was very wide variability across vendors as this ranged from 0% to 80%. Some of this variability was due to country (see Table 3). There was a significant difference by country, $F(2, 75) = 7.69, p < .001$, with an average of 15% of affiliates at vendors in the United States and only 1% of Canadian vendors and less than 1% of international vendors.

In the total responses the percentage of staff with CEAP was significantly positively correlated with the percentage of affiliate counselors with the CEAP ($r = .49, p < .001$). Thus, the more that staff counselors had the CEAP at a particular vendor it was also true that the more that affiliate counselors at the same vendor also had the CEAP. This finding suggests that some vendors place a higher premium on hiring staff *and* affiliates with the CEAP than do other vendors.

SUMMARY AND DISCUSSION OF QUALITY INDICATORS

In general, COA accreditation was evident far more in Canada than other countries. In contrast, CEAP for individual staff was almost exclusively found among vendors with headquarters in the United States. Even though almost three

fourths of companies had at least one counselor or staff member with the CEAP, having the CEAP was not a defining feature for the vast majority of the staff counselors or the network affiliate counselors at these EAP vendors. The finding that fewer network counselors had the CEAP than did the staff counselors is also consistent with other research questioning the employee assistance focus of the general mental health counselors who work part-time as network affiliates for EAPs (Sharar, 2008). Taken, together these findings reveal that the two most widely promoted kinds of indicators of service quality specific to EAP—at the program level and at the staff level—are not being implemented by the vast majority of most EAP vendors. This finding should be tempered by the recognition that (although it was not measured specifically in this study) the clinicians who provide EAP services usually have an advanced degree and one or more professional licensures in their specific discipline (psychology, marriage and family counseling, social work, etc.) and possibly also have specialty certifications (such as for substance abuse or trauma; Employee Assistance Professionals Association [EAPA], 2010). Thus, the regulation of clinical quality occurs more often at the level of professional training and licensure that EAP counselors have in a variety of other disciplines much more so than it occurs specific to the field of EAP (Bailey & Troxler, 2009; Maiden, 2003).

PART 4. CONTRACT FEATURES

The next question asked: What are key features of the business contracts for EAP services with customers of external EAP vendors? This was answered for contractual issues of pricing models, how many contracts allowed further sessions with EAP counselors after specified session limits were exhausted, how many contracts had the EAP serve as a “gatekeeper” for entry into other benefits, and which departments at the customers had primary managerial control over the EAP contract (see Table 4).

Pricing Models

The capitated fee-pricing model was the most common, representing an average of 71% of all of the EAP contracts. The fee-for-service (FFS) pricing model was next at an average of 18%, and the bundled or embedded fee-pricing model was last at an average of 11% of contracts. When considered jointly, only 13% of external EAP vendors had all of their contracts with just one pricing model, 61% had two models and 27% use all three models. When recoded within each vendor separately as to which one of the three pricing models accounted for the majority (i.e., more than 50%) of their contracts, the capitated model was the dominant model for 78% of vendors; the FFS model was the dominant model for 13% of vendors and the embedded fee-pricing model was dominant for 9% of vendors. When considered jointly,

TABLE 4 Features of Business Contracts for Services

Feature	<i>n</i>	<i>M</i>
<i>Pricing models</i>	78	
Capitated		71%
Fee for Service		18%
Embedded Fee (“Free EAP”)		11%
Total		100%
<i>Continuation allowed</i>	78	
Yes allowed in most contracts		58%
Yes allowed in few contracts		24%
Not allowed in any contracts		18%
Total		100%
<i>Gatekeeper role</i> (as % of all contracts)	80	9%

Note. *n* = number of vendors.

13% of vendors used only one pricing model, 61% used two of the models, and 26% used all three.

Counselor Continuation

In their contracts with client companies, many EAPs set a limit on the number of sessions that are allowed per user, such as three, five, or eight sessions. EAP contracts also can vary as to whether individual counseling clients are permitted to continue receiving clinical services from the same EAP counselor after the contractually specified session limit has been exhausted. Results show that continuation was allowed in “all or most” of their contracts among 58% of vendors, about one fourth of vendors (24%) had “only a few” of their contracts that allowed continuation, and for fewer than one in five vendors (18%) continuation was not allowed in any of their contracts.

Gatekeeper Role

Results show that 74% of the vendors had zero contracts with a gatekeeper function for the EAP. For the other roughly one in four vendors, being a gatekeeper was a feature in an average of only 35% of their EAP contracts (but with a very wide range between vendor from 1% – 100%). With roughly one third of the contracts having a gatekeeper role for just one in four EAP vendors overall, this combination yields an average rate of just 8% of all contracts for the total sample.

Client Managerial Authority

Of the nine departments assessed, only human resources (HR) was rated by the majority of all external EAPs as *almost always* having oversight over the EAP (see Table 5). When combining the top two highest frequency ratings for *almost always* (5) and *often* (4), the rank order from most to least of client

TABLE 5 Client Departments with Managerial Authority Over Employee Assistance Program Contract

Department	<i>n</i>	Mean rating (1–5)	% High (4 or 5)
Human Resources	82	4.6	94%
Benefits	81	3.5	63%
Medical/Health	82	3.2	46%
Executive/Administrative	82	3.1	41%
Finance	81	2.5	15%
Risk Management	82	2.4	15%
Disability	81	2.3	11%
Workers Compensation	81	2.0	9%
Public Relations	80	1.7	7%

Note. *n* = number of vendors. High ratings: 4 = *often*; 5 = *almost always*.

company departments was HR (94%), benefits (63%), medical/health (46%), executive/administration (41%), risk management (15%), finance (15%), disability (11%), workers compensation (9%), and public relations (7%). Only two departments were most often in an authority role over the EAP: HR and benefits.

Summary and Discussion of Contract Features

The capitated fee model remains the most commonly used pricing approach today (as it has for the past several decades). However, it is not the only method as 87% of vendors used more than one model for pricing their services to different customers. Although the embedded fee-pricing model is gaining in popularity in the marketplace, it was the dominant type of pricing model for less than 1 in 10 vendors in this study, and thus it was not the way that most contracts were priced in year 2011. Relative differences in the use of pricing models reveals that how EAP services are priced is one way to differentiate external EAP vendors. Most contracts allowed for the continuation of counseling services from the same EAP counselor after session limits. In contrast, only 8% of all contracts on average specified a gatekeeper role in which the EAP enforced criteria for the appropriate access into behavioral health care services. This finding indicates that the purpose of EAPs at most client organizations was not to be a required checkpoint portal that granted access into other behavioral health benefit services. Although the client departments of benefits, medical/health and executive/administrative were prominent for many contracts, HR was by far the most common area with oversight over the EAP.

PART 5. PROFILE OF EAP COUNSELING ACTIVITY

The fifth research question asked: What is the profile of clinical activity for counseling services provided by external EAP vendors? Presented below are

the results for the clinical activity by EAPs in the total number of EAP counselor cases served, the volume of counseling sessions, the mix of the counseling case load between the EAP full-time staff counselors and the part-time network affiliate counselors, and the case completion rate.

Counseling Sessions per Case

The result of dividing the total number of counseling sessions provided in the year by the total number of counseling cases in the year yielded an average of 2.5 counseling sessions per case (see Table 6). This average was similar to the median of 2.4. However, there was considerable range in this metric from 1.2 to 4.7. Thus, the typical person using the EAP for counseling had clinical contact with an EAP counselor for two or three sessions, although at some EAPs this was closer to only one session (for their entire book of business), and at others it was much higher at close to five sessions. This metric was looked at more closely as well (see Table 6). The percentage of vendors who had a book of business average number of sessions per case at different levels of each session count was determined as follows (based on 45 vendors): 9% of vendors had an average of 1 session, 49% of vendors had an average of 2 sessions, 29% of vendors had an average of 3 sessions, 11% of vendors had an average of 4 sessions, 2% of vendors had an average of 5 sessions, and no vendors had an average of 6 or more sessions. Even though more than three-fourths of these vendors had an average of either 2 or 3 sessions per case, this data also shows considerable differences between vendors in the typical number of counseling sessions provided per case, with four vendors being at just over 1 session and six other vendors being at 4 or more sessions.

Counseling Sessions Delivered by Staff Versus Affiliate Counselors

The proportion of counseling services delivered by EAP staff counselors out of all of the sessions combined from the staff and network affiliate counselors is another metric of interest. The EAP staff counselors provided 50% of all of the counseling sessions in the past year, with a median of 56% and a maximum range of 0% to 100% (see Table 6).

Counselor Case Completion Rate

On average, 82% of counseling cases were resolved within the EAP and/or community resources with the remaining 18% of cases referred on to further care (most often in other kinds of benefit covered treatment) after use of the EAP (see Table 6). The median of 85% for this outcome was similar to the mean, but the range was large, with a low of 54% to a high of 100%.

TABLE 6 Profile of EAP Counseling Activity

Measure	<i>n</i>	<i>M</i>	Median	Range
No. of counseling sessions per case	45	2.5	2.4	1.2–4.7
One session (1.2–1.4)	4	9%		
Two sessions (1.5–2.4)	22	49%		
Three sessions (2.5–3.4)	13	29%		
Four sessions (3.5–4.4)	5	11%		
Five sessions (4.5–5.4)	1	2%		
Six sessions (5.5 +)	0	—		
Total	45	100%		
% of all counseling sessions provided by EAP staff counselors (vs. affiliates)	35	50%	56%	0%–100%
% of all counseling cases resolved within EAP (no referral given)	58	82%	85%	54%–100%

Note. *n* = number of vendors.

Summary and Discussion of Counseling Activity

The issue of who provided counseling sessions for the EAP was fairly evenly split, on average in the field, between the counselors who worked for the company and the counselors who contracted for the company as network affiliates. This resourcing mix for providing clinical services had a maximum possible range across different EAP vendors with some vendors using only full-time staff and other vendors using only network affiliates. Counselors provided an average of 2.5 sessions per case. This figure is lower than the average of 4.0 sessions per case found in a descriptive study conducted in the United Kingdom that was based on almost 17,000 individual EAP cases from six EAP vendors (Mellor-Clark, Twigg, Farrell, & Kinder, 2012).

This figure is also interesting in light of the industry practice to have some contracts that specify a cap on the maximum number of counseling sessions allowed per case within the EAP, when this limit is higher than the three-session average found in our study. A study by Csiernik and Csiernik (2012) found that the number of counseling sessions used per case when averaged across many individual organizations was less than the maximum number of sessions allowed in the contracts.

The wide range observed in this study in the average number of sessions also has implications for the overall pricing of EAP services. Are some EAPs priced more than others because they typically provide a greater number of counseling services per case than other vendors and this higher level of clinical attention has appropriately higher staffing costs?

Our findings also reveal that for approximately 8 of every 10 counseling cases, the EAP successfully resolved the client's clinical issue thus mitigating the need for a referral to further care or treatment beyond the EAP. This is a significant outcome not only for the efficacy of the EAP service provided but also as a source of financial value to the purchaser by creating a behavioral

health care cost offset due to the EAP that avoids use of other more expensive benefits.

PART 6. USER PROFILE

The sixth research question asked: What is the user profile (demographic factors and referral sources) for services provided by external EAP vendors? These results are presented in Table 7.

User Characteristics

Two personal attributes routinely recorded for users of EAP services are gender and employee status. Considering all of the users included in their book of business for counseling, organizational, work/life, and other relevant primary services, the results indicated that on average, users tended to be female more often than male (60% vs. 40%, respectively) and to be employees far more often than family or other dependents (80% vs. 20%, respectively). However, both of these user characteristics had wide variation between the vendors (see Table 7), indicating that these vendors served customers in industries that differed considerably in the gender mix of their employees and in the provision of EAP benefits extended to dependents of employees.

Referral Source for Users

Seven different potential sources of referral for users of the EAP were assessed (see Table 7). The results found that one type of referral source was by far

TABLE 7 Demographic Characteristics and Referral Sources for Service Users

Measure	<i>n</i>	<i>M</i>	Range
<i>User characteristics</i>			
Female gender	54	60%	10%–86%
Employee status	57	80%	33%–98%
<i>Referral sources</i>			
	<i>n</i>	Mean rating (1–5)	% High (4 or 5)
Self-referral	71	4.9	99%
Human Resources	71	3.1	37%
Supervisors – Voluntary	70	3.0	27%
Coworkers	70	2.7	22%
Supervisors – Mandatory	69	2.6	17%
Medical/health care staff	65	2.3	18%
Union representatives	64	1.9	5%

Note. *n* = number of vendors. High ratings: 4 = *high*; 5 = *very high*.

the most commonly endorsed: self-referral (99%), followed by referral from HR staff (37%), voluntary referrals from supervisors (27%), referrals from coworkers (22%), referrals from medical or health care staff (18%), mandatory or for cause referrals from supervisors (17%), and referrals from union representatives (5%).

Summary and Discussion of User Profile

These user profile results show that most users of EAP and related services were employees (80%), a slight majority of users were female (60%), and self-referral was by far the most common pathway into the EAP. The findings on user characteristics found in this study are similar to many past works on gender and employee status as EAP user characteristics (Blum, Martin, & Roman, 1992; EAPA, 2006; Masi, 2000; Straussner, 1988). However, variation between vendors on these basic user characteristics is also of interest because it documents that vendors are serving populations of clients with very different gender profiles (i.e., some mostly women or mostly men). The range observed on the metric for employee versus nonemployee user mix is also important as it indicates considerably variability between vendors in the use and/or effectiveness of promotional practices and outreach efforts that encourage use of services by family members and dependents in addition to the employee. This apparent lack of family-directed promotional activity (e.g., it was the least common promotional practice used among these vendors; see Part 10 of Results) is especially critical when considering the single most common source of referral into the EAP is self-referral. Thus, family and dependents need to be personally aware of the availability of the service if they are to contact the EAP by themselves.

Several studies support our finding that most clients come to EAPs via self-referral than from any other referral source (Bayer & Barkin, 1990; Keaton, 1990; McClellan & Miller, 1988; Straussner, 1988). Others have noted the importance of supervisory referrals to the EAP—especially for finding more of the “high-risk” employee cases with addiction and mental health issues typical of mandatory referrals (Boone, 1995; Franz, 1986) even though they are often less frequent than employee self-referrals.

PART 7. UTILIZATION RATES FOR SERVICES

Given the wide range in the count of total covered employees at each client company, most EAP vendors convert their utilization data into standardized rates that can be compared across their clients. These rates can be calculated for a variety of service use variables. The most conservative utilization rate is the number of individuals who used the EAP for personal counseling relative to the entire population of covered employees (or covered total lives) with

access to the service, who can be considered potential users or at least those included in the capitated pricing model. Other usage rates examine the level of counseling services provided, units of counseling sessions, the level of organizational services provided, the level of work/life services provided, and combinations of these services relative to the covered population.

Utilization Rate for EAP Counseling Cases

The counts of EAP counseling cases and the number of counseling sessions were combined with covered employee count data and converted into utilization rate metrics. The most widely used metric to calculate EAP utilization is the counselor case rate (CCR). The CCR is calculated by dividing the total number of counselor cases (including employees and family/dependents) by the population count of the total number of covered employees and then multiplying this figure by 100. Although of keen interest, as it is almost a universally adopted metric for client reports in the field of EAP, the data for this metric was provided by only 48 vendors (59% of the total responses). The result was an average CCR of 4.5 (see Table 8). Stated another way, 4.5% of the covered employee population had used the EAP for counseling in the past year.⁴ The median rate was similar but slightly lower at 3.6. But, there was tremendous range in the CCR within the responses from a low of 0.1 to a high of 15.6. Thus, these EAP vendors differed substantially in how many

TABLE 8 Utilization Rates for Services Provided by Employee Assistance Program (EAP) External Vendors

Measure	<i>n</i>	<i>M</i>	Median	Range
<i>Annual utilization rate per 100 employees per year</i>				
Total EAP counselor cases	48	4.5	3.6	0.1–15.6
Total EAP counseling sessions	43	11.0	7.9	0.1–44.9
Total EAP organizational services	48	1.2	0.3	0.1–21.3
Combined total EAP services ^a	38	12.0	9.0	0.3–47.7
Total work/life services	33	1.6	0.5	0.1–15.6
Combined all three services ^b	28	15.1	11.0	0.3–63.6
<i>Annual utilization rate per 1,000 covered lives per year</i>				
Total EAP counselor cases	48	19.4	14.2	0.3–91.4
Total EAP counseling sessions	43	47.7	33.5	0.3–263.7
Total EAP organizational services	48	5.0	1.5	0.1–88.0
Combined total EAP services ^a	38	51.7	36.9	0.4–91.5
Total work/life services	33	6.9	2.0	0.1–91.5
Combined all three services ^b	28	65.4	43.2	0.1–372.3

Note. Data is for the entire book of business in year 2011 at each EAP vendor. *n* = number of vendors.

^a = Combination of total EAP counseling sessions and total EAP organizational services.

^b = Combination of total EAP counseling sessions, total EAP organizational services and total work/life services (if vendor provided all three kinds of services).

people from their respective covered populations were provided with counseling.

Utilization Rate for EAP Counseling Sessions

A related metric to the CCR is the utilization rate for the number of total counseling sessions provided by the EAP per year divided by the total covered employee population (and the result multiplied by 100). This figure can be considered a clinical services utilization rate. The average was 11.0, the median was lower at 7.9, and there was a very wide range from a low of 0.1 to a high of 44.9. During the course of a one-year period, these 43 EAPs had provided, on average, 11.0 counseling sessions (or units of clinical services) for every 100 covered employees.

EAP Organizational Services

Presumably all 82 of these EAP vendors offered some level of EAP organizational services, as these kinds of services are a fundamental and defining aspect of EAP programming that augments the more dominant service area of providing individual counseling. Yet only 52 vendors (63%) provided specific utilization data for this service area. Within each vendor, the counts were totaled and each kind of service was considered relative to the total. Results for the mix of different EAP organizational services that were provided across all of the client companies for the prior year was as follows: Management consultations accounted for an average of 36% of all the organizational services, topic specific educational seminars and trainings were 27%, employee orientation sessions on the EAP were 16%, Critical Incident Stress Debriefing (CISD)/crisis response incident services were 14%, and supervisor/management training sessions were 7%. The counts for each of the five kinds of organizational services varied tremendously between respondents. Based on 52 vendors, the average total count for the five areas of organizational services was 2,632, with a median of 839 and a range from 20 to 21,365.

Utilization Rate for EAP Organizational Services

The total count of organizational services used to create another utilization rate metric. The total number of organizational services provided for the year was divided into the count for the total covered employee population and the result multiplied by 100. A total of 48 vendors provided data for both of these measures. The organizational services annual use rate average was 1.2. Thus, for every 100 covered employees, the EAP provided an average of 1.2 organizational services per year. But the median rate was much lower at 0.3, which reflects the wide range in this measure from a low of 0.1 to a high of 21.3.

Utilization Rate for EAP Counseling and Organizational Services Combined

The above two utilization rates can also be added together with the result being that the average EAP vendor had an annual utilization rate for EAP specific services of 12.0% (combining the counseling sessions rate and organizational services rate) (see Table 8). Within this rate, the individual counseling sessions provided accounted for 91% of the combined EAP services with organizational services contributing only 9%. Thus, the typical external EAP vendor in this study focused mostly on providing counseling services to individuals (employees and family members) much more so than on providing a high volume of services to the organization.

Work/Life Services

The level of work/life services provided to all clients was also assessed in a similar fashion as the area EAP organizational services. Counts were obtained on four kinds of work/life services. Based on 38 vendors, the total count for the four areas of work/life services averaged 7,314, with a median of 924 and a range from 22 to 83,000. The average mix of these services was: Youth/child care-related services (28%), adult/eldercare-related services (20%), convenience/personal concierge services (14%) and other work/life services not included in above (37%).

Utilization Rate for Work/Life Services

The total count of work/life services provided to all clients in the past year was used to create a utilization metric. The total number of work/life services was divided into the count for the total covered employee population and the result multiplied by 100. A total of 33 vendors provided data for both of these measures. The work/life services annual use rate average was 1.6 (see Table 8). Thus, for every 100 covered employees, the EAP provided an average of 1.6 work/life services per year. But the median rate was much lower at 0.5, which reflects the wide range in this measure from a low of 0.1 to a high of 15.6.

Utilization Rate for All Three Services

For the 28 vendors that provided the necessary data for all three areas of service utilization and covered employee lives, a comprehensive use metric was created. The number of EAP counseling sessions was combined with the total number of all five EAP organizational services and all four kinds of work/life services. This sum of all services was then divided by the total count of covered employees and the result multiplied by 100. The result was

that the average EAP vendor had an annual utilization rate for all three areas of service of 15.1 per 100 employees (see Table 8). This metric has a very wide range across vendors from less than 1 to more than 60. The individual counseling sessions provided accounted for 79% of the all services use rate, with organizational services being only 9% of the total and work/life services being the other 12%. Thus, even though every one of the vendors in this subset offered EAP and work/life as primary services, the majority of the operational activity, based on utilization data, was mostly for the EAP services with far less activity for work/life services.

Utilization Rates Based on Covered Lives

Compared to utilization based on covered employees, findings are much lower when based on covered lives due to the number of total lives being roughly 2½ times greater than the number of total employees. Therefore, when the above rates were calculated using the dominator of the population count of the number of total covered lives (employees and dependents combined) instead of the population count of covered employees and the multiplier figured used at the end of the equation was 1,000 instead of 100 (see Table 8).

The result for EAP counselor cases per 1,000 covered lives was an average of 19.4. The result for EAP counselor sessions per 1,000 covered lives was an average of 47.7. The result for EAP organizational services per 1,000 covered lives was an average of 5.0. The result for EAP combined services per 1,000 covered lives was an average of 51.7. The result for work/life services per 1,000 covered lives was an average of 6.9. The result for all EAP services and work/life services combined per 1,000 covered lives was an average of 65.4. Note that the medians for all of these metrics are less than the averages, indicating the effect of some higher outliers on the means, the wide variability in ranges observed and different respondent pool sizes (see Table 8).

Summary and Discussion of Utilization

Most of the utilization findings from this study are consistent with past research and industry lore. For example, the average case rate for EAP utilization of 4.5 per 100 covered employees is in line with the commonly heard but rarely documented utilization rate of between 3% to 5% of the employee population for external model EAPs (Attridge et al., 2009b). This case rate utilization average is also similar to the 3.90 cases per 100 covered employees average (3.9%) derived from over two-dozen mostly EAP providers based in the United States (Amaral, 2008). It is also consistent with data from case rate studies in the late 1980s and early 1990s of seven Canadian employers that all had programs from external EAP vendors had an average utilization case rate of 5.4% (Csiernik, 1999).

This study average counselor case rate for utilization is lower, though, than what has been found in some other earlier studies. One survey study

found an overall utilization rate of 7.4% for the book of business in year 2000 for vendors who sold primarily one kind of service (mostly EAP with some work/life and wellness providers included; Attridge et al., 2002). A study of EAP use levels at 91 individual Canadian client organizations that each had EAP services provided by an external EAP vendor found an average utilization rate of 9.1% (Csiernik, 2003). It must be noted that similar to this study, all of these other studies had a very wide range in the level of utilization across the different specific EAP vendors (often a range of the low single digits to highs of 20% or more; and the methodologies used to define the utilization metrics were not consistent across the other studies (see Csiernik & Csiernik, 2012 for a discussion of this issue).

This study finding of a 1.2% use rate for the organizational services is less than the benchmark average of 3.1% organizational services usage rate from a data warehouse (Amaral, 2008). Few other studies have presented findings for the organizational services use rate or for work/life services use rates within EAP vendors to function as other comparative data.

PART 8. SURVEYS AND USER OUTCOMES

The next research question asked: How are follow-up surveys conducted at external EAP vendors and what are the average levels of user satisfaction and key outcomes? Findings are presented below for survey respondent size, use of measures, and average survey results (see Table 9).

Survey Total Count

An average of 2,255 surveys was conducted, with a very wide range of 4 to 26,580. The median of 647 was much smaller than the mean. In aggregate, these 59 external EAP vendors conducted a total of 133,082 surveys in year 2011.

TABLE 9 Survey Methods and Outcomes for EAP Users

Measure	<i>n</i>	<i>M</i>	Median	Range
<i>Survey methods</i>				
Total surveys conducted in past year	59	2,255	647	4–26,580
Total surveys as % of counselor cases	45	8%		
Use of validated measure(s) on survey	62	42%		
<i>Survey outcomes for EAP users</i>				
Satisfaction with service	50	94%	96%	80%–100%
Improvement due to counseling	45	86%	88%	56%–100%
Improvement in work performance	39	73%	75%	30%–97%
Improvement in work absence	28	64%	67%	17%–100%

Note. *n* = number of vendors.

Survey Sample Size

When divided into the mean number of EAP counselor cases, the mean number of surveys conducted represented 8% of the EAP users (2,488 surveys divided by 30,139 EAP cases). Thus, at these vendors about one in every 12 EAP counselor cases had participated in a follow-up survey. This finding is in the range of the unofficial operating standard in the field for having a target sample size quota of one in every 10 users of the service included in follow-up surveys of the user experience (Attridge, 2007).

Survey Measure Validity

When asked: "On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?" 42% reported yes (25 of 62 relevant cases) whereas 58% reported no. Among the yes subgroup, of the tools rated, the results were as follows: 28% used the Workplace Outcome Suite (Lennox, Sharar, Schmitz, & Goehner, 2010), 20% used the Health and Productivity Questionnaire (Kessler et al., 2003), 20% used the Stanford Presenteeism Scale (Koopman et al., 2002), 16% used the Work Limitations Questionnaire (Lerner et al., 2001), and 4% used the Employer Measures of Productivity, Absence and Quality (National Business Group on Health, 2010). In addition, 36% of these 25 vendors also volunteered a variety of other research-validated measures. In addition to their own internally developed measures, these other tools included the Basis 24, Consumer Health Inventory, Short Form Health Survey, the Work Experience Questionnaire, the Outcome Rating Scale, and the Outcomes Questionnaire 30.

These results on survey measure validity reveal two main considerations. The first finding is that less than one half of the companies used a research-based measurement tool for assessing outcomes of their EAP services. Thus, the validity and reliability of the measures being used by most external EAPs is undocumented. The other key finding is that there is little consistency across the industry in which measures are being used to assess outcomes. This lack of measurement consistency makes it difficult to confidently compare the survey-based findings on service outcomes between different EAP vendors.

Survey Satisfaction and Outcomes

In this study, vendors were asked for their average survey findings in four general areas using survey data from their entire book of business of all customers for the past year. On average, 94% of clients were satisfied with the service overall, 86% of users reported an improvement (in their problem) due to use of the EAP counseling, 73% of users reported an improvement in

work performance or productivity, and 64% of users reported an improvement in work absenteeism. Each survey outcome had a median that was almost the same as the average (see Table 9). These averages for outcomes are based on enormous sample sizes (roughly more than 100,000 people) when aggregated across all of the different vendors who reported their results: 130,981 total survey participants for satisfaction, 128,764 total survey participants for improvement due to counseling, 94,735 total survey participants for work performance, and 99,770 total survey participants for work absenteeism.⁵ Thus, these average findings represent a stable result as they are based on the experiences of so many users of EAP services.

But the same results also show a wide range between averages at different vendors. This data indicates substantial differences in average satisfaction and average outcome levels between the different EAP vendors. The range between the lowest and highest vendors for their average level of user satisfaction was 30%. The range from the lowest and highest vendors for the average outcome of personal improvement after counseling was 20%. The range between the lowest and highest vendors for their average outcome of improved work performance was 67%. The range between the lowest and highest vendors for their average for outcome of improved work absence was 83%. These are shockingly high ranges that represent wide variation between these different vendors in outcomes, particularly for workplace outcomes.

Summary and Discussion of Surveys

The results for the area of surveys and outcomes pose a dilemma. Most of the EAPs reported that they collected survey data on their customers (a median of almost 650 surveys per vendor per year for a sample size that reflected about 8% of their counselor cases served each year). The results found that the vast majority of users were satisfied with the EAP service, and a solid majority of service users also reported general improvement and improvement in their performance while at work and in missing work less often after their use of the EAP. These averages for level of satisfaction and outcome levels are largely consistent with past research (Attridge, 2010; McLeod, 2010; Mellor-Clark et al., 2012; Philips, 2004). All of these findings can be interpreted positively and are good for the field of EAP, especially when considering that they are based on a collective sample size of approximately 100,000 users of EAP services. However, there was substantial variation between vendors in satisfaction and for each of the three outcome areas. This variation could be due several factors, possibly including differences in measurement or variation in service quality, or due to the inherent limits of who completes a client satisfaction survey. These questions on the source of the variation between vendors cannot be answered from this survey data.

The survey findings also discovered that most vendors did not use a research-validated measurement tool on their survey. Furthermore, of the

42% who did use a validated tool, there was a wide array of different tools in use. Thus, there is little consistency in the field for how well outcomes are being measured or which tools were being used to do the measuring (EAPA, 2006; Jacobson & Jones, 2010). This makes it difficult to directly compare outcomes reports between different vendors. Also, close to a third of the vendors who had conducted surveys did not answer the items asking for their results for the two work performance outcome areas. Thus, changes in work productivity and work absence were apparently not even being measured by a large slice of vendors. This error of omission is puzzling when work performance is one of seven elements of the EAP core technology (Roman & Blum, 1988), and three decades of research has shown that work performance outcomes routinely yield positive results that are often critical to making the business case for the financial return on investment in EAP services (Attridge, 2007, 2011). By failing to assess the EAP's impact on workplace-based outcomes, some EAPs are missing an opportunity to demonstrate a stronger value message to their customers (which is an area of high concern among many of these vendors—see Part 10 of Results).

PART 9. DIFFERENCES BETWEEN VENDORS

The final research question concerned possible differences in these metrics between different subgroups of external EAP vendors. Prime candidates from which to create subgroups of vendors included market size, country, and pricing model. Exploratory analyses were conducted to determine the methodological feasibility of conducting tests to answer this question for these group options. The first group variable of interest was market size and has five categories of local, regional, national, international, and global. These market subgroups had respondent sizes of 16, 20, 28, 6, and 12 vendors, respectively. Another variable of interest was the country or geographic location of the company headquarters office. This variable had three main groups: United States, Canada, and International (10 other countries), each with group sizes of 58, 12, and 12 vendors, respectively. Table 10 presents a display of the number of vendors in each combination of market by country revealing that many cells that have a small number of cases.

The dominant pricing model item also was of interest for potential group differences, primarily between the embedded fee-pricing (“free EAP”) model, with only seven cases, and the other models of capitated pricing (61 cases) and FFS pricing (10 cases). The country and pricing model variables have skewed distributions, and this reduces the accuracy of statistical testing between their subgroups. Another unanticipated problem was that one third to one half of the total respondents had missing data for many of the measures of interest (e.g., client company characteristics and utilization metrics) that compromised the reliability of conducting accurate statistical tests for group

TABLE 10 Distribution of Employee Assistance Program External Providers: by Market and Country

Market	Country			Analysis group
	United States	Canada	International	
Local	14	2	0	Smaller size
Regional	18	1	1	Smaller size
National	17	6	5	Larger size
International	3	1	2	Larger size
Global	6	2	4	Larger size
Total	82	12	12	

Note. The number of vendors is listed in the table.

differences due to the resulting small number of respondents within these different subgroups (i.e., many had fewer than 10 cases). Given the problems of small response sizes and the wide variability found on many of the measures, the following group-level comparisons must be considered primarily for their descriptive value rather than as definitive comparisons. Accordingly, all tests of significance for these comparisons were conducted at the more lenient level of $p < .10$ (rather than the standard $p < .05$), to allow for smaller size effects to be considered as statistically significant.⁶

Comparisons by Market Size

As a practical tactic to increase the measurement reliability and focus of the results, analyses for market size were conducted with the five categories reduced down into two new groups—larger groups that each had more than 30 cases. More specifically, the local and regional markets were combined ($n = 36$) and the national, international, and global markets were combined ($n = 46$). The smaller size market group is mostly U.S.-based vendors (89%), whereas the larger size market group has more of a balanced mix with 56% from the United States and 44% from the other two groups.

Many tests were performed comparing these two market size groups on a variety of the study measures. These tests revealed few differences that were statistically significant between the smaller and larger market providers (see Table 11).

As expected, compared to the smaller market vendors, the larger market vendors had a significantly greater number of total client companies, $t(62) = -2.12$, $p = .04$, a greater number of total covered employees, $t(63) = -2.87$, $p = .01$, and a greater number of average employees per client, $t(46) = -2.37$, $p = .02$. Thus, larger market vendors had more customers, a larger population to serve and larger contracts per customer than the smaller market vendors. Consistent with these covered population size differences were that larger market vendors had more total EAP staff than the smaller

TABLE 11 Comparisons of Select Metrics by Market Size and by Country

Measure	Market size			Country	
	Test difference significant?	Key metric for each group: smaller vs. larger markets	Test difference significant?	Key metric for each group: U.S.–Canada–International	
<i>Size of Employee Assistance Program (EAP)</i>					
<i>company</i>					
Total no. client companies	Yes*	191 < 671	Yes+	376 < 1,052 > 260	
Total no. covered employees	Yes**	93,333 < 14,971,129	No	1,081k = 910k = 540k	
Avg. no. covered employees per client co.	Yes*	907 < 3,539	No	2,148 = 3,152 = 3,220	
Total no. EAP staff	Yes+	16 < 215	No	118 = 185 = 118	
Avg. no. covered employees per 1 staff	Yes*	6,875 < 17,416	No	15,014 = 7,367 = 8,499	
<i>EAP company profile measures</i>					
Country of headquarters is United States	Yes**	89% > 56%	NA	62% = 75% = 92%	
Tax status as "for-profit"	Yes*	58% < 76%	No	multiple	
Company type	No	multiple	No	multiple	
Ownership type	No	multiple	No	multiple	
Avg. no. years in business	No	23 = 25	Yes*	25 = 27 > 18	
Mergers and acquisitions	No	25% = 33%	No	29% = 33% = 25%	
<i>Primary services offered</i>					
Work/life	No	72% = 76%	No	79% = 58% = 67%	
Wellness	No	49% = 57%	No	43% = 67% = 58%	
Managed behavioral health	No	17% = 22%	No	24% = 0% = 17%	
Other services	No	22% = 30%	No	22% = 42% = 33%	
Sum of five possible services	Yes*	2.47 < 2.85	No	2.67 = 2.67 = 2.75	

<i>Contract features</i>			
Most common pricing models	No	Capitated: 84% = 74%	No
Contracts with continuation not allowed	No	21% = 16%	No
Contracts with gatekeeper role for EAP	No	12% = 7%	No
Client dept. with managerial authority	No	multiple	No
<i>EAP counseling activity and user profiles</i>			
Avg. no. counseling sessions per case	No	2.5 = 2.5	Yes**
Counseling provided by staff (vs. affiliates)	Yes+	54% > 34%	No
Cases resolved w/o referral after EAP	No	81% = 82%	Yes*
User female gender	No	61% = 59%	No
User employee status	No	80% = 80%	No
<i>Utilization rates</i>			
EAP counselor cases use rate	Yes**	5.6% > 3.5%	No
EAP counseling sessions services use rate	Yes*	14.6% > 8.5%	No
EAP organizational services use rate	No	1.4% = 1.0%	No
EAP all services use rate	Yes*	16.1% = 9.3%	No
Work/life services use rate	No	1.9% = 1.3%	No
EAP all & work/life services use rate	No	19.2% = 12.0%	No
<i>Survey outcomes</i>			
Satisfaction with service	No	95% = 94%	No
Improved due to counseling	Yes*	91% > 83%	No
Improved work performance	Yes+	79% > 70%	No
Improved work absence	Yes*	77% > 58%	No
			Cap. 82% = 70% = 67%
			19% = 13% = 17%
			7% = 11% = 18%
			multiple
			2.5 = 3.1 > 1.7
			47% = 19% = 50%
			79% = 90% = 85%
			60% = 62% = 58%
			79% = 77% = 87%
			4.7% = 4.8% = 3.2%
			11.9% = 13.3% = 4.7%
			0.9% = 0.2% = 3.1%
			12.9% = 13.5% = 6.2%
			1.2% = 1.0% = 4.3%
			14.7% = 16.1% = 16.2%
			95% = 95% = 91%
			86% = 84% = 90%
			74% = 71% = 73%
			61% = 73% = 65%

Note. Sample size varies by analysis. $k = 1,000$. NA = not applicable. multiple = too many options to list in table.
 $+p < .10$. $*p < .05$. $**p < .01$.

market vendors, $t(80) = -1.66$, $p = .10$, and also more covered employees per one EAP staff, $t(63) = -2.14$, $p = .04$. More of the larger market vendors had the “for-profit” tax status, $\chi^2(N=82) = 2.94$, $p = .09$. The larger market vendors also offered a greater number of combined primary services than the smaller market vendors, $t(80) = 2.20$, $p = .03$.

The metrics where the smaller market vendors were greater than the larger market vendors concerned the staffing and delivery of EAP counseling services and survey outcomes (see Table 11). The smaller market EAPs provided a proportionately greater share of their total counseling sessions from their own staff counselors (54% vs. 34%, respectively) rather than from network affiliate counselors, $t(39) = 1.80$, $p = .08$. The smaller market vendors also had a higher annual EAP counselor case utilization rate (5.6% vs. 3.5%, respectively; $t(46) = 2.64$, $p = .01$), a higher annual counselor sessions services utilization rate than the larger market vendors (14.6% vs. 8.5%, respectively; $t(43) = 2.27$, $p = .03$), and a higher annual EAP combined counselor and organizational services utilization rate than the larger market vendors (16.1% vs. 9.3%, respectively; $t(36) = 2.11$, $p = .04$). However, the average number of counseling sessions per case did not differ by market size (2.5 for each group). So it was not that smaller market EAPs were providing more sessions per case than larger market EAPs, just that they were getting more cases overall from the covered population to use the EAP.

As noted above, the smaller market EAPs had far fewer covered employee lives per every one EAP staff member than the larger market EAPs. Thus, smaller market EAPs had more counselors on staff to serve the relatively same size population than larger market vendors. Perhaps this finding helps explain the higher overall case use rate among smaller size EAP vendors. This staffing ratio is better understood when standardized as the number of EAP staff per 10,000 covered employees. With this metric, smaller market EAP had an average of 2.2 staff per 10,000 covered employees compared to 1.5 for larger EAPs.

The utilization rates for the organizational services and work/life services were also slightly higher, though not significantly so, for the smaller market EA vendors than the larger market vendors (see Table 11). Finally, the smaller market vendors also reported higher average outcome levels on their follow-up surveys than larger market vendors. More specifically, smaller market EAPs were higher than larger market EAPs on overall improvement after use of EAP, $t(43) = 2.33$, $p = .02$, improvement in work performance, $t(37) = 21.71$, $p = .10$, and improvement in work absence, $t(26) = 2.05$, $p = .05$.

Comparisons by Country

Differences between vendors based in the United States, in Canada, and in the other countries were of interest as well. Major differences by country for program accreditation (higher in Canada) and for CEAP certification of staff

(found almost only in United States) were presented earlier. Comparisons on the other measures were also conducted in an exploratory fashion for country (see Table 11). Although some variance was observed between countries, few measures reached statistical significance. The measures with significant differences included: the average total number of client companies (with Canadian vendors highest; $F(2, 61) = 2.37, p = .10$), the number of years in business (with International vendors youngest; $F(2, 81) = 3.07, p = .05$), the average number of counseling sessions per case (with International vendors lowest; $F(2, 42) = 3.13, p = .01$), and the percentage of counseling cases resolved without a referral after use of the EAP (with Canadian vendors highest; $F(2, 57) = 3.43, p = .04$). Although not significant, the vendors in other countries were somewhat higher than the United States and Canada for the utilization of work/life services. In summary, the comparisons by country revealed few differences overall in these metrics.

Comparisons by Dominant Pricing Model

Some exploratory analyses were conducted on five metrics comparing vendors with different pricing models as the main approach to contract pricing used in the majority of their customers (see Table 12).⁷ The number of

TABLE 12 Comparisons of Select Metrics by Dominant Pricing Model

Measure	Dominant pricing model			
		Capitated fee	Fee for service	Embedded fee (Free)
<i>Book-of-business metrics</i>				
Covered employees per one client contract	<i>M</i>	2,362	927	6,918
	<i>SD</i>	(3,693)	(852)	(7,796)
	<i>n</i>	40	5	3
Covered employee per one EAP staff	<i>M</i>	10,476	12,096	39,848
	<i>SD</i>	(10,176)	(13,331)	(53,332)
	<i>n</i>	52	7	6
Annual use rate for counselor cases per 100 covered employees	<i>M</i>	4.7	6.0	1.6
	<i>SD</i>	(3.2)	(4.2)	(1.1)
	<i>N</i>	37	6	5
Annual use rate for Employee Assistance Program (EAP) organizational services per 100 covered employees	<i>M</i>	1.4	1.1	0.2
	<i>SD</i>	(3.54)	(1.80)	(0.11)
	<i>n</i>	37	6	5
<i>Per-case clinical usage metrics</i>				
Avg. counselor sessions per one case	<i>M</i>	2.4	2.7	3.1
	<i>SD</i>	(0.78)	(0.93)	(1.11)
	<i>n</i>	34	7	4
% of total counselor sessions by EAP staff counselors (vs. by affiliates)	<i>M</i>	44%	34%	42%
	<i>n</i>	32	6	3

Note. *M* = mean average; *SD* = standard deviation; *n* = number of vendors.

vendors within each group changed by each measure examined, with the FFS and the embedded fee-pricing groups ranging from between two to six vendors whereas the capitated fee group was much larger with between 26 and 52 vendors. Nonetheless, a clear story emerges from this data that distinguishes the embedded fee-pricing model vendors from the others. Compared to the other more popular pricing models, the embedded fee-pricing model vendors tended to have: much larger size contracts (based on the average number of covered employees per client contract), a much lower ratio of EAP staff per capita for these contracts (based on the average number of covered employees per one EAP staff), and much lower levels of annual utilization for the EAP counselor case rate and for the EAP organizational services rate. However, the counseling services activities provided on a per case basis were quite similar between the pricing model groups when considering the average number of counseling sessions provided per counseling case and also the percentage of counseling sessions provided by EAP staff counselors compared to network affiliate counselors.⁸

Summary and Discussion of Vendor Group Differences

The exploratory comparisons of subgroups of different vendors on the various metrics found few differences overall. However, some metrics were different between the vendors from the smaller and larger markets and between vendors featuring different pricing models. In contrast, there were few differences by country. These preliminary comparisons suggest that more careful tests could be done in the future with a larger group of respondents and more standardized measurement of these metrics. However, some of the group differences do merit discussion of their implications for the field.

Although the larger market vendors were more likely to offer a wider range of primary services than the smaller market vendors, the smaller market vendors tended to distinguish themselves by having a higher staffing ratio, providing more counseling sessions from their own staff counselors (rather than by network affiliates), having a higher annual counselor case utilization rate, having a higher annual EAP organizational services rate and having higher outcome levels on their follow-up surveys. This set of distinguishing characteristics could be used to help support commonly observed differences between vendors in overall product pricing such that smaller size vendors tend to have higher prices than the larger size national EAPs (see Attridge et al., 2010a; note that actual product pricing information was not assessed in this study as this information is highly proprietary; so this issue could not be tested with the study data).

Vendors who offered the embedded fee-pricing model ("free EAP") tended to have larger size contracts, a lower ratio of EAP staff per capita for these contracts and approximately one fourth the level of counselor case annual utilization as well as a much lower organizational EAP services rate.

These differences are understandable when viewed as a purchaser preference for a less engaged product. However, the finding that the counseling services activities provided on a per case basis were quite similar between the three pricing model groups is big news as it adds a more balanced point concerning service quality (at least as defined by the number of counseling sessions per case) that is germane to the debate about the overall value of “free EAPs” (Burke & Sharar, 2009; Sharar & Hertenstein, 2006).

PART 10. BUSINESS MANAGEMENT FINDINGS

The final part of the project did not yield comparative metrics but instead focused on the management practices and business performance experiences of external EAPs. The topics included promotional practices used to increase awareness of the EAP, the difficulty rating of managing various areas of business operations, and the drivers of gaining new business as well as the source of business erosion. The possibility of subthemes within each of these areas was also examined through factor analysis statistical methods.

Promotional Practices

Nine methods for promoting EAP services within customer populations were examined (see Table 13). Although each of the methods received high ratings from some vendors, there was a range of emphasis between the different methods for the respondents as a whole (these items were rated by 60 to 68 of the 82 total vendors). A factor analysis model was attempted with these items but did not yield useful results. The top three promotional methods included information about the EAP provided by HR, general promotional about the EAP, and brochures about the EAP. Each of these three

TABLE 13 Frequency of Promotional Practices Used by Employee Assistance Program (EAP) External Vendors

Item	<i>n</i>	Mean Rating (1–5)	% High (4 or 5)
Human resources information	68	3.9	63%
Promotional about the EAP	66	3.7	63%
Brochure	68	3.7	60%
Newsletters	67	3.5	49%
Health fairs at the worksite	66	3.4	47%
Wallet card	66	3.2	50%
Website for EAP	68	3.9	37%
Insurance benefit materials	61	2.5	23%
Mailings sent to employees' homes	60	2.0	14%

Note. *n* = number of vendors. Items rated for how frequently clients noted each of the marketing sources as a way that they had become aware of the EAP service. High ratings: 4 = *high frequency*; 5 = *very high frequency*.

methods was rated as *high* or *very high* in frequency of use by a majority of the vendors (63%, 63%, and 60%, respectively). Other promotional methods were rated as *high* or *very high* use by close to one half of the respondents, including wallet cards about the EAP (50%), newsletters about the EAP (49%), and participation in health fairs at the worksite (47%). Less commonly used promotional methods included the EAP website (37%), insurance benefit materials (23%), and mailings sent to the employees' home (14%).

Operational Management Objectives

Aspects associated with management objectives for the day-to-day running of the internal operations were also examined. Seven items were rated on a 5-point scale for the level of difficulty, defined as high expense and or high time commitment by the EAP, for managing these objectives in the past year (see Table 14). A factor analysis model was attempted but did not yield useful results. Ranked from most difficult to least difficult by the percentage of the respondents giving it a *high* or *very high* rating, here are the results: educating brokers of insurance and employee benefits on the value of EAP

TABLE 14 Difficulty with Operational Management Objectives and Client Focus Objectives

Item	n	Mean	% High
		(1–5)	(4 or 5)
<i>Operational management objectives</i>			
Educating brokers on value of Employee Assistance Program (EAP)	77	3.5	51%
Outcomes measurement strategy	76	3.4	49%
Maintaining information technology edge	78	3.3	47%
Supervision of network affiliate counselors	78	3.0	36%
Providing service in nonheadquarters locations	79	2.7	24%
Providing services internationally	53	2.7	24%
Supervision of contract partners (work/life, etc.)	77	2.6	17%
<i>Client focus objectives</i>			
Getting “face-time” with executives to discuss EAP	68	3.7	60%
Opportunities for more proactive/strategic role for EAP	68	3.6	49%
Quantifying and demonstrating the value of EAP	67	3.6	52%
Promoting EAP among employees at client	69	3.3	45%
Promoting EAP among family/dependents at client	67	3.4	52%
Promoting EAP among supervisors and management	69	3.4	47%
Relationship-building activities to renew contract	69	3.4	51%
Balancing the operating budget, staff needs and quality	67	3.2	37%
Use of Internet strategies for promotion of EAP	64	3.0	34%
Collaboration and integration with other programs	67	3.0	28%
Use smart phone mobile technologies to promote EAP	47	2.8	34%

Note. n = number of vendors. Items for both sets rated for the level of difficulty (defined as high expense and or high time commitment by the EAP) for managing these objectives in the past year. High ratings: 4 = *high difficulty*; 5 = *very high difficulty*.

(51%), deploying an outcomes measurement strategy (49%), maintaining a competitive information technology (IT) edge (47%), supervision of network affiliate EAP counselors (36%), providing service in locations other than the company headquarters office (24%), providing services internationally (24%), and the supervision of contract partners (e.g., after hours call center, crisis, financial, legal, work/life, 17%) These responses indicate that issues of communicating and measuring business value were the most difficult operational objectives for EAP vendors.

Client Focus Management Objectives

Aspects associated with management objectives for increasing client engagement with the EAP. Eleven items were rated on a 5-point scale for the level of difficulty, defined as high expense and or high time commitment by the EAP, for managing these objectives in the past year (see Table 14). A factor analysis model for this data was attempted but did not yield useful results. The most difficult objective was for vendors to get enough “face time” with management and senior executives at the company to discuss the EAP with 60% rating this as *high* or *very high* in difficulty. Other objectives of a high level of difficulty included quantifying and demonstrating the value of EAP (52%), conducting relationship-building activities to with the client to increase the chance of renewing the contract for EAP services (51%), and creating opportunities for developing a more proactive and strategic role for EAP with client companies (49%). Several aspects of conducting promotional activities to increase awareness of the EAP were also rated as high difficulty: promoting EAP among employees at client (45%), promoting EAP among family/dependents at client (52%), and promoting EAP among supervisors and management at the client (47%). Other areas that were managed with less difficulty were balancing the operating budget, staff needs, and quality of the EAP program (37%) and collaboration and integration with other programs at client companies (such as work/life and wellness, 28%). Two technology areas also received low ratings for difficulty, likely because of their being “too new” to have been properly developed. These included the use of Internet strategies for promotion of EAP (34%) and the use of smart phone mobile technologies to promote the EAP (34%).

Business Development Factors

Vendors also provided responses to the set of items asking which activities had the most impact on new sales or contract renewals. The ratings of the 11 items were subjected to factor analysis using principal components analysis method and quartimax rotation for correlated factors. This model yielded four factors (based on factor eigenvalues > 1.0 and examination of the scree plot) that accounted for 75% of the cumulative variance. However one item, product pricing, was rated consistently much higher than all the other items

and represented a single factor as did another item, acquisition of another EAP company, that received much lower ratings than all of the other items. When the analysis was repeated with these two outlier items removed, it yielded a reasonably clean three-factor model in which individual items loaded highly (i.e., $> .50$) on one factor but not on the other factors, with a few exceptions. Thus, the business development items were organized into five themes or factors (see Table 15).

Factor 1 represented EAP product price and had a mean rating of 3.9 on the 1 to 5 scale of importance and 74% of the vendors rated it as *high* or *very high* in level of importance. Factor 2 represented the four items that address aspects of product attractiveness, such as improving the EAP product offering, adding new offerings, enhanced technological capabilities, and successful use of social media. This factor had a mean rating of 2.9 with an average of 33% of the respondents who rated it as *high* or *very high* in level of importance. Factor 3 represented three items that addressed external business relationships, including forming new strategic partnerships with other businesses, creating greater engagement with insurance brokers and greater collaboration, and cross selling with another EAP vendor or business partners. Factor 3 had a mean rating of 2.8 with an average of 32% of the respondents who rated it as *high* or *very high* in level of importance. Factor 4 represented two aspects internal to the EAP itself, adding more internal sales staff and establishing a larger geographic region in which to sell. Factor 4 had a mean rating of 2.3 with an average of only 16% of the respondents who rated it either *high* or *very high*. Lastly, gaining new customers through

TABLE 15 Business Development

Item	Mean (1–5)	% High (4 or 5)
<i>Factor 1—Product pricing</i>		
Employee Assistance Program (EAP) product pricing	3.9	74%
<i>Factor 2—Product offering and capabilities</i>		
Improved existing EAP product offering(s)	3.2	39%
New EAP product offering(s)	3.0	35%
Enhanced technology capabilities	2.9	30%
Successful deployment of social media	2.3	25%
<i>Factor 3—Business relationships</i>		
New strategic partnerships	3.1	38%
Enhanced broker engagement	2.9	35%
Collaboration and cross-selling	2.6	24%
<i>Factor 4—Sales activity</i>		
Expanded sales geographic region	2.4	17%
Increased sales force at company	2.3	15%
<i>Factor 5—Acquisition</i>		
Acquired another EAP with new customers	1.7	10%

Note. $n = 69$ vendors for all items. High ratings were 4 = *high importance* or 5 = *very high importance*. Each item was rated on a 1 to 5 scale for its impact on contract renewals and new contracts for EAP services at the company in the prior year.

acquiring another EAP company was the least important factor for business development. It had a mean rating of only 1.7 and was rated by only 10% of the respondents as being of *high* or *very high* importance.

These findings indicate that retained or added new business contracts were mainly due to pricing. The other 10 reasons examined, however, also contributed to business development to a lesser degree, and the factor analysis results help to better conceptualize these tactics into broader themes. Product development improvements and increased technological sophistication to support the product was the second most important area of influence on sales after pricing. The strategy of making new or stronger relationships with other business partners and insurance brokers as entities outside the EAP who can also sell the EAP products and services also was relevant to supporting sales. Bolstering sales from within the EAP through adding new sales staff or buying another similar EAP business was rated as less important than other strategies. Buying more business through acquisition of another EAP company was the least impactful approach.

Business Erosion Factors

Another set of items asked which factors had the most impact on contract nonrenewals. Ratings for these eight items were subjected to factor analysis using principal components analysis method and quartimax rotation for correlated factors. This model yielded three factors (based on factor eigenvalues > 1.0 and examination of the scree plot) that accounted for 69% of the cumulative variance. The results were a perfect pattern of item factor loadings in which the items loaded highly (i.e., > .50) on one factor but not on the other two factors (see Table 16).

TABLE 16 Business Erosion

Item	<i>M</i> (1–5)	% High (4 or 5)
<i>Factor 1—Market influences</i>		
Price competition from other Employee Assistance Program (EAP) providers	3.1	44%
Customer(s) switched to “free EAP”	2.9	45%
Resistance from brokers, consultants, or third party administrator	2.2	22%
<i>Factor 2—External influences</i>		
Economy downturn	3.0	36%
Client company downsized employees	2.4	20%
EAP benefit discontinued by customer(s)	2.4	19%
<i>Factor 3—Internal influences</i>		
EAP product features	1.6	5%
EAP product quality	1.4	4%

Note. $n = 69$ vendors for all items. High ratings were 4 = *high importance* or 5 = *very high importance*. Each item was rated on a 1 to 5 scale for its importance as a primary, not a secondary, source of why customers did not renew the contracts for EAP services in the prior year.

Factor 1 represented the three items in the EAP marketplace in the form of price competition from other EAP companies, customers switching to the “free EAP” product type with embedded pricing and also resistance from benefits brokers to promote sales of their EAP product. Factor 1 had a mean rating of 2.7 (on the 1–5 scale) with an average of 37% of the respondents who rated either *high* or *very high*. Factor 2 represented the external influences of customer budget cutbacks and the dampening effect of the downturn in the larger economy. Factor 2 had a mean rating of 2.6 with an average of 25% of the respondents who rated it either *high* or *very high*. The third factor represented aspects internal to the EAP vendor in terms of the product features and product quality. Factor 3 had a mean rating of 1.5, with an average of only 5% of the respondents who rated it either *high* or *very high*. These findings suggest that the reasons why these EAPs had lost business contracts was due much more to price competition from other vendors and to exogenous economic factors affecting their customers rather than to the inherent merits of the EAP products. It should be noted that the new sales and lost contracts areas of business development both had product pricing as the number one most influential factor.

Summary and Discussion of Business Management

The findings on business management practices provide some fresh insights into how external EAPs are run as businesses. These vendors used a wide range of different promotional practices to increase the awareness of EAP services at their customers as six different promotional methods were used to a high level. Most of the operational activities assessed were not causing a high degree of difficulty to manage for these vendors, although many had difficulty with collecting outcomes data and effectively communicating their business value story. The results for difficulty in achieving objectives with a client company focus paint an interesting picture in which these EAPs had the most trouble with gaining access to meet with the senior executives at their client organizations, being granted a more strategic and proactive role within the client organizations, and measuring and telling their value story. Some evidence indicates that internal EAP models with more integrated offerings may have less difficulty in these areas than external EAP vendors (Bidgood, Boudewyn, & Fasbinder, 2005).

The findings on business drivers clearly emphasized how product price is the major issue affecting the field. These findings suggest that why these EAPs had retained or added new business contracts—or had lost contracts—was due mainly to pricing (often lower prices). New sales were also attributed to a lesser degree to product improvements and increased technological sophistication and to stronger relationships with business partners and insurance brokers. Several manifestations of a poor economy were also credited as playing a role in lost business.

In addition to price, it is important to note the key role that the HR departments at the clients play in the external EAP market. HR was far and away the number one department cited as having authority for managing the EAP (94% *almost always* or *often*). HR also led the way in the Promotional Practices section of the study, as “Information about the EAP provided by HR” was the top source of program promotion. In the Referral Source for Users section of the study, HR was the second leading source of referral to an EAP after self-referral. And finally, the HRM was the second most popular industry association (out of 15) for membership among study participants. The focus on HR as reported in this study is warranted, though, as HR usually provides primary support of the EAP mission through introducing and implementing EAP services in organizations, promoting these services once implemented and advocating utilization of these services to address specific employee issues (Morneau Shepell, 2011; Rothermel et al., 2008). A recent study conducted in Europe found great interest among HR managers in having their EAPs help develop mental health action plans at the workplace (Vansteenwegen, Sommer, Antonissen, Laneiro, & Nunes, 2012). Also, from a historical perspective, HR has been a key ally in the growth of EAPs over the past two decades.

External EAP vendors may need to expand their reach into client organizations beyond just the HR department. Two of the top areas of difficulty for client focus were “getting face time with management and senior executives” and “quantifying and demonstrating the value of the EAP.” These areas of difficulty for EAP are parallel to the difficulties that some HR departments encounter with senior management inside their own organizations. This is a concern when the ability of EAPs to get their message to key decision makers in client organizations is dependent upon the perception of the value provided by the HR department within that organization. Thus, being yoked with HR can be a blessing and a curse. Even if EAPs do provide more demonstrative value in their reporting, making sure this message gets through to senior executives is often left up to HR.

PART 11. FUTURE OF THE FIELD

The final research question concerned the future of the field and asked: How optimistic (or pessimistic) are external EAP vendors about the future of the field and why? This was addressed with the last item of the survey: “What is your level of optimism about the future of the external EAP industry?” Based on 69 vendors, the results were very optimistic (highly positive) = 39%, somewhat optimistic (positive) = 44%, neither optimistic nor pessimistic = 6%, somewhat pessimistic (negative) = 12%, and very pessimistic (highly negative) = 0. Thus, roughly 8 of every 10 vendors (83%) were optimistic about the future of their field and none were highly negative.

Qualitative Comments

About a third of vendors who completed the optimism/pessimism item (24 of 69) also provided general comments in their own words to the optional follow-up item: "In the space below please expand on your response above." Qualitative analysis of these comments revealed three main themes: (1) Low pricing and bundling of EAPs into insurance products, (2) Continued integration of services and focus on the workplace, and (3) Adapting to market and societal trends. Select quotes for each of these themes are provided below.

COMMENTS THEME 1: LOW PRICING AND BUNDLING OF EAPs INTO INSURANCE PRODUCTS

The first theme focused on the negative impact of low product pricing and the growing challenge of the "free EAP" pricing model to other more traditional EAPs with capitated or FFS pricing models. These comments are consistent with the other findings from the items on the drivers of business growth and lost contracts.

- The main concern is [too low] pricing schemes. (Global)
- As a local/regional EAP provider, we are losing too many accounts to "Free" EAPs. (Local)
- EAP is getting more and more embedded in the insurance plans for most national companies. (Local)
- Brokers/consultants are pushing rates to levels that are unrealistic based on customer demands and quality. Product continues to be compromised due to steady rate (product price) decreases. At some point we as an industry need to join forces to challenge this downward spiral. (National)
- Our fees are diminished to the extent that brokers won't talk to EAPs because there is nothing in it for them financially. (Local)
- External EAPs in Canada are an accepted and expected part of an organization's benefit plan. The challenge is around the commoditization of EAP. (National)
- Within Canada there has been so much merger and acquisition activity that price pressure is a dominant factor in our environment. Ultimately this weakens the bonds between EAP employee personal values supporting why they entered the industry, and their feelings about the service that we are able to provide. (International)

COMMENTS THEME 2: CONTINUED INTEGRATION OF SERVICES AND FOCUS ON THE WORKPLACE

The second theme noted the benefits of the increasing degree of integration of EAP with other affiliated services and sustaining the traditional EAP core technology focus on serving the workplace.

- EAP core services are in a mature market. Thus, peripheral services—CIR [crisis intervention response], SAP [substance abuse program], work/life, and wellness—provide room for growth. (National)
- If EAPs can expand their role into the psychosocial aspect of behavior change relative to physical health related behavior change. EAPs can also have a role in emotional wellness: psychological capital, preventing depression, etc. (National)
- EAP is well known and well embedded in the workplace. EAPs have also expanded their offerings to include work/life, mediation, ID theft, and so on to maintain high visibility. CISD [crisis intervention stress debriefing] services also help. (Global)
- Productivity will always be important to American businesses and is becoming increasingly important to global competition. As U.S. health care reform is worked out and the United States emerges from the current economic downturn, employer benefit and HR professionals will focus more of their attention on these issues. (National)
- I am optimistic about the EAP field, if EAPs focus on behavioral risk management and productivity. (Local)

COMMENTS THEME 3: ADAPTING TO MARKET AND SOCIETAL TRENDS

The third theme addressed the need for EAPs to adapt their products and services to larger market and societal trends in order to stay competitive as businesses.

- We need to adapt our skills to the changing needs of the workforce and employers. (Regional)
- EAPs simply need to redefine/reenergize their value propositions and speak genuinely and truthfully to the value of EAP programming. (Regional)
- Fewer regional competitors combined with the growth of the wellness industry has created further opportunities for differentiation and increased interest in hands-on behavioral health services. (Regional)
- Technology will facilitate more conversations and can support therapists in reaching clients wherever they are and whenever they want. As service modalities expand and the reach into digital lengthens, EAPs have great potential to grow their role as trusted experts and to increase the mental health support they offer to their clients. (National)

Summary and Discussion of Future of the Field

The findings on the future of the field yielded a mixed but mostly positive overall perspective. The vast majority of these external EAP vendors (83%) were optimistic about the future of their field, and none was highly negative. The comments offered to explain this view emphasized the even further

integration of EAP with other affiliated services and the need for EAPs to be flexible in product development to adapt to larger societal and business trends. Some of the vendors in this study also were very concerned about the low-cost, low-use “free EAP” pricing model products taking an even larger share of the external market in the future and what could be done in response to better show the business value of the more common traditional higher-cost, higher-use, full-service EAP products.

IMPLICATIONS

The study succeeded in determining a variety of normative descriptive metrics based on the averages across many different vendors. These metrics afford individual EAP vendors the opportunity to compare their own performance against a larger cohort of other EAP companies. At the same time, purchasers of EAP services can also use these basic metrics to help guide their vendor selection process. However, the study documents great diversity and variability beyond the averages in almost all of these metrics as many of the areas examined had a wide range from low to high between the different vendors. Thus, a primary finding from this study is that the market segment of external EAP providers is diverse and not easily classified or perhaps even properly documented from a self-report survey process. Indeed, over the eight categories of inquiry examined in the study, there are many results that can lend themselves to informative discussion and debate. Toward begin this exchange, we offer our interpretation of the findings as they relate to three important areas or audiences for this research: clinical practice, business management, and future research.

Implications for Eap Practice

One of the most compelling clinical implications is the issue of training, engagement, and management of counselors in the EAP affiliate provider network. Focusing on affiliates is relevant when the comparative data shows that they provide half of all of counseling sessions across of the vendors in the study (and the majority of sessions for many individual vendors). Thus, nonstaff counselors are a significant part of the delivering what is approximately 90% of the total EAP-related service activity. This is all the more concerning when put in the context that just 15% of these affiliates (only about one in eight) have a CEAP certification, almost none in countries outside of the United States. Thus, one wonders how well these network affiliates (many of whom are trained as social workers) understand the nuances between mental health services and other workplace health services in general and the role of specific EAP services. A few researchers have bravely begun to explore the relationship between

external vendors and affiliates, but it is clear that more attention is needed. Stronger relationships with affiliates could be developed when vendors provide ongoing education on the advances in the EAP field, such as the increase use of research validated screening tools (i.e., Screening, Brief Intervention and Referral to Treatment [SBIRT]; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012; Herlihy & Mickenberg, 2013) and new technologies such as smart phone apps for substance abuse and depression. In addition, there might be some advantage to encouraging the affiliates to be more active in the field's professional associations, such as attendance at local EAPA Chapter meetings or the various annual conferences of EAPA and EASNA. For example, the 2013 EAPA International Conference had a strong focus on network affiliate issues represented among the many presentations.

Implications for Eap Business

Second, this study provides some wonderful nuggets on the business of managing external EAPs. Pricing is clearly the issue that all external vendors struggle with at some level. But there are some hints buried in the data of possible ways to address that concern. Many respondents reported a major concern of not being able to get the proper attention of the having to communicate via the HR Department (that often controls the contract with the EAP). This dynamic creates some risk to the EAP business when in many cases HR itself is having difficulties in having their voice heard at the corporate level. External vendors need to explore better ways of communicating what services they actually provide and the benefits these products bring to the organization. In addition to reporting how many clients/employees are seen in clinical scenarios, it is important to effectively communicate the more subtle impact the EA vendor can have on corporate culture in general, especially during times of high stress or crisis. That respondents had only about 10% of their EAP business activity involved the delivery of organizational services suggests this area is ripe for potential growth that would clearly make EA vendors more visible within their customer organizations as well as develop new product lines.

Implications for Eap Research

There are also many research implications arising from this study. First and foremost, as it was developed with the involvement of many experts in the field, the survey instrument can be used again as a template for future studies, which the authors hope will be conducted every several years going forward. But perhaps the more pressing recommendation is that a rigorous and comprehensive study is needed in the field that compares external EAPs with the internal EAP programs and the newer hybrid models on many of the data points in this study. To truly understand the larger picture of the future of the EA field, one needs to look at all the pieces of that puzzle.

The authors encourage professionals in the field to further explore their area of interest that this huge data set offers them and to go forward with having discussions and debates within their own companies, as well as with their various professional associations, on what these metrics mean for their own business and for the field. This is just the beginning of a long journey to support the EA field in documenting their services and establishing comparative measures that can facilitate better services for both employers and employees.

Implications for the Future of the Field

Among the many findings reported in this study three items have an intuitive interconnectivity and also have profound implications for the future direction of the EAP field and profession. Those items are the maturation or “greying effect” of the external EAP owners, mergers and acquisitions, and the rapidly evolving impact of technology in all of its’ various forms. Although the connectivity of these items were not empirically proven in this paper it is something many external EAP vendors are trying to understand and plan for over the next few years (see related reviews by Amaral, Sharar, & Attridge, 2013; Granberry, Bozelli, & Burke, 2013; Hughes, 2011). Whether the vendor looks ahead with excitement to a long career with their company or whether the owner is in consultation about a merger or acquisition they will face the same near term decisions concerning capitalization of their operations and careful deployment of technology innovations to remain competitive and all the while remain an honest purveyor of EAP services. The continued effort to maintain and enhance the legitimacy of the EAP field and especially its unique ability to provide services otherwise unavailable in the marketplace requires a faithful and earnest collaboration between researchers, vendors, and purchasers.

STUDY LIMITATIONS

Although a unique contribution to field, this study is not without limitations. Some of these concerns involve the respondent size, the sampling methodology, the inconsistency of data definitions across the source reports used by vendors, and the high level of missing data for some metrics.

Having 82 participating external vendors is large enough to draw some reliable conclusions from the data. Nonetheless, the number of EAP vendors in the study could have been larger, particularly to obtain more vendors with certain characteristics of interest—such as those with the embedded fee-pricing (“free EAP”) model and those located in newer markets outside of the United States and Canada. The sampling process also was nonsystematic due to the lack of a census that identifies all of the current external EAP providers from which to draw upon when soliciting potential study participants.

Perhaps the most valid limitation of this study is that the service utilization metrics and other “hard numbers” for the metrics were based on self-reported figures from the study participants’ files for their book of business from the prior year. The accuracy of these data inputs was presumed to be valid, but the study authors did not have direct access to the source reports used by the participants and thus could not verify this information or determine if the metrics were defined in a similar way across the different reporting systems.

A related concern is that many of the study participants failed to answer certain items on the survey. It is unknown why roughly one in five of the vendors did not provide information on service utilization. It is postulated that they either lacked reportable data or were reticent to release the information. Ideally, utilization and other profile data from one or more of the major EAP data warehouses—data that is already standardized and collected in a systematic manner across many EAPs—could be analyzed and presented publicly as resource for the field at large.

The involvement of so many leaders in the EA field in the development of the survey instrument created for this study in of itself represents something of value for the field, aside from the empirical results. This survey tool could be used again in future studies and the findings from such efforts then compared to that of this study. To encourage higher participation levels from vendors and discourage missing data, a future study in this area could possibly adopt a modified data collection approach that featured a smaller number of select items and augmented the process with an interview verification phase to make sure that the respondents had interpreted all of the survey items in a consistent manner.

CONCLUSIONS

Research conducted on those within the field indicates that even though it has the same traditional set of services at its core, EAP is a dynamic and changing field due to advances in technology and customer demands for innovation and in some ways may even be dissipating as a specialized field (Attridge & Burke, 2012; Sharar, 2009). In this context, a careful examination of the commonalities and differences among the varied array of EAP vendors and their business practices would be of great benefit to the field and the profession. The descriptive comparative data provided in this study is a pioneering effort toward this goal. The study succeeded in getting participation from almost three fourths of the largest national carriers targeted in the United States and from all five of the largest national carriers targeted in Canada. However, it should be noted that although this study shines a flashlight in a dark closet, it does not turn on all of the lights in the house. To do so will require the authors or other interested researchers to expand the number of vendor participants if the opportunity arises to conduct another study that can replicate and extend our findings.

NOTES

1. See the three tables in Appendix 2 for estimated study response totals for vendors with missing data on items for client companies, covered employees and covered lives.

2. Sampling Support Sources: 1. EAP Industry Trade Associations = Canadian Employee Assistance Program Association; Employee Assistance Collaborative; Employee Assistance Professionals Association and its 78 local EAPA Chapters in most U.S. states; Employee Assistance Roundtable; and Employee Assistance Society of North America; and National Behavioral Consortium. 2. Other Affiliated Trade Associations = Alliance for Work Life Progress/World@Work; Association for Behavioral Health and Wellness; Institute of Health and Productivity Management; National Business Group on Health; Partnership for Workplace Mental Health/American Psychiatric Association Foundation; Risk and Insurance Management Society; Screening, Brief Intervention and Referral for Treatment; Society of Human Resource Managers. 3. Members = 15 Member companies as EAP vendors to send to their e-mail lists. 4. EAP Vendor Support Service Providers = ProtoCall; Crisis Care Network; and EAP data warehouse and reporting software providers, DAYBREAK EAP Software, EAP Expert, and EAP Technology Systems. 5. Academic & Research Experts in EAP Field = 10+ people and members of the research committees for both EAPA and EASNA. 6. Consultants and EAP Industry Leaders = 10+ individuals. 7. Computer Listserv = LinkedIn Groups for EAPA and EASNA. 8. EAP Industry Media Channels = OPEN MINDS newsletter and the Journal of Employee Assistance (EAPA Members). 9. Canadian Market Resources = 10+ individuals. 10. Other Countries Outside of North America = 6+ individuals.

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4. Given that the usage profile benchmark found that 80% of all EAP users were employees, this CCR figure slightly overestimates the case level annual usage rate if the goal is to have a metric that features the usage of the EAP by only the employees compared against the population of covered employees (Csiernik, 2003). To account for this alternative definition of utilization, an employee only CCR rate that excludes family and other dependents users of the service would be 20% lower. This reduction results in an adjusted rate of 3.6 employees users of the EAP for counseling per 100 employees per year.

5. Each of these aggregate counts for sample sizes for survey outcomes include an estimated component for a small number of vendors that had outcome item data but had missing data for their annual survey sample size. In these cases, the average sample size for the other vendors on that outcome item was substituted for the missing data. This adjustment was done for 2 vendors for satisfaction (M sample size added to the total of all other vendors = 5,239 x 2), 2 vendors for overall improvement (M = 5,723 x 2), for 1 vendor for workplace performance (M = 2,429) and 1 vendor for workplace absence (M = 2,558).

6. Due to the large number of statistical tests performed (i.e., chi-squared and t tests), the details for the nonsignificant tests are not presented. This information is available upon request from the authors. The same note applies to the comparison tests performed by country as well.

7. Due to the small number of responses, only two of these findings reached statistical significance: contract size = $F(2, 48) = 2.45, p = .10$; and number of EAP staff per contract = $F(2, 65) = 7.01, p = .02$.

8. These findings, though consistent with expectations and discussions in the literature, are not fully accurate. This is because the measures tested reflect data from the entire book of business reports for all contracts within each vendor. A better test would be to include data from only the contracts within their book of business that matched their dominant pricing model. Thus, to the extent that the data from the nondominant type of pricing contracts influenced the total book of business data in ways that were not uniform for each pricing group, it adds some unknown variance to the analysis that can muddy the interpretation of the results. This issue is less of a concern, however, given that the majority of contracts within each pricing dominant group were at least the vast majority of the contracts within that pricing group: The capitated dominant pricing model group ($n = 61$) had on average, 85% of contracts with capitated, 10% with FFS and 5% embedded fee; The fee-for-service dominant pricing model group ($n = 10$) had on average, 24% of contracts with capitated, 75% with FFS and 1% embedded fee; The embedded fee dominant pricing model group ($n = 7$) had on average, 11% of contracts with capitated, 11% with FFS and 78% embedded fee.

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APPENDIX 1

Creating a Comprehensive Benchmarking Resource of Metrics for the External EAP Field

INTRODUCTON TO THE SURVEY

Invitation to Participate. This is an open invitation for providers of employee assistance services – both external and hybrid (combined internal and external model) EAP vendors – to participate in a multinational survey to study key metrics.

Opportunity for the EAP Field. It is common practice for industries to have aggregate benchmarking information available on key industry-specific metrics. Benchmarking is an essential tool for business that allows an individual company to gauge its performance against a broader industry data set. Absent such a resource the company must rely on anecdotal information. By participating in this study you will directly contribute to a pragmatic and vital resource for the field of employee assistance.

Survey Content Summary. This survey has a total of 44 items organized into eight sections. The survey does not include any items concerning company revenue, finances or pricing information. It is vital that each EAP company submit only one survey response. Duplicate responses from the same company will be a source of error. The survey is organized into the following sections:

1. Company Profile
2. Staff Profile
3. Client Companies Profile
4. Utilization Metrics
5. Surveys
6. Business Management
7. Business Development
8. Forecasting the Future of EAP

Who Should Participate? External and hybrid providers who sell EAP services or EAP and work/life services.

Who Within the Company Should Respond? Someone in your company who knows the firm's business structure, operations and service utilization metrics.

Data Reporting Time Frame. The time frame is defined as the calendar or fiscal year ending in 2011. Although many companies use a calendar year for reporting some respondents may follow a fiscal year.

Companies with International Business. If you have business in more than one country and do not aggregate the multi-country data then please complete the survey based on the country that has the greatest number of covered lives.

Completion Time. The time needed to complete this survey is 30 to 45 minutes.

Respondent Anonymity. The website will not capture your e-mail address. We will not be able to identify the company or individual who submitted the completed survey.

IRB Approval. This study has been approved by a private, not-for-profit research foundation Institutional Review Board.

SURVEY ITEMS

(1) Informed Consent to Participate

Although your participation is anonymous, please indicate your consent to participate in this study by clicking on the box below:

- YES, I agree to participate
 NO, I do not agree to participate (if No, please comment on why you chose not to participate)

SECTION 1—COMPANY PROFILE

This section focuses on characteristic of your company.

(2 & 3) Location of Headquarters. Please identify the location of your company headquarters using the drop down list below:

- (2) Country (select from list on computer)
 (3) State if in United States or Province if in Canada (fill in blank)
 (4) Tax Model. Is your company “for profit” or “not for profit”?
 • For Profit
 • Not For Profit
 (5) Calendar or Fiscal Year. *[Omitted for this Report]*
 (6) Fiscal Year Month. *[Omitted for this Report]*
 (7) Ownership Type. Which of the following best describes the ownership type of your EAP company: (select one)
 • Sole Proprietorship
 • Partnership
 • Limited Liability Company (LLC)
 • Corporation—S corporation (S-corp)
 • Corporation—Private Closely Held
 • Corporation—Publicly Traded
 • Corporation—Other
 (8) Company Category. Please check the following item, which best describes your company: (Select ONE)
 • Free-Standing EAP
 • Disability Insurance Plan
 • Third Party Administrator (TPA)
 • Insurance Company or Health Plan
 • Managed Behavioral Health Organization (MBHO – not owned by a health plan, TPA or insurance company)
 • Hospital or Health Care System
 • Community-Based Behavioral Health or Social Service Agency/EAP

(9) Years in Business. What is the total number of years your company has provided EAP Services?

Fill in a whole number: _____ Years (example: 7)

(10) Primary Services Offered. What are the primary services offered by your company? Please check three or less:

- EAP
- MBHO
- Work/life
- Wellness
- Other, please describe: (fill in blank)

(11) Marketing Area. Which item below best describes where you sell / market EAP services?

- Local: within a single U.S. State or Canadian Province or other locale
- Regional: within multiple States or Provinces or areas
- National: within one country
- International: 2 to 4 countries
- Global: 5 or more countries

(12) Areas of International Business Growth. *[Omitted for this Report]*

(13) Mergers & Acquisitions. Has your company been part of a merger or acquired another company during the past three years (2009, 2010 or 2011)?

- Yes
- No

The following two questions only apply to EAP vendors in the United States and Canada.

(14) COA Accreditation Status. In calendar/fiscal year 2011, was your EAP accredited by the Council on Accreditation (COA) to provide EAP services in North America?

- Yes
- No
- Not Applicable if outside of Canada and U.S.

(15) CEAP Certification of Staff. The Certified Employee Assistance Professional (CEAP) designation is provided to qualified individuals from the Employee Assistance Professionals Association. Although open to others, this item pertains to those who directly provided or supervised EAP counseling services in calendar/fiscal year 2011.

a) *CEAP Staff*. What percentage of your *staff* counselors had the CEAP credential?

____%

OR Not Applicable if outside of Canada and U.S.

b) *CEAP Affiliates*. What percentage of your *network counselor affiliates* had the CEAP credential?

____%

OR Don't know

OR Not Applicable if outside of Canada and U.S.

- (16) Professional Association Membership. Please check each of the following associations that your company was a Member of during the 2011 calendar/fiscal year:
- Alliance for Work Life Progress (AWLP)
 - Association for Behavioral Health and Wellness (ABHW)
 - Brief Intervention Group (BIG) for Screening, Brief Intervention and Referral for Treatment Initiative (SBIRT)
 - Canadian Employee Assistance Program Association (CEAPA)
 - Employee Assistance Collaborative (EAC)
 - Employee Assistance Professionals Association (EAPA)
 - Employee Assistance Roundtable (EAR)
 - Employee Assistance Society of North America (EASNA)
 - Institute for Health and Productivity Management (IHPM)
 - International Association of Employee Assistance Professionals in Education (IAEAPE)
 - National Behavioral Consortium (NBC)
 - National Business Group on Health (NBGH)
 - Risk and Insurance Management Society (RIMS)
 - Society for Human Resource Management (SHRM)
 - World at Work (W@W)

SECTION 2—STAFF PROFILE

This section focuses on the employee at your company.

- (17) Staff Count. What was the total number of full-time EAP staff employed at your company across all job positions for the 2011 calendar/fiscal year? Bearing in mind that some staff may have had time allocated to non-EAP responsibilities, please use your best estimate to respond to the item below.

Fill in a number: ___ (ex. 35 employees)

- (18) Staff Development. This question focuses on employer funding of employee professional development. Please check each item listed below that your company supported with funding for employee professional development in the 2011 calendar/fiscal year: (Check all that apply)
- Local conferences
 - Regional conferences
 - National conferences
 - International conferences
 - Further formal education (i.e., tuition reimbursement programs)

SECTION 3—CLIENT COMPANIES PROFILE

This section focuses on the characteristic of the client companies included in your book of business.

(19) Total Client Companies. For your entire book of business in the 2011 calendar/fiscal year, what was the total number of client companies with contracts for EAP services?

Fill in a number ___ (ex. 150 customers)

(20) Client Managerial Authority. Client companies have a variety of options for which department can have managerial authority over the EAP. For example, at one client company the managerial authority for the EAP may be in Benefits and at another it may be the CFO in Finance. For your book of business in 2011 calendar/fiscal year, please rate the frequency that each of the following departments had primary managerial authority over the EAP.

Department	Frequency of managerial authority:					N/A Not applicable
	1	2	3	4	5	
	<i>1 = Never</i> <i>2 = Seldom</i> <i>3 = Occasionally</i> <i>4 = Often</i> <i>5 = Almost always</i>					
Benefits	1	2	3	4	5	N/A
Risk Management	1	2	3	4	5	N/A
Public Relations	1	2	3	4	5	N/A
Executive/Administration	1	2	3	4	5	N/A
Finance	1	2	3	4	5	N/A
Human Resources (HR)	1	2	3	4	5	N/A
Medical/Health	1	2	3	4	5	N/A
Disability	1	2	3	4	5	N/A
Workers Compensation	1	2	3	4	5	N/A

(21) Business Objectives: Operational Focus. For the items below, using the 5-point scale below please rate the level of “difficulty” for managing these objectives in the 2011 calendar/fiscal year. *Difficulty is defined as high expense and or high time commitment by the EAP.*

Business objective	Level of difficulty					N/A Not applicable
	1	2	3	4	5	
	<i>1 = Very low</i> <i>2 = Low</i> <i>3 = Moderate</i> <i>4 = High</i> <i>5 = Very high</i>					
Supervision of network affiliate EAP counselors	1	2	3	4	5	N/A
Supervision of contract partners (e.g., after hours call center, crisis, financial, legal, work/life, etc.)	1	2	3	4	5	N/A

Providing EAP services in staff locations other than the client company headquarters location(s)	1 2 3 4 5	N/A
Providing EAP services internationally (i.e., in countries outside of the one that your business is based)	1 2 3 4 5	N/A
Maintaining a competitive information technology (IT) edge as a business	1 2 3 4 5	N/A
Educating brokers of insurance and employee benefits so that they understand the business value of EAP	1 2 3 4 5	N/A
Deploying an outcomes measurement strategy	1 2 3 4 5	N/A

(22) Pricing Models. Three pricing models for EAP services are shown below. For your book of business in the 2011 calendar/fiscal year, please indicate what percentage of your EAP client companies fell into each model. Enter a whole number from 0 to 100.

Capitated fee pricing model: A Cap Rate is typically defined as a fee applied to a particular population and time period. For example: \$1.25 per employee per month. ___ %

Fee for service pricing model: Fee for Service is typically defined as a specific total price for a set of EAP services for a given time period with a particular customer. ___ %

Bundled or Embedded fee pricing model: Bundled or Embedded fees for the EAP service are not seen by the end-user customer organization, as they are included in with the total cost for a larger bundle of services or products purchased by the customer – such as insurance. In this case, the insurer purchases the EAP and includes it in their set of services that they sell to other companies and organizations. ___ %

OR ___ Data unavailable

(23) Counselor Session Continuation. This item concerns the part of your EAP business that had contracts that limited the number of counseling sessions allowed per case. This question pertains to your book of business in the 2011 calendar/fiscal year.

Were your EAP staff or affiliate counselors allowed to continue to provide services to the same clients after the maximum session limit had been reached? This includes when counselors make referrals to themselves beyond the EAP to continue services.

- Yes, continuation allowed for all or most contracts
- Yes, continuation allowed but only for a few contracts
- No, continuation not allowed
- Not applicable

(24) Gatekeeper Role. For your book of business in the 2011 calendar/fiscal year, what percentage of your client company contracts required the EAP to act as a “gatekeeper” for individual users to grant access to

sponsored behavioral/mental health treatment benefits? (Note: This can range from 0% to 100%)

___ %

SECTION 4—UTILIZATION METRICS

This section focuses on covered population counts and utilization data often featured in client reporting.

- (25) EAP Counselor Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of EAP counseling sessions provided (e.g., 4,234 sessions). Please note this is not a count of the cases but rather the total of all sessions per each case served.

Total EAP Counseling Sessions - Staff _____ Number

Total EAP Counseling Sessions - Affiliates _____ Number

Total EAP Counseling Sessions – Combined (total of above) _____ Number

OR ___ Data unavailable

- (26) Organizational Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of services provided for each kind of EAP Organizational service listed below:

Employee Orientations to the EAP _____ Number

Supervisor/Management Trainings _____ Number

Topic Specific Educational Seminars/Trainings _____ Number

Management Consultations _____ Number

CISD/Crisis Response Incidents _____ Number

OR ___ Data unavailable

- (27) Work/life Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of services provided for each kind of Work/life service listed below:

Youth/Child care related services _____ Number

Adult/Eldercare related services _____ Number

Convenience/Personal concierge services _____ Number

Other Work/life services not included in above _____ Number

OR ___ Data unavailable

- (28) Covered Employee Lives. For your book of business in the 2011 calendar/fiscal year, what was the total number of employees your company offered EAP services to? *This count does NOT include family members or other covered dependents.*

Fill in a number: _____ (ex. 100,000)

OR ___ Data unavailable

- (29) Estimating Total Covered Lives. Currently, there is no commonly accepted industry standard for estimating the total count of all covered

lives that includes employees, family members and other dependents. It is common practice to use a multiplier (often ranging from 2.1 to 2.9 or higher) when converting the total number of employees to yield an estimate of the total number of covered lives. Please indicate what numeric multiplier figure you use:

Fill in a number: _____ (ex. 2.1, 2.5, etc.)

OR _____ Don't know

- (30) Covered Total Lives. For your book of business in the 2011 calendar/fiscal year, what was the total number of covered lives your company offered EAP services to? *Note:* This count includes employees and all family members and other covered dependents eligible to use the EAP services. It can be based on your actual data or it can be estimated from applying the figure in the above item to the count of covered employees.

Fill in a number: _____ (ex. 250,000)

OR _____ Data unavailable

- (31) Total Number of EAP Counseling Cases. Currently, there are no standard industry-wide formats for reporting annual utilization rate and it is defined in a variety of ways. Therefore, the data to be reported for the next item is limited to the following definition.

A single EAP counseling case is established when the EAP performs one or more of the following activities with a covered individual:

- (1) Performs an initial assessment OR
- (2) Creates a plan of action with recommendations OR
- (3) Makes a referral for short-term counseling.

For your book of business during the 2011 calendar/fiscal year, please provide the total number of individual EAP counseling cases:

_____ Number

OR _____ Data unavailable

User Demographic Profile. Please provide answers to the two demographic based items below for your book of business in the 2011 calendar/fiscal year for the users of EAP counselor, organizational, work/life and other relevant services.

- (32) User Demographics Part I—Gender

Male _____%

Female _____%

Unknown _____%

TOTAL = 100 %

- (33) User Demographics Part II—Employee Status

Employee _____%

Non-Employee/Dependent _____%

Unknown _____%

TOTAL = 100 %

- (34) EAP Awareness. How did individual clients first learn about the EAP? EAP vendors vary in the types of information they collect during the

initial client contact process. Ideally, your company captures this kind of information; if so please respond to the items below. Please base your answers on your book of business from the 2011 calendar/fiscal year. Using the 5-point scale below please rate how frequently your clients noted each of the marketing sources below as a way that they had become aware of the EAP service:

Awareness source:	Level of frequency	
	1 = <i>Very low</i>	2 = <i>Low</i>
	3 = <i>Moderate</i>	4 = <i>High</i>
	5 = <i>Very high</i>	N/A
		Not applicable
Brochure about the EAP	1 2 3 4 5	N/A
Wallet card about the EAP	1 2 3 4 5	N/A
Newsletters about the EAP	1 2 3 4 5	N/A
Promotional about the EAP	1 2 3 4 5	N/A
Mailing about EAP sent to employee's home	1 2 3 4 5	N/A
Website for EAP	1 2 3 4 5	N/A
Insurance benefit materials about the EAP	1 2 3 4 5	N/A
Health fairs at the worksite	1 2 3 4 5	N/A
Human Resources information	1 2 3 4 5	N/A

(35) Referral Type. This question focuses on who initiated the referral of individual cases to the EAP. Please base your answers on data from the 2011 calendar/fiscal year. Using the 5-point scale below, indicate the frequency for each possible source of referral.

Referral source:	Level of frequency	
	1 = <i>Very low</i>	2 = <i>Low</i>
	3 = <i>Moderate</i>	4 = <i>High</i>
	5 = <i>Very high</i>	N/A
		Not applicable
Self-referral	1 2 3 4 5	N/A
Referral from Supervisor: Voluntary	1 2 3 4 5	N/A
Referral from Supervisor: Mandatory/For Cause	1 2 3 4 5	N/A
Referral from Human Resources (HR) staff	1 2 3 4 5	N/A
Referral from medical or health care staff referral	1 2 3 4 5	N/A
Referral from union representative	1 2 3 4 5	N/A
Referral from coworker	1 2 3 4 5	N/A

(36) Case Completion Rate. This question focuses on the percentage of counseling EAP cases that were closed or completed within the EAP / Community resources and the percentage of cases that were not closed and were referred for additional care under the benefit plan. Common

types of additional care include use of outpatient psychological counseling or addiction treatment services. Please respond using data from your book of business in the 2011 calendar/fiscal year.

Cases resolved within the EAP and/or community resources ____ %

Cases referred to benefit covered treatment after EAP ____ %

[NOTE—above should add up to 100%]

OR _____ Data unavailable

SECTION 5—SURVEY TOOLS

This section focuses on survey data collection practices and results often featured in client reporting.

- (37) Survey Data Response Size. For your book of business during the 2011 calendar/fiscal year, how many users of your EAP participated in a survey that assessed their satisfaction with the service and other outcomes? For example, 2,000 surveys were completed either online, by phone or a hard copy. Please provide an approximate number if exact data is unavailable.

Total number of Satisfaction Surveys Completed: ____ Number

OR _____ Data unavailable

- (38) Survey Outcome Measurement. On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?

Yes

No (If no—skip next item)

- (39) Survey Measures. Which of the following standardized outcome measure(s) did you use? Check all that apply:

- Employer Measures of Productivity, Absence and Quality (EMPAQ)
- Health and Productivity Questionnaire (HPQ)
- Stanford Presenteeism Scale
- Work Limitations Questionnaire
- Workplace Outcome Suite (WOS)
- Other, please describe: (fill in blank)

- (40) Survey Results. Based on your book of business follow-up surveys conducted in the 2011 calendar/fiscal year, what were the results obtained in the areas below:

a) Average percentage of EAP users surveyed who were *satisfied* with the EAP service overall.

_____ % (range from 0% to 100%)

b) Average percentage of EAP users surveyed who reported *improvement due to counseling*.

_____ % (range from 0% to 100%)

- c) Average percentage of EAP users surveyed who reported *improvement in work performance or productivity*.
 _____ % (range from 0% to 100%)
- d) Average percentage of EAP users surveyed who reported *improvement in work absence*.
 _____ % (range from 0% to 100%)
- OR _____ Data unavailable

SECTION 6—BUSINESS MANAGEMENT

This section focuses on business management issues concerning client companies and internal operations.

- (41) Business Objectives: Client Company Focus. For the items below, please rate the level of “difficulty” for managing these objectives in the 2011 calendar/fiscal year.

Difficulty is defined as high expense and or high time commitment by the EAP.

Business objective	Level of difficulty					N/A Not applicable
	1	2	3	4	5	
Promoting awareness of EAP among employees at client companies	1	2	3	4	5	N/A
Promoting awareness of EAP among family/dependents	1	2	3	4	5	N/A
Promoting awareness of EAP among supervisors and management at client companies	1	2	3	4	5	N/A
Use of Internet strategies for promotion of EAP services	1	2	3	4	5	N/A
Use of smart phone mobile technologies for promotion of EAP services	1	2	3	4	5	N/A
Opportunities for more proactive and strategic role of EAP within client companies	1	2	3	4	5	N/A
Getting “face time” with management and senior executives at client companies to discuss EAP	1	2	3	4	5	N/A
Balancing the operating budget, staff needs and quality of the EAP program for each client company	1	2	3	4	5	N/A
Collaboration and integration with other programs (such as work/life or wellness) at client companies	1	2	3	4	5	N/A
Relationship-building activities to increase chances of renewing the contract for EAP services	1	2	3	4	5	N/A
Quantifying and demonstrating the value of the EAP	1	2	3	4	5	N/A

SECTION 7—BUSINESS DEVELOPMENT

This section focuses on business growth and erosion issues.

- (42) Business Development. This item requests your opinion. Using the 5-point scale below please rate each factor listed below according to its impact on contract renewals and new contracts for EAP services at your company in the 2011 calendar/fiscal year.

Business development factor	Level of importance: 1 = <i>Very low</i> 2 = <i>Low</i> 3 = <i>Moderate</i> 4 = <i>High</i> 5 = <i>Very high</i>
Improved existing EAP product offering(s)	1 2 3 4 5
New EAP product offering(s)	1 2 3 4 5
EAP product pricing	1 2 3 4 5
Expanded sales geographic region	1 2 3 4 5
Increased sales force at company	1 2 3 4 5
Enhanced broker engagement	1 2 3 4 5
New strategic partnerships	1 2 3 4 5
Collaboration or cross-selling with another vendor or partner	1 2 3 4 5
Acquired an EAP company that included new customers	1 2 3 4 5
Enhanced technology capabilities	1 2 3 4 5
Successful deployment of social media	1 2 3 4 5

- (43) Business Erosion. This item requests your opinion. Using the 5-point scale below please rate each factor below for how important it was as a primary, not a secondary, source of why customers did not renew their contracts for EAP services in the 2011 calendar/fiscal year.

Business erosion factor	Level of importance : 1 = <i>Very low</i> 2 = <i>Low</i> 3 = <i>Moderate</i> 4 = <i>High</i> 5 = <i>Very high</i>
Client company downsized employees	1 2 3 4 5
EAP benefit discontinued by customer(s)	1 2 3 4 5
EAP product quality	1 2 3 4 5
EAP product features	1 2 3 4 5
Price competition from other EAP providers	1 2 3 4 5
Customer(s) switched to “free” or embedded EAP	1 2 3 4 5
Resistance from brokers of insurance or employee benefit services, consultant or TPA	1 2 3 4 5
Economy downturn	1 2 3 4 5

SECTION 8—FORECASTING THE FUTURE OF EAP

(44) The Future of EAP. What is your level of optimism about the future of the external EAP industry?

- Very optimistic (highly positive)
- Somewhat optimistic (positive)
- Neither optimistic or pessimistic
- Somewhat pessimistic (negative)
- Very pessimistic (highly negative)

Comments. In the space below please expand on your response above.
(fill in).

End—Thank You.

APPENDIX 2

Number of client companies in year 2011	Cases with data		Cases with missing data	
	<i>N</i>	<i>Mean</i>	<i>n</i>	Estimated total
Local	13	103	3	309
Regional	16	262	4	1,048
National	19	304	9	2,736
International/Global	16	1,106	2	2,212
Total	64		18	6,309
Estimated grand total for all 82 Employee Assistance Program (EAP) vendors	29,008 actual + 6,309 estimated = 35,313 client companies			

Number of covered employees in year 2011	Cases with data		Cases with missing data	
	<i>n</i>	<i>M</i>	<i>n</i>	Estimated total
Local	11	44,723	5	223,615
Regional	13	131,397	7	919,779
National	24	893,536	4	3,574,144
International/Global	17	2,269,029	1	2,269,029
Total	65		17	6,986,567
Estimated Grand Total for all 82 EAP vendors	62,218,482 actual + 6,986,567 estimated = 69,205,049 Covered Employees			

Number of covered lives in year 2011	Cases with data		Cases with missing data	
	<i>n</i>	<i>M</i>	<i>n</i>	<i>Estimated total</i>
Local	11	102,687	5	513,435
Regional	13	340,122	7	2,380,854
National	24	2,371,934	4	9,487,736
International/global	17	4,967,674	1	4,967,674
Total	65		17	17,349,699
Estimated grand total for all 82 EAP vendors	146,928,051 actual + 17,349,699 estimated = 164,277,750 covered lives			