The Evolution of Employee Assistance Programs in the United States:
A 20-Year Retrospective from 26 EAP Vendors

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ABSTRACT. *The primary purpose of this study was to determine how and why external vendors of EAPs in the United States have changed since the advent of managed behavioral health organizations (MBHOs) in the early 1990s. The study used a qualitative, grounded theory methodology to interview 26 top leaders at external, non-MBHO, vendors in the U.S. that had been in business and providing EAP services since 1993 or earlier. The study identified key changes over the past 20 years, including three themes reflecting major changes in the business market environment and seven key survival strategies that these EAPs used within their company in order to remain competitive. Despite using more sophisticated business practices, increased integration with ancillary services, increased specialization, and an expanded mission, EAPs continue to focus on human services. [NOTE: This research study is based on the doctoral dissertation thesis project of the author.]*

Introduction

Employee assistance programs (EAPs) were conceived as mandated programs that primarily addressed alcohol and drug issues in the workplace as well as other problems that impacted employee job performance.[1,2] In the past twenty years, EAPs have evolved significantly from their original conception, impacted by market changes, including the emergence of managed behavioral health organizations (MBHOs) and pressure to be defined as a healthcare benefit instead of a workplace productivity tool. While the effectiveness of traditional EAPs is well known[3,4,5,6] the changes that have occurred since MBHOs' entry into the field has led to questions about the purpose and ongoing effectiveness of modern EAP organizations.[7] Of particular interest are the survival strategies developed by EAP organizations in response to the changing business environment. An examination of these strategies is needed to determine how effective they may be in protecting market share and maintaining core EAP values.

Through the use of interviews, qualitative analysis, and a grounded theory approach, this study focused on the ways EAPs have changed and the perceived impact and rationale for the various changes.

A Grounded theory approach was chosen because it is a method that is used to formulate theories about individual interactions, actions, or responses to a particular situation[8] that enhances insight and understanding, and offers a guide for action.[9] Grounded theory is a theory-building technique that uses an inductive, exploratory method to gather and make sense of qualitative data, such as the information

obtained in semi-structured interviews. The goal is to develop rich, contextualized descriptions and analyses of the topics being researched.[10] A grounded theory approach was used in this study in order to build a theory of how external EAPs have responded to the influence and changes engendered by MBHOs and the changing EAP marketplace.

Grounded theory is primarily inductive, though sensitizing concepts and other theories from the research literature also play a part. Sensitizing concepts are used as a framework for conceptualizing the data.[11,12] The qualitative analysis of the interview data was interpreted through a theoretical framework that consisted of several theories of organizational change including complex adaptive systems theory,[13,14] industry life cycle theory,[15,16] and organizational life cycle theory.[17] These theories helped to illustrate the evolution of EAP organizations.

Background

Emerging out of Occupational Alcohol Programs,[18] most early EAPs were operated by large industrial organizations.[1,19] The external, contracted-out model started to increase in prevalence in the 1970s and early 1980s.[1,20] They gradually began to replace the internal models[21] and by the 1990s the majority of EAP services were offered by external EAPs.[22,23] Many large, national EAPs merged or partnered with work/life companies[24] in order to provide a single access point to employees seeking EAP or work/life services. Similarly, wellness programs and initiatives were sometimes combined with EAPs.[25] MBHOs also started acquiring or merging with EAPs, and today a significant proportion of EAP services in the U.S. are provided by MBHOs,[26] often in combination with other behavioral health products.

One method of defining what EAPs are and what services they provide is the EAP core technology. Based on their research observations of numerous internal and external programs, Roman and Blum[27,28] were the first to systematically define EAPs through the concept of a core technology. The following is a summary of the EAP core technology, drawn from Blum and Roman's original conception: Identification of employees needing assistance based on job performance problems; consultation to organizational leadership regarding EAP policy and practice; appropriate use of constructive confrontation; case management and community referrals; creation and maintenance of relationships with community resources; a primary focus on employee problems related to alcohol abuse.[27]

Roman and Blum[27,28] conceptualized the core technology of EAPs in response to concerns about the broadening scope of EAP service provision. The concern focused on the possibility that EAPs would "lose focus on [their] original mission."[28(p18)] The concern continues today, as the integration of EAPs with wellness, work/life, and MBHOs change and dissolve the EAP concept that Roman and Blum[27,28] had envisioned.

Few current EAP organizations offer traditional, core technology-based EAP services as their only product.[29] EAPs today tend to have a more holistic, ecological approach than their predecessors, recognizing the broad range of emotional, physical, familial, and organizational issues that impact an employee's performance.[30] Modern "broad brush" programs address a range of mental health, personal, and workplace related issues,[31] including wellness/health promotion, work/life services,[32,33] executive coaching,[34] organizational consulting,[35,36] behavioral health benefits, gatekeeping/administration,[37] and much more.

One of the most significant changes is the move from a focus on employee productivity towards a focus on controlling the costs of behavioral health services, a shift that threatens to undermine EAPs' primary purpose and mission.[7,38,39] By targeting performance problems and offering core technology services, EAPs are able to justify their existence to employing organizations; improving performance provides a positive return on investment (ROI) in relation to the cost of the EAP.[5,6,40,41] In addition, job performance is related to employee job retention, a value that is important to individual employee wellbeing.

In the U.S., EAPs "reflect the merging of both the EAP and occupational social work traditions of practice."[42(p12)] Though only a small proportion of social workers practice in the workplace,[43] EAPs are the most well-known form of, and largest employer related to, occupational social work.[44,45,46] Social workers have traditionally been the profession of choice for EAPs due to their diverse skill set and their ability to address both the macro issues of the organization and to intervene directly with employees on an individual level.[47,48]

Changes in the EAP marketplace since the early 1990s led to the commoditization of EAP services. Commoditization occurred when purchasers became unable to distinguish one program from another on any variable other than price as, based on marketing materials, many EAPs appeared to offer the same services and had similar or identical websites, providers, call centers, and promotional materials. Quality differentiators were often not apparent or well understood by purchasers.[49] EAPs were particularly vulnerable to commoditization given the lack of industry benchmarking or universally accepted quality standards.[50] Additional

factors that influenced the commoditization of EAPs included strong competition between EAP providers,[50] the capitated pricing model used by most programs,[49] and the emergence of benefits brokers and consultants.[51] The primary impact of commoditization was the lowering of prices for EAP services, and the related issues of unethical business practices such as inflating utilization numbers and fabricating better outcomes or satisfaction rates, and lower quality service provision.[39,49] It also led to the devaluation of EAPs, and a move away from their traditional focus on workplace productivity. Some EAP professionals also believe that commoditization reflects the adoption of business as opposed to professional values in the industry.[39]

Despite the many changes affecting the EAP industry as a whole, especially since the advent of MBHOs in the 1990s, there has been no research that systematically reviewed the impact of these changes on EAP organizations and the services they provide. The current market pressures from commoditization and ties to behavioral health threaten to undermine the core values of the EAP industry – namely a focus on the workplace and on employee productivity - and therefore its very survival. Research into the changes that have occurred, enabling EAPs to survive since MBHOs became prevalent is necessary in order to understand how these strategies may impact EAP mission, effectiveness, and focus, and to provide industry leaders with information to help guide strategy and planning decisions.

Methods

Study Design

A qualitative, grounded theory study design was used as a method of obtaining rich,

subjective data to help explain the underlying reasons for change. The primary research question was: How and why have non-MBHO, management-sponsored, external EAP organizations in the U.S. changed since the advent of MBHOs in the early 1990s? The study also examined what other factors may have influenced changes in EAPs, including changes in their mission or focus. The primary units of analysis for this study were the EAP organizations themselves.

Sample and Participant Recruitment

The universe of EAP organizations that were studied included external, management-sponsored, non-MBHO EAPs in the U.S. Since the study was focused on how EAPs have changed since the advent of MBHOs, only non-MBHO EAPs were included in the sample. There were a total of 621 organizations included in the potential universe of the study, drawn from a list of U.S. EAP organizations. Organizations that were discovered to have been founded after 1993, were found to be internal or union programs, or for which contact information was not available were not contacted and were therefore excluded from the study. In addition, not all of the organizations on the list were contacted as enough vendors were obtained before the list had been exhausted.

Using semi-structured interviews, the study obtained data from managers and leaders at EAP organizations in the U.S. with an average of more than 20 years of experience in the industry. The information from the interviews was supplemented by two descriptive written surveys. Vendors were recruited using a purposive-snowballing method; the researcher located vendors primarily through personal contacts in the industry or referral from those who had already participated. However, special attention was paid to ensure

a broad spectrum of EAPs, based on size and location, were included in the sample.

The vendor sample was comprised of top managers (17 were President, Chief Executive Officer, or Chief Operating Officer; 4 were Vice-Presidents, and 5 were Directors) from qualifying EAP organizations with at least nine years of experience in the EAP industry.

The final sample ($N = 26$) included 26 top managers from 26 unique EAP organizations in the continental U.S. The initial interviews were conducted from December 2010 through November 2011. They were digitally recorded and later transcribed; vendors were given the opportunity to review and amend their interview transcripts to insure the accuracy of the interview data. Between January and February 2012, follow-up telephone interviews were conducted; 50% ($n = 13$) of the total sample ($N = 26$) participated.

Data Analysis

Study data was analyzed using a grounded theory approach, along with the sensitizing concepts that were used as a framework for conceptualizing the data.[11,12] Those that made up the theoretical framework of this study included complex adaptive systems (CAS) theory applied to organizational change,[13] industry life cycle (ILC) theory,[16,52] and organizational life cycle (OLC) theory.[17] These theories helped to illuminate some of the trends seen in the industry, and assisted in the formulation of a theoretical model.

Findings

The primary themes that emerged from the analysis can be divided in two categories: 1) the changing EAP market and 2) the survival strategies EAPs developed in response. An emergent theory of EAP evolution was developed from these two categories. In order

to maintain as much accuracy as possible, exact quotes from vendors are used to describe study data.

Primary Theme 1: Responding to a Changing Business Market for EAP Services

Vendors were asked a number of questions about the changing business environment and its impact on their organization and the EAP industry in general.

EAP as a Benefit. One reported trend was the perception by client companies, MBHOs, and benefits brokers/consultants that EAP services are a medical or health insurance type of benefit and not a workplace performance management tool. Benefits brokers and consultants reinforced the view of EAP as a benefit by pushing to integrate EAP with behavioral health and defining it as part of a comprehensive behavioral health plan. Vendors felt that benefits brokers and consultants often did not understand the value of traditional EAP services and, in general, had little incentive to educate themselves about these services as their own profits were not highly dependent upon them.

Price Linked to Business Value. Vendors reported a theme of companies holding a devalued view of EAPs because they do not realize how an EAP can impact employee and organizational performance. This devalued perspective seemed to have a direct impact on the amount of money a company was willing to spend on an EAP, leading to commoditization. However, vendors noted that price pressure was often mitigated by companies who understood the value and demanded high quality EAP services.

"Free EAP." Another factor believed to have an impact on EAP pricing was MBHOs inclusion of EAP services for free, or at very low cost, when bundled together with a

behavioral health plan. Similarly, life insurance and disability management companies often included free EAP services along with their products, which were perceived to have an equally negative impact on EAP pricing. Vendors said that lower prices for EAP services devalued the product; as one vendor explained, "as a field we set these prices so low and we competed against ourselves so fiercely that with these diminishing prices, we don't win the respect of the C level folks (i.e., senior leadership)." EAPs are often overlooked by virtue of being a small part of the company's benefits and human resources budget.

Expanded Scope of Service. Changes in companies' view of what services EAPs should offer was another theme that emerged. Six vendors (23%) reported that client companies asked that multiple products, such as work/life and wellness services, be integrated with the EAP to make access and administration easier. There were also reports of companies asking EAPs to locate ancillary services for them, such as outplacement, or to partner with other firms to provide services. Furthermore, many companies are demanding greater geographic coverage, more services for less money, and that the EAP have a measurable impact on health and wellness costs.

Primary Theme 2: Survival Strategies

Due to the numerous market changes, including the emergence of MBHOs and benefits brokers, EAP leaders were forced to develop survival strategies to reinforce their organization's value to the modern workplace. The subsequent changes in EAP strategy, organizational structure, and service provision were a primary focus of this study. The study illuminated seven survival strategies for EAP providers: expanding EAP mission, service changes, specialization,

demonstration of value, offering more choices, rebranding, and improving efficiency. These themes and the 18 subthemes are summarized in Table 1 (see next page).

Expanding EAP Mission. In response to questions about any change in mission since the early 1990s, 20 vendors (77%) described their current mission as broader or having a wider reach, paying more attention to prevention, wellness, and overall well-being for individuals and workplaces. However, 21 vendors (81%) reported that the primary purpose of their organization remained fundamentally the same: a continued focus on the workplace and on employee and organizational performance. In addition, the EAP mission continues to be based on the core belief that "If you have a healthier workforce, they're going to be more productive." Some vendors felt that a focus on the workplace was essential for the survival of the industry.

Despite a mostly unchanged mission, 24 vendors (92%) pointed out that the method of accomplishing their mission had changed significantly. All of the organizations studied offer at least some expanded and/or new services, many that are broader and more holistic than in the past. Furthermore, in many cases, the traditional EAP product (i.e., assessment, short-term counseling, referral, and other EAP core technology functions) is becoming a smaller part of the total menu of services offered.

In contrast to the majority of organizations studied, six vendors (23%) reported that for some programs the mission and focus had changed significantly. While the majority of services offered by these organizations were still aimed at workplace issues, they also offered spin-off services such as student assistance and refugee assistance programs that were neither workplace nor employee focused.

Service Changes. Though they have added a significant number of products and services, all of the EAPs included in this study continue to offer most of the basic services they offered in 1993 including assessment, short-term counseling, and referral. One vendor explained that despite an expansion of services, the continued focus on core technology services is an important differentiator:

 "Those of us who stuck to our guns in terms of 'Yeah, we've done all this new stuff to stay alive but we have kept our core technology and we still pay attention to the workplace,' have been able to a lesser and greater degree at various client organizations, continue to be understood as something separate from the mental health and substance abuse benefit."

Another example of the increasingly holistic nature of EAPs is the integration of services that in the past had been offered by separate organizations contracted directly to client companies. Many such services, including work/life, wellness, and organizational development consulting, have now been integrated within the standard EAP service offerings. However, the majority of EAPs included in the study (73%, 19 of 26) exclusively used external vendors to provide work/life services. Similarly, 13 vendors (50%) exclusively used external vendors for wellness services, though only 3 (12%) reported the use of an external vendor for organizational development consulting.

Specialization. In addition to changes in external service provision, 15 EAP leaders interviewed for this study (58%) described the need to improve specialization in order to improve quality, efficiency, and customer service, and as a method to increase revenue and market share. Task specialization, including the creation of clinical, sales, and

Table 1
Survival Strategies for EAPs

Theme	*Sub-theme*
1. Expanding EAP Mission Broader mission focused more on prevention and overall employee and organizational well-being.	**1.1 Unchanged primary purpose.** Primary purpose for most organizations remained unchanged. **1.2 Spin-off programs.** Some organizations created spin-off programs that served non-employee populations such as students and refugees.
2. Service Changes Addition of many new services beyond EAP core technology.	**2.1 Continuing to offer basic services.** Core technology services such as assessment, short-term counseling, and referral still offered. **2.2 Expanding Services.** Addition of new services such as executive coaching, organizational development, and disability management. **2.3 Integration.** Standard services often include work/life, wellness, and learning and development.
3. Specialization Increased specialization regarding internal processes as well as products and services.	**3.1 Task Specialization.** Staff dedicated exclusively to narrower focused tasks such as intake, case management, or sales. **3.2 Staff Specialization.** Hiring of professional business and sales staff. **3.3 Program Specialization.** Creation of specialized programs for specific populations, such as physicians, lawyers, and employees in higher education.
4. Demonstrating Value. Increased need to show the value of the EAP.	**4.1 Visibility.** Increase visibility of the program through on-site services, newsletters, and social media. **4.2 Relationships.** Foster relationships with individuals at client companies. **4.3 Utilization reports.** More comprehensive and aesthetically pleasing reports. **4.4 Effectiveness evaluations.** Introduce outcomes and ROI measures.
5. Offering More Choices More customization and access choices for clients.	**5.1 Unbundling.** Offering services such as consultation or on-site crisis services on a fee-for-service basis. **5.2 Communication modality.** More access methods such as instant messaging and video counseling.
6. Rebranding Changing EAP name and descriptors to change public perception of the company.	**6.1 Changing name.** Shortening name and removing reference to EAP to reflect broader service offerings. **6.2 Changing descriptors.** Describing services more broadly to promote ancillary offerings such as wellness and consulting.
7. Improving Efficiency Improved efficiency in order to reduce operating costs.	**7.1 New Technology.** Use of internet-based services and sophisticated databases. **7.2 Contracting out.** Using outside contractors to provide specialized services, such as crisis counseling, wellness, and work/life.

account services teams was one method mentioned by 13 vendors (50%); however, smaller EAPs in particular reported that staff continued to serve multiple functions simultaneously.

Staff specialization, a change in the credentials and skill sets of staff hired by the organization, was another adaptation noted in the study. Fifteen organizations (58%) reported the need to hire more staff with specialized business skills for account services, marketing, and sales functions. Since the early 1990s, there has been an increased focus on a business skill set for EAP staff. However, while some organizations said they hire staff with exclusively clinical or business skill sets, others reported having staff with dual skill sets. For example, one vendor reported, "Our account executives all have a clinical degree. That's one of our requirements. We like them to also have a non-EAP business background."

Another important form of specialization was the creation of programs and services that address a wider range of human problems. These programs were created by EAPs in order to differentiate themselves, increasing revenue and market share. Fourteen vendors (54%) reported that their organization offered some form of specialized program. Specialized programs offer improved human services, recognize the unique aspects of particular professions and industries, and improve utilization rates for these groups (e.g., programs specifically for physicians, lawyers, and faculty and staff in higher education). Specializing is effective because it uses traditional EAP skills but targets them at a specific population. For example, one vendor described a program designed for disruptive professionals: "It's a 12-week program that we charge a lot of money for separate from the EAP. So it's good EAP work

in terms of the skill set and the knowledge, but we took what we did and targeted it at a specific problem with a somewhat unique solution."

A unique, though controversial, form of program specialization noted in the study was the creation of spin-off programs. Spin-off programs are structured similarly to EAP services, and use many established EAP skills and processes; however, they have different goals than EAPs since they do not serve employees or focus on the workplace. Six organizations (23%) said they currently offer spin-off programs such as student assistance and refugee assistance and an additional two were considering offering spin-off programs. Student assistance and outpatient mental health services are the most prevalent examples of this concept.

Demonstrating Value. In response to the changing and highly competitive market, the effective demonstration of value to purchasers on an on-going basis is essential to keep contracts and compete on price. EAPs reported several strategies for showing value to client companies, including visibility, responsiveness, relationship with client companies, and effectiveness reports and measures.

EAPs must be visible in order to be valued. Methods used to improve visibility included going onsite to client companies for presentations, trainings, and crisis response. A vendor explained, "When you transition a service like an EAP into a benefit, it becomes almost invisible. So having an onsite counselor makes the program more visible. It gives people an idea. Wow, there's something tangible there. There's somebody that can help me." The current popularity of hybrid models where counselors are onsite at client companies one or more days per week is an example of this concept; 10 vendors (38%)

reported having at least one counselor regularly onsite.

Another important method of showing value was responsiveness. Fourteen vendors (54%) reported that one thing that companies value most about the EAP is their responsiveness, especially related to coming onsite after a death or disaster, or providing immediate consultation about a difficult employee situation. Closely related to responsiveness is the need to foster and develop a relationship with the client company, including being aware of their culture and unique needs. Eighteen vendors (69%) mentioned the importance of relationships with individuals at client companies.

Other methods cited by vendors to show EAP value include utilization reports and various forms of effectiveness evaluation. The most frequent form of evaluation was satisfaction surveys, although many EAPs realize the surveys' limitations and five respondents (19%) started to use more sophisticated outcomes measures such as the Workplace Outcome Suite.[53] After satisfaction surveys, the most frequently cited effectiveness tool was return on investment measures. As with satisfaction surveys, several vendors voiced skepticism about these measures. One vendor said, "I think ROI measures are a joke…most of them are based on calculators that are suspect to begin with. Many of them are based on presumption of what didn't happen, and if it would have happened it would have cost you this."

Offering More Choices. EAPs now offer more choices to client companies and individual employees. Choices include enabling companies to customize the products they purchase and giving employees the choice of how to access services. One way to offer choice is "unbundling" EAP services so they can be purchased separately from the

traditional EAP package. However, only four EAPs in this study (15%) reported offering some type of unbundled service such as management consultation, crisis response services, and short-term counseling on a fee-for-service basis with no annual contract required.

EAPs have embraced new communications technology and are able to meet individual clients' demands with respect to how they choose to communicate with, and receive services from, their EAP: by telephone, online, and in-person. Despite offering multiple communication choices, all EAPs in this study still emphasized in-person services.

Rebranding. Three vendors (12%) reported that they rebranded their organization in order to better describe the services they currently offer. Rebranding involves changing the name of the organization as well as changing the ways in which the organization is described, often to change how they are perceived in the EAP marketplace. These changes reflected a move to a more holistic, integrated menu of services of which EAP is only a part. Names and descriptors were also changed as a way for organizations to distance themselves from the often negative, stigmatized, or devalued view of EAP services.

Improving Efficiency. Due to smaller margins in the EAP business, EAP organizations have had to lower operating costs and improve the efficiency of their operations in order to remain competitive. EAP organizations gave several strategies used to improve operational efficiency including the use of new technology, and contracting out to external vendors to provide services. While improving efficiency is a business imperative, the use of new technology and outside contractors also improved the expertise of EAP organizations.
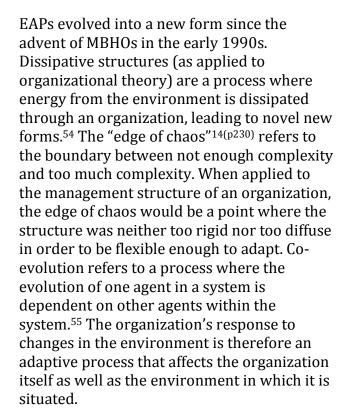
EAP organizations have embraced new technology as a way to efficiently manage data, communicate with clients and vendors, and provide seamless services. New technology includes internet-based services and sophisticated databases, with special attention paid to ensuring that data is secure to protect confidentiality. Technology was also used to more efficiently and effectively target at-risk employees and increase cross-referrals from other health and wellness vendors.

Contracting out is also used to increase organizational efficiency. Among the reasons given for contracting out services were that some services were outside their realm of expertise and that specialized vendors could provide services more efficiently and at a lower cost. Services that were commonly obtained from outside contractors included work/life, wellness, and affiliate providers among many others. Use of larger affiliate networks gave organizations the capability to serve clients nationwide and even internationally. However, some EAPs continue to offer work/life, wellness, legal, and other services internally. For example, three vendors (12%) reported that all work/life services were provided internally; similarly, five vendors (19%) offered in-house wellness services exclusively. Vendors reported that offering services in-house made customization easier, assisted with seamless service integration, and allowed better quality control.

Discussion

These results have implications for theory, practice and future research. Each of these aspects are discussed below.

Application of Theoretical Framework. The CAS concepts of dissipative structures, the edge of chaos, and co-evolution informed how EAPs evolved into a new form since the advent of MBHOs in the early 1990s. Dissipative structures (as applied to organizational theory) are a process where energy from the environment is dissipated through an organization, leading to novel new forms.[54] The "edge of chaos"[14(p230)] refers to the boundary between not enough complexity and too much complexity. When applied to the management structure of an organization, the edge of chaos would be a point where the structure was neither too rigid nor too diffuse in order to be flexible enough to adapt. Co-evolution refers to a process where the evolution of one agent in a system is dependent on other agents within the system.[55] The organization's response to changes in the environment is therefore an adaptive process that affects the organization itself as well as the environment in which it is situated.

Faced with the environmental pressures already mentioned, EAPs were forced to experiment with new alternatives in order to remain competitive. EAPs were pushed into a state of disequilibrium by the numerous market changes (aka "the edge of chaos"); the disequilibrium allowed EAPs the flexibility to adapt. EAPs began to experiment with new services and to refine already existing services. Taking the demands of client companies (i.e., energy from the environment) some of the EAPs adapted by creating specialized programs such as physician and lawyer assistance programs as well as spin-off services such as student assistance programs (an example of dissipative structures). EAPs addressed an emerging market need by adapting already existing skill sets and operational capabilities in order to serve a specific type of client. In addition, the similarity of the survival strategies across EAPs can be explained by the co-evolution of the various autonomous agents (EAPs) within the system.

Applying the evolutionary theory of industry life cycle (ILC) both confirmed and contradicted the study data. Looking through the lens of ILC theory,[15] the data found in this study provided evidence that the EAP industry is currently in the mature stage of development. For example, interview subjects reported an increased focus on process efficiency, lower prices, commoditization, and market consolidation. This trend was also previously noted in the literature[7] and was confirmed by vendors during follow-up member checking interviews. According to ILC theory, the EAP "product" would be predicted to decline and eventually disappear due to market pressures and the introduction of new, technologically superior products. While EAP organizations are introducing new products, and traditional EAP service delivery may have declined as a percentage of overall service provision, the data does not support the decline of this product in the industry, but rather a re-orientation. EAP organizations have maintained their core values and report that their mission has expanded and become more holistic, but has otherwise not changed. This would indicate an expansion of the EAP concept into a more holistic service, but not the dissolution of the EAP concept.

An explanation for the lack of fit of EAP organizational evolution and ILC theory can be found in organizational life cycle (OLC) theory. OLC is a theory that was developed specifically to describe the evolution of social service organizations.[17] According to OLC theory, EAP organizations could be said to be in the final stage, renewal. EAPs could be said to be at this stage because they are not declining but rather are adapting by refining and changing some of their practices, services, and staff. The fact that organizational life cycle appears to explain EAP evolution may be

an indication that EAPs function as much like social service agencies as businesses.

A Theory of EAP Evolution. Many U.S. EAP leaders, including those interviewed for this study, have clinical credentials and a clinical orientation. Vendors reported an increased role for clinical professionals in the industry. It can be theorized that the high prevalence of mental health professionals in leadership positions (including ownership) has impacted the evolution of the industry. Though all the EAP survival strategies served business purposes such as lowering costs and increasing market share and profits, they also served humanistic goals. The expanded EAP mission and the addition of more holistic and integrated services enable EAPs to better serve the wide range of problems faced by individuals, families, and organizations.

Through a matrix of survival strategies, non-MBHO, management-sponsored, external EAP organizations in the U.S. are evolving into a new form, while upholding their core values. Due to the influence of social workers and other clinical professions in the EAP industry, EAP organizations have adapted to a changing business environment in a unique way that incorporates both business and social service values; maintaining a primary focus on individual and organizational well-being, while simultaneously improving efficiency and effectiveness. The adherence to the core value of human well-being as a central concept in all forms of service provision has enabled the survival of the new form of EAP organization.

Implications for EAP Practice. Some practice implications from this study pertain to differentiating EAP from behavioral health benefits and continuing efforts to demonstrate EAP value. A possible solution may be found in the standardization of EAP definitions and language. For example, study

data obtained about number of clients served and number of covered lives varied widely; the variation was likely due to different interpretations of how these variables are measured. As previously noted in the literature, EAPs lack a universal definition for these variables,[56] making it difficult to obtain an accurate picture of the industry and its impact. A standard definition of EAP service components and other measures will help to establish universal outcomes and quality assurance measures, and illustrate the unique aspects of EAP services that differentiate the program from other human services. A positive step towards this goal can be seen in the National Behavioral Consortium study[29] that surveyed 82 external EAP vendors, 58 of them based in the U.S. The study included three quarters of the largest providers and systematically gathered extensive data on EAPs including size, services provided, and quality metrics.

A further implication concerns EAP pricing. As noted by several vendors, and previously documented in the literature,[39,57,58] prices for EAPs may often be too low to sustain quality services. A contributing factor is EAP providers underbidding services, i.e., offering services below the actual cost to provide them.[59] Underbidding contributes to the devaluation of the perception of value of EAP services, and in the willingness of organizations to pay for EAP services. Possible solutions, also proposed in the literature,[59,60] include the development and enforcement of ethical standards that prohibit this type of business practice as well as universal adoption of organizational accreditation.

There have been a number of developments since the data for this study was obtained. For example, the trend of video counseling continues to expand and some recent research shows that it can be as effective as face-to-face counseling with respect to outcomes.[61] The trend of showing EAP value has also continued since the time of this study. There is recent research showing the efficacy of EAP interventions with respect to work outcomes[29,62] as well as positive ROI for EAP programs.[41] In addition, controversy over standardized utilization reporting continues, with some efforts made to examine the problem and propose solutions.[63] There has also been further consolidation in the industry, with the purchase of a number of EAPs by larger organizations and MBHOs, and a continued focus on the integration of EAP with wellness and work/life programs. At least one organization that was included in this study was since acquired by a larger organization.

Implications for Future Research. The findings from this study indicate a need for further research on the changing EAP industry. Further qualitative research is indicated in areas such as the changing needs of employees and workplaces, and MBHO-EAPs' view of EAP core technology. Further research similar to the National Behavioral Consortium study[29] is required to further define and benchmark EAP organizations and services. In addition, follow-up research using quantitative hypothesis testing is also needed. Possible research topics include an examination of influences such as size and service area, the role of relationship with client company, the impact of service changes, the use and impact of new technology such as mobile applications and video counseling, and the impact of EAP core technology services on workplace outcomes.

Limitations

There are a number of important limitations to this study including the sampling method, interview subject bias, researcher bias, and

the retrospective nature of the data. The exclusion of EAPs no longer in business can also be viewed as a limitation. In addition, the use of only one informant per organization ultimately biased the responses in favor of the vendor's perspective. In order to mitigate some of these limitations, the methods of triangulation, member checking, peer debriefing, and creating an audit trail were employed. These methods helped to ensure the most rigorous and authentic interpretation of the data.

Conclusions

The EAP market has changed considerably over the two decades of the study period (1993-2012) and the reported changes have had a significant impact on EAP evolution. EAPs were forced to develop a host of survival strategies to remain competitive; the majority complemented or expanded EAP core technologies and improved EAPs' efficiency and effectiveness. Though all of the survival strategies served business purposes such as lowering costs and increasing market share and profits, they also served humanistic goals. In addition to improving efficiency and cost effectiveness, it is through EAPs' continued focus on humanistic goals and in the core values of the industry that has enabled survival.

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