

Employee Assistance Program Counseling in the U.S. Manufacturing Industry: Clinical and Work Outcome Risks and Results for 17,389 Cases at CuraLinc Healthcare

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Abstract: This applied study explored the role of behavioral health issues among workers in the manufacturing industry in the United States. It features highlights of a previous much larger study in 2024 of eight different industries. The 29.3 million employees in the manufacturing and related heavy labor industries (construction, wholesale trade, maintenance/repair, and energy utilities) accounted for about 1 in every 5 workers in the total U.S. workforce in year 2024. Recent data on number of worker, number of employers, worker age, gender, private/public sector, union representation, compensation, and safety from the U.S. Bureau of Labor Statistics for 7 other industry categories was presented to provide context for this one industry. The study featured EAP data collected over a 7-year period from employee users of individual counseling or coaching from a single national EAP business in the United States (CuraLinc Healthcare). This full sample included 85,432 clients who worked at 2,679 employers. The EAP subsample for the manufacturing industry group included 17,389 employee clients who worked at 629 employers. Longitudinal data at 30-days post use was obtained from 9,063 cases in the full sample of which 2,342 were from the manufacturing industry. The manufacturing industry client sample was 56% men, average age of 40 years, 95% used the EAP for counseling (5% coaching), 95% were voluntary self-referrals (5% formally referred by manager at work), 64% used in-person office delivery (36% online video) and the typical treatment episode lasted about 7 weeks (48 days). Employees in the manufacturing industry used the EAP to address issues of mental health (43%), stress and personal life issues (24%), marriage and family issues (20%), work-related issues (5%) and substance use problems (8%). When starting to use the EAP many cases in manufacturing reported having clinical level symptoms on standardized measures for anxiety disorder (41% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (15% at-risk) and low work productivity (50% at problem level). Among those cases initially at clinical risk status on outcomes in the total sample, over three-fourths recovered after use to no longer be at risk or to have a work productivity problem. Lost hours of work productivity changed from 64 hours lost per month per at-risk case to 23 hours. The hours of restored work productivity was estimated to be a \$1,905 value per month per case who initially had this problem. Most of these same EAP risk rates and post-use outcome improvement results were also found at similar levels for employees in other industries.

Index Terms: absenteeism, alcohol, anxiety, construction, counseling, depression, employee assistance program, industry, manufacturing, presenteeism, utilities, wholesale trade, work

I. INTRODUCTION

The present study profiles employees in the manufacturing industry who used employee assistance program (EAP) services at one large national provider. The United States (U.S.) civilian labor market includes over 157 million workers in January of 2024 [1-3]. Workers in the manufacturing industry and related heavy labor (“blue-collar” jobs) category represent 19.4% of all workers in the total U.S. workforce [1]. This industry has 29.3 million workers in total with about half in manufacturing [5], followed by other groups including construction (8.1 million), wholesale trade (6.2 million), repair and maintenance (1.5 million) and utilities (such as oil, gas and electric; 0.6 million) [6-9]. This industry has 3 in every 4 of its workers being men (75%; 25% women), an average worker age of 44 years and has 9% of workers represented by a union. The typical worker earns \$44 per hour in compensation (wages and benefits value combined) and works 39 hours per week. Of the 2.2 million employers, 99% are in the private sector and <1% in the government sector. This industry has an annual rate of 2.8 cases per every 100 employees who experience a workplace injury or illness.

1.1. EAPs and the Manufacturing Industry

Behavioral health disorders such as anxiety, depression and substance misuse affect about 25% employees each year in the United States (U.S.) [10-12]. These disorders adversely impact organizational success in many areas, including increased health care costs, losses from excess absence and impaired work productivity, employee turnover, workplace accidents, violence, disability, suicide and death [13,14]. Most employers try to support their workers in a variety of ways including offering an employee assistance program (EAP) benefit [15]. EAPs are designed to help workers resolve acute but modifiable behavioral health issues and use of individual confidential counseling can restore the emotional, mental and work performance of employees [16-18]. Recent national U.S. data from March of 2023 shows that overall, 64% of full-time workers have an EAP available to them as part of employee benefits package [19]. In the private sector, a total of over 3.2 million employers sponsor an EAP and the majority of public sector organizations in the U.S. – such as local and state governments and also the federal government – also offer an EAP benefit to their workers [20,21].

The manufacturing industry has a long history of collaboration with EAP programs. Several of the classic cost-offset ROI studies for EAP conducted during the 1970s to 1990s [22] involved large employers in the U.S. in the manufacturing and utilities industries (Campbell Soup Company, General Dynamics, Virginia Power). Surveys of U.S. employers in 1990s [23-25] all found that EAPs were being used successfully at employers in the manufacturing, construction, utilities and wholesale trade industries. An EAP study in 2005 featured employees working in the manufacturing and utilities industries [26]. The role of EAPs in supporting union auto workers was examined in a 2010 study [27]. Over the last four decades, scholars in EAP have also conducted a range of studies specifically on the experiences of employers in the manufacturing and construction industries. EAP case studies were documented at many companies, including Abbott Laboratories [28], Carpenter Technology Corporation [29], Caterpillar Corporation [30-33], Champion Paper Company [34], Chevron [35], Dupont Corporation [36,37], McDonnell Douglas Corporation [38,39], Motorola Corporation [40] and Southern California Edison utility company [41]. Other employer case studies of EAPs in the manufacturing industry have been done internationally as well in Australia [42], Russia [43] and South Africa [44,45]. The special context of the construction industry also has received attention from EAP authors [46-49], primarily to recognize the increased risks among these workers for substance misuse and ensuing on-the-job accidents and associated trauma exposure.

1.2. Highlights from EAP Study of Eight U.S. Industries – Focus on Manufacturing

CuraLinc Healthcare has been in business since 2008 and now this company has over 4,200 employer customers that offer the EAP as a benefit to over 8 million employees. Clinical risk and work outcome data was also routinely collected on many of these employees. This company has conducted six empirical studies examining a variety of aspects of their EAP services and outcomes [50-55]. In our newest study, we analyzed recent national data collected over a 7-year period from over 85,000 cases from this EAP [55] to profile employee users in eight different industries. We identified the prevalence rates among EAP users for clinical risks for common behavioral health conditions (anxiety, depression and alcohol misuse) and also the rate of employees with problem levels of work absenteeism and work presenteeism that manifest in hours of lost productive time. We learned how workers use employee assistance program counseling and coaching services. We also discovered how effective use the EAP was in reducing these behavioral health and work-related problems. The present study highlights key findings from the previous study for workers in the manufacturing industry and compares it to seven other major industries.

II. METHODOLOGY

2.1. Archival Business Data and EAP Use Profile

Users were made aware of the service as a benefit open to all covered employees through a variety of digital, interpersonal and workplace promotional practices. There was no direct cost to the employees in this study, as access to the EAP was sponsored by their employer. Employees participated voluntarily and were not paid for using the services. The study period spanned 80 months, from April of 2017 through December of 2023, based on the start date of program use. The last case included in the study had a Post use data collection date of January 4 of 2024. The year of use was defined by date of when the employee contacted the program and completed the initial intake assessment (2017 to 2023). The case-level raw data was aggregated into one master dataset and analyzed for the present paper. The full sample included 85,432 clients who worked at 2,679 different employers in the United States.

Some data came from the operational business processes used by the staff and clinicians who provided the services. Part of this process involves recording core aspects of the business customer context, employee demographics and the clinical use experience. For this study we extracted the following information from the operational data system: name of employer/customer, industry, maximum clinical sessions allowed per case in the employer/customer contract, date of first use of the service, date of follow-up survey, employee age (date of birth), employee gender, source of referral to the EAP (self or formal referral from management), type of EAP service used (counseling or mental health coaching), primary clinical issue (alcohol, depression, work and so on) and the modality of how the service was delivered via online video or in-person at the counselor's office.

2.2. Counseling Intake and Intervention

As per the clinical practice model, every employee who requested support from CuraLinc was referred to a clinician with a specialty that matched their presenting issue or concern who also had confirmed appointment availability. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals, with earned master’s or doctoral degrees in social work, mental health and other fields. Clients had a use model determined by their employer that limited the maximum number of counseling sessions allowed per treatment episode. This per case treatment limit ranged from a limit of 3 sessions to 10 or more (the average was 6 sessions of EAP counseling allowed at no cost to the employee).

2.3. Self-Report Outcomes Measures Collected at Pre and Post Use

During the initial assessment, the multiple self-report measures were collected, either over the telephone or from a brief online survey. After the treatment phase was completed, the EAP conducted individual follow-ups with clients about 30 days after the last clinical session to collect outcome measures and evaluate other quality of use metrics. The follow-up for coaching clients was at one week after the final session. Standardized measures of behavioral health and work outcomes were assessed using published and validated self-report scales. All of these measures had acceptable levels of psychometric validity and reliability. See the full study for details on how these measures were scored and standardized across time involving the two study phases [55].

When the research project started in 2017 it featured two clinical measures, one for general depression symptoms (Patient Health Questionnaire 2-item brief scale; PHQ-2) and the other for hazardous alcohol use and binge drinking (Alcohol Use Disorders Identification Test brief 3-item version; AUDIT-C). Later in August of 2021, an additional clinical measure was added to assess anxiety disorder symptoms using the brief 2-item version of the Generalized Anxiety Disorder scale (GAD-2). Two work-related outcomes were also measured throughout the entire project. Employee work absenteeism was assessed using two different measures over the seven-year study period. During Phase 1 (2017 to July 2021), the full 5-item Absenteeism Scale from the Workplace Outcome Suite was used. In Phase 2 (August of 2021 through all of 2023), the single-item work absenteeism question from the WOS was used. The outcome of work presenteeism was assessed using two different measures over the study period. During Phase 1, the 6-item Stanford Presenteeism Scale was used while during Phase 2, the single-item work presenteeism question from the WOS was used. The work absenteeism and presenteeism measures were combined into a single metric useful for conducting analyses in the severity of the work productivity problem. Following standard research practices established in the EAP field for this approach, an estimated specific number of hours of lost work productivity per case per month was created.

2.4. Study Full Sample of EAP Users by Industry Type

Figure 1 shows the mix of eight different industry types in the full study sample. Please see the source paper for details on how these types were defined [55]. Each industry group had many different specific employers included in the data, ranging from 77 employers for transportation to 629 employers for manufacturing. The most prevalent industry was manufacturing which accounted for 1 in every 5 cases 20% of the total). Employees in healthcare were the second most common industry (18%). The transportation industry represented 12% of the sample. The restaurants and retail trade industry workers accounted for another 12%. Workers in the education industry accounted for 9% of the sample. Employees in the government and municipality industry group accounted for 8% of all cases. Workers in the technology industry represented 7% of all EAP cases.

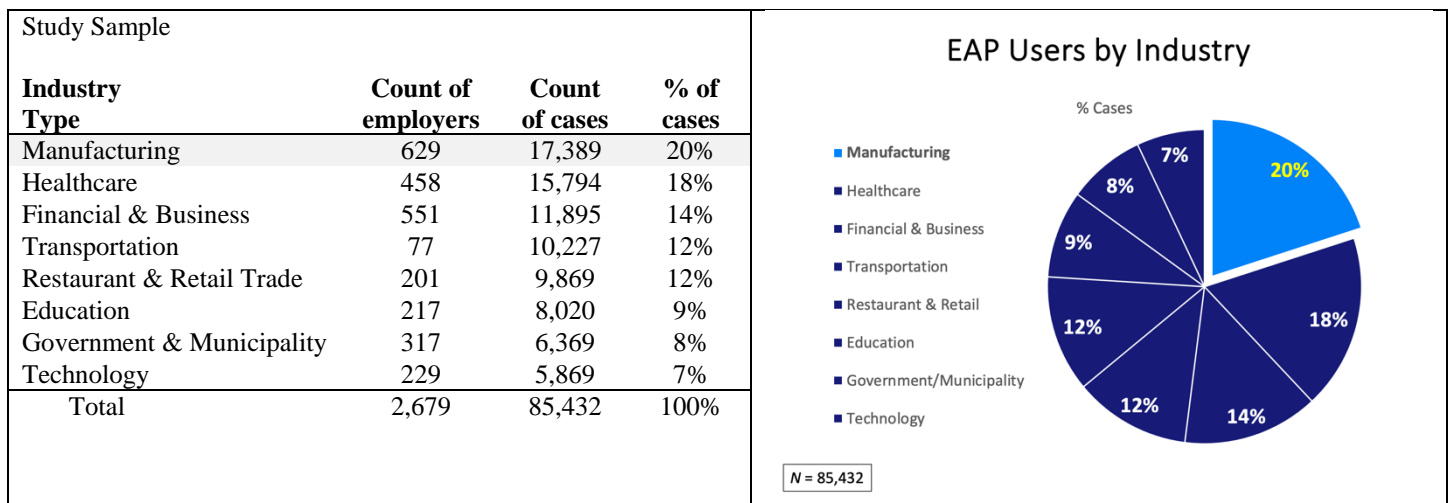


Figure 1. Mix of 8 Industries in EAP Study Sample

Table 1 shows the employee demographics and use experience at the EAP for the manufacturing industry subsample. This group included cases from employers in energy and utility ($n = 2,051$), skilled trades and “blue collar” industries ($n = 2,177$), construction workers ($n = 1,198$) and the environment ($n = 112$).

Table 1. Profile of Cases on Demographics and EAP Use: Manufacturing Industry

Factor	Manufacturing	
	<i>n</i> count	%
Total EAP users	17,389	100
Year of use of EAP	All	
2017	579	3
2018	1,360	8
2019	1,665	9
2020	2,049	12
2021	2,496	14
2022	1,517	9
2023	7,723	44
Client age	17,128	
Under 30 years	3,463	20
30-39 years	5,469	32
40-49 years	4,202	25
50 plus years	3,994	23
Average (range: 17-86)	40 years	
Client gender	17,128	
Female	7,487	44
Male	9,500	56
EAP service type used	All	
Counseling	16,507	95
Coaching	882	5
EAP referral source	17,839	
Self / family / other	16,518	95
Formal management at work	871	5
EAP modality of use	All	
In-person office (face-to-face)	10,823	62
Online video	6,566	38
EAP presenting issue	All	
Mental health – anxiety	2,416	14
Mental health – depression	2,331	13
Mental health – other	2,738	16
Substance use – drug or alcohol	1,344	8
Stress personal / other life issues	4,130	24
Marital or family relationship	3,513	20
Work stress or occupational	917	5
EAP use duration (if post data)	1,972	
1-30 days	562	29
31-59 days	1037	53
60-89 days	206	10
90 plus days (max 320 days)	167	9
Average:	48 days	
Longitudinal follow-up	All	
Any outcome data – yes	2,342	14

III. RESULTS

3.1. PART 1: Profile of the Manufacturing Industry in General and EAP Users

Workforce Profile. These characteristics of the manufacturing industry are compared to 7 other major industries on the same BLS data sources (see Figure 2). The level of union status for manufacturing is in the middle of the other industries which ranged from 33% to

only 2% of employees with union representation at their workplace. The average level of employee compensation for manufacturing is in the middle of the other industries which ranged from \$24 to \$69 per hour. The average number of hours worked per week per in manufacturing (39) is the highest when compared to other industries which ranged from 28 to 38. The level of safety risks in the workplace for manufacturing is in the middle of the other industries which ranged widely from 0.4 to 4.8 incidents per 100 workers per year and 2.8 for manufacturing.

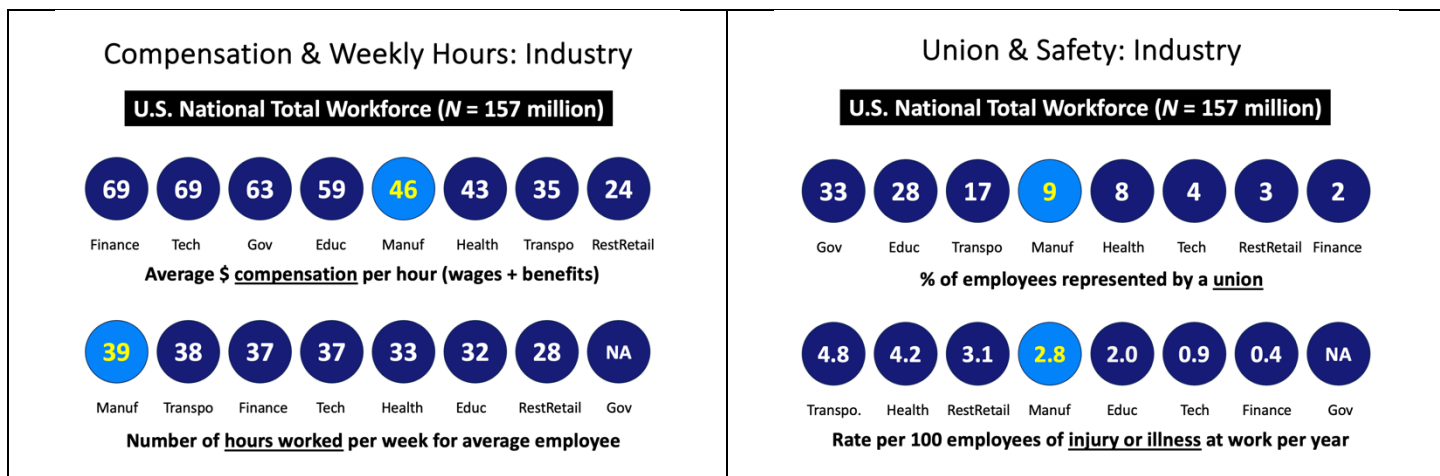


Figure 2. U.S. National Total Workforce BLS Data by Industry

Employee Age and Gender. The demographic characteristics of the manufacturing industry are compared to 7 other major industries based on the same BLS data sources and also from the EAP user data (see Figure 3). The Employees in the manufacturing industry had an average age of 44 years in the BLS workforce data and an average 40 years in the EAP user study. This industry was similar to most of the other industries in age, except for workers in the restaurant and retail industry who tended to be younger. Note this pattern for age by industry among the EAP users closely matches the average age by industry profile for the U.S. total workforce, although the range was less extreme in the EAP users than in the total workforce. Employees in the manufacturing industry had a gender mix of 75% men and 25% women in the BLS workforce data and 56% men and 44% women in the EAP user study data. This industry had the fewest women of all the industries. Note this pattern of industry differences in EAP users matches the same rank ordering of industries by gender mix for the U.S. total workforce, although the range was less extreme in the EAP users than in the total workforce.

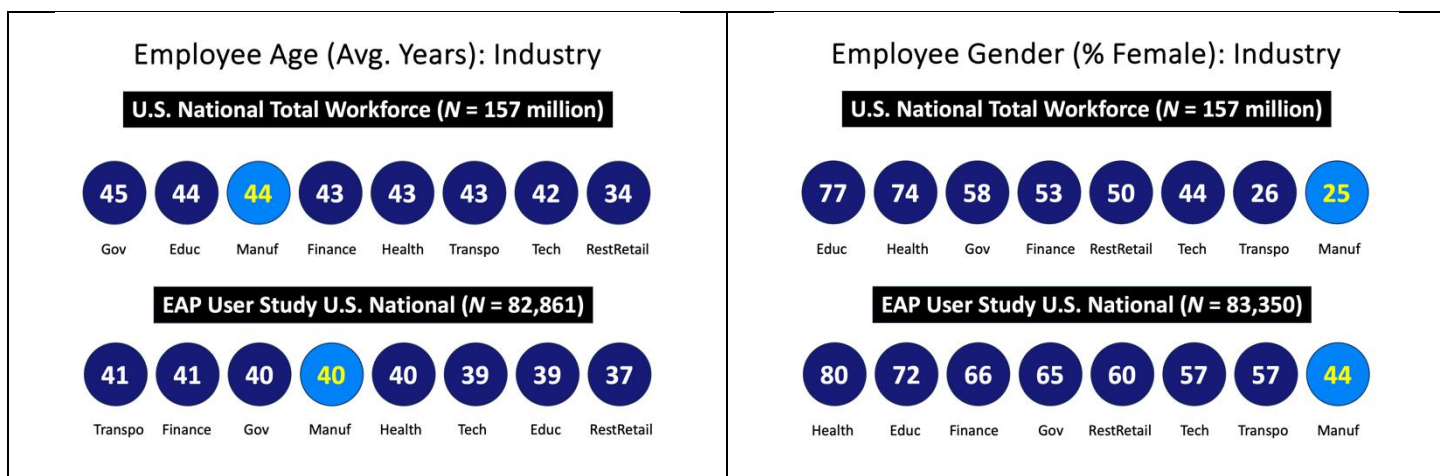


Figure 3. Client Age and Gender of Employees by Industry in BLS Data and EAP Study Data

Employee Use of the EAP. The manufacturing industry group was also compared to the other industry types on how the EAP service was used (see Figure 4). The vast majority of the employees in the manufacturing industry chose to use a counselor at the EAP with only 5% using a mental health coach. This same finding was also observed for EAP users in all of the other industries. The vast majority of employees in the manufacturing industry were self-referrals with only 5% of all cases being formally referred to use counseling by their manager at work. This same finding was observed for EAP users in all of the other industries as the formal referral part of the total cases ranged from 1% to 6%. Users of the EAP could choose to engage with a counselor in-person at a local office clinical setting or remotely using an online video connection. Most of the employees in the manufacturing industry used the in-person

modality. This preference was generally consistent for employees in the other seven industries as well. The number of days, on average, for the EAP treatment episode was 48 for employees in the manufacturing industry. This duration was similar to the employees in other industries, which ranged from 46 to 54 days.

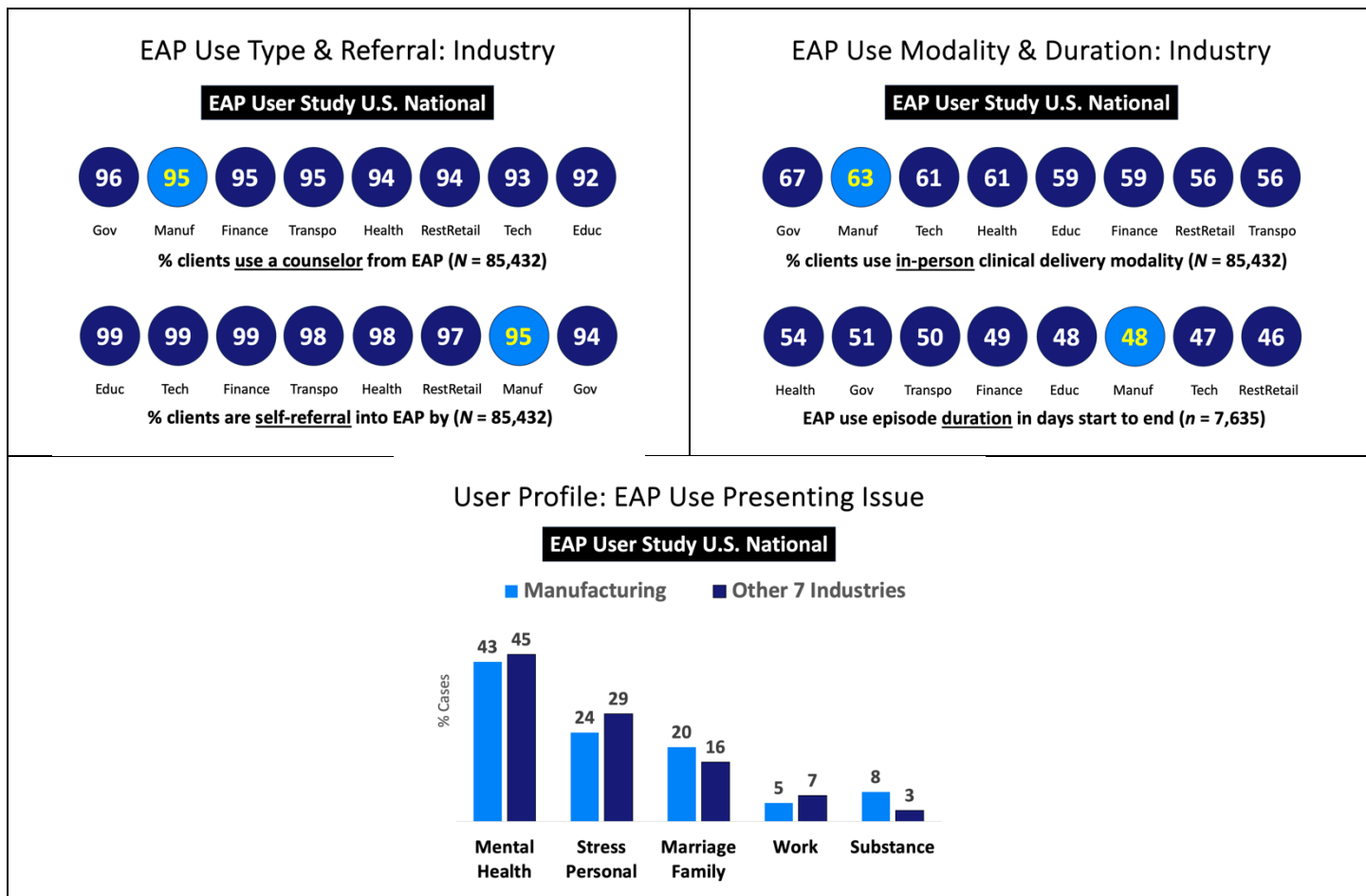


Figure 4. EAP Use Characteristics by Industry

EAP Use - Presenting Issue. The mix of five general types of presenting issues among EAP users in the manufacturing industry is shown in lower part of Figure 4. The most common issue type for EAP use was mental health, which accounted for 43% of the cases in the manufacturing industry and 45% in the other industries. The next common issue type was stress and personal life problems, which accounted for 24% of the cases in manufacturing and 29% in the other industries. Problems with marriage or family accounted for 20% of the cases in manufacturing and 16% in the other industries. Problems with work or other occupational stressors accounted for only 5% of the cases in manufacturing and 7% of cases in the other industries. Issues involving substance abuse and addictions comprised 8% of the cases in the manufacturing industry – which was almost three times the 3% average among other industries. This last comparison is the most interesting for reasons why the EAP was used as it corresponds with other research also finding workers in the manufacturing industry to use alcohol and drugs more than the average worker.

3.2. PART 2: Clinical and Work Outcomes for Employee Users of EAP in Manufacturing Industry

The clinical and work outcome profile of the manufacturing industry cases were compared to 7 other major industries.

Clinical Anxiety. About 4 in every 10 employees in the manufacturing industry met the criteria for clinical anxiety disorder when starting their use of the EAP service (see Figure 5). This 41% prevalence rate for anxiety disorder risk was at the lower end compared to the other industries, which ranged from 40% to 47% at-risk. Reduction in anxiety risk was tested in the subsample of cases in the manufacturing industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on anxiety. Within this longitudinal subsample, the prevalence rate was 35% of all cases were at-risk at Pre for clinical anxiety but only 8% of all cases were at-risk at Post. The results found that 79% of these cases had recovered after EAP use to

no longer be at risk anymore for anxiety. This recovery rate for manufacturing was similar to results in other industries, which ranged from 72% to 82% of cases who recovered from anxiety.

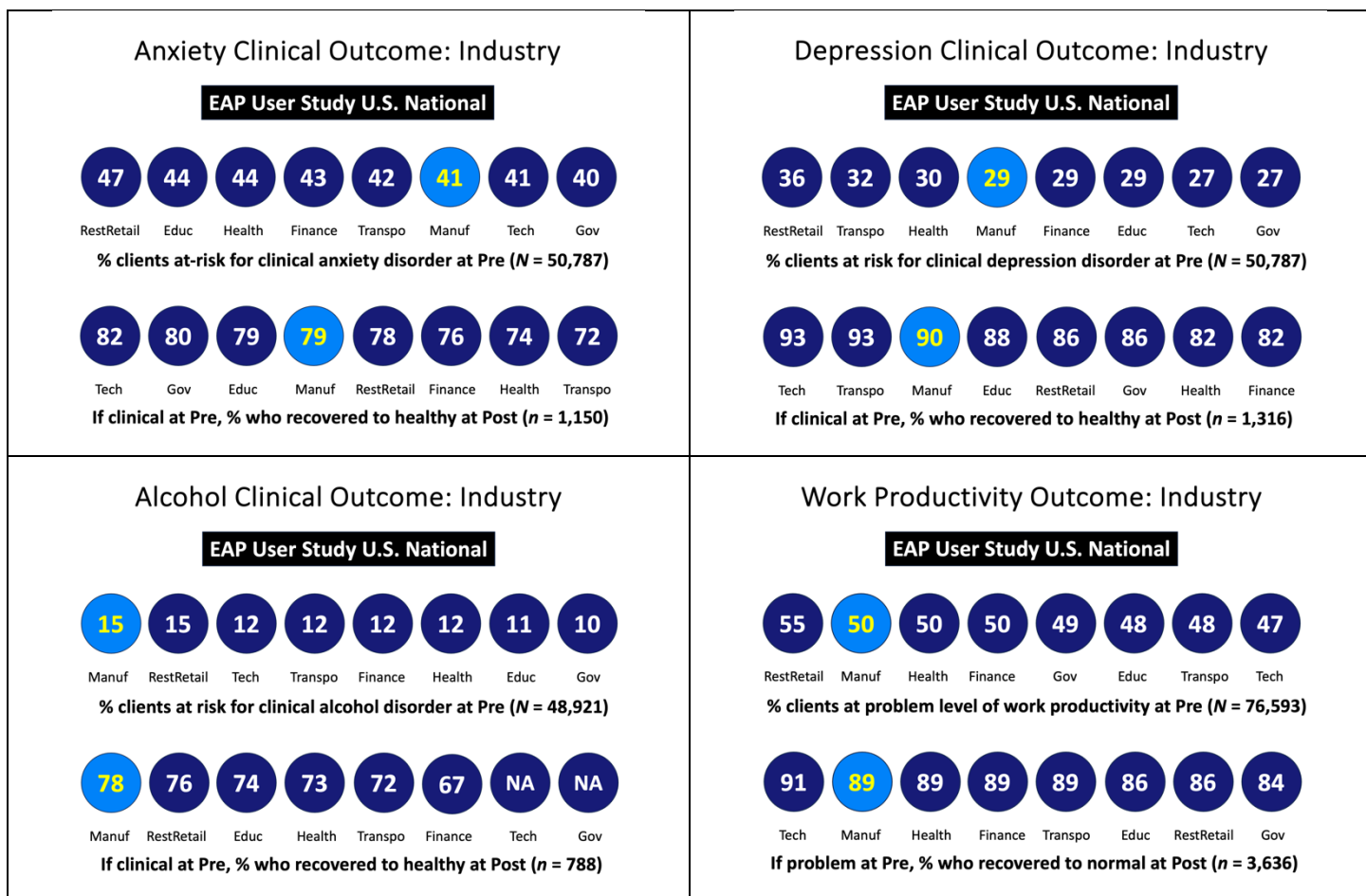


Figure 5. Clinical and Work Outcome Results for EAP Users: By Industry

Clinical Depression. About 3 in every 10 employees in the manufacturing industry met the criteria for clinical depression disorder when starting their use of the EAP service (see Figure 5). This 29% prevalence rate for depression disorder risk was toward the middle range of 27% to 36% in other industries. Reduction in this risk was tested in the subsample of cases in the manufacturing industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started use being at-risk on depression. Within this longitudinal subsample, the prevalence rate was 25% of all cases were at-risk at Pre for depression but only 3% of all cases were at-risk at Post. The results found that 90% of these cases in manufacturing had recovered after EAP use to no longer be at risk anymore for depression. This recovery rate for manufacturing was toward the higher end of the results in other seven industries in the study, which ranged from 82% to 93% of cases who recovered from depression.

Clinical Alcohol Misuse. About 1 in every 8 employees in the manufacturing industry met the clinical criteria for hazardous alcohol use when starting their use of the EAP service (see Figure 5). This 15% prevalence rate for alcohol disorder risk was at the top when compared to the employees in the other industries, which ranged from 10% to 15% at-risk. Reduction in this risk was tested in the subsample of cases in the manufacturing industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on alcohol misuse. Within this longitudinal subsample, the prevalence rate was 17% of all cases were at-risk at Pre for alcohol misuse but only 4% of all cases were at-risk at Post. The results found that 78% of these cases had recovered after EAP use to no longer be at risk anymore for alcohol misuse. This recovery rate for manufacturing was the best of the six industries in the study with enough data to test, which ranged from 67% to 76% of cases who recovered from alcohol misuse.

Problem Work Productivity. Half of the employees in the manufacturing industry met the criteria for abnormally low work productivity when starting their use of the EAP service (see Figure 5). These problem cases had excess levels of work presenteeism and/or work absenteeism. This 50% prevalence rate for work productivity problem was similar to the other industries, which ranged from 47% to 55% of cases at a problem level for work productivity. Reduction in this risk was tested in the subsample of cases in the manufacturing industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and

who had started at a problem level on work productivity. Within this longitudinal subsample, the prevalence rate was 54% of all cases had a work productivity problem at Pre but only 7% of all cases had this same problem at Post. The results found that 89% of these cases had recovered after EAP use to no longer have a problem with work productivity. This recovery rate for manufacturing was better than most of the other industries in the study, which ranged from 84% to 91% of cases who recovered from having a work productivity problem.

Hours of Lost Work Productivity. In terms of specific hours, the typical EAP case in the manufacturing industry with a work productivity problem had an estimated 64.05 hour of lost productivity during the month before using the EAP (based on a combined 51.77 hours of presenteeism and 12.28 hours of absenteeism). After the employee had completed treatment, this adverse outcome changed to be much lower at an estimated 22.62 hour of lost productivity during the month after using the EAP (based on a combined 21.41 hours of presenteeism and only 1.21 hours of absenteeism). The level of LPT hours at Post is lower than the 27 hour norm for the typical “healthy” worker. This is a difference of 41.43 hours of restored work productivity per month per employee initially with a problem on this outcome area.

The typical employee in the manufacturing and heavy labor industry in 2024 earned \$45.98 per hour in compensation (wages & benefits) [1]. Thus, the financial burden to the employer during the month before using the EAP for was \$2,945 per case in lost work productivity (based just on compensation value alone). However, this cost burden was reduced by \$1,905 after using the EAP. Depending on how many months the initial level of impaired work productivity may have continued on without the employee receiving any treatment, this savings amount could be much greater when multiplied over a 6 or 12 month period. Considering the modest total annual investment in an EAP service, these kinds of workplace-related cost savings could add up to a positive ROI with typical program utilization.

In summary, the key findings of study for the profile of EAP users and the four outcomes for manufacturing industry EAP cases are shown in Table 2.

Table 2. Summary of Key Findings for EAP Cases in Manufacturing Industry

		EAP User Characteristics			
Profile factors <i>N</i> = 17,389 employees	Size:	20% of all EAP cases 2017-2023			
	Gender:	56% men and 44% women			
	Age:	Average 40 years			
	Service:	95% counseling / 5% coaching			
	Referral:	95% self-referrals / 5% formally referred by manager at work			
	Modality:	64% in-person office / 36% online video			
	Duration:	7 weeks (48 days)			
	Issues: why used EAP	43% mental health 24% stress and personal life 20% marriage and family 5% work-related 8% substance use			
		Outcomes			
Test		Mental Health Anxiety	Mental Health Depression	Alcohol Misuse	Low Work Productivity
Prevalence of at-risk clinical or work problem status before EAP use <i>all cases at Pre</i> (<i>n</i> = 8,267 to 15,117)	At-risk Pre:	41%	29%	15%	50%
	Industry Rank:	No. 6	No. 4	No. 1 (tie)	No. 2
Reduction in prevalence of at-risk or problem status cases from Pre to Post <i>all cases with longitudinal data</i> (<i>n</i> = 605 to 1,731)	At-risk Pre:	35%	25%	17%	50%
	Post:	8%	3%	4%	7%
Change to no-risk status after EAP as percentage of subgroup at-risk at start <i>at-risk cases with longitudinal data</i> (<i>n</i> = 209 to 983)	Recovered at Post:	79%	90%	78%	89%

IV. DISCUSSION

This applied exploratory study focused on the manufacturing industry. The findings provide a profile of this workforce in the U.S. in general and also for EAP users specifically. The manufacturing industry is the largest segment of the total national workforce and also for the EAP user sample nationally in our study. Workers in the manufacturing industry are mostly male and of average working age. The average employee in this industry works more hours per week than any of the other industries examined. Workers in the manufacturing industry are in the middle of the range across industries for employee compensation, union representation and workplace safety incidents.

The EAP user profile for workers in manufacturing – compared to the 7 other industries – was relatively lower in use of coaching, higher in formal management referrals, higher in use of the in-person face-to-face counseling modality option, similar on the duration of use episode and similar on most of the presenting issues. However, EAP cases from manufacturing had twice the normal rate of using the EAP to address alcohol and drug issues. When starting to use the EAP many of the cases in manufacturing reported having clinical level symptoms on standardized measures for anxiety disorder (41% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (15% at-risk – which was highest of all 8 industries) and low work productivity (50% at problem level). Among those cases initially at clinical risk status on outcomes, over three-fourths recovered after use to no longer be at risk or to have a work productivity problem. Most of these same EAP risk rates and outcome improvement results were also found at similar levels for employees in other industries.

These findings were obtained from a “real world” business context involving national data that was collected using validated scientific measures over seven years from a large sample of over 17,000 employee users who worked at over 600 employers in the manufacturing industry. Thus, this study has a high degree of external validity for the findings. Therefore, employers in the manufacturing industry can be confident that these results are likely to describe their industry fairly well. Overall, the study results demonstrated both the need to support worker behavioral health and to consider an effective employee assistance program as a resource for employers to use in promoting employee wellbeing and restoring work productivity.

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DECLARATIONS

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Author Contributions: MA performed the statistical analyses of the aggregated dataset, conducted the literature review and drafted the manuscript. DP developed the study design, selected the measures involved, coordinated the data collection and led preparation of annual reports of preliminary results. All authors discussed the results and contributed to the final manuscript.

Conflict of interest/Competing interests: MA is an independent research scholar and consultant who received financial support from CuraLinc Healthcare for preparing this research manuscript. MA has also occasionally worked on other projects for this company. DP works for CuraLinc Healthcare company.

Ethical Considerations: The privacy of users was protected by having all program use and survey data deidentified before being shared with the independent consultant (first author) who conducted all statistical analyses. As this was an applied study of archival anonymized data collected from routine use of the service, additional informed consent from individual participants beyond their initial consent agreement in terms of use of the EAP service was not required. All data was collected as part of the normal business practices and not for a separate specific research project. Project approval from a university internal review board was not required. The use and analysis of archival operational data in this manner for applied research is consistent with the published ethical guidelines of the American Psychological Association [56]. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

Institutional Review Board Statement: No formal ethical approval of the study was required due to the retrospective archival naturalistic design of the study. All employees who used the counseling and completed the outcome measures participated voluntarily and had their personal identity protected as all unique identifiers were removed from the data prior to analysis. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

Informed Consent Statement: All data was collected as part of the normal business practices and not for a separate specific research project. Consent for participation in a research study and use of data for publication of study results was therefore not necessary.

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