

Artificial Intelligence in EAP

Survey Study Detailed Results: Employee Assistance Professionals Association (EAPA) Members vs. Other Global Sample

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INTRODUCTION

The potential transformative impact of AI on science, education, work and society is critical to the future of employee assistance. We conducted a survey to understand where, how and why EAPs are employing AI at the organizational and practitioner levels. We looked to understand what is working, what is not working and why. Additionally, we identified major programmatic ethical and operational concerns. The survey asked for input on certain trends in the field of employee assistance programs involving artificial intelligence. The project was conducted by Dr. Mark Attridge and Professor Daniel Hughes in the United States. Both authors have over 25 years of experience in conducting EAP research.

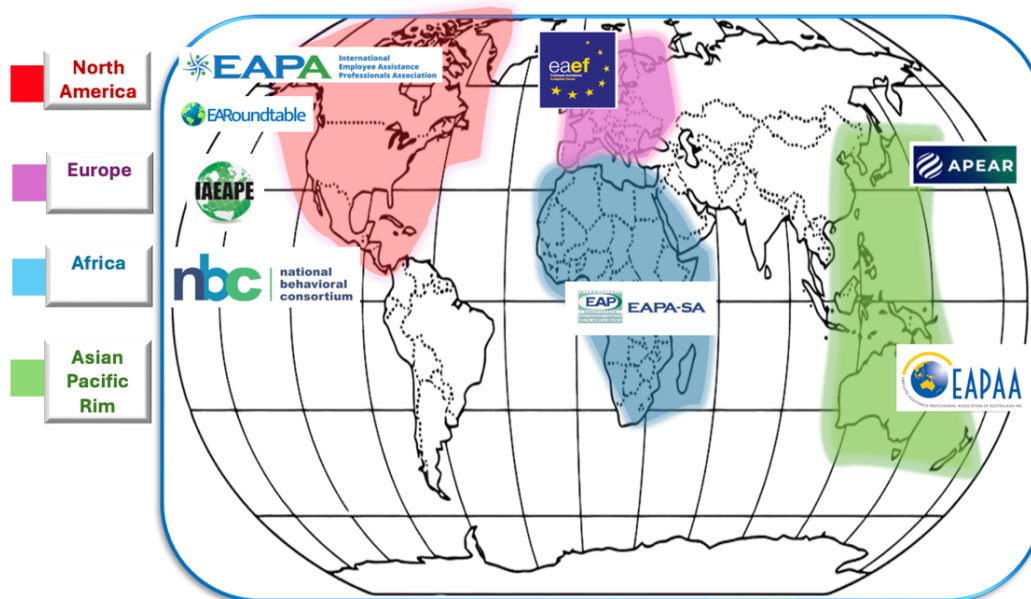
Popular AI tools such as ChatGPT, Google Gemini, Microsoft Copilot and many others can generate text and pictures, answer questions, and enhance productivity and creativity. AI in the mental health service delivery context generally involves three areas: 1) chatbot-based virtual therapy tools; 2) emotional health management apps (iCBT programs, mindfulness, meditation), and 3) smart mental health tools (wearable machine-based sensors in watches, smartphones or on the body) and monitoring of 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.

METHODOLOGY

The survey was open between December 2024 through February 2025. A total of 222 people provided usable responses. This was a convenience sample of professionals in EA who decided to respond to requests for participation issued on LinkedIn and sent to membership email lists of various industry organizations (see below). The full sample included members from all 8 of the major international professional groups in the EAP industry (respondents could be a members of multiple groups):

- **EAPA - Employee Assistance Professionals Association (n = 100; 45%)**
- EAPA-SA - Employee Assistance Professionals Association of South Africa (n = 66; 30%)
- IAEAPE - International Association Employee Assistance Professionals in Education (n = 32; 14%)
- EAR - Employee Assistance Roundtable (internal programs) (n = 23; 10%)
- EAEF - Employee Assistance European Forum (n = 28; 13%)
- APEAR - Asia Pacific Employee Assistance Roundtable (n = 19; 9%)
- EAPAA - Employee Assistance Professionals Association of Australasia (n = 14; 7%)
- NBC - National Behavioral Consortium (n = 9; 5%)

Figure 1. Global Sample and Major EAP Industry Groups



EAPA - Employee Assistance Professionals Association

Of the total sample (N=222), 100 people indicated membership in EAPA (45%). The remainder (N=122) was used as a comparison.

Multi-organizational membership was observed. For example, many EAPA members were also members of other industry groups: 18% EAR (Employee Assistance Roundtable); 16% IAEAPE (International Association of EA Professionals in Education); 14% EAEF (Employee Assistance European Forum); 7% EAPA-South Africa; 8% NBC (National Behavioral Consortium); and 5% EAPAA (Employee Assistance Professionals Association of Australasia).

The study sample featured a mix of external vendor companies serving multiple organizations and embedded (internal) model program serving one employer. The EAPA member group was about half vendors (with small, medium and large size companies) and half embedded programs that serve organizations in business, education and government sectors. See Table 1. The other non-EAPA group, hereto referred to as the comparison group, had a significantly different mix of program models with four times as many internal programs at government organizations (mostly from South Africa) and less internal programs at organizations in the private sector.

Various geographical regions around the world are considered as discrete market zones for EA services. The EAPA members were primarily located in the United States and Canadian markets (76%). However, activity in the other five international business markets was noted among one-fifth of the EAPA group. Again, the non-EAPA group had a significantly different mix of regions with more representation from South Africa (51% vs 19%), followed by North America (31%) and Europe (15%), Australia and New Zealand (13%) and Asia Pacific (11%).

Table 1. Kinds of EAP Business Model: EAPA (vs Others) and Global Markets Served

<i>Which of the following best characterizes your EAP provider context? [business model]</i>	EAPA (n=100)	Others (n=122)
	%	%
External vendor of EAP - Boutique or regional within one part of the country	15	21
External vendor of EAP - National in one country	20	20
External vendor of EAP - Global in more than one country	13	11
Internal program for an organization in private sector (business)	18	7
Internal program for an organization in public sector (government)	7	29
Internal program for an organization in higher education (college or university)	13	11
Internal hybrid	2	2
Other	1	1
Total – * significant differences	100	100
<hr/>		
<i>In which of the following global markets do you provide EAP services?</i>	EAPA (n=100)	Others (n=122)
	%	%
North America	76	31
Europe	21	15
Asia Pacific	20	11
Africa	19	51
Latin America	17	4
Australia & New Zealand	13	13
Other regions	4	1
Total – * significant differences	100	100

The total sample represented respondents residing in 25 different countries. See Table 2. The EAPA member sample was mostly living in the United States (71%). In contrast, almost half of the non-EAPA member sample was living in Africa (48%), with less than a third (30%) living in the United States.

Table 2. Geographic Location of Sample

Q – <i>What country do you live in?</i>	EAPA (n=100)	Others (n=122)
EAPA members have different geographic profile than Other group*	n	n
North America	74%	30%
United States	71	35
Canada	3	1
Asia & Australasia	9%	14%
Australia	2	10
New Zealand	1	1
Hong Kong	1	0
Japan	1	0
Korea Republic	1	3
Malaysia	1	1
Taiwan	2	1
Thailand	0	1
Europe	7%	9%
Austria	0	2
Belgium	0	1
Bulgaria	0	1
Germany	1	1
Greece	1	0
Hungary	0	1
Luxemburg	1	0
Poland	0	3
Slovenia	2	1
United Kingdom	2	1
Africa	7%	48%
South Africa	6	58
Nigeria	1	0
Other Regions	3%	-
Argentina	1	0
Bermuda	1	0
India	1	0

The responding EAPs offered a wide range of services to support both individuals and work organizations. In the first tier of services (see Table 3), clinical counseling and coaching were offered by three-fourths or more of both groups. Clinical support for employees with more severe and chronic disorders (mental health or substance) and return to work supports were offered less often at 51% in the EAPA member sample and 61% of other EAPs. In the second tier of non-clinical supports for individuals, over 80% of EAPA member programs offered general education resources and offered wellness/well-being resources. About two-thirds of the EAPA-member programs also provided specialty resources and direct support for employees with financial problems, legal problems and work/life family issues. Only about half of the EAPA-member programs offered technology tools for employee self-care of mental health issues (and significantly fewer did so in the comparison EAP sample (51% vs. 35%, respectively). The third tier of organizational level consulting and specialty services also was offered by almost 9 out of every 10 EAPA member programs, for critical incident or crisis response, consulting with individual managers and consulting with leadership. Organizational level support in the form of conducting surveys of employees and offering peer / union member support programs was only offered at about a third of the EAPA-member sample. Organizational level training for employees and for managers on mental health topics was also a very common service, being offered at 80% or more of all programs. The more recent employee training topic of Psychological Health and Safety in the Workplace is being offered at 81% of EAPA-member sample but significantly less so among the Other sample (66%). Organizational level training on topic of Psychological First Aid is offered by about half of all EAPs (52% EAPA-member; 45% Others).

Table 3. Services Provided at the EAP Organization

Q - <i>What kinds of services does your EAP organization provide?</i> Check all that apply.	EAPA (n=97)	Others (n=74)
	%	%
EMPLOYEE BEHAVIORAL HEALTH		
Individual counseling delivered in-person	91	95
Individual counseling delivered remotely (phone, online video, text)	92	88
Individual coaching for emotional / mental health	83	77
Individual clinical programs for substance, mental health and return to work	57	61
EMPLOYEE WELLNESS & WORK/LIFE		
General education and prevention resources for EAP topics	87	77
Wellness, healthy lifestyle and wellbeing support	85	78
Personal financial issue support	65	63
Personal legal issue support	62	53
Personal work/life support (childcare, eldercare, housing)	67	54
Technology-based tools on websites and phone apps for self-care	51*	35
ORGANIZATIONAL CONSULTING		
Crisis or workplace critical incident preparedness and response	88	81
Consulting with individual managers	89	78
Consulting with leadership and human resources (HR)	88*	74
Surveys of employees on work culture and health risks	38	39
Peer to peer or union member support programs	34	42
ORGANIZATIONAL TRAINING		
Training for employees on EAP topics	90	80
Training for managers on EAP topics	88	78
Training on psychological health and safety in the workplace	81*	66
Training for psychological first aid (PFA)	52	45

In both groups, respondents were about two-thirds female and one-third male. However, the EAPA-member group was significantly older (on average: 54 years vs. 47). The EAPA-member group also had significantly more years of work experience in the EAP field (on average: 19 years vs. 13). Three times as many of the EAPA-member group had earned the CEAP (or were in the process) than among those in the comparison group (67% vs. 20%). More of the respondents from EAPA-member group were in business leadership roles at their EAP compared to the comparison group (58% vs. 32%). Working at the EAP in other operational or clinical roles were similar between the two groups of respondents. When answering the survey, about half of each group of respondents represented the whole organization where they worked and remaining half expressed their personal views. See details in Table 4.

Table 4. Individual Respondent Characteristics

Characteristics of the Respondent	EAPA	Other
DEMOGRAPHICS		
Gender of Respondent:	% (n=99)	% (n=81)
Female	63	69
Male	37	31
Age of Respondent:	% (n=91)	% (n=77)
18-29	1	8
30-39	8	22
40-49	24	29
50-59	33	26
60+	33	16
Average years age	54.1*	46.7
EAP EXPERIENCE		
Years in EAP Field (average)	(n=100) 19.2*	(n=79) 13.4
Certified Employee Assistance Professional (CEAP):	% (n=100)	% (n=79)
Yes	64*	16
Yes - in process	3	4
No	28	44
Not applicable to my role	17	29
Missing	0	(n=43)
Your Role at EAP Organization (can choose more than one)	% (n=100)	% (n=103)
Business leadership role	58*	32
Business operations role	27	27
Clinical delivery role as counselor, therapist or coach	32	37
Specialist role (consultant, trainer, crisis/trauma, substance)	27	24
Other	8	11
Responses on this survey mostly reflect the perspective of:	% (n=100)	% (n=122)
My EAP provider organization - I am the one person from my EAP to do the survey	56	57
My own views - Others who work at my same EAP also could do the survey	44	43

[* groups different at $p < .05$. But similar on age and response perspective.]

RESULTS

Part 1 – General Importance of Technology-based Services in General

The current marketplace for workplace mental health support now includes many companies that sell a wide variety of machine-based self-care tools on websites and smartphone apps that do not involve human interaction (i.e., no live counselors or health coaches). Some of these technological services are provided as part of the basic EAP service contract whereas many others are purchased by employers as separate stand-alone benefits.

Only about 1 in every 4 EAPA members considered AI tools for mental health (i.e., chatbots) or other kinds of self-directed "therapy" tools and computerized iCBT programs to be highly important for supporting workplace mental health. In contrast, the majority of respondents rated the other three technology-based kinds of services as highly important for supporting workplace mental health: educational materials, risk screening tools and conducting surveys of employees. Thus, direct self-care technology tools for mental health were far less important to workplace mental health than other technology-base options. See Table 5. The EAPA-member and the comparison group had similar levels of results for these questions.

Table 5. Ratings of the Importance of Technology-based Services in Workplace Mental Health

Q - In general, how important to employer efforts overall to support workplace mental health are the following technology-based kinds of self-care services? Rated on 1 = None; 2 = Low; 3 = Moderate; 4 = High and 5 = Very High importance.	EAPA (n=100)	Other (n=122)
Combined high or very high ratings (4 or 5):	%	%
Educational materials for employees to educate about mental health issues	68	70
Screening tools for mental health risk factors (i.e., anxiety, depression, sleep, stress) for employee self-use	56	68
Surveys that measure employee perceptions of work culture and psychological safety at work	62	64
Self-directed "therapy" tools and computerized iCBT programs for techno treatment of mental health issues for self-use	27	36
Artificial intelligence (AI) tools to support mental health issues for self-use	25	36

[groups similar on each item in table above]

Part 2 - AI Use as Employee in EAP

We found that 40% of EAPA members used AI to assist them in their EAP work at least weekly. Another 40% of EAPA members only used AI once a month or less often in the past year. Lastly, 20% rarely used AI at all. See details below: EAPA (n=100) vs. Total (n=113). The non-EAPA member group had a similar profile for individual AI use.

- Daily: 13% (26%)
- A few times a week: 27% (24%)
- A few times a month: 27% (18%) [groups similar]
- A few times a year: 13% (13%)
- Once a year: 0% (0%)
- Less than once a year: 7% (4%)
- Never use: 13% (15%)

As shown in Table 5, AI was being used by both groups mostly for tasks of generating ideas (73%), consolidating information (58%) and learn new things (45%). The other 8 types of AI use were used much less often among EAP professionals. The non-EAPA member group had a similar profile for how it was being used.

Table 5. Ways that AI is Used Now to Assist EAP Work

If used at least once in past year (in above item): Q - <i>In what ways are you currently using artificial intelligence (AI) to assist with your work?</i> Select all that apply	EAPA (n=80)	Others (n=90)
Yes used:	%	%
To generate ideas	73	72
To consolidate information or data	58	59
To learn new things	45	58
To automate basic tasks	21	29
To generate value-based organizational reports for your EAP	19	21
To collaborate with coworkers	14	20
To identify problems	11	14
To interact with customers	10	18
To set up, operate, or monitor complex equipment or devices	1	6
To make pictures	9	14
Other (fill in text)	24*	8

[* groups different at $p < .05$]

Part 3 - AI Use by Your EAP Organization

A large majority (83%) of EAPA members believed that AI would play a prominent role in the future of EAP service delivery. Note that only 4% of members disagreed and think AI would *not* play a role in the future. Interestingly, less than half of EAPA respondents were currently using AI at their EAP organization (41%). Among these early adopters, AI use had started recently (in the last year or two). Only about a third of EAPA respondents are actively exploring how to add or expand AI tools at their EAP organization, another third are interested in adding AI resources only if certain challenges are resolved (see later results), and the remaining third don't know or are against AI altogether, preferring human solutions. See details in Table 6. All of these findings for EAPA members were similar to the comparison sample.

Table 6. Use of AI at Your EAP Organization Now and In Future

<i>Q - Do you believe AI will play an increasingly important role in the future of EAP service delivery?</i>	EAPA % (n=100)	Other % (n=113)
Strongly Agree	18	31
Agree	55	42
Neutral	13	17
Disagree	2	5
Strongly Disagree	2	5
	[similar]	
<i>Q - To the best of your knowledge, has your EAP organization begun integrating new artificial intelligence (AI) technology or tools to improve business practices (e.g., increase productivity, efficiency and quality)?</i>	% (n=98)	% (n=103)
Yes	41	35
No	46	56
Not sure	13	9
	[similar]	
<i>Q - If yes, how long has your EAP organization been using AI?</i>	% (n=40)	% (n=34)
Less than 1 year	35	50
1 to 2 years	48	38
3 to 5 years	13	3
6 or more years	5	9
Average number of months (estimated mean):	20.1	18.7
	[similar]	
<i>Q - Would your EAP organization consider adding or expanding AI use in the future?</i>	% (n=98)	% (n=103)
Yes – actively exploring AI tools for EAP	35	29
Yes – but only if challenges are resolved	33	29
Not sure	25	26
No – we prefer human solutions	8	17
	[similar]	

Currently, of 14 specific applications of AI in EAP, the majority of respondents were not engaged for their current service delivery. However, there was high interest in adding AI services in the future, especially, for the improving operational management purposes. Direct client clinical care with AI was less popular. Use of AI therapy chatbots had the lowest level interest for future use at EAPs for all 14 features considered. See details in Table 7.

The EAPA group had similar percentages endorsing 10 of the 14 ways of using AI compared to the comparison group. Significantly fewer EAPA members were using or were interested in future use of four kinds of AI. These included using AI for engaging clinical cases, predictive analytics, clinical diagnosis and treatment planning. Therapeutic Chatbots were unpopular. In contrast, using AI to automate basic administrative work tasks were of interest. The comparison group was more positive about the potential for future AI applications.

Table 7. Interest in 14 Specific Features of AI-based Solutions for EAP Delivery

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	EAPA (n=99)		Others (n=85)	
	Use Now	Maybe future	Use Now	Maybe future
CLIENT CONTACT/CLINICAL				
AI is first contact at EAP for clients seeking support	5	53	11	67*
AI collects assessment and risk screening data from clients on wellness or mental health	13	63	15	64
AI creates personalized information requests and recommendations for clients to do self-care	11	63	11	68
AI tools used as adjunctive supports during clinical treatment phase with EAP human counselors	7	65	9	68
AI uses client and clinical data for predictive analytics to create a diagnosis and guide treatment care plans	6	52	7	67*
AI-based chatbots function as virtual therapists or counselors to provide direct care to clients	4	35	7	52*
OPERATIONAL				
AI automates administrative and routine work tasks for EAP staff and affiliates	8	78	20*	72
AI for operational and business management purposes at EAP	14	63	15	73
AI collects outcome and evaluation data from clients	8	75	14	72
AI analyzes clinical and outcome data to improve service delivery	7	76	13	74
AI translates text-based communications from one language to another	15	64	13	68
AI uses client and clinical data for matching clients to human care providers	5	69	8	67
AI transcribes recorded clinical exchanges or case notes from human care providers	6	60	8	64
AI as training resource for our clinicians	4	74	13	69
Average across 14 listed above:	8.1	63.6	10.3	54.2

[* groups different at $p < .05$]

Part 4 – Potential Advantages of AI for EAP Delivery

What are the specific advantages of AI for EAPs? Five kinds of potential benefits of AI were endorsed by a majority of EAPA members. These included increasing 24/7 access, better profitability, increased program overall use, increased speed for intake assessment and triage and increased engagement with the program. Only about a third of respondents judged AI as offering benefits in direct clinical service care. Overall, 96% of EAPA members endorsed a least one of the potential benefits of AI.

The comparison group had similar percentages endorsing 7 of the 11 AI advantages. However, significantly fewer EAPA members believed AI could be used effectively for first clinical client contact, to accurately identify client needs, to improve clinical treatment effectiveness or to make more personalized clinical recommendations. These differences are all in the same direction being more skeptical of the clinical treatment aspects of AI use in EAP counseling services. See Table 8.

Table 8. Potential Advantages of AI for EAPs

Q – What are the potential benefits of AI for service delivery for EAPs? Select all that apply	EAPA (n=99)	Others (n=84)
% Yes	%	%
Increased immediate 24/7 access to EAP services	63	71
Improved operational efficiency and business profitability for EAP	61	57
Improved overall utilization rate for all kinds of EAP services	55	55
Increased speed of initial assessment and triage to human clinicians	52	63*
Enhanced user engagement with EAP	50	51
Improved accuracy in identifying needs of EAP users	37	50*
Re-direct low severity clients away from human clinicians to techno-therapy tools	35	30
Reduced stigma for users who interact with a machine rather than a human provider	33	44
More personalized recommendations for clients	27	41*
Improved effectiveness of diagnosis and clinical treatment	21	41*
None (there are no benefits)	4	2

[* groups different at $p < .05$]

Part 5 – Potential Disadvantages of AI for EAPs

What are the specific disadvantages of AI for EAPs? For the dark side of AI, 7 of the 12 limitations listed were endorsed by a majority of EAPA members. Overall, 100% of EAPA members endorsed at least one of the 12 examples of challenges related to AI. In general, the EAPA group was similar to the comparison group for these results.

Also, a large majority of respondents considered all four proposed tactics to try to ensure data privacy and security for use of AI in EAP delivery (item range 73% to 88%).

Finally, 91% of EAPA members considered it unethical to sell client background and clinical use data collected from technology and AI tools. In each set of results the EAPA members had a profile of more people with critical concerns than among those in the comparison group. See Table 9.

Table 9. Potential Disadvantages of AI for EAPs, Managing AI Data Privacy Issues and Selling Client Data

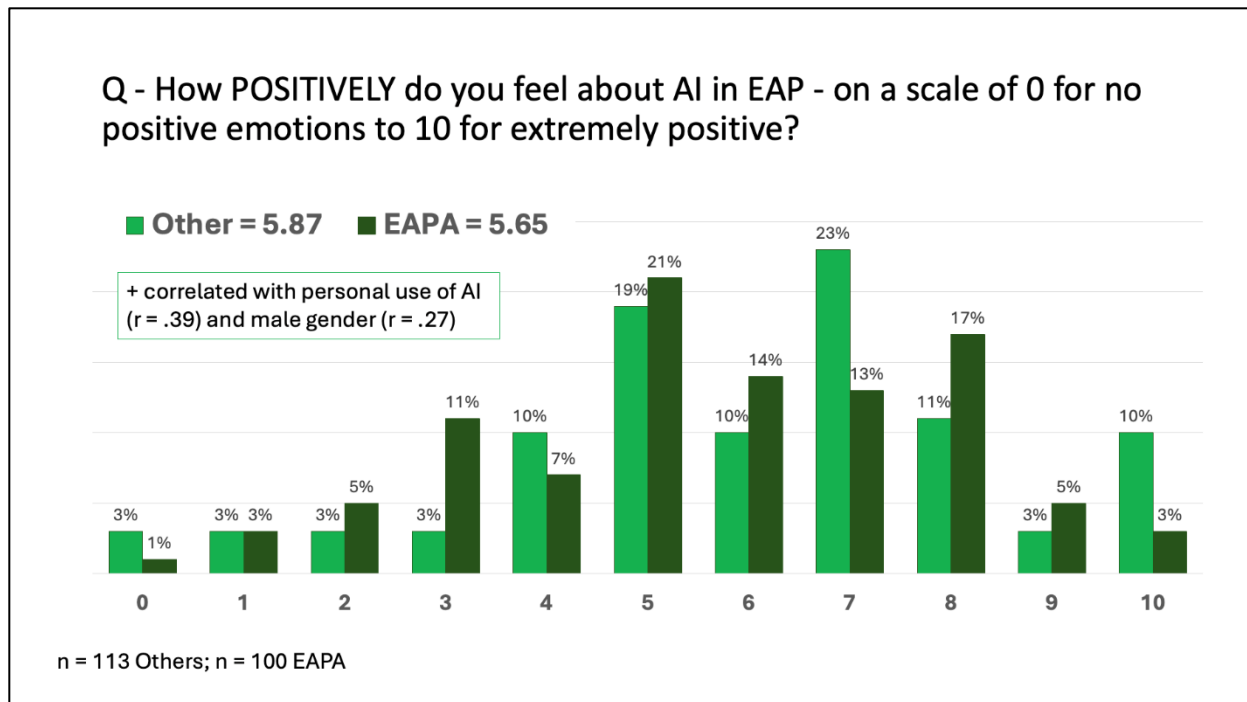
<i>Q - What are the challenges or limitations of using AI for EAPs? Select all that apply.</i>	EAPA (n=99)	Others (n=85)
% Yes	%	%
Lack of human empathy in AI interactions	74	74
Privacy and data security issues	79*	64
Regulatory or compliance challenges about ethical use of AI in mental health	72*	49
Inaccuracies in AI-generated assessments or text recommendations	68*	47
Lack of knowledge or expertise in AI among EAP staff and clinicians	65	55
Lack of trust in AI recommendations	60	61
Resistance from EAP clinicians and staff to use AI tools	58	49
High cost of AI implementation for EAP as business operating expense	48	49
Lack of available training resources on AI to upskill EAP staff and clinicians	47	48
Concerns that human counselors will get replaced by AI tools (provider job loss)	44	47
Difficulty integrating AI with other existing operational data systems	43	41
Resistance from EAP clients to use AI tools	38	40
None (no disadvantages)	0	1
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<i>Q - What operational tactics can EAPs implement to ensure user data privacy and security when using AI services? Select all that apply.</i>	EAPA (n=99)	Others (n=84)
Strict adherence to clinical data protection regulations (e.g., GDPR, HIPAA)	88*	69
Choose AI tools designed with privacy-first principles	81	73
Obtain user consent before starting interaction with AI tools	75	71
Regular audits of AI systems	73	66
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<i>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?</i>	EAPA (n=98)	Others (n=77)
Yes - it is OK	1	3
No - it is unethical as EAP use must be confidential in almost all circumstances	91	79
Not Sure - need to learn more about it =	8	18

[* groups different at $p < .05$]

Part 6 – Emotions about AI for EAPs

How do professionals in EAP feel about use of AI for EAPs? We assessed this in both positive and negative emotions – as it is possible to have both at the same time. There was a wide range among EAPA members in how positively they felt about AI in EAP, ranging from 0 to 10 on the 0 to 10 rating scale. The average rating was in the middle of the scale at **5.65 for the EAPA group** and similar to the comparison group at 5.87. See Figure 2. Other tests conducted in the full sample found that those who used AI more often in their work were more positive about the role of AI in EAPs and also males were more positive than females.

Figure 2. Level of Positive Emotions about AI in EAP



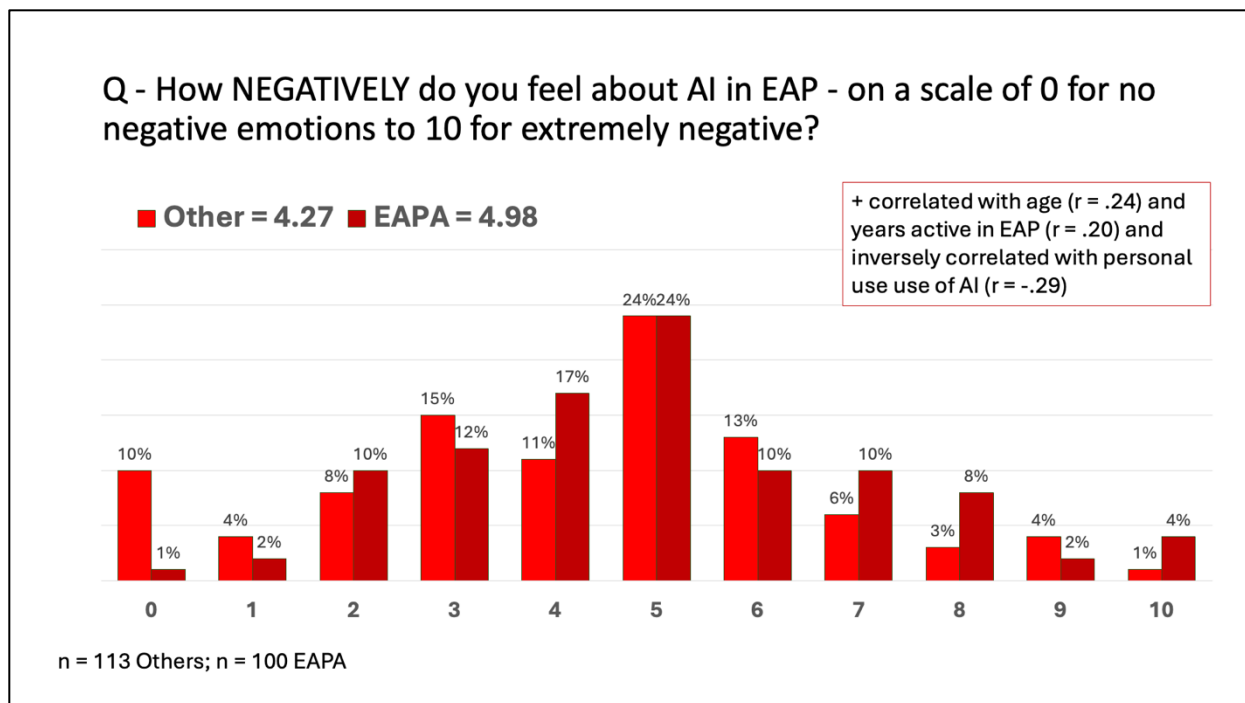
Comments from EAPA members on positive aspects of AI for EAPs:

Administrative support, transcribing consultation notes and reports, data analysis and report preparation.
AI can ease the burden of the EAP professionals; however it mustn't be used for wrong reasons.
AI could improve assessment, referrals, and help with CBT psychoeducational treatments. It may also be very useful in outcome studies.
All of the above in 10.
Another one of many strategies to benefit employee engagement, safety, and mental fitness.
AI can assist with clinical records management, identification of adjunctive or auxiliary services, possible identification of case management resources, and management of client satisfaction survey data.
AI can automate and deliver educational materials and basic self-care tools for clients
AI can create resources, generate metrics, correlate metric/data, generate ideas, assess effectiveness

AI efficiency is a benefit
AI has enhancing accessibility to resources, anonymity for users, and the ability to handle high volumes of initial inquiries efficiently.
For note taking, for assessment writing reports, self-paced programs in conjunction with therapist
Improve the service delivered and improve the quality of the data
Increased personalization without the increased labor costs
Increases awareness
Increasing efficiency in low-risk operations and expanding access to information and clinical training and scholarly literature reviews for the clinicians serving the panel
It can be used to train EA professionals how to write documentations , how to risk screen, coming up with EAP service plans. Also, it can be used as intake person, change of appointment, creating utilization reports.
It can help with managing various use cases to support EAPs focusing on getting the right cases to a human counselor. This becomes more important when you look into the future and see that the number of counselors available will be declining via retirement. There simply will not be enough counselors to address all the issues.
Managing data
Multi-language support is available quickly in promotional material
To support human clinicians
The AI field remains largely undefined and in development. There are a number of key ethical, legal, and risk-related issues which will need to be addressed. AI will appeal to a portion of our clientele and some will use it who would not interact with a live person. Improved accessibility from a time, language, and ADA perspective are likely advantages.
The layered generations in the workplace will require a variety of platforms to meet their unique needs. AI may be a future resource and EAPs should be proactive in use/research vs. reactive and behind the times.
The member can be assisted much faster than having to wait for a human to respond.
There are huge benefits for EAP and wellbeing providers including many of the areas identified above - identifying risks and opportunity for identifying services that could be helpful that a human could miss.
Time saving adjunct to interpersonal therapeutic relationship
Useful to generate ideas
We are currently still exploring several more support functionalities. There is clearly potential.. It offers many support modalities though we plan to integrate proactively.

How negatively do professionals in EAP feel about use of AI for EAPs? There was also a wide range among EAPA respondents in how negatively they felt about AI in EAP, ranging from 0 to 10 on the 0 to 10 rating scale. The average rating was in the middle at **4.98 for the EAPA members** was significantly more than the comparison group in the study at a 4.27 average. Other tests conducted in the full sample found that those who were older, had more years of experience in EAP and had less use of AI in their work were more negative about AI for role in EAP. See Figure 3 on next page.

Figure 3. Level of Negative Emotions about AI in EAP



Comments from EAPA members on negative aspects of AI for EAPs:

AI loss of professional judgement and nuance a downside
AI for different age cohort groups differs widely--GenZ and Millennials are using more tech driven tools for self care.
AI is highly specialized and in high demand so cost may be an issue or it may be challenging to customize AI to address particular needs or environments. Measuring effectiveness is a way which compares apples to apples may also be a challenge. AI may be given unwarranted favor due to its novelty.
An additional challenge are the environmental, and thereby moral impact of using AI-- the amount of energy and water needed to run the search engines, when we live in a state that our power grid frequently fails in both Winter and Summer months
Can't replace human intuition and connection during counseling. A concern the market will just jump on that and ignore the client's most effective help methods.
Concerns about bias related clients representing dimensions of diversity (e.g., race, gender, class, disability, LGBTQ status, religion, etc.) for EAP clients. With the shift of importance of DEI issues within our country, work environments and educational institutions; this is a major concern.
Cost and accuracy would need to be checked
Do no harm. Yet we know very little about the AI computations in Mental Health. Missing one symptom, missing facial difference from word content, missing crying, missing a firm conviction that they are going to get help, and many more clinical in person or Zoom visibility that a therapist, counselor might utilize to make a diagnosis. We just do not know nor has there been any research on the safety, accuracy, and viability of AI. That's dangerous.
Ethics and supervision difficulties in professional services

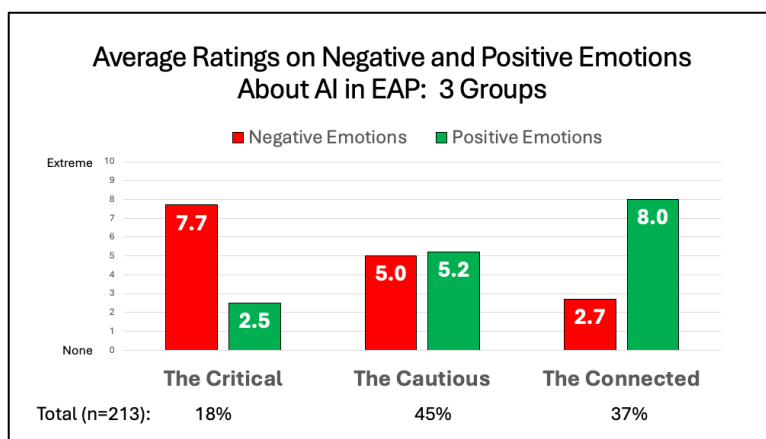
Fear of downsizing
Human problems have nuances that AI may not pick up or be able to respond to. Data security cannot be guaranteed
I see AI improving dramatically the ability for the EA professional to produce better recommendations for the client following an assessment, but do not see AI replacing humans, for perhaps ten years.
Increases potential for human laziness, ethical dilemmas, dependency and reliability
It's an ethics and risk nightmare
Lack of empathy and that human touch
Lack of interpersonal contact and understanding of what is NOT said or understood by a client in determining an intervention.
Lack of knowledge about AI and it use
Matters of accuracy
Most new technologies and clinical techniques go through a research review as to whether it is effective with clients. With AI there is just a "let's get in this quick" attitude. And that is dangerous for our clients.
no way to monitor accuracy of tools, missing possible diagnosis or dangers to client, lack of personal connection with client, inability to read nuance in interactions
Privacy and security issues
Privacy
risk of losing relational connection
Sterile, automated responses instead of empathetic connection; employee isolation; risk /liability; all of the above mentioned
Still much room for improvement
Technology is always a challenge but we need to sensibly explore options and opportunities. Not fall victim to some of the hype! Innovation is also needed.
The greatest danger may be in how helpful and empathetic AI could appear but authentic relationships with humans are not ever really that way. Fake, emotionally overindulge relationship with a computer could actually be detrimental to authentic human interactions.
The ongoing validation of AI answers and solutions.
The jury is still out on this. I want to be open to new technology but am very skeptical right now of AI.
Training and time for the training.
We also wonder what brokers and client organizations will think in near-term. We get asked regularly as example to confirm that our 24/7 peer support center is not run by AI by brokers. We have also been asked to confirm we use a human role for our intake call center.
We believe that the value of a human interaction conducted by a professional cannot be replaced by AI.

Part 7 – Three Groups

The above findings for the full study sample revealed a wide range of both positive and negative attitudes about AI in EAP, with a slightly more positive than negative tone. Results at the individual level for the attitudes toward AI technology in EAP, however, reflected either a more positive than negative tone, or a more negative than positive tone or else being moderate undecided on both. The 0-10 ratings were inversely rated ($r = -.51$) with individuals such that the typical respondent was not that ambivalent and had either a mostly positive or mostly negative emotional tone. Thus, we identified three groups of individuals in EAP field. These groups were created by taking the mathematical difference between the two 0-10 ratings (i.e., by subtracting the person's negative emotion rating from their positive emotion rating). Figure 4 shows how the average ratings in for people within each group.

- Connected (+) = positive rating > negative rating by 3 or more
- Cautious (?) = positive rating similar to negative rating within 2, 1 or 0
- = positive rating < negative rating by 3 or more

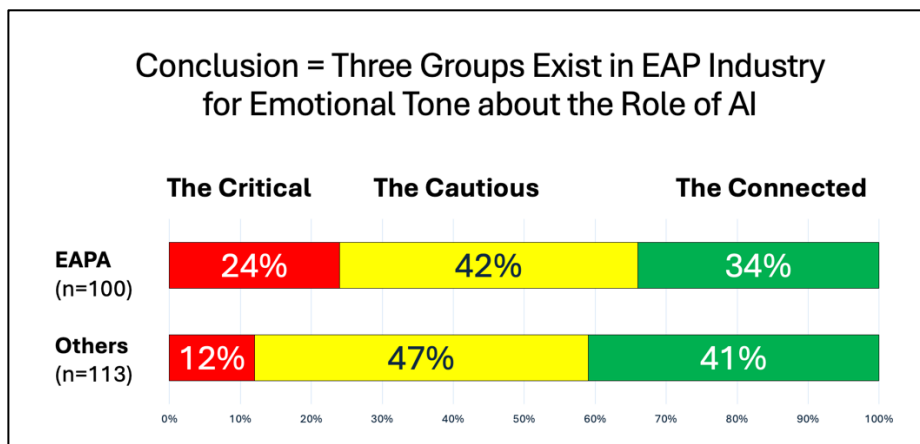
Figure 4. Three Groups of EAPs by Emotional Tone



This process yielded three groups within the total study sample (n=213). The mostly negative group were called the Critical type and had average ratings of 7.7 for negative emotions toward AI in EAP and only 2.5 for positive emotions about AI in EAP. The Critical type of person accounted for about 1 in every 5 of the total respondents. The middle group were called the Cautious type and had average ratings of 5.0 for negative emotions toward AI in EAP and a similar rating of 5.2 for positive emotions about AI in EAP. This type of person accounted for almost half of the total respondents. The mostly positive group were called the Connected type and had average ratings of just 2.7 for negative emotions toward AI in EAP and 8.0 for positive emotions about AI in EAP. The Connected type of person accounted for about a third of the total respondents. Thus, the global sample of EAP professionals who participated in the study can be meaningful split into three sub-groups.

Figure 5 shows the comparison of the EAPA member respondents with the others in the study sample on these three groups. The EAPA respondents had a profile of 24% Critical, 43% Cautious and 45% Connected. This more critical or negative profile for EAPA members also is consistent with some of the other results in the study. The comparison group respondents had a profile of 12% Critical, 47% Cautious and 41% Connected. This difference approached being a significant result at $p = .09$.

Figure 5. Three Groups of EAPs by Emotional Tone: EAPA Compared to Others



Final COMMENTS by EAPA members ONLY

AI is advancing rapidly, and rather than replace EA professionals, it is more likely to reduce referrals to solid EAPs because employees are likely to make AI inquiries to solve their problems with professional live guidance. It is therefore important to develop responses to this issue generated by the EAP leadership and thought leaders to help discourage this practice and many other downside in attempting to do so.
AI will be necessary to meet the needs of employees and employers in the future simply based upon demands and the potential lack of qualified counselors. The secret will be to integrate AI effectively into the care management process to provide the best value and results without negatively impacting privacy, security, and the well-being of the employee.
EAPs need to be informed and transparent regarding the use of AI and plans to mitigate potential risk.
Human connection is the underpinning of emotional growth. Caring and being cared about has been proven to be the key to a positive therapeutic encounter. Technology can be cost saving but does not replace human energy and linkage. We are more than cognitive beings.
I am looking forward to seeing the results of this survey as it is a concern and at the same time interest of mine.
Interested in this research.
It will be interesting to hear summary of results in Istanbul. Good luck!
Just type in your name in ChatGPT and see the incorrect information it displays.
No research on its validity or effectiveness, accuracy or helpfulness. The "Let's just do it to save money" or "be more available to raise utilization, are dangerous to our EAP individual clients.
Over use of AI and technology in the EAP field or behavioral health treatment field has the potential to contribute to even more mental health issues. Loneliness (the inability to connect with others) is already contributing to social anxiety, depression and other mental health issues. It frankly scares me a bit to think we might be promoting mental health care through AI -- without a personal touch from a caring, compassionate professional therapist.
AI is likely to have a transformative impact on EAPs. I need to learn more about potential applications and quickly. Generally. I think AI is beneficial but needs guard rails.

<p>The development of AI technology seems to be bringing about changes in many industries. In the fields of EAP and psychological counseling, I think it is time to think about providing services to generations who are familiar with the use of AI technology and non-face-to-face services. Even though there are many solutions that AI provides, but I don't think AI can directly replace professional counseling by counselors. However, I think AI technology can play a role in assisting counselors' counseling and enhancing the counseling effect.</p>
<p>There is huge potential for Augmented Intelligence as well as Artificial Intelligence to be integrated into Employee Wellness service provision.</p>
<p>There should be an strategy in how to implement AI. This includes a plan in case AI fail or in crisis where the AI can't be use. We can't be 100% dependent of AI, but is important to learn how to use it</p>
<p>This field is so new that it is hard for me to feel knowledgeable about all that AI includes or offers. There is no doubt that it will have a growing presence in many areas of life and will no doubt be very helpful to many but the long-term implications of AI use are unclear. Our level of human interaction in social and business settings continues to erode so the increase of AI will worsen this which will have significant impact on empathy, attachment, engagement, etc.</p>
<p>This is an important topic for EAP Professionals to examine and address in this significant time of change nationally (USA) and globally. With changes related to federal research funding and grants, DEI initiatives, and future of academic freedom, this is a critical issue for all levels of education, especially for universities. Students, faculty, and staff are left in a precarious position of shifting areas of academic futures, career management, and university missions.</p>
<p>We can't shy away from the AI and we have to be psychological ready for the change.</p>

SUMMARY

Clearly, there is a widespread belief that AI will have a transformative impact on the EA field. Interestingly, our survey also indicates a low level of current AI use within the EAP community. Our respondents reported a diverse range of potential operational and clinical applications. However, EAPA members were less connected to and more critical of AI applications when matched to the comparison group. In conclusion, the survey sample formed three naturalistic groups with non EAPA members being less favorably disposed and connected to AI technology. Similarly, EAPA members were more likely to be critical. This difference in tonal disposition remains to be understood. There are some differences between the two groups in age, length of EA service and CEAP status. The authors submit that further research is needed.

It may be too soon to tell whether AI will be good or bad for EAP. Nonetheless, a large majority of the sample (both EAPA members and others) expect AI to have an increasingly important impact on the EAP field in the future. Navigating this future will require more attention to all these issues and continued exploration by EAP vendors, programs and professionals. This creates an opportunity for researchers, organizational leaders and practitioners to provide thoughtful, guidance and direction to the field.

In conclusion, the evolution AI remains highly dynamic. The EA field will need to thoughtfully consider the terms and conditions of AI implementation. How will AI fit within existing EA service models? Should EA vendors, programs and practitioners promote AI? How will the field manage prerequisite upskilling? Which AI applications will be most relevant/useful? How will the efficacy of AI be scientifically evaluated? What are the ethical implications of AI adoption? How will AI impact EA confidentiality? What are the appropriate AI guard rails? What will it cost? Hopefully, our survey study will serve as a starting point for ongoing focused discussion.