

# *The Journal of* **Employee Assistance**

## **EAPs and AI: The Future is Now**

| Page 4



# PLUS:

**You're Invited to  
Transform Your World  
in San Francisco!**

Page 12

**Artificial Intelligence  
in EAPs: A Global  
Survey**

Page 14

**Positive Psychological  
Practices in EAPs: Results  
of a Recent Survey**

Page 28



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## *The Journal of* **Employee Assistance**

August 2025 | VOL. 55 NO. 2

4

### FRONT PAGE

#### **New Frontiers in AI and Workplace Suicide Prevention**

| By Bernie McCann, PhD, CEAP - JEA Editor

### cover story

6

#### **Artificial Intelligence in EAPs: A Force Multiplier for the Human Touch**

| By Scott Wallace, PhD



### features

12

#### **You're Invited to Transform Your World in San Francisco!**

| By Patricia A. Herlihy  
PhD, RN Curriculum Committee Chair

14

#### **Artificial Intelligence in EAPs: A Global Survey of EAPA Members & Others**

| By Mark Attridge, PhD, and Daniel  
Hughes, PhD, CEAP

### features

22

#### **Workplace Suicide Prevention: From Crisis to Culture Change**

| By Sally Spencer-Thomas PsyD and  
Jodi Jacobson Frey PhD CEAP



28

#### **Positive Psychological Practices in EAPs: Results of a Recent Survey**

| By Joel Bennett, PhD & Cameron Marbach, MS

36

#### **A Caribbean Perspective to Navigating Workplace Stress**

| By Nigel Thomas, CEAP

42

#### **Facilitating Clear and Confident Workplace Communications**

| By Brittany Tusa, PhD

48

#### **The SAP's Role as Gatekeeper in Transportation Safety**

| By Sandra Serrano

### EAPA Mission Statement

To promote the highest standards of practice and the continuing development of Employee Assistance professionals, programs and services

The *Journal of Employee Assistance* (ISSN 1544-0893) is published three times each year for \$13 per year (from the annual membership fee) by the Employee Assistance Professionals Association, 4350 N. Fairfax Dr., Suite 740, Arlington, VA 22203. Phone: (703) 387-1000.

Persons interested in submitting articles should contact the editor, Dr. Bernie McCann by email at [mccannbag@gmail.com](mailto:mccannbag@gmail.com).

To **advertise** in the *Journal of Employee Assistance*, contact [development@eapassn.org](mailto:development@eapassn.org). The JEA is published in digital format only. Send requests for reprints of issues published to Julie Swarts at [j.swarts@eapassn.org](mailto:j.swarts@eapassn.org).

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**ERRATA** A corrected version of the article *EAP Outcomes in Latin America: Analysis of WOS Data at Grupo Wellness Latina*, by A. Lardani, M. Migali and M. Angaut, from the *Journal of Employee Assistance*, Vol. 55, No. 1 is available for download at the open access EA Digital Archive <https://archive.hshsl.umaryland.edu/handle/10713/23526>



| By Bernie McCann,  
PhD, CEAP - JEA Editor

# New Frontiers in AI and Workplace Suicide Prevention

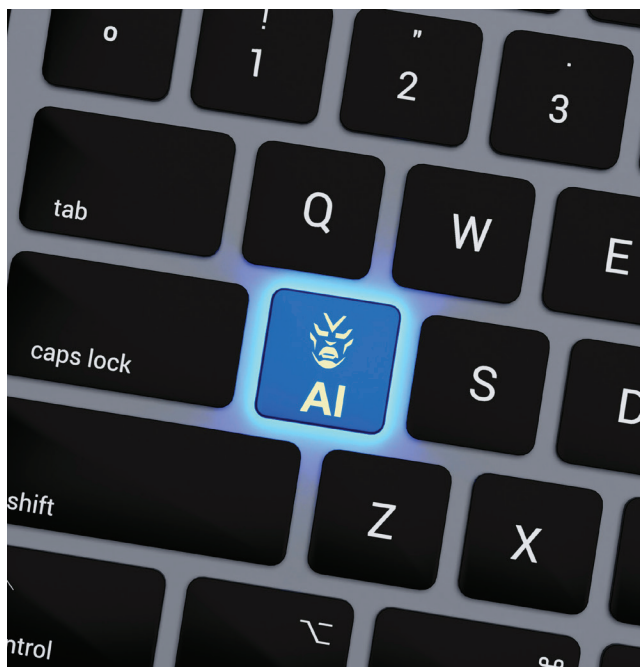
**W**ith this latest issue of the Journal, we again delve into the future of EA service delivery. Today, it's impossible to tune into television or online news sources and not hear or read about the phenomenon of Artificial Intelligence (AI). For some this innovation is exciting, creative and innovative – while others are reticent to embrace it, given their concerns over confidentiality, data security and the loss of the human mediating factor (Carr, 2020);

However, it is clear that AI is transforming the ways EA and related services are provided, with hopes of it evolving from reactive, often underutilized resources into proactive, easily accessed tools for employee health and well-being (Zhou, Zhao & Zhang, 2022). As many employees and work organizations continue to seek new resources to grapple with mental health and work-life challenges, EAPs are often the first stop, and as demands for these services increase, providers are adopting AI enhancements. For example, through AI-powered chatbots and virtual assistants, employees can access personalized mental health support nearly anywhere, anytime with an unprecedented level of privacy and convenience. With the power to learn, analyze, predict and create these near-continuous advances in AI development and the rise of large language models (such as ChatGPT) have potential to help solve some of the biggest challenges in health and wellness (Minerva & Giubilini, 2023).

While AI's integration into EA has advantages, it also presents certain challenges. Hopefully, AI tools can enhance EAPs, complementing, but not replacing the human element. Optimally, new features will combine high tech and high touch approaches, marrying new technology and established methods of human support, to meet the contemporary needs of EAP clients. To help us understand the full ramifications of the AI revolution in EA service delivery, we present two articles on the subject – our cover discussion by Dr. Scott Wallace, a long expert in AI and mental health, along with results of a survey of how EAPs regard AI, currently employ it, and their intentions to implement it in the future by frequent contributors Dr. Mark Attridge and Dr. Daniel Hughes.

A leading cause of death globally for all age groups, the World Health Organisation estimates more than 720,000 people die due to suicide each year, and many more make suicide attempts<sup>1</sup>. The age adjusted suicide rate among

<sup>1</sup> WHO – Suicide, Key Facts. <https://www.who.int/news-room/fact-sheets/detail/suicide>





US working age persons is 35 percent higher than it was two decades ago, and the economic cost of suicide and self-harm injuries averages over US\$500 billion annually (Peterson, Haileyesus & Stone, 2024). Workplaces offer a significant venue for suicide prevention efforts as work-related factors can be associated with suicide and represent a potential for avoidable risk reductions for work organizations. Implementing suicide prevention initiatives, promoting awareness and identifying resources in the workplace are important steps forward. A new organizational framework for Workplace Suicide Prevention is highlighted in an article by Drs. Sally Spenser Thomas and Jody Jacobson Frey, which details new National Guidelines, a Certification project intended to encourage EAPs to embrace a proactive stance on this issue, and commentary detailing a successful field implementation by Dr. Dani Kimlinger.

Continuing our author and topic offerings in this issue, please view the article by Dr. Joel Bennett and his colleague Cameron Marbach which provides results and discussion of a survey investigating EA professionals' understanding of Positive Psychology methods and their application in the workplace, with commentary by Dr. Brian McNutt. An additional view of the *Global Reach of EAPs* is provided in the article *A Caribbean Perspective to Navigating Workplace Stress*, the article by Nigel Thomas, CEAP, discussing how a regional EA provider has adapted to serving both local and regional demands for EA services. Dr. Brittany Tusa illustrates the art and science of encouraging *Clear and Confident Workplace Communications* as an essential EA competency for enhancing both individual and organizational resilience. For North American EA service providers, Stephanie Serrano provides a US Department of Transportation regulatory update entitled *The SAP's Role as Gatekeeper in Transportation Safety* to both guide and remind EAPs of recent changes in this important function to ensure the safety of the traveling public.

As we prepare for *EAPA's 2025 Annual Institute and Expo* in San Francisco, California, scheduled for October 9-12, 2025, Conference Chair Dr. Pat Herlihy provides us with a preview of the inspiring professional development sessions and entertaining events planned for participants – ***We hope to see you there!***

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**The following EAPA Members graciously assisted with article reviews, revisions and other tasks for this Volume 55, Number 2 issue of the JEA:**

|                 |                  |                   |
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# Artificial Intelligence in EAPs: A Force Multiplier for the Human Touch

| By Scott Wallace, PhD



**P**icture this: it's 2030. Your company's EAP dashboard flashes a subtle alert – an employee hasn't opened their wellness app in two weeks after a month of daily check-ins. Meanwhile, an Artificial Intelligence (AI) chat conversation picks up subtle changes in tone from text-based coaching that suggest rising anxiety. The system flags the case for a human counselor, who reaches out just in time to prevent a crisis. This isn't science fiction. It's the trajectory we're already on.

Artificial intelligence is no longer on the periphery of mental health support, it's embedded, ambient, and scaling rapidly. And EAPs, once designed as confidential means to address personal struggles, are now standing at the intersection of urgent need and technological disruption.

### The Concern We Can't Ignore

AI is helping people, sometimes in powerful, measurable ways. But its rapid proliferation also provokes a legitimate concern. Will algorithms render human counselors obsolete? Can code fully comprehend suffering? Will the essence of therapeutic connection be sacrificed for speed, scale or coverage?



These are the right questions, but they're not the only ones. What if AI doesn't replace, but *reveals* the depth and limits of human support systems? What if it empowers, rather than eclipses, the skilled EA professional? The future of EAPs will not be exclusively human or machine based. It will be hybrid. And the professionals who thrive will be those who learn to integrate wisely, act ethically, and lead boldly.

### What EAPs Have Always Done Best

Those of us who've spent our careers in EAP know: our efforts are rarely glamorous, often invisible, and absolutely essential. We've answered the phone when no one else did. Walked into workplaces after a suicide, a layoff, a crisis. Sat across from people holding more than they could carry—grief, addiction, anxiety, family violence—and helped them take the first step toward something better. Quietly and without headlines.

EA services have always been about being there *early* – before something becomes a crisis and before it spirals. We offer speed, confidentiality, and trust in moments when those things are hard to come by. And we've built that trust not just through policy, but through presence. Through showing up, again and again.

But let's be honest: the terrain is shifting under our feet. Demand is rising. EA cases are more complex. The workforce is more diverse – culturally, linguistically, psychologically. And while people may be more open to asking for help, they're also more digitally connected, more self-directed, and more expectant of immediate solutions. At the same time, the systems we rely on, ourselves included, are stretched thin. Provider burnout isn't an abstract risk. It's a lived reality. And yet we keep showing up because we believe in what this work stands for.

Many of us who have spent decades providing EA services, and we've come to believe that what defines EAP isn't the list of services we offer. It's the *trust* we've earned. The human presence behind the program. The ability to act fast, hold space, and open doors for people who might not otherwise knock.

That core value – prompt, discreet, human support – has never been more vital. But it's also never been more at risk. The question now isn't whether EAPs matter. We know they do. The question is: how do we carry this work forward in a changing world – without losing what made it meaningful in the first place?

### A Pivotal Moment for EAP: Why AI Must Be Shaped, Not Shunned

Let's be clear: AI is no longer on the horizon. It's already here. Employees are turning to chatbots for late-night anxiety, engaging with mental health apps before ever speaking with a counselor, and interacting with digital tools we didn't design but are now expected to work alongside. Whether we're ready or not, the mental health landscape is shifting fast.

For EAPs, this presents both a challenge and a rare opportunity. The demands on EAPs from both individual and organizational consumers have grown dramatically. We're not just crisis responders anymore. We're being asked to deliver ongoing support, prevention, triage, and even upstream care—across diverse, dispersed, and increasingly digital workforces.

Now add AI to the equation. To some, it's a welcome ally: scalable, always-on, capable of identifying subtle signals of distress through patterns in language, behavior, or biometric feedback. To others, it's a threat—one that risks eroding trust, oversimplifying care, or replacing professional judgment with algorithms.

But framing this as an either/or choice – AI versus the clinician – misses the deeper opportunity. The real question is: How can AI help EAPs do what they do best, even better? Used wisely, AI isn't a substitute. It's a force multiplier. It can enhance what we offer by:

- **Triaging smarter** by flagging high-risk individuals earlier, ensuring that limited clinical resources are deployed where they're needed most.
- **Extending care between sessions** by offering nudges, tools, and support at the moments people are most likely to need it—not just during scheduled appointments.
- **Monitoring patterns invisibly** through de-identified, aggregated data that reveal trends across



departments or demographics—without breaching individual trust.

- **Broadening cultural reach** by translating language, adapting tone, and customizing interventions to better resonate across diverse employee populations.
- **Reducing administrative drag** by freeing clinicians to focus on the work only humans can do navigating complexity, showing empathy, and building trust.

This isn't about replacing care. It's about refocusing it so that EAP professionals can step into more strategic, impactful roles: clinical leaders, ethical stewards, and human-centered designers of next-generation care systems. The current crossroad is real. But so is the opportunity. What we build next depends on how courageously and thoughtfully we choose to lead.

## What the Science Says

For EA professionals navigating today's rapidly changing care landscape, the question is no longer whether AI belongs in mental health – it's how we make it work *responsibly and effectively* in the service of those we support. Let's ground this discussion in evidence – not to hype AI, but to highlight where it's already delivering meaningful outcomes, and where caution is still warranted.

Over the past five years, the research on AI applications for health and wellbeing efforts has grown from speculative to substantial. A 2023 meta-analysis by Li et al., reviewing 35 randomized controlled trials, found statistically significant reductions in both depression and general psychological distress among users of AI-driven mental health tools. The most robust results came from generative AI models paired with multimodal, app-based delivery, tools that adapt dynamically to user input, not just scripted interactions.

A 2024 meta-analysis by Zhong et al. reinforced these findings, reporting moderate effect sizes for anxiety ( $g = -0.19$ ) and depression ( $g = -0.26$ ) across more than 10,000 participants. Although benefits often tapered after 8 to 12 weeks, these interventions consistently outperformed control conditions and offered a reliable short-term positive outcome – especially important in early intervention and crisis contexts.

Several high-profile platforms have demonstrated real-world effectiveness:

- Woebot's postpartum depression tool showed clinically significant symptom reduction in a randomized controlled trial, with participants rating the "working alliance"—a key predictor of therapeutic success—as surprisingly strong.
- *Wysa and Tess*, two widely adopted AI platforms, have shown consistent reductions in anxiety, improved self-efficacy, and better-than-expected retention across both real-world use and clinical studies.

Beyond symptom relief, AI is now breaking new ground and showing new promise in:

- **Predictive modeling for psychosis relapse**, flagging early warning signs up to five days in advance using passive markers like speech, typing patterns, and sentiment analysis.
- **Behavioral risk monitoring** through unobtrusive data collection—scrolling patterns, response latency, and keystroke dynamics—to detect changes in cognitive or emotional functioning.
- **Culturally adaptive, multilingual interventions**, with AI delivering support in over 20 languages and adjusting therapeutic tone to suit diverse cultural norms and expectations.

These tools don't just scale improved access. They scale personalization. For many users – especially those reluctant to access traditional mental health care – AI offers low-barrier, stigma-reducing, just-in-time support that humanizes help without requiring a human. Still, we must be clear-eyed. The evidence, while promising, is not uniform. Most studies are short-term, focused on relatively young, tech-literate populations, and rarely embedded in an EAP or workplace contexts. Longitudinal outcomes remain sparse. Few studies measure core EAP concerns like presenteeism, return-to-duty or organizational impact. These gaps should not justify dismissal – but they do require thoughtful implementation and further study.



For EA professionals, the key takeaway is this: AI in mental health is no longer experimental. It is emerging, evidence-based, and use-case dependent. When integrated with human oversight, guided by ethical standards, and deployed within clinically informed workflows, these tools can markedly complement the deep relational care at the heart of our work, not replace it. Let's lead with what we know, stay humble about what we don't, and shape the future of AI in mental health with the same care and discernment we bring to every other part of our practice.

### **Ethical and Practical Challenges**

Ethics are not a side conversational topic in AI-enabled EAPs – they are the cornerstone of trust, legitimacy, and clinical responsibility. For professionals trained to uphold confidentiality, informed consent, and equitable access, AI introduces a radically new layer of complexity. The stakes are not abstract. They are immediate, consequential, and evolving fast. To use AI applications responsibly in EA, we must go beyond surface-level assurances and confront a growing list of challenges head-on:

**Data Sovereignty and Ownership:** Who owns the mental health data gathered by AI platforms? While many tools operate under broad terms of service, the question of employer access, particularly to aggregated patterns, can erode employee trust. EAPs must draw clear lines that protect user data from inappropriate employer surveillance.

**Informed Consent and Digital Transparency:** Are employees fully aware when they're engaging with AI rather than a human? Do they understand how their data will be used, stored, or shared? Consent must be dynamic, ongoing, and explicit – not buried in 30-page click-through agreements.

**Algorithmic Transparency and Accountability:** Can EA leaders explain how a chatbot came to triage one employee as high-risk while missing another? Can they audit its decision-making logic? Too many current models function as opaque “black boxes,” incompatible with the ethical standards of clinical psychology.



**Regulatory Gaps and False Assumptions:** Many commercial wellness tools are not subject to HIPAA<sup>1</sup>, and only a few AI mental health platforms have pursued US Food & Drug Administration approval (or similar) as medical devices. This regulatory vacuum leaves room for harm and places the burden on EA leaders to self-regulate.

**Bias, Equity, and Representation:** Algorithms are trained on historical data, which often reflects systemic inequities. If AI tools underperform for racialized employees, neurodivergent populations, or those with non-Western communication styles, they risk reinforcing exclusion at scale. Equity audits are not optional; they're essential safeguards against institutional harm.

**Emotional Safety and Dependency:** The illusion of empathy from well-trained AI systems may lead some users to over trust or over disclose to tools that cannot reciprocate. Emotional overattachment to bots is a clinical risk that must be actively managed, especially among isolated or vulnerable users.

In response to these challenges, leading professional bodies like the American Psychiatric Association and the American Medical Association, among others, have issued frameworks for ethical AI integration. But simple guidelines alone are insufficient. What's needed now is implementation, oversight, and active leadership from within the EAP profession. That means:

- **Transparent vendor contracts** that explicitly define data use, escalation protocols, and liability.
- **Inclusive product testing** that ensures tools work fairly and safely across diverse employee groups.
- **Clinician-informed prompt engineering** to shape how AI communicates, escalates, and responds under pressure.
- **Ongoing bias and efficacy audits**, not just at launch, but across the product lifecycle.

Ethical AI integration isn't a compliance checkbox. It's a sustained, proactive practice that aligns technology with the therapeutic values at the heart of EAPs. In this rapidly changing landscape, ethical use must be considered not as a constraint, but as a compass.

## The Augmented Professional – Not Replaced, but Reimagined

Let's be blunt: AI cannot sit with someone's grief. It cannot co-regulate a panic attack. It cannot interpret the uncomfortable silence after someone says, 'I'm fine.' But it can effectively support those who can. In tomorrow's EAP, professionals will not disappear. They will evolve from *responders* to *strategic orchestrators* of care. The augmented EA professional will:

- Use AI dashboards to monitor caseload health, triage incoming issues, and intervene earlier.
- Interpret AI risk flags and sentiment shifts, bringing clinical nuance to algorithmic alerts.
- Maintain ethical oversight, ensuring AI decisions are transparent, fair, and clinically grounded.
- Co-design workflows with technical teams, ensuring that human-centered values shape digital care.

This hybrid model does not erode the value of the EA role. It elevates it.

AI cannot sit with  
someone's grief. It  
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cannot interpret the  
uncomfortable silence  
after someone says,  
"I'm fine."

<sup>1</sup> The Health Insurance Portability and Accountability Act (HIPAA) is a US federal law enacted in 1996, which established national standards for protecting sensitive patient health information. HIPAA aims to ensure the privacy and security of health information while also allowing for the efficient transfer and continuation of health insurance coverage.

## How EAPs Can Prepare for and Shape AI Integration

This transformation is not optional. But it is malleable. EAP professionals can either brace for disruption or actively prepare to lead.

### To *prepare* oneself for the change:

- **Learn the language:** Understand AI basics—how it works, what it can and cannot do, and how it affects the clinical process.
- **Study use cases:** Explore tools already in use in EAP and mental health contexts. What worked? What failed? Why?
- **Reflect on practice:** Identify tasks in your daily work that could be automated or augmented—and what would be required to do so safely.

### To *position* oneself to *advance* the change:

- **Partner with product teams:** Clinician voices are often missing in design sprints. Step in. Shape how tools are built.
- **Join advisory groups** or standards organizations working on ethical AI in healthcare.
- **Pilot new tools** within your EAP. Measure outcomes. Share learnings.

## This Transformation Needs You

AI is not a therapist. It does not possess empathy, intuition, or human wisdom. But it is a signal—a mirror reflecting the changing terrain of care delivery, and a megaphone amplifying both the best and worst of how we respond to need.

For EA professionals, this is a moment of inflection, not threat. The rise of AI is not asking you to surrender your role. It is asking you to expand it. We now have tools that can reach employees at 2 a.m., detect distress before symptoms surface, and scale care with an efficiency that our human systems alone cannot match. But none of that will matter if we don't ground it in clinical values, ethical leadership, and human judgment. This is our domain. We know what it means to build trust, to triage under pressure, to listen between the lines. The next evolution of EA will not succeed without your perspective, your skepticism, your curiosity, and your care. So, the question isn't whether AI belongs in EAPs. It's whether EA professionals will take their seat at the table and shape what that integration looks like.

If you're reading this, you're already ahead. You understand the stakes. Now the challenge is to lead—by asking better questions, piloting innovative ideas, challenging weak assumptions, and sharing what you learn. This is the time to act. To learn. To contribute. And to ensure that the future of workplace mental health remains both technologically advanced *and* profoundly human. What will your role be in building that future?

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## You're Invited to Transform Your World in San Francisco!



Please join us for an unforgettable experience at the 2025 EAPA Institute and Expo this October 9-12, 2025 in the vibrant city of San Francisco. Our Curriculum Committee, along with the San Francisco EAPA Chapter, has designed an exceptional program. Our conference theme of **Bridges to Employee Wellness and Workplace Productivity** will offer cutting edge professional development educational insights in one of America's most inspiring cities.

### What Makes This Year's Institute & Expo Special?



**A Golden Gate Adventure** – Experience SF's crown jewel up close! On Saturday and Sunday morning experience those iconic orange arches spanning the bay which aren't just Instagram worthy – they're soul-stirring. Pre register by September 5th to join our fun run and walk across one of the American West Coast's most spectacular symbols.



**Evening Stories Come Alive** – On Friday October 10th, step into the Living Arts Playback Theater where YOUR stories become the star of the show! Through this unique, unscripted experience, share a moment, watch it unfold through movement and music, or simply witness the magic as others' experiences come to life on stage.



**Dance Your Way to Joy** – Saturday Night fun in San Francisco 9-11PM. From soul line dancing to country western, jazz to hip hop and zydeco! No partner needed, just bring your spirit. Soul line dancers know how to kick up joy - come discover why this “urban line dancing” has everyone moving in harmony.

### This year, our Inspiring Keynote Speakers include:

**Abby Metcalf** brings her relationship maven magic to *The Future is Ours: Reimagining EAPs for a New Era*. This psychologist, author, and TEDx speaker has helped thousands create connection, ease, and joy using humor, research, and her refreshingly direct style.

**John A. Brown, LMFT** shares his unique journey *From Stress to Success* – from shaping marketing strategies at Apple to becoming a licensed therapist and performance coach, who is now supporting Stanford University’s faculty and helping athletes master their mental game.

**Victor Armstrong MSW, AFSP**, VP at the American Foundation for Suicide Prevention and recent NASW Social Worker of the Year, provides insights from three decades serving marginalized communities in *Creating An Emotionally Safe Workplace*

## And More...



**International AI & EAPs Research Panel** – Discover how artificial intelligence is reshaping EA practice, leading to an ever-evolving menu of services and applications.



**Hot Topics That Matter:** *Enhancing Belonging • Manager-Team Collaboration • Supporting Nurses • Military/Veterans Resilience • Navigating Political Polarization • How Gen Z is Flipping the Work Game • Working with Public Safety • AI – The New Frontier*

***We can’t wait to see you in San Francisco!***

Register for the EAPA Institute and EXPO at  
<https://eapassn.org/page/2025EAPAConference>  
***Register now as prices rise in September!***

*By Patricia A. Herlihy, PhD, RN – 2025 Institute Curriculum Committee Chair*



***San Francisco Hyatt Regency Embarcadero***





| By Mark Attridge, PhD, and  
Daniel Hughes, PhD, CEAP

## Artificial Intelligence in EAPs: A Global Survey of EAPA Members & Others



**P**opular Artificial Intelligence (AI) tools such as can generate text and pictures, answer questions, enhance productivity and work task efficiencies. Today, multiple choices are available including Open AI's ChatGPT, Google's Gemini, Microsoft's Copilot, Intel's USAI, Anthropic's Claude and many others.

Self-service AI tools applicable for mental health support involve three types: 1) chatbot-based virtual 'counseling' tools with text exchanges between a human user and a computer; 2) emotional health management apps for self-care (iCBT programs for anxiety, mindfulness, meditation, etc.), and 3) biometric measurement tools (machine-based sensors in watches, smartphones or on the body) for monitoring of sleep, moods, and other activity. Other AI applications can analyze large datasets of written text, social media content, health records, and other data sources to potentially identify patterns in early diagnosis, treatment support options, and relapse forecasting.

The use of AI chatbot therapy tools by those in psychological distress without the involvement of a human mental health professional has appropriately raised concerns. Some major professional organizations in the area of mental health, for example the American Psychological Association have released guidelines for using AI in

The authors will be presenting their study findings on trends in EA & AI in an international plenary panel and a workshop at 2025 EAPA Institute in San Francisco, CA October 9-12th

<https://eapassn.org/page/2025EAPAConference>.

mental health treatment and the management of ethical controls, data privacy requirements, oversight functions and legal risks to providers.

As billions of dollars are spent to develop and promote AI generally, it is already a growing part of the business community worldwide. We see a potential transformative impact for AI on employee assistance service delivery. Dr. Attridge discussed these trends in a 2024 [podcast](#). Whether this future will be good or bad for EAPs, their clients and customers is still not fully understood. Our applied survey study was designed to understand how and why EAPs are using AI. We also wanted to measure operational efficacy and any ethical concerns in anticipation of widespread adoption.

### Study Methodology and Sample

The project was developed and self-funded by the authors of this article. Both have over 25 years of experience conducting EAP applied research and both have served as Chairs of the EAPA Research Committee. The survey data collection occurred from December 2024 through February 2025. It was a convenience sample of professionals in EAP who agree to participate. Calls for respondents were made on LinkedIn and sent to the membership email lists of 8 different EAP professional organizations. A total of 222 participants provided usable responses. The sample included members from all eight of the major professional disciplines in the EAP industry, and featured people from 25 different countries. All data collected from participants is confidential.

The sample included 100 members of EAPA. This large subgroup was compared against the remaining 122 respondents to explore possible similarities or differences between the two groups. Specific items have differing total counts due to missing data. Findings were considered relevant to discuss if the chi-square test or *t*-test statistic comparing the two groups was at a probability level of .05 or less as a chance result. Interestingly, the sample featured a rough balance between external vendors and embedded programs. External vendors varied from small/boutique/regional (EAPA = 15 percent vs. Others = 21 percent), medium/national (20 percent both) and large global companies (13 percent vs. 11 percent). The embedded programs served organizations in business (18 percent vs. 7 percent), academia (13 percent vs. 11 percent) and the public sector (7 percent vs. 29 percent). The non-EAPA member comparison group had a significantly different mix of EA delivery models with four times as many internal programs at public sector (mostly from South Africa) and fewer internal programs at organizations in the private sector. Otherwise, the two groups were essentially similar.

Organically, the study reflected the various geographical markets of EA activity and participant affiliations. The EAPA-member group had customers/clients primarily located in the United States and Canada (76 percent) followed by Europe (21 percent), Asia/Pacific (20 percent), Africa (19 percent), Latin America (17 percent), Australia/New Zealand (13 percent) and other regions (4 percent). The comparison group had a different mix of geographical regions with a majority from South Africa (51 percent) followed by North America (31 percent), Europe (15 percent), Australia/New Zealand (13 percent), Asia/Pacific (11 percent), Latin America (4 percent) and other (1 percent). Multi-organizational membership was observed. For example, many EAPA members were also members of other EA groups: 18 percent belonged to the Employee Assistance Roundtable (EAR); 16 percent to the International Association of EA Professionals in Education (IAEAPE); 14 percent to the Employee Assistance European Forum (EAEF); 7 percent to EAPA-South Africa; 8 percent to the National Behavioral Consortium (NBC); and 5 percent to the Employee Assistance Professionals Association of Australasia (EAPAA).

Individually, each groups of respondents had a gender mix of about two-thirds female and one-third male, but 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). More of the EAPA member group possessed the [CEAP Certification](#) than those in the comparison group (67 percent yes or in the process vs. 20 percent). More of the respondents from EAPA-member group were in a business leadership role at their EAP organization compared to the comparison group (58 percent vs. 32 percent) but the two groups were similar on other types of work roles: EA business operations (both 27 percent); EA clinical delivery (EAPA 32 percent vs. 37 percent); specialist in EA (EAPA 27 percent vs. 24 percent); or “other roles” (EAPA 8 percent vs. 11 percent).

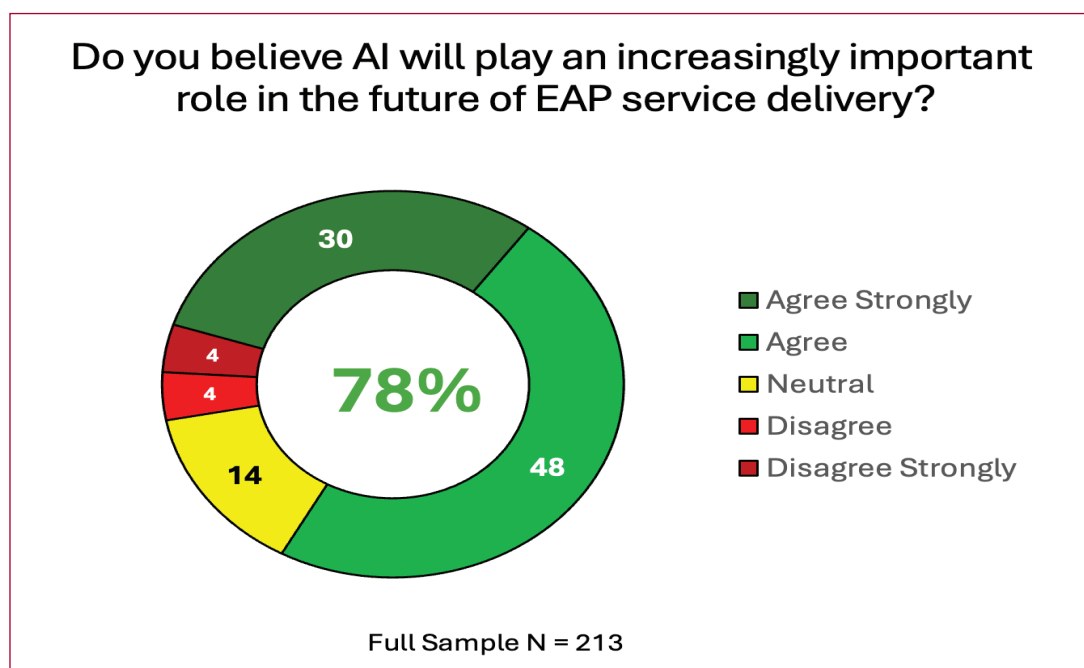
<sup>1</sup> American Psychological Association (2025): Ethical Guidance for AI in the Professional Practice of Health Service Psychology



## Study Results

### PART I – AI is Important to Future of EAP

*Is AI Important to EAP Service Delivery in the Future?* A large majority of EAPA members believe that AI will play an important role in the future of EAP service delivery (73 percent combined from 18 percent agree and 55 percent strongly agree). Only 4 percent of members think AI will *not* play a role in the future (2 percent disagree and 2 percent strongly disagree) and 13 percent were neutral. This finding was similar for both groups (73 percent combined from 31 percent agree or 42 percent strongly agree; 17 percent neutral; 5 percent disagree; 5 percent strongly disagree). The results for the total sample for this question are presented in Figure 1. Clearly, AI literacy will become important for EA professionals, allowing them to converse with organizational stakeholders involving the range of AI applications.



**Figure 1. Importance of AI in the Future EA Services**

### PART II – AI Use at EAPs

*Is AI Being Used in EAP Work by Individuals?* The survey found that 40 percent of EAPA members were using AI to assist them in their EAP work at least weekly. Another 27 percent of EAPA members were using AI a few times a month. However, 20 percent rarely used AI and 13 percent never use it. See details in Table 1 for EAPA and the comparison groups, which had similar profiles. Thus, at an individual level, the use of AI tools for work was extremely variable among EA professionals ranging from daily users to never users. Principally, AI was being used at work by individuals for generating ideas (73 percent), consolidating information (58 percent) or to learn new things (45 percent). Other less common uses of AI included the automation of basic tasks (21 percent), to create reporting (19 percent), to collaborate with coworkers (14 percent), to identify problems (11 percent) and to interact with customers (10 percent). Non-EAPA members had a similar profile for AI utilization at work (not shown).

*Is AI Being Used in EAP Organizations Now?* The majority of EAPs are *not* using AI now as part of the enterprise model (59 percent), but about 4 out of every 10 are currently using AI at their organization (41 percent; see Table 1). Among these early adopters, AI use had started mostly in the last two years (average of 20 months ago). Both of these findings for EAPA members were similar to the comparison group (see Table 1).

**Table 1. Current Use of AI in EAPs**

| <i>Personally, how often do you use artificial intelligence (AI) in your role?</i>                                                                                                                                            | <b>EAPA</b><br>(n=100)<br>% | <b>Others</b><br>(n=113)<br>% |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|
| Daily                                                                                                                                                                                                                         | 13                          | 26                            |
| A few times a week                                                                                                                                                                                                            | 27                          | 24                            |
| A few times a month                                                                                                                                                                                                           | 27                          | 18                            |
| A few times a year                                                                                                                                                                                                            | 13                          | 13                            |
| Once a year                                                                                                                                                                                                                   | 0                           | 0                             |
| Less than once a year                                                                                                                                                                                                         | 7                           | 4                             |
| Never use                                                                                                                                                                                                                     | 13                          | 15                            |
| <i>To the best of your knowledge, has your EAP organization begun integrating new artificial intelligence (AI) technology or tools to improve enterprise practices (e.g., increase productivity, efficiency and quality)?</i> | (n=98)<br>%                 | (n=103)<br>%                  |
| Yes                                                                                                                                                                                                                           | 41                          | 35                            |
| No                                                                                                                                                                                                                            | 46                          | 56                            |
| Not sure                                                                                                                                                                                                                      | 13                          | 9                             |
| <i>If yes, how long has your EAP organization been using AI?</i>                                                                                                                                                              | (n=40)<br>%                 | (n=34)<br>%                   |
| 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                          |

*How is AI Being Used in EAP Organizations?* Of 14 specific applications of how AI could be used in the EA service context, most respondents were not using any of them currently (range from 4 percent to 23 percent; see green colored column in Table 2). Yet, many respondents expressed interest in adding all these AI services in the future (see yellow colored column in Table 2). AI therapy chatbots had the lowest level of current use at just 4 percent and also had lowest level interest for future use by EAPs. The EAPA-member group had similar percentages for 10 of the 14 ways of using AI compared to others. Key differences included significantly fewer EAPA members currently using AI or interested in using AI in the future for: a) automating routine tasks; b) predictive analytics for clinical diagnosis and treatment; c) first contact with clients; and d) chatbots for therapy with clients.



**Table 2. Different Types of AI Solutions for EAPs**

| <i>Which of the following AI-based solutions does your EAP organization currently use or has an interest in adding in the future?</i> | <b>EAPA Members<br/>(n=99)</b> |                     |           | <b>Others<br/>(n=85)</b>      |                     |           |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|-----------|-------------------------------|---------------------|-----------|
|                                                                                                                                       | Not interested/<br>Don't know  | Maybe in the future | Using now | Not interested/<br>Don't know | Maybe in the future | Using now |
|                                                                                                                                       | %                              | %                   | %         | %                             | %                   | %         |
| AI for operational and business management purposes at EAP                                                                            | <b>14</b>                      | <b>63</b>           | <b>23</b> | <b>12</b>                     | <b>73</b>           | <b>15</b> |
| AI tools use translate text communications from one language to another                                                               | <b>21</b>                      | <b>64</b>           | <b>15</b> | <b>19</b>                     | <b>68</b>           | <b>13</b> |
| AI collects assessment and risk screening data from clients on wellness or mental health                                              | <b>24</b>                      | <b>63</b>           | <b>13</b> | <b>21</b>                     | <b>64</b>           | <b>15</b> |
| AI tools create personalized information requests and recommendations for clients to do self-care                                     | <b>26</b>                      | <b>63</b>           | <b>11</b> | <b>21</b>                     | <b>68</b>           | <b>11</b> |
| AI tools use automate administrative and routine work tasks for EA staff and affiliates*                                              | <b>14</b>                      | <b>78</b>           | <b>8</b>  | <b>8</b>                      | <b>72</b>           | <b>20</b> |
| AI tools analyze clinical and outcome data to improve service delivery                                                                | <b>17</b>                      | <b>75</b>           | <b>8</b>  | <b>14</b>                     | <b>72</b>           | <b>14</b> |
| AI tools collect outcome and evaluation data from clients                                                                             | <b>17</b>                      | <b>76</b>           | <b>7</b>  | <b>18</b>                     | <b>74</b>           | <b>13</b> |
| AI used as adjunctive supports during clinical treatment phase with EAP human counselors                                              | <b>28</b>                      | <b>65</b>           | <b>7</b>  | <b>22</b>                     | <b>68</b>           | <b>9</b>  |
| AI transcribes recorded clinical exchanges or case notes from human care providers                                                    | <b>34</b>                      | <b>60</b>           | <b>6</b>  | <b>28</b>                     | <b>64</b>           | <b>8</b>  |
| AI tools use client and clinical data for predictive analytics to create a diagnosis and guide treatment care plans*                  | <b>42</b>                      | <b>52</b>           | <b>6</b>  | <b>26</b>                     | <b>67</b>           | <b>7</b>  |
| AI is first contact at EAP for clients seeking support*                                                                               | <b>42</b>                      | <b>53</b>           | <b>5</b>  | <b>22</b>                     | <b>67</b>           | <b>11</b> |
| AI tools use client and clinical data for matching clients to human care providers                                                    | <b>26</b>                      | <b>69</b>           | <b>5</b>  | <b>25</b>                     | <b>67</b>           | <b>8</b>  |
| AI as training resource for our clinicians                                                                                            | <b>22</b>                      | <b>74</b>           | <b>4</b>  | <b>18</b>                     | <b>69</b>           | <b>13</b> |
| AI-based chatbots function as virtual therapists or counselors to provide direct care to clients*                                     | <b>61</b>                      | <b>35</b>           | <b>4</b>  | <b>41</b>                     | <b>52</b>           | <b>7</b>  |

Note: Majority response in bold font. \* groups different at  $p < .05$ .

### **PART III – Advantages and Disadvantages of AI for EAPs**

*What are the Potential Advantages of AI for EAPs?* For advantages of AI, 5 of the 10 areas listed were endorsed by a majority of EAPA members. These included increasing 24/7 access to the service, improved operational efficiency and profitability, increased overall use of all services, increased speed for intake assessment and triage, and increased user engagement with the EAP. Only 37 percent to 21 percent of EAPA member respondents felt

AI provided other kinds of advantages. Compared to other respondents, the EAPA-member group had similar percentages for endorsing 6 of the AI advantages. However, significantly fewer EAPA members believed that AI could: a) improve the speed of initial assessment and triage to human clinicians; b) improve the accuracy of identifying needs of clients; c) make more personalized clinical recommendations; and d) improve effectiveness of diagnosis and clinical treatment. These differences are consistent with the EAPA member group being more skeptical of the clinical treatment-related aspects of AI use in EAP counseling services. See details at the top of Table 3.

*What are the Potential Disadvantages of AI for EAPs?* Uniformly, the lack of human empathy in AI interactions was a major concern. As a set of issues, 7 of the 12 limitations listed were endorsed by a majority of EAPA members. The EAPA-member group was like the comparison group for most of these results. However, more EAPA members considered the following three issues to be a problem: a) client privacy and data security in AI (EAPA 79 percent vs. 64 percent); b) ethical use of AI (72 percent vs. 49 percent) and c) inaccuracies in AI clinical assessments and recommendations (68 percent vs. 47 percent). See bottom of Table 3 for details.

**Table 3. Specific Potential Advantages and Disadvantages of AI for EAPs**

| <i>What are the potential benefits of AI for service delivery for EAPs?</i><br>Select all that apply (% Yes) | EAPA<br>(n=99)<br>% | Others<br>(n=84)<br>% |
|--------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| Increase immediate 24/7 access to EAP services                                                               | 63                  | 71                    |
| Improve operational efficiency and business profitability for EAP                                            | 61                  | 57                    |
| Improve overall utilization rate for all kinds of EAP services                                               | 55                  | 55                    |
| Increase speed of initial assessment and triage to human clinicians                                          | 52                  | 63*                   |
| Enhance user engagement with EAP                                                                             | 50                  | 51                    |
| Improve accuracy in identifying needs of EAP users                                                           | 37                  | 50*                   |
| Re-direct low severity clients away from human clinicians to techno-therapy tools                            | 35                  | 30                    |
| Reduce stigma for users who interact with a machine rather than a human provider                             | 33                  | 44                    |
| More personalized [clinical treatment] recommendations for clients                                           | 27                  | 41*                   |
| Improve effectiveness of diagnosis and clinical treatment                                                    | 21                  | 41*                   |
| <i>What are the challenges or limitations of using AI for EAPs?</i><br>Select all that apply. (% Yes)        |                     |                       |
| Privacy and data security issues                                                                             | 79*                 | 64                    |
| Lack of human empathy in AI interactions                                                                     | 74                  | 74                    |
| 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                    |

\* groups different at  $p < .05$



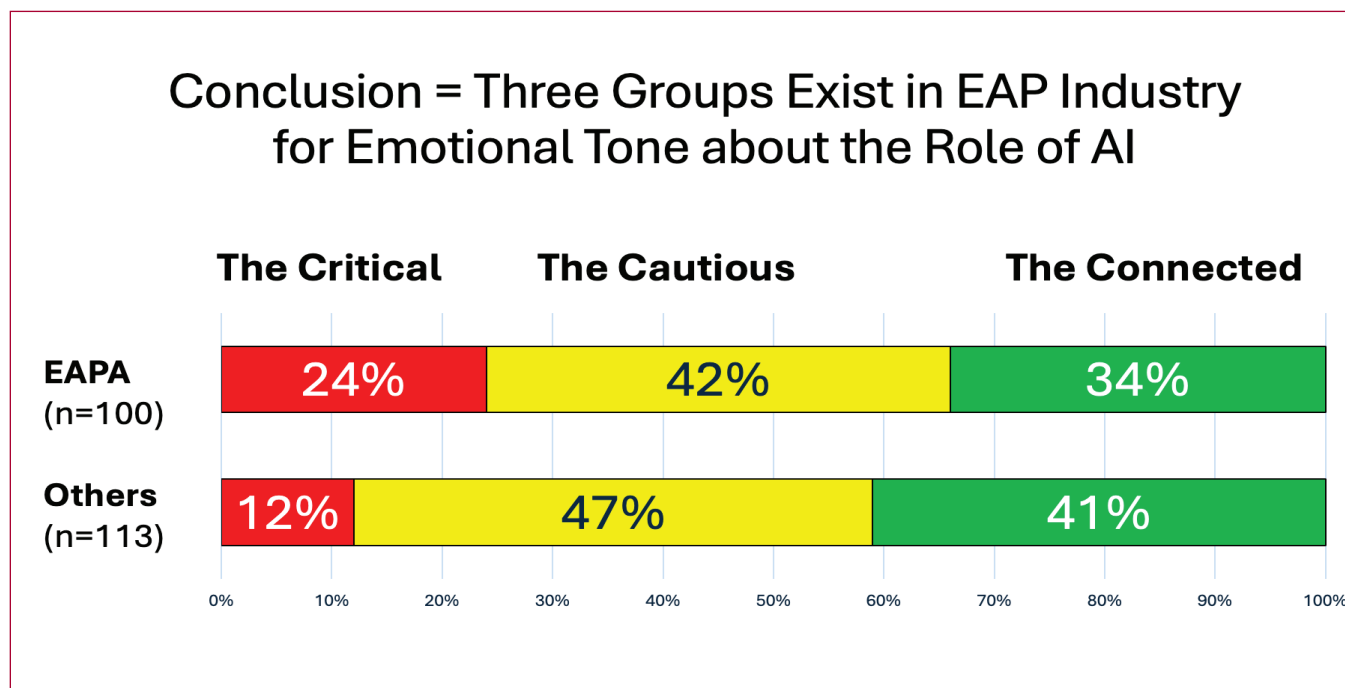
## PART IV – Emotional Tone

How Positively Do Professionals Feel about AI? The results revealed a wide range among EAPA members in how positively they felt in general about the role of AI in EAP, and ranged from experiencing no positive emotions (0) to feeling extremely positive (10). The average rating, however, was in the midpoint of the scale at 5.65 for the EAPA member group. This is similar to the comparison group, which had a 5.87 average rating. Other exploratory tests conducted of the full sample found that those who used AI more often in their work were more positive about the role of AI in EAPs. By gender, males were more positive than females.

How Negatively Do Professionals Feel about AI? There was also a wide range among EAPA member respondents in how negatively they felt in general about AI in EAP, ranging from experiencing no negative emotions (0) to feeling extremely negative (10). The average rating was in the middle of the scale at 4.98 for EAPA members. This was significantly higher than the comparison group, who had a 4.27 average. Thus, EAPA members felt more negatively about AI. Other tests conducted in the full sample found that feeling more negative about AI in EAP was correlated with older age, more years of experience in EAP, having the CEAP Certification, and less frequent use of AI for work.

What is the Combined Emotional Tone Towards AI? A closer look at the individual level data for the attitudes toward AI technology in EAP revealed that the two 0-10 emotion ratings were strongly related but in opposite directions ( $r = -0.51$ ), such that the typical respondent had either a mostly positive tone or a mostly negative tone (with the rest of respondents being moderate on both emotions). Thus, we identified three groups of individuals in EAP field based on their emotional tone. 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 2 shows how the average ratings in for people within each group define each group.

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



**Figure 2. Emotional Tone Analysis for AI in EAP: Three Types of Professionals**

In conclusion, there is clearly a widespread belief that AI will have a transformative impact on the EA practice. Interestingly, our survey responses indicate 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 (see Figure 2) with non EAPA members being more favorably disposed and connected to AI technology. In contrast, EAPA members were more likely to be critical. This difference in tonal disposition remains to be understood. There are some additional differences between the two groups in age, length of EA service and CEAP status. The authors submit that further research is needed.

The evolution of AI applications remain highly dynamic. Conscientious EAPs will need to thoughtfully consider the terms, parameters and conditions of AI implementation. How will AI fit within existing EA service models? Should EA vendors, programs and practitioners promote AI? How will EA professionals 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 results will serve as a starting point for ongoing discussion. The authors will be presenting their study findings on trends in EA and AI at the 2025 EAPA Institute in San Francisco this October 9-12.

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| By Sally Spencer-Thomas PsyD and  
Jodi Jacobson Frey PhD, CEAP

## Workplace Suicide Prevention: From Crisis

## to Culture Change



Every year 727,000 people take their own life and many more make suicide attempts. Suicide does not just occur in high-income countries but is a global phenomenon, affecting families, communities and workplaces throughout the lifespan and is one of the leading causes of death among employed individuals, with some estimates approximating 80 percent of those who die by suicide are of working age (18-65) and these rates among working-age populations have been increasing<sup>12</sup>. However, many suicides are preventable and while employers may increasingly be motivated in suicide prevention and intervention, few have a clear roadmap for meaningful action. As EA professionals, called upon by our employer clients to address this complex issue, we may feel lack the tools, resources, and leadership commitment needed to impact it.

In 2018, a coalition of national partners, including the American Foundation for Suicide Prevention, the American Association of Suicidology, and United Suicide Survivors International, catalyzed by increasing concerns about workforce suicide rates, came together to address the absence of clear, actionable, and comprehensive National Guidelines for Workplace Suicide Prevention<sup>3</sup>. Partnering with industry leaders, HR professionals, safety experts, EA leaders, and employees with lived experience a framework was developed through surveys, focus groups and interviews, a framework was developed to provide strategies for work organizations of all sizes and sectors.

This initiative was further supported by US Centers for Disease Control reports<sup>4</sup> ranking industries by suicide risk, with construction, mining, law enforcement, healthcare, and agriculture among the highest. During the recent COVID-19 pandemic, requests for guidance surged and employers have evolved from no longer asking *if* they should address suicide, but asking *how*. This escalation accelerated the launch of the HOPE (*Helping Our People Elevate through tough times*) Certification. This organizational-based credentialing process is intended

to operationalize the National Guidelines and serve as a blueprint for proactive, systemic culture change for addressing workplace wellbeing concerns including addiction recovery and overdose prevention. Grounded in the National Guidelines for Workplace Suicide Prevention, the HOPE Certification<sup>5</sup> equips organizations with tools and metrics to shift from reactive suicide crisis responses to proactive culture change. In this article, insights from the first two cohorts of the HOPE Certification are shared along with how this model can help EA professionals and work organizations move from risk management to resilience building.

For EA professionals, the Certification process, in addition to the National Guidelines, represents a major opportunity. Rather than being positioned only as crisis responders, it seeks to integrate EA providers can into the organizational strategy at every level, helping to build the systems, language, and leadership alignment needed to prevent suicide and support psychological safety. For decades, EA professionals have served as a bridge between employee distress and organizational wellbeing. Today, with increasing awareness of mental health and suicide prevention, especially in high-risk industries like construction, manufacturing, law enforcement and healthcare, EAPs are being asked to do more, often with the same or fewer resources. The HOPE Certification offers a structured framework for EA professionals to:

- Advocate for systemic approaches to mental health;
- Align EA services with larger safety and wellbeing priorities;
- Facilitate conversations about suicide prevention and substance misuse as workplace health issues, not just individual crises; and
- Partner across departments (safety, HR, etc.) to embed psychological safety into policy and practice.

The HOPE Certification is a learning and implementation program that helps organizations implement the National Guidelines. Developed by Dr. Spencer-Thomas and sponsored by United Suicide Survivors International, the certification is industry-agnostic. Its best practices can be implemented across organizations of varying sizes and sectors. Participating organizations work toward implementing nine core practices, grouped into three categories:

- **Upstream:** Leadership commitment, cultural communications and psychosocial risk reduction
- **Midstream:** Peer support, training, and universal screening
- **Downstream:** Crisis response, postvention planning, and strategic partnerships with EAPs





# Feature Article – Workplace Suicide Prevention

During the year-long process, each organization creates a customized roadmap with measurable goals, and receives consultation, resources and support from experts and cohort peers.

## Key Takeaways from the First Two Cohorts

The first HOPE Certification cohorts included US work organizations with a strong showing from construction firms, labor unions, and healthcare systems. EA professionals were often central to these efforts, providing subject matter expertise and helping coordinate internal stakeholder engagement. Some of the most compelling lessons learned included:

- **Cross-Functional Teams Create Accountability and Momentum** - Organizations that formed multi-departmental mental health task forces saw greater success. When safety leaders, HR directors, and EA providers worked together, their work became embedded rather than siloed.

*Takeaway for EA Professionals:* Leading or co-leading cross-functional workplace mental health initiatives, allows EAPS to provide system-level perspectives and insights, a key asset.

- **Storytelling Reduces Stigma and Builds Buy-In** - Hearing lived experience from coworkers, especially when those stories involved recovery, help-seeking, or loss, proved to be one of the most effective tools in culture change. Storytellers can be properly prepared for their role by EAPs.

*Takeaway for EA Professionals:* Train and support peer allies and storytellers. Partner with leadership to make storytelling part of regular meetings and safety briefings.



- **Postvention Planning is a Critical Gap** - Many organizations were unprepared for how to respond after a suicide loss. Through the Certification process, EA professionals helped develop postvention plans aligned with trauma-informed care and best practices in organizational communications.  
*Takeaway for EA Professionals: Leading or co-leading postvention planning efforts contributes to proactively developed templates, communication protocols, and staff support strategies.*
- **Metrics Matter, But So Do Moments** - Many organizations were able to identify ‘bright spots’ such as increases in peer support engagement or visible shifts in leadership language with potential for transformational cultural change.  
*Takeaway for EA Professionals: Track both hard data and anecdotal indicators of success. Keep a log of leadership engagement, training participation, and qualitative feedback.*

## Spotlight: MINES & Associates – Peer Support for an Industry

MINES & Associates, under the leadership of Dr. Dani Kimlinger, exemplifies how EAPs can go beyond traditional services to drive organizational change. MINES & Associates, based in the US state of Colorado, has long been a leader in delivering innovative EAPs, wellness strategies, and organizational development services. Initially, a sponsor of the Colorado cohort that started in 2023, MINES decided to go through the process as a part of their own organizational development. Through their participation in the HOPE Certification, MINES took their internal practices and external influence to a new level, demonstrating how EAPs can model what they encourage their client organizations to do.

Driven by an awareness of internal and industry-wide gaps in mental health support, the MINES team developed comprehensive tool kits, harm-reduction strategies, and a proactive mental health emergency protocol. Rather than wait for crises to emerge, they created a scalable infrastructure for prevention and early intervention. Perhaps most notably, MINES spearheaded the formation of a national peer support network within the EAP and business psychology industry. This effort facilitated cross-organizational connection, reducing isolation for professionals in high-stress roles and embedding peer support into the professional identity of their field.

Internally, the HOPE Certification process nurtured leadership development as employees across functional roles took ownership of different facets of the certification roadmap. These efforts led to meaningful shifts not only in services, but in the organizational culture. MINES’ post-certification survey showed:

- 82 percent of participants agreed, “My organizational culture has improved because of the Certification program.”
- 78 percent reported improved offerings and communication related to mental health, substance use, and well-being.
- Staff noted that job strain due to client demands, a top concern in the pre-assessment, was significantly reduced through intentional team-based approaches, such as redistributing workload and increasing internal support mechanisms.

“The HOPE Certification gave us structure, but more importantly, it gave us momentum,” said Dr. Kimlinger. “As a behavioral health firm, we knew the importance of mental wellness, but this process helped us embody it. It challenged us to set a new standard for ourselves and our industry.”



## What's Next: The Road Ahead

The HOPE Certification continues to grow, with new cohorts forming quarterly. Future iterations will expand industry-specific tools, such as:

- Culturally responsive materials for Spanish-speaking workers.
- Integration with Total Worker Health<sup>®6</sup> and Recovery-Friendly Workplace frameworks<sup>7</sup>.
- More robust evaluation strategies, including long-term tracking of EAP utilization and wellbeing indicators.

The HOPE Certification model has rapidly gained traction across the US, transitioning from pilot programs to a scalable national initiative. Following successful implementations in the states of New York and Colorado, where participating organizations reported significant increases in EAP utilization and enhanced mental health awareness, it is now being adopted in diverse sectors, including state agencies, municipalities, safety-critical industries like construction, and large healthcare systems such as Banner Health and CommonSpirit. EA professionals are encouraged to join these cohorts, either through employer participation, as sponsors for their clients and prospects, or as consultants.

For EAPs, this expansion presents a unique opportunity to serve as strategic partners to embed comprehensive mental health and suicide prevention frameworks within organizational cultures. By adopting the HOPE model, EAPs can move beyond traditional reactive roles, contributing proactively to leadership engagement, psychosocial hazard mitigation, and the development of peer support networks. Through this collaborative approach, and in tandem with the [EAPA Core Technology #7 - Consultation to work organizations to encourage availability of and employee access to health benefits covering medical and behavioral concerns](#) - EAP participants can not only enhance the effectiveness of their services but also position themselves as integral to fostering resilient, supportive workplaces.

To join this transformative movement and explore how your organization can implement the HOPE Certification, visit <https://www.unitesurvivors.com/hopecertification>. Together, we can create work environments where mental health is prioritized, and every employee feels supported.

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<sup>1</sup> Sussell A, Peterson C, Li J, et al. Suicide Rates by Industry and Occupation - National Vital Statistics System, United States, 2021. Morbidity and Mortality Weekly Report 2023;72:1346–1350. <http://dx.doi.org/10.15585/mmwr.mm7250a2>.

<sup>2</sup> Greiner B & Arensman, E. (2022) The role of work in suicidal behavior: Uncovering Priorities for Research and Prevention. Scandinavian Journal of Work and Environmental Health. 48(6):419–424. <https://doi.org/10.5271/sjweh.4051>

<sup>3</sup> National Guidelines online: <https://workplacesuicideprevention.com/>

<sup>4</sup> Peterson C, Sussell A, Li J, et al. (2020) Suicide Rates by Industry and Occupation - National Violent Death Reporting System, 32 States, 2016. Morbidity and Mortality Weekly Report 69:57-62. <http://dx.doi.org/10.15585/mmwr.mm6903a1>

<sup>5</sup> HOPE Certification online: <https://www.unitesurvivors.com/hopecertification>

<sup>6</sup> Total Worker Health is a strategy of policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.

<sup>7</sup> A Recovery-Friendly Workplace provides the policies, resources and support to foster a supportive environment that encourages the success of their employees in recovery from substance use disorders.

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## Workplace Suicide Prevention Resources

**24/7 Suicide & Crisis Lifeline** dial 988, text TALK to 741741 or [988lifeline.org](https://988lifeline.org) for free support (English/Spanish)

**American Foundation for Suicide Prevention** *[After a Suicide: Postvention Toolkit for Workplaces](https://workplacesuicideprevention.com/)* primarily designed for organizational leaders and human resource professionals, but useful guidance for all levels of stakeholders in suicide response. <https://workplacesuicideprevention.com/>

**US Centers for Disease Control** *Critical Steps Your Workplace Can Take Today to Prevent Suicide - <https://blogs.cdc.gov/niosh-science-blog/2023/03/15/preventing-workplace-suicide/> Suicide Prevention Resources for Action - [www.cdc.gov/suicide/resources/prevention.html](https://www.cdc.gov/suicide/resources/prevention.html)*

The **International Association for Suicide Prevention** is dedicated to preventing suicide, suicidal behaviour, and alleviating its effects. Its *Global Initiative to Prevent Suicide Partnerships for Life Networks* is active in the six World Health Organization regions (Africa, Europe, Eastern Mediterranean, Southeast Asia, Americas and Western Pacific). [www.iasp.info/](https://www.iasp.info/)

**LivingWorks** is a public service corporation focusing on understanding and preventing suicide providing evidence-based training programs like Applied Suicide Intervention Skills Training (ASIST) and safe-TALK to empower individuals, organizations, and communities to help keep people safer from suicide. (English, French, Spanish, etc.) <https://livingworks.net/> The **Construction Industry Alliance for Suicide Prevention** offers free organizational training through **LivingWorks** to help keep workers safer from suicide and self-harm. [www.preventconstructionsuicide.com/training](https://www.preventconstructionsuicide.com/training) 19250 Everett Lane, Suite 103, Mokena, IL 60448 815.305.9022

**Mental Health First Aid (MHFA)** is a global, purpose-driven is an evidence-based, early-intervention approach for mental health first aid education that equips individuals with the knowledge and skills to provide support and train individuals to recognize and respond to mental health challenges, including suicidal thoughts. Widely accepted, its numerous instructive, multi-language videos are available free online. <https://www.mentalhealthfirstaid.org/> <https://mhfa.com.au/> <https://mhfainternational.org/>

The **National Action Alliance for Suicide Prevention** provides a *[Comprehensive Blueprint for Workplace Suicide Prevention](https://theactionalliance.org/)*, an online resource providing guidance to workplaces to develop comprehensive suicide prevention programs, and *[A Manager's Guide to Suicide Postvention in the Workplace](https://theactionalliance.org/)*, a guide for addressing the aftermath of a workplace suicide. <https://theactionalliance.org/>

**National Health Service, Education for Scotland** offers a range of learning resources designed for continuous professional development, includes e-learning classes and other materials for suicide and self-harm prevention, assessment, strategy formation, and interventions. <http://learn.nes.nhs.scot/75503>

The **Suicide Prevention Resource Center's Best Practice Registry** provides information, prevention support, training, and resources with demonstrated effectiveness to assist work organizations and individuals in developing suicide prevention programs, interventions and policies. <https://bpr.sprc.org/>



| By Joel Bennett, PhD &  
Cameron Marbach, MS

## Positive Psychological Practices in EAPs: Results of a Recent Survey



Despite some growth in workplace mental health services, recent workforce surveys have pointed to continued problems with worker loneliness, engagement, and alienation. The theory and application of Positive Psychology (PP) has grown significantly in both research and practice over the past twenty years, and may offer solutions to these trends. This includes applications in the workplace, such as tools for resilience, gratitude, compassion, and happiness. Little is known about provider interest in PP as applied to current EA services.

This article reports on results of an exploratory survey completed by about 150 EA practitioners. Between 50-70 percent of respondents use one or more of six different PP practices, and even more (80-90 percent) felt that PP practices were important to the growth of their EA enterprise. About 1 of 3 respondent are *both* using almost all PP practices and see them as important to business growth. The most frequent use of and highest level of interest in were for PP practices that enhance the workplace culture to help employees become more resilient and thrive.

A "Thriving Informed Practices" Preconference training with Dr. Joel Bennett will be held the day before the EAPA Institute. Don't miss it!

<https://eapassn.org/page/Thriveinformedpracticepreconference>

Further studies should more carefully examine how EAPs use specific types of PP practices, their outcomes, and conditions for success.

Positive psychology (PP) originally emerged in the late 1990s, largely spearheaded by Martin Seligman and colleagues at the University of Pennsylvania, although its roots and foundational ideas can be traced back much further, with influences from humanistic psychology and the human potential movement. It places value on positive subjective experiences such as well-being, contentment, optimism, flow, and happiness as these are expressed at both the individual level, as love, courage, authenticity, and wisdom; and in society, as altruism, civic virtues, responsibility, work ethic, and tolerance (Seligman & Csikszentmihalyi, 2000).

The approaches of PP, as well as its humanistic and transpersonal psychology predecessors, have a lot to offer EA providers. Positive practices may be valuable when clients face negative social forces: alienation, political divisiveness and social fragmentation. PP may help counteract increases in employee disengagement (Harter, 2024), alienation (Liu, Carminati & Wilderom, 2025), and loneliness (Hadley & Wright, 2024). EA services can promote positive states (Bennett, 2012; Long et al., 2025). Recent reviews and meta-analyses of PP practices (gratitude, psychological capital, resilience) in the workplace show their potential to improve workplace thriving and reduce symptoms of depression, anxiety, burnout, and stress (Donaldson et al., 2019; Townsley et al., 2023).

A significant amount of research has been conducted on PP in the workplace over the past twenty years. The acronym PERMA, one of the most well-known PP frameworks, stands for **Positive** emotions, **Engagement**, **Relationships**, **Meaning**, and **Accomplishment** (Seligman, 2018). Recently, Jimenez and colleagues (2024) conducted a meta-analysis of PERMA in work settings with 33 independent samples and over 10,000 employees. Unsurprisingly, positive emotions (P) were the best predictor of lower depressive symptoms and accomplishment (A) best-predicted work performance.

However, little is known about interest in PP approaches as applied to workplace EA services. Most studies of PP, including those conducted in the workplace, tend to focus on individual-level responses only. Research has neglected investigations in work culture and work relationship factors that fall within the province of EAPs, and research indicates these factors can promote workplace thriving (Kleine, Rudolph, & Zacher, 2019). To explore interest in PP approaches by EA professionals, we collaborated with EAPA to conduct an experimental survey in October and November 2024. This article describes the method and results of that survey. Survey design was partly informed by the author’s discussions with EA providers during one of three ‘Wednesday Wellness’ hour-long webinars hosted by EAPA. These informal meetings revealed that many providers were already incorporating PP techniques and concepts in their work; for example, gratitude, compassion, positive visualizations, and others.

**SURVEY METHOD:** The survey began by indicating that ‘positive psychological approaches’ refers to any of the following: mindfulness, resilience, growth mindset, neuroplasticity, human thriving, and flourishing, or repatterning with mind-body practices. We examined six different types of PP practices that EA providers might utilize. These were:

- Providing positive psychological counseling to individual employees.
- Providing positive psychological counseling specifically to managers or workplace leaders.
- Helping managers become leaders in encouraging positive mental well-being.
- Incorporating positive psychological practices into incident-related approaches (alcohol, drug, critical incidents, grief, loss).
- Encouraging employees to use mental health apps to support their positive mindset.
- Enhancing the workplace culture to help employees become more resilient and thrive.

The survey asked the following questions about current use, future business importance, and perceived client interest in PP, including:

1. How frequently do you use different positive psychology (PP) practices?



2. How important are these practices to the success of EA services moving forward?
3. If more practitioners incorporated such practices, how much would clients be interested in using them?

For each of the six areas, participants responded to the first question on **Current Use** (Not at all, Occasionally, Often, or Part of my routine practice); a second question on **Future Business Importance** (Not at all, Somewhat, Important or Very Important); and a third question on **Client Interest** (Not at all, Somewhat, Interested, or Very Interested).

We also explored survey participants perceived need for PP programs. By combining current use levels with future EA service importance, we could infer the degree to which respondents either already had or needed more tools or education in each of the six areas. For example, those who rated current use as low (not at all, occasionally) but rated importance as high (important, very important) we assumed would have higher need. In contrast, those who rated both use and importance as high would be more aligned in their orientation to PP. In addition, we examined whether answers to all questions varied by type of EA provider (e.g., network affiliates versus internal or embedded EAPs).

To determine overall high levels of use, we averaged the six use items together (Mean = 2.76; Median = 2.83) and categorized those responding above the median as “high” users (n = 70). To determine overall high levels of importance, we averaged the six importance items together (Mean = 3.24; Median = 3.33) and categorized those responding above the median as “high” important (n = 75). Respondents designated as perceiving “high” client interest were those giving ratings of Interested or Very Interested (65 percent).

**SURVEY SAMPLE.** A total of 162 responded to the survey with sufficient response data for analysis. These included the following groups: Internal or embedded EAPs: EAPs that provide EA services for one organization (n=53; 33 percent); External vendor EAPs: EAPs that provide EA services to various client organizations (n=53; 33 percent); Network affiliates: Those working as a private practitioner contracting with various EAPs to provide EA services (n=22; 14 percent); HR, Benefits, Employee Relations: Those working for an employer/work organization that oversees an EAP (n=9; 6 percent), and those working in a leadership role within an organization that offers an EAP benefit (n=10; 6 percent). Another 15 respondents (9 percent) did not identify with any of these categories.

## RESULTS

### Current Use and Importance

Figure 1 reports the results for ratings of current use (blue) and future importance (green) of each of the six PP practices.

- Respondents most routinely used *enhancing culture* to help employees be more resilient and thrive, with 32 percent using them routinely and 44 percent using them often (total of 77 percent).
- This was followed by *providing PP counseling or therapy to individual employees* (64 percent either routine or often), and then by *using PP in incident-related approaches* (59 percent).
- Directing employees to *use PP mental health apps* was the least frequently used practice (53 percent).

A similar pattern was seen with ratings of future importance to EAP business.

- Overall, ratings of high future importance (important, very important) were more prevalent than ratings of use (routine, often).
- Nearly all (92 percent) respondents felt culture was highly important, and – except for MH apps – other practices were seen equally important by most respondents.
- For example, 80 percent of respondents placed a high business value on *helping managers to become leaders of PP practices* and *providing PP counseling or therapy* to either managers or employees.

### Need and Alignment

Again, we examined the degree of need for and current alignment in using the six PP practices. For each practice,

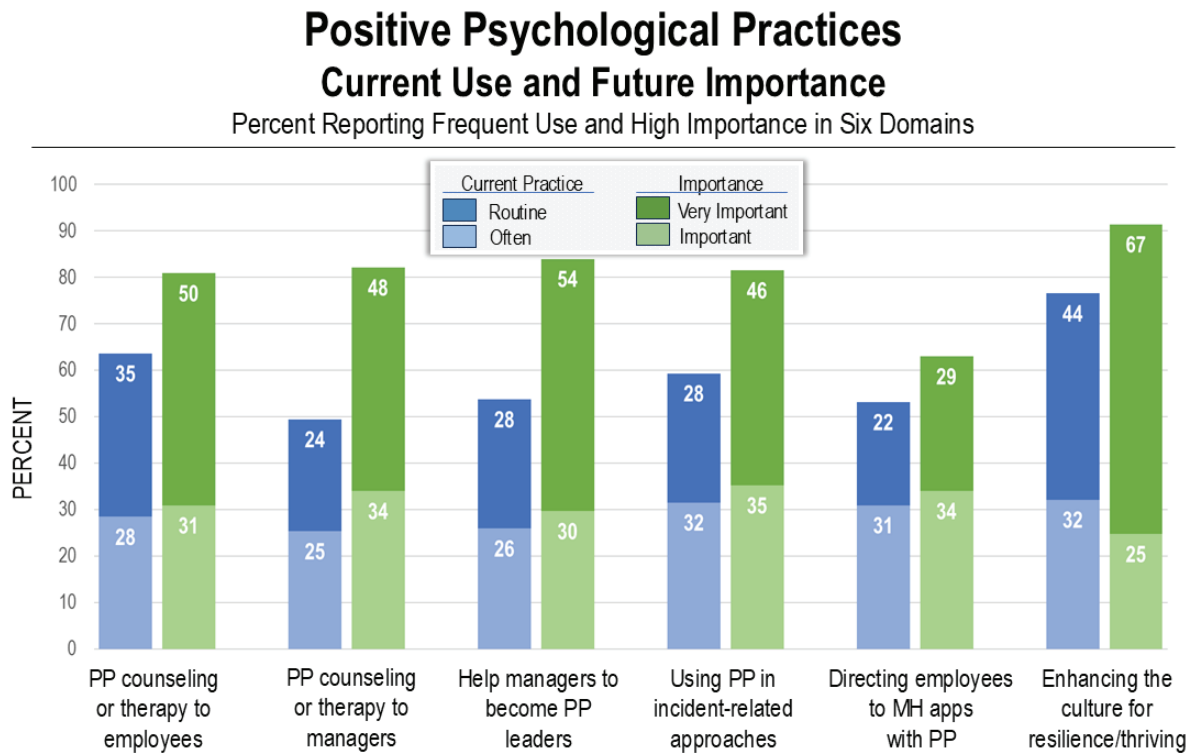


Figure 1

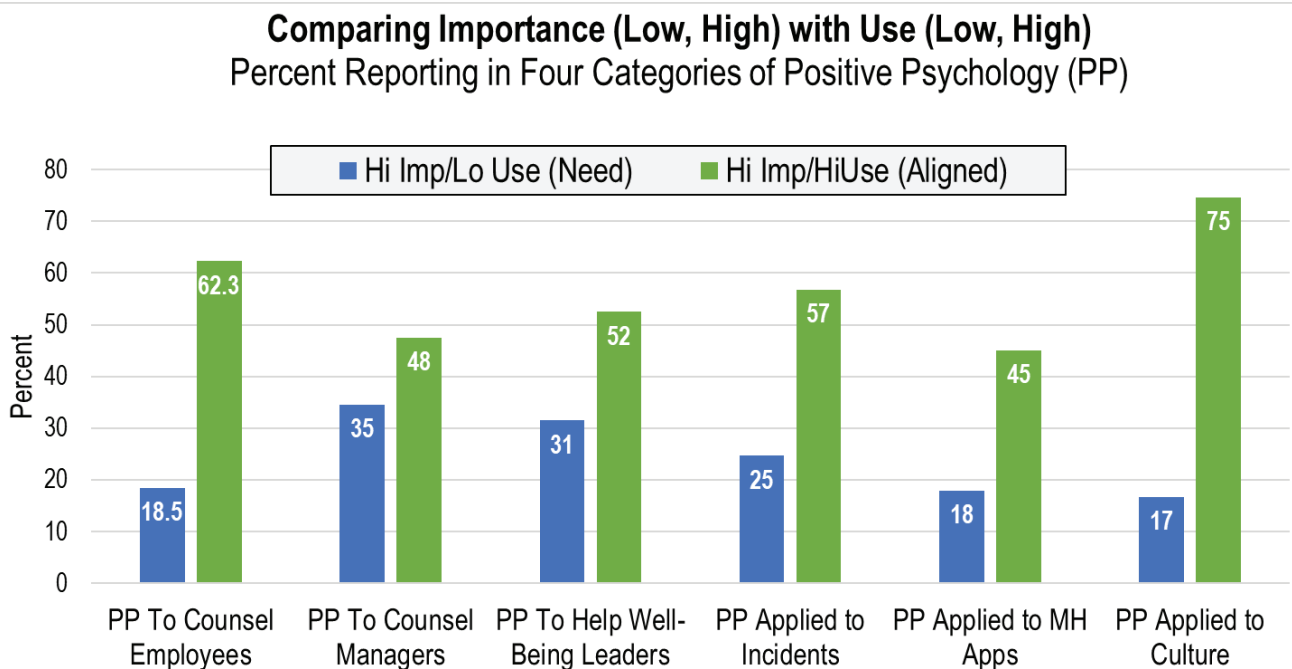
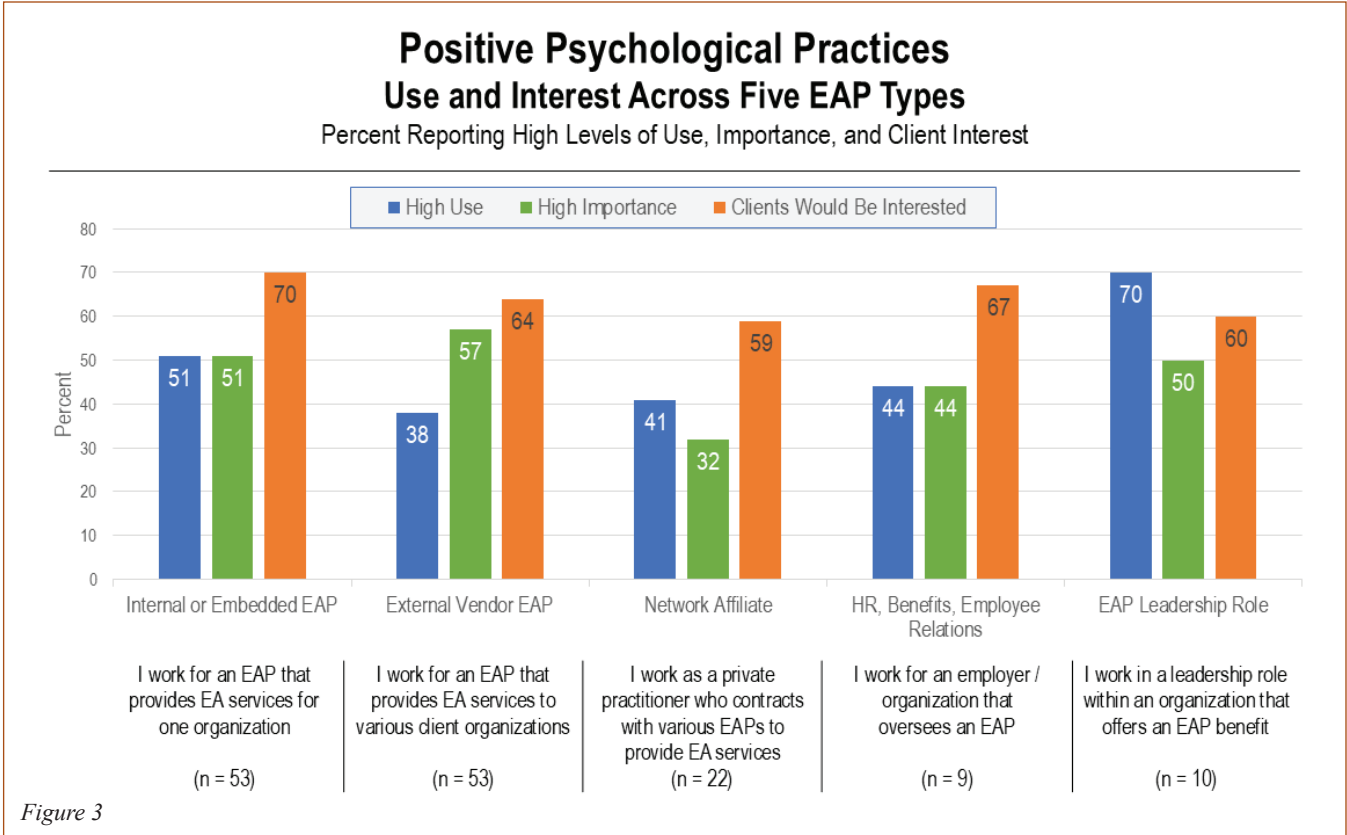


Figure 2



we created two categories, with respondents who rated high importance and low use (lower levels of currently practicing) – inferred as having a need; and high importance and high use – inferred as alignment between need and use. Consult Figure 2 for frequency of responses.

- Overall, alignment (green bar) was significantly greater than need (blue-colored bar).
- The greatest alignment was for culture (75 percent of respondents), followed by employee counseling (62 percent), and application to incidents (57 percent).
- The greatest need was for counseling to managers (35 percent), followed by helping leaders (32 percent), and application to incidents (25 percent). It appears that managerial counseling and leadership support are areas of greatest need.

**Perceived Interest Among Clients**

We also asked how much would clients be interested in using PP. The frequency of responses was: Not at all (4 percent), Somewhat (30 percent), Interested (45 percent), or Very Interested (20 percent). Hence, 65 percent of respondents felt that clients were interested in these practices.

**Differences by EAP Type**

Figure 3 shows how respondents within five EAP types reported on use, importance, and perceived need. While reported results in Figure 3 suggest difference in ratings across EAP type, it should be kept in mind that the numbers for HR, Benefits, Employee Relations (n = 9) and EAP leaders (n = 10) were relatively small and should be interpreted cautiously.

- Between 60 and 70 percent of all types felt that their clients are interested in PP, with little variation across EAP type.
- Variance in high use was greatest and ranged from a low of 38 percent for external vendors to 70 percent for EAP leaders.



- Variance in high importance also ranged from a low of 32 percent for network affiliates to 57 percent for external vendors.

*External vendors* may place the most emphasis on PP in general when considering the high importance of business and client interest together.

## Additional Findings

Exploratory correlational and regression analyses of the survey results were conducted. As expected, there were strong associational relationships between current use and importance ( $r = 0.65$ ), indicating that the more importance placed on PP by practioners, the more likely that PP was used. Importance also predicted higher levels of perceived client interest, less so than current use. Additionally, whether any individual PP practice predicted perceptions of future client interest were assessed, and.

- The more respondents used and/or felt that it was important to provide PP to *enhance the culture* the more they also felt clients would be interested in PP.
- The more respondents felt that PP *mental health apps or websites* were important, the more they also felt clients would be interested in PP practices.
- While use of, and interest in, PP *mental health apps* were relatively low, some respondents believe these will be important as a core offering for their clients.

Finally, a measure of alignment across all six PP practices was created. Higher scores indicated that respondents rated every one of the six practices as *both* important and currently used. We found that 53 (31 percent) of respondents were aligned on PP practices 5 or 6, 54 (32 percent) were aligned on practices 3 or 4, and 41 (25 percent) on practices 1 or 2. Only 14 (9 percent) had no alignment. Results indicated that the more respondents who practiced PP that they felt were important, than the more likely they perceived clients as having interest in programs.

## Summary and Discussion

While this was an exploratory study, the results suggest that most EA practitioners are using PP, see PP as important to the growth of their services, and believe that their clients are interested in PP. While we were able to examine differences across EA types, subsamples were small for HR-related roles and for EA enterprise leaders. We recommend that these current, preliminary results serve as a template for exploring how EAP use of PP practices may be further studied. The survey was designed as an initial investigation and may be subject to several cognitive biases amongst respondents. Some critics of PP suggest that these approaches are susceptible to idealization and hope, resulting in a confirmatory bias. Many who believe in PP principles may also think they are more prevalent or valuable than they are.

## KEY TAKE AWAYS OF PP PRACTICES FOR EA PRACTITIONERS

Despite growth in service offerings among EA and workplace wellness providers, national trends show increasing problems in mental health concerns, suicide, and drug use among employed individuals, suggesting a need for alternative approaches to these services. A recent EAPA survey, the first of its kind, asked over 150 practitioners about their use and interest in positive psychological (PP) practices.

- Results indicate significant use and a moderate to high interest in learning about and incorporating PP practices, especially in managerial consulting, leadership development, and healthy culture initiatives.
- Most EA practitioners see PP as an important component to the growth of their service menu, believing that their clients are interested in PP approaches.

While EA providers may better respond to concerns by focusing more on thriving than just surviving, more information is needed to understand the kinds of PP practices that will succeed in the workplace and the conditions for their optimal use.

## Article Commentary

### *Positive Psychological Practices in EAPs: Results of a Recent Survey*

by Bryan McNutt, PhD, CEAP\*

**Question:**

*What role might positive psychology have in enhancing EA practice?*

**Answer:**

The survey results point to significant emphasis that EA practitioners seem to place upon the value of using a PP framework when addressing workplace culture and leadership development efforts, as well as business development. The first EAP Core Technology highlights a key competency of “*Consultation with, training of, and assistance to work organization leadership...*” Prioritizing a positive workplace culture and encouraging constructive leadership are aspects of traditional EA services which are resources and assets that are frequently underutilized by many client organizations. This is one dimension of the EA service menu that could benefit from creatively incorporating elements of PP. This is an important idea to consider, especially as our profession faces ongoing market pressures to diversify services, while continuing to remain true to our scope of practice.

**Question:**

*What concerns and criticisms do you have about using such practices?*

**Answer:**

Part of the challenge with ensuring the validity of integrating PP interventions within a broader scope of EA services is the diverse perceptions among EA practitioners about what PP means. Different providers have a range of interpretations about what exactly is thriving or flourishing. A survey is a good place to start but a challenge is building agreement about how PP interventions are operationalized in EA practice. For example, what are the characteristics of a wise and authentic supervisor? How an EA practitioner answers that question will influence how they engage in the management consultation process. This is a perennial challenge for any service not guided by specifics of a formulaic or evidence-based manual or curricula. As Dr. Bennett noted, while there has been some progress with measuring qualitative outcomes—for example, associated with “PERMA” qualities of PP – there remain many questions about how providers and consumers of PP conceptualize what it means and how they experience it.

**Question:**

*The authors note that the concepts of PP may be prone to idealization or too focused on positivity. Do you agree?*

**Answer:**

More research is needed to explore the boundary conditions and situations where PP is useful. A common critique of PP is the tendency to overlook or minimize legitimate concerns related to complex pathologies that might benefit from more specialized interventions – whether these exist on an individual, relational, or systemic level. The complexity of some workplace concerns likely extend beyond the reach of PP interventions. Placing too much emphasis on PP may contribute to unintended iatrogenic outcomes, such as toxic positivity, whereby conflict is avoided for the sake of harmony, divergent ideas are downplayed to avoid disagreements, and the genuineness of “negative” emotions are invalidated at the expense of prioritizing feeling “good.”

*\*Dr. Bryan McNutt chairs the EAPA’s Research Committee*

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| By Nigel Thomas, CEAP

## A Caribbean Perspective to Navigating Workplace Stress



The 21<sup>st</sup> century workplace has evolved into a complex, fast-moving ecosystem shaped by an interplay of multiple global disruptions. Geopolitical instability, economic uncertainty, digital transformation, and the accelerated integration of artificial intelligence into professional environments have not only transformed how we work, but these forces have reshaped business environments, which are characterized by amplified psychosocial risks, particularly stress within the workforce.

This article explores empirical data on workplace stress from Families in Action’s (FIA) EAP utilization trends between 2019-2024. examines the finding’s implications and offers practical recommendations for EA professionals, including inclusive outreach, targeted stress interventions, and integration of EA services into organizational change management. This research-informed perspective underscores the urgent need to evolve EA practices to meet the demands of a rapidly changing work environment. With over 6,200 participants, the data reveals a persistent rise in stress-related issues, widening gender gaps in help-seeking, and underutilization in regional settings. The findings not only reflect the evolving realities of employee mental health but also offer critical lessons for EA professionals supporting workforce wellness in the Caribbean region and beyond.

Stress is not new to the workplace. However, the speed and scale at which it now manifests, and the ways in which it is intersecting with organizational change are both unprecedented and urgent. External pressures have reshaped the internal culture of organizations and employees are now expected to be perpetually adaptable, emotionally resilient, and to continuously retool to meet new demands. While these competencies are valuable, the constant shifts in technologies, workflows, leadership models and organizational structures, have placed enormous pressure on workers to sustain these competencies amid unrelenting change and which have triggered an alarming rise in stress-related issues and pressing behavioral health concerns.

Speaking at the July 2023 launch of the EAP Assessment for the Trinidad and Tobago Civil Service, Allyson West, Minister of Public Administration acknowledged the strain placed on public officers during and after the pandemic and remarked: “Public officers have been asked to dig deep and give more of themselves in support of the recovery and growth efforts being undertaken by ministries and departments.” Such remarks mirror what EA professionals observe on the ground every day: the increasing burden on employees to navigate high-performance expectations amidst persistent personal, organizational, and societal stressors.

### The Hidden Cost of Stress on Organizations

Workplace stress is not merely a private matter; it is also an organizational liability. Empirical studies have shown that unmanaged stress contributes to decreased productivity, absenteeism, job burnout, high turnover, declining job satisfaction, and, in more extreme cases, chronic physical and mental health conditions (Parkyn & Wall, 2020). Left unaddressed, stress can become systemic, disrupting team dynamics, corroding trust, and eroding workplace morale (Avr & Srinivas Rao, 2024).

While many organizations recognize the importance of wellness, few are adequately equipped to tackle stress at its root. This is where EAPs can play a pivotal role, offering both early intervention and systemic support to restore well-being at the individual and organizational levels. FIA's data underscores a critical reality: stress is both a personal and organizational issue. Addressing it effectively requires a total-system approach involving employees, leadership, and support professionals alike.

### Organizational Risks of Unmanaged Stress

The financial implications of chronic workplace stress are considerable. The [American Institute of Stress](#) reports that job stress costs US employers more than \$300 billion annually due to absenteeism, turnover, decreased productivity and direct medical, legal and insurance costs. The [World Health Organization](#) estimates depression and anxiety cost the global economy \$1 trillion annually when accounting for lost productivity, recruitment, and training expenses.

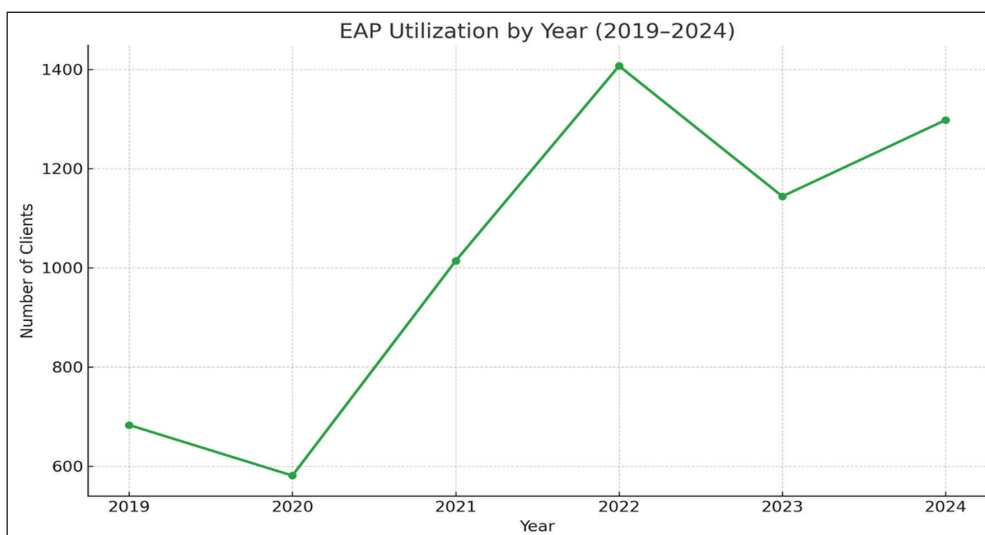
Moreover, chronic stress increases the likelihood of workplace errors, ethical breaches, interpersonal conflicts, and disengagement. These outcomes are not isolated, they ripple through departments, erode trust in leadership, and damage organizational culture and reputations. From a strategic standpoint, failing to manage stress effectively undermines organizational and employee agility, innovation, and sustainability. If the workplace is the frontline of human performance, then the negative effects of stress are its most insidious accompaniment.

### FIA's Experience: A Caribbean Perspective

Families in Action has delivered EA and related workplace support services in Trinidad and Tobago since 1991, expanding to English-speaking Caribbean territories in 2010. In 2018, the organization began to serve Dutch and Spanish-speaking markets, establishing itself as one of the region's leaders in the EA service arena.

Our mission, to be a solution-based organization transforming relationships within families, workplaces, and communities, is not merely aspirational. It guides every strategic decision, clinical intervention, and organizational partnership in which we engage. Our strategic goal is to foster sustainable innovation by building FIA's presence as a learning organization. By increasing research and analytically reviewing usage and other data, FIA offers a powerful lens into the psychosocial dynamics impacting Caribbean workforces.

From 2019 to 2024, FIA served over 6,200 clients across local and regional operations. In 2025, we conducted an in-depth analysis of utilization trends across our entire local and regional client base. This five-year dataset offers valuable insights of how workplace stress manifests in the Caribbean and how EA and other organizations can better respond.



Utilization rate declined during 2020 pandemic but steadily rebounded in 2021-2024

# The Global Reach of EAPs

## Insights from Five Years of Data (2019–2024)

**Utilization Volume and Demographics** - Over the study period, 6,267 individuals accessed EA services. Of this number, 97 percent (6,075) came from local operations, with 3 percent (192) from regional offices, highlighting an ongoing underutilization of EA services outside Trinidad and Tobago.

**Gender Dynamics** - Women have consistently represented the majority of EAP users, accounting for 61.5 percent of total participants. Locally, this gender gap widened over the years, from 58.7 percent in 2019 to 64.7 percent in 2024, highlighting a steady increase in female engagement and suggestive of a growing psychological openness and help-seeking behavior among women. Regionally, female participation was also dominant at 53.6 percent, although the disparity was narrower.

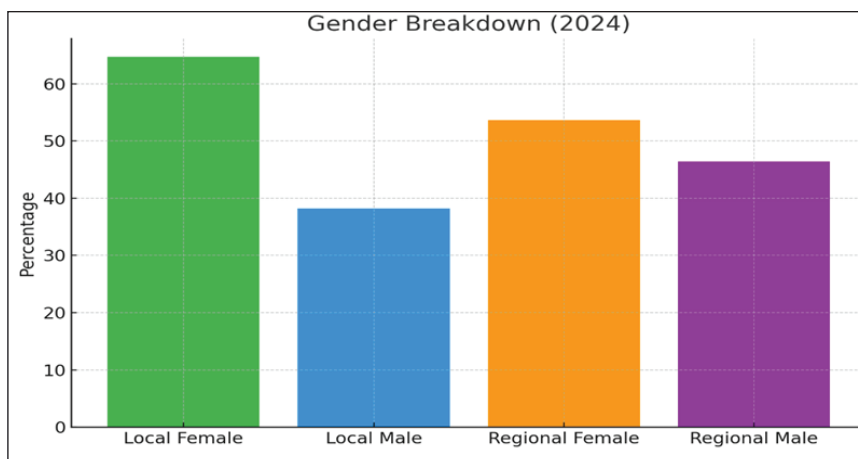
The data reveals a need for deeper understanding of male underutilization and a long-standing concern about the barriers men still face in accessing mental health support. While regional male participation stood at 46.4 percent, local usage lagged at 38.2 percent, this spotlights the persistent stigma men face in accessing emotional and psychological support.

Dependents made up 19.3 percent of all clients, with regional operations showing higher dependent engagement (22.4 percent) than local (18.7 percent). These trends underscore the growing recognition of family stress spillover and the value of whole-family care models within EAP frameworks.

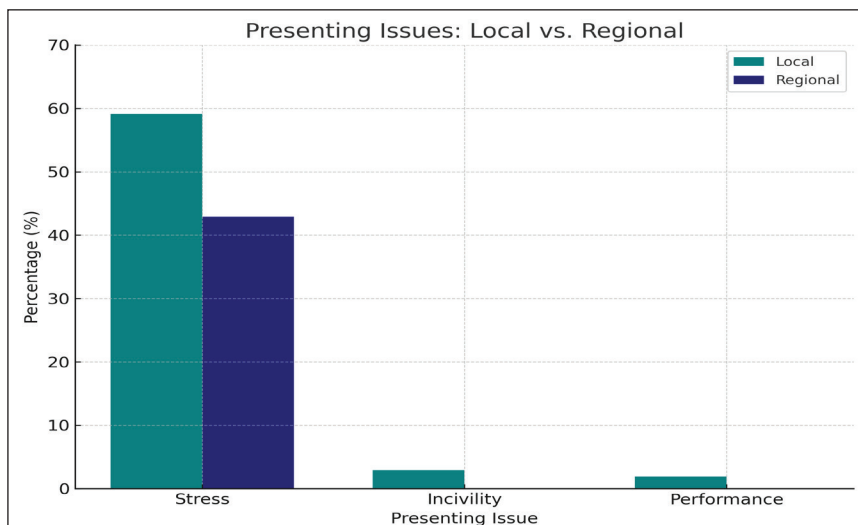
### *Presenting Issues: Stress Tops the List*

Work-related stress ranked as the most frequently reported concern, 59.1 percent locally and 42.9 percent regionally. These numbers highlight not only the universality of stress but also its regional variations, likely driven by differences in organizational maturity, leadership practices, and cultural attitudes toward pressure and performance. Locally, smaller but significant percentages of clients also reported workplace incivility (2.9 percent) and performance-related issues (1.9 percent). While these numbers appear minor compared to stress, they point to deeper relational and systemic dysfunctions that often develop in high-stress environments.

**Referral Patterns and Access** - The vast majority of users, 86.6 percent overall, accessed services via self-referral, reflecting a positive shift toward employee autonomy and self-agency. Regionally, however, HR departments played a more prominent referral role (17.1 percent) compared to local organizations (9.4 percent). This discrepancy may reflect organizational norms, trust in leadership, or differences in internal EAP promotion.



Women consistently accessed EAP services more than men, locally and regionally.



Stress was the top issue across both local and regional cases, 59% vs 43%



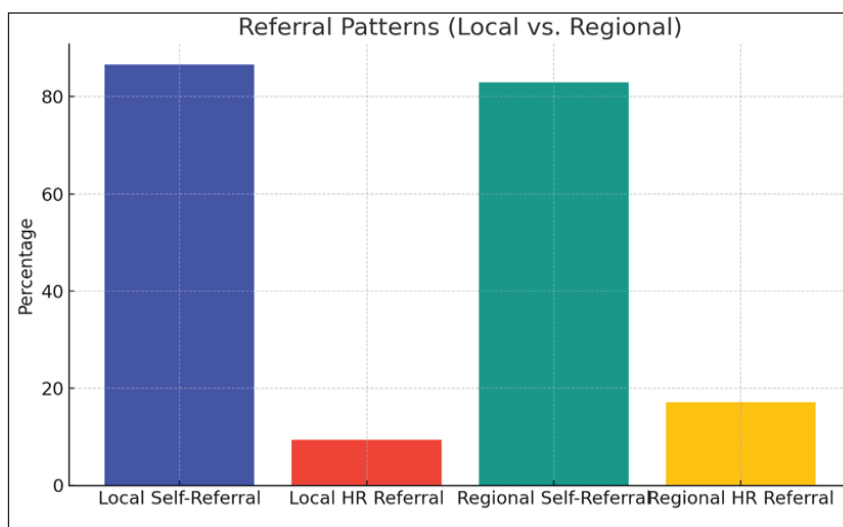
### Impact of COVID-19

As expected, 2020 marked a temporary decline in EAP utilization, likely due to pandemic lockdowns, digital access barriers, and general organizational disruption. However, the rebound in utilization was significant: by 2024, EAP usage had climbed to 1293 cases, with female and dependent participation hitting record highs.

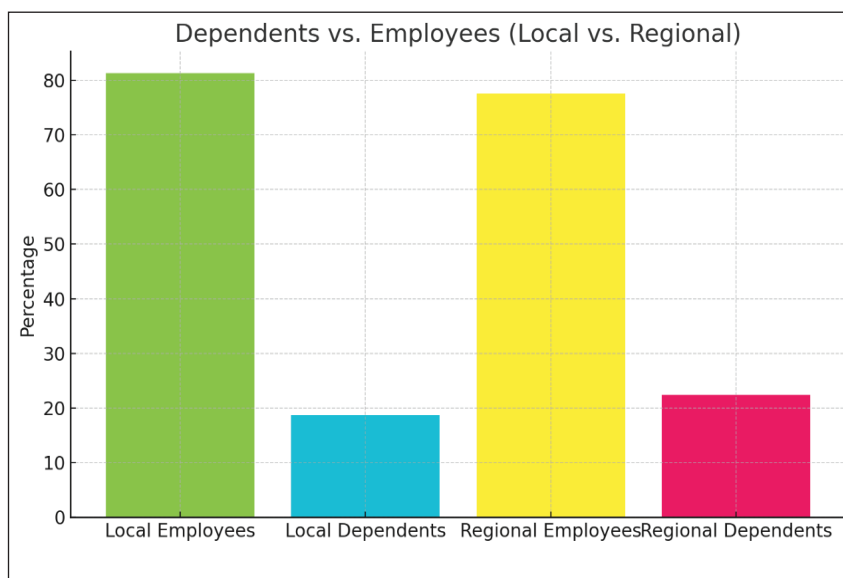
### Regional Disparities and Opportunities

Despite FIA's increasing regional footprint, local operations continue to drive EAP engagement, accounting for 96.9 percent of total EA usage, while regional use represented just 3.1 percent, despite a projected 5 percent target. This underutilization invites closer examination of potential barriers, such as:

- Awareness gaps: Are employees fully aware of the services available?
- Cultural perceptions: Is there lingering stigma or skepticism regarding use of counseling?
- Language barriers: Are Dutch- and Spanish-speaking employees accessing/receiving services equitably?
- Leadership engagement: Are regional management and HR equipped and motivated to refer staff?



Self-referrals dominated in both regions, though regional HR referrals were higher (17%)



Employees were the majority of users, but regional dependents had stronger representation

At the same time, regional trends offer promising models: higher male participation (46.4 percent regionally vs. 38.2 percent locally) suggests that regional messaging or peer norms may better support male help-seeking. Similarly, stronger dependent participation could signal more family-centered communication approaches worth replicating.

### From Data Collection to Service Delivery: Practice Considerations for EAPs

#### 1. Position EAPs as a strategic organizational asset

- Reframe the role of EAPs: Promote EA services as not just reactive solutions, but as proactive, strategic contributors to organizational health and sustainability. Research consistently demonstrates that EAPs can lead to decreased turnover, reduced absenteeism, and increased employee satisfaction, thereby enhancing overall productivity (Marschall, 2023).

- Integrate with change management approaches: Ensure EAPs are embedded in transformation efforts (e.g., restructuring, mergers, return-to-office) through leadership coaching, communication planning, and transition support. EA services can play a pivotal role in mitigating stress during organizational changes, by fostering resilience among employees (Richardson & Rothstein, 2008).

## 2. Design Inclusive and Targeted Engagement Strategies

- Redesign outreach efforts for underserved groups: Tailor EA communications to reach underrepresented populations, especially men and regional employees. Utilize culturally relevant messaging and trusted influencers such as peer champions and union representatives. Research indicates that men are less likely to utilize EA services, often due to social stigma and cultural norms (Matthews, Gerald & Jessup, 2021).
- Address male underutilization: Develop male-oriented campaigns that focus on resilience, leadership, and performance. Highlight male ambassadors who have benefited from EAP use to normalize help-seeking behaviors. According to the [LifeWorks 2021 Annual Report](#), approximately 60-70 percent of EA users are women, indicating a significant gender disparity in utilization (Hennessy, 2022).

## 3. Expand and Formalize Family Support Pathways

- Strengthen dependent access: Build structured programs for dependents, including caregivers, adolescents, and elders. Leverage formats like webinars, support groups, and resilience coaching to address family dynamics impacting employees. Offering such support enhances overall employee well-being and productivity (Marschall, 2023).
- Ensure confidential and accessible systems: Optimize dependent engagement through streamlined, secure referral processes and targeted awareness efforts. Confidentiality and ease of access are two of the most crucial factors in encouraging utilization of EA services by employees and their families (Marschall, 2023).

## 4. Build Stress-Responsive and Role-Specific Programming

- Modular stress interventions: Develop tailored offerings for frontline workers, supervisors, and executives. Focus on role-relevant stressors and interventions such as emotional regulation, boundary setting, and peer conflict resolution. Cognitive-behavioral interventions have been found to produce significant positive effects on psychological outcomes in occupational settings (Richardson & Rothstein, 2008).
- Focus on scalable delivery: Ensure programs can be easily embedded into team routines and scaled across the organization. Scalability ensures that EA interventions can be effectively implemented across various departments and levels within an organization (Kim, Suh, Park, et al., 2014).

## 5. Equip HR and Supervisors to be EAP Referral Agents

- Supervisors play a strategic role in encouraging employees to pursue assistance from EAPs. Training enhances their ability to identify and refer troubled employees effectively (Badul & Subban, 2022):
- Provide HR professionals and line managers with tools to:
  - a. Recognize signs of worker distress;
  - b. Make timely and supportive referrals; and
  - c. Offer meaningful follow-up after EAP engagement.

Supervisors play a strategic role in encouraging employees to pursue assistance from EAPs. Training enhances their ability to identify and refer troubled employees effectively (Badul & Subban, 2022)

- Normalize EAP promotion and easy access as a leadership responsibility: Position EAP consultation as part of ongoing supervisory and HR performance culture, rather than just crisis response. Management/supervisory support and regular training efforts lead to increased utilization of EA services and better employee outcomes (Richardson & Rothstein, 2008).

## 6. Prioritize Data-Driven Decision Making

- Standardize and analyze utilization data: Implement uniform metrics across local and regional operations. Track outcomes like presenting issues, session success, and satisfaction levels. Standardized data collection enables clearer comparisons and insights, facilitating continuous improvement and value added benefits (Richardson & Rothstein, 2008).
- Leverage real-time dashboards: Use modern analytics to generate timely insights, guide strategic conversations, and demonstrate impact to stakeholders. Real-time data analysis supports proactive decision-making and enhances the effectiveness of EAP initiatives (Richardson & Rothstein, 2008).

Workplace stress can be considered both a mirror and a magnifier, reflecting challenges employees face and amplifies organizational vulnerabilities. But it is also an opportunity. When understood, planned for, and addressed, stress can catalyze transformation, innovation, and deepen workplace resilience. FIA's five-year analysis affirms that not only is stress widespread but also that strategic EAP designs have potential to make a measurable difference. For maximum impact, the next phase in EA evolution must be collaborative, preventative, and data-driven, shaped by real-world insights, and rooted in cultural relevance. In a world where frequent disruption is the new normal, EAPs must seek to lead with clarity, compassion, and creativity. By doing so, we can both support individuals' well-being, and help build organizations that thrive, adapt, and sustain human potential.

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| By Brittany Tusa, PhD

## Facilitating Clear and Confident Workplace Communications



Effective communication is foundational to the success of interpersonal relationships, both in personal contexts and professional environments. One of the most constructive and respectful forms of interaction is assertive communication (Castanos-Cervantes & Atristain-Suarez, 2024). This approach allows individuals to clearly express their needs, thoughts, and feelings while simultaneously considering the perspectives and rights of others (American Psychological Association, n.d.). While assertive communication does not ensure that others will automatically respond in a desired way, it significantly increases the likelihood of a message being heard and understood. Moreover, this approach plays a critical role in deescalating conflict and avoiding perpetuation of unproductive communication patterns. It encourages honesty without aggression and confidence without arrogance, making it a versatile and valuable tool in nearly every setting.

Successful communication skills are especially vital within the context of EAPs, where counselors often help employees navigate personal and work-related stressors. Assertive communication can empower individuals to express workplace concerns effectively and constructively, promoting healthier interactions and more resilient organizational cultures. Teaching these skills in EA sessions can prevent escalation of negative interpersonal interactions and support more sustainable employee well-being. By speaking clearly and with purpose, employees are better able to advocate for themselves while cultivating and preserving positive relationships with coworkers and supervisors.

Communication encompasses much more than simply words spoken. Non-verbal cues, such as body language, tone of voice, volume, and word choice, play a critical role in shaping how messages are delivered and received (Hall, Horgan & Murphy, 2019). For instance, body language conveys meaning through posture, gestures, facial expressions, and orientation. A person's posture – whether they are leaning in or turned away – can reveal their level of engagement or discomfort. Gestures and facial expressions often communicate emotions more effectively than words. Similarly, tone of voice can significantly alter the perceived meaning of a message. A statement such as “I really appreciated your help” can come across as either genuine or sarcastic, depending on the speaker's tone. Volume also contributes to the interpretation of intent; speaking loudly might be perceived as aggressive,

while a quiet tone could be interpreted as passive or uncertain. Word choice further contributes to effective communication. Choosing words that align with one's emotional state and desired outcome is crucial for clarity and impact. Even small shifts in how something is said can dramatically change the listener's response, making attention to delivery just as important as the message itself.

Understanding the spectrum of communication styles is essential for recognizing where assertiveness lies. On one end of this spectrum is passive communication. Passive communicators often relinquish their own needs and defer to others. This style is typically characterized by minimal eye contact, slouched posture, and a soft or hesitant tone and volume, all of which convey submission and discomfort with confrontation. On the opposite end of the spectrum is aggressive communication. Aggressive communicators aim to dominate the interaction, often at the expense of others' feelings and perspectives. This style is marked by hostile gestures, intense eye contact, elevated volume, and a dismissive or commanding tone. Assertive communication, in contrast, strikes a healthy balance. It involves openly and confidently expressing one's feelings and needs without undermining or invalidating others (Winer, Dunbar & Jackson, 2023; Winer, Salazar, Anderson, et al, 2023). The non-verbal characteristics of assertive communicators include steady eye contact, upright posture, relaxed gestures, a calm and even tone of voice, and moderate volume. This style communicates both self-respect and respect for others. Learning to recognize these distinctions allows individuals to make more intentional choices in how they express themselves, especially in challenging conversations.

In EAP settings, understanding and utilizing effective communication styles allows counselors to guide employees in recognizing their default communication patterns and adopting more effective strategies. This not only enhances individual coping skills and contributes to a more collaborative and respectful work environment. Furthermore, by promoting assertiveness over passive or aggressive tendencies, EA professionals help reduce long-term interpersonal strain in the workplace. Over time, this can lead to stronger team dynamics, reduced tension, and a more inclusive workplace culture.

The first step in constructing an assertive statement involves identifying the goal for the interaction. Establishing a conversational goal in advance serves as a valuable preparatory strategy, enabling individuals to maintain clarity and direction even in emotionally charged interactions. According to the Goals–Plans–Action approach, once a primary goal is identified, individuals are more likely to develop plans aimed at achieving that objective (Henningsen, Valde, Russell & Russell, 2011). Although having a goal or plan does not guarantee action, it represents a crucial first step in effective problem-solving. Conversations that veer off course – where the original subject is lost amid unrelated disagreements, often resurrected from the past – are a common phenomenon. Establishing a clear personal goal before entering these interactions serves as an anchor, helping the speaker to return to the central point when tangents arise. Importantly, this goal need not be shared with the conversation partner; its function is primarily to maintain internal clarity and focus. Clarity of purpose helps reduce anxiety and supports a more centered and calm delivery.

The next step is to construct the assertive statement itself. This process begins with the declaration: I feel \_\_\_\_\_ (*label an emotion*). This 'I statement' phrasing is central to assertive communication and encourages the speaker to identify and express a specific feeling, such as happy, sad, angry or confused. It is advisable to avoid beginning a sentence with a 'You statement' as this can lead to defensiveness in the listener, thereby reducing their receptiveness to the message (Bower & Bower, 2009). Speakers should also be cautious not to conflate emotions with thoughts. In English, the word feel is often used inaccurately, as in statements like "I feel like you didn't consider how tired I was," which is more a thought or opinion than a feeling. Such phrasing may provoke disagreement if the other party holds a different interpretation of the situation. 'I feel' statements when purposefully used tend to be less provocative than 'I think' statements, which often prompt defensiveness. In contrast, emotional expressions can often invite more empathy and attentiveness. A useful technique is to choose one or two standalone emotion words to increase clarity and reduce ambiguity. Taking responsibility for one's feelings through clear 'I' statements also models emotional maturity and accountability.



To aid in this process, a technique such as a feelings wheel may be consulted (see Figure 1 below). Although seemingly trivial, taking a moment to quietly reflect—or consult a visual tool like the feelings wheel – can be incredibly useful.

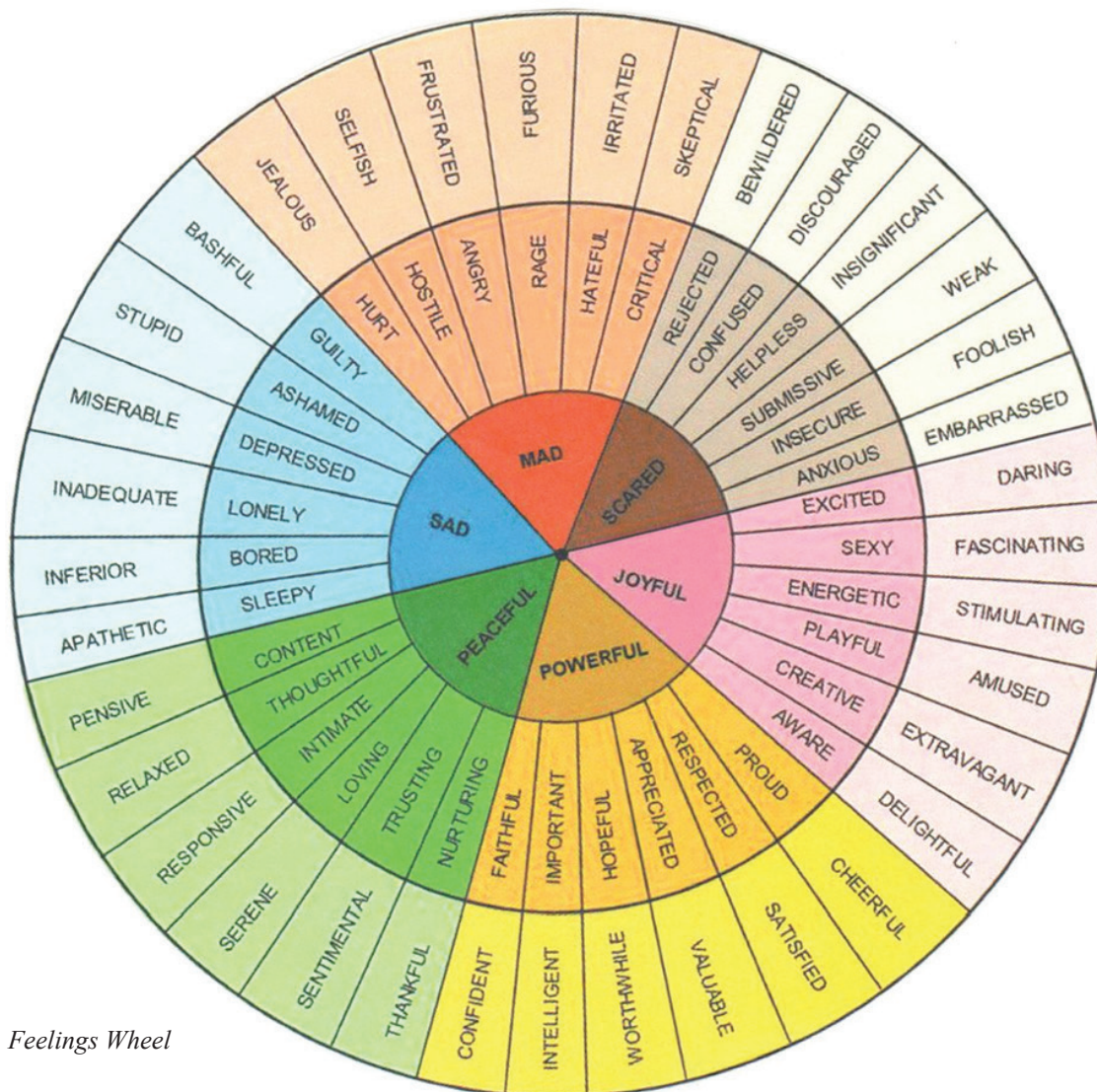


Figure 1: Feelings Wheel

Many individuals were never explicitly taught how to identify or differentiate between emotional states, and may benefit from resources that help them articulate their internal experience. Additionally, when emotionally heightened, it can be beneficial to reference the wheel and identify the precise feelings involved. Furthermore, it is important to recognize that emotions vary in intensity. In the context of communication, choosing an emotion that appropriately matches the level of intensity being experienced can affect how the message is received. For instance, saying ‘I feel irate’ versus ‘I feel annoyed’ can produce very different reactions in the listener. This practice of emotional precision supports not only better communication, but also greater self-awareness on the part of the speaker.

Following the emotion statement, the speaker continues with: ‘When \_\_\_\_\_ (describe the situation concisely).’ This portion should be as succinct, factual, and objective as possible (Bower & Bower, 2009). A common temptation is to elaborate excessively to justify one’s perspective. However, this often overwhelms the listener and dilutes the impact of the message. It is more effective to describe the event succinctly and free from judgment or interpretation. The third step is to articulate a preferred outcome using the phrase: ‘I would like \_\_\_\_\_’



(*identify the goal*).’ Here, the speaker clearly identifies what they hope will change moving forward (Bower & Bower, 2009). Providing a specific, constructive request guides the listener toward actionable solutions. Being concrete in one’s request increases the chance of cooperation and reduces confusion or defensiveness.

A concluding phrase may be added to foster cooperation and goodwill. Expressing appreciation or inviting collaboration can help the other party feel more inclined to respond positively. Phrases such as ‘Thank you for hearing me out,’ or ‘I hope you can help me resolve this,’ appeal to the listener’s altruism and reinforce mutual respect. Ending on a positive note helps preserve the relationship, even when the conversation includes difficult feedback.

In addition to speaking assertively, effective communicators also engage in active listening. Active listening involves demonstrating attention through eye contact, slight forward lean, affirmative nodding, and verbal acknowledgments. Paraphrasing or summarizing what the other person has said ensures that their message is accurately received and validates their perspective (Weger, Castle & Emmett, 2010). When conversations become emotionally difficult, reusing the assertive script to formulate your next response can serve as a grounding technique, helping to keep the discussion respectful and focused.

Real-life examples can illustrate how assertive communication is applied. For instance, if an individual receives critical feedback during a performance review that was not previously communicated, an assertive response might be: ‘I feel surprised and disappointed when I receive critical feedback during my review that I wasn’t made aware of earlier. I would appreciate more consistent feedback throughout the year. Thank you for listening – could we create a feedback plan together?’ This response is respectful, specific, and opens the door to a collaborative solution. Another example could involve a person feeling pressured by repeated check-ins on their work progress. They might say: ‘I feel frustrated and pressured when I’m asked multiple times about my progress within a short period. I would appreciate being given more time to complete the task before being asked again. Can we agree on a check-in schedule? Thank you for understanding.’ These examples demonstrate how assertive communication maintains clarity while fostering positive interaction. These kinds of exchanges, though appearing simple, can make a substantial difference in daily work relationships and productivity.

Another method that supports assertive communication is the Heart-Head-Heart strategy, also referred to as the Validation Sandwich. This widely accepted approach involves beginning with a heartfelt compliment or validation, then addressing the issue directly by providing the critical feedback, and concluding with another positive statement (Dohrenwend, 2002; Henley & DiGennaro Reed, 2015; Parkes et al., 2013). Empirical evidence suggests that simultaneously adopting another person’s perspective while clearly expressing one’s own viewpoint significantly contributes to reducing interpersonal hostility (Rogers, Howieson, & Neame, 2018). For example: ‘I love working with you – your ideas are brilliant, and I can tell you care a lot about the quality of your work. And it pressures the team when submissions are late. Once again, your dedication really shows, and I enjoy collaborating with you.’ This method helps deliver feedback in a manner that minimizes defensiveness and affirms the value of the relationship. An integrated example that combines both the assertive script and the validation sandwich might look like this: ‘I love working with you – your ideas are brilliant, and I can tell you care a lot about the quality of your work. I feel worried when submissions are late as it pressures the team. I am hoping you can work to turn in your portion of the project on the agreed upon deadline. Thank you for listening to me. Once again, your dedication really shows, and I enjoy collaborating with you.’ This approach communicates emotional honesty while also affirming the other person’s contributions, thus preserving relational harmony. Using this strategy consistently helps create a culture of openness and mutual appreciation.

For EA counselors involved in resolving conflicts, addressing workplace tensions, and supporting mental well-being, these techniques are essential. Teaching employees how to use structured, emotionally intelligent communication helps reduce burnout, misunderstandings, and interpersonal friction – core goals of any effective EAP. Communication strategies like these are not only helpful in crisis resolution but also serve as proactive tools to build healthier, more psychologically safe workplaces. Investing in communication skills fosters environments where people feel seen, heard, and empowered to contribute authentically.

Assertive communication techniques represent a powerful and respectful approach to navigating difficult conversations. By consciously structuring messages to include emotional clarity, specific observations, and actionable requests, individuals can reduce conflict, improve understanding, and strengthen relationships. When combined with active listening and affirming strategies like the Heart-Head-Heart method, assertive communication becomes a transformative tool for fostering mutual respect and psychological safety in all types of interpersonal interactions.

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| By Sandra Serrano

## The SAP's Role as Gatekeeper in Transportation Safety



**B**eginning in the 1980s, in response to growing national attention and concerns regarding substance misuse and impairment among safety-sensitive employees in the US transportation sector, exemplified by a train collision on January 4th, 1987 in Chase, MD, which killed sixteen people and injured over 175. The US National Transportation Safety Board concluded in its review that the locomotive engineer was impaired by marijuana. Incidents as this and others led the US Congress to pass the *Omnibus Transportation Employee Testing Act of 1991*, and the US Department of Transportation (DOT) was directed to establish and enforce *Procedures for Transportation Workplace Drug and Alcohol Testing Programs* across seven regulated transportation modes. These regulations<sup>1</sup> (outlined in 49 CFR Part 40), now provide the regulatory oversight of DOT safety-sensitive functions to ensure the safety of the traveling public.

### The Role of the EAP as Substance Abuse Professional

Within the 2001 version of 49 CFR Part 40, Subpart O defines the role of a DOT-qualified Substance Abuse Professional (SAP), a function which may be provided by trained EA professionals. SAPs are referred to as a gatekeeper, protecting the public safety, by conducting evaluations and monitoring follow up of DOT-defined safety-sensitive employees with drug or alcohol testing infractions. The SAP monitors the employee's progress and determines when they have successfully complied with the return-to-duty process and are thus eligible to resume safety sensitive duties.

EAPA is one of only seven organizations authorized by the US DOT to provide training and exam required to gain the SAP credential. Available in person or online.

To learn more, see <https://eapassn.org/page/dotsap>

The proscribed return-to-duty process begins when a covered employee violates the US DOT drug and alcohol regulations. Employers must immediately remove the covered employee from safety sensitive duties and provide them with a listing of SAPs. The SAP then conducts a thorough initial evaluation to determine what course of appropriate education and/or treatment the employee must follow to regain safety-sensitive working status. When the recommended safety sensitive treatment plan is completed, the SAP performs a follow-up evaluation to determine the employee's readiness to return to work safely. After successful completion of the SAP's recommendation, the employer (or a future employer) initiates return-to-duty testing process prior to resumption of safety-sensitive duties. The SAP is also charged with establishing a schedule for ongoing follow-up testing, which the employer must carry out over a specified period. The schedule can range from one year to five years, with frequency and duration determined by the SAP's clinical judgment. The employer is responsible for carrying out the follow-up testing plan, ensuring all tests are random, unannounced, and conducted under direct observation. The SAP can also recommend ongoing or aftercare services for the employee for additional support. This process is designed to protect the public and the transportation sectors while offering covered employees a structured path to rehabilitation and reintegration into safety-sensitive duties.

### **Understanding ODAPC and its Modalities**

The Office of Drug and Alcohol Policy and Compliance (ODAPC) oversees the DOT drug and alcohol testing regulations. ODAPC and its modalities manage the following regulations:

- ODAPC- [49 CFR Part 40](#)<sup>1</sup>, including Subpart O – the SAP & RTD Process
- Federal Motor Carrier Safety Administration (FMCSA) [49 CFR Part 382](#)<sup>2</sup>
- Federal Aviation Administration (FAA) [14 CFR Part 120](#)<sup>3</sup>
- Federal Railroad Administration (FRA) [49 CFR Part 219](#)<sup>4</sup>
- Federal Transit Administration (FTA) [49 CFR Part 655](#)<sup>5</sup>
- Pipeline and Hazardous Materials Safety Administration (PHMSA) [49 CFR Part 199](#)<sup>6</sup>
- US Coast Guard (USCG) [46 CFR Part 16](#)<sup>7</sup>, [46 CFR Part 4](#)<sup>8</sup>

To perform SAP duties, EA providers such as CEAPs are mandated to possess certain credentials, clinical experience in the diagnosis and treatment<sup>9</sup> of substance use disorders, and an understanding of the DOT regulations, including the specific modality requirements which may apply to a particular employee. To become a qualified SAPs, EA professionals must undergo qualification training, pass an exam, and maintain continuing education.

### **SAP Pitfalls and Challenges**

Despite clear regulations, the industry still faces challenges from SAPs not completely following DOT guidelines, either due to ignorance of the process or by engaging in unethical practices. Regulatory cautions from ODAPC<sup>10</sup> regarding SAP services include:

- SAPs operating without the requisite DOT-defined credentials, experience or knowledge
- Offering and advertising return-to-duty timelines or issuing treatment plans before an assessment is conducted
- Conducting assessments and evaluations solely by telephone
- Providing generic, one-size-fits-all recommendations
- Acting as both evaluator and treatment provider
- Pre-determining follow-up testing schedules

These practices undermine the SAP's critical role in safeguarding transportation safety and must be addressed through ongoing education and oversight.

## The SAP Mission: More Than Clinical Support

SAPs serve a unique dual mission; they protect public safety while supporting the safety-sensitive covered employee to address prohibited substance use. In contrast to the general practice of EA professionals, SAPs operate within a federally-regulated framework to ensure that only compliant employees are allowed to return to safety-sensitive duties, and they continue to conform to the DOT's stance on drug and alcohol use.

**Use of Marijuana** - According to guidance issued by ODAPC<sup>11</sup>, there is no legitimate medical explanation for a marijuana-positive test. Recreational marijuana use remains prohibited for safety-sensitive transportation employees, regardless of expanding US state legislative changes in legalization. Additionally, medical marijuana<sup>12</sup> use is not permitted under DOT regulations. ODAPC has also issued guidance cautioning employees about the use of Cannabidiol (CBD) products, derived from the Cannabis sativa plant (also known as cannabis or hemp) which may contain undisclosed levels of THC and trigger a positive drug test result. A positive marijuana drug test result is based on actual THC levels detected, not CBD use. Employees and SAPs should refer to ODAPC's warning: Buyer Beware.<sup>13</sup>

In short, when operating as a SAP, it is imperative for EA professionals to understand the DOT's core mission: protecting the traveling public. SAPs are the frontline gatekeepers in this effort, tasked with ensuring only those who are truly safe return to duty. Thus, when practicing as a SAP, an EA professionals' role is clearly different from that of an EAP counselor.

## Updates to DOT Regulations Continue

The US DOT makes periodic regulatory updates to ensure that the drug and alcohol testing procedures remain scientifically valid, providing fair and accurate compliance, and remain responsive to industry needs, as well as enhancing safety. Some of the more recent changes include:

**Oral Fluid Testing:** Lab-based oral fluid testing was approved by the DOT effective June 1, 2023<sup>14</sup>. However, use of this method requires a laboratory to be certified by the National Laboratory Certification Program. The service industry is eagerly awaiting the full implementation of this certification process to enable the beginning of lab-based oral fluid workplace testing.

**ODAPC List Service:** As of January, 2018, all service agents, including SAPs, are mandated to subscribe to the online [ODAPC List Serve](#) to be notified about and remain current with regulatory updates and guidance.

**FMCSA Clearinghouse:** The largest number of safety sensitive transportation workers are regulated by the Federal Motor Carrier Safety Administration (FMCSA). In recent years, this modality has instituted significant changes to improve safety. Under congressional mandate, FMCSA launched its Clearinghouse<sup>15</sup> database in January 2020. This secure, online database tracks commercial driver drug and alcohol program violations, ensuring covered employees cannot conceal a failed test or other violations to evade being removed from duty and having to complete the RTD process.

SAPs working with FMCSA-covered employees have several responsibilities within the FMCSA Clearinghouse database. First, the SAP must register in the Clearinghouse attesting they are a qualified Substance Abuse Professional. Next, the employee must send an invitation to a SAP, and be accepted before proceeding. After completing the initial evaluation and assessment, the SAP enters their clinical recommendations into the Clearinghouse, based on the employee's required level of care. Once completed, a follow-up evaluation is conducted to determine the employee's readiness to return to duty. After the employee successfully completes the RTD process, the SAP enters the follow-up evaluation date into the Clearinghouse. This indicates to employers that RTD tests can be conducted. Upon receiving a negative RTD test result the employee may once again perform safety-sensitive functions.

Most recently, the FMCSA enhanced its Clearinghouse by enabling live data connections with US state Departments of Motor Vehicles, referred to as Clearinghouse II. This integration allows states to revoke or downgrade commercial driver's licenses based on real-time information of DOT violations. This change has resulted in a sense of urgency for commercial drivers with violations to successfully complete the Return-to-Duty process with a negative RTD test result to update their status in the database from prohibited to not prohibited.

**SAP Face-to-Face Remote Evaluations:** During the COVID-19 pandemic, temporary guidance permitted SAPs



to engage in remote evaluations<sup>16</sup> and was later implemented as a final rule in June 2023. Highlights of this new guidance state:

- A SAP may only use remote technology if their State-issued license or certification authorizes this procedure. SAPs follow their state-issued license or certifying body's guidance on locations where they are authorized to geographically provide services.
- Remote evaluations must allow for real-time, two-way audio and visual communication between the SAP and the employee.
- The SAP is responsible for ensuring technology used (e.g., internet speed, video clarity, platform) is of sufficient quality to effectively observe and assess verbal, non-verbal, and physical cues as they would during an in-person evaluation, as the SAP must be able to objectively evaluate the employee's characteristics through the remote platform.
- SAPs conducting remote evaluations for someone outside their local area should become familiar with qualified programs and providers in the employee's region to recommend treatment or education options.

**SAP Guidelines:** The SAP Guidelines<sup>17</sup> were updated in June 2023, providing a list of changes as a resource to all SAPs. These guidelines provide a wealth of information for SAPs.

**Back to Basics for SAPs:** ODAPC issued a series of reminders to all service agents, called Back to Basics<sup>18</sup> for Substance Abuse Professionals, including that SAPs serve as the critical gatekeeper in the return-to-duty process, with a responsibility to protect public safety through unbiased, thorough evaluations and individualized treatment recommendations. Service providers must avoid advocacy for either employee or employer and ensure that assessments, reports, and follow-up testing are conducted properly and consistently. Each case requires a tailored approach – no shortcuts, and no cookie-cutter solutions.<sup>19</sup>

### Future Trends: Fentanyl, Enhanced Testing Panel

On January 16, 2025, the Substance Abuse and Mental Health Services Administration, of the US Department of Health and Human Services revised its *Mandated Guidelines for Federal Workplace Drug Testing Programs-Authorized Testing Panel*<sup>19</sup>, adding fentanyl to the drug testing panel for all federal employees. This enhanced drug testing panel revision is effective July 7, 2025 and applies only to US federal employees at this time. It does not yet apply to DOT safety-sensitive covered employees, as the DOT will first issue a Notice of Proposed Rulemaking, including a public comment period, review the comments, and then provide a final rule. As these and similar regulations continue to evolve and new challenges emerge, SAPs and EA professionals must remain vigilant, educated<sup>20</sup>, and committed to upholding the DOT's regulations. By doing so, they not only protect the integrity of transportation systems but also play a vital role in national public safety.

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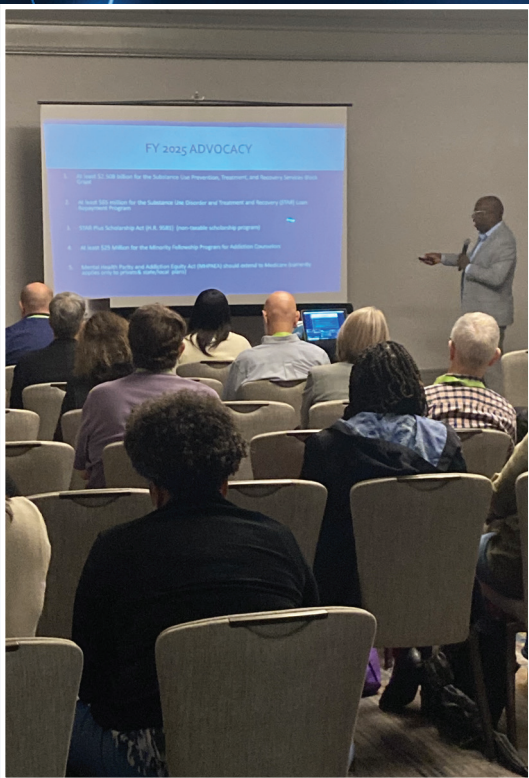
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