

Artificial Intelligence (AI) and The Roundtable: New Frontier or Wild West?

Survey Study Results Total Sample and EA Roundtable Subsample



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Revised final

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Study Authors

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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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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 Optums' 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.

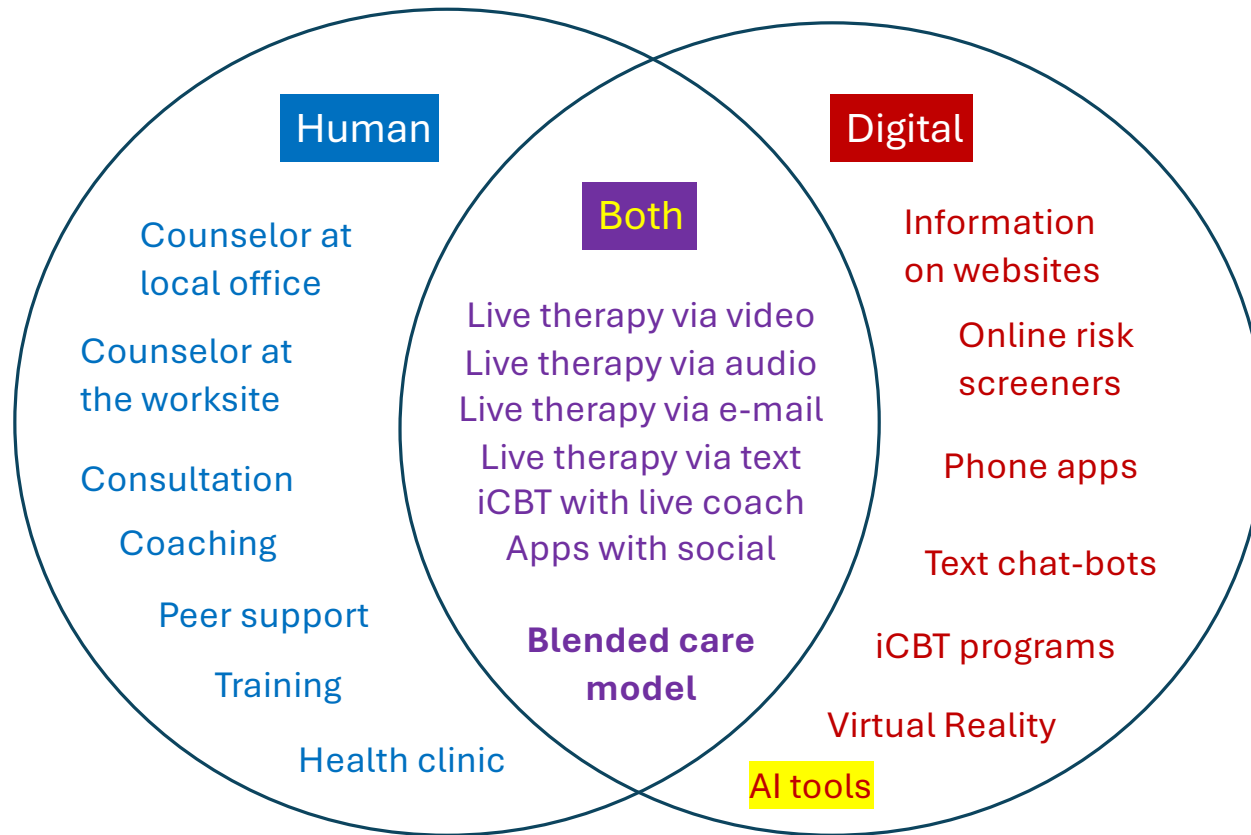


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Study Overview

- 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 Artificial Intelligence is just one component

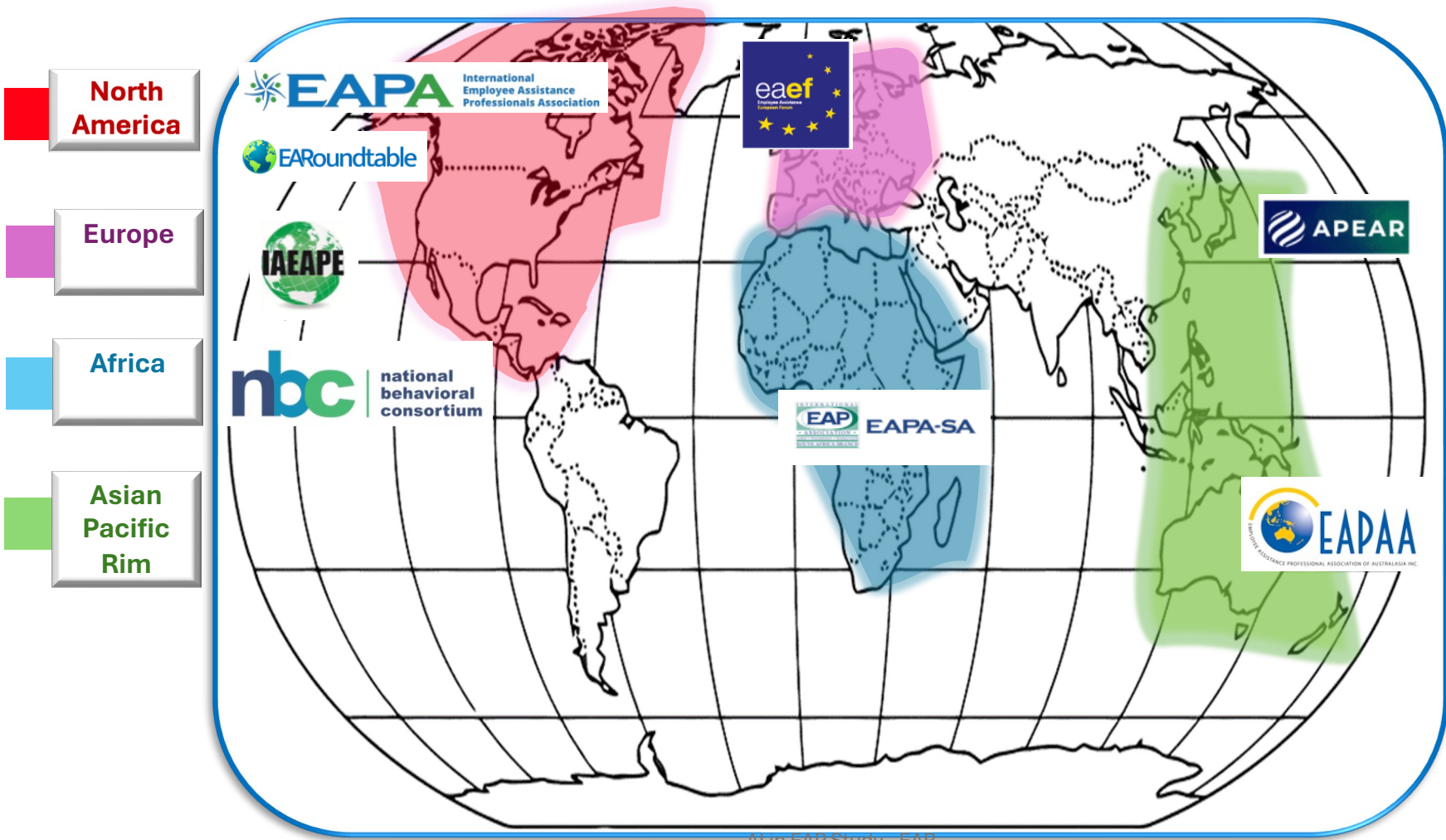
AI in EAP Study - EAR

AI Definition for Study

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.



AI in EAP Study - EAR



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: Person – 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

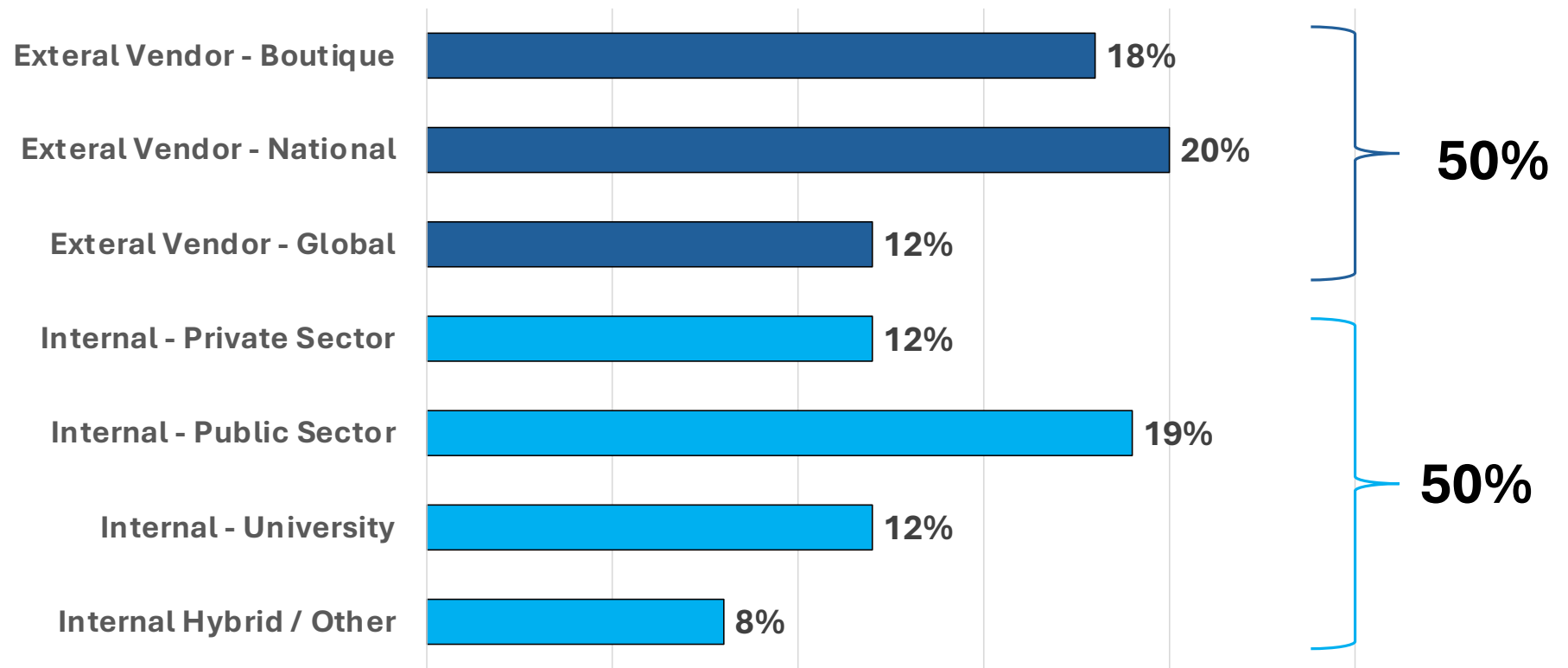
- Perspective in completing survey:

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

Sample Characteristics: EAP Organization

- EAP Business Model
- Locations Served – Customer Markets
- Membership in EAP Industry Associations or Groups
- EAP Services Provided (list of 20)

Sample Characteristics: Type of EAP Organization



N = 222 Total Sample

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 (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 = 19; 9%)

Note: can be in more than one group

Sub-Sample of EA Roundtable

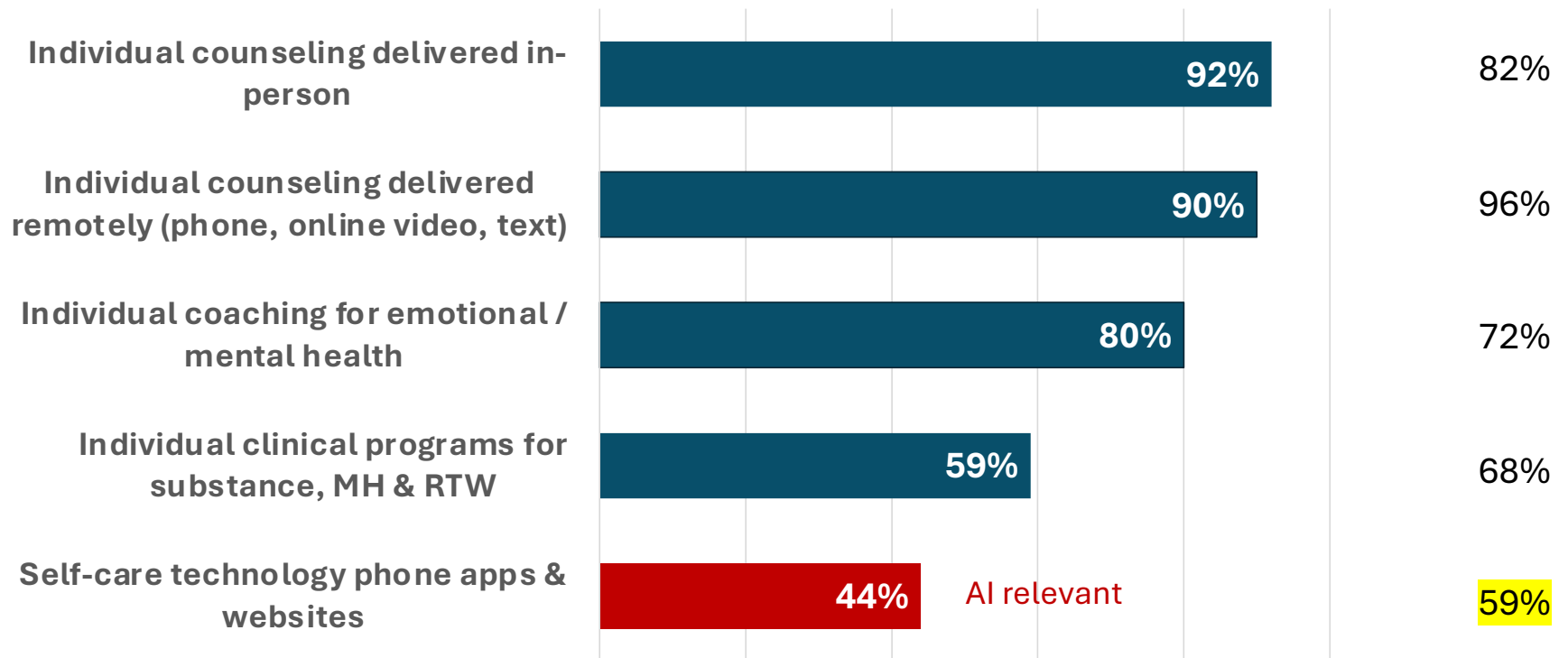
- N = 23 Members of Roundtable
- All from United States
- EAP Model:
 - 44% Internal Staff at Private Sector Employer
 - 26% Internal Staff at Higher Education
 - 22% Internal Hybrid
 - 9% Internal Staff at Public Sector Employer
- Gender Mix: 55% women; 45% men
- Perspective on Survey: 78% my EAP > 22% individual (vs 54% / 46%)

Sub-Sample of EA Roundtable

- N = 23 Members of Roundtable
- Job Role: Business Leadership: **70%** (vs 42%)
- Job Role continued: similar for clinical delivery 35%; business operations 30%; specialists 26%
- Age: 56 years (vs 50)
- EAP field work experience: **24 years** (vs 16)
- More CEAP (**90%** > 60% others)

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

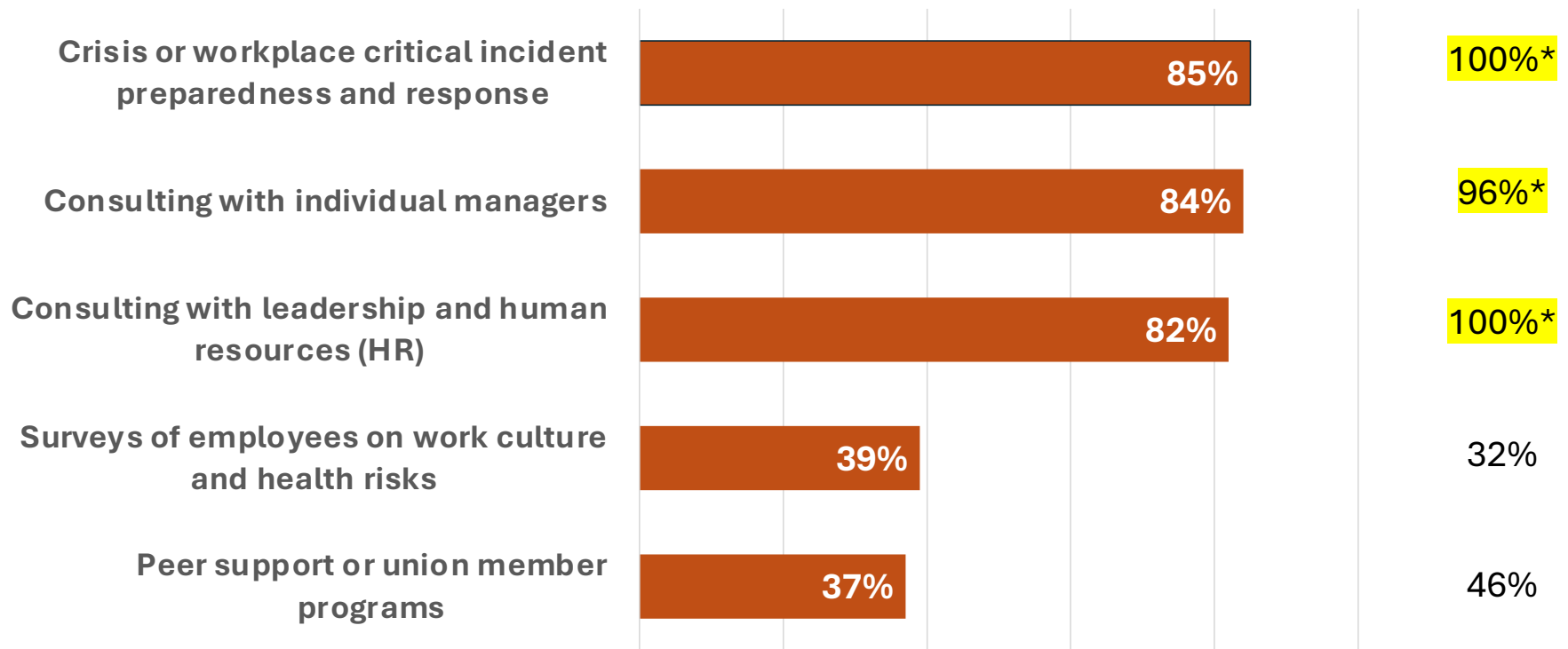
Roundtable
 (n = 23):



N = 171 Total Sample *including Roundtable*

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

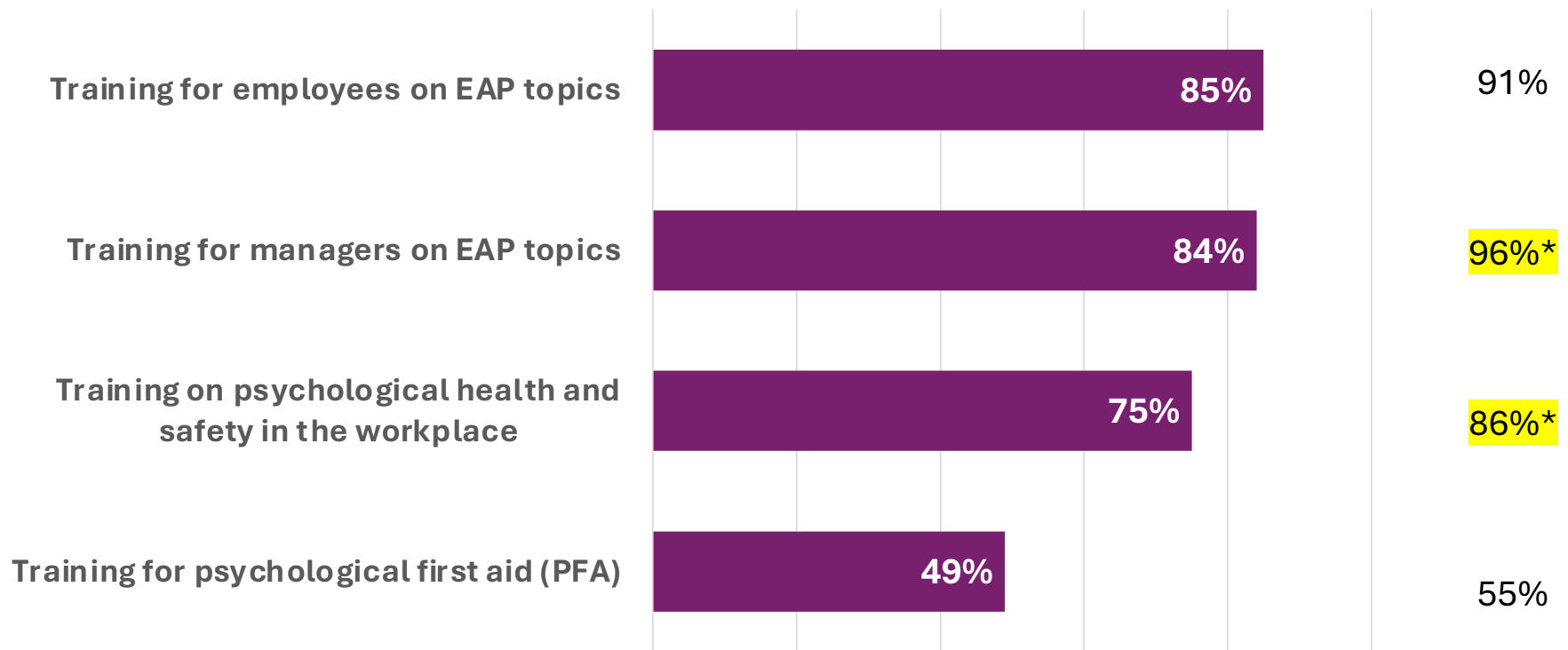
Roundtable
 (n = 23):



N = 171 Total Sample

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

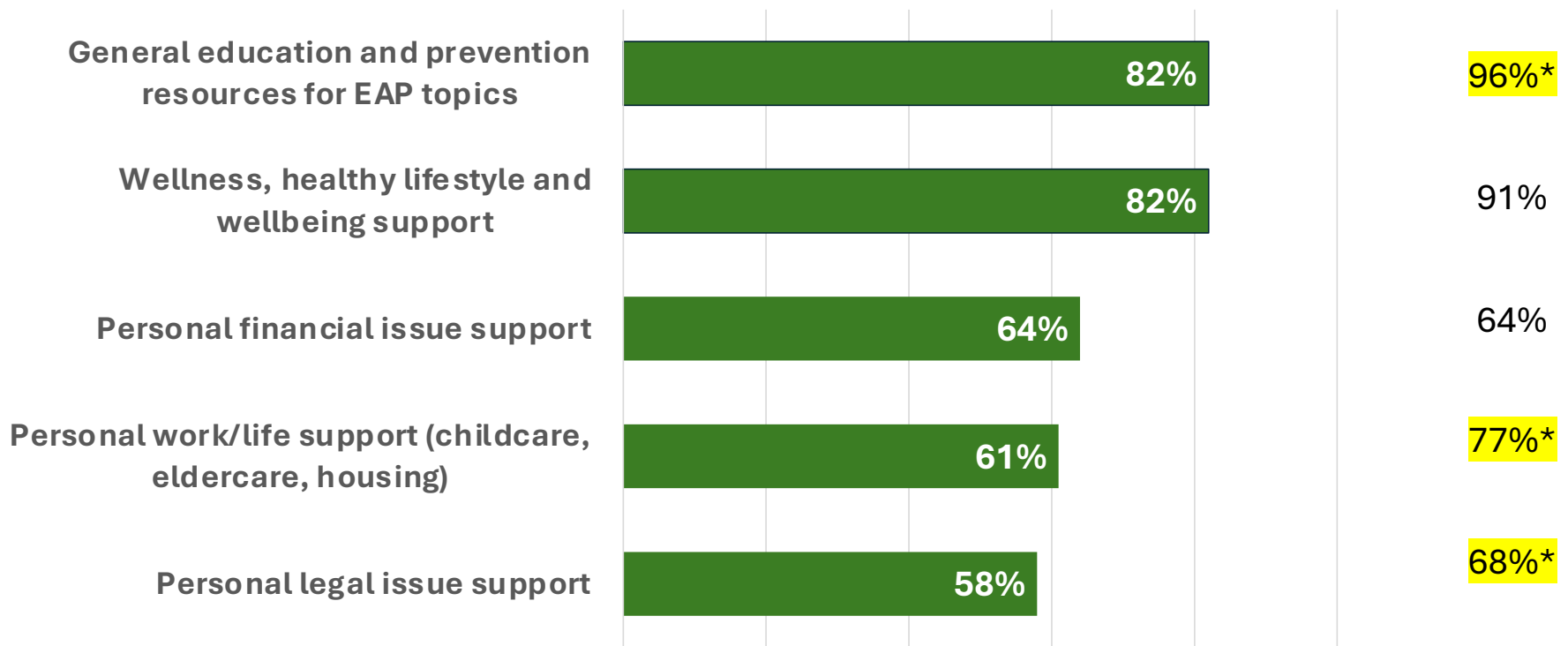
Roundtable
(n = 23):



N = 171 Total Sample

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

Roundtable
 (n = 23):



N = 171 Total Sample

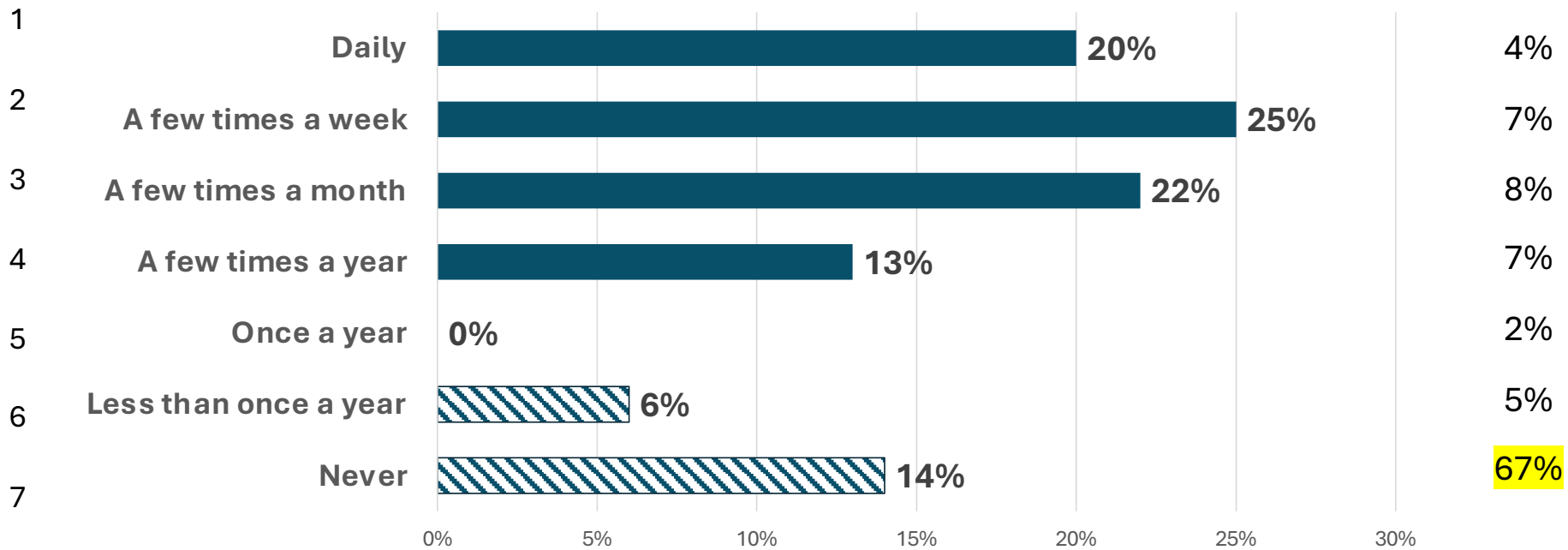
AI Use: Myself (Person level)

- Frequency in Past Year
- Ways use AI (if minimal use; 10 categories)

Q - Personally, how often do you use artificial intelligence (AI) in your role?

Others = 4.8 Roundtable = 4.4 (slightly more; 0% at never)

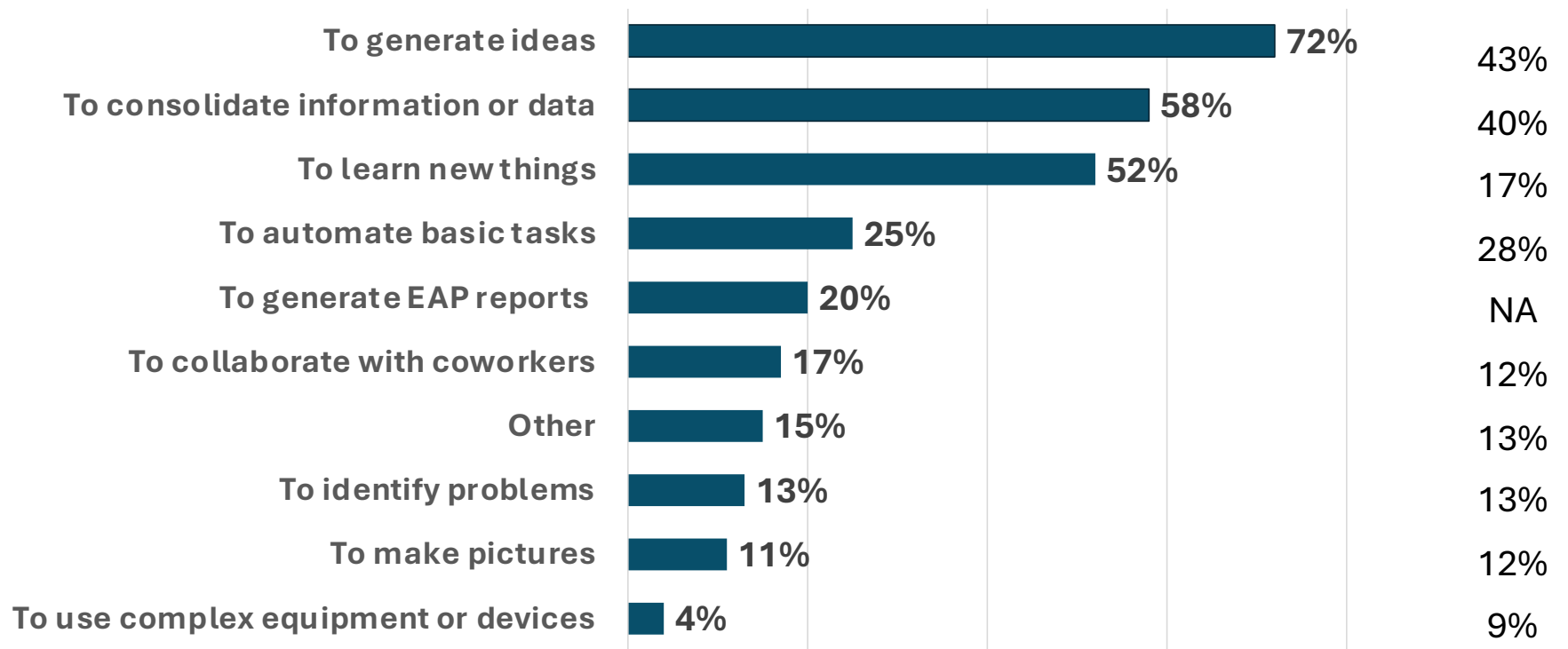
US Norm
Employees
2024-Q2:



N = 213 Total Sample

Q - In what ways are you currently using artificial intelligence (AI) to assist with your work? Select all that apply

US Norm
2024-Q2:



N = 170 Valid Use Minimum Past Year from Total Sample

AI in EAP Study - EAR

Key Findings – Personal Use of AI

- 45% of EAP sample uses AI regularly at least weekly
- Another third, only use AI once a month or less in past year
 - This group uses AI for wide variety of purposes, mainly for generating ideas, consolidating information and to learn new things
- About 1 in 5 of EAP sample rarely use AI in personal life.
- Many more of the EAP study participants use AI compared to national random sample of employees in USA about 9 months earlier (Gallup): 67% of EAP use AI at least monthly vs. 19% of employee norm sample

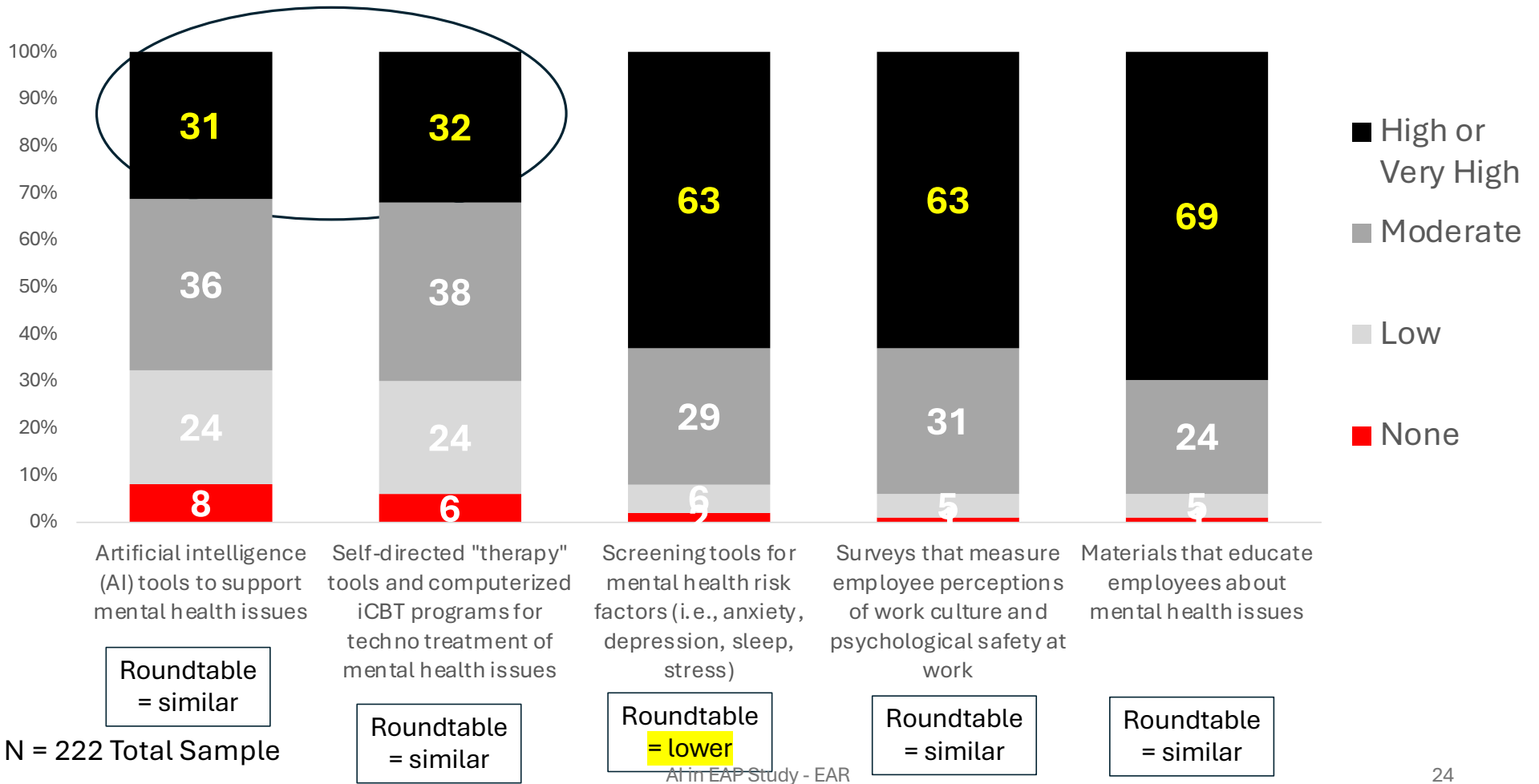
Technology Services and EAPs

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 humans at all (i.e., no live counselors or health coaches).

Some of these technological services are provided as part of the EAP benefit whereas many others are purchased by employers as separate stand-alone benefits.

Q - In general, how important to employer efforts overall to support workplace mental health are the following technology-based kinds of self-care services?

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



Key Findings – AI Role is Small Today

Only about a third of respondents considered AI to have benefits in direct clinical care and treatment areas.

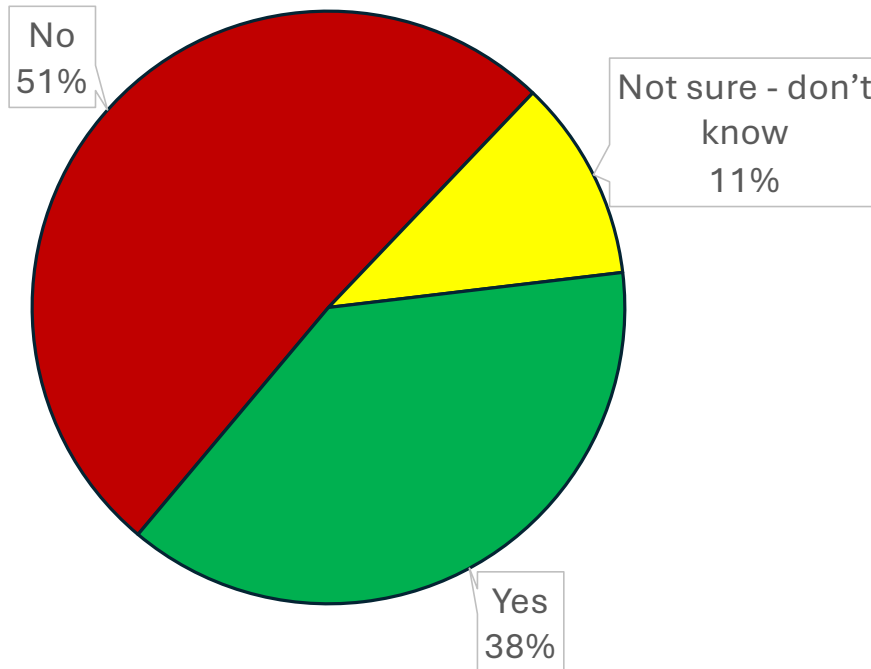
Only a third of EAPs considered computerized CBT digital self-care programs and AI chatbot therapy tools as important to defining EAP services.

The top-rated benefits of AI for EAPs included increasing program access, improved operational efficiency, and greater speed of connecting cases to clinicians.

AI Use: My EAP (Organization Level)

- EAP use in business
- EAP use history (if yes; <1 to 6+ years)
- EAP consider add AI in future
- Features of AI of most interest to EAPs

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)?



If yes, how long has your EAP organization been using AI?

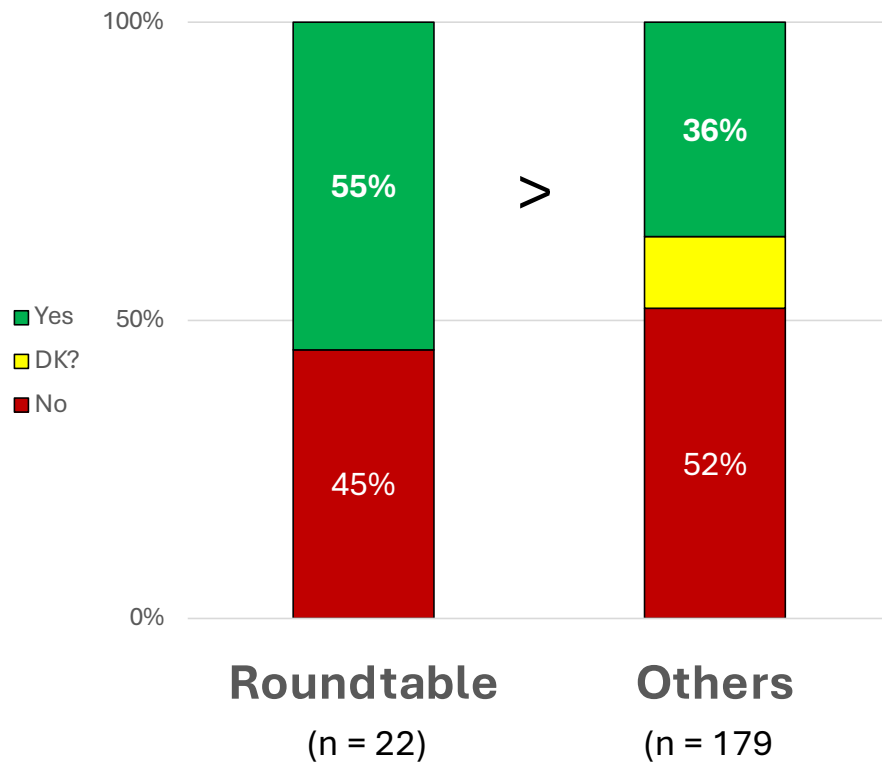
(valid n = 74)

- 42% Less than 1 year
- 43% 1 to 2 years
- 8% 3 to 5 years
- 7% 6 or more years

Just 20 months average

N = 201 Total Sample

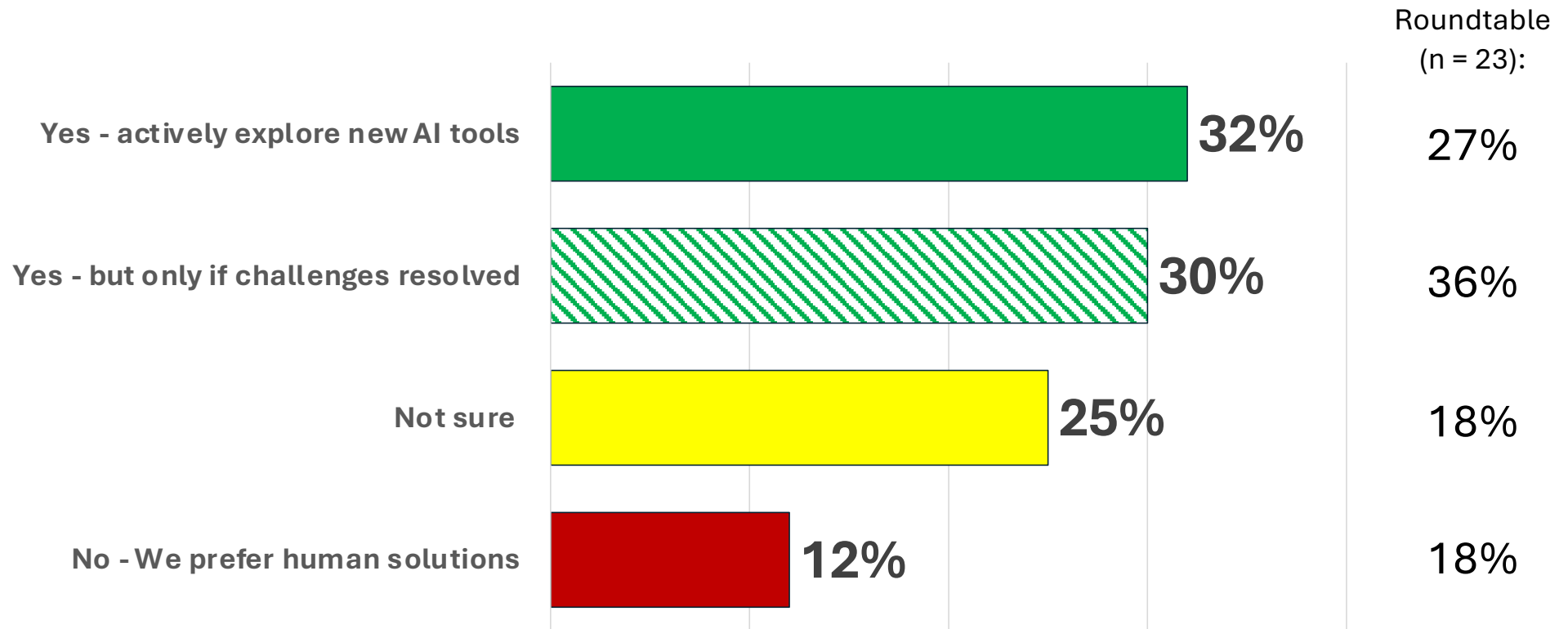
Q - To the best of your knowledge, has your EAP organization begun integrating new artificial intelligence (AI) technology or tools to improve business practices (e.g., increase productivity, efficiency and quality)?



If yes, how long has your EAP organization been using AI?

- Roundtable = 20 months (n=23)
- Others = 20 months (n=62)

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



N = 201 Total Sample

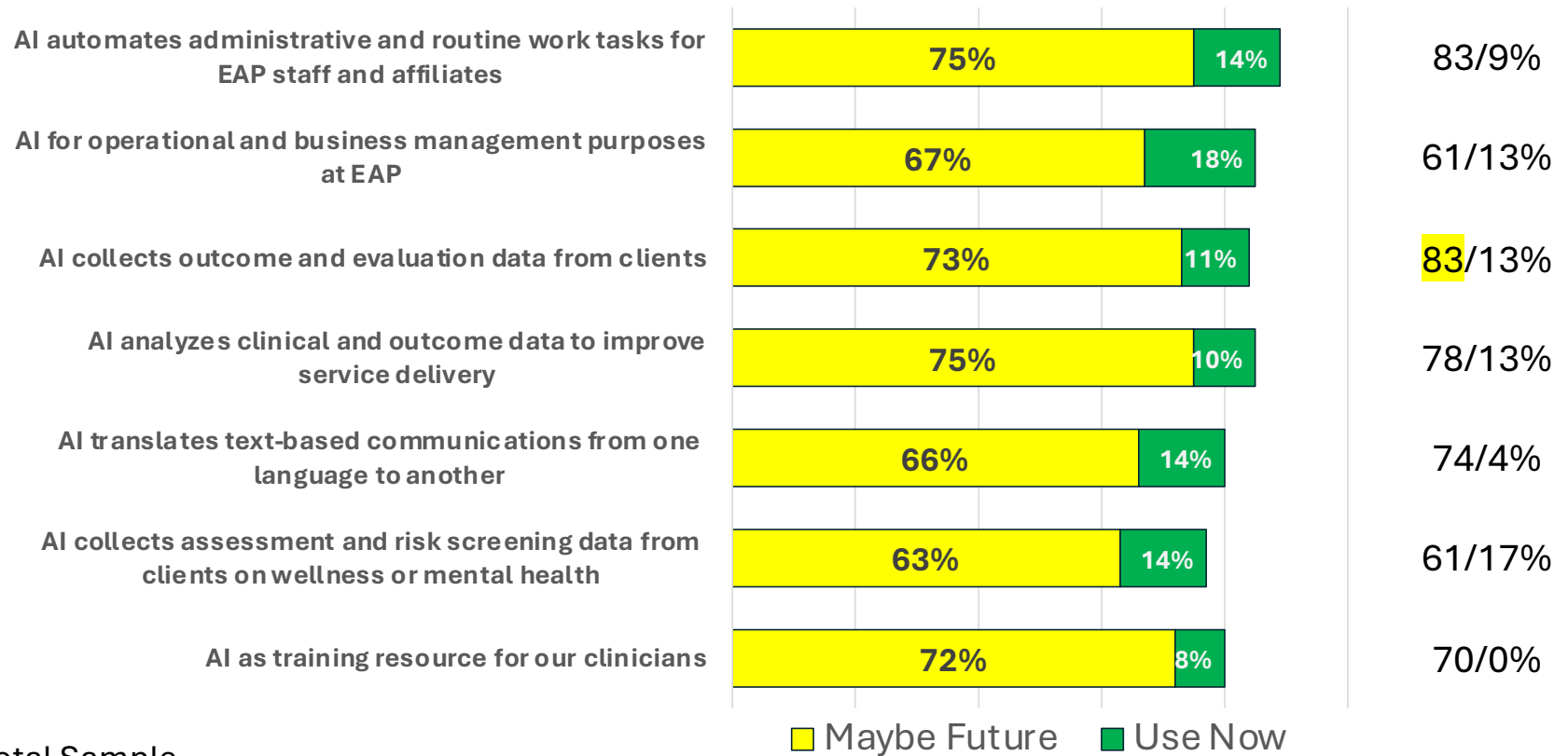
AI in EAP Study - EAR

29

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

Roundtable
(n = 23):

Part
1

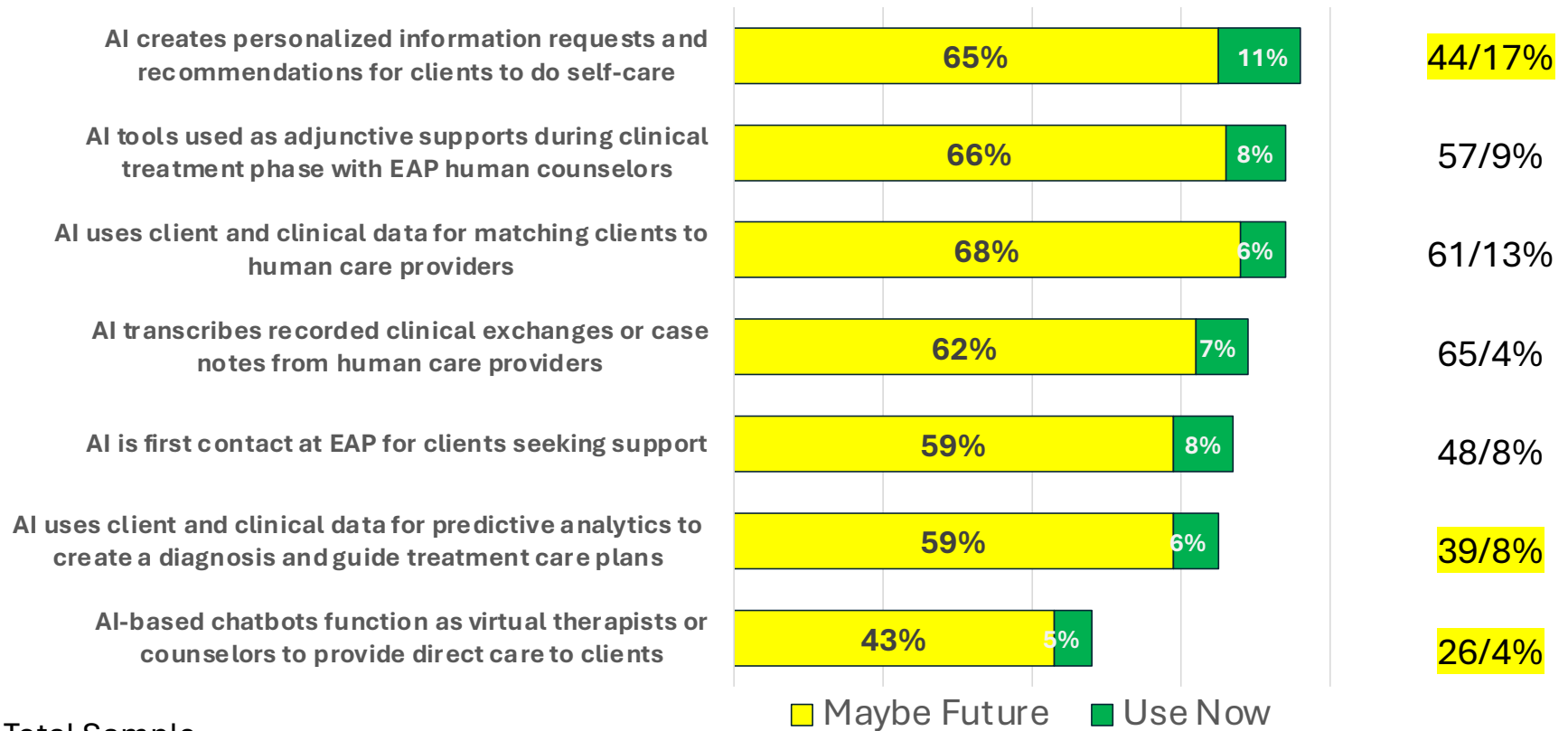


N = 184 Total Sample

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

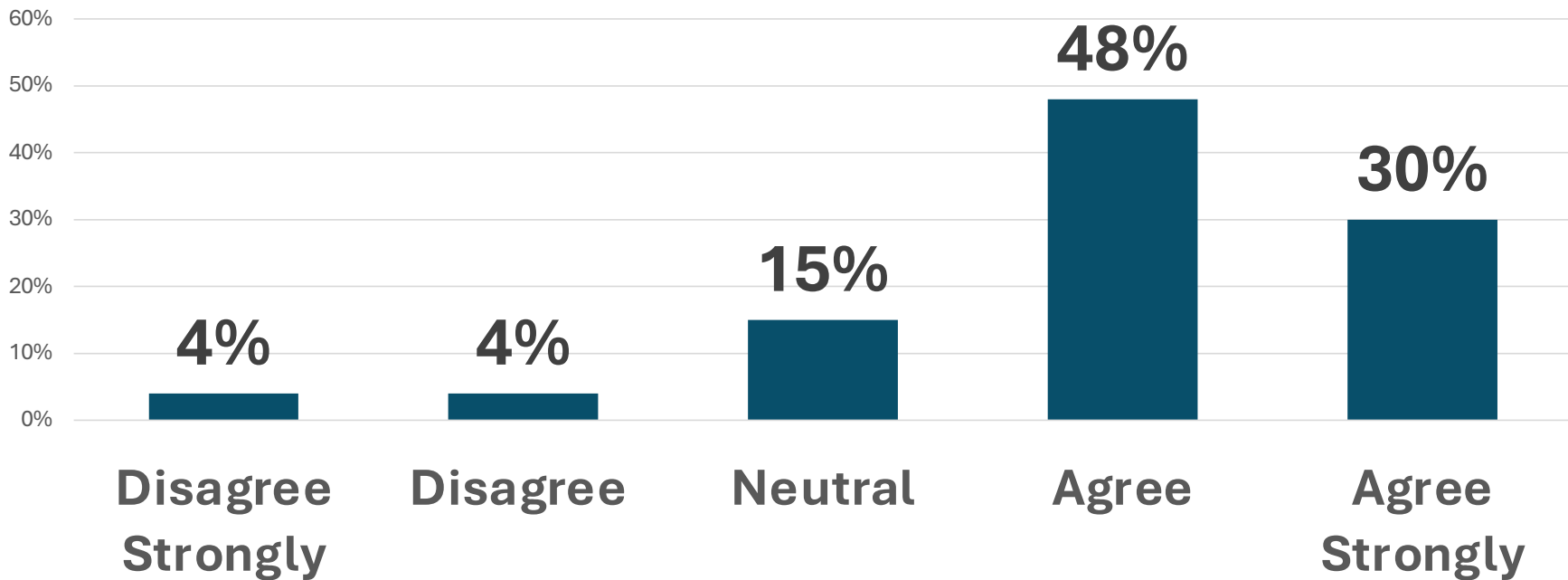
Roundtable
(n = 23):

Part
2



N = 184 Total Sample

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



N = 213 Total Sample

Roundtable = Agree **83%**

Agree **78%**

AI in EAP Study - EAR

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

- Current use of AI technology is low today with just 38% 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

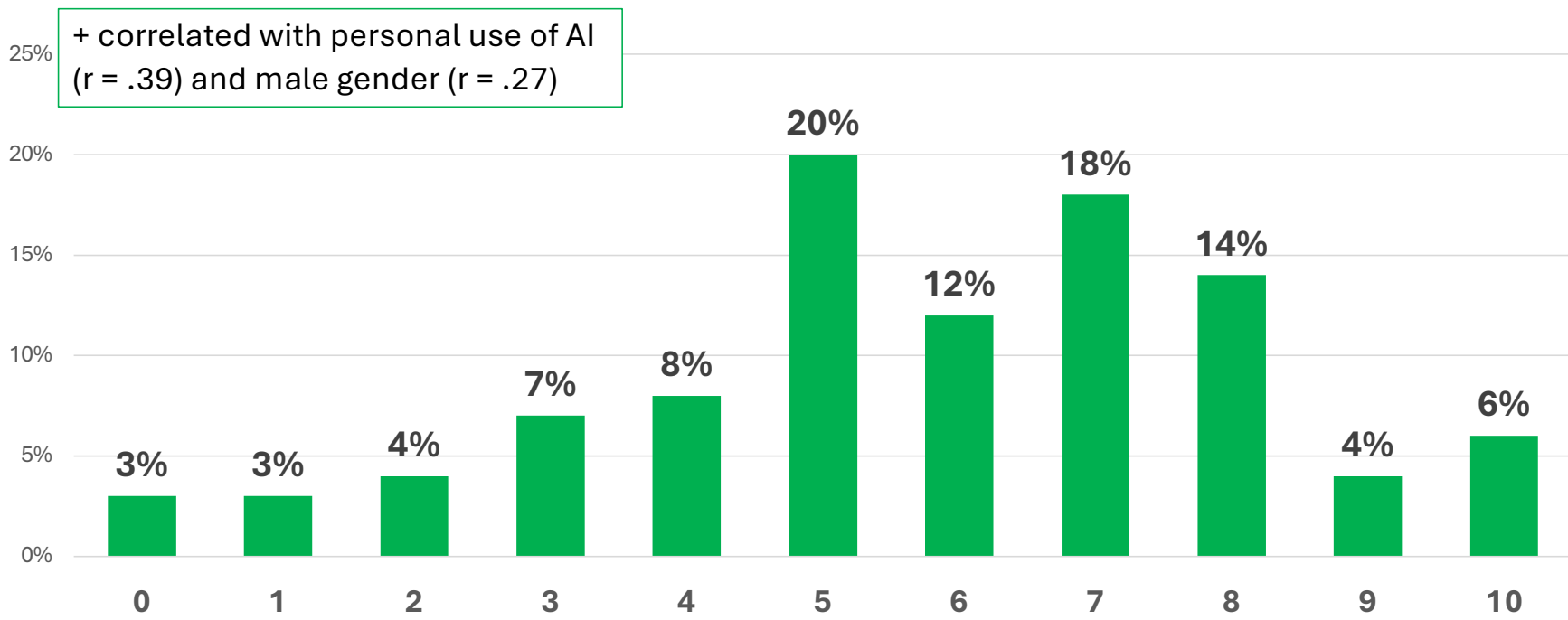
Evaluation of AI for EAPs: The Good & The Bad

- Potential Benefits (11 categories)
- Comments

- Problems / Challenges / Limitations (12 categories)
- Comments

- Privacy adherence (4 tactics)
- Privacy – Ok for EAP to sell user identity data?

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



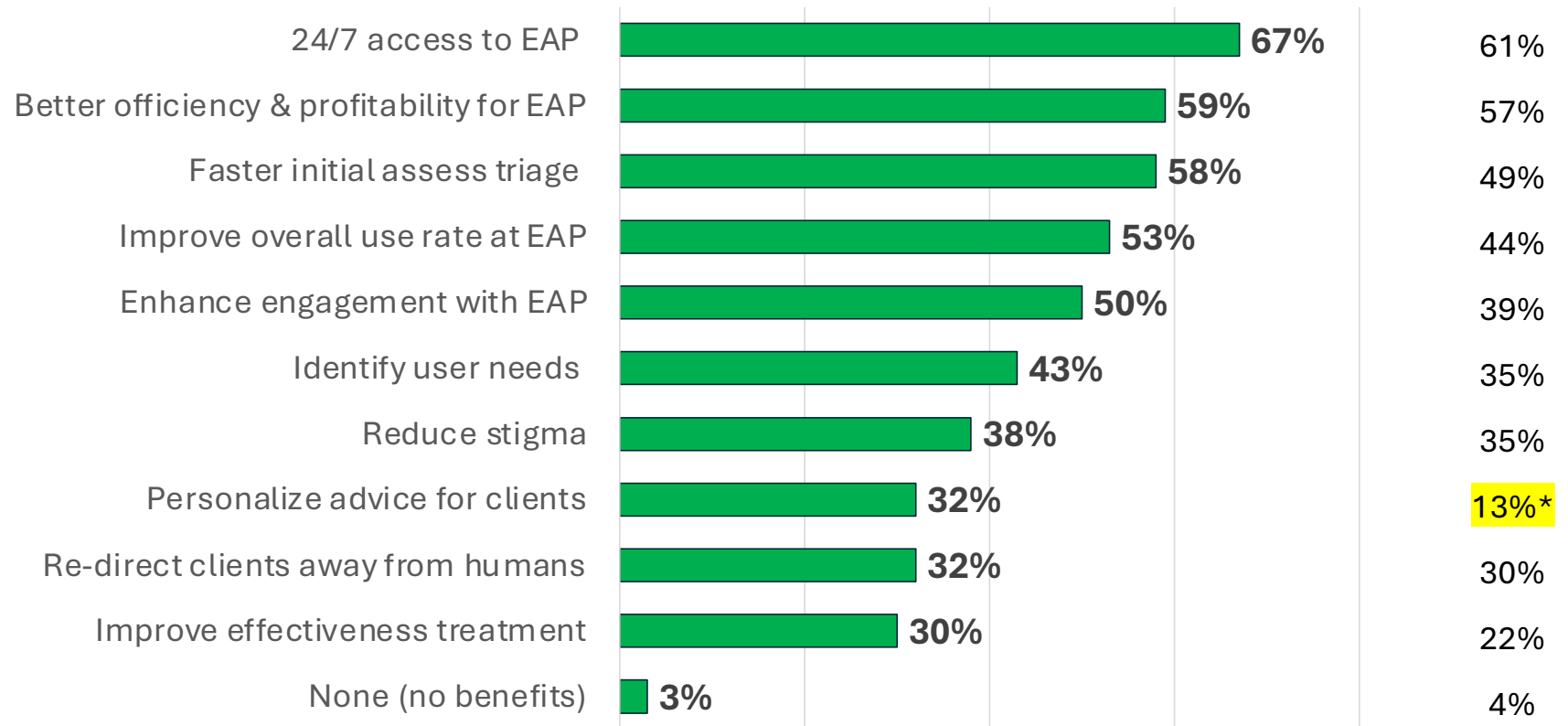
AVG = 5.8

Roundtable = 5.4

N = 213 Total Sample

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

Roundtable
(n = 23):



N = 183 Total Sample

Key Findings – Why AI is Good 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.

Comments – Why AI is Good for EAPs

We are really looking forward to using AI to teach and practice using soft skills such as assertive communication and effective conflict management skills.

AI could improve assessment, referrals, and help with CBT psycho-educational treatments. It may also be very useful in outcome studies.

Another one of many strategies to benefit employee engagement, safety, and mental fitness.

Really might be great for intakes/initial assessments and could be fantastic for making notes far faster/easier, create resources, generate metrics, correlate metric/data, generate ideas, and assess EAP effectiveness.

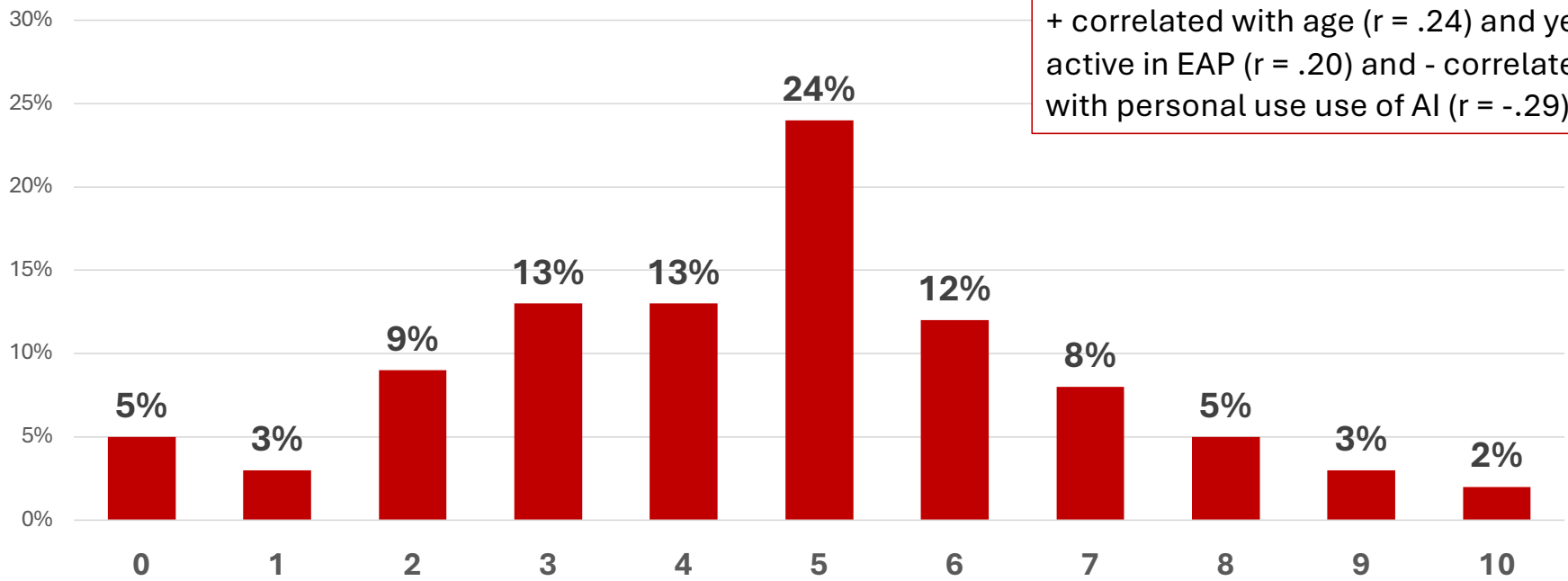
Can assist with clinical records management, identification of adjunctive or auxiliary services, possible identification of case management resources, and management of client satisfaction survey data.

Roundtable members

AI in EAP Study – EAR

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

+ correlated with age ($r = .24$) and years active in EAP ($r = .20$) and - correlated with personal use of AI ($r = -.29$)



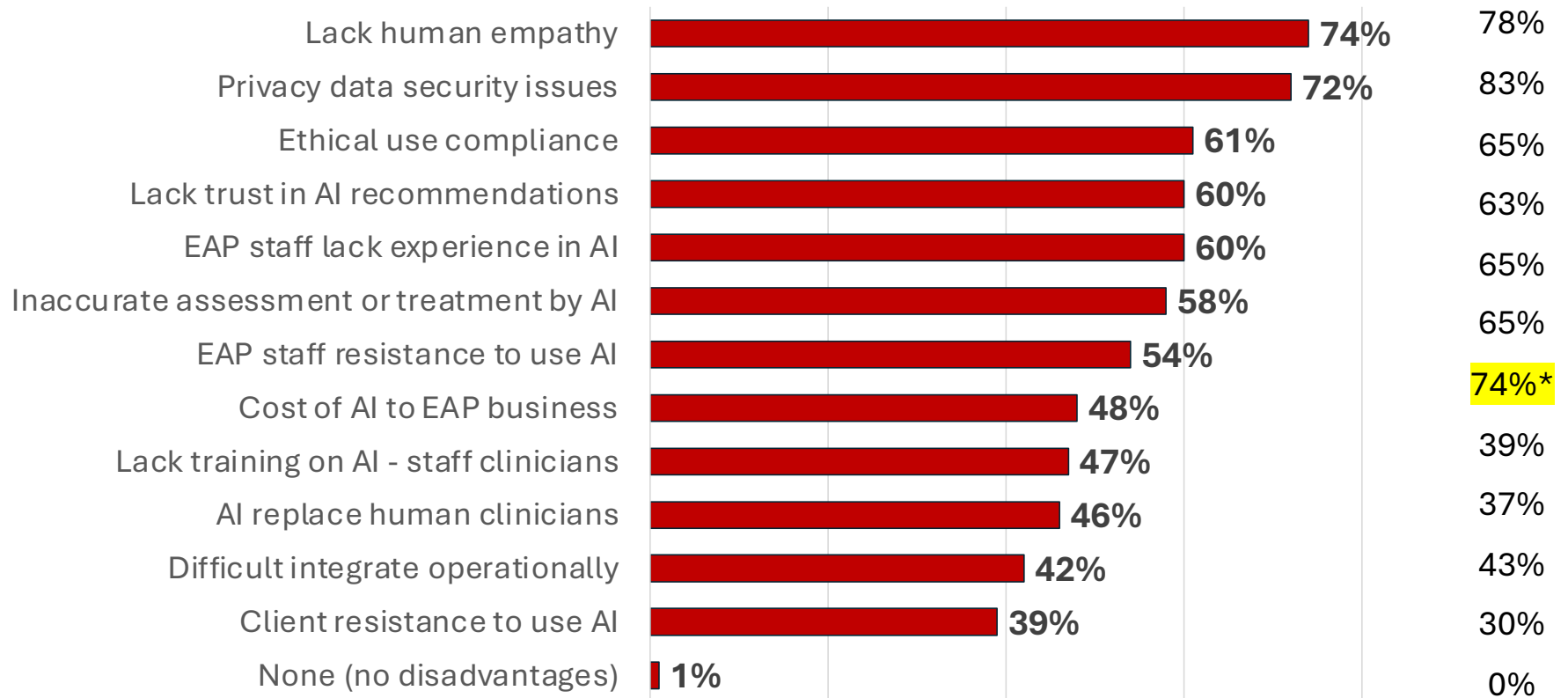
AVG = 4.6

Roundtable = **5.6**

N = 213 Total Sample

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

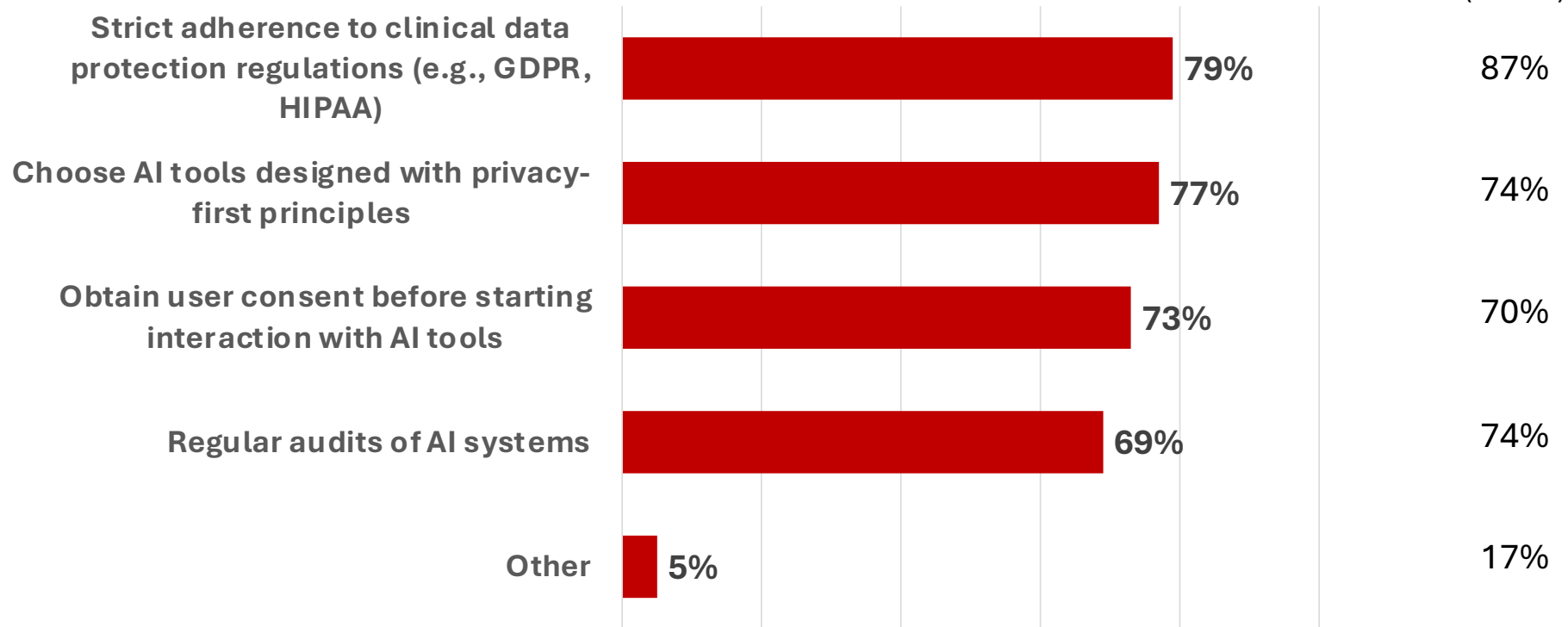
Roundtable
(n = 23):



N = 183 Total Sample

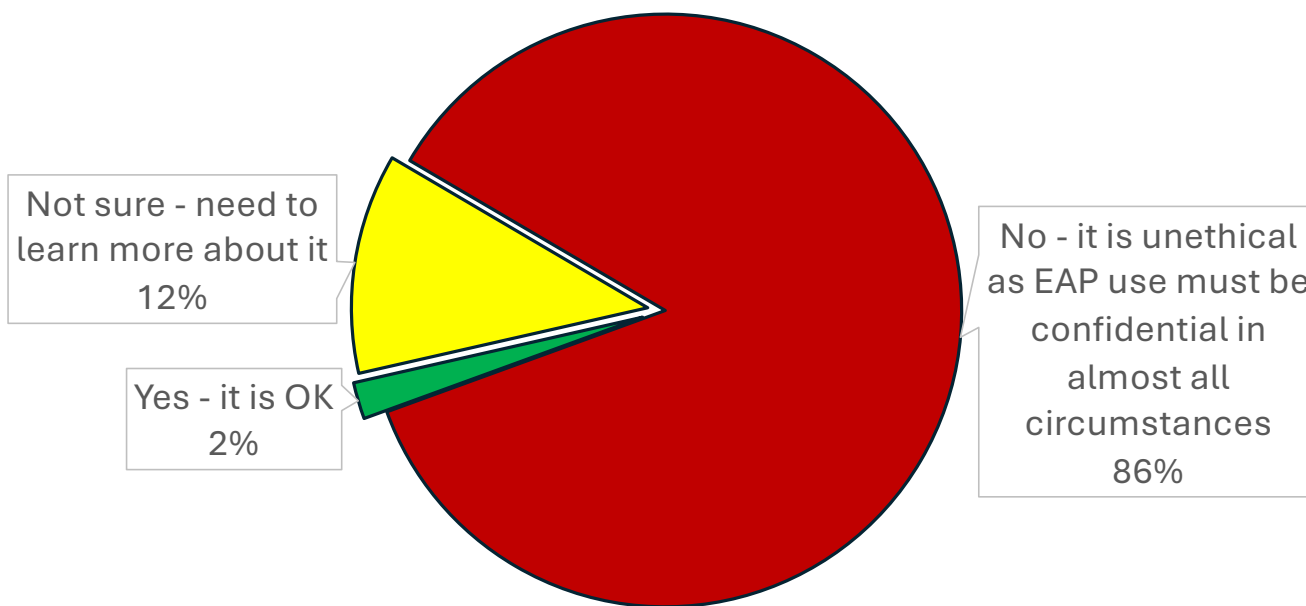
Q - What operational tactics can EAPs implement to ensure user data **privacy and security** when using AI services? Select all that apply

Roundtable
(n = 23)



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?



Roundtable
(n = 23):

Yes 0%

No 91%

Not sure 9%

N = 175 Total Sample

Key Findings – Why AI is **Bad** 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 more less in personal life and who are older were more negative about AI role in EAP

Comments – Why AI is **Bad** for EAPs

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.

Privacy and data security are our biggest concerns.

An additional challenge are the environmental, and thereby moral impact, of using AI is the amount of energy and water needed to run the search engines.

The jury is still out on this. I want to be open to new technology but am very skeptical right now of AI.

Roundtable members

AI in EAP Study – EAR

Summary: Positive AND Negative Feelings about AI in EAP



N = 213 Total Sample

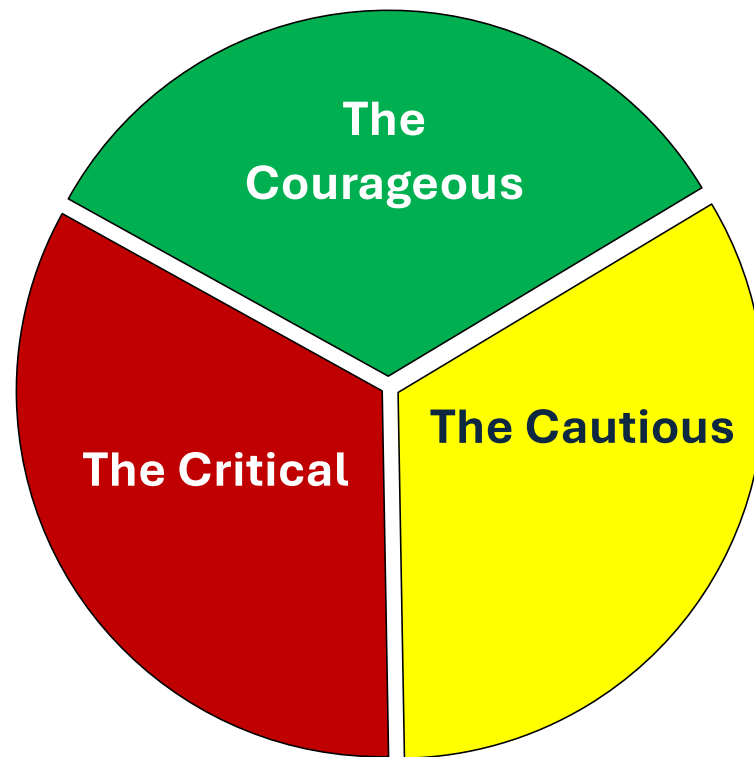
EAP Field is Ambivalent about AI

These results reflect a profile of ambivalence with different people having either 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

However, these were inversely rated ($r = -.51$) with individuals such that the **typical respondent was not ambivalent** and had a mostly positive or mostly negative emotional tone.

Conclusion = Three Groups of People Now in EAP Industry for Approach to Role of AI



AI in EAP Study - EAR

Comments – General Role of AI in EAPs

AI is likely to have a transformative impact on EAPs.

I think AI is beneficial but needs guard rails.

EAPs need to be informed and transparent regarding the use of AI and plans to mitigate potential risk.

I need to learn more about potential applications and quickly.

Roundtable members

AI in EAP Study – EAR

Questions & Comments

