

Employee Assistance Program Counseling in the U.S. Financial Industry: Clinical and Work Outcome Risks and Results for 11,895 Cases at CuraLinc Healthcare

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Abstract: This applied study explored the role of behavioral health issues among workers in the financial industry in the United States. The financial industry (including related fields of banking, insurance and business management) accounts for 6% of the U.S. workforce in year 2024. 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). The full sample included 85,432 clients who worked at 2,679 different employers. The EAP user sample for the financial group included 11,895 employee clients who worked at 551 different employers. Longitudinal data at 30-days post use was obtained from 9,063 cases in the full sample of which 1,153 were from the financial industry. The financial industry client sample was 66% women and 34% men, average age of 41 years, 95% used the EAP for counseling (5% for coaching), 99% were voluntary self-referrals (1% formally referred to use counseling by their manager at work), 56% met with a counselor in-person at a local office (44% used online video) and the typical treatment episode lasted about 7 weeks (49 days). Reasons why these employees used the EAP included issues of mental health (45%), stress and personal life issues (29%), marriage and family issues (17%), work-related issues (6%) and substance use problems (3%). The EAP user profile for these workers was similar to the general sample across all of the other industries on most of the EAP use characteristics except for the very low rate for formal referrals. When starting to use the EAP many of the cases in financial industry reported having clinical level symptoms on standardized measures for anxiety disorder (43% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (12% at-risk) and low work productivity (49% at problem level). Among those cases initially at clinical risk status in the total sample, most had recovered at 30 days after completing treatment. The hours lost work productivity per problem case per month changed from 62 hours lost per month to 24 hours. The hours of restored work productivity was estimated to be a \$2,760 value per month per case who initially had this problem. Most of the outcome improvement results were also found at similar levels for cases in other industries. 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 is also presented to provide a larger context for this industry.

Index Terms: absenteeism, alcohol, anxiety, banking, counseling, depression, employee assistance program, finance, industry, insurance, presenteeism, work

I. INTRODUCTION

This study profiles employees in the financial industry and related business management and “white collar” occupations 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]. These employees work in hundreds of different industries [4]. Workers in the financial industry and related insurance and general business (“white-collar”) industries comprise 5.9% of all U.S. workers [5]. This group also includes sub-types of banking, insurance, employee benefits and also more general business management activities [6]. It has over 9.3 million workers with 53% workers being women and 47% men and the average worker is 44 years old. This group has high compensation per hour per worker (\$69), with a 37-hour average work week, and a very low percentage of workers represented by a union (only 2%). Of the over 1 million employers, 99% are in the private sector. This industry has a very low annual rate of 0.4 cases per every 100 employees who experience a workplace injury or illness.

Behavioral health disorders such as anxiety, depression and substance misuse affect about 25% employees each year in the U.S. [7-9]. These behavioral health disorders can have negative consequences for business success in many areas, including increased health care costs, worker absence and impaired productivity, turnover, workplace accidents, violence, disability, suicide and death [10,11]. Most employers try to support their workers in a variety of ways including offering an employee assistance program benefit [12].

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1.1. EAPs and the Financial Industry

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 [13-15]. Recent national U.S. data from March of 2023 shows that overall, 64% of full-time workers have an EAP benefit available to them as part of employee benefits package [16]. In the private sector, a total of over 3.2 million employers sponsor an EAP and the majority of local and state governments and the federal government all also offer an EAP benefit [17,18].

The financial industry has a very small literature concerning EAP programs. We were able to find a total of only seven prior studies. Several of these reports discussed the bigger picture goals of how to better integrate an EAP program in to the culture of the company. Employer case study examples from year 2005 are provided from Wells Fargo bank [19] and Ernst & Young financial services company [20]. A 2016 case study of American Express briefly described how the company had created an integrated wellbeing model with an internal staff director who helped to promote greater awareness and use of the EAP to their over 50,000 employees globally [21].

The other four works were focused on the rare events of bank robberies. A 2012 EAP industry study examined the role of EAPs in supporting banks after being robbed [22]. Their analysis of almost 10,000 workplace crisis incident response services in year 2011 revealed that 9% of all CIRs were provided to employers in the financial industry. However, of the top four industry sectors, the financial sector had the highest average number of CIR events (9.88 per 1000 employees). A 2009 study from South Africa conducted interviews with 15 employees who experienced EAP support services after bank robberies [23]. A third study from 1999 provided the most useful findings from examining how an external EAP supported cashiers and other front-line employees and managers after bank robberies with crisis counseling, consulting, and training services [24]. A retrospective self-report survey was completed by 141 employees from 42 different bank branches that had recently been robbed. The results found that most employees had multiple negative consequences after the event, including in areas of psychological, physical, work, and personal life. Other analyses indicated that the more threatening the robbery was the more severe were these kinds of post-incident consequences. Critical incident stress debriefing interventions delivered after robbery by the EAP service were rated as helpful by 78% of the employees who attended.

Finally, a more recent study from 2017 analyzed longitudinal outcome data from a large bank in Greece. It was not a study of robberies, rather it examined self-report outcome data from employees who had used the EAP for general counseling in years 2014 through 2016 [25]. These results revealed health improvements and reductions in work absenteeism hours and lost work productivity hours for these employees and managers that was significant enough to yield an estimated return on investment (ROI) of in the range of three to five times the total annual investment cost in the EAP service.

The topic of behavioral health in the financial industry has received only limited research attention and none of these past studies involved large sample sizes of EAP users, assessed multiple different employers in the transportation industry, assessed behavioral health risk rates in the EAP user population or used scientifically validated measures of clinical and work outcomes. The present study was done to fill this gap in our understanding for these types of workers.

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

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 other empirical studies examining a variety of aspects of their EAP services and outcomes [26-31]. In the newest study, we analyzed recent national data collected over a 7-year period from over 85,000 cases from this EAP [31] 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 presenteesion 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 service was in reducing these behavioral health and work-related problems.

The present study highlights key findings from the previous study for workers in the financial and business management industry category. It also compares this industry category with EAP users from seven other major industry categories. For simplicity, the rest of the paper will use the term “financial” to indicate all of the financial, insurance and related business management industries.

II. METHODOLOGY

For all of the details on the study methodology and analytical procedures, please see our earlier comprehensive report on all of the different industries in the U.S. [41]. Key methodological and measurement aspects of the study are summarized below.

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 or other related 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 [31].

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 July 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 [31]. Each industry group had many different specific employers included in the data, ranging from 77 employers for transportation to 629 employers for manufacturing. The total number of employers across all industries was 2,679. The most prevalent industry in the study was the manufacturing which accounted for 1 in every 5 cases in the sample and the least common was the technology industry, which represented 7% of all EAP cases.

Table 1 shows the employee demographics and the clinical use experience at the EAP for just the financial industry subsample of EAP users. This group included subtypes of insurance ($n = 3,713$ cases), finance and banking ($n = 2,924$), employee benefits ($n = 2,414$), general business and “white collar” work ($n = 1,414$) and real estate and property management ($n = 1,312$).

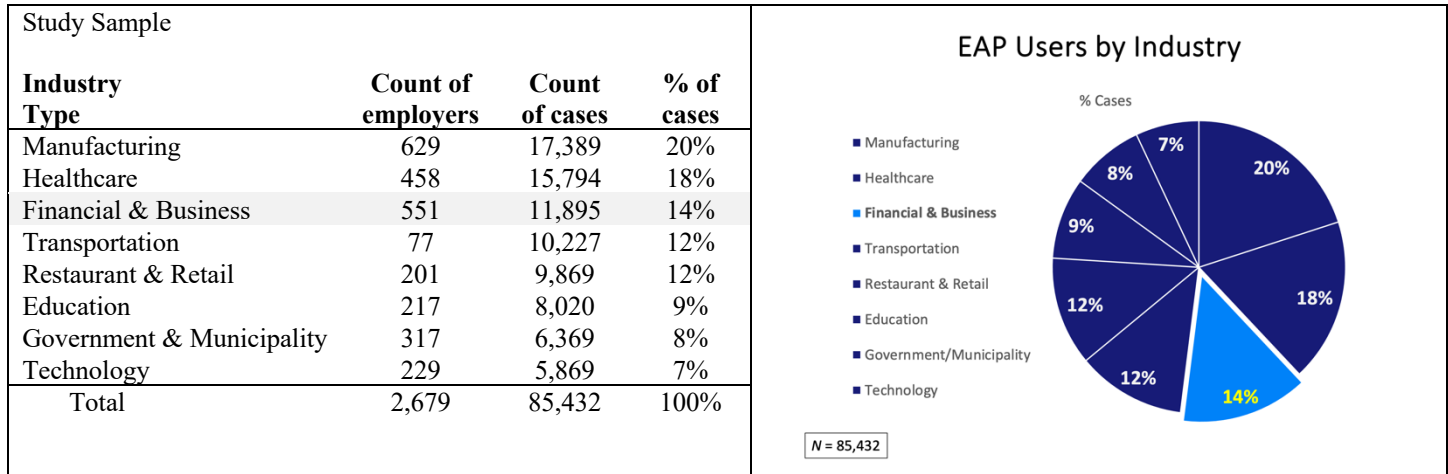


Figure 1. Mix of 8 Industries in EAP Study Sample

Table 1. Profile of Cases on Demographics and EAP Use: Financial & Business Industry

Factor	Financial & Business	
	n count	%
Total EAP users	11,895	100
Year of use of EAP	All	
2017	283	2
2018	618	5
2019	849	7
2020	1,452	12
2021	1,276	11
2022	1,249	11
2023	6,168	52
Client age	11,495	
Under 30 years	2,307	20
30-39 years	3,510	30
40-49 years	2,841	25
50 plus years	2,837	25
Average (range: 17-81)	41 years	
Client gender	11,647	
Female	7,683	66
Male	3,964	34
EAP service type used	All	
Counseling	11,284	95
Coaching	611	5
EAP referral source	All	
Self / family / other	11,726	99
Formal management at work	169	1
EAP modality of use	All	
In-person office (face-to-face)	6,863	58
Online video	5,031	42
EAP presenting issue	All	
Mental health – anxiety	1,971	17
Mental health – depression	1,571	13
Mental health – other	1,788	15

Substance use – drug or alcohol	385	3
Stress personal / other life issues	3,403	29
Marital or family relationship	2,034	17
Work stress or occupational	743	6
EAP use duration (if valid data)	958	
1-30 days	247	26
31-59 days	489	51
60-89 days	138	14
90 plus days (max 270 days)	84	9
Average:	49 days	
Longitudinal follow-up	All	
Any outcome data – yes	1,153	10

III. RESULTS

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

Workforce Profile. These characteristics of the financial and business industry are compared to 7 other major industries on the same BLS data sources (see Figure 2). The average level of employee compensation for financial at \$69 is the highest of the other industries which ranged from \$24 to \$69. The average hours worked per week per employee in the financial industry (37) is toward the higher end when compared to other industries which ranged from 28 to 39 hours. The 2% rate for financial the lowest of the other industries for employees with union representation at their workplace which ranged from 3% to 33%. The 0.4 level of safety risks in the workplace for financial industry is the lowest of the other industries which ranged from 0.9 to 4.8 incidents per 100 workers per year.

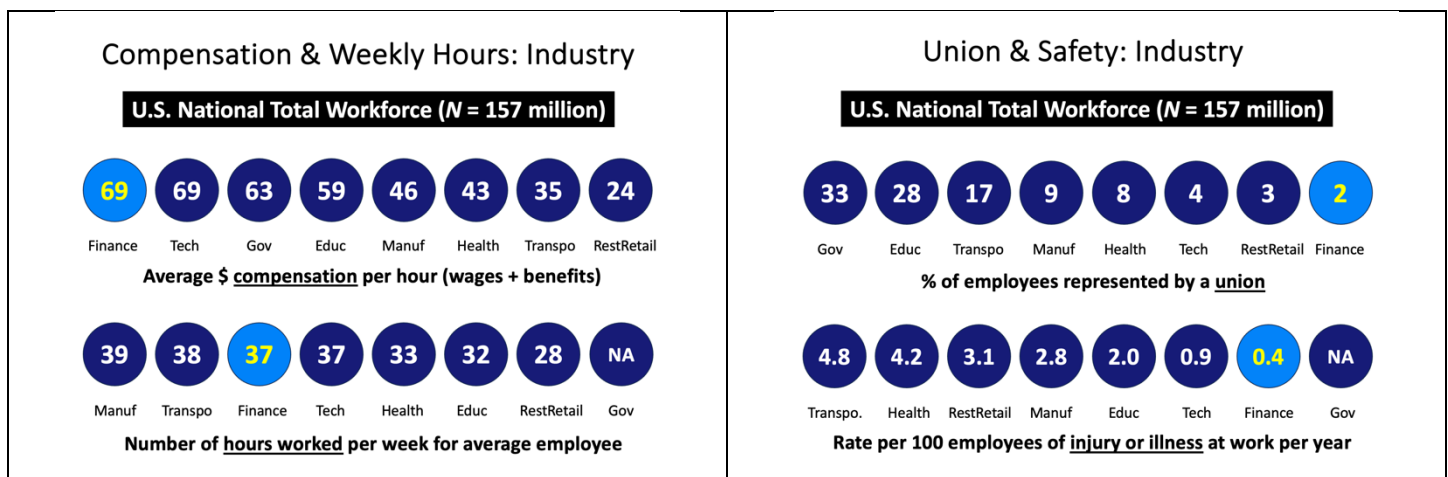


Figure 2. U.S. National Total Workforce BLS Data by Industry

Employee Age and Gender. The demographic characteristics of the financial and business 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). Employees in the financial industry averaged 43 years in the BLS workforce data and 41 years in the EAP user study. Employees in the financial and business industry had a gender mix of 53% women and 47% men in the BLS workforce data and 66% women and 34% men in the EAP user study data. Thus, both data sources had slightly more women than men for the financial industry.

Employee Use of the EAP. The financial 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 financial industry used a counselor at the EAP (95%) with only 5% using a mental health coach. The vast majority of employees in the financial industry were self-referrals (99%) with just 1% of all cases being formally referred to use counseling by their manager at work. This ranged much higher in other industries (1% to 6%). Most of the financial industry cases used in-person clinical contact (59%) and 41% used online video. The number of days for the EAP treatment episode was 49 on average for employees in the financial industry. Duration of use ranged from 46 to 54 days in the other industries.

EAP Use - Presenting Issue. The mix of five general types of presenting issues among EAP users in the financial industry is shown in lower part of Figure 4. The most common issue type for EAP use was mental health, which accounted for 45% of the cases in the

financial industry and 45% in the other industries. Stress and personal life problems accounted for 29% of the cases in financial industry and 28% in the other industries. Problems with marriage or family accounted for 17% of the cases in both the financial and the other industries. Problems with work accounted for 6% of the cases in financial and the other industries. Issues involving substance abuse and addictions comprised 3% of the cases in the financial and business industry and averaged 4% among other industries.

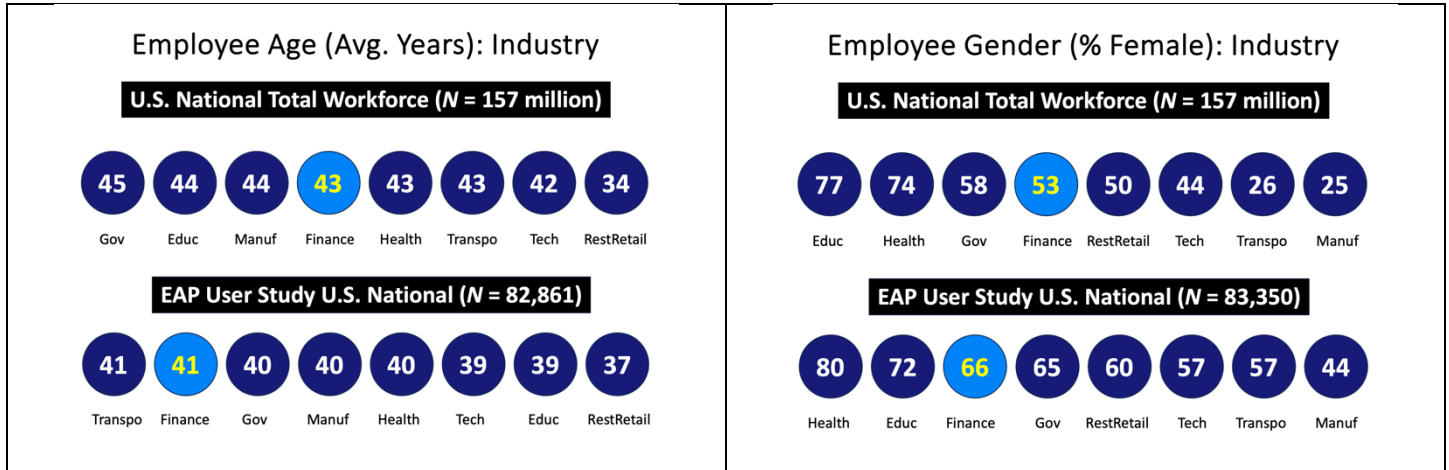


Figure 3. Client Age and Gender of Employees by Industry in BLS Data and EAP Study Data

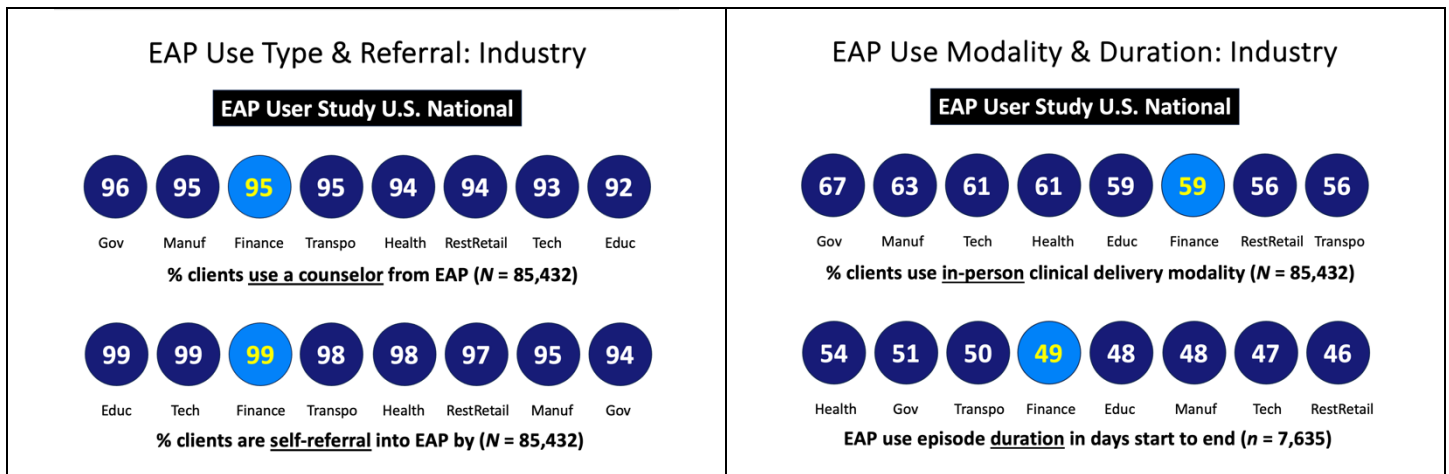


Figure 4. EAP Use Characteristics by Industry

3.2. PART 2: Clinical and Work Outcomes for Employees Users of EAP in Financial and business Industry

Clinical Anxiety. About 4 in every 10 employees in the financial and business industry met the criteria for clinical anxiety disorder when starting their use of the EAP service (see Figure 5). This 43% prevalence rate for anxiety disorder risk was in the middle of the range among the other industries, which was 40% to 47% of cases at-risk. Reduction in anxiety risk was tested in the subsample of cases in the financial and business 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 44% of all cases were at-risk at Pre for clinical anxiety but only 11% of all cases were at-risk at Post. The results found that 76% of these cases had recovered after EAP use to no longer be at risk anymore for anxiety. This recovery rate for financial and business was similar to results in other industries, which ranged from 72% to 82% of cases who recovered from anxiety.

Clinical Depression. About 3 in every 10 employees in the financial and business 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 financial and business 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 5% of all cases were at-risk at Post. The results found that 82% of these cases in financial and business had recovered after EAP use to no longer be at risk anymore for depression. This recovery rate for financial and business was the lowest of the results compared to other seven industries, which ranged from 82% to 93% of cases who recovered from depression.

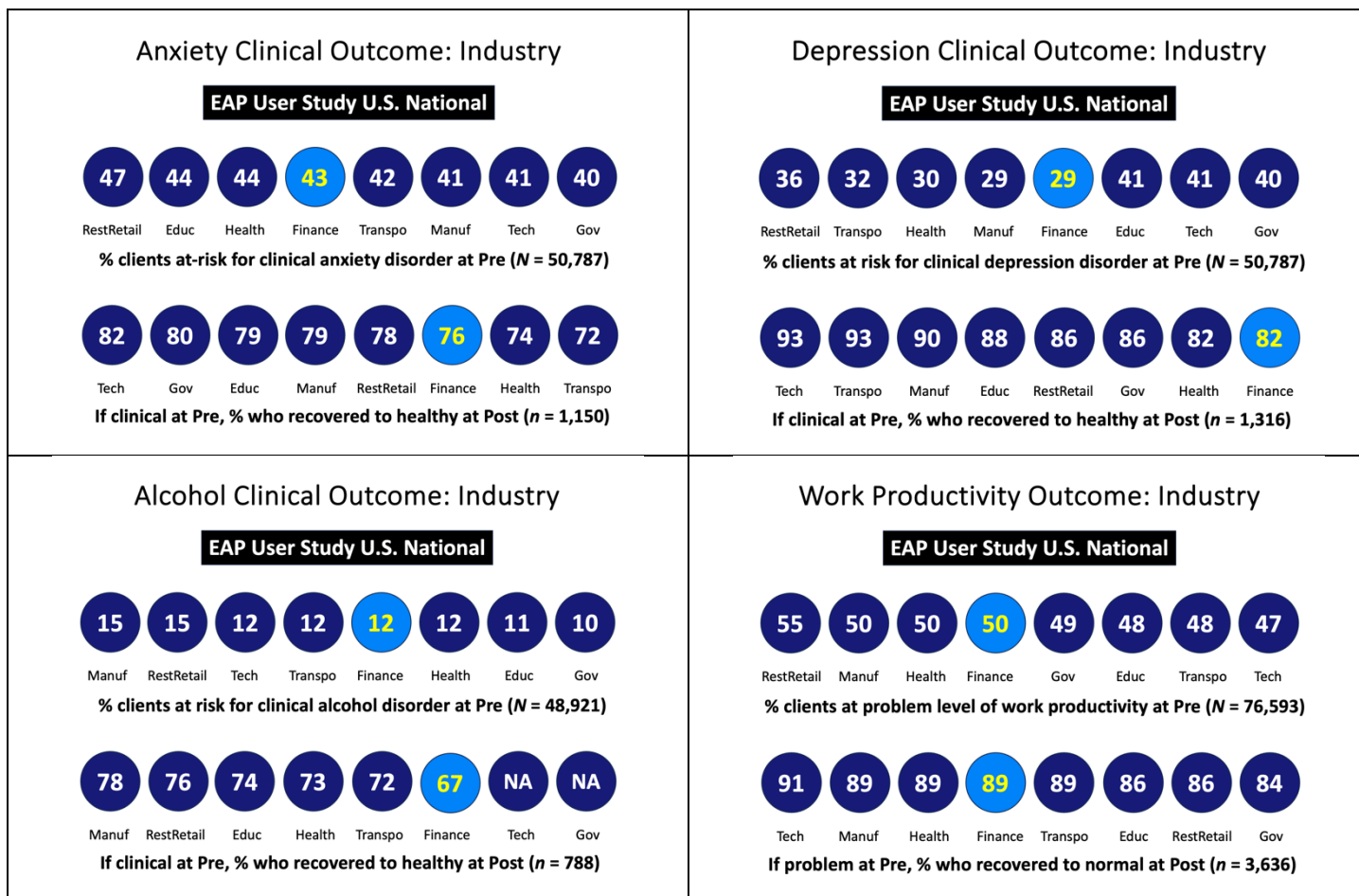


Figure 5. Clinical and Work Outcome Results for EAP Users: By Industry

Clinical Alcohol Misuse. About 1 in every 8 employees in the financial industry met the clinical criteria for hazardous alcohol use when starting their use of the EAP service (see Figure 5). This 12% 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 financial and business 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

18% 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 67% of these cases had recovered after EAP use to no longer be at risk anymore for alcohol misuse. This recovery rate for financial was the lowest of the six industries in the study with enough data to test, which ranged from 72% to 76% of cases who recovered from alcohol misuse.

Problem Work Productivity. Half of the employees in the financial and business 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 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 financial and business 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 53% 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 financial and business 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 financial and business industry with a work productivity problem had an estimated 62.43 hour of lost productivity during the month before using the EAP (based on a combined 51.26 hours of presenteeism and 13.19 hours of absenteeism). After the employee had completed treatment, this adverse outcome changed to be much lower at an estimated 23.60 hours of lost productivity during the month after using the EAP (based on a combined 22.17 hours of presenteeism and only 1.43 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 38.83 hours of restored work productivity per month per employee initially with a problem on this outcome area.

The typical employee in the financial and business and heavy labor industry in 2024 earned \$68.77 per hour in compensation (wages & benefits) in 2024 [1]. Thus, the financial burden to the employer during the month before using the EAP for was \$4,293 per case in lost work productivity (based just on compensation value alone). However, this cost burden was reduced by \$2,760 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 benefit, these kinds of workplace-related cost savings could quickly add up to a break-even ROI even at low levels of program utilization.

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

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

		EAP User Characteristics			
Profile factors <i>N</i> = 11,895 employees	Size:	14% of all EAP cases 2017-2023			
	Gender:	66% women and 34% men			
	Age:	Average 41 years			
	Service:	95% counseling / 5% coaching			
	Referral:	99% self-referrals / 1% formally referred by manager at work			
	Modality:	56% in-person office / 44% online video			
	Duration:	7 weeks (49 days)			
	Issues: why used EAP	45% mental health 29% stress and personal life 17% marriage and family 6% work-related 3% 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> = 6,723 to 10,618)	At-risk Pre: Industry Rank:	43% No. 4	29% No. 5	12% No. 5	49% No. 4

Reduction in prevalence of at-risk or problem status cases from Pre to Post <i>all cases with longitudinal data</i> (n = 336 to 837)	At-risk Pre: Post:	44% 11%	25% 5%	18% 4%	53% 7%
Change to no-risk status after EAP as percentage of subgroup at-risk at start <i>at-risk cases with longitudinal data</i> (n = 100 to 437)	Recovered at Post:	76%	88%	67%	89%

IV. DISCUSSION

This applied exploratory study focused on the financial and business industry. The findings provide a profile of this workforce in the U.S. in general and also for EAP users specifically. The financial industry was 6% of total national workforce and 14% of the EAP users nationally. Workers in the financial and business industry are mostly female and average working age. Workers in the financial are highest for average level of employee compensation, toward the higher end for work week hours. This industry was the lowest for union representation and had the fewest workplace safety incidents.

The EAP user profile for workers in financial and business – compared to the 7 other industries – was similar to the general sample across all of the other industries on most of the EAP use characteristics. Only 1% of these cases were referred by a manager at work to use the EAP. When starting to use the EAP many of the cases in financial and business reported having clinical level symptoms on standardized measures for anxiety disorder (43% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (12% at-risk) and low work productivity (49% at problem level). Among those cases initially at clinical risk status on outcomes in the total sample, most had recovered from Pre to Post. The hours lost work productivity per problem case per month changed from 62 hours lost per month to 24 hours. Most of these same EAP risk rates and outcome improvement results were also found at similar levels for the 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 11,000 employee users who worked at over 500 employers in the financial and business industry. Thus, this study has a high degree of external validity for the findings. Thus, employers in the financial and business industry can be confident that these results are likely to accurately describe their workforce. Overall, the study results demonstrate both the need to supporting worker behavioral health and for considering an effective employee assistance program as one resources for employers to use to manage these kinds of worker wellbeing and work performance risks.

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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 [32]. 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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