

# The New Frontier of Artificial Intelligence in EAP: Highlights of Global Industry Survey

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*Milwaukee, Wisconsin*

Mark Attridge, PhD, MA (virtual)

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The potential transformative impact of AI on science, education, work and society is critical to the future of employee assistance. Popular AI tools can generate text and pictures, answer questions, and enhance productivity and creativity. AI in the mental health service delivery context generally involves three areas: 1) chatbot-based virtual therapy tools; 2) emotional health management apps (iCBT programs, mindfulness, meditation), and 3) smart mental health tools (wearable machine-based sensors in watches, smartphones or on the body) that can monitor sleep, mood, and activity. Other AI applications analyze large datasets comprised of written text, social media content, health records, and other sources for identifying trends, early diagnosis, treatment support, and relapse identification. Professor Daniel Hughes and Mark Attridge designed a survey to better understand where, how and why EAPs are employing AI at their organizations and vendor businesses. We wanted to understand what is working, what is not working and why. Additionally, we asked about ethical and operational concerns. We conducted an online self-report survey. With help of EAPA and 7 other major associations and professional groups in the EAP field, a call for participants was sent out globally. We have data and comments from over 200 returned responses including a mix of external vendors and internal staff model programs for large organizations in business, education and government settings. Preliminary results revealed limited actual business-level use by EAPs of AI tools for service delivery and widespread ambivalence toward AI with a range of both positive and negative attitudes among professionals in the field

## Study Authors

# Mark Attridge, PhD, MA

Dr. Attridge is the President of Attridge Consulting, Inc.

Mark is a thought leader with deep expertise in the workplace mental health field. For 10 years he was the R&D manager for Optum's EAP. This was followed by being a national director at Watson Wyatt consulting. Since 2007, Mark has consulted with over 75 corporate and non-profit clients across the United States and internationally. He has written over 300 scholarly papers and conference presentations. His research on workplace mental health topics has been downloaded over 91,000 times from the EA Digital Archive. He leads the Workplace Outcome Suite (WOS) global research project and writes the EAP Evidence column for the *Journal of Employee Assistance* at EAPA.



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## Study Authors

# Daniel Hughes, PhD, CEAP

Dr. Hughes is an Associate Professor of Environmental Medicine and Public Health at the Icahn School of Medicine, Mount Sinai and the Director of the Mount Sinai Health System's Employee Assistance Program (EAP). Dan is New York State Licensed Clinical Social Worker (LCSW-R), a Certified Employee Assistance Professional (CEAP) and a socio-behavioral scientist.

His interest in workplace violence predates the pandemic and he is an active member of the Health System's Threat Assessment Team (TAT). Dr. Hughes is the past President of the Employee Assistance Roundtable and has served as Chair of Employee Assistance Professional Association's (EAPA) Research Committee. He has published extensively and presented at professional conferences in Asia, Australia, Europe and North America.

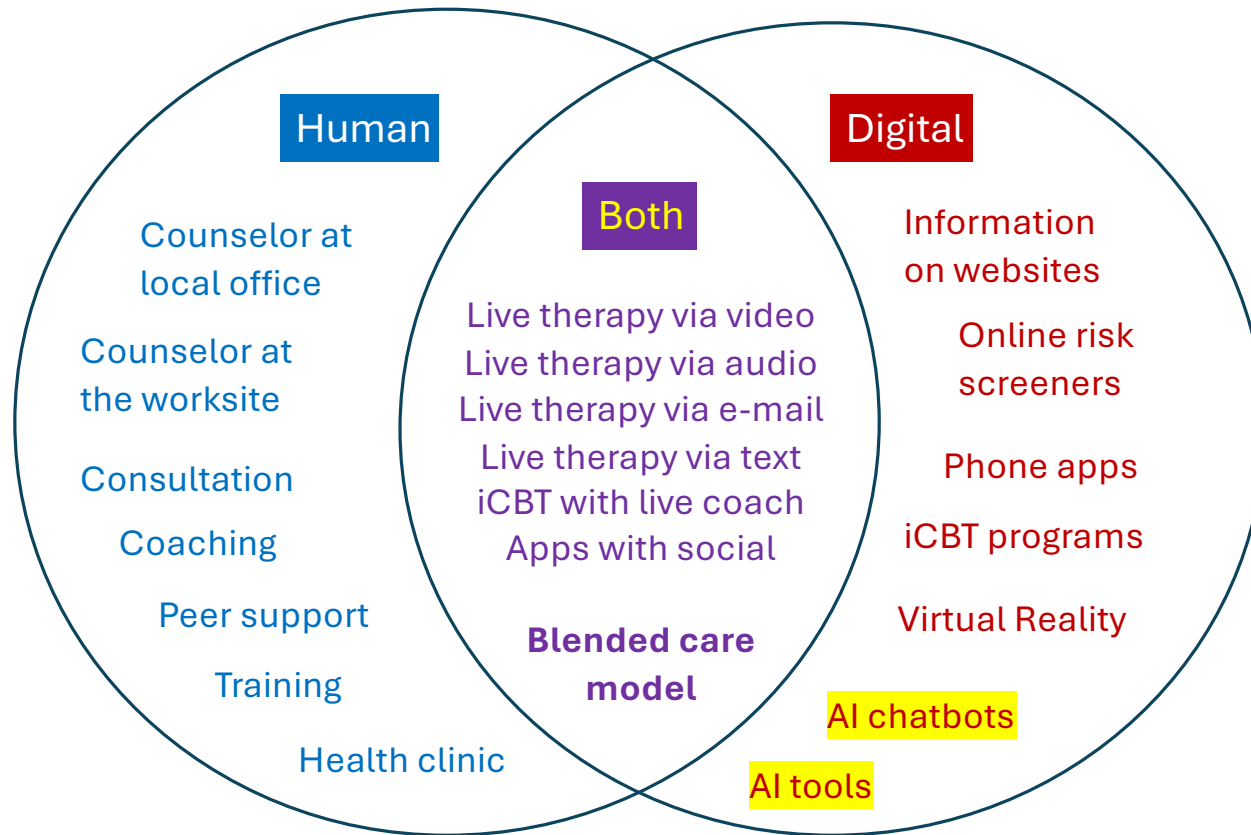


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# Study Overview

- Topic – Why study AI now
- Methodology – online survey
- Unprecedented support in call for participants from all 8 major EAP industry professional associations and groups. Planned presentation as well for each group.
- Authors – each has 25+ years experience in EAP field research

# Human / Digital Overlap for Mental Health Support



## AI Definition for Study

In mental health service delivery context, AI generally involves four areas:

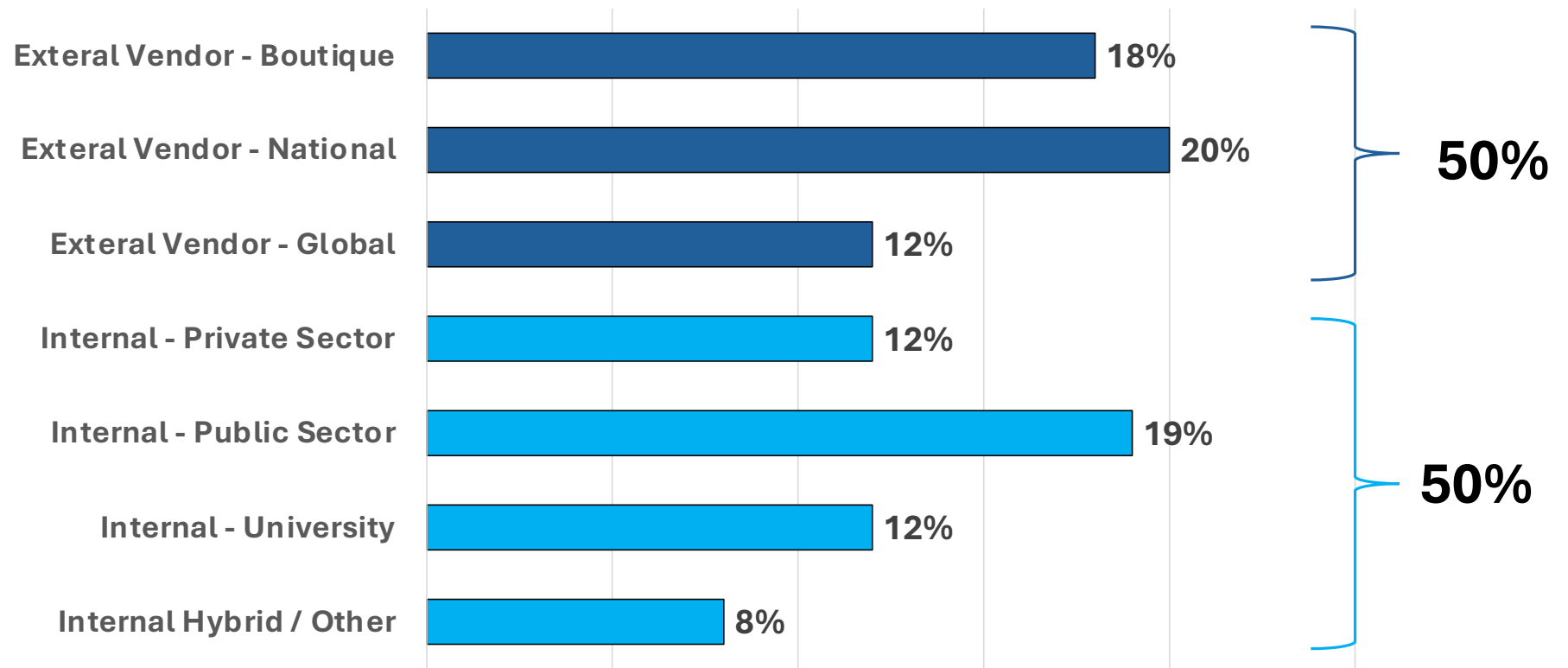
- 1) **chatbot** virtual therapy tools (dynamic);
- 2) emotional health management **apps** – structured use modules (iCBT programs, mindfulness);
- 3) wearable **smart data tools** (machine-based sensors in watches, smartphones or on the body) and monitoring of sleep, mood, and activity;
- 4) analyze **large datasets** comprised of written text, social media content, health records, and other sources for early diagnosis, treatment support, and relapse identification.

# Study Sample – Total

# Total Sample Characteristics: Person

- Call for Participants in Dec. 2024 through Feb. 2025
- Number total participants: **N = 222**
- Geo-Location: 25 different countries
- Gender: 66% female / 34% male
- Age: 51 years old average (range 25 to 82)
- Years in EAP Field: 16 years average (range <5 to 30+)
- CEAP: 66% yes or in-process (but 95 missing?)
- Job Role in EAP business and service delivery (+ job title comment)
- Perspective (my EAP or myself)

# Sample Characteristics: Type of EAP Organization



N = 222 Total Sample

# Total Sample Characteristics: EAP Roles

- Job Role in EAP business and service delivery:

- 45% Business leadership
- 27% Business operations
- 35% Clinical delivery
- 26% Specialist in EAP
- 9% Other roles

*Note:* Could be more than one role

- Perspective in completing survey:

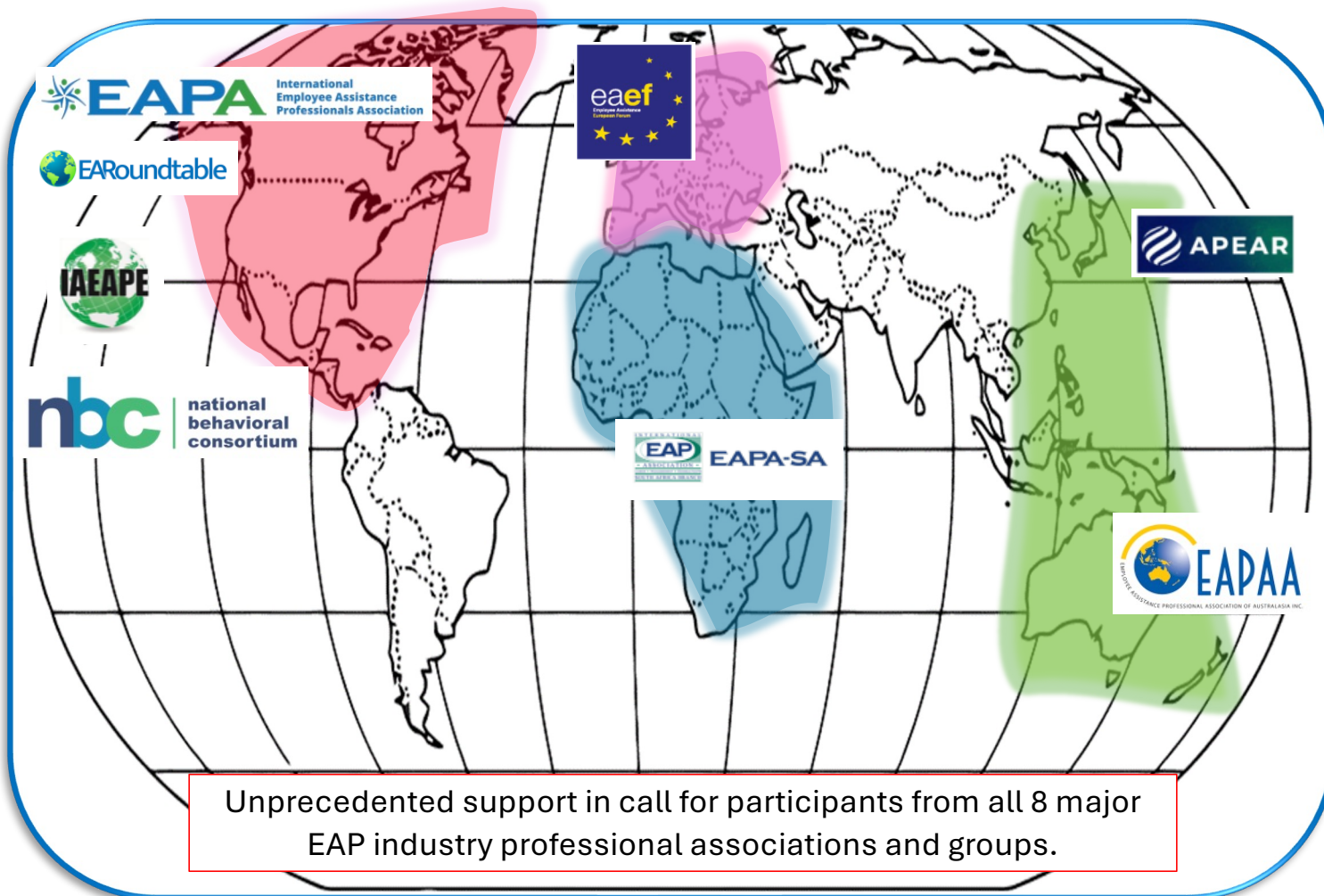
- 57% represent my EAP organization
- 43% myself as individual

North America

Europe

Africa

Asian Pacific Rim



Unprecedented support in call for participants from all 8 major EAP industry professional associations and groups.

# Sample Characteristics: EAP Industry Groups

APEAR - Asia Pacific Employee Assistance Roundtable (n = 19; 9%)

EAEF - Employee Assistance European Forum (n = 28; 13%)

EAPA - Employee Assistance Professionals Association (n = 100; 45%)

EAPA-SA - Employee Assistance Professionals Association of South Africa – or live in SA (n = 66; 30%)

EAPAA - Employee Assistance Professionals Association of Australasia (n = 17; 8%)

EAR - Employee Assistance Roundtable (internal programs) (n = 23; 10%)

IAEAPE - International Association Employee Assistance Professionals in Education (n = 32; 14%)

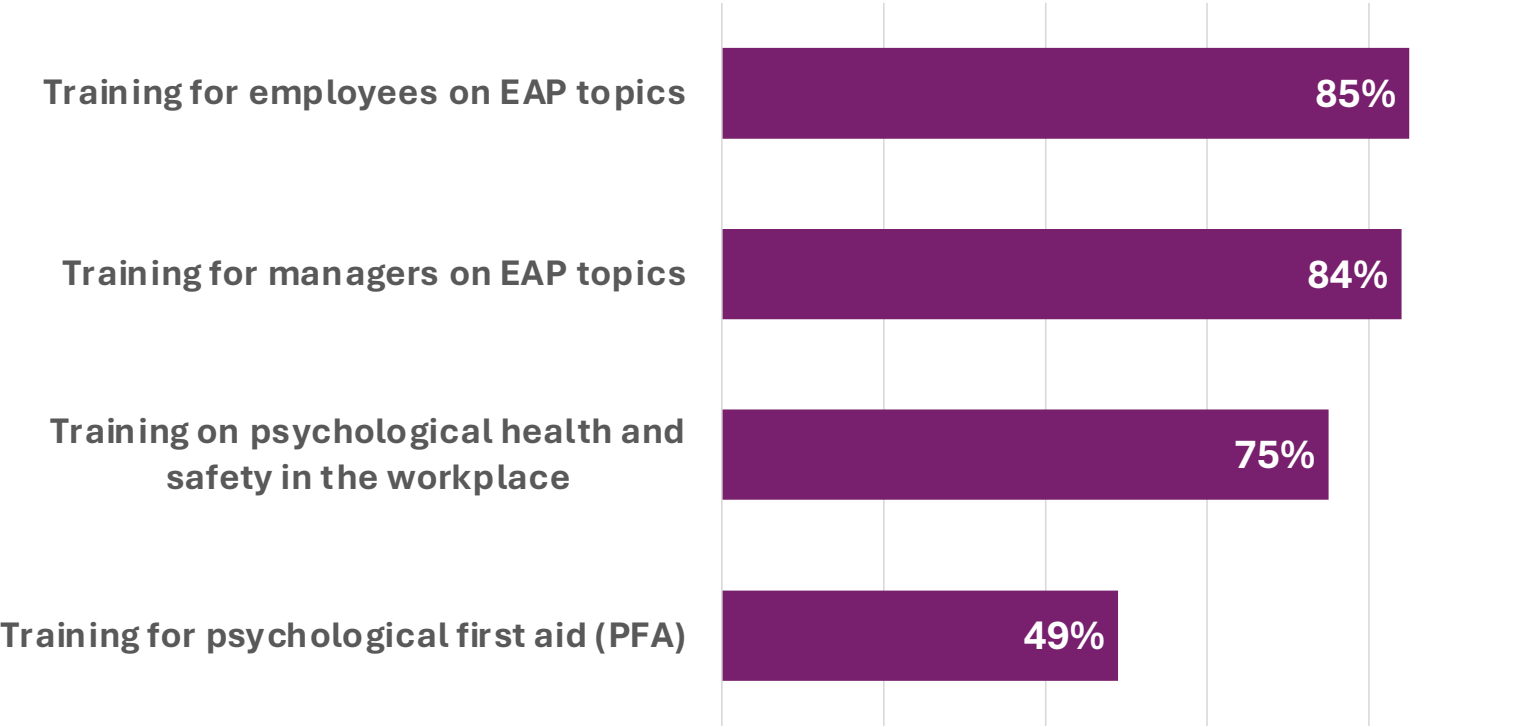
NBC - National Behavioral Consortium (n = 9; 5%)

*Note:* can be in more than one group. Total N = 222

# Total Sample Characteristics:

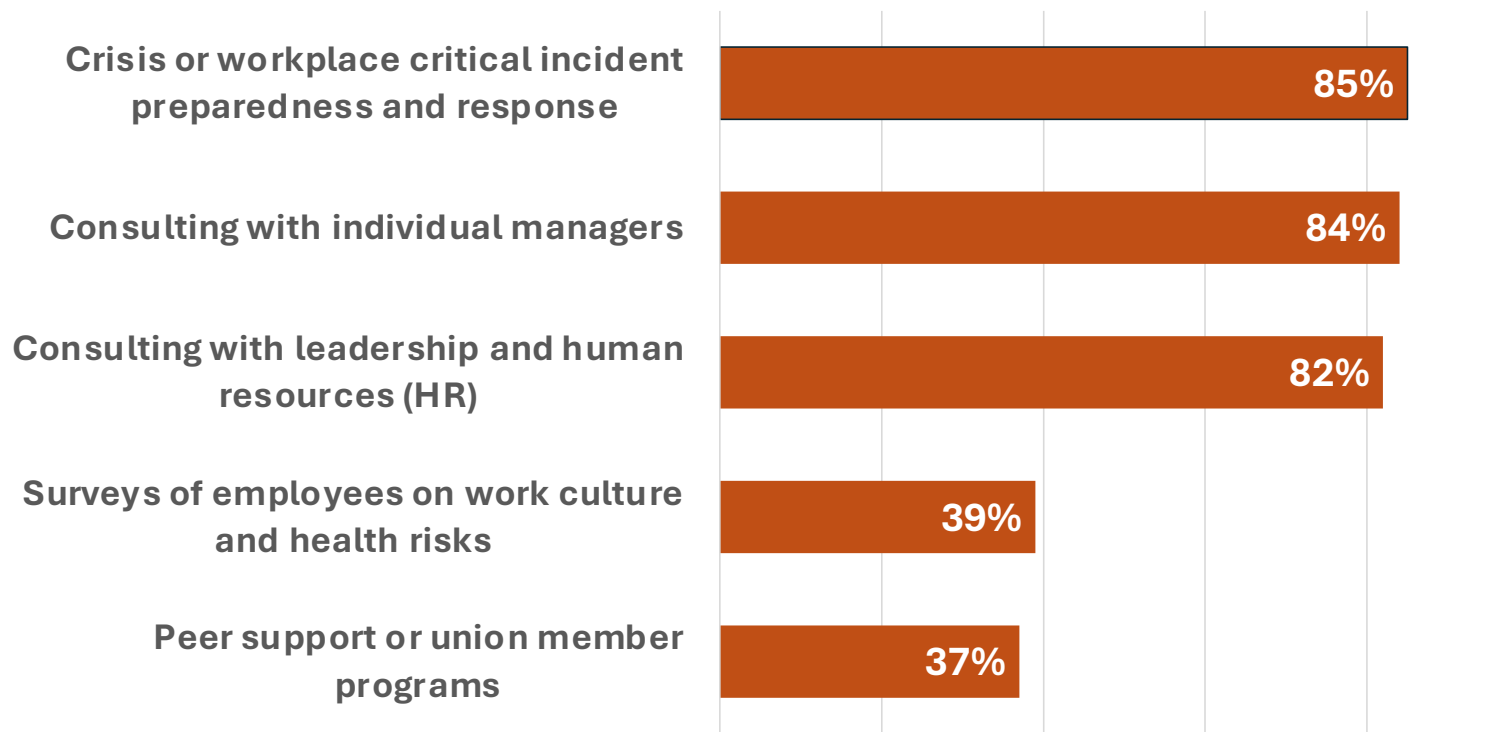
## Kinds of EAP Services Provided

Q - What kinds of **services** does your EAP organization provide?  
Check all that apply. ORGANIZATIONAL TRAINING Support



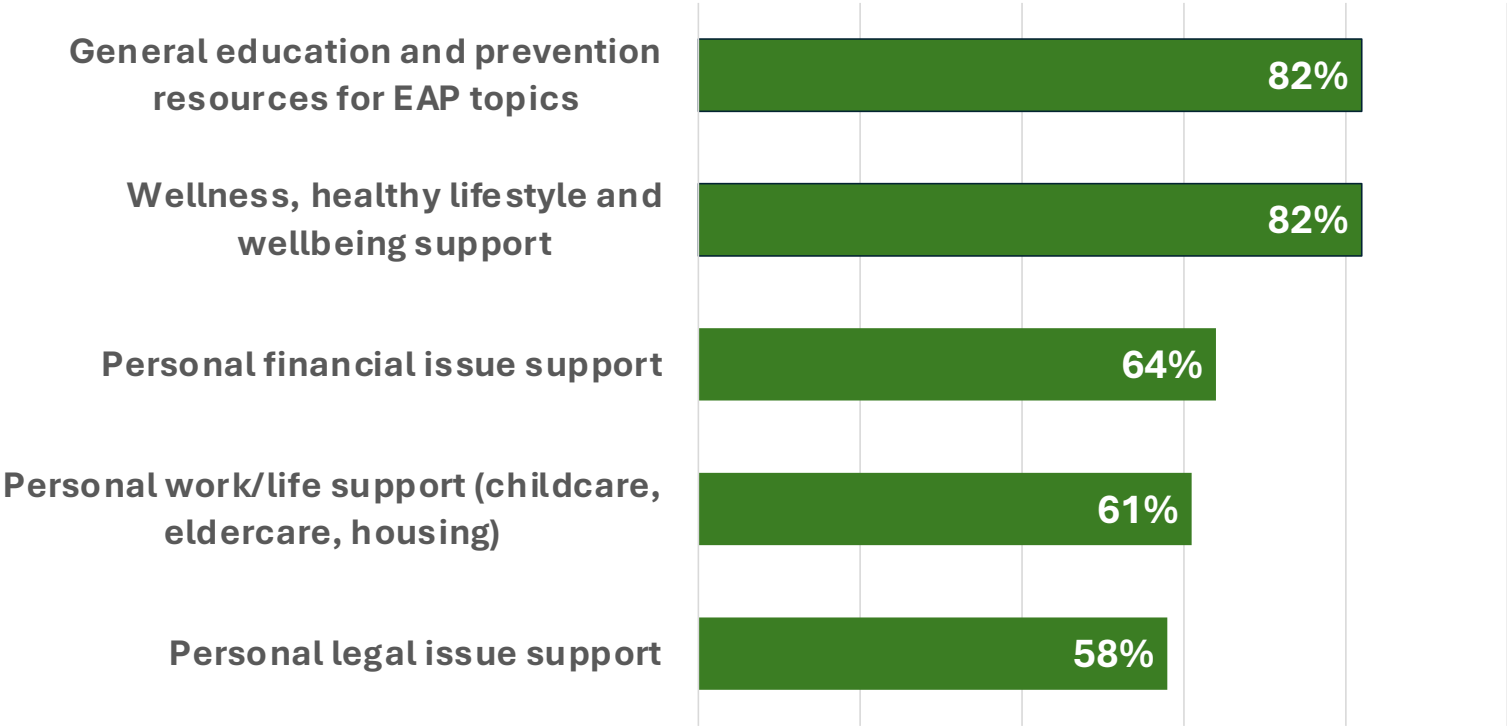
N = 171 Total Sample

Q - What kinds of **services** does your EAP organization provide?  
Check all that apply. ORGANIZATIONAL CONSULTING Support



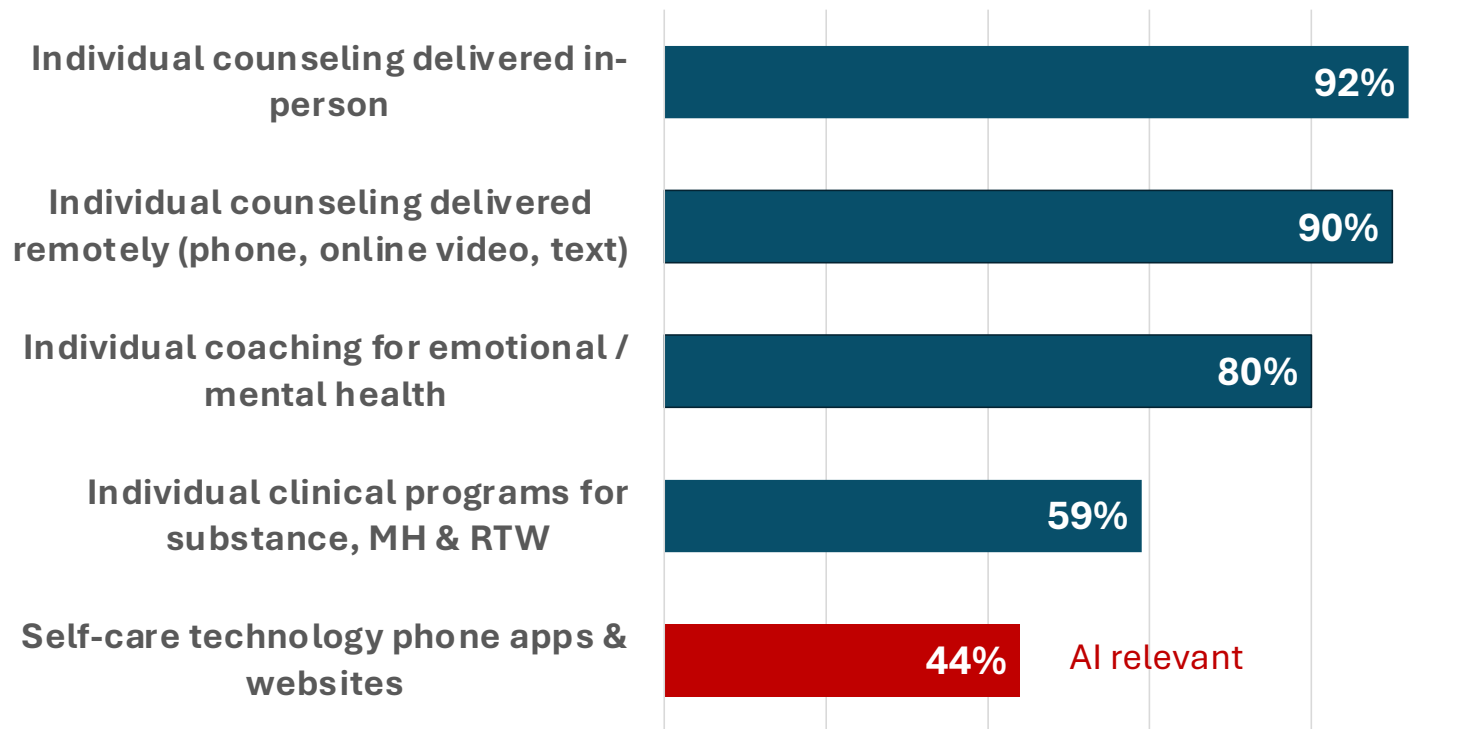
N = 171 Total Sample

Q - What kinds of **services** does your EAP organization provide?  
Check all that apply. WORK/LIFE & WELLNESS Support



N = 171 Total Sample

Q - What kinds of **services** does your EAP organization provide?  
Check all that apply. INDIVIDUAL CLINICAL Support



N = 171 Total Sample

# **EAPs Today Provide A Wide Range of Services:**

Organizational Training & Consulting  
and  
Individual Clinical and Non-Clinical  
and  
Technology-Based  
(with AI being a just a small part)

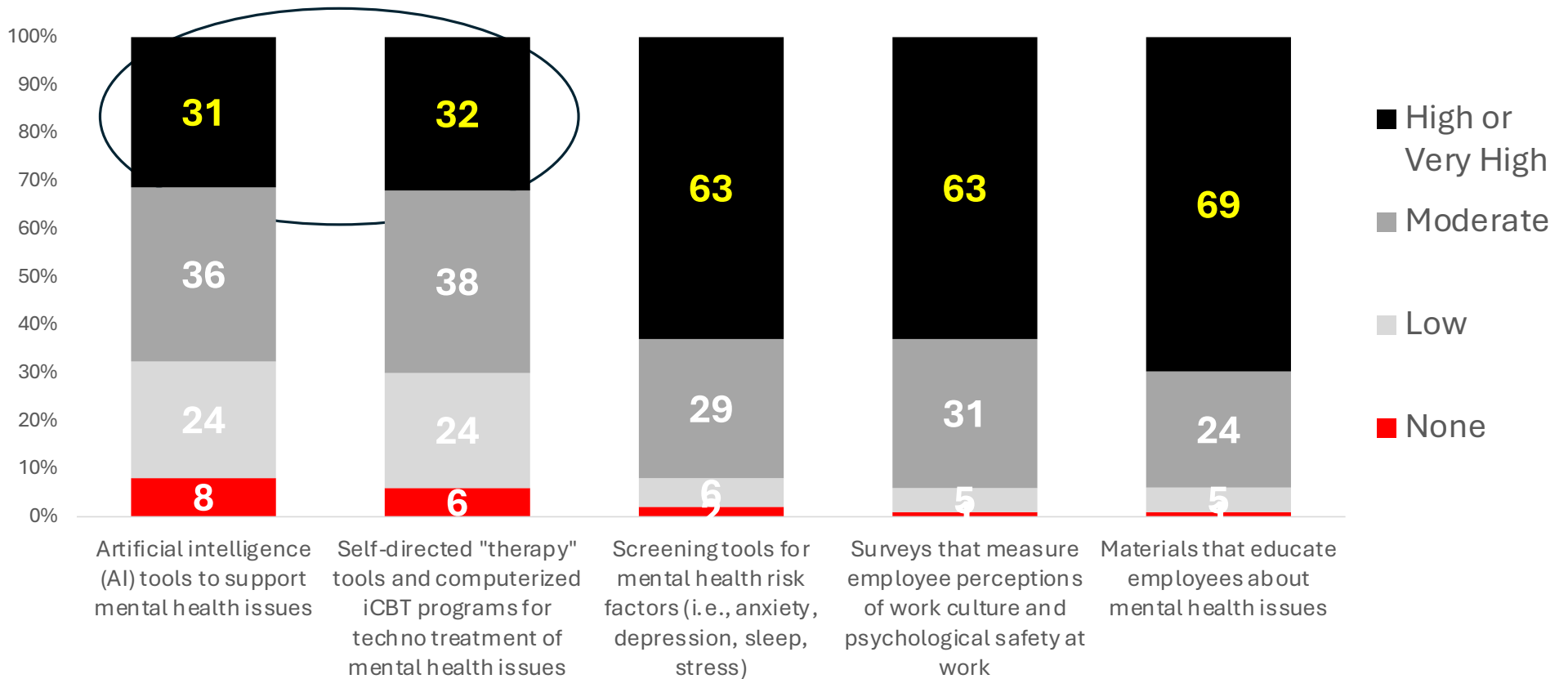
# AI Results:

## Use in EAP Field

# AI Use at My EAP (Organization Level)

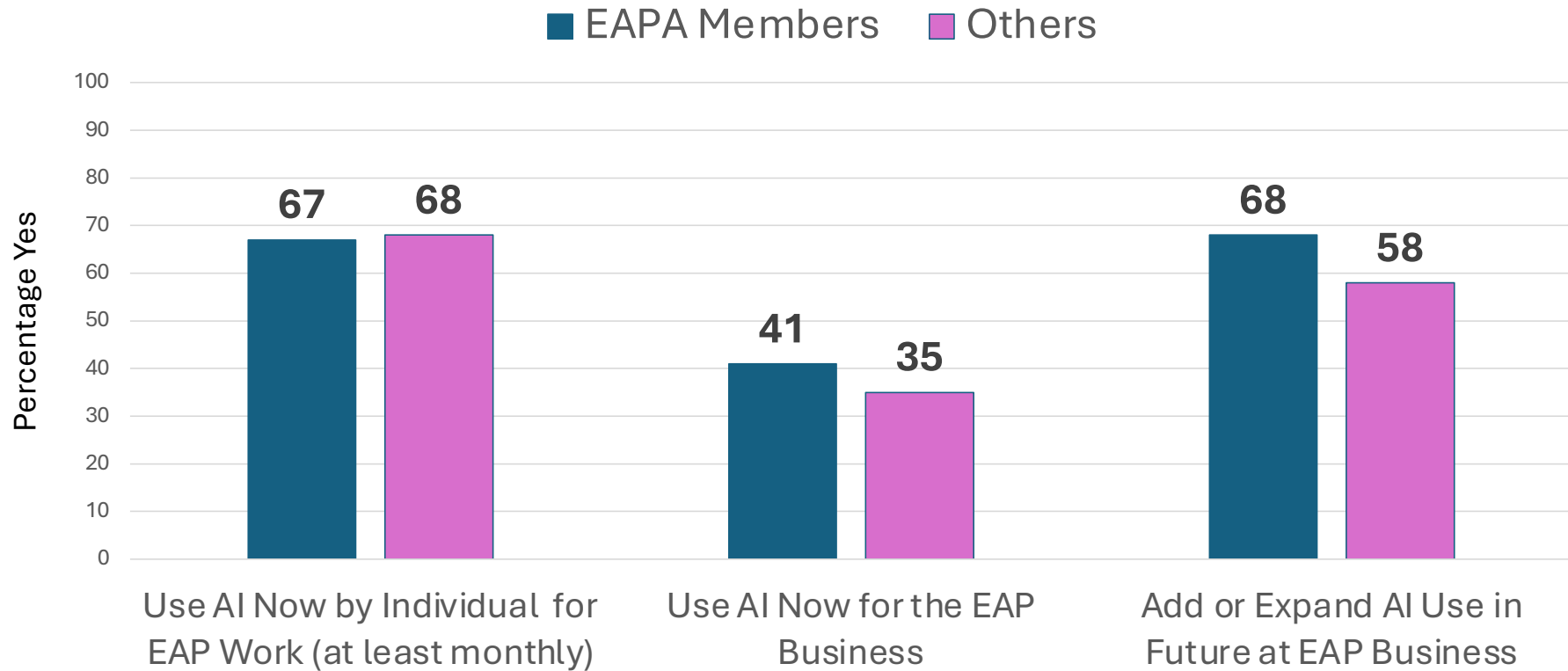
- EAP defined by using AI?
- EAP use of AI in business
- If Yes - EAP use of AI history
- EAP consider add AI in future
- AI Features of most interest to EAPs in future

## How important is this type of service to **defining** what an EAP should be?

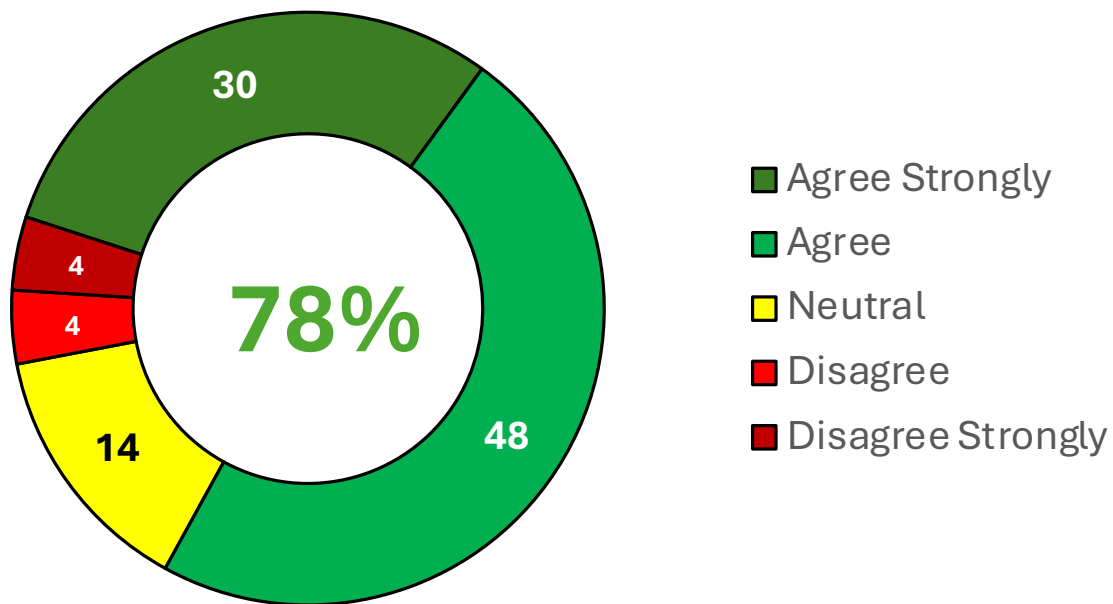


N = 222 Total Sample

# Results for AI Use by EAPs



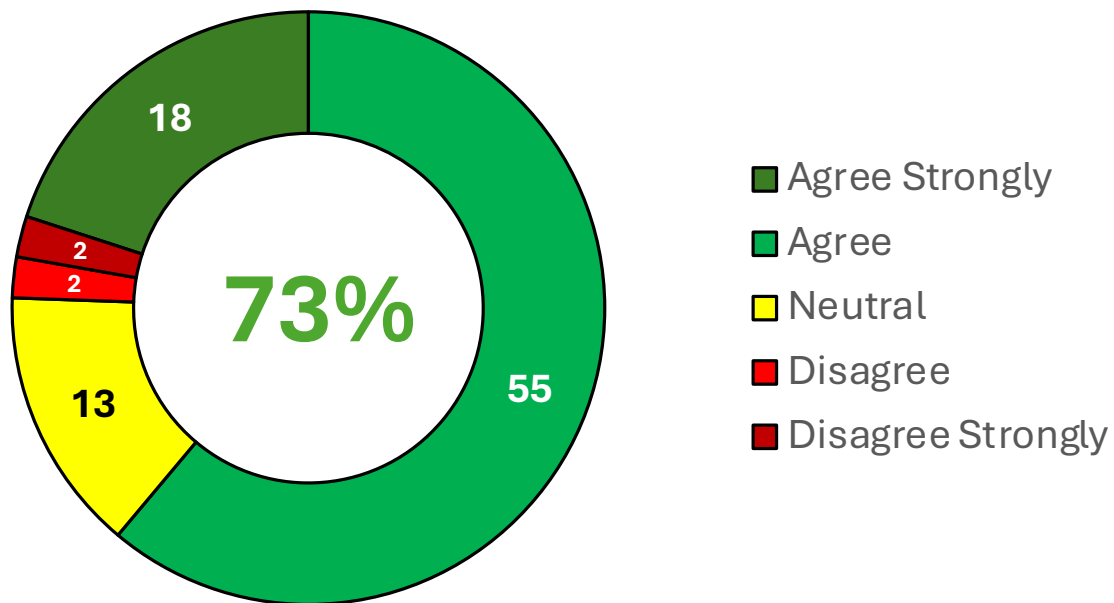
Do you believe AI will play an increasingly important role in the future of EAP service delivery?



Full Sample N = 213

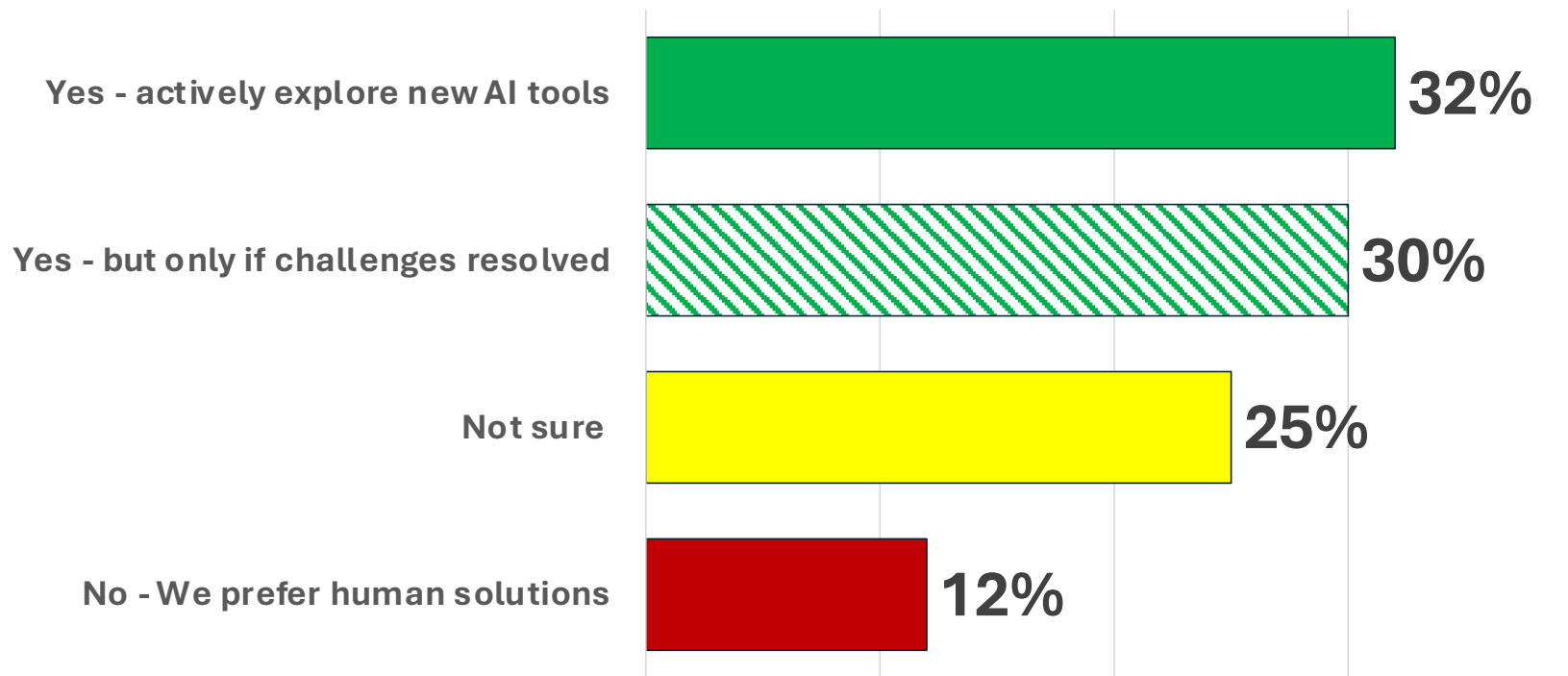
AI in EAP Study – EAPA-Wisconsin – Attridge

# Do you believe AI will play an increasingly important role in the future of EAP service delivery?



EAPA members n = 100

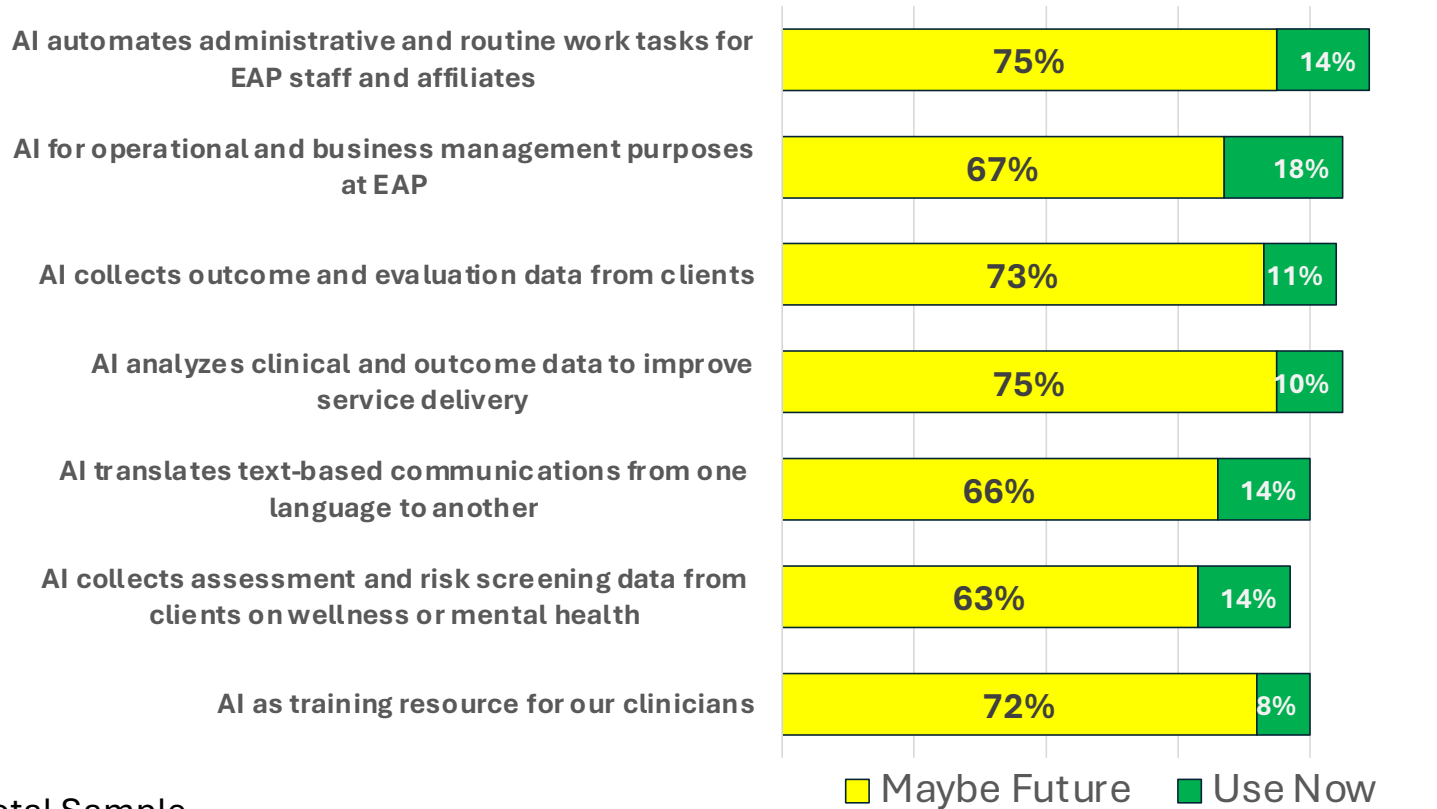
## Q - Would your EAP organization consider adding or expanding AI use in the future?



N = 201 Total Sample

Q - Which of the following AI-based solutions does your EAP organization **currently use** or has an **interest in adding in the future**? Select all that apply

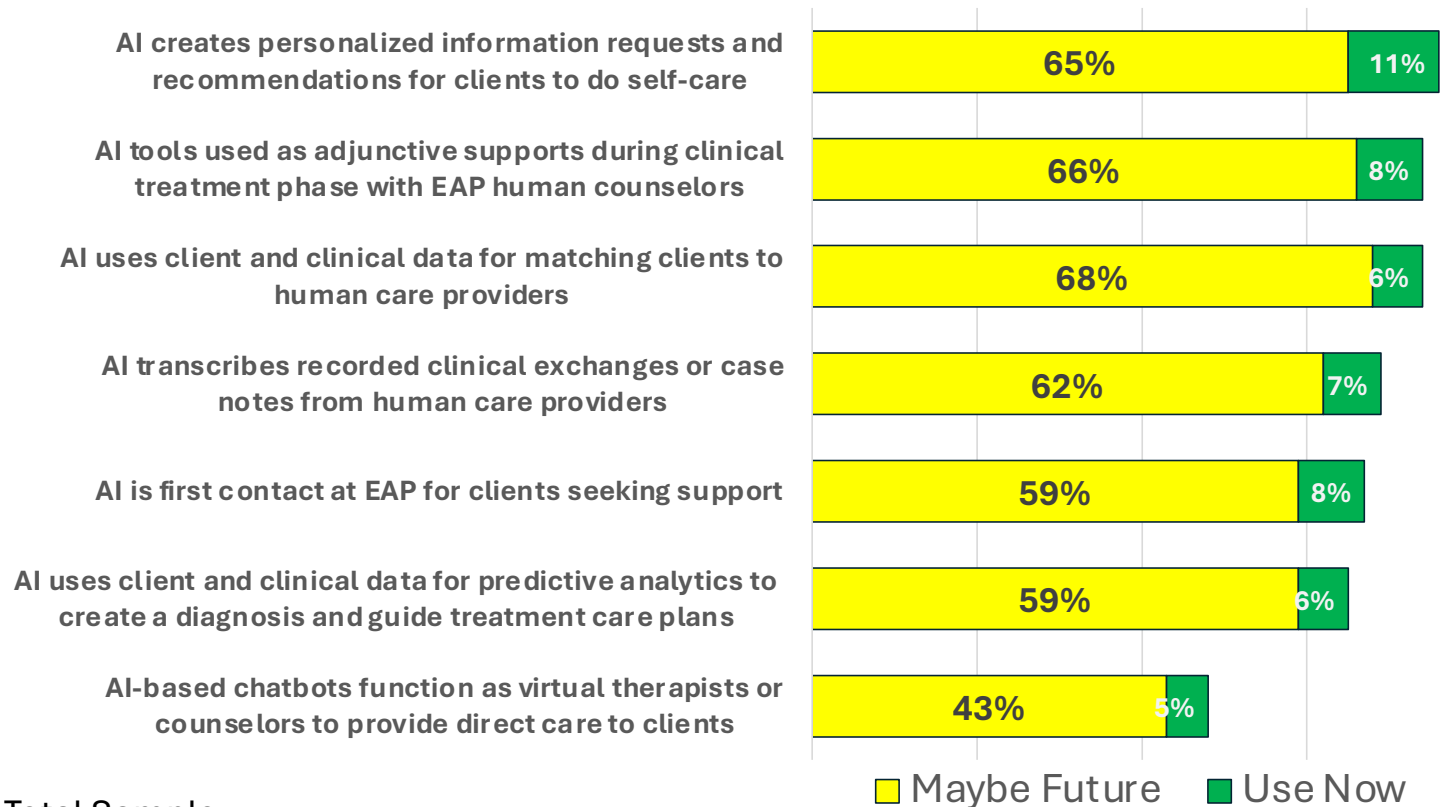
Part  
1



N = 184 Total Sample

Q - Which of the following AI-based solutions does your EAP organization currently use or has an interest in adding in the future? Select all that apply

**Part  
2**



N = 184 Total Sample

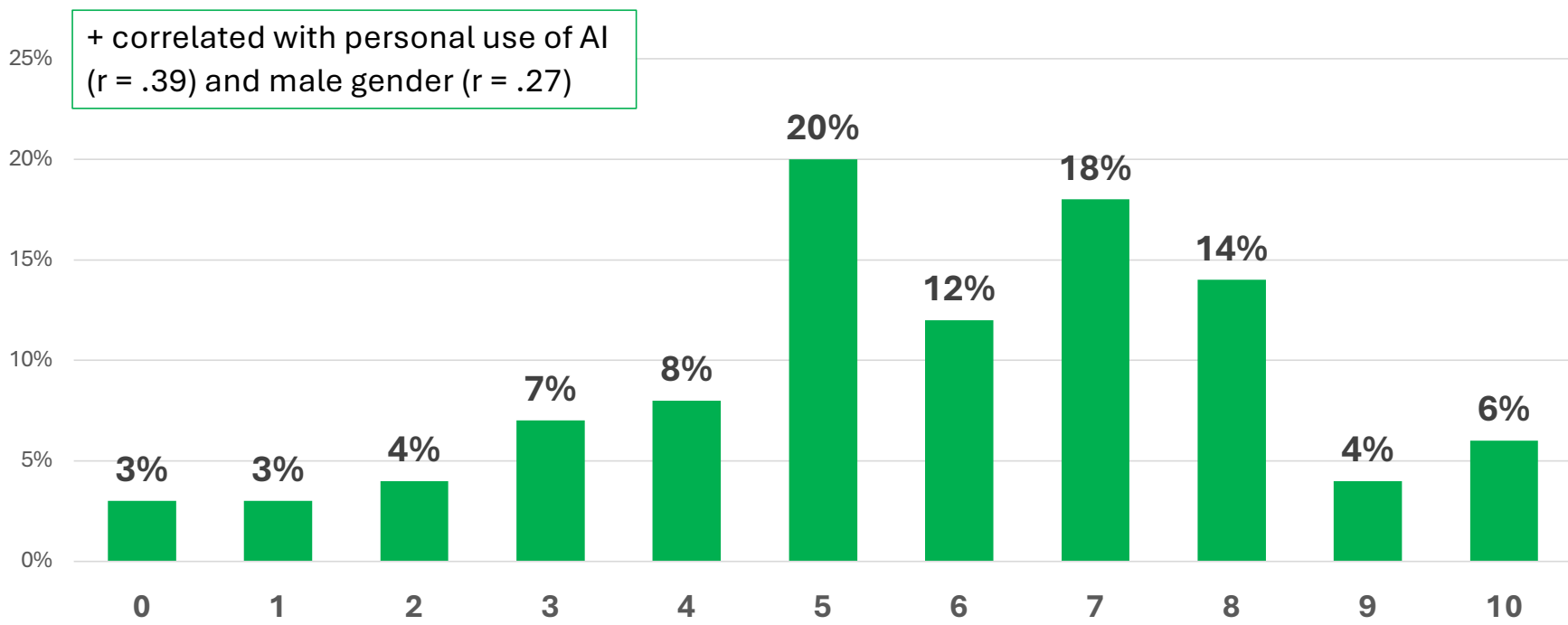
# Key Findings – Current & Future Use of AI for EAP Services

- Current use of AI technology is low today with just 38% of EAP organizations currently using AI tools (with 85% of this group starting to do so within just the last two years).
- However, a large majority (78%) of the total respondents believe that AI will play an increasing role in the future of EAP service delivery.
- Overall, 32% of EAPs are actively exploring how to add AI tools, 30% are interested in adding AI resources if certain challenges are resolved and 32% don't know or are against AI altogether and prefer human solutions instead.
- Of 14 specific applications of AI in EAP, most had similar levels of interest to add to services in the future

# AI Results:

## Advantages of AI for EAPs

Q - How POSITIVELY do you feel about AI in EAP - on a scale of 0 for no positive emotions to 10 for extremely positive?

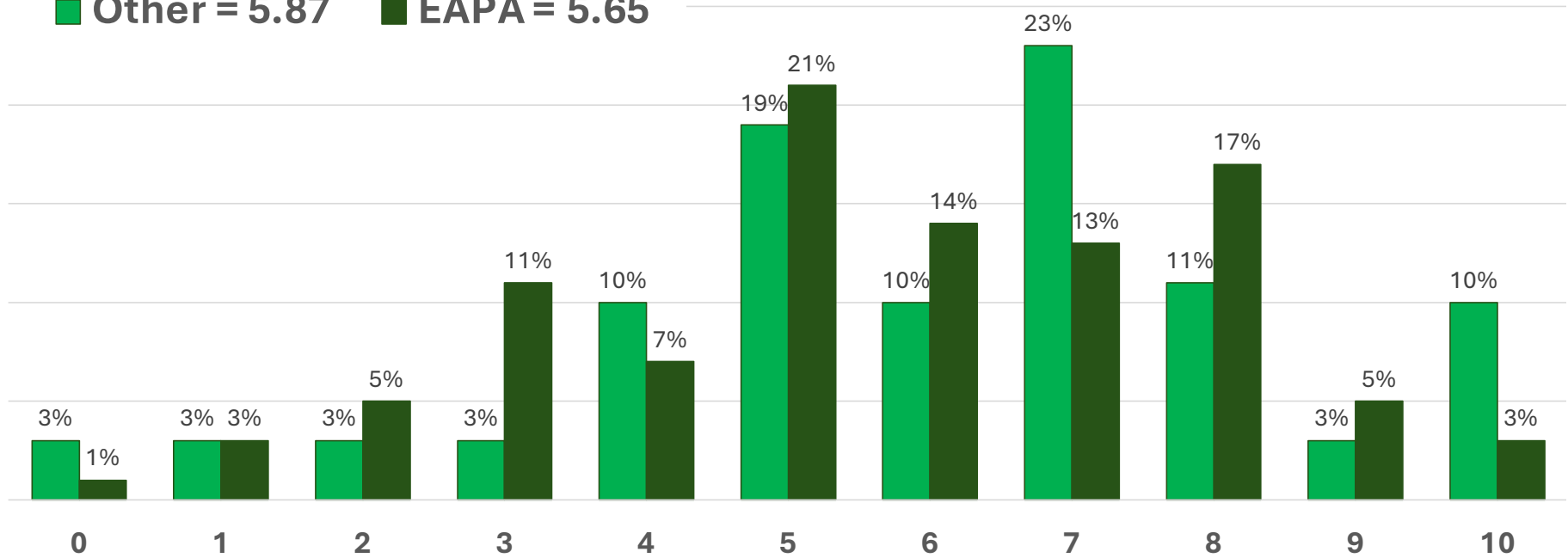


**AVG = 5.8**

N = 213 Total Sample

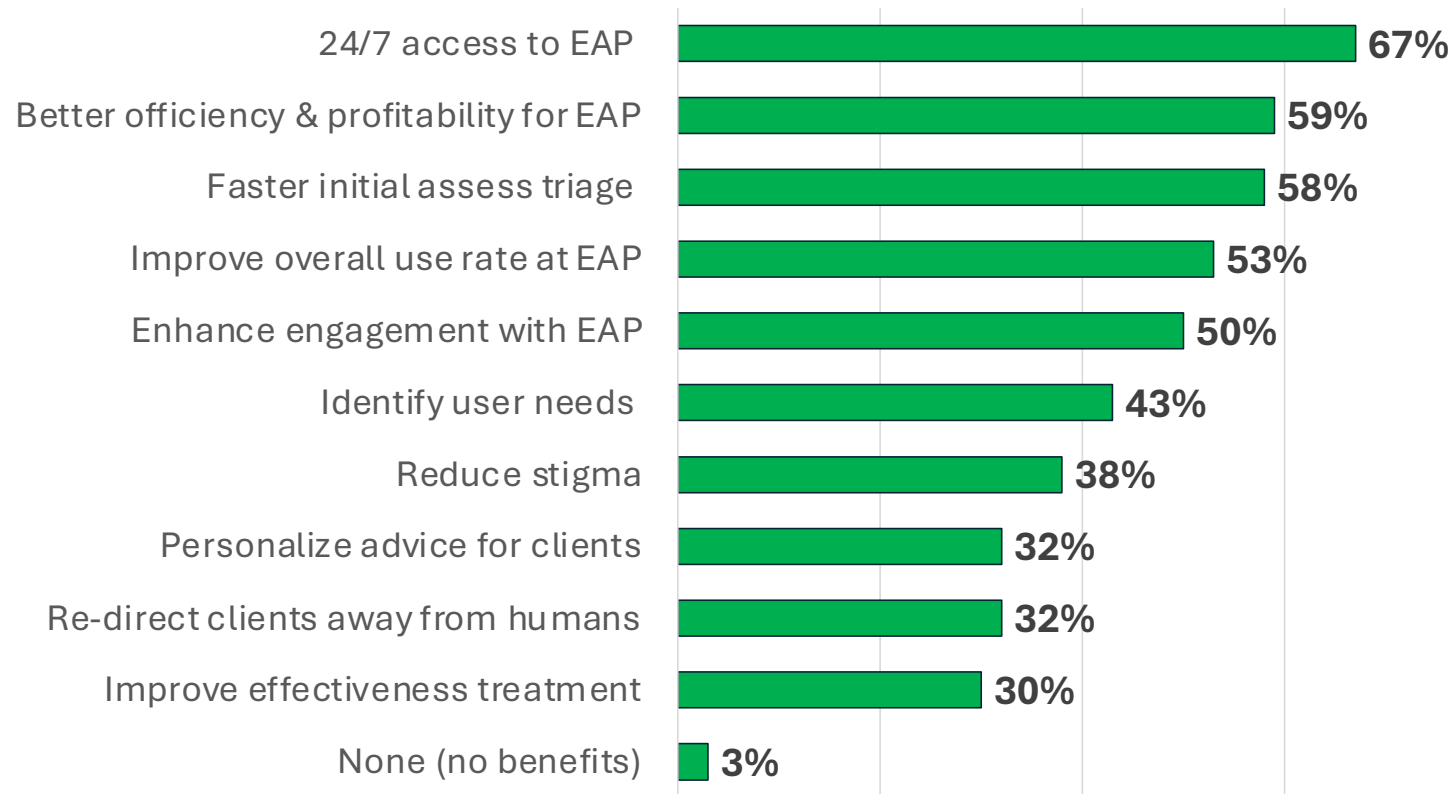
Q - How POSITIVELY do you feel about AI in EAP - on a scale of 0 for no positive emotions to 10 for extremely positive?

■ Other = 5.87   ■ EAPA = 5.65



n = 113 Others; n = 100 EAPA

Q – What are the potential **benefits of AI** for service delivery for EAPs? Select all that apply



AVG = 4.6  
yes

N = 183 Total Sample

## Key Findings – Why AI is **Positive** for EAPs

For the advantages, a large majority of EAP providers value AI for potential benefits of increasing access to the service, greater business efficiencies and profitability, faster triage into care and increasing overall use and engagement with all kinds of EA services.

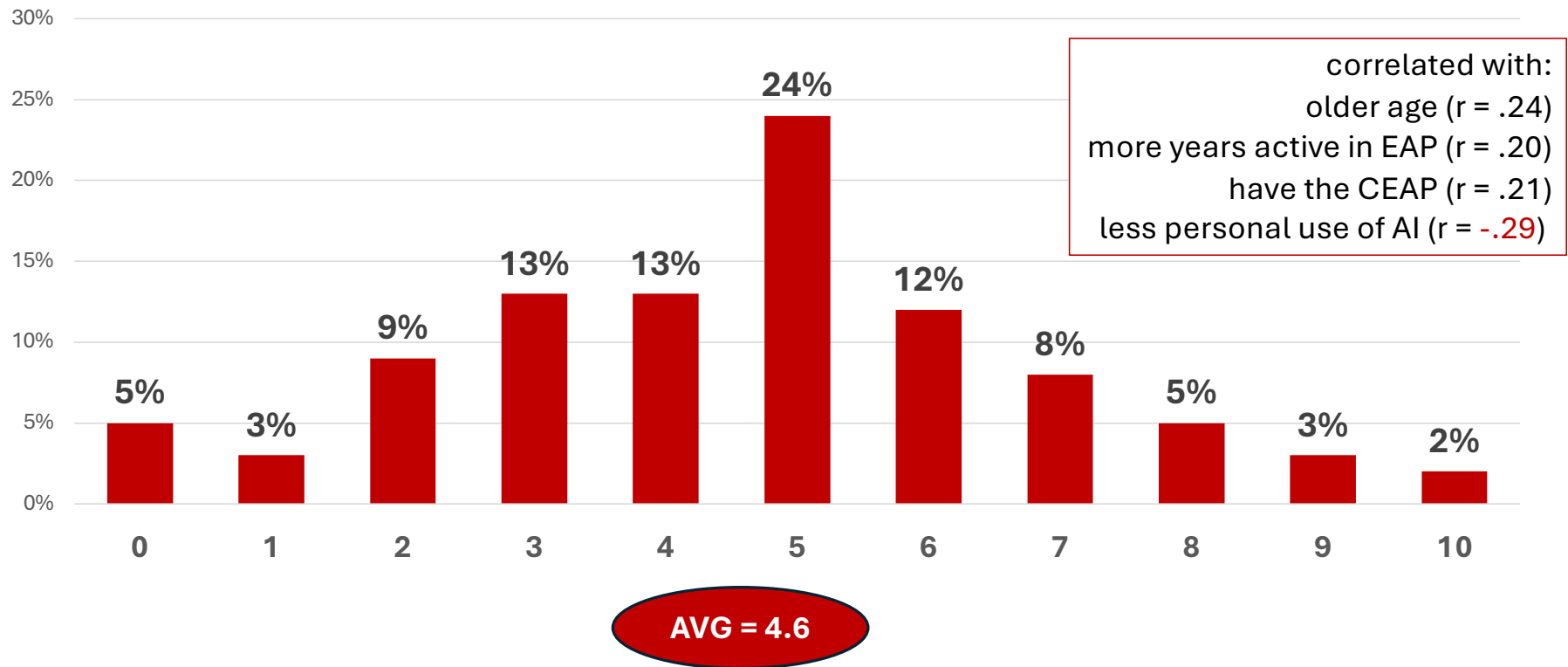
Only about a third of respondents judge AI as offering clinical and direct care use kinds of benefits.

People who use AI more often in personal life were more positive about AI for role in EAP; also males more positive than females.

# AI Results:

## Disadvantages of AI for EAPs

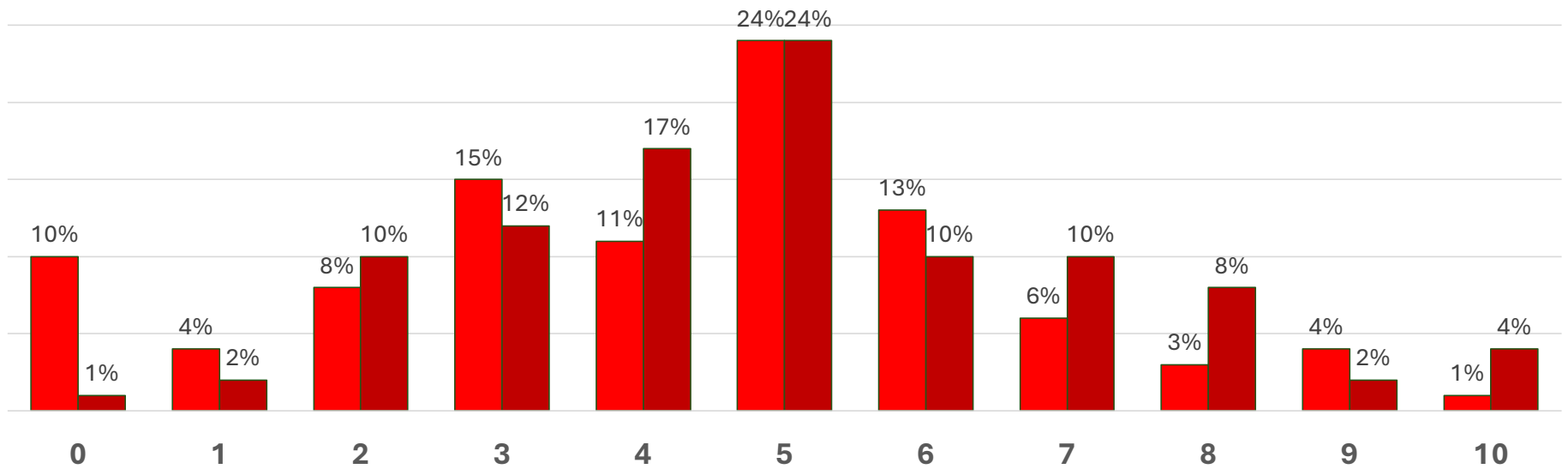
Q - How NEGATIVELY do you feel about AI in EAP - on a scale of 0 for no negative emotions to 10 for extremely negative?



N = 213 Total Sample

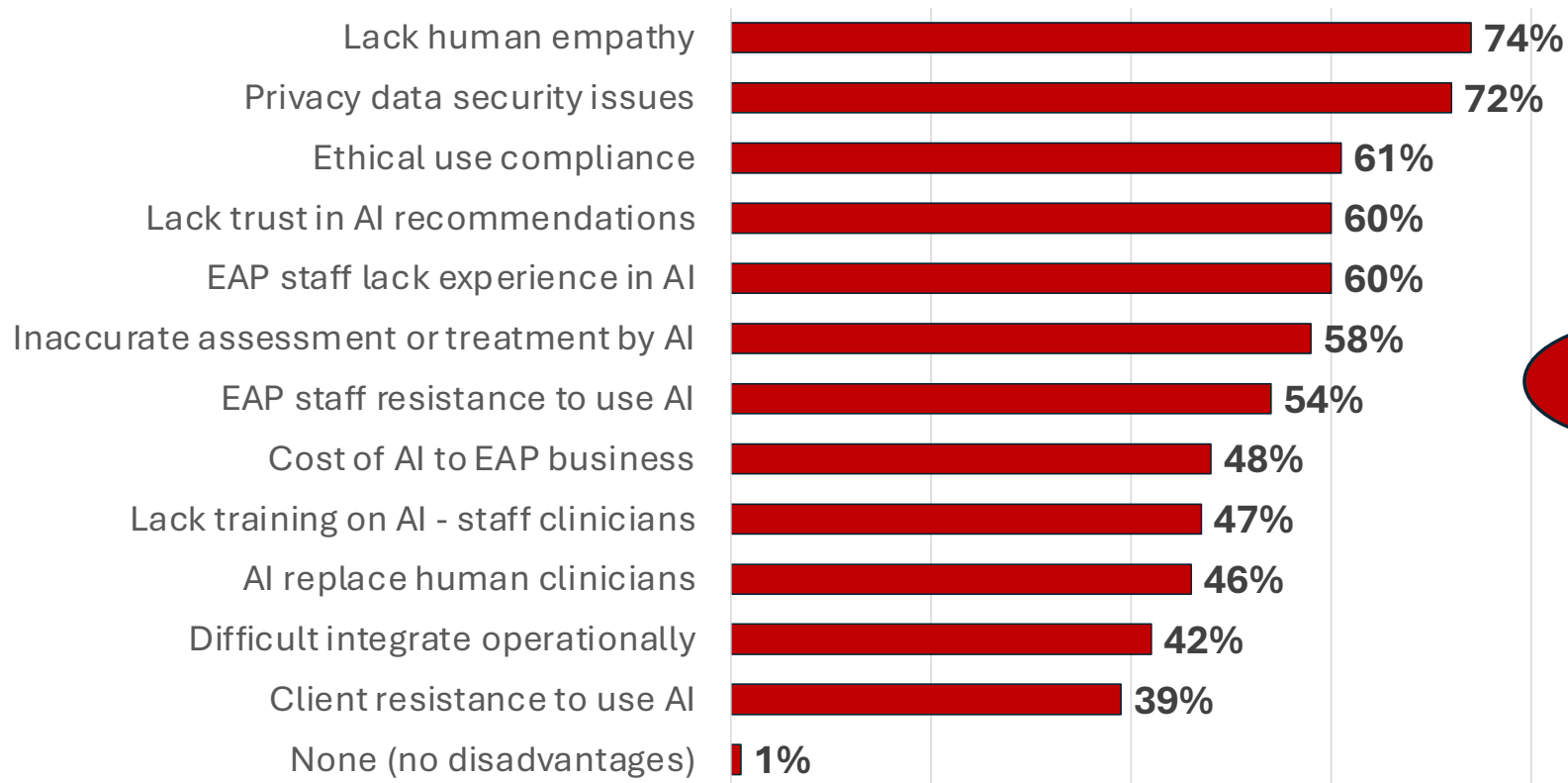
Q - How NEGATIVELY do you feel about AI in EAP - on a scale of 0 for no negative emotions to 10 for extremely negative?

■ Other = 4.27 ■ EAPA = 4.98



n = 113 Others; n = 100 EAPA

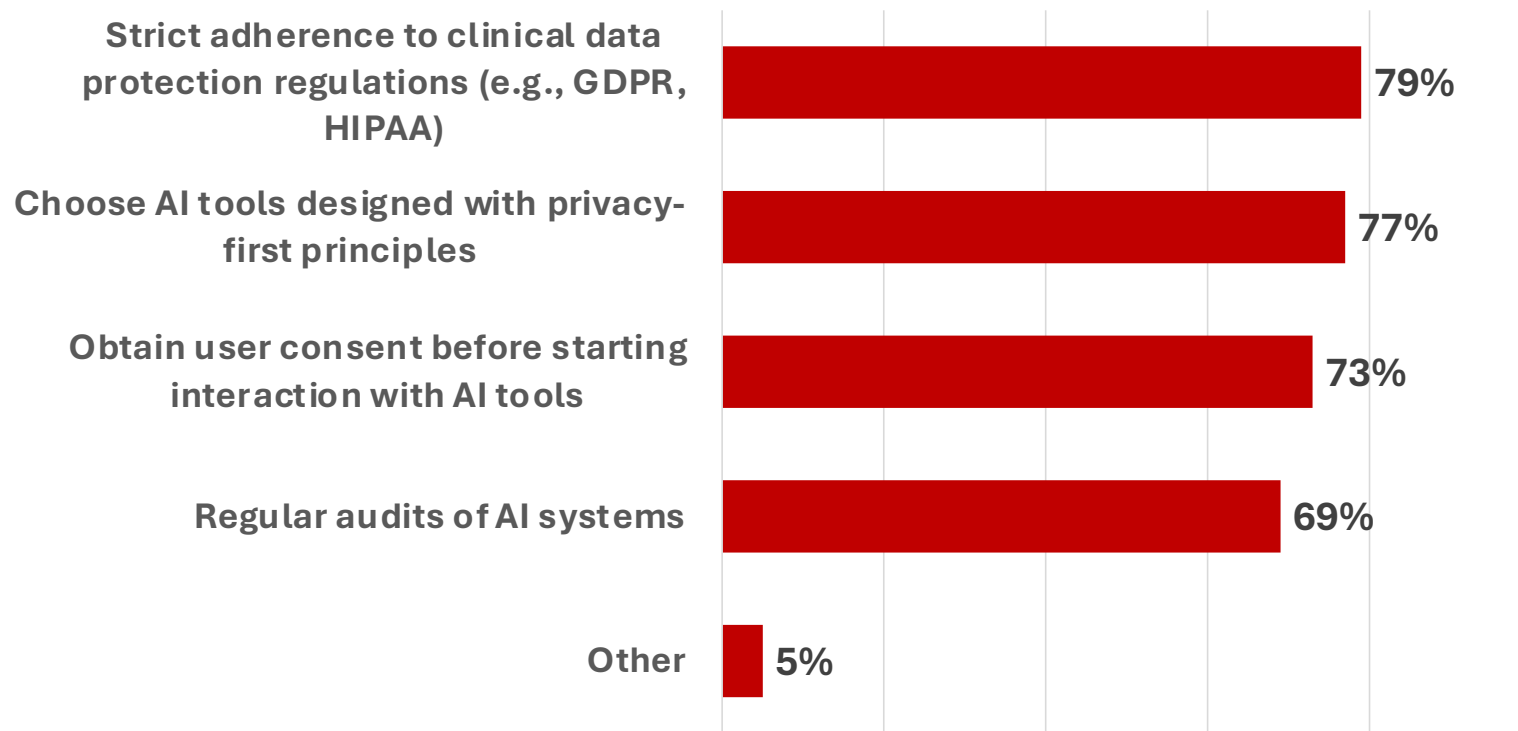
Q – What are the **challenges or limitations of using AI** for EAPs? Select all that apply



**AVG = 6.8  
yes**

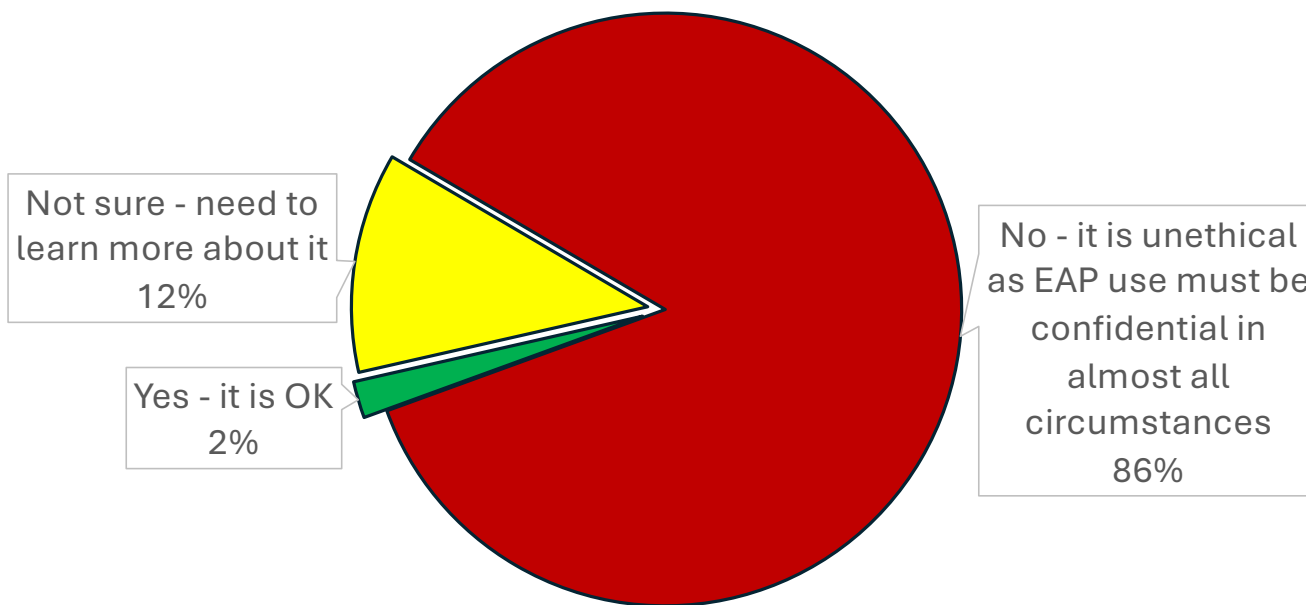
N = 183 Total Sample

Q - What operational tactics can EAPs implement to ensure user data **privacy and security** when using AI services? Select all that apply



N = 183 Total Sample

Q - Some mental health care providers using AI are selling their clients' background and clinical use data to third-party technology partners for extra revenue. Do you think this business practice is ethical from an EAP perspective?



N = 175 Total Sample

# Key Findings – Why AI is **Negative** for EAPs

For the disadvantages, a large majority of EAP providers raised concerns about limited clinical efficacy for AI chatbots, ensuring client data privacy for AI users, and trust in such tools. About half of EAPs had concerns about the integration of AI tools into counseling delivery activities (“blended care” models), upskilling of staff to use AI, and business implementation issues of cost and training staff.

Almost half (46%) feared that AI could replace human therapists.

Almost all (86%) judge selling users’ data from AI use as inappropriate for EAPs.

People who use AI less in personal life and who are older, were more negative about AI role in EAP

# AI Results:

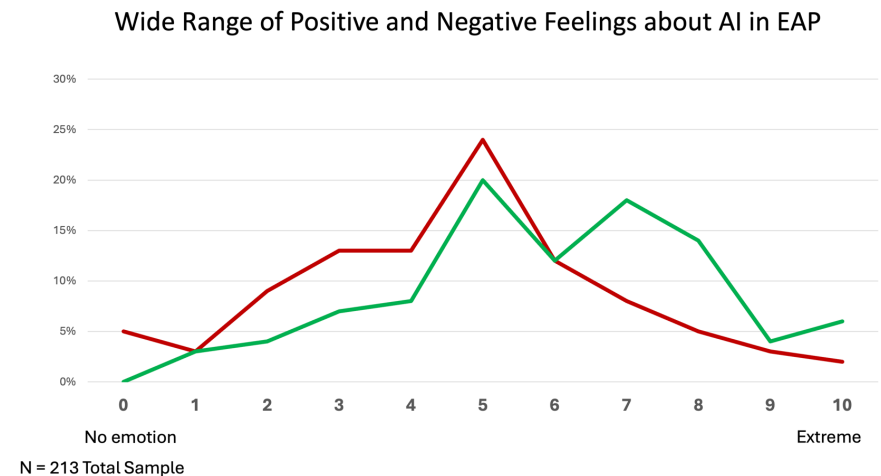
## BOTH Advantages and Disadvantages of AI for EAPs

# EAP Field is Ambivalent about AI

Results in total sample reflect ambivalence with both positive or negative attitudes toward AI technology.

The average rating on a 0 to 10 scale was:

- 5.8 for feeling **positive** about AI
- 4.6 for feeling **negative** about AI



## But EAP Professionals have Feelings about AI

Results at the individual level, however, reflect mostly positive or negative attitudes toward AI technology or else moderate (undecided) on both.

The 0-10 ratings were inversely rated ( $r = -.51$ ) with individuals such that the typical respondent was actually not that ambivalent and instead had either a mostly positive or mostly negative emotional tone.

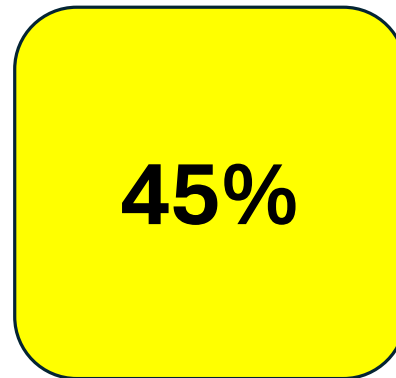
Thus, we defined three groups of individuals in EAP field.

# Conclusion = Three Groups Exist in EAP Industry for Emotional Tone about the Role of AI

**The Critical**



**The Cautious**



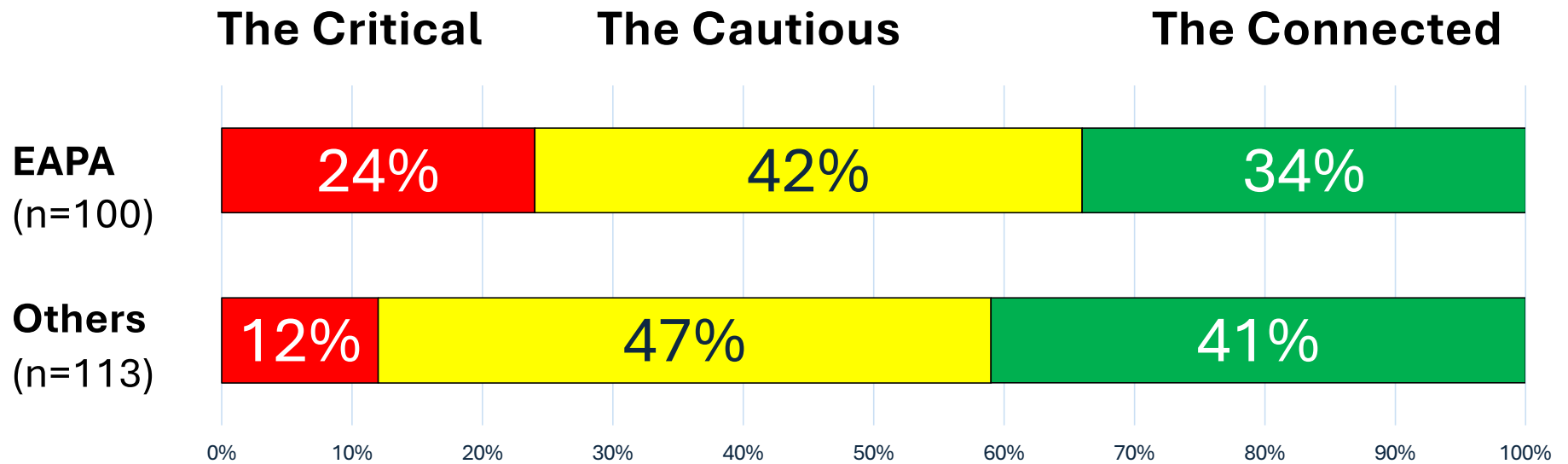
**The Connected**



N = 213 Total Sample

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# Conclusion = Three Groups Exist in EAP Industry for Emotional Tone about the Role of AI



# Questions & Comments