

Organizational Consulting and Formal Management Referral Counseling Services from an Employee Assistance Program: Descriptive Profile of Over 15,000 Clients During 2020-2024 at AllOne Health

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Abstract: This paper provides an empirical profile of the characteristics of 10,641 users of organizational services and also 5,251 users of formal management referral counseling from a single national employee assistance program (EAP) business in the United States. AllOne Health provided an archival data set from the normal course of business over a 5-year period. The total sample featured over 2,000 different employers who varied in size from under 250 to over 340,000 workers (median about 1,200). Eight major industry types were represented, but the majority of clients were working in the government, manufacturing, healthcare and education sectors. Among the organizational consulting group, about half of all users involved workplace-focused issues (48%; with 14% for training requests, 8% for benefits questions; 10% for organizational development issues; 12% to prepare for a workplace crisis; or 4% respond after a crisis incident) and the other half of users of organizational consulting were to get support for worker-focused issues that managers needed guidance on concerning individual employees (52%; 18% employee work-related; 14% employee substance misuse; 10% employee mental health; or 9% employee personal issues). Among the formal management referral counseling group, only 2% of users were for workplace-focused issues and 98% were to support worker-focused issues (53% substance misuse; 26% work-related; 17% mental health; 2% personal issues). The results for correlates of use rates of each service type had mostly non-findings for client age, year, during or after the pandemic period and employer size. Employer industry did have some use differences. Employees with substance abuse issues had a unique profile – both for the organizational consulting and the formal management referral services – of being mostly younger age males who worked for larger size companies in the transportation and manufacturing industries and who used shorter episodes of counseling. Contributions and limitations of the study are discussed. This is the largest study ever done in this field to examine the users of both the organizational services and formal management referrals from EAPs.

Index Terms: alcohol, consulting, counseling, COVID-19 pandemic, crisis incident, employee assistance program, formal management referral, industry, managers, mental health, supervisory referral, organizational development, training, workplace

I. INTRODUCTION

Employee assistance programs (EAPs) are an employer-sponsored response to the organizational-level problems that affect the health and productivity of the workplace [1-3]. The largest international association in the industry – the Employee Assistance Professionals Association (EAPA) – defines the benefit as a “workplace-based program designed to assist: 1) work organizations in addressing productivity issues, and 2) employee clients in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues that may affect job performance.” [4]. This dual purpose of supporting both the workplace and the worker is what makes EAPs unique from other kinds of behavioral health treatment providers who serve only individual clients. From an employer perspective, EAPs are the most popular type of “quality of life” benefit that work organizations offer their employees in America. In March of 2025, 62% of all U.S. workers had access to an EAP benefit, and it is offered more than wellness programs (48% of employees have access), child care (13%), subsidized commuting (11%), and flexible workplace policies (11%) [5]. According to a review of national U.S. data in 2021 [6], it was estimated that over 3.4 million employer organizations had an EAP in year 2021. The EAP benefit is offered more often as the size of the employer gets larger, ranging from about a third of all small companies with less than 100 employees to over 80% at large companies (i.e., 500 or more employees). EAPs are also now widely available in many other countries around the world [7-10].

The hallmark service of EAPs is providing confidential brief counseling for individual workers (and often their household family members) for mental health, stress, work, or personal/family relationship issues from licensed professional therapists [11]. Most EAPs also have specialists trained and certified in helping employees or family clients to identify and manage alcohol or drug misuse [12]. Many EAPs also provide a wide range of non-clinical support services that do not involve counselors. These can include access to financial advisors for employees with money problems, referrals to attorneys for employees with personal and family legal issues, finding resources and support for work/life issues (childcare, eldercare, family housing and transportation), concierge assistance for personal life tasks, and self-care/education resources and personal coaching for the physical wellness goals of employees [13,14]. Perhaps less well-known is that full-service EAPs also provide a wide range of workplace consulting, training, crisis incident preparedness and post-event response, and other kinds of organizational-level services [15-19].

1.2. Organizational Consulting and Workplace Support Services from EAPs

This study focuses on describing how EAPs can assist the work organization with specialty consulting, training and counseling services for employees who are formally referred to the program by their manager or human resource professional.

The original conceptual model that defined EAPs – called the EAP Core Technology – was developed over 40 years ago in the 1980s [20-22]. It emphasized the central role of workplace support from EAPs as three of the seven core components focused on the workplace. These components included: 1) providing consultation to managers; 2) using micro-linkages between the troubled employee or manager and resources within the work organization's benefits; and 3) using macro-linkages between the troubled employee or manager and resources for behavioral health treatment and support available in the local external community. Thus, several of the original core technology components require organizational-level knowledge and action from the EAP. One may wonder how many EAPs today still offer organizational level consulting services? Several recent industry studies provide answers.

The first comprehensive industry-wide survey of external EAP vendors was conducted in 2011 by the National Behavioral Consortium [23]. Most of the EAPs in the study were active in the U.S. market. Results revealed that all 52 EAPs offered multiple kinds of organizational level support services. They also reported more details in the total counts of users for a mix of organizational services the past year across all of their employer customers. These counts were added together across all of the EAP vendors and sorted into categories. The total sample results were characterized by: 36% of user activity was for delivery of management consultations; 16% of users were involved in using crisis incident response services after traumatic workplace events; and delivery of several kinds of educational trainings that together account for almost half of all activity (27% attended trainings for employees on specific topics; 14% attended trainings and orientations for employees about the EAP benefit; and 7% attended trainings for supervisors).

A 2024 survey of all 19 major external EAP vendors in Australia and New Zealand found that 100% offered multiple kinds of organizational support services [24]. More specifically, this included 100% of EAPs offering coaching for managers; 100% offering conflict management and mediation consulting services; 99% offering group trainings and workshops for employees and managers; 93% offered specialized educational programs for supporting employee mental health and wellbeing; 83% offered health risk assessment (HRA) surveys for all employees to assess mental and physical health risks; 75% offered training and consulting on how to manage psychosocial hazards in the workplace, and 71% offered surveys of all employees on work culture, work engagement and psychologically safe workplace risks. Ten of the EAPs also provided annual utilization data across all of their customers and the results revealed that attendance at these organizational level services represented 11.2% of all covered employees with access to the EAP benefit; which was higher than the average EAP counseling case rate of 5.5% at these vendors. Thus, about twice as many employees at these companies in Australia and New Zealand were using a variety of organizational-level EAP services compared to how many employees (and family members) used individual-level psychological counseling from the EAP.

A survey conducted in 2025 asked 171 professionals in the EAP industry globally which kinds of employee assistance services they provided [25]. The results indicated that a large majority offered different kinds of organizational level consulting services: 85% of EAPs surveyed offered crisis or critical incident preparedness and response services; 84% offered consulting with managers; 82% offered consulting with company leadership; 82% offered general health education and prevention resources to all employees; 39% offered surveys to all employees in the workplace on work culture, work engagement and psychologically safe workplace risks. The data also indicated that a large majority offered different kinds of educational trainings: 85% of EAPs surveyed offered training for employees on EAP-related topics; 84% offered trainings for managers on EAP-related topics; 75% offered training on psychological health and safety in the workplace.

Not only do most full-service EAPs in business today offer a mix of different kinds of organizational-level services to support the workplace, the mandate for EAPs to provide such services is also well established. Three studies offer evidence of this point. A 2011 survey of 150 professionals in the EAP field globally found that “workplace crisis event support” and “consulting with managers and organizational level support” were rated as “highly important” to defining what an EAP *should do* by 78% and 84% of the sample, respectively [26]. Both findings were replicated in a 2023 global survey of 204 professionals in the EAP field, which found that

“workplace crisis event support” and “workplace training and consulting” were rated as “highly important” to defining what an EAP *should do* by 85% and 81% of the sample [15]. Similar results were obtained in the 2024 study noted earlier of EAP vendors in Australia and New Zealand, such that providing “workplace crisis event support” and “workplace training and consulting” were rated as “highly important” to defining what an EAP *should do* by 100% and 75% of this sample [24].

1.3. Critical Incident Services from EAPs

A key sub-type of organizational-level services that is less frequently used – but nonetheless is very significant when it is utilized – is the response by the EAP after a critical or crisis incident has happened in the workplace or the local community [28-30]. Indeed, critical incident response services were judged by professionals in the employee assistance industry as the most valued by employer customers of all of the different services offered by EAPs [31]. This response from EAPs usually has two phases. Pre-incident planning involves creating recovery strategies like business continuity and disaster recovery plans to address financial impacts, restore facilities and communications, protect data, and manage human resources. Effective plans also include psychological support for employees throughout all phases of response. For over 20 years, employers have used resiliency training to help prepare workers to adapt after traumatic events, covering stress risks, self-care, signs of trauma, and ways managers can support staff performance. In high-risk workplace settings (like retail stores, banks, manufacturing, trucking), such training is common, with positive results reported by these organizations. After an incident has happened, the EAP can provide critical incident response to aid worker recovery and stabilize organizations. This approach includes assessment, manager consultation, post-incident planning, onsite interventions, and follow-up, delivered by occupational health professionals and coordinated by specialized teams across various industries and agencies.

Ten years ago, DeFraia [32] profiled over 5,000 critical incidents delivered over a three-year period in the U.S. The results found that use of such services varied substantially by industry of the employer, with the highest use of critical incident response services among employers in the financial industry (40%), retail trade (19%) and manufacturing (11%). These three industries account for 70% of all response activity. Other analyses determined that banks, retail stores and fast food restaurants accounted for the most severe incidents, while industrial and manufacturing sites reported less severe incidents. Workgroups experiencing multiple incidents reported more severe incidents than workgroups experiencing a single incident.

Another study from 2015 examined archival data from Crisis Care Network for over 32,000 crisis incident response events nationwide in the U.S. between 2008 and 2012 [33]. This company [called R3 Continuum today] supports many EAP internal staff programs and external vendors as a partner that specializes in crisis response. The most common reasons for using a critical incident response in their archival data were death of an employee at 45%, store and bank robberies at 31%; and 8% combined for layoffs, downsizing and terminations of employees. Their study also found that the financial (banking) industry had the most crisis events (42% of the total events) with the manufacturing industry a distant second place (12%).

As an example of the critical incident response after bank robberies, a 1999 study examined the effectiveness of critical incident stress debriefing sessions and other coping interventions among 141 employees who worked at 42 branches of a single major bank in the U.S. [34]. The results found that most employees had multiple negative consequences from experiencing a bank robbery while at work with mental, physical, work, and personal areas affected by the robbery. More threatening incidents (such as acts of violence) were associated with more severe consequences in these areas. Critical incident stress debriefing interventions delivered post-robbery by the EAP were rated as helpful by over three-fourths of employees who attended.

Critical incidents involving threats or acts of violence in the workplace are regularly endured by the staff at medical centers, health systems and other kinds of high-risk locations involving employee interaction with the public (i.e., retail stores, law enforcement, first responders). The role of EAPs in providing policy development, advanced training, and post incident direct response has become more common for these kinds of employers since the COVID-19 pandemic [35-38].

1.4. Formal Management Referrals of Employees to Use Counseling from EAPs

Most full-service EAPs are designed to encourage referrals into the EAP from operational managers or human resource professionals for employees with performance deficits or unacceptable workplace behaviors. In the literature, these cases are known as formal management referrals (FMR) or supervisory referrals. These cases receive a comprehensive behavioral health risk assessment, counseling and referral to additional treatment if needed [39]. Supervisors and managers can be a key resource for workers to gain access to assistance for occupational and personal problems that affect their work productivity, safety, or reliability. Some of these cases are more severe than others and are classified as “mandatory referrals” when the behavior of the employee involves violence, intoxication from alcohol or drug use while working, a major mental health episode, on-the-job accidents or a direct violation of company policy. Often these kinds of referrals result in removing the employee temporarily from his or her work duties while a professional assessment and treatment phase of care takes place, with a return to work opportunity (or continued employment) made conditional upon sufficient progress and recovery from the problem after such treatment ensues

Hopkins [40] found that in general, supervisor intervention with troubled workers was usually of the informal type (e.g., talking with workers, listening, and being supportive) than the formal type (i.e., directly referring workers to helping resources within the company or the local community). Nonetheless, some supervisors have been educated by their EAP how to be on the lookout for periodic absences, erratic or substandard job productivity, strained interpersonal relations and behavioral indicators of chronic alcoholism, drug abuse, anxiety, depression or other psychological disorders that can adversely impact work performance and workplace culture [41, 42]. The usefulness of FMRs to the EAP is also part of the Core Technology of the EAP field as originally conceptualized in the late 1980s [20-22]. Much of the original work in this area focused on making referrals for workers with alcohol-related problems [43-45].

Themes from several older studies [46-51] found that variables related to FMR included: (a) greater degree of leadership and management support for the EAP in general, (b) gender of supervisor (males make more referrals), (c) gender of the subordinate (more male employees get referred), (d) existence of a supervisor support network (to learn about the success of making referrals from other supervisors), (e) higher risk or safety-sensitive kinds of jobs (transportation and manufacturing), (f) less social distance between supervisor and troubled employee, (g) the supervisor having a positive attitude toward their role in referral, and (h) the supervisor's level of knowledge about their EAP and belief that it is effective when a referral is made.

Other past studies examined the demographic and work context profiles of the employees who get referred by their supervisors or managers to the EAP for counseling. For example, a 1990 study of 75 supervisors [52] found that supervisors' decisions whether or not to make a formal referral to the EAP for an employee was associated with four behaviors that characterized problem workers: increased absenteeism, decreased work productivity, acrimoniousness behavior at work (e.g., irritability with coworkers or customers) and disaffection (e.g., apathy concerning their work in general – now called a lack of work engagement). Further, these supervisors were more likely to refer employees who exhibited these kinds of behaviors than other workers who did not display such difficulties. A 1994 study documented that when employees are formally referred to an EAP by their employer (compared to self-referrals), they are more likely to have recent experiences of deteriorating job performance and alcohol or drug problems [53]. A 1991 study examined descriptive profile and outcomes associated with formal management referrals of employees to an EAP [54] using a sample of 415 supervisors from seven employers. The employees in the study who received job performance referrals were more likely than the self-referred clients at the EAP to be male and to have substance abuse and occupational problems.

The only recently conducted study in this area of formal referrals to the EAP was done in 2023. It analyzed the client background, service utilization patterns, work and clinical risks and longitudinal outcomes of employees who used brief counseling from one external EAP vendor located in the U.S. over a six-year period between 2017 and 2023 [55]. The study compared two kinds of referral categories: mandatory formal management referrals (1,215 cases – called MFMR) and self-referral of clients (40,771 cases – which included an unspecified small number of supervisory referrals that were voluntary). The two groups were largely similar across most profile factors, with only minor – but important – differences observed. There was a much higher proportion of male clients in the MFMR group (68% > 38%) and certain employer industries showed some variation, with historically male-dominated sectors like manufacturing and transportation having more MFMR cases. Clinical differences were also evident with MFMR clients ten times more likely to have substance use issues than self-referral clients (alcohol or drug 41% of total cases > 4%, respectively) and three times more likely to have work-related problems (23% > 7%, respectively). The MFMR cases were also twice as likely to begin EAP counseling use at above the clinical threshold for hazardous alcohol use (based on a validated screener tool; AUDIT) compared to self-referral clients (28% > 15%, respectively). Conversely, FMR clients exhibited lower levels of mental health risks for anxiety (24% < 43%) and depression (22% < 32%) compared to the self-referral clients. MFMR clients did have a slightly shorter episode of care (45 days vs. 54 days, respectively). Longitudinal analysis on data from smaller subgroups found that the FMR clients experienced relatively greater improvement in work absenteeism, work presenteeism and alcohol risk severity than the self-referral employee group. Other profile results from the study included MFMR case status was *not* associated with age of the client, year of use, contractual limits on the maximum number of counselling sessions allowed per case, and clinical modality (in-person or online video).

1.5. COVID-19 Pandemic and Use of EAP Services

One of the consequences of the global COVID-19 health pandemic was that during the initial periods of mandated restrictions or no-contact conditions needed to prevent the further transmission of virus, there was a greater reliance on the delivery of health services using remote technology channels (such as telephone, online video, e-mail or text) rather than in traditional face-to-face settings at clinical offices [56-60]. It is unknown how the pandemic affected the delivery of counseling for the formal management referral cases from EAPs.

1.6. Opportunity for Applied Research

Despite the popularity of offering these kinds of services historically and continuing today, there exist few data-oriented profiles of workplace level support services from EAPs. To address this gap, one EAP company made available a very large data set covering

workplace-level service user for the 5-year period from 2020 to 2024. The services included both organizational consulting services and formal management referrals made to EAP counselors for at-risk employees. The focus of this paper was to explore the characteristics of both of these kinds of workplace support services.

AllOne Health Resources, Inc. (AllOne Health; website: AllOneHealth.com) is a national provider of Employee Assistance Programs and integrated Whole Health Solutions with a range of services designed to help people and organizations thrive. Founded in 1971, it has grown to serve over 10,000 organizations and 13 million covered lives. This EAP works across both public and private sectors, with particular expertise in the healthcare, education, government, and human services industries. The company delivers high-quality, flexible mental health support through multiple modalities, including in-person and video counseling, self-guided iCBT (internet cognitive behavioral therapy), and in-the-moment live support from a human available 24/7. Supplementing a commitment to high touch, tailored services for clients, the company prioritizes technology-assisted access to services in the digital age. Beyond providing on-demand care to individuals, this EAP also partners with its organizational clients to build healthier workplaces through organizational consulting, expert training, leadership coaching, crisis response, and employee wellness solutions that foster connection, improve work engagement, and drive meaningful outcomes.

Note that other papers in the larger research project focus on profiling the use of other components of the full service model. These additional papers profile the users of individual psychological counseling (both for employees and for colleges students) and work/life personal support services (for legal, financial, concierge life tasks, childcare, eldercare, medical advocacy and wellness).

1.7. Research Questions

Given the nature of the archival data available from this EAP company, the specific areas of inquiry in the study are listed below:

RQ1. What are the background characteristics of the users of organizational consulting and formal management referral services, such as employee age and employer industry and size?

RQ2. What kinds of issues are organizational consulting and formal management referral services being used to address?

RQ3. Is the level of use of the different kinds of organizational consulting and formal management referral services associated with other contextual factors such as age of the user, the year of use (2020 to 2024; or the COVID-19 pandemic time period), and the type of industry or size of the organization where the employee user worked?

II. METHODOLOGY

2.1. Research Study Design

The research design involved two groups of users, one group for the clients who used the organizational level support services (delivered by a variety of EAP staff) and second group for clients who used the formal management referral services (all of which involved sessions between an employee and a licensed mental health counselor at the EAP). No payments or incentives were offered for participation in EAP services use. Quantitative data was collected during the program use experience as part of routine service delivery activities. Also included was information collected about the employer customer (i.e., the business sponsor of the EAP benefit), which included the total number of employees covered by the benefit and the primary industry. These employers contracted for EAP services from 15 different EAP subsidiary companies of AllOne Health, which were acquired into the overall business at various dates in the past.

2.2. Workplace Service Delivery Interventions

The EAP partnered with staff at the customer organizations, using someone in the human resources (HR) or benefits management areas of the organization. These organizational points of contact typically would email, call in or submit a formal management referral request form as a way of contacting the EAP. The EAP then acted to provided support to the point of contact person at the customer organization. This allowed for a confidential setting for the contact person to process difficult employee and workplace situations privately. The EAP assisted in evaluating these situations, coming up with a solid plan of action to address the situation and discussing best ways to support the point of contact person, the employee, the managers, and the department. The role of EAP was to support both the employer organization as a business client and also the individual employee as a clinical client (when relevant to the service type used).

2.2.1. Organizational Consultation Type 1: Benefit Clarification Questions

One of the organizational consulting services involved answering questions from the customer contact person about how the EAP benefit can be used. See the examples below.

Benefits Question Example 1. An employee self-disclosed to HR that they were struggling with caring for the health of an elderly parent. The EAP account manager educated the contact person on the Medical Advocacy service from the EAP that specializes in eldercare resource navigation. The account manager also provided more in-depth education about the EAP services. The result for the contact person was a better understanding of the specialty EAP service options and feeling better equipped to share this information with employees.

Benefits Question Example 2. An employee has disclosed to HR that they were having financial concerns. HR called the EAP to see what type of assistance could be provided to this employee. The account manager discussed the financial coaching and related money management educational resources that were available through the EAP services.

Benefits Question Example 3. The customer point of contact called the EAP to learn about any resources available to assist employees and their families who were impacted by the severe flooding that occurred in two worksite locations. The EAP provided support to the point of contact by gathering appropriate resources and then sending them to the contact person to distribute internally to the affected employees. A review of other EAP services was also provided as a reminder for how to help employees and their families in this weather disaster situation: 1) calling the 24/7 phone for immediate connection to an EAP counselor; 2) the ability to self-schedule virtual or in-person appointments with an EAP counselor; and 3) the availability of Work/Life Services that support families with housing, transportation, childcare, eldercare and related support resources and referrals.

2.2.2. Organizational Consultation Type 2: Requests for Training

Educational trainings and workshops were provided to small groups of employees or managers on a variety of topics. See the examples below.

Training Example 1. The point of contact at the customer noticed a trend in their workplace culture and asked for assistance to better equip their managers during a period of expanding their hiring process to include individuals with disabilities. The contact person noted that managers were complaining to HR that they did not feel equipped to properly understand how to effectively support employees with neurodiversity. Thus, HR asked if the EAP could conduct a training for managers to increase their awareness of this issue and to provide strategies to better support their employees with neurodiversity and other special needs. The EAP put together new material and then conducted a training called “Understanding and Supporting Neurodiversity in the Workplace.”

Training Example 2. The HR person for a medical organization shared that they continued to receive reports from management that employees were complaining about heavy workloads, feeling stressed, overwhelmed and fatigued. The contact person was inquiring if the EAP had any trainings that could address these issues. The contact person received support and direction and then could collaboratively develop a game plan to address these trends. Sometimes the area of inquiry is very general and EAP has to help the point of contact to narrow down and better define the appropriate topic for a training. The EAP account manager can also review the customer organization’s past utilization report data on why the counseling and other EAP services had been used. This trend data can help to shape expectations around training topics and which components best fit their needs. In this case, the EAP helped shape their expectations by suggesting several appropriate training topics, including “Combatting Burn-out and Compassion Fatigue” and “Taking Charge of Stress before It Takes Charge of You.”

2.2.3. Organizational Consultation Type 3: One-on-One Consultation with Managers

Meeting individually with managers at a customer organization is the third kind of organizational consulting service. Delivery of this kind of consulting requires having specialized EAP counselors who are experienced with supporting workplace kinds of issues and talking with business executives, managers and union representatives. Often these kinds of clients involve issues associated with organizational development, employee problems with substance use, employee problems with work, and employee problems with personal and family life.

Manager Consultation Example. An employee reported to their supervisor that a co-worker had discussed having suicidal thoughts. The supervisor reported this to someone in HR, and then the HR person called the EAP for assistance to share their concern for the employee and determine what next steps they should follow. HR reported that the at-risk employee had already left work and went home before this incident was reported to the supervisor. The HR person was very anxious and concerned. The EAP consultant provided support and recommended that HR attempt to contact with employee by calling and speaking with employee and/or calling the employee’s emergency contact person (if there was one listed). If the HR contact was unable to reach either the client or the emergency contact was not available, then the next step was calling law enforcement to go to the employee’s home and make a welfare check. After such contact was established, HR would be advised to formally refer the employee to the EAP counselor in order to make sure employee is safe and receiving appropriate level of support, which would take the HR person out of the direct support role.

2.2.4. Organizational Consultation Type 4: Critical Incidents and Workplace Crisis

Critical incident stress debriefing (CISD) involves both training as preparation for future possible adverse events and also direct response by the EAP following a critical incident. Both of these options were described earlier in the paper.

Critical Incident Example. An HR contact notified the EAP of a manager's unexpected passing. The EAP consultant offered condolences and emotional support, then collected basic information about the situation and those affected. The account manager discussed available EAP support such as 24/7 counseling, scheduled appointments, and group or individual debriefings. After reviewing options, a CISD response was scheduled, and the EAP coordinated on-site debriefing with a CISD provider. The counselor met with impacted employees in both group and private sessions to address grief and trauma.

2.2.5. Formal Management Referrals

Formal management referrals (or supervisory referrals) are employees who usually call into the EAP to schedule for services after being told to do so by their supervisor at work. The employee is informed that the role of EAP is to provide support to them as a tool to assist with the restoration of acceptable job performance or appropriate workplace behavior. The EAP staff explain the formal referral process to the employee that includes being scheduled for an EAP assessment appointment and review of confidentiality. Pertinent information is obtained from the employee, in particular, what is their understanding of why they were referred to the EAP for support, and who referred them. EAP helps the employee to see the reason for a formal referral and to understand that the EAP is a source of confidential support, and assistance in problem solving, as opposed to a "punishment." EAP has the unique opportunity to combine support with accountability and assistance to help employees to make improvements in their work behaviors and performance. The employee is asked for verbal permission to let management know they have called in and been scheduled with the EAP.

FMR – Example 1. The employee tested positive on a random drug screen at work. The employee calls into the EAP. The EAP staff explains the formal referral process that includes being scheduled for an EAP assessment appointment and review of confidentiality. Employee is informed that the role of EAP is to provide support to them. The EAP staff asks the employee what their understanding is as to why they were referred to the EAP for support. How long has this issue(s) been going on? Who referred you to us and may we have your verbal permission to let them know you have called in and been scheduled. EAP staff ask the date of the drug test, what they tested positive for, what substances are they currently using, how often and how much they are using, and when was their last use. An EAP assessment is conducted to determine the appropriate follow-up recommendations. The recommendations are discussed with the employee and coordination arrangements are made with a provider referral. EAP then acts as a case manager to provide check-in support to employee and also gathering compliance updates from the provider. With signed consent from the employee, EAP provides compliance updates to employer point of contact: Did they begin recommendations, are they following recommendations or not, attendance and completion? EAP builds a framework of partnership with the employer client and employee client to make sure both entities are properly supported. Often this consists of case management follow-up contributing to an improved outcome. The supervisor calls in to EAP with reasonable suspicion concerns and noted that the organization did not send the employee for a reasonable suspicion drug screen. The EAP gathers details pertinent information regarding what they are observing, concerns, impact on work performance. Review their organization's workplace drug/alcohol policy and confirms what the return-to-work parameters are. Do they need to complete recommendation and be able to test negative or may they be allowed to return to work while they are fulfilling recommendations? EAP discusses with the manager having the employee formally referred to the EAP. At that point, the employee will be evaluated to determined appropriate follow-up recommendations. Finally, the EAP provides compliance updates with employee's signed consent.

FMR – Example 2. The Human Resources Director of an organization contacted the Employee Assistance Program (EAP) to consult about an ongoing interpersonal conflict between two employees that has persisted for six months. HR inquired whether the EAP offers professional training or educational seminars to address such issues. The EAP account manager requested additional context regarding the situation. Efforts have been made by the supervisor, who provided individual coaching to both employees. Additionally, the human resources contact and supervisor met with the employees to reinforce expectations for professionalism, cooperation, and effective collaboration. Employee A reported that Employee B is uncommunicative and uncooperative, which hinders workflow. Conversely, Employee B expressed concerns regarding Employee A's work ethic. The human resources contact noted that the sustained friction between these two individuals is negatively impacting the broader team. The EAP account manager acknowledged the interventions already undertaken by HR and the supervisor, validated their frustration over the lack of improvement, and discussed the potential consequences should this conflict persist or escalate further, including its effect on other team members. To support resolution, the following options were offered:

- a) Each employee could be formally referred to the EAP for individual counseling. This would provide a confidential setting for each person to process their experiences, reflect on their roles within the conflict, and identify opportunities for personal growth and behavioral change. Counseling may assist each employee in overcoming obstacles that are preventing them from contributing to a more constructive working relationship.

- b) Alternatively, it was suggested that the AllOne Consulting team—a separate entity from contracted EAP services, available at an additional cost—could be engaged. AllOne Consulting specializes in customized organizational interventions for similar workplace challenges. Their approach would involve assessing the specific dynamics at play, recommending tailored next steps, and providing a formal proposal for resolution.

The EAP account manager also committed to ongoing follow-up with the client to monitor the situation and determine whether further issues arise or improvements are observed.

2.3. Statistical Analysis

Analyses were conducted using SPSS – the Statistical Package for the Social Sciences Version 29. As an exploratory study, descriptive analyses were featured. Other correlational and exploratory tests were conducted with two-tailed tests of significance at $p < .05$. Tests with categorical variables were conducted with chi-square (χ^2) non-parametric procedures. Other analytic procedures to compare groups on factors involved t -tests for two group or F -tests for ANOVA with three or more groups.

Correlational tests were also conducted on the outcome of usage rates for the different kinds of services. Age was tested as a continuous variable in a correlation r coefficients but the results were shown for five groups based on decade. Year of use was tested as four groups (2020 & 2021 combined; 2022, 2023, 2024) with the ANOVA F test results. Pandemic time period use was coded as during the pandemic (1) or after the pandemic (0) and tested as two groups. Industry of the employer was tested as nine groups with chi-square. Size of the employer was tested as eight groups with chi-square.

When expecting a small effect size, a two-tailed probability level of .05, and a sample size of over 15,000, the level of statistical power in this study was 0.99 [61]. With such an extremely large sample size, the power to detect a particular finding as being statistically significant is very high. Thus, a finding too small to have any practical value can nonetheless be declared “significant” from a statistical perspective (i.e., the test result was $p < .05$). Estimates of statistical effect size thus offer a better way to evaluate results obtained with large sample sizes. The *partial eta squared* effect (η_p^2) obtained in SPSS was examined for this study. This estimate can range from 0 to more than 1.00, but it is usually a number closer to the zero end of the scale. These effect sizes are interpreted as follows [62]: large size effect is $\eta_p^2 = .14$ or greater; medium size effect is $\eta_p^2 = .06$ to $.13$; small size effect is $\eta_p^2 = .01$ to $.05$; and trivial size effect is $\eta_p^2 < .01$ even if significant at p value.

2.4. Study Sample Determination

Selection criteria: Individual users of personal resource and referral services were included in the study only if they had valid data on each of the following four characteristics: 1) Start date of use episode occurred during the years 2020 through 2024; 2) Presenting issue why the service was used; 3) Employer customer industry type; and 4) Employer customer size (number of employees covered by EAP benefit). This selection process yielded a final sample size of **10,640 employee users** of organizational consulting services.

Additional selection criteria were applied to the formal management referral service users that was related to the clinical activity of the service delivery. An FMR case was considered valid for the research study if it met all of the following use conditions: 1) age of client; 2) date of the session used; 3) at least one valid session of counseling was used (defined as all of the session(s) used were not “no show” or “cancelled” status); 4) the wait time between the date of the initial request for service and the date of the first valid counseling session was less than 100 days; and 5) the full counseling episode of support was less than one year (i.e., 1 to 364 days from date of the first session to date of the last session). This selection process yielded a final sample size of **5,251 employee users** of formal management referral services from EAP counselors.

2.5. Measures

The workplaces services experience data were extracted from the EAP service system database. The age of the user was collected verbally from each FMR client at the start of use and recorded in the operational data system. The year of use was determined by the date of first use of the service. Based on the start date, the COVID-19 pandemic active period status was defined by the World Health Organization [63] as March 1, 2020 through May 4, 2023. The employer customer attributes of organization name, size (number of covered employees with access the EAP benefit) and industry type were obtained from the account management database (although in a small number of cases, the industry category was determined by the research team looking up the website of customer).

2.6. Ethical Considerations

The personal identity and privacy of all clients was fully protected. As this was an applied study of archival anonymized data collected from routine use of a commercial service, getting informed consent from each of the clients included in the study data was not required.

Project approval from a university’s internal review board (IRB) also was not required. This study was conducted following all ethical guidelines of the American Psychological Association for applied research [64]. This context is like other applied studies of EAP users using operational data routinely collected from commercial mental health support programs [55, 65-68].

III. RESULTS

3.1. Context of Workplace Services Use

3.1.1. Sample Context by Year and Pandemic Periods

The sample represented five years of client users of the EAP. Both kinds of services had only a small portion of the total clients from the first two years with the majority of the use activity occurring in the later years from 2022 to 2024 (see Table 1). During these five years, a majority of the clients had used the service after the COVID-19 pandemic had ended, with 67% of the organizational service clients and 60% of the FMR cases. This mix was good enough for testing of the pandemic period (during vs. after) as a possible correlate of the use of the services.

Table 1. Timing Characteristics of Context for Users of Workplace Support Services

Context	Workplace Support Service Type	
	Organizational Consulting	Formal Management Referral Counseling
	% (n)	% (n)
Year	<i>n</i> = 10,640	<i>n</i> = 5,251
2020	0.7 (73)	0.7 (39)
2021	3.1 (335)	8.2 (428)
2022	29.1 (3,093)	22.9 (1,200)
2023	31.7 (3,372)	26.6 (1,396)
2024	35.4 (3,767)	41.7 (2,188)
Total	100%	100%
Pandemic COVID-19	<i>n</i> = 10,640	<i>n</i> = 5,251
Before	0.2 (19)	0.0 (2)
During	33.7 (3,484)	40.3 (2,115)
After	67.1 (7,137)	59.7 (3,134)
Total	100%	100%

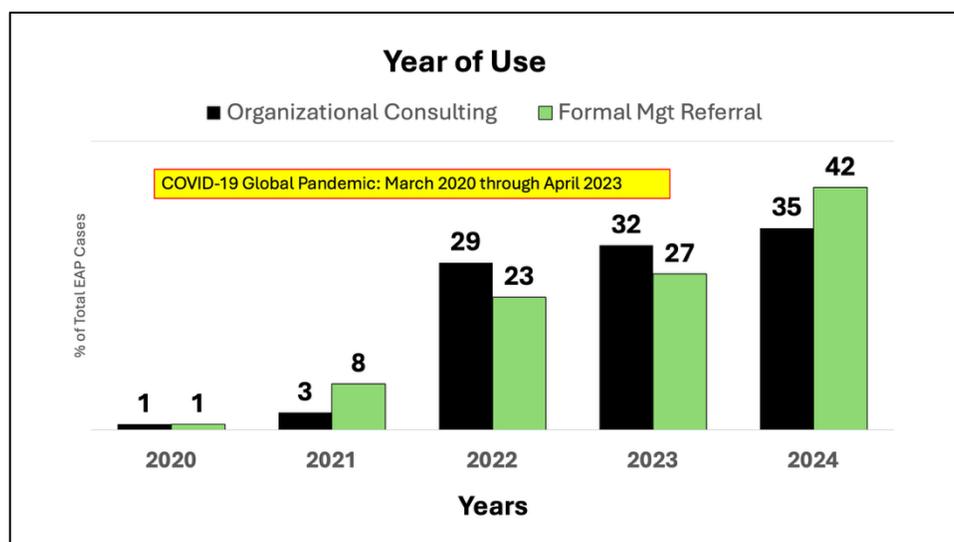


Figure 1. Mix of Year of Use

3.1.2. Sample Context by Age of User

Age of the client was examined for 93% of the formal management referral cases (but it was not available for the organizational consulting clients). The average age of the FMR cases was 43 years (SD = 12.6), but this ranged widely from under 20 to over 70 years old. As shown in Figure 2, the majority of FMR cases were in the middle range age groups of 30s, 40s and 50s. This range in user age allowed us the opportunity to explore possible associations of age with use levels of this kind of counseling.

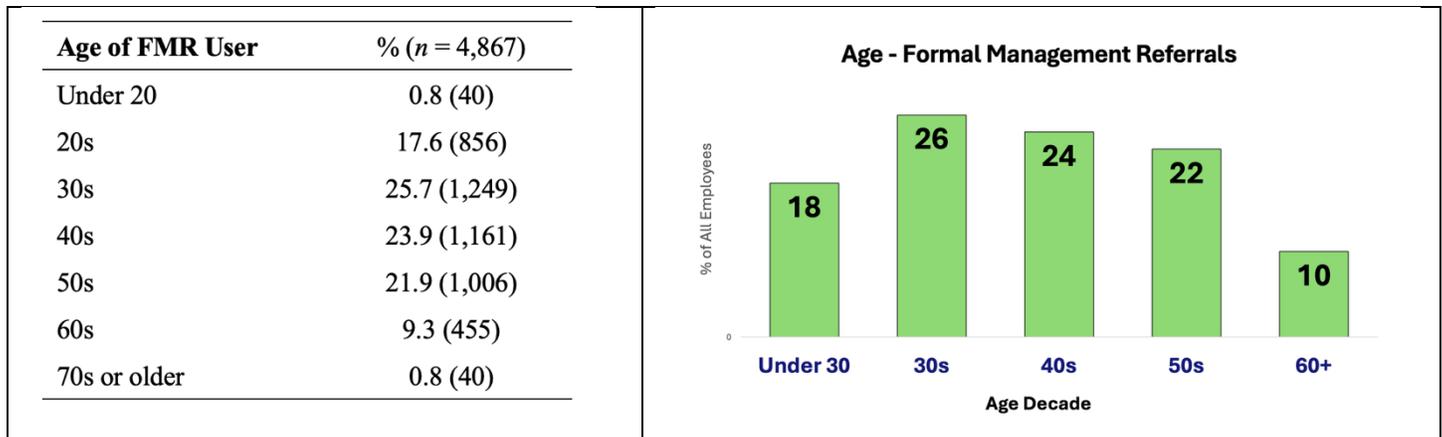


Figure 2. Age Mix of Formal Management Referral Cases

3.1.3. Sample Context by Industry of Employer

The employer characteristics of the EAP benefit sponsors for the employee users were examined next. There were a total of 2,096 different employers for the over 10,000 users of the organizational services and 1,192 different employers for the over 5,000 users of the FMR services (see Table 2). All of the specific employers for the FMR cases were also represented in the group of organizational consulting service users. A wide range of industry types was evident for both kinds of services (see Table 2). A test of the two service types was conducted of the percentages of different industries in each sample. The result indicated the two types of services had different profiles of industry representation among the users ($\chi^2[7,15891] = 1766.01, p < .001, \eta_p^2 = .11$ medium size effect). The mix of the industry for the two groups of users in the study was also compared with the mix of industry types for all workers in the U.S. in recent national normative external data (see right side of Table 2) [55,71]. These profiles are described below for each industry.

- **Government:** Both kinds of EAP workplace services had about three times as many of their users who worked in government than the U.S. norms (ORG 36%, FMR 27% vs. norm 10%).
- **Education:** The organizational consulting sample in the study had twice as many workers in the education industry than the formal management referral sample - which was similar to the norms (ORG 17% > FMR 8%, norm 9%).
- **Healthcare:** The organizational consulting group in the study had slightly more workers in the healthcare industry than both the formal management referral sample and the norms (ORG 19% > FMR 12%, norm 16%).
- **Manufacturing:** The formal management referral sample in the study had more than twice as many workers in the manufacturing industry than the organizational consulting sample and the norms (FMR 37% > ORG 15%, norm 19%).
- **Transportation:** The formal management referral sample in the study had more than double the workers in the transportation industry than the both the organizational consulting sample and the norms (FMR 8% > ORG 4%, norm 4%).
- **Financial/Business:** Both study samples had slightly less workers than the norms in the financial/insurance/business category (ORG 4%, FMR 2%, norm 6%).
- **Service/Retail:** Both groups had far fewer cases in the service/retail/hospitality category (ORG 5%, FMR 2%, norm 18%).
- **Other:** Finally, both study groups had far fewer workers than the norms in the “other” category (ORG 0%, FMR 4%, norm 21%).

Table 2. Industry of Employer

	EAP Workplace Services		Percentage of total workers ^b	Norm Data United States		
	Organizational Consulting	FMR Counseling		Employee Compensation (<i>M</i> hourly) ^a	Gender (% Male /Female) ^b	Age (<i>M</i> years) ^b
Employers	2,096	1,192				
EAP client users	10,640	5,251				
Industry	% (<i>n</i> users)	% (<i>n</i> users)				
Manufacturing	15.3 (1625)	36.9 (1935)	19%	\$46	75/25	44
Transportation	4.3 (462)	8.4 (440)	4%	\$48	74/26	43
Other	0	4.1 (213)	21%	\$39	52/48	42
Service / Retail	4.8 (514)	2.4 (124)	18%	\$24	50/50	34
Finance / Business	3.9 (417)	1.5 (77)	6%	\$60	47/53	44
Healthcare	19.2 (2042)	12.0 (631)	16%	\$47	26/74	43
Education	16.5 (1751)	8.0 (418)	9%	\$56	23/77	44
Government	36.0 (3829)	26.9 (1413)	10%	\$63	23/77	45
Local or public	3132 = 82%	1261 = 89%				
State	209 = 5%	43 = 3%				
Federal	488 = 13%	109 = 8%				

Note: Compensation is wages and employer-paid benefits combined.

^a = United States Department of Labor, Bureau of Labor Statistics (2025) [69].

^b = United States Department of Labor, Bureau of Labor Statistics (2024) [70].

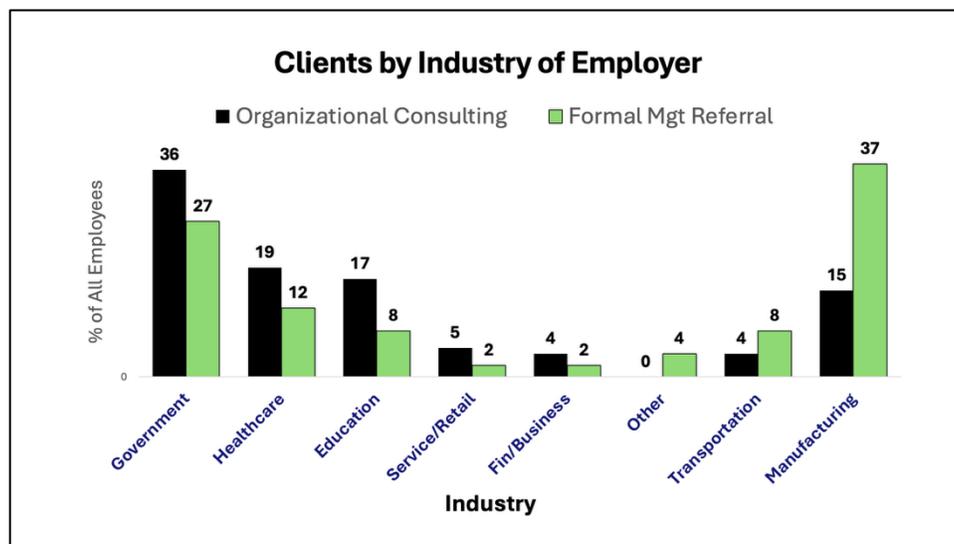


Figure 3. Mix of EAP Clients by Industry for Both Service Types

The relatively greater use of formal management referral counseling among workers in the manufacturing and the transportation industries is consistent with both of these industries having a majority of workers being male – and males being far more likely to have identified substance use issues than females (see other results presented later in the paper for why the supervisor referral services were used that emphasize substance use problems for a majority of these employee cases).

The average age of the employees in each industry in the U.S. norms is also presented in Table 2. In the norm data, the youngest workers were in the service/retail/hospitality industry type (34 years) with all of the other industries being similar to each other in average age (range of 43 to 45 years). In our study, the average age of the employees who used the FMR services differed significantly by about seven years between the youngest and oldest industry categories: Financial/business 39.5 years; manufacturing 41.3; other 42.8; healthcare 43.8; government 44.6; transportation 45.4; service/retail 46.2; education 46.7 ($F[7,5210] = 18.70, p < .001$, small effect $\eta_p^2 = .025$). Thus, in our study sample of FMR users, the service/retail industry was *not* the youngest industry as it is in the normative data.

3.1.4. Sample Context by Size of Employer

The second aspect of the employer organizations we examined was size or how many total employees worked at the organization. Table 3 shows the details for how many of the EAP users worked at employers of different sizes. For the organizational consulting user group, each of the eight levels of organization size had between 4% to 22% of the total user count. Similarly, for the FMR user group, each of the eight levels of organization size had between 3% to 22% of the total user count. These results are shown in Figure 4.

Table 3. Size of Employer

Size of Employer	EAP Workplace Services	
	Organizational Consulting	Formal Management Referral Counseling
Employee Count:	% (n)	% (n)
1 to 250	20.2 (2144)	15.9 (833)
251 to 500	13.5 (1437)	12.4 (649)
501 to 1,000	14.8 (1576)	15.1 (793)
1,001 to 2,500	22.1 (2349)	21.9 (1149)
2,501 to 5,000	10.8 (1152)	8.4 (440)
5,001 to 10,000	7.4 (787)	7.5 (392)
10,001 to 20,000	4.1 (438)	15.9 (835)
20,001 or more	7.1 (757)	3.0 (160)
Total	100% (10,640)	100% (5,251)
Average mean	8,179 (SD=36,514)	5,851 (SD=19,172)
median	1,090	1,354
range	1 to 324,222	1 to 324,222

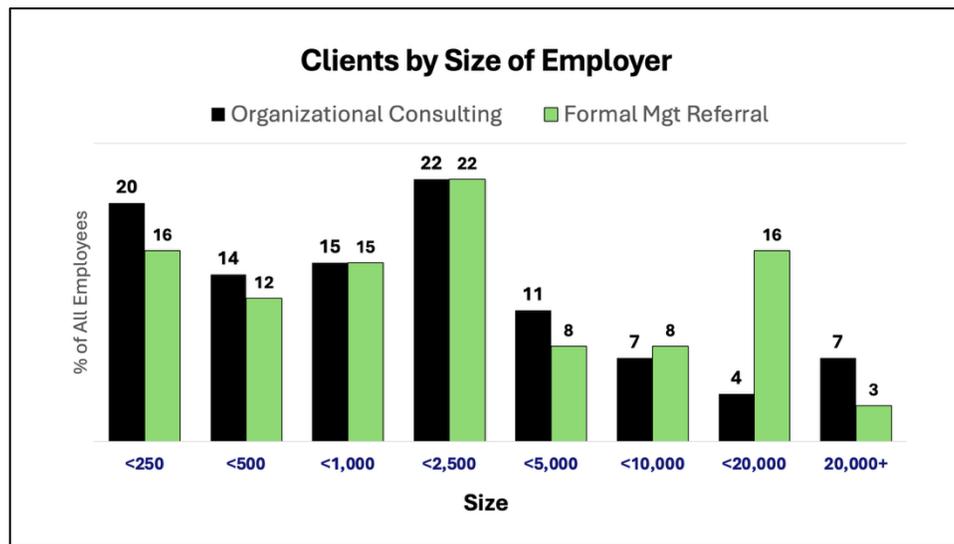


Figure 4. Mix of EAP Clients by Size of Employer: Organizational Consulting (n = 10,640) and Formal Management Referrals (n = 5,251)

For the group of users of the organizational consulting services the average employer had 8,179 employees. The range varied substantially from just 1 employee to over 324,000 workers. The larger size employers skewed the study mean average upwards substantially, as reflected in the median (middle point of the distribution) being much lower at just over 1,090 employees. For the group of users of the FMR services the average employer had 5,851 employees. The range varied substantially from just 1 employee to over 324,000 workers. The larger size employers skewed the study mean average upwards substantially, as reflected in the median (middle point of the distribution) being much lower 1,354 workers.

A test of the two service types for employer size was conducted using the square root transformed variable of size of the employer (to reduce the skew in the data). The result indicated the two service types were *similar in adjusted average size*: Organizational consulting

$M_{adj} = 53.24$ (SD = 73.11) vs. formal management referrals $M_{adj} = 55.19$ (SD = 52.98) [$t(1,15889) = -1.71, p = .09, d = -.03$ trivial effect size].

3.2. Use Rates for Different Kinds of Workplace Services

There were ten sub-types of EAP workplace support services that were used. These services were divided into five kinds of *workplace-focused* services and five kinds of *worker-focused* services (see Table 4). Use of these sub-types of services differed between the organizational consulting and the FMR service types ($X^2[4,15891] = 3326.03, p < .001, \eta_p^2 = .21$ large effect size). The organizational consulting type had much more use of the workplace-focused kinds of services than did the formal management referral cases (48% vs. 2%, respectively) while the FMR cases had much more use of the worker-focused kinds of services than did the organizational consulting service (98% vs. 52%, respectively). This comparison of issue themes for use is shown in Figure 5.

Table 4. Use Issue for EAP Services: Workplace and Worker Themes by Service Type

Issue Type:	EAP Workplace Support Service Type	
	Organizational Consulting	Formal Management Referral Counseling
	% (n)	% (n)
Workplace-Focused		
Request for organizational training from EAP	14.2 (1,508)	NA
Question about employee benefits or EAP	7.8 (833)	NA
Workplace crisis incident future planning	12.3 (1,310)	NA
Workplace crisis incident management (post event)	3.9 (411)	1.5 (78)
Organizational issue / development	10.3 (1,098)	0.4 (19)
Sub-total	48.5%	1.9%
Worker-Focused		
Employee substance abuse (alcohol or drug)	14.8 (1,572)	52.7 (2,767)
Employee work performance issue (absence productivity)	13.9 (1,481)	17.9 (940)
Employee work other than performance	3.6 (380)	7.8 (411)
Employee mental health	10.4 (1,111)	17.4 (913)
Employee personal issue / other	8.8 (936)	2.3 (123)
Sub-total	51.5%	98.1%
Total	100% (10,640)	100% (5,251)

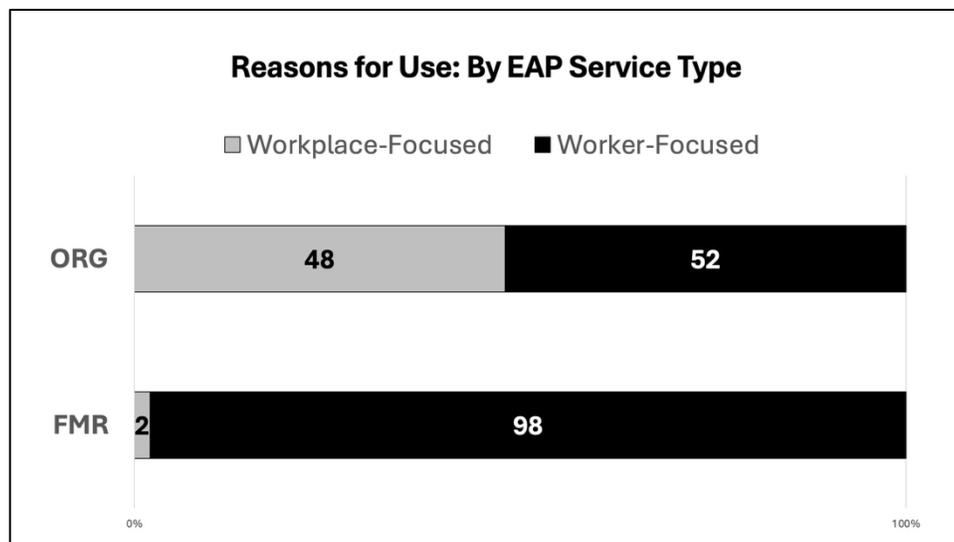


Figure 5. Use Issue General Themes for Organizational Consulting (ORG; n = 10,640) and Formal Management Referrals (FMR; n = 5,251)

3.3. Reasons Why Different Kinds of Workplace Services were Used

Among the users of organizational consulting, the mix of workplace-focused services included 14% of the total cases for requests for training to be provided to employees or managers. Among the users of organizational consulting, the mix of workplace-focused services also included 10% of users for organizational development activities, 8% for general questions about the EAP and related employee benefits and 16% were related to workplace crisis incidents (either for planning needed to prepare for possible future events 12% or as a direct response to a recent critical incident that impacted the workplace 4%).

Table 5 reveals the “Top 10” specific topics of trainings delivered in the year 2024 (which was the period with the most valid operational records data). These ten topics represented a combined 525 events that were provided to a total of 16,652 participants. The most popular training topic was on “how to manage stress”, with over 4,400 employees who attended 124 training events (24% of the total). The topic of “leadership” had 83 events (16%) for 1,331 total employees. Note that this topic had the smallest average count of participants at 16, which suggests this was used by managers and supervisors. Number three was a presentation on “mental health awareness,” with 81 events (15%) and 2,431 participants. Number four was a presentation on “managing burnout,” with 72 events (14%) and 2,143 participants. Number five was a presentation on “effective communication,” with 46 events (9%) and 1,187 participants. The remaining topics were “financial competency and preparedness” (8%), “navigating change” (6%), “sexual harassment prevention” (5%), “multi-generations in the workplace” (4%) and “self-care” (4%). On average, each workplace training event was attended by 32 employee participants.

Table 5. Top 10 Topics for Workplace Training Events in Year 2024

Rank	Topic Name	Events		Participants	
		Number	Percentage of total	Number	Average per training event
1	Stress management	124	24%	4,410	36
2	Leadership	83	16%	1,331	16
3	Mental health awareness	81	15%	2,431	30
4	Managing burnout	72	14%	2,143	30
5	Effective communication	46	9%	1,187	26
6	Financial competency and preparedness	43	8%	1,463	34
7	Navigating change	34	6%	1,161	34
8	Sexual harassment prevention	27	5%	1,388	51
9	Multi-generations in the workplace	22	4%	393	18
10	Self-care	20	4%	745	37
		525	100%	16,652	32

Table 6 provides details on use rates for different reasons why crisis event response services were used in the year 2024 (see next page). The death of an employee was by far the most common reason for CIR, accounting for 61% of all events and involving over 6,500 employee participants. The broad category of workplace disruption accounted for a third of all CIR events and involved 2,381 employees. The next three reasons combined for about 6% of all CIR events. These types included 34 CIR events for workplace accidents, 24 events for organizational changes and 3 events for natural disaster problems that impacted the workplace. On average, each CIR event had eight employee participants.

The worker-focused reasons for organizational consulting use included: 18% for employee work issues (with 14% for work performance and 4% for employee work issues other than performance), 15% for employee substance abuse issues, 10% for employee mental health issues and 9% for personal issues for an employee. Thus, within the worker-focused set of issues, about two-thirds of the organizational consulting cases involved non-work employee issues and one-third of cases involved work-related issues.

The worker-focused reasons for use among the formal management referral counseling cases included: 53% for employee substance abuse issues, 26% for employee work issues (with 18% for work performance and 8% for employee work issues other than performance), 17% for employee mental health or stress and 2% for an employee personal issue. Thus, almost three-fourths of the total FMR cases involved employee non-work issues (mostly for behavioral health problems) and one-fourth addressed employee work-related problems. In contrast, the workplace-focused reasons for formal management referral use were far less common and included 2% of the total cases being in response after a workplace crisis event and less than 1% were for counseling about organizational development issues. These results emphasize how formal management referrals were used mostly for supporting employees with alcohol or drug problems who were referred to the EAP by their employer.

Table 6. Top 5 Reasons for Workplace Crisis Incident Response Events in Year 2024

Rank	Reason for CIR	CIR Events		Participants	
		Number	Percentage	Number	Average per Event
1	Death of employee	718	61%	6,566	9
2	Workplace disruption*	389	33%	2,381	6
3	Workplace accident	34	3%	201	6
4	Organizational change	24	2%	99	4
5	Natural disaster	3	<1%	14	5
Total		1,168	100%	9,261	8

* Includes many topics, such as employee health emergencies, employee strikes, robberies, assaults, healthcare patient loss of life and others.

Figure 6 compares the two kinds of workplace support services for their mix of different sub-types of the reasons for use. The difference for the issue of substance use by employees is clearly seen in the red-colored bars, which account for 53% of all users of formal management referrals compared to 15% of all users of organizational consulting.

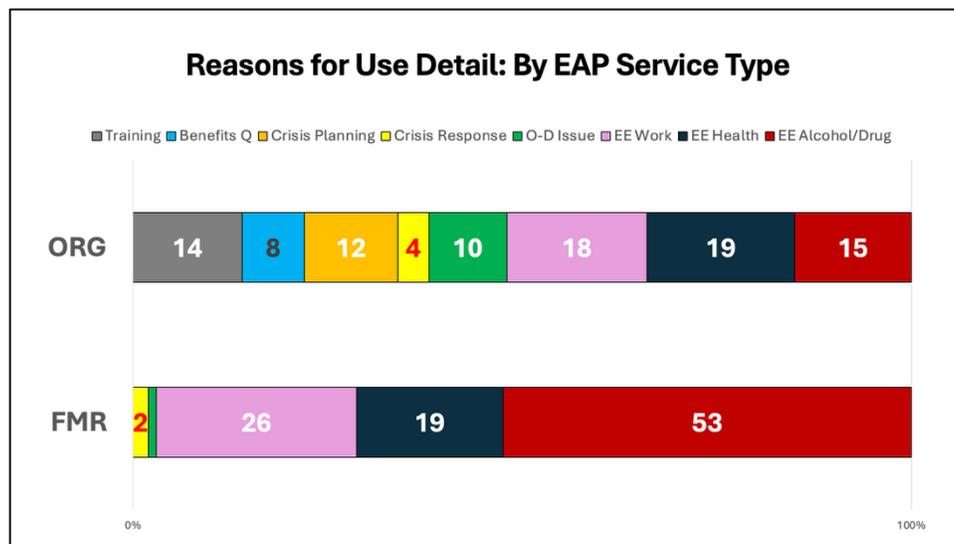


Figure 6. Mix of Issues Detail Why Use Organizational Consulting (ORG; n = 10,640) and Formal Management Referrals (FMR; n = 5,251) (EE = employee)

We also examined more detailed categories for why the services were used (see Table 7). As expected, the two groups differ substantially in the mix of these categories ($\chi^2[15,15891] = 3852.08, p < .001, \eta_p^2 = .24$ very large size effect).

The top three reasons among the organizational consulting users were workplace occupational related issues (50%; including training requests, benefits questions and employee work-related issues), workplace crisis incident-related issues (16%) and substance use issues (15%). These three accounted for over 80% of all of the organizational consulting users.

The top three reasons among the FMR users were for substance use (53%), workplace occupational related issues (26%), and the behavioral conduct/anger type of mental health issue (12%). These three accounted for over 80% of all the formal management referral users. Of interest is that the anxiety, depression and other emotional health kinds of mental health sub-types were rather rare among the formal management referral cases whereas behavior conduct and anger issues were the third most common sub-type.

The other 13 issues were represented at roughly the same very low levels between the two study groups, with the exception of employee stress, which was 8% of the organizational consulting users and only 1% of the formal management referral cases.

Table 7. Use Issue for EAP Services: Detailed Themes by Service Type

Issue Detail Categories	EAP Workplace Support Service Type	
	Organizational Consulting	Formal Management Referral Counseling
	% (n)	% (n)
Work – Occupational job-related	49.8 (5,296)	26.1 (1,373)
Work – Crisis incidents / violence at workplace	16.2 (1,721)	1.5 (78)
Substance Use – Alcohol or drug (other addictions)	14.8 (1,572)	52.7 (2,767)
Personal Life – Stress	7.7 (816)	0.8 (40)
Mental Health – General emotional	4.0 (427)	2.3 (119)
Mental Health – Behavior conduct anger	3.5 (376)	11.6 (610)
Mental Health – Grief or loss	1.2 (130)	0.3 (16)
Relationships – Marital, romantic, other	0.7 (77)	1.7 (91)
Personal Life – Medical health	0.6 (63)	0.1 (2)
Mental Health – Depression	0.5 (54)	1.2 (62)
Mental Health – Violence abuse trauma PTSD	0.4 (46)	0.9 (49)
Mental Health – Anxiety	0.2 (23)	0.6 (33)
Personal Life – Financial	0.1 (14)	0.1 (5)
Relationships – Family	0.1 (11)	0.1 (4)
Personal Life – Child care	0.1 (2)	0
Other	0.1 (12)	0.1 (2)
Total	100% (10,640)	100% (5,251)

Finally, just the individual worker-focused subsamples of users for both kinds of workplace support services were compared against the industry normative data for workers who used EAP counseling services [72] (see Table 8 and Figure 7). This is a fairer test of the two service types, as the workplace-focused kinds of reasons were not relevant to the vast majority of the formal management referral cases.

Both of the workplace support service samples in the study had dramatically more substance abuse issue cases (29% and 54% vs. just 2% norms) and about three times as many work-related issue cases (34% and 26% vs. 11% norms) than the typical EAP counseling case mix. In contrast, both of the study samples had only about half as many cases involving mental health issues (19% and 17% vs. 47% norms). Another difference was having a profile with far fewer users with employee personal relationships, marital or family issues (2% and 2% vs. 20% norms). Only the issue area of personal life and general stress for the organizational consulting cases was similar to the norms (17% vs 19% norms) whereas the formal management referral cases had almost none of these types of issues (< 1%).

This comparison to external industry norms reveals the distinctly different profiles of why organizational consulting employee-level services and formal management referral services were used – that being primarily for supporting employee substance abuse or work problems (which combined were 63% of all ORG and 80% of all FMR worker-focused cases).

Table 8. Use Issues by Service Type Compared to EAP Counseling Norms: Worker-Focused Theme Users Only

Worker-Focused Issues	EAP Workplace Support Service Type		EAP Industry Counseling Norms (n = 122,002 from 54 EAPs) ^a
	Organizational Consulting (n = 5,480)	Formal Management Referral Counseling (n = 5,154)	
	%	%	%
Employee substance abuse	29	54	3
Employee work issue	34	26	11
Employee mental health	19	17	47
Employee personal life / stress	17	1	19
Employee relationships / family	2	2	20
Total	100	100	100

Note: Excludes workplace-focused issue cases in each of the study groups (ORG n = 5,160; FMR n = 97).

^a = Workplace Outcome Suite global annual report [72].

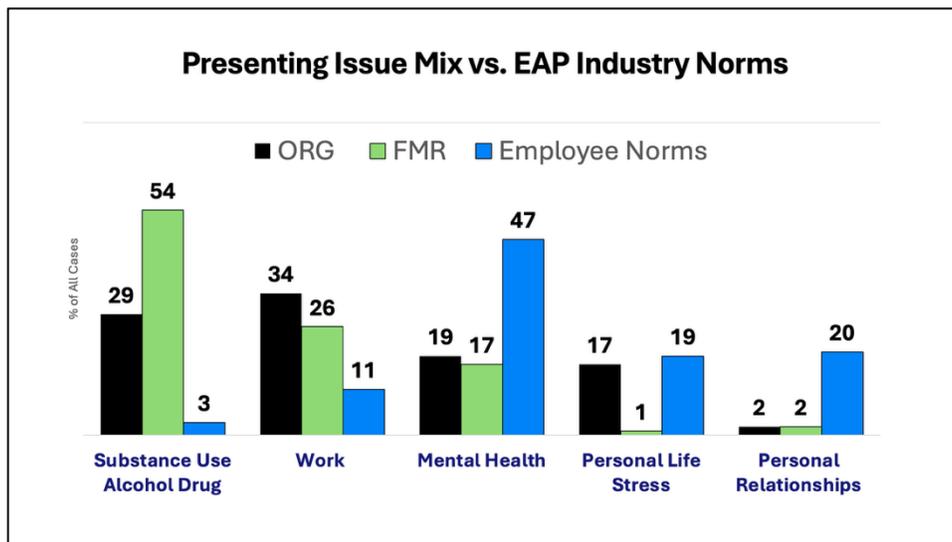


Figure 7. Mix of Issues Detail Why Use Organizational Consulting (ORG; n = 5,480) and Formal Management Referrals (FMR; n = 5,154) Compared to Norms

3.4. Exploring Correlates of Organizational Services Use

Having the dates of use and the two employer context characteristics of industry and size allowed us to explore if these context factors were associated with differences in the rates of how often the different kinds of organizational support services were used. All of the detailed results tables are presented in Appendix A. The test results are summarized in Table 9.

Table 9. Summary of Tests of Correlates of Use Levels for Organizational Consulting Services

Organizational Consulting Services	Correlates of Use			
	Year	Pandemic	Size	Industry
Request for EAP training	Small (.01)	Trivial	Trivial	Small (.02)
Question benefits / EAP	Trivial	Trivial	Trivial	Small (.01)
Crisis incident: future planning	Trivial	Trivial	Trivial	Small (.03)
Crisis incident: post event response	Trivial	Trivial	Trivial	Small (.02)
MC: Organizational issues and development/change	Trivial	Trivial	Trivial	Small (.02)
MC: Employee issues of Substance	Trivial	Trivial	Small (.02)	Medium (.06)
MC: Employee issues of work (performance or other)	Small (.02)	Trivial	Trivial	Trivial
MC: Employee issues of mental health or personal life	Small (.05)	Small (.05)	Trivial	Trivial

Note: MC = manager consultations. η_p^2 statistical effect sizes listed in table for non-trivial results.

3.4.1. Year and Pandemic Differences in Organizational Services Use

The timing-related factors of the year of use and the pandemic period both had mostly non-findings as correlates of which organizational services were used. Three of the eight organizational consulting services had meaningful effects with year of use and both were small size effects (see Appendix Table A2). Requests for EAP trainings were the lowest in year 2020/2021 (at 3% of all clients) and highest in year 2024 (at 19%). Management consulting with the EAP for employee work-related issues were highest in year 2020 and 2021 (at

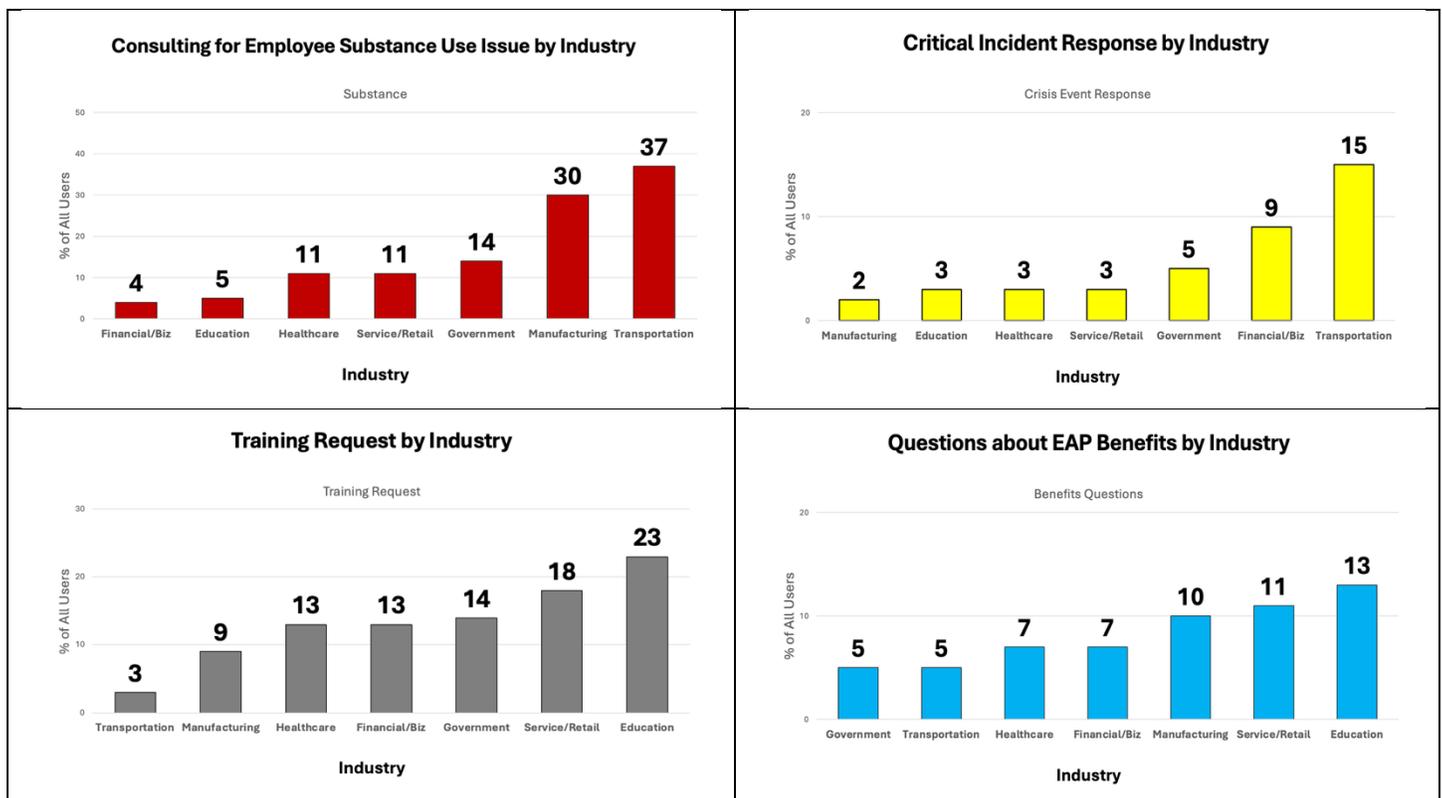
33% of all clients) and lowest in year 2022 (at 11%). Management consulting with the EAP for employee mental health or personal life issues was higher in years 2020/ 2021 (at 30% and 32% of all clients) and lowest in year 2023 and 2024 (at 14% and 13%). Only one of the eight organizational consulting services had meaningful effects with the pandemic period and it was a small size effect (see Appendix Table A3). Management consulting with the EAP for employee mental health or personal life issues was almost three times higher during the pandemic period than it was afterwards (at 32% vs. 13% of all clients). This makes sense when there were many kinds of unusual personal, financial and family stressors on employees during the pandemic. Such employees were reaching out to their supervisors and managers for support (and these managers then asked the EAP consultant for advice).

3.4.2. Employer Size Differences in Organizational Services Use

Differences in the size of the organization where the employee user worked was only a correlate of the usage levels for one of the eight organizational services (see Appendix Table A4). Manager consultations for employees with substance use ranged from a low of 8% to a high of 25% for employers of different sizes (small size effect).

3.4.3. Employer Industry Differences in Organizational Services Use

The various industry types of the organization where the employee user worked was a correlate of the usage levels for six of the eight subtypes of EAP organizational support services (see Appendix Table A5). Transportation was the highest use industry for the following two areas of organizational services (see Figure 8 top row): Manager consultations for employees with substance use was highest among cases from the transportation industry and second highest for the manufacturing industry – at 37% and 30%. Both of these exceed the 4% to 14% range for other industries. Critical incident response services were also highest for the transportation industry and second highest for the financial/business (banking) industry – at 15% and 9%. Education was the highest use industry for the following two areas of organizational services (see Figure 8 middle row): Training requests for the workplace from the EAP were highest for the education and service/retail industry types – at 23% and 18% (vs. the 3% to 14% range for all other industries; small size effect). Questions about benefits was highest for the education, service/retail and manufacturing industry types – at 13%, 11% and 10% (vs. the 5% to 7% range for all other industries; small size effect). Preparedness planning for critical incidents was highest for the financial/business and the service/retail industry types – at 32% and 20% – more than the 8% to 16% range for all other industries. Finally, organizational development was highest for the government industry (at 16% vs. the 5% to 10% range for all other industries; small size effect). These two differences are shown in Figure 8 bottom row.



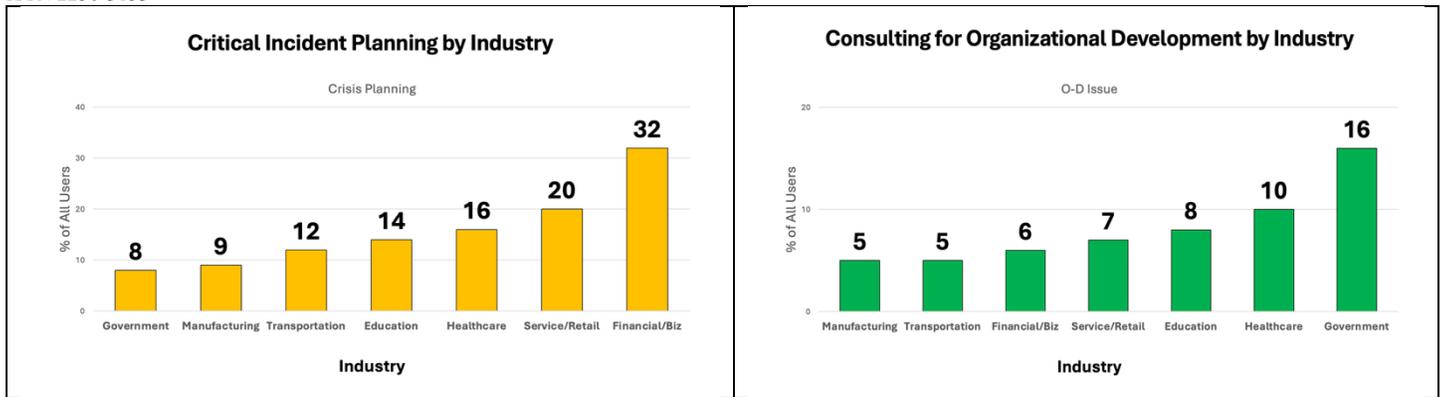


Figure 8. Industry Differences in Use of Organizational Consulting (n = 10,640) by Industry Type

3.5. Exploring Correlates of Formal Management Referral Counseling Use

Having age of the client, the dates of use, the two employer context characteristics of size and industry, and session-by-session level data allowed us to explore if these context factors were associated with differences in the rates of how often formal management referral counseling services were used for the three main kinds of issues. The results are summarized in Table 10.

Table 10. Summary of Tests of Correlates of Use of Formal Management Referral Counseling Services

Formal Management Referral Counseling Services	Correlates of Use				
	Client	Time Period		Employer	
	Age	Year	Pandemic	Size	Industry
Employee substance abuse (alcohol or drug)	Small (.01)	Small (.02)	Trivial	Medium (.13)	Large (.31)
Employee work issue (performance or other)	Trivial	Trivial	Trivial	Medium (.06)	Medium (.14)
Employee mental health or personal life	Trivial	Trivial	Trivial	Small (.03)	Medium (.08)

3.5.1. Client Age Differences in FMR Services Use

Age of the employee user of FMR counseling had a small effect such that cases with substance use tended to be younger, with 60% of cases under age 30 having an alcohol or drug issue compared to 44% of cases aged 60 or older. In contrast, age was unrelated to use levels for employees with work-related issues or with mental health/personal issues (see Appendix Table A1).

3.5.2. Year and Pandemic Differences in FMR Services Use

Year of use of FMR counseling had a very small effect such that more the total cases that had a substance use occurred in year 2024 than in the other years (60% vs. around 48% in other years). Year of EAP use was unrelated to FMR cases with work-related issues or with mental health/personal issues (see Appendix Table A2). Use of FMR counseling for different topics was similar across the pandemic and post-pandemic periods (see Appendix Table A3).

3.5.3. Employer Size Differences in FMR Services Use

Differences in the size of the organization where the employee user worked had effects with each of FMR use topics (see Appendix Table A4). FMR counseling for employees with substance use issues was a much higher percentage of the total cases among employees working at very large size organizations (between 5,000 and 20,000 total workers). Many of the employers in these large size groups are in the manufacturing industry.

3.5.4. Employer Industry Differences in FMR Services Use

The various industry types of the organization where the employee user worked was a correlate of the usage levels for FMR services (see Appendix Table A5). FMR counseling with employees having substance use issues was much higher among cases from the transportation and manufacturing industries – at 86% and 82% - than the 16% to 30% range for all six other industries (large size effect). These industry differences for FMR cases by topic issues are shown in Figure 9.

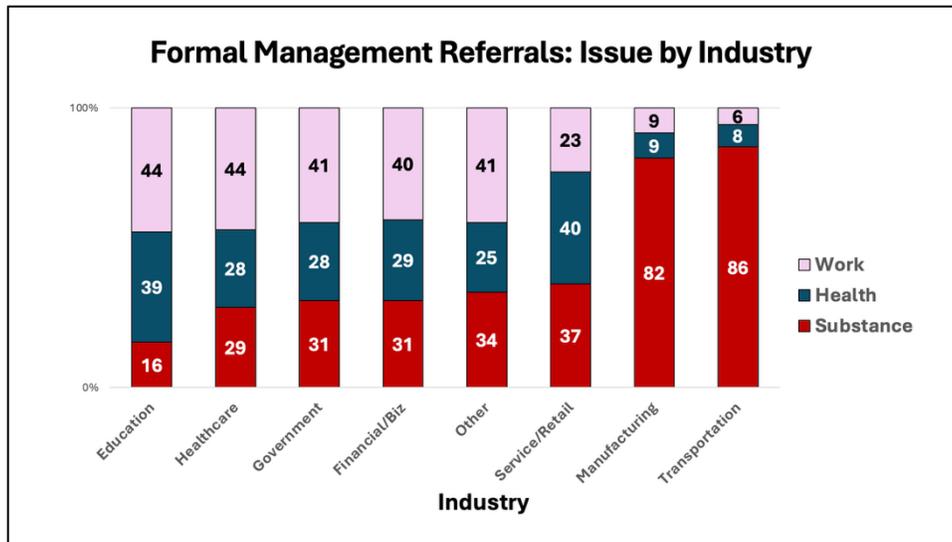


Figure 9. Industry Differences in Mix of Main Reasons Why Used FMR (n = 5,251)

3.6. Counseling Session Use Detail Data for Formal Management Referral Cases

3.6.1. Number of Sessions Used and Episode Duration Per FMR Case

The average sessions used for formal management referral cases was 2.53 sessions (n = 5,251). A single session use was the most typical experience at 41% of all cases. Using two sessions was 17%, using three sessions was 21%, using four sessions was 7%, using five sessions was 6% and using six to ten sessions accounted for the remaining 9% combined. This finding is shown in Figure 10.

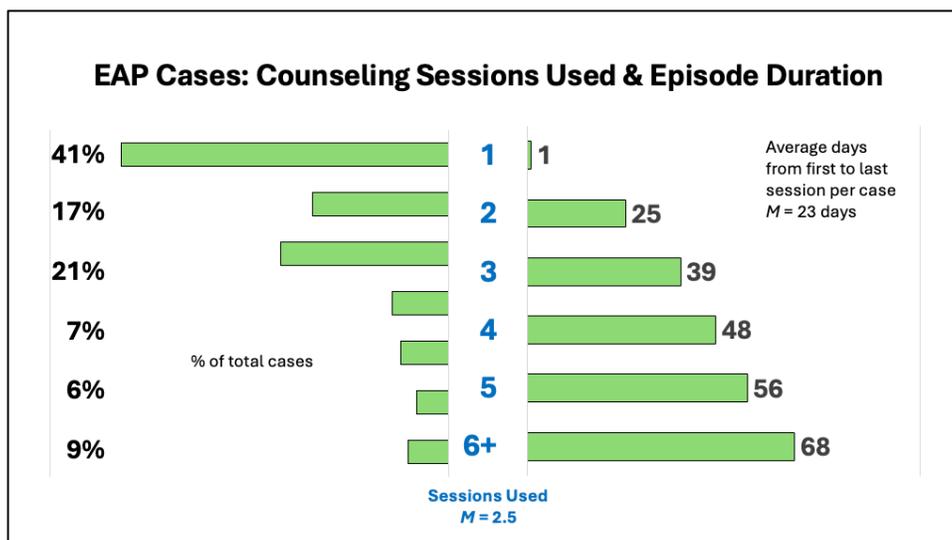


Figure 10. Counseling Sessions Used Per FMR Case and Episode Duration (n = 5,251)

The formal management referral cases had a wide range of days between the first and last sessions of counseling. The typical treatment episode lasted 23 days or about 3.2 weeks. The range was very wide from 1 day to 318 days, although almost 90% were done by eight weeks after the start date. As expected, the total days of use per episode was correlated with the total number of sessions used, $r = .43$ ($p < .001$). Cases with 2 to 10 sessions used had increasingly longer average episodes of care: 2 sessions used = 25 day episode duration ($n = 890$); 3 sessions = 39 days ($n = 1,080$), 4 sessions = 48 days ($n = 478$), 5 sessions = 56 days ($n = 325$) and 6 to 10 sessions = 68 days ($n = 349$). These expected results provide empirical validation for each these two measures.

3.6.2. Number of Sessions Used and Duration Per FMR Case: By Issue

The number of sessions used differed by the reasons why the formal management referral was made (see Table 11). This ranged from 1.3 to 3.7 sessions per case, depending on the issue addressed (see Figure 11). Organizational development issues and substance abuse issues had the lowest number of average sessions per case at 2.0. This was followed by workplace crisis event management at 2.6 sessions, employee work issues unrelated to performance at 3.1 sessions, employee mental health issues at 3.2 sessions, employee work performance issues at 3.2 sessions and employee personal issues at 3.7 sessions. The relatively lower number of sessions of counseling for substance use issues reflects the operational practice of assessing the level of clinical risk severity and arranging for higher-risk cases to be referred outside of the EAP to alcohol and drug specialty clinic providers, where further treatment then would take place.

Table 11. Sessions of Counseling Used Per Case by Issue, Employer Industry and Size: FMR Cases

Issue Why Use FMR	n cases	Average sessions per case (SD)	Test
Organizational issue / development	19	too few to test	
Employee substance abuse (alcohol or drug)	2,767	1.95 (1.6)	$F(7,5250) = 126.13,$ $p < .001, \eta_p^2 = .13$ medium size effect
Workplace crisis incident event management	78	2.58 (1.5)	
Employee work issue other	411	3.12 (1.8)	
Employee mental health / stress	913	3.18 (1.7)	
Employee work performance issue	940	3.23 (1.8)	
Employee personal issue / other	123	3.67 (2.2)	
Total:	5,251	2.53 (1.8)	

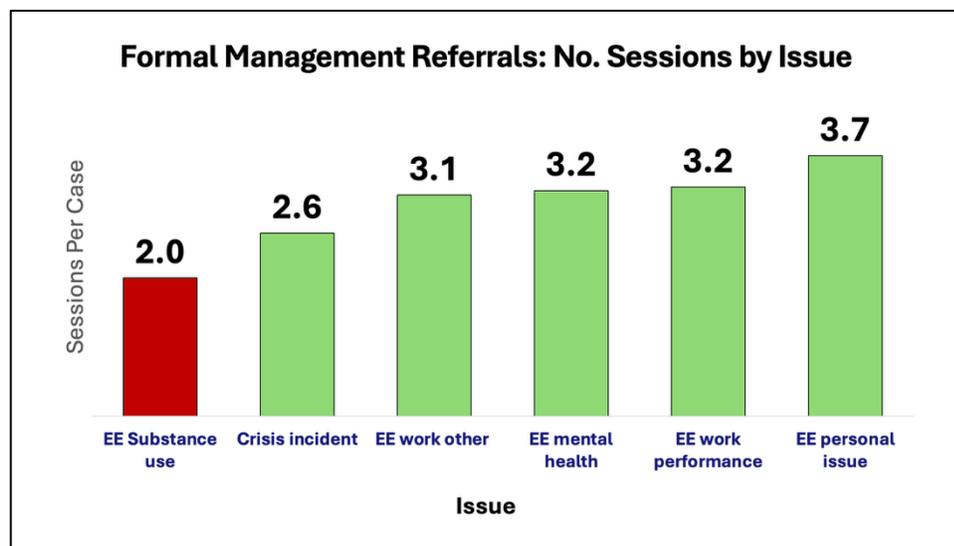


Figure 11. FMR Counseling Sessions Used Per Case by Issue ($n = 5,232$) (EE = employee)

The episode duration for the formal management referral service users also had differences associated with the various issues addressed during the counseling ($F[2,5153] = 175.62, p < .001, \eta_p^2 = .06$). This medium size effect reflected differences in the average number of days between the first and last sessions of counseling used and the type of issue: Substance use issue cases ($n = 2,767$): $M = 15.54$ ($SD = 31.05$); the mental health or personal life issue cases ($n = 1,036$): $M = 31.70$ ($SD = 32.24$); and the work-related issue cases ($n = 1,351$): $M = 33.16$ ($SD = 34.77$). Thus, the alcohol and drug issue cases had treatment from the EAP that lasted about half as long compared to employees seeking support for other kinds of issues (15 days < 32 or 33).

3.6.3. Number of Sessions Used and Duration Per FMR Case: By Industry of Employer

The number of sessions used for formal management referrals also differed by the industry of the employer (see Table 12). This metric ranged from 1.5 to 3.6 sessions per case, depending on the industry. Transportation and manufacturing had the lowest number of average sessions of counseling per case at 1.5 and 1.9, respectively. This was followed by service/retail at 2.6 sessions, government at 3.0, healthcare at 3.2, other at 3.2, education at 3.3 and financial at 3.6. The relatively lower number of sessions of counseling used for transportation and manufacturing are driven by the higher rates of substance use issues for employees in these industries. The interaction of industry with use issue is shown in Table A6 in the Appendix. This detail data shows the lowest sessions per case average is found mostly for employees with substance use issues who worked in transportation or manufacturing. Other combinations of reason for use and industry of employer tended to be more similar to each other.

Table 12. Sessions of Counseling Used Per Case by Employer Industry: FMR Cases

Industry of Employer Customer	n cases	M (SD)	Test
Transportation	440	1.48 (1.1)	$F(7,5250) = 124.64,$ $p < .001, \eta_p^2 = .14$ large size effect
Manufacturing / Union Labor	1,935	1.88 (1.4)	
Service / Retail / Hospitality	124	2.58 (1.7)	
Government / Public Sector	1,413	3.01 (1.9)	
Healthcare / Human Services	631	3.20 (1.7)	
Other	213	3.22 (1.8)	
Education	418	3.31 (1.9)	
Financial / Insurance / Business	77	3.58 (2.4)	
Total	5,251	2.53 (1.8)	

3.6.4. Number of Sessions Used and Duration Per FMR Case: By Size of Employer

The number of sessions used for formal management referrals also differed by the size of the employer (see Table 13). The relatively lower number of sessions of counseling used for large employers with 10,000 to 20,000 workers is driven by the higher rates of substance use issues for employees in these companies (mainly in transportation and manufacturing). All of the other seven sizes of employer have roughly similar average sessions of FMR counseling used.

Table 13. Sessions of Counseling Used Per Case by Employer Size: FMR Cases

Size of Employer Customer	n cases	M (SD)	Test
1 to 250	833	2.94 (1.7)	$F(7,5250) = 51.50,$ $p < .001, \eta_p^2 = .06$ medium size effect
251 to 500	649	2.81 (1.7)	
501 to 1,000	793	2.74 (1.9)	
1,001 to 2,500	1149	2.46 (1.8)	
2,501 to 5,000	440	2.88 (1.9)	
5,001 to 10,000	392	2.58 (1.9)	
10,001 to 20,000	835	1.56 (1.3)	
20,001 or more	160	2.73 (1.6)	
Total	5,251	2.53 (1.8)	

IV. DISCUSSION

4.1. Summary

The focus of this paper was to explore the characteristics of the use of different kinds of organizational consultation and formal management referral services. One national employee assistance provider company located in the U.S. made available data for over 15,000 total users of these services over a 5-year period. The answer for who uses such services is a wide range of people based on client age, years, employer and timing characteristics. These workers were employed at over 2,000 different work organizations. Eight industries were represented with the majority accounted for by government, manufacturing, healthcare and education. The size of the employers varied widely from under 250 workers to over 340,000 with a median of around 1,200 workers.

The answer to which issues were supported also varied between the two kinds of services. Among the organizational consulting type, half of all users were for workplace occupational related issues (i.e., training requests, benefits questions and employee work-related issues), with another 16% of users needing support for a workplace crisis and 15% for employee substance abuse issues. The top three reasons why the formal management referral counseling was used involved employee substance abuse (53%), workplace occupational related issues (26%), and the behavioral conduct/anger subtype of mental health issue (12%).

The mix of different organizational support service events in our data was somewhat similar to the 2011 results in the National Behavioral Consortium study [23]. In that study, they collected details for the total counts of the individual employee users for a mix of different kinds of organizational services the past year across all of their employer customers. These counts were added together across all of the 52 EAP vendors and sorted into categories. The total sample results were characterized by 45% of users involved the delivery of several kinds of educational trainings (27% attended trainings for employees on specific topics; 14% attended trainings and orientations for employees about the EAP benefit; and 7% attended trainings for supervisors), with another 36% of users having management consultations and 16% of users were involved in crisis incident response services after traumatic workplace events.

The results for trying to find correlates of service use featured mostly non-findings. Age was unrelated to mental health and work issue cases among the formal management referrals. The time period factors of year of use and use during or after the pandemic period had little difference on use of both kinds of workplace support services. Employer size was also generally unrelated to use rates of these services. In contrast, employer industry did have large and meaningful differences on some service use levels, both for organizational consulting and for formal management referrals. Trainings from the EAP were requested most from the education and retail/service industries and least from transportation and manufacturing. Contacting the account managers at the EAP with questions about the service was most common among the education and retail/service industries and least common among the government and transportation industries. Using the EAP to learn about and prepare for possible critical incidents and workplace crises was most common for the financial and retail/service industries and least common for the government and manufacturing industries. Having specialized counselors trained in trauma, grief support and stress debriefing go onsite to support groups and individual employees who experienced critical incidents or workplace crises was most common for the transportation and financial industries.

The big story from these exploratory correlational tests was that the employees with substance abuse issues had a profile that was unique from employees with other issues – both for the users of organizational consulting services and the formal management referral services. The employees with alcohol and drug problems tended to be younger age males who worked for larger size companies in the transportation and manufacturing industries, and when using the EAP counseling had relatively shorter counseling episodes (based on total days in care and total number of sessions used; this was because of many who were transferred out of the EAP to other substance treatment program specialty providers).

Our descriptive profile and set of specific correlates that defined the 5,251 formal management referral service users is very similar to those obtained in the other recent study of U.S. data from 1,125 employee users during 2017-2023 at another external EAP vendor [55]. Yet, our study had a sample size that was almost five times as large and thus has more statistically representative and reliable results. These studies, taken together, yield a consistent picture of the most common kinds of employees who use the FMR services and why.

4.2. Limitations

This profile was based on data collected from one national external vendor of employee assistance program services located in the U.S. Another limitation was that other data of interest was missing from this study. For example, the gender of the clients who used these services was not collected during this period. Self-report data from the users concerning their evaluation of effectiveness and level of satisfaction with the various services was not collected for almost all of these users. The change from before to after the use of the services in relevant personal life, health, work-related outcomes also was not assessed. Current operational practices at this EAP have been updated in year 2025 to start collecting such data which will allow for more robust research analyses to be conducted in the future.

4.3. Value of a Descriptive Profile

The applied research literature on the use of these kinds of personal support services from EAPs has no other example with as large of a sample size as the present study. The study represents the real-life experiences of over 15,000 workers at over 2,000 different employers during a five-year period. Additionally, our findings have practical validity and reliability across many employers of different sizes and industries. The value of this study to employers is that it documents the wide range of service sub-types and the usage patterns across employees of different ages, years in time, industry types and from small to large size organizations. The study adds to the scientific literature much needed descriptive data for the popular but under-examined EAP specialty services that support the work organization.

4.4. Importance of Organizational Level Services from EAPs

The last decade has seen an increase in the number of providers selling EAP services, in part due to COVID-19 global pandemic and the increased market demand it created from employers to better support the mental health needs of their employees. Some of these newer providers are what Attridge calls “Imposter EAPs” [71] when they “strive to replace established full-service EAPs with technology focused products that lack the core components of what defines employee assistance – most notably a lack of human counselors and little or no consulting and training services for managers and direct support onsite at the workplace (p. 25).” Research data in support of this position comes from the results of survey professionals in the EAP field conducted in 2023 [16]. In this study, respondents were asked: “Recent marketing statements made in defense of full-service traditional EAPs have included the following points. Based on your experience, please rate each statement for its accuracy.” The results from the U.S. part of the study sample (the global region with the most imposter activity) showed that 80% of the respondents rated the statement “Traditional EAPs provide more services for the workplace and organization (i.e., crisis response, manager consultations, onsite trainings)” as being “mostly true.”

This research is summarized here to make the point that organizational level consulting and workplace support services are regarded by professionals inside the EAP industry today as an important part of the overall set of service deliverables that qualify an employee assistance program provider as being a full-service provider. Thus, it is relevant for employers today to question if their current employee assistance provider has appropriately qualified and experience staff who can deliver these kinds of more specialized services that directly support the work organization. All EAPs support the worker and yet not all EAPs support the workplace.

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Author Contributions: MA developed the study design, performed the statistical analyses of the aggregated dataset, conducted the literature review and drafted the manuscript. JM coordinated the data collection, descriptions of the interventions and reviewed the preliminary results. All authors discussed the results and contributed to the final manuscript.

Conflict of interest/Competing interests: MA is an independent research consultant who was paid for conducting this study for AllOne Health. JM is an executive at AllOne Health.

APPENDIX

Table A1. Age of User as Correlate of Use Levels for Workplace Support Services

	Age in Years by Decade					Chi-square	Effect size η_p^2
	<30 % (n)	30s % (n)	40s % (n)	50s % (n)	60+ % (n)		
Formal Management Referral Services	896	1,249	1,163	1,066	495		
Employee substance abuse (alcohol or drug)	60 (537)	59 (737)	57 (658)	51 (542)	44 (219)	48.54*	.010 S
Employee work issue (performance or other)	20	22	24	27	29	24.03*	.005 T

Employee mental health or personal life	(176) 18 (162)	(269) 17 (215)	(273) 19 (223)	(286) 21 (224)	(142) 26 (129)	20.44*	.002 T
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Note: Age of client not available for organizational services. Statistical effect sizes: T = trivial; S = small. * $p < .05$.

Table A2. Year of Use as Correlate of Use Levels for Workplace Support Services

Workplace Service Subtypes	Year				Chi-square test	Effect size η_p^2
	2020/21 % (n)	2022 % (n)	2023 % (n)	2024 % (n)		
Organizational Services (n)	408	3,093	3,372	3,767		
Request for EAP training	3 (13)	11 (352)	13 (445)	19 (698)	121.75*	.011 S
Question benefits / EAP	5 (22)	6 (183)	9 (302)	9 (326)	28.52*	.003 T
Crisis incident: future planning	5 (22)	13 (400)	12 (387)	13 (501)	24.78*	.002 T
Crisis incident: post event response	4 (17)	4 (117)	4 (135)	4 (142)	< 1 ns	.000 T
Manager consultations for organizational issue / development	8 (33)	10 (306)	12 (394)	10 (365)	11.21*	.001 T
Manager consultations for employee issues of Substance (alcohol or drug)	11 (44)	13 (413)	16 (545)	15 (570)	15.66*	.001 T
Manager consultations for employee issues of work (performance or other)	33 (134)	11 (335)	21 (706)	18 (686)	190.82*	.018 S
Manager consultations for employee issues of mental health or personal life	30 (123)	32 (987)	14 (458)	13 (479)	523.51*	.049 S
Formal Management Referral Services (n)	467	1,200	1,396	2,188		
Employee substance abuse (alcohol or drug)	52 (243)	46 (550)	48 (666)	60 (1,308)	80.75*	.015 S
Employee work issue (performance or other)	28 (130)	29 (349)	28 (391)	22 (481)	28.01*	.005 T
Employee mental health or personal life	19 (90)	23 (270)	22 (307)	17 (369)	21.72*	.004 T

Note: Statistical effect sizes: T = trivial; S = small. * $p < .05$. ns = not significant.

Table A3. Use During or After COVID-19 Pandemic as Correlate of Use Levels for Workplace Support Services

Workplace Service Subtypes	COVID-19 Pandemic		Chi-square test	Effect size η_p^2
	During % (n)	After % (n)		
Organizational Services (n)	3,484	7,137		
Request for EAP training	11 (367)	16 (1,141)	57.15*	.005 T
Question benefits / EAP	6 (205)	9 (628)	27.53*	.003 T
Crisis incident: future planning	12 (422)	12 (868)	<1 ns	.000 T
Crisis incident: post event response	4 (134)	4 (277)	<1 ns	.000 T
Manager consultations for organizational issue / development	10 (339)	11 (759)	2.07 ns	.001 T
Manager consultations for employee issues of Substance (alcohol or drug)	13 (456)	16 (1,115)	11.93*	.001 T
Manager consultations for employee issues of work (performance or other)	13 (459)	20 (1,392)	65.17*	.006 T
Manager consultations for employee issues of mental health or personal life	32 (1,102)	13 (937)	516.62*	.049 S

Formal Management Referral Services (n)	2,065	3,087		
Employee substance abuse (alcohol or drug)	48 (997)	57 (1,769)	43.87*	.008 T
Employee work issue (performance or other)	23 (466)	19 (570)	13.96*	.003 T
Employee mental health or personal life	29 (602)	24 (748)	11.79*	.002 T

Note: Statistical effect sizes: T = trivial; S = small. * $p < .05$. ns = not significant.

Table A4. Employer Size as Correlate of Use Levels for Workplace Support Services

Workplace Service Subtypes	Size of Customer Organization								Chi-square test	Effect size η_p^2
	< 250 % (n)	< 500 % (n)	< 1,000 % (n)	< 2,500 % (n)	< 5,000 % (n)	< 10,000 % (n)	< 20,000 % (n)	< 20,000+ % (n)		
Organizational (n)	2,144	1,437	1,576	2,349	1,152	787	438	757		
Request for EAP training	17 (361)	14 (198)	10 (152)	14 (322)	13 (149)	12 (96)	15 (64)	22 (166)	81.16*	.008 T
Question benefits / EAP	8 (173)	5 (69)	6 (88)	8 (195)	10 (110)	8 (63)	9 (41)	12 (94)	58.42*	.005 T
Crisis incident: future planning	8 (164)	13 (182)	12 (186)	14 (329)	15 (174)	15 (121)	16 (68)	11 (86)	69.95*	.007 T
Crisis incident: post event response	3 (56)	3 (43)	5 (75)	5 (119)	7 (77)	1 (9)	3 (15)	2 (17)	70.45*	.007 T
MC: organizational issue / development	13 (275)	10 (139)	14 (215)	7 (172)	11 (126)	8 (64)	4 (19)	12 (88)	79.68*	.008 T
MC: employee issues of substance (alcohol/drug)	12 (256)	16 (228)	14 (212)	19 (445)	10 (113)	25 (196)	8 (37)	11 (85)	157.85*	.015 S
MC: employee work (performance or other)	20 (437)	20 (286)	20 (311)	16 (364)	14 (163)	13 (102)	21 (93)	14 (105)	61.41*	.006 T
MC: employee issues of mental health or personal	20 (422)	20 (292)	21 (337)	17 (403)	21 (240)	17 (136)	23 (101)	15 (116)	27.99*	.003 T
FMR (n)	833	649	793	1,149	440	392	835	160		
Employee substance abuse (alcohol or drug)	30 (252)	39 (256)	43 (340)	56 (643)	53 (232)	68 (267)	87 (723)	34 (54)	694.80*	.132 M
Employee work issue (performance or other)	42 (349)	33 (216)	33 (261)	21 (243)	24 (104)	17 (66)	7 (60)	33 (52)	338.68*	.064 M
Employee mental health or personal life	25 (210)	26 (169)	22 (171)	20 (225)	23 (99)	15 (57)	6 (52)	33 (53)	156.86*	.030 S

Note: Statistical effect sizes: T = trivial; S = small; M = medium. MC = Manager consultation. * $p < .05$. ns = not significant.

Table A5. Employer Industry as Correlate of Use Levels for Workplace Support Services

Workplace Service Subtypes	Industry of Customer Organization							Chi-square test	Effect size η_p^2
	Manuf % (n)	Transp % (n)	Health % (n)	Educ % (n)	Gov % (n)	FinBiz % (n)	Service % (n)		
Organizational Services (n)	1,625	462	2,042	1,751	3,829	417	514		
Request for EAP training	9 (149)	3 (14)	13 (271)	23 (394)	14 (535)	13 (53)	18 (92)	188.54*	.018 S
Question benefits / EAP	10 (159)	5 (25)	7 (133)	13 (232)	5 (199)	7 (29)	11 (56)	132.44*	.013 S
Crisis incident: future planning	9 (147)	12 (56)	16 (316)	14 (253)	8 (301)	32 (132)	20 (105)	288.51*	.027 S
Crisis incident: post event response	2 (25)	15 (68)	3 (56)	2 (26)	5 (183)	9 (39)	3 (14)	248.12*	.023 S
Manager consultations for organizational issue / development	5 (74)	5 (22)	10 (193)	8 (135)	16 (610)	6 (26)	7 (38)	230.99*	.022 S

Manager consultations for employee issues of Substance (alcohol or drug)	30 (481)	37 (171)	11 (217)	5 (81)	14 (549)	4 (16)	11 (57)	681.98*	.064 M
Manager consultations for employee issues of work (performance or other)	16 (256)	10 (46)	20 (413)	18 (316)	19 (736)	9 (37)	11 (57)	76.53*	.007 T
Manager consultations for employee issues of mental health or personal life	21 (334)	13 (60)	22 (443)	18 (314)	19 (716)	20 (85)	19 (95)	25.54*	.002 T
FMR (n)	1,935	440	631	418	1,413	77	124		
Employee substance abuse (alcohol or drug)	82 (1,593)	86 (378)	28 (179)	16 (67)	29 (412)	30 (23)	36 (44)	1,628.40*	.310 L
Employee work issue (performance or other)	9 (168)	6 (27)	43 (272)	44 (183)	39 (555)	39 (30)	23 (28)	724.16*	.137 M
Employee mental health or personal life	9 (167)	8 (33)	28 (175)	39 (162)	27 (376)	29 (22)	39 (48)	390.95*	.075 M

Note: N = 10,640. Gov = Government / Public Sector; Health = Health care / Human Services; Educ = Education; Manuf = Manufacturing / Union Labor; Serv = Service / Retail; Transpo = Transportation; FinBiz = Finance / Insurance / Business. Statistical effect sizes: T = trivial; S = small; M = medium. Other industry type for FMR cases (n=213): Substance = 33% (n=71); Work = 41% (n=88); Personal = 25% (n=53);

* p < .05. ns = not significant.

Table A6. Formal Management Referrals: Sessions of Counseling Used Per Case For Key Issues in Different Industries

FMR Issue	Industry of Customer Organization							
	Transpo	Manuf	Educ	Other	Gov.	Health	Service	FinBiz
Employee substance abuse (alcohol or drug)	1.22 (0.8) n=378	1.65 (1.2) n=1593	2.79 (2.2) n=67	2.80 (1.7) n=71	2.83 (1.9) n=412	3.09 (1.8) n=179	-	-
Employee mental health / personal life	-	3.17 (1.6) n=155	3.34 (1.8) n=146	-	3.15 (1.8) n=331	3.11 (1.6) n=147	-	-
Employee work issue performance	-	2.75 (1.6) n=118	3.38 (1.7) n=138	-	3.26 (1.9) n=350	3.30 (1.7) n=199	-	-
Employee work issue other	-	-	-	-	2.81 (1.9) n=205	-	-	-
Workplace crisis incident event management	-	-	-	-	2.34 (1.6) n=58	-	-	-

Note: Listed in table only if n = 50 or more. Transpo = Transportation; Manuf = Manufacturing / Union Labor; Educ = Education; Gov = Government / Public Sector; Health = Health care / Human Services; Service = Service / Retail; FinBiz = Finance / Business.

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