

HOPELAB

What DCTs need to know about AI: Ethics and applications

MIKE PATENT, PhD MBA

Principal Researcher, Hopelab



Google Gemini image. Prompt: Artificial intelligence and psychology

About me



Mike C. Parent, PhD MBA



Academia

PhD at UF, 2013 (U Akron internship)

Texas Tech 2013-2017, assistant professor

UT Austin, 2017-2023, assistant professor then tenured associate professor

100 academic pubs



Health Service Psychology

Licensed (in TX) in 2015

Board-certified in CP in 2021

Operated telehealth-based private practice 2017-2023

Director of UT ADHD/LD assessment clinic 2018-2023



Program chair

University of Texas Counseling Psychology area chair, 2021-2023



Exit from Academia to Hopelab

Left core faculty position in 2023

Principal researcher at Hopelab

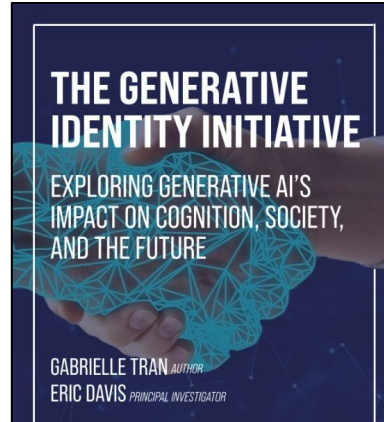
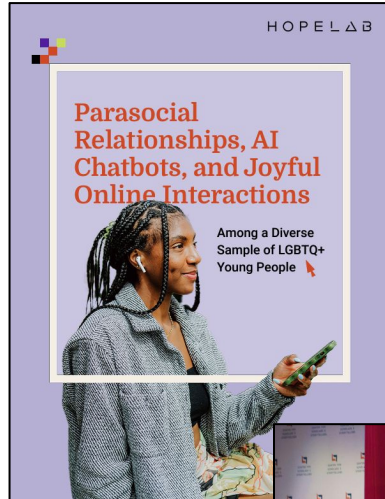
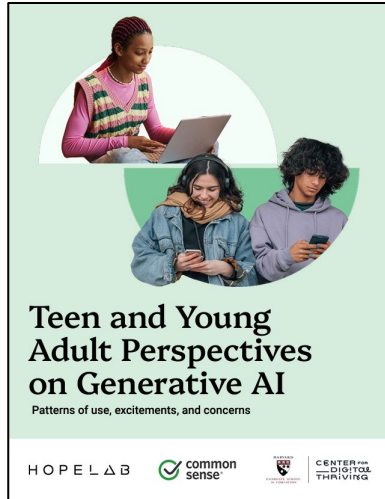
Build and maintain research collaborations

Youth, tech, health, and AI work

Startup advising



Hopelab is a transformative social innovation lab and impact investor working to support the mental well-being of adolescents ages 10-25, especially BIPOC and LGBTQ+ young people. Through philanthropic funding, collaborations, and intergenerational partnerships, Hopelab works at the intersection of tech and mental health alongside entrepreneurs, funders, researchers, and young change-makers to create systems change and build a thriving future for underserved young people.



Some recent projects

- Upcoming: Born This Way Foundation and Hopelab report on LGBTQ+ youths' experiences of kindness and community online



Agenda

Today...

1. What is AI?
2. How is AI relevant in psych?
3. AI and ethics
4. AI policies

What is AI?

What is AI?

Older definitions of AI largely focused on the development of “computer systems that could replicate human intelligence and problem-solving.”

Challenges with this definition?

What is AI?

Older definitions of AI largely focused on the development of “computer systems that could replicate human intelligence and problem-solving.”

Challenges with this definition?



Home price =
(square footage*160)+
(poolYN*20000)+
(fencedyardYN*10000)+
(remodelkitchYN*5000)

What is AI?

There is no single perfect modern definition of AI, but the common ones share:

- The process is completed by a computer system.
 - As differentiated from an organic processing system, i.e., a brain.
- The process output is aimed to not be, and in practice is not easily, reliably distinguishable from a human's output in the same scenario ('Turing test').
 - As differentiated from random or brute-force generation (e.g., 1000 monkeys).
- The AI system is trained on real data and engages in learning based on feedback.
 - As differentiated from procedural generation without data (i.e., 1000 simulated monkeys) or a regression equation.

What is AI?



Google Gemini image. Prompt: The Birth of Adam but with computers.

AI systems are designed to do a huge number of things.

We will focus here on language generation models, often called **Large Language Models** or LLMs.

There are small language models—these are small language models trained to do very specific things—e.g., translate street signs from Japanese into English. The street sign translator app does not know how to respond to a question like, 'where is the store?'—it just tells you what sign means 'hospital.'

We will also not focus here on image generation, which requires extra steps in a diffusion model to move from a language prompt to generation of an image.

Finally, we'll focus on the forms of AI we might see as TDs (and not a lot on applications such as therapy bots).

I'll focus on AI in general, not on specific tools. If people look into this in 6 months, there will be new tools, so indexing them here is not useful.

Encountering AI as a TD



Google Gemini image. Prompt: Draw an image that relates to 'training new psychologists'

First Contact: AI in grad school applications

AI can be used to write personal
statements:

ChatGPT prompt: “Write a personal statement for an application to the Counseling Psych program at the University of North Texas, to work with Joshua Hook”

Output:

I am applying for the Counseling Psychology Ph.D. program at the University of North Texas because I am deeply committed to understanding the psychological challenges that individuals face and developing effective strategies to help them thrive. My academic and professional background, combined with my personal experiences, has shaped my desire to pursue a career in counseling psychology, and I believe that the program at UNT, particularly under the mentorship of Dr. Joshua Hook, offers the ideal environment for me to grow and contribute to the field.

As a psychology undergraduate at [University Name], I developed a strong interest in the intersection of culture, identity, and mental health. **During my studies, I became particularly captivated by Dr. Hook’s work on the integration of cultural humility and social justice into counseling practice. I admire how his research emphasizes the importance of understanding diverse worldviews and experiences, and I am eager to engage with his work, which resonates with my own values of inclusivity and respect for clients’ unique life stories.**

In my previous work as a research assistant in [Lab/Research Program Name], I had the opportunity to explore topics related to identity development, cultural competence, and the role of systemic factors in shaping mental health outcomes. This experience not only strengthened my research skills but also solidified my understanding of the importance of providing culturally responsive and contextually informed care. I’ve also had the chance to collaborate with individuals from a variety of backgrounds, which has deepened my appreciation for how intersectional factors such as race, socioeconomic status, and immigration status can influence mental health and well-being.

Through my internship at [Organization/Institution], where I provided counseling services to underrepresented communities, I gained practical experience in applying counseling theories and techniques to address mental health concerns. This hands-on experience has taught me the significance of building a trusting therapeutic relationship and using evidence-based interventions while being flexible and client-centered in approach. Working with individuals navigating complex cultural and personal challenges deepened my understanding of the critical need for empathy, patience, and a commitment to ongoing self-reflection in the counseling process.

The opportunity to work with Dr. Joshua Hook excites me because of his focus on culturally responsive therapies and his research on the impact of social justice in counseling practices. I am particularly drawn to his work in addressing how experiences of oppression and marginalization influence mental health, and I would love the chance to contribute to this important research while also honing my own clinical skills under his guidance. Additionally, the diverse, inclusive, and collaborative atmosphere at UNT would provide me with the ideal environment to pursue my long-term goal of becoming a culturally competent and socially conscious counseling psychologist.

Ultimately, my goal is to work with diverse populations, especially those who face systemic barriers to mental health care, and to contribute to the development of interventions that are both empirically grounded and culturally attuned. I am excited about the prospect of joining the UNT community and collaborating with Dr. Hook and the faculty to further my academic and professional growth in the field of counseling psychology.

Thank you for considering my application. I look forward to the opportunity to contribute to and learn from the distinguished program at the University of North Texas.

ChatGPT prompt: Write a personal statement for an application to the counseling psych program at the UW-Madison, to work with Stephanie Budge

Output:

I am writing to express my deep interest in applying to the Counseling Psychology Ph.D. program at the University of Wisconsin-Madison, with the aspiration to work with Dr. Stephanie Budge. **The focus of Dr. Budge's research on LGBTQ+ mental health, identity development, and social justice deeply aligns with my passion for promoting mental well-being within marginalized communities.** I am eager to contribute to this work, further develop my clinical skills, and engage in rigorous research that can drive meaningful change in the lives of those who are underserved and often silenced.

During my undergraduate studies at [University Name], I began exploring the complex intersections between identity, culture, and mental health, specifically through my involvement in research and service learning. My experience as a volunteer at a local LGBTQ+ center allowed me to observe firsthand the mental health challenges faced by individuals navigating stigma and discrimination, as well as the transformative power of culturally competent and affirming care. This experience, paired with my academic work in psychology, has fueled my desire to pursue a career that combines clinical work with social advocacy.

In particular, **Dr. Budge's focus on the experiences of sexual and gender minority individuals speaks to my own aspirations to understand the nuanced ways in which societal marginalization affects mental health and how therapeutic interventions can promote resilience and well-being.** I was particularly drawn to Dr. Budge's research on identity development within the context of LGBTQ+ populations and the role of intersectionality in shaping mental health outcomes. I am eager to contribute to this line of research and to learn how best to support clients in navigating identity-related challenges while fostering a sense of empowerment and self-acceptance.

Throughout my experiences, I have actively sought opportunities to enhance my clinical and research skills. As a research assistant in [Lab Name], I contributed to studies examining how cultural identity impacts mental health outcomes, including factors like family dynamics, social support, and community involvement. I also worked on a project focused on mental health stigma within LGBTQ+ communities, which sparked my interest in better understanding how stigma operates at both the individual and systemic levels. These experiences solidified my desire to focus on identity and social justice as key factors in mental health and well-being.

Additionally, I have worked as a mental health intern at [Organization/Institution], where I provided counseling services to individuals from diverse backgrounds. This experience has given me a solid foundation in applying counseling theories, including Cognitive Behavioral Therapy and Person-Centered Therapy, in real-world settings. Most importantly, it has underscored the critical need for culturally competent care that takes into account the social and political factors that shape mental health. I have witnessed how affirming therapy can be transformative, especially for clients struggling with the impacts of oppression or marginalization.

I am drawn to the **University of Wisconsin-Madison because of the program's strong emphasis on integrating research, practice, and social justice, all of which are vital to my growth as a counseling psychologist.** Dr. Budge's mentorship would offer me the unique opportunity to expand my understanding of LGBTQ+ mental health, while also gaining hands-on experience in counseling under a framework of inclusivity and cultural humility. I believe that UW-Madison's collaborative environment and commitment to advancing equity in psychology would provide an ideal foundation for my professional and academic development.

Ultimately, my goal is to become a counseling psychologist who can make a significant impact on LGBTQ+ communities and other marginalized groups by providing compassionate care that recognizes the complexities of identity and social justice. I am confident that the rigorous training at UW-Madison, coupled with the opportunity to work with Dr. Budge, will allow me to achieve this goal and to contribute meaningfully to the field.

Thank you for considering my application. I look forward to the opportunity to join the UW-Madison community and to further develop as a clinician and scholar under Dr. Budge's mentorship.

Distillation of Research

AI can be used to effectively summarize articles

The (hopefully) most obvious application of this is being able to generate quick summaries of papers for ourselves, so we can have a grasp of the entire paper before we read it.

But, this can also be used to replace human work on class assignments focused on research.

I'll illustrate with two examples.

Distillation of Research

AI can be used to generate summaries of research

Hammer, J. H., Vogel, D. L., Grzanka, P. R., Kim, N., Keum, B. T., Adams, C., & Wilson, S. A. (2024). The integrated behavioral model of mental health help seeking (IBM-HS): A health services utilization theory of planned behavior for accessing care. *Journal of Counseling Psychology*.

Wilcox, M. M., Pérez-Rojas, A. E., Marks, L. R., Reynolds, A. L., Suh, H. N., Flores, L. Y., ... & Miller, M. J. (2024). Structural competencies: Re-grounding counseling psychology in antiracist and decolonial praxis. *The Counseling Psychologist*, 52(4), 650-691.

Summaries by **SciSummary** and **Coral AI**:

Summary of the Integrated Behavioral Model of Mental Health Help Seeking (IBM-HS) by SciSummary

Development of UE-MH-HSI

This research paper details the development and psychometric evaluation of the Undergraduate Engineering Mental Health Help-Seeking Instrument (UE-MH-HSI), a comprehensive survey instrument designed to identify factors that influence mental healthcare utilization among undergraduate engineering students experiencing distress.

Adaptation and Measures

The researchers followed a mixed-methods approach guided by the Integrated Behavioral Model (IBM) to adapt existing measures of mental health help-seeking intention and mechanisms (e.g., attitudes, perceived norms, personal agency), as well as to create population-specific measures of mental health help-seeking beliefs. First, they adapted existing measures to ensure consistency with their definition of mental health help-seeking behavior as "seeking help from a mental health professional within the next three months if experiencing a serious mental health concern." Psychometric analyses indicated that these adapted measures demonstrated unidimensionality, internal consistency, construct replicability, and sufficient variability.

Qualitative Interviews and Beliefs Assessment

Next, the researchers conducted qualitative interviews with 33 undergraduate engineering students to elicit salient beliefs about mental health help seeking. They then used this qualitative data to develop new self-report measures assessing five types of mental health help-seeking beliefs: outcome beliefs, experiential beliefs, beliefs about others' expectations, beliefs about others' behavior, and beliefs about barriers and facilitators. Psychometric testing provided evidence of variability and convergent validity for these belief measures, suggesting they appropriately assess the constructs they were designed to measure and can be used to identify key targets for intervention.

Comprehensive Instrument for Investigation

Together, the UE-MH-HSI provides a comprehensive, theory-driven instrument battery for investigating mental health help-seeking factors and their relationship to help-seeking behavior, well-being, academic success, and engineering identity formation among undergraduate engineering students. The researchers provide guidelines for the appropriate use of the instrument, and outline plans for further refinement and validation to enhance its utility across diverse institutional contexts and sociodemographic groups of engineering students.

Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis

Overview. The article "Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis," authored by Melanie M. Wilcox et al., emphasizes the urgent need for counseling psychology to transition from an individualistic approach to a structural one in addressing anti-Black racism and white supremacy. This framework seeks to enhance the discipline's commitment to social justice by integrating a structural competencies model into all facets of practice, education, and research.

Key Concepts

Structural Competencies Model: This model emphasizes understanding how social, political, and economic structures influence health outcomes and psychological well-being, particularly in the context of anti-Black racism.

Cultural vs. Structural Approaches: Traditional cultural approaches focus on individual differences, while the proposed structural model seeks to address systemic factors that contribute to mental health issues, advocating for a deeper understanding of how these structures perpetuate suffering in marginalized communities.

Historical Context

The authors argue that anti-Blackness is deeply embedded in the systems of the United States, affecting both individual experiences and broader societal outcomes. They assert that addressing these issues requires a paradigm shift in counseling psychology, moving away from an individualized focus that has often blamed marginalized individuals for their circumstances.

Structural Competencies Model. The model consists of five core principles:

Recognizing Structures: Understanding the systemic determinants that shape clinical interactions.

Extra-Clinical Language: Developing a language that articulates structural issues impacting health and well-being.

Rearticulating Cultural Presentations: Framing cultural expressions in terms of structural factors.

Imagining Structural Interventions: Envisioning interventions that address systemic issues rather than individual symptoms.

Developing Structural Humility: Cultivating awareness of one's position within these structures.

Implications for Counseling Psychology

Psychological Assessment. The article highlights the historical role of psychological assessments in perpetuating racism and emphasizes the need for assessments that account for structural factors affecting clients. For example, understanding that a client's anxiety may be rooted in socio-economic disparities rather than inherent deficiencies

Psychotherapy. In therapeutic settings, the authors advocate for a structural competencies approach that allows therapists to address clients' concerns within the context of systemic oppression. This includes fostering critical consciousness among clients regarding their circumstances and the societal structures that contribute to their struggles.

Vocational Psychology. The authors argue that traditional vocational theories often overlook structural barriers faced by individuals from marginalized backgrounds. A structural competencies perspective would encourage vocational psychologists to consider socio-economic challenges and systemic inequities when supporting clients.

Prevention and Advocacy. The article underscores the importance of prevention work in counseling psychology, advocating for systemic change to address the root causes of mental health issues rather than solely focusing on individual treatments.

Education and Training. To implement these structural competencies, the authors call for a radical transformation in training programs for counseling psychologists. This includes:

Integrating Structural Competencies into Curriculum: Training programs must incorporate structural analyses into all aspects of education and supervision.

Addressing Miseducation: Many trainees enter programs without adequate understanding of systemic racism and its impact on mental health, highlighting the need for comprehensive education on these topics.

Conclusion. The authors conclude that for counseling psychology to effectively combat anti-Black racism and white supremacy, it must adopt a structural competency model that emphasizes systemic change. By addressing the underlying structures that contribute to individual and community suffering, the discipline can move towards a more equitable and just practice.

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Key Concepts

Structural Competencies Model: This model emphasizes understanding how social, political, and economic structures influence health outcomes and psychological well-being, particularly in the context of anti-Black racism.

Cultural vs. Structural Approaches: Traditional cultural approaches contribute to mental health issues, advocating for a deeper understanding of cultural contexts.

Historical Context

The authors argue that anti-Blackness is deeply embedded in the history of the United States, and addressing these issues requires a paradigm shift in counseling practices and broader societal outcomes. They assert that often blamed marginalized individuals for their

circumstances.

Structural Competencies Model. The model consists of five interconnected components:

Recognizing Structures: Understanding the systemic determinants of mental health.

Extra-Clinical Language: Developing a language that articulates systemic factors.

Reararticulating Cultural Presentations: Framing cultural experiences within a structural context.

Imagining Structural Interventions: Envisioning interventions that address systemic change.

Developing Structural Humility: Cultivating awareness of one's position within systemic structures.

Implications for Counseling Psychology

Psychological Assessment. The article highlights the historical emphasis on individual deficits rather than systemic factors affecting clients. For example, understanding

Psychotherapy. In therapeutic settings, the authors advocate for a structural approach to address systemic oppression. This includes fostering critical consciousness and

Vocational Psychology. The authors argue that traditional vocational psychology perspectives would encourage vocational psychology

Prevention and Advocacy. The article underscores the importance of addressing mental health issues rather than solely focusing on individual treatment.

Education and Training. To implement these structural competencies, training programs must incorporate structural analyses into all aspects of education and supervision 25.

Integrating Structural Competencies into Curriculum: Addressing Miseducation: Many trainees enter programs without adequate understanding of systemic racism and its impact on mental health, highlighting the need for comprehensive education on these topics.

Conclusion. The authors conclude that for counseling psychology to effectively combat anti-Black racism and white supremacy, it must adopt a structural competency model that emphasizes systemic change. By addressing the underlying structures that contribute to individual and community suffering, the discipline can move towards a more equitable and just practice.

This is fine for outlines of the paper to help in reading it faster.

But let's change the prompt from the default of

"Write a comprehensive, detailed summary with beautiful formatting" to

"Write a brief, 2 paragraph summary" To simulate a written summary of the paper.

structural model seeks to address systemic factors that affect marginalized communities.

often blamed marginalized individuals for their

emphasizes the need for assessments that account for systemic factors rather than inherent deficiencies. They assert that often blamed marginalized individuals for their

individuals from marginalized backgrounds. A structural competency model seeks to address systemic change to address the root causes of mental health issues when supporting clients 19.

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programs for counseling psychologists. This includes:

of education and supervision 25.

Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis

The article "Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis" emphasizes the urgent need for counseling psychology to transition from an individualistic approach to a structural one in order to effectively address systemic issues such as anti-Black racism and white supremacy. The authors argue that existing frameworks, like multicultural counseling competencies (MCC), have not sufficiently integrated social justice and structural analysis into practice. They propose the adoption of a structural competencies model, which draws from medical literature, to understand how individual and community outcomes are influenced by broader social determinants of health. This model aims to inform all aspects of counseling psychology, including assessment, psychotherapy, vocational psychology, and research, advocating for a more holistic understanding of clients' experiences within oppressive systems.

The authors illustrate their argument through a hypothetical case study of a Black transman, Jay, who faces multiple intersecting oppressions that affect his mental health and career development. They outline how a structural competencies approach can reshape psychological assessment and therapy by focusing on the systemic factors contributing to Jay's distress, rather than solely on individual pathology. This approach includes recognizing the impact of historical and contemporary racism, economic marginalization, and social structures on mental health. The paper concludes by calling for significant changes in counseling psychology education and training, urging programs to incorporate structural competencies into their curricula to promote a more equitable and just practice.

Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis

The article "Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis" emphasizes the urgent need for counseling psychology to transition from an individualistic approach to a structural one in order to effectively address systemic issues such as anti-Black racism and white supremacy. The authors argue that existing frameworks, like (C), have not sufficiently integrated a structural competencies model, which draws from medical literature, broader social determinants of health assessment, psychotherapy, vocational clients' experiences within oppressive

The authors illustrate their argument multiple intersecting oppressions the structural competencies approach can systemic factors contributing to Jay's recognizing the impact of historical a mental health. The paper concludes by calling for significant changes in counseling training, urging programs to incorporate structural competencies into their curriculum and just practice.

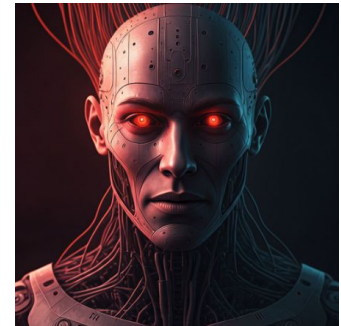
Little better.

But let's change the prompt to:

"Write a 2 paragraph summary that includes personal reflection and critiques."

And hold onto your hats.

ity outcomes are influenced by counseling psychology, including for a more holistic understanding of



Google Gemini image. Prompt: Generate an image of scary AI

Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis

The article "Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis" emphasizes the urgent need for counseling psychology to transition from an individualistic approach to one that recognizes the structural determinants of health, specifically in addressing anti-Black racism and white supremacy. The authors advocate for a structural competencies model that integrates insights from medical literature into counseling psychology, calling for the discipline to deeply understand how systemic oppression shapes individual experiences and outcomes. They argue that existing models, while valuable, often fail to adequately address systemic factors and instead focus on cultural differences, thus perpetuating a narrow understanding of mental health issues. The hypothetical case of a Black transman named Jay illustrates how structural factors, such as economic marginalization and historical trauma, impact mental health, advocating for a more comprehensive framework that includes advocacy for systemic change alongside individual therapeutic interventions.

Reflecting on this article, I find the call for a structural competencies model both timely and necessary, particularly in light of ongoing socioeconomic disparities and systemic injustices that affect marginalized communities. However, I critique the article for potentially underestimating the challenges of implementing such a comprehensive model within existing educational and clinical frameworks. While the authors provide compelling arguments for rethinking counseling practices, they do not fully address how entrenched individualistic paradigms and the resistance from established systems may impede the integration of structural competencies into training programs. Additionally, the document could benefit from more specific examples of successful implementation strategies for training programs, as practical guidance would enhance the feasibility of adopting this transformative approach.

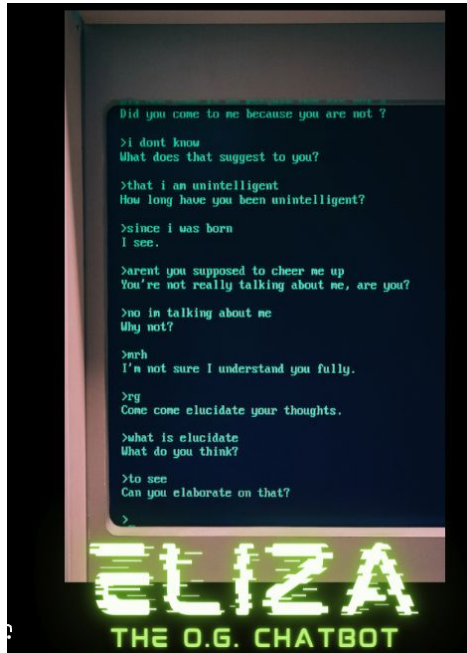
Simplification of Routine Research

AI can be used to write code

This is a special risk for stats classes, but also to make sure students understand what they are doing in statistical modeling.

But, ChatGPT can write decent R code.

AI therapy bots



AI bots are increasingly being used for providing mental health support

AI is increasingly being used to provide mental health support, ranging from bots that provide general emotional support to bots programmed to do CBT.

These are advanced LLMs, NOT the old basic language models that could run on a graphing calculator.

Contrary to some assumptions, chatbots have been rated as **more** empathic, **better** at taking perspective, and **better** at offering interventions to support and foster change rather than give advice, than human therapists (**generally in limited lab studies**; e.g., Yonatan-Leus & Brukner, 2024).

We aren't going to spend time on this today, except to note that our training programs are generally not preparing students to enter the field aware of what these programs are, and our graduates are not having enough influence in the development of these.

SECTION SUBTITLE

AI and Ethics

AI and Ethics

01 Clinical notes

02 Academic honesty

03 Broader ethics

Clinical Notes

AI is increasingly being used to write clinical notes

There are dedicated, HIPPA-compliant, software packages to do this (that usually cost money).

Some people have seen using chatgpt and other general LLMs to write notes.

ChatGPT input prompt:

change these bullet points into a SOAP note: client was on time for session, client says they are doing ok since last session, said they are still having emotional distress because of the breakup that brought them into therapy, we worked on emotion regulation skills, we set an appointment for next week wed at 2pm

ChatGPT said:

Here's how the information could be structured in a SOAP note:

S (Subjective):

The client was on time for the session and reports feeling "ok" since the last meeting. However, they mention continued emotional distress related to the breakup that brought them into therapy. The client expressed that the breakup is still a significant source of emotional discomfort.

O (Objective):

The client was punctual and engaged throughout the session. There were no notable changes in behavior, and they appeared to be emotionally stable, though they did express some ongoing distress related to the breakup.

A (Assessment):

The client is still experiencing emotional distress, which is consistent with the reason they sought therapy. We worked on emotion regulation skills to help them manage these ongoing feelings and improve coping strategies.

P (Plan):

Continue working on emotion regulation techniques to address the emotional distress. The next session is scheduled for Wednesday at 2:00 PM next week.

ChatGPT input prompt:

change these bullet points into a SOAP note: client was on time for session client says they are doing ok since last session, said they are still having emotional distress because of the breakup that brought them into therapy we worked on emotion regulation skills we set an appointment for next week wed at 2pm

ChatGPT said:

Here's how the information could be structured in

S (Subjective):

The client was on time for the session and reports a breakup that brought them into therapy. The client

Let's say supervisor says, 'you need to pay more attention to cultural context'...

continued emotional distress related to the emotional discomfort.

O (Objective):

The client was punctual and engaged throughout the session, though they did express some ongoing distress re

(Let's be clear that I'm not saying this is a good idea—this is a cautionary tale)

and they appeared to be emotionally stable,

A (Assessment):

The client is still experiencing emotional distress, but we worked on emotion regulation skills to help them manage these ongoing feelings and improve

worked on emotion regulation skills to help

P (Plan):

Continue working on emotion regulation techniques to address the emotional distress. The next session is scheduled for Wednesday at 2:00 PM next week.

ChatGPT input prompt:

add in something about diversity, client is Black

ChatGPT said:

Here's an updated version of the SOAP note with the inclusion of diversity considerations:

S (Subjective):

The client was on time for the session and reports feeling "ok" since the last meeting. However, they mention continued emotional distress related to the breakup that brought them into therapy. The client expressed that the breakup remains a significant source of emotional discomfort. They also noted the added challenge of managing these emotions in the context of their identity as a Black individual, feeling that their emotional experience might not always be fully understood or supported by those around them.

O (Objective):

The client was punctual and engaged throughout the session. They appeared emotionally stable but expressed ongoing distress related to the breakup. The client's experience of emotional distress seemed compounded by challenges related to navigating their emotions within a cultural context that may not always validate or acknowledge their lived experiences as a Black individual.

A (Assessment):

The client is still experiencing emotional distress related to the breakup, and their unique cultural and identity-related stressors seem to play a role in this emotional experience. We continued to focus on emotion regulation skills to help them manage their feelings, acknowledging the impact of their identity and cultural factors in their emotional process.

P (Plan):

Continue to work on emotion regulation techniques to help the client navigate emotional distress in a culturally sensitive manner. Incorporate exploration of how their identity as a Black individual may influence their emotional experience. The next session is scheduled for Wednesday at 2:00 PM next week.

ChatGPT input prompt:

incorporate into the soap note that the client is lesbian

ChatGPT said:

Here's an updated version of the SOAP note with the inclusion of the client's sexual orientation:

S (Subjective):

The client was on time for the session and reports feeling "ok" since the last meeting. However, they mentioned continued emotional distress related to the breakup that brought them into therapy. The client expressed that the breakup remains a significant source of emotional discomfort. They also shared that navigating this distress as a lesbian woman has added a layer of complexity, particularly in relation to the support they receive from their community. The client noted feeling somewhat isolated in their emotional experience, as they feel that their identity—both as a Black individual and as a lesbian—can sometimes make it difficult for others to fully understand their challenges.

O (Objective):

The client was punctual and engaged throughout the session. They appeared emotionally stable but expressed ongoing distress related to the breakup. The client demonstrated some awareness of how their intersecting identities (Black and lesbian) shape their emotional experiences and the ways they seek support.

A (Assessment):

The client continues to experience emotional distress due to the breakup, and the intersection of their racial and sexual identities appears to impact how they process and navigate this distress. This dual layer of identity-related stress may contribute to feelings of isolation and misunderstanding. Emotion regulation skills remain a key focus to help the client manage their emotions, with additional attention given to how their identity influences their emotional experience.

P (Plan):

Continue to work on emotion regulation techniques while considering the client's intersectional identity. Explore how their experiences as a Black lesbian impact their emotional expression and support systems. The next session is scheduled for Wednesday at 2:00 PM next week.

Clinical Notes

AI is increasingly being used to write clinical notes

Most LLMs do not use standard input as direct base training data. If they did, they would get enormous amounts of garbage input that would damage of the models.

But, it is not always the case that inputs are kept HIPPA-compliant.

Some models will retain the inputs and outputs for sorting, to use in training.

Unless the software is explicitly compliant, it should be assumed to not be.

Academic Honesty

The research paper summaries provide two examples of academic integrity issues.

There are more. LLMs are not limited to manipulating inputs to produce summaries. A request for “Generate 1000 words comparing and contrasting CBT and ACT” produces a coherent, ok essay (it even, without prompting, included info on diversity and equity). I linked the one I generated here:



Broader Ethics

AI requires enormous energy inputs

A typical Google search uses 0.3 watt-hours Wh of electricity, whereas a single ChatGPT request uses 2.9 Wh of electricity.

Image generation uses up to 500 full phone charges equivalent of energy to make one image.

ChatGPT's daily power usage is nearly equal to 180,000 U.S. households.

AI data centers have enormous physical footprints.

Broader Ethics

AI therapy bots have ethical issues

Therapy bots are trained on data, and the input data may be flawed.

E.g., the modal client is cisgender. So, basic LLMs may start to misgender a trans client, because they are making the most-likely correct output.

There are concerns about this, but basic problems are easily solved (e.g., adversarial AIs can prevent misgendering).

AI bots are generally used to scale service. But scaled service remains profitable by retaining customers, not having people get better.

AI Policies

Admission Policies

You will be getting grad school applications written by AI.

The AI-written applications will NOT all be the same just because they are written in AI.

AI models have start values (“seeds”) for each run that produce variance in the output.

The applications will be, generally, amalgamations of sample statements available online. One could argue this isn’t a lot different from just using those to write one.

Statements should not be seen as evidence of writing quality.

The AI-generated essays also veer toward being flattering, so faculty may want to introspect to reduce risk of being susceptible to AI-generated flattery.

Use of prior experience as the main qualifier may be helpful.

Because the AI bots can make up experience, reading reference letters in full (and writing very detailed ones, for your students) may be more important.

Clinical Policies

Because AI may not be HIPPA-compliant, AI for notes may not be reasonable to allow.

Most LLMs do not use standard input as base training data. If they did, they would get enormous amounts of garbage input that would damage of the models.

But, it is not always the case that inputs are kept HIPPA-compliant and unless the software is explicitly compliant (which is generally not free), it should be assumed to not be.

Blocking LLMs on your clinic computers may be helpful, and at least complicate the process of using AI to write clinical notes when the note system is not remotely-accessible.

Research Policies

Journals vary in their acceptance of AI-written output, with policies ranging from requiring it to be disclosed to not allowing it.

Labs should have ultra-clear policies on the use of AI to write material that will become theses, dissertations, presentations, and publications.

LLMs do not have plagiarism safeguards, and faculty may start to run everything written by students through plagiarism detection software.

This is time-consuming, but better than a valid plagiarism case!

However, the main problem with AI is not direct plagiarism (most models don't make output that would be the simplest kind of plagiarism that can be detected with tools like TurnItIn).

The main problem is using these tools instead of developing the skills needed to be a psychologist.

Classroom Policies



Check with your university on AI-related policies, including penalties for suspected AI use.

There is no way to prove written course material was written by AI if you suspect it.

Even seemingly 'complex' assignments can be largely completed using AI.

E.g., I asked it to compare two major theories in body image (scan the QR code for the output), and the generated essay is mostly fine (it is light on citations and the citation for the first theory is not the best one).

Faculty may need to reconsider the ways in which written assignments are completed.

Only in-class, supervised written assignments can be assured to not be written with AI.*

Implementing AI-proof assignments may require extensive course rework, such as flipping basic classes. It may also require understanding and buy-in from all faculty to implement.

*Bear in mind that in-class assignments would also need to meet any accommodations, eg extended time, for students with accommodations, and we get into an equity issue of access to testing for conditions warranting accommodations.

Training Policies

Psychology is desperately behind the curve on tech.

We are already behind on preparing students for telehealth use, generally.

Programs can have one person who is the Subject Matter Expert in AI to help guide the program, or bring in external speakers on the topic.

Students should not be leaving programs unaware of, or left entirely to their own devices to learn about, the use of AI in the profession.

Therapy bots are used to scale mental health services. The goals of scaling do not always align with goals for good treatment (do they help people feel better, or get better?).

Contact

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I am available to zoom into class meetings to talk about careers in academia, private practice, and industry (part of my job at HL, so there is no honorarium asked for!)

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