The AIX Factor: Dr. Mark Attridge on the State of the Art in Mental Health Delivery in the Age of AI

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SPEAKER: Mark Attridge, PhD, MA

HOST: Charles Epstein

ABSRACT: Dr. Mark Attridge, President of Attridge Consulting, Inc. , a prominent research and analysis firm that focuses on workplace mental health and employee assistance programs, discusses the findings of their recent study examining the relative efficacy of three different EAP delivery modalities: in-person (worksite or offsite), human via some technology channel (phone, online video, text/email) and AI only (self-care with digital tools and no counselor or coach involved). Mark provides a wealth of insight into the future of EAP and mental health delivery in the age of AI.

HOST: *Hi, this is Charles Epstein. Welcome to the AIX or X Factor podcast. Today's guest is Dr. Mark Attridge, president of the eponymous Attridge Consulting Inc. Anytime I could work in eponymous into a podcast, I will do it. Attridge Consulting focuses on workplace mental health and employee assistance programs. His specialties include writing literature reviews and knowledge transfer papers, public speaking on workplace mental health issues, and designing surveys and research studies for workplace health services.*

Mark joins us today from his HQ in Minneapolis. Mark, welcome.

SPEAKER: Hello, good morning. Thanks for inviting me to be part of this new podcast series.

HOST: *Yes. This is a topic we are really going to be digging into in the weeks and months to come. The intersection of AI and behavioral and mental health, I think it's going to be a really important, increasingly important issue. You know, I want to talk with you about the findings of a study you did on EAPs and the relative efficacy of three different EAP delivery modalities in person, whether it's worksite or offsite, human via some technology channel, phone, online video, text, email, and AI only self-care with digital tools and no counselor or coach involved. I do want to get into that.*

But first, let me ask you for a prediction. In how many years will we be able to entrust AI to completely handle employee assistance interactions? And give me two or three good reasons why this isn't a good and welcome thing.

Well, interesting question. I think it will never happen just because the role of EAP as opposed to just mental health services or counseling is that it supports the worker and the workplace.

And I just don't see employers and managers trusting the kinds of difficult situations that require professional behavioral health coaching or guidance or clinical support to robot machines that are based on other experiences that are being computerized and applied to their situation, which is unique.

And what most employers want from EAPs is unique response to their unique problem right now, based on the experience of counselors and coaches and consultants who have been doing it for a long time. EAP has been doing this essentially since the 80s in the United States and the last 20, 25 years in Europe and other countries, at a very high level of success. I think many of the AI predictions about at least the workplace side of EAP is just actually completely irrelevant.

And the individual counseling side, where AI can do text-based kinds of exchanges with clients that simulate therapy, is where all the attention is. But applying it to what employee assistance programming does, I don't think people really understand what employee assistance programming does to expect it to be able to do most of the functions of EAP, just don't even apply to AI.

HOST: *But do you see some of these tools evolving over the last year or so?*

Huge money being invested in all of these things. And there's two main areas that have had a lot of really interesting success. And I see some really strong applications for it.

For instance, in the last 15 years or so, we've seen essentially chat based, dynamic language-based communication tools. And one of the best ones is a tool called TESS developed with the US military and a number of other examples all over the world that's called X2AI by Michael Rauws' company. Their chat bot called TESS responds dynamically to what you type into the tool.

And it responds to lots of different issues and questions with directions that support people as long as they stay engaged in the tool. And so, the text based dynamic back and forth exchanges that mimic human communication, I think, are really exciting and are really getting more advanced. And they're based on thousands of hours of real therapy.

And so that very, very tiny, limited part of EAP where someone can get self-care for an issue they're concerned about is really exploding all over the world. The question is, how good was the programming? What is the evidence that it's based on?

What kind of communication is it doing? And virtually all of that is unregulated and untested and undocumented. And 90 some percent of it has no empirical validity at all.

So, buyer beware for these chat bot tools, because we're pouring billions into it, not understanding what the heck they're actually funding. But the other side of it that's really interesting is what they call a blended model. And that's where you're using AI tools or other kinds of patient directed, self-support, education, screening kinds of tools.

So, let's say you and I are in a therapy session. I can use different companies right now that are being purchased and sold, that we could do a transcript of this clinical session, whether that's legal or not is another question. But they can do clinical transcripts immediately, just like the end of a Zoom call for business people getting a transcript, which is very helpful.

It can suggest certain kinds of clinical directions or content to be presented to the client live during things based on language analysis, which could be helpful or could be really distracting to the therapist. I don't know. We have to study that.

And it can be really useful for before or after sessions to collect risk screening data or patient outcome data, or other kinds of kind of generic information that is really helpful to clinical practice, but is rather mundane and repetitive, and may be biased by human asking about it. So just having people complete data with AI types of tools is extremely useful. There are some positive applications that make a lot of sense.

There are really big, big questions about the ethics and about the quality of the algorithms behind this. I mean, the fundamental nature of AI is fraud and theft of all of this content and data. And I mean, I'm a producer of content.

I write hundreds of articles. I do all kinds of studies. AI goes out and steals all that information from websites and compensates none of the creators of this.

And there's other issues we can talk about later in the podcast about what came up in the study about that. Interesting.

HOST: *Yeah, I do want to talk about that.*

It's a very contentious area, but it's contentious because parts of it make a lot of sense, enhanced data coding, enhanced transparency with what's going on. It could be clinically useful. Whether patients agree to that or like that or think that's legal is a whole other issue they have not got into at all.

There are a lot of pros and cons to both sides of it, which makes it very interesting to have a series about Charles.

HOST: *Yeah, no, for sure. One of the areas we're going to get into is the idea of responsible AI and what you need to do, what you need to audit as far as mitigating bias, promoting transparency and inclusion. I know there are some EAPs out there that talk about culturally attuned EAP. I wonder how that would come into play with an AI tool. How do you calibrate it where it has that cultural awareness and that intake, let alone some biases that could be in an unintended way. It just insinuates itself into the algorithms, into the body of knowledge.*

Well, that's a really interesting topic about, for instance, age or gender or racial backgrounds or ethnic backgrounds. And there's some of the very big EAPs that are new to the field are promoting. As a client, I can come in and sort of like a dating app, I can look through the different potential coaches or counselors and find one that has attributes that I like.

Are they in my age group? Are they my gender? Do they have sexual experience in terms of are they gay or straight? Or do they have a certain ethnic background that I think would help me? The research shows that none of those characteristics actually predict any clinical outcomes. None of them.

You know, counseling works for all people all over the world if the patient is serious about it. What makes them serious about it though, is if they have a sense of a therapeutic alliance. Usually that therapeutic alliance comes from, I trust this counselor as an educated licensed professional who's experienced in my topic area, and they can help me with my topic.

It's not necessarily that they're the same skin color, the same age, the same background as you. Usually that actually, according to science studies, is a very, very tiny portion of the variance predicting therapeutic success. A lot of what you're talking about is essentially marketing hype that doesn't have much basis in clinical fact.

And I think it'd be very hard to program almost any of that into text-based, language-based responses. I don't know if that has really potential or not. I think right now it's a lot of marketing hype that doesn't have any signs to back it up from what I can tell, despite what all the advertising is telling employers about that.

HOST: *Yeah, sure. Okay. Well, having gone thermonuclear right out of the gate by dropping that big question on you, let's back up and discuss your study on delivery modalities. First, give our listeners a sense of the methodology. Then let's get into some of your main findings.*

Well, sure. Thanks for that opportunity to talk about this study. It's actually the fourth in a series of analyzing data that I collected last year.

The Employee Assistance Professionals Association, EAPA, has a journal for their members, Journal of Employee Assistance, and I've been writing a column in that called EAP Evidence. And part of that relates to all these trends in the field and trying to help people figure out, well, what does the science say? What does the industry say about these different issues, mainly around technology and how to deliver services?

This is the fourth article in that series for JEA. Other ones have been on just what's going on in the field, what are trends in the field, and are there imposter EAPs or groups that are trying to be technology only without supporting the workplace? Other ones were on what's the truth or veracity of different marketing messages, and the study on marketing myths versus realities.

And this is the third data related study from that survey. And it's about, I asked about 160 some professionals all over the world who are, you know, formally active in delivering EAP services or managing EAP services, to tell me what they think is important for different kinds of services, for the bigger question that employers have of how do they support workplace mental health? It's kind of a general question.

What is important to supporting workplace mental health? And then I have 14 different specific examples of kinds of services. And the services are really in three groups.

One is primarily counseling or coaching or consulting for the workplace that's delivered in person, or could be delivered in an offsite clinic somewhere, which is how a lot of activity happens. Or it could be a human counselor or consultant or professional that's delivering counseling or trainings or other services through some technology, mainly online video, or it could be telephone or it could be text or email. And then there's a third group that has no human professionals at all.

It's strictly robot machines, digital tools that do risk screening, that collect data for surveys, that provide, you know, end quote sort of treatment, cognitive behavioral therapy services, where a person wants help with sleep or anxiety or depression, and they go through an online program for four or five or six or eight sessions. And that's they kind of learn about their issue, which I think is a very interesting area. I've actually published studies on the efficacy of those programs.

And then a last section on just AI tools and the new sort of opportunities that they may have for the field. All these professionals rated how important it is, from not important at all to very important, are these 14 different service areas that all the APs deliver today all over the world. These are not new things.

These are standard practice service deliverables. And then we got results on which is relatively more important than the others, kind of the point of the study.

HOST: *I see. Was there anything that surprised you about the study?*

Well, the key findings were that as long as there's a human professional involved, whether they deliver it in person or they deliver it through online video or over the phone, that those kinds of services are about three times more important to supporting workplace mental health than our services that don't involve a human professional. And so...

HOST: *But let me just interrupt for a moment. We know that historically EAPs have had to deal with the stigma issue, which is obviously a barrier for utilization. Did your study really get into that? In other words, you refer to a hybrid model using technology, but also having that handoff to a counselor to pursue that interaction. Has AI or any of these technology tools in the beginning of the process, I don't know if your study touched on this, has that lowered that barrier to entry to utilization?*

Well, sort of. I think where it's used a lot is, let's say, a third or two-thirds of a company will take an online education tool to say, is my sleep disturbed? Do I have depression symptoms?

Am I too anxious? And so, they can get feedback on themselves, relevant to standardized clinical tools about risk screening, essentially, and then education about how to self-manage those things. So, that area of AI and tools has been around about 10, 15 years, and they're just terrific.

The challenge is when employers think that that's all they have to do, to support mental health is provide an app or a tool. And what we found in the last five years since COVID is that the vast majority of people don't like those tools for actual treatment. And 70 to 90% drop out after trying them once or twice.

And so, there are dramatic global failure in actual treatment of these tools. And so, what people have answered is, well, yes, they've opened the door to people talking about this, to secretly, privately reading about it and learning about it, which is terrific. But what we found is that most people want a professional to then help them navigate, well, how do I go forward with trying to figure out what seems to be elevated levels of anxiety or depression or stress or all these different behavioral health topics?

And they want more than just self care. And the problem with the self care is what you mentioned earlier about, is it culturally attuned? Is it clinically attuned? And more importantly, is it just attuned to me as a patient? And the way that these tools are programmed is they expect people to behave in the way that other patients have behaved. And 100% of the time, that's never the case.

Every client is unique. And so, that's why people get frustrated and drop out, even though they're quite useful and interesting and helpful and very educational. They've done a

tremendous job to educate employers and people about these topics, which were sort of secret and forbidden and you don't talk about it.

Yes the stigma has gone way down, especially among younger generations. The stigma for substance and alcohol is still very, very high. People don't want to talk about it.

It's still only about three of every 100 EAP cases worldwide, even though they're all trained in how to handle addictions and support. So that is still a big taboo. But the other mental health sides of it and the workplace sides of it and stress and money and all the things that are impacting most employees, these tools have been very helpful, but they're very focused and limited in what they actually do in real practice.

There's a lot of studies and I've published three studies that show if used properly, these things are helpful and can improve symptoms. But that's five or 10 or 20 percent of most users, because everyone else drops out. Employers are buying tools that they figured out once they get the real utilization data, that they're really only being used to a limited degree for what their stated purpose is of clinical treatment, despite having a handful of academic studies that show it can work under ideal circumstances.

But the world is not ideal. People are messy, they want what they want. The reality of how these tools are being used has brought people back to saying, well, how do professionals do this?

How do real counselors handle this? How can we get people to go from their app to being connected to their EAP or connected to health benefits, where they can get actual, more impactful kinds of support? There's been backlash around, yes, that's opened the door, but then people go through the door and they don't know what to do, especially if you're depressed or anxious or you have clinical issues, you're not really appropriately set up to use self-paced tools. By definition, you're impaired.

HOST: *You know, that's what it means to think health. Yeah, no, that's a really good point, I think.*

Some of this stuff just doesn't make sense, and the marketing says it's great, but then people have bought it and they've been trying it for a number of years. And yes, people like to do therapy over video or over the phone or over email, however they want to do it. The big aha from all of this is, yes, we can talk about this, but how do you want to talk about it?

Do you want to go to a private clinic in person where you feel safe and secure? And there's a certificate on the wall that this is a licensed person. Do you want to do email?

Do you want to chat? Do you want to see a person on video? Do you want to just talk on the phone?

What is the patient preference has really become the rule for the whole field? What kind of contact does the client want? Does the troubled employee want?
And these that cannot provide all those modalities are in trouble. And that's what my study says. My study says all of these tools are important and it's up to the client to say, here's what I'm comfortable using.

And if you can't provide modalities that support all of these things with professionals at each modality, you're really only providing a partial EAP and that's what I call imposter EAPs. If you're technology only, you're not really serving what the employer is buying.

HOST: *Let me ask you, is, I understand that it's important that the employee's preference is taken into account because otherwise that's going to be a major barrier if only a couple of channels are available to them. But have you seen any studies where one type of interaction is more efficacious than another taking out of the equation the employee's preference?*

Actually, no, all of the technology tools, if they have a human professional involved, what is the most effective is a human who's licensed professional, clinically trained person as opposed to another, like they have a lot of psychological first aid programs where they're non-professionals or just other employees in the field. And there's a big movement worldwide to do psychological first aid training. That's a complete failure from a clinical treatment standpoint because they have no training in how to provide clinical services.

But they are good at reducing stigma and getting people to talk about issues and referring them to an EAP or a professional. The psychological first aid (PFA) movement has really two results. One is it's terrible at treatment because they don't know how to do treatment, and they shouldn't be doing treatment ethically.

But it is really good at reducing stigma and referrals to EAP.

HOST: *How does that exactly work? Is that sort of about training people who don't have the training, almost like deputizing people?*

It's a big deal in other countries around the world, not so much in the US, because they have legal and government mandates to support psychologically safe workplaces. They want to train managers and train employees on how to recognize mental health symptoms, is someone at risk for depression or anxiety or stress or maybe even suicidal, and could you intervene and direct them to get some help? And unions have been doing this forever in the US and the United States.

They have a 30- or 40-year history of peer support groups and union-based workplaces to help prevent employees from getting into deeper trouble if they have a mental health issue or a substance issue. And so that model works very well, but it's not about treatment. It's about awareness and referral.

We have many studies that show the treatment side of PFA is a big failure. It just doesn't work because they don't know how to do treatment. But that really shouldn't be the goal.

The goal should be raising awareness, reducing stigma, making referrals. And so that kind of movement has very clear evidence in the research literature. The other kind of evidence that's very clear, Charles, is it doesn't really matter what the modality of communication is between a professional licensed trained therapist and a client, whether it's in person, face to face.

You know, I can look at you, you're sitting in the chair across from me, or if it's over the telephone, there's about 30 years of telephone research. Or more recently, the last 10 or five years in particular, you know, video exchanges between professional counselors and clients. And actually, now even texting and email, well, there's a lot less data on that because people don't like it as much, they don't use it as much.

They want to talk or see their client and they want live interaction. That's what my study found too. The live interactions were much more important, 60-some percent very important to users as opposed to 40-some important for text only.

Most people want live interactions, not asynchronous interactions. The data worldwide shows that that's equally efficacious as long as there's a professional involved. The third area is if there's no professional and it's just a coach or a peer or a machine only, or you're texting with a robot and it's texting you back, that can be effective.

But the data is the majority of the time, it's ineffective because people drop out and they just stop engaging. And yes, people drop out of live human therapy, but far, far less than they do interacting with machines. And so those are the three main results.

HOST: *Yeah, yeah, makes sense.*

That's worldwide global data, different countries, different culture, different languages, you know, very diverse backgrounds. But you know, mental health treatment is delivered all over the world. We have a great global science database to look at now, which is very useful to help, you know, answer these kinds of questions.

HOST: *Yeah, I kind of want to come back to that. You know, Mark, the threat of AI has caused a great deal of anxiety, as you know, with people at all levels of the organization, regardless of what skills you have, or at risk of being replaced, or at least minimize the AI. Now, it seems to me that EAPs should or will have a major role in allaying these anxieties. That may be where they are most critical, I think, going forward, not to be too reductive here, but have you seen this happening, where EAPs are getting more into counseling regarding these AI-related career anxieties?*

Well, typically, in all the reasons people talk to a professional counselor at an EAP, work-related components of that are, you know, maybe 10 to 20% at most EAPs, with the majority being relationships and family and romantic, and then anxiety, depression, mental health kinds of topics. Those are kind of the big three. But why people are stressed or why they're having discussions could involve, is my job secure?

That's, of course, a fundamental fear for most people. And I think in many parts of society, the very rapid rise of AI and certain industries could be a big anxiety-related factor right now. I know globally in the US and other data I've looked at – like the new 2024 Workplace Outcome Suite (WOS) Industry Report. We just published one last month. It has over 140,000 cases worldwide. Anxiety has now become the number one issue at EAPs around the world.

So, you know, worrying about their job for different reasons, like AI replacing them, you know, could be part of that anxiety. It could be a lot of other areas too. I know that what we found, at least in my study recently, the fourth study we talked about was a resurgence of interest from employers asking their EAPs to do more trainings and more supportive managers on a preventative basis about being a good place to work.

And, you know, the human side of, am I a good manager? Am I a good leader? How can I do a better job of that? How can I retain my staff? Which was a big issue, you know, during COVID. And sort of the quiet quitting and all of that sort of HR talk.

And so that side of EAPs that are full service, that have people who can do training, who can do consulting with managers, with leaders, actually has been what's driving a lot of EAP profitability, especially in the US and in the UK, where they've been asking to do these kinds of workplace culture interventions from the EAP side, mainly because they want to be a good place to work. And as AI comes in and changes how we work, I think can you trust your manager, can you trust your workplace is a big deal. And so that's what they've been asking a lot of the full service, kind of more regional size EAPs that do a lot more organizational training and coaching and consulting, and they have people experienced in that.

And that's what they do a lot of in the UK and Canada and other countries. They do a lot of this organizational support and internal programs in the EAP, where they have full time staff at universities or hospitals or big companies. They're full time EAP counselors at one company.

They do a lot of this sort of intervention at the manager level, organizational level. And I think trying to be a better workplace, trying to have a psychologically safe culture, trying to be a place that people want to work at, is maybe one way that employers are trying to prevent some of these fears from being dominant in their workforce, and he's being concerned about that. I haven't seen a lot of specific fears about AI and EAP.

It's mainly been more around the issue of would an AI “counselor” or chat bot tool replace me as a counselor? I think very few counselors are afraid of that at all, frankly, because the data says that it's just not happening already.

HOST: *So, you're saying that EAP counselors are not concerned that EAP is starting to encroach on what they do and as a threat?*

No, not at all. No. They know that people want real counseling.

They want counseling that works. The data shows the majority of people drop out of these tools. So, it's a marketing scam.

It's not how people use these tools. So, they're not really afraid of that or concerned about that. They'd like to figure out how to take advantage of these tools, to take better case notes, to collect better outcomes, to do a better job of what they do.

But the fears of technology and robot-only tools are real in the field. For instance, my article I posted a couple of weeks ago has over 6,600 impressions on LinkedIn for people in the field. Thus, they are very concerned about the general issue of technology in workplace counseling.

But the fact of it is, the data shows, and I work a lot of big EAPs nationally and internationally, the data shows a lot of people actually now, since COVID has recovered, so to speak, prefer in-person counseling, even though it takes more time to go somewhere and see a counselor, then they could do it over a video or over the phone. And very few people - maybe five or 10 percent - actually use these chat bot tools at the EAPs who sell them. Thus, it's just not a real fear.

The client really doesn't like all these tools. They're being forced to use them, and if they can, they want to talk to someone live, whether it's on video or phone or in-person. And most of the EAPs I talk with that do provide all the mentalities, they've seen probably 10 to 20, 30-minute shift in their utilization back to in-person, face-to-face.

And many employers actually are paying more to have counselors have offices on-site at their big worksite locations that have a couple thousand people. And so, there's actually been sort of an old school movement in the last couple of years against all of this stuff, not for any political reason or management reason, but because this is what the employees are asking for. This is what they're actually behaving when they call up and say, I want services.

I want in-person services. I want a live counselor. Yes, I can use an app and I like that.

And that's part of my response. But I want the full response. I want full care.

And in an environment where people are leaving companies and they're quitting, employers are very sensitive to do they have good enough benefits. Employers are trying to do everything. And these AI tools are part of that. And I think that's great. But the fear is that that's all they're going to do.

HOST: *Right. Oh, that's an encouraging development. I didn't think that that would be the case.*

We spoke about global EAPs differences between EAPs here in the States, in Europe and Canada. How would you boil down those differences again, at the risk of being overly reductive as far as acceptance, as far as utilization, as far as support, as far as efficacy? How would you say? And would you say that just as an example, EAPs in Europe are a little bit more forward thinking than they are here?

Well, part of it, that's, I think, probably one of the bigger questions in the field now. And because I work for myself, I get invited to work with different organizations in Europe, in Canada. I'm doing a big project now for the Employee Assistance Professionals Association of Australasia (EAPAA) for Australia and New Zealand.

They have a big challenge in their field of companies that are new and technology-based, doing wellness and AI, saying that the utilization is 50% or whatever versus EAP counseling utilization, typically, you know, 5% or so. And they're confusing employers about how does utilization work. And they're counting all of these self-use apps and tools as the same way they would count a live human counselor.

Often they're not counting any of the training, organizational managerial crisis kind of support that we've been talking about, that is all in-person done by professionals, you know, at the work site. Some of the marketing from these companies has some sort of debunking and myth busting reports that will be coming out about how does real EAP work for real employers. And a lot of that is driven by legislation in New Zealand and Australia and most of Europe, and particularly in Ireland and certain countries where it's against the law to have a psychologically unsafe workplace, literally against the law and you can be sued and put in jail and so forth.

Employers outside of the US actually have government mandates around being a good place to work, essentially. And so they've been asking EAPs then, well, not only do you need to support my troubled worker individually with, you know, counseling or coaching or whatever resources they may need, which may include AI and well-being tools, which is fine, but how do you help me train my managers, train my leadership, so that we have a culture and our operational HR practices meet the government standards for psychological safety? And that is a fact.

It's been going on. And part of a fact point around that is the World Health Organization, you know, the WHO came out with a major report a few months ago about how the workplace is part of mental health. And so outside of the US, which is still very individually focused in its politics and its policies and its benefits, the rest of the world is saying, well, the big deal is changing the workplace to be better and safer and more supportive.

And I think that's a really good trend, and I think that will continue. Canada is voluntary, but the vast majority of big employers have been involved with the National Mental Health Commission for over 13 years now to promote these standards of psychological safety in the workplace. Canada is the real pioneer and leader in all of this

And their model has been adopted in, you know, Australia and New Zealand and most of Europe and South Africa is trying to adopt many of these practices. It's actually very exciting outside of the US to see the progress where the employer is part of the problem and therefore also part of the solution. In the US, they tend to just blame the employee and say, take this app and get better, you know, which is a very, very amateurish response to a complex problem.

The rest of the world is more mature and more sophisticated around this whole workplace mental health topic, both in the legislative side and in what they're asking EAPs to do.

HOST: *Yeah, very, very interesting. We talked about some dominant trends, but what do you see as the next evolution in EAP?*

Well, that's a big question. I think the technology-

HOST: *By the way, Mark, we only asked the big questions here in the AIX podcast.*

Well, I think the technology side of this will continue to get a lot stronger. And I think there will be less sort of resistance and fears from counselors and from EAPs as they realize how to leverage those in ways that are clinically and ethically appropriate. I think part of the challenges are companies that have been caught selling patient data and privacy-related data that are technology-based companies that have created some real big ethical problems for a lot of the technology areas.

Like, for instance, BetterHelp, one of the big public employees or just people in general can get counseling from them. They advertise constantly on TV. People probably don't know they were fined $7.8 million by the US government for selling patient data to online advertisers.

Cerebral is in litigation around that, so is Headway. There's a number of other companies that do addictions-related support that are selling patient data to advertisers. And so, I think there's a lot of concern about, if I give my information to one of these online tools or apps, what's going to happen to that?

Whereas when you talk to a counselor, especially in person, that's completely private and confidential and always has been. And so, I think as these tech companies that historically have no ethics around a lot of these things, it's just part of their business model, and they even say that, and they don't take legal responsibility for their content and their data either. In these contracts, a lot of them say, well, that's the employer's responsibility, when no EAP does that.

And I've heard of none of my EAPs that I work with globally have ever been sued for any of these issues. Their whole ethics are based on providing ethical service. And so, I think the

ethical challenges around AI in particular and just data privacy, this technologically curated is the big challenge that the field has to address, is the ethics of all this, frankly.

HOST: *That sounds about right. Well, Mark, this has been a really interesting, insightful conversation. Of course, I expect no less from you. Thanks so much for spending this time with us today.*

Well, good. Thank you for inviting me. I look forward to listening to your other podcasts and learning from them as well. Thanks for getting this whole project going.

HOST: *Yeah, no, of course. And, you know, maybe we'll do occasional check-ins with you because you're always doing very interesting and timely studies all over the world. So, we're going to have to have you have to have you back.*

Wonderful. I love it. Thank you.

HOST: *Yes. Well, thank you. Today I spoke with Dr. Mark Attridge, president of the eponymous Attridge Consulting, Inc, which focuses on workplace mental health and employee assistance programs. Mark joined us today from his headquarters in Minneapolis. This is Charles Epstein for the AIX Factor podcast. Thanks for listening.*

37 minutes

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