

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from Upheal

The Augmented Practice: Using AI for Clinical Growth and Deeper Human Connection

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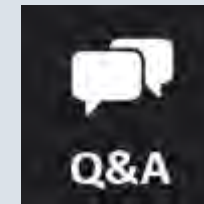
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Ted Faneuff

PRESENTER

- Ted Faneuff, LCSW
 - *Head of Clinical Operations, Upheal*

The Shifting Landscape & Today's Agenda

- **The Urgency of Now:** Rising prevalence and \$6T projected economic burden by 2030.
- **AI for Self-Supervision:** A framework for clinical growth.
- **The Presence Dividend:** Reinvesting saved time into the therapeutic alliance.
- **Modality-Specific AI:** Enhancing CBT, DBT, and Psychodynamic approaches.
- **The 21st-Century Therapist:** New competencies for a new era.
- **Ethical Imperatives:** Responsible and effective integration.

The Primary Driver of Burnout/Moral Injury

- Clinicians face a crisis of burnout, largely driven by administrative overload. (Pavuluri et al., 2024)
- Tasks like documentation, billing, and scheduling consume a significant portion of the workday, detracting from direct client care. (Fischer et al., 2025)
- This administrative burden is a primary source of emotional fatigue and a barrier to accessible care.

Reclaiming Time, Reinvesting in Presence

- AI-powered documentation and practice management can save significant administrative time. (Yilmaz & Başterzi, 2024)
- This reclaimed time creates a "**Presence Dividend.**"
 - **1st Order Effect:** *Task automation (e.g., notes).*
 - **2nd Order Effect:** *Reduced administrative stress & cognitive load.*
 - **3rd Order Effect:** *More focused, attuned, and deeply present clinicians during sessions.*
- **Result:** A stronger therapeutic alliance, a key predictor of positive outcomes. AI becomes a tool to *preserve* the human element.

AI-Powered Analytics for Professional Growth

- AI platforms can analyze session transcripts to provide objective data on in-session behaviors.
- **Metrics Include:**
 - *Talk-time ratio (therapist vs. client)*
 - *Use of specific interventions (e.g., open-ended questions, reflections)*
 - *Adherence to therapeutic models (CBT, MI)*
 - *Relational quality metrics (e.g., empathy, collaboration)*
- This provides a form of "**self-supervision**" to identify personal patterns and refine techniques. (Cioffi et al., 2024)

Human Mentor + AI Mirror: The Best of Both Worlds

- Research suggests AI might provide supervisory feedback as highly rated as human supervisors, especially on professional orientation. (Sheperis & Sadeh-Sharvit, 2023)
- However, human supervisors excel at identifying specific areas for improvement and providing relational support.
- **The Blended Model:**
 - ***AI (The Objective Mirror):*** Provides the quantitative "what" of the session.
 - ***Human Supervisor (The Relational Mentor):*** Explores the qualitative "why," including countertransference, context, and clinical wisdom.
- AI data becomes the starting point for a richer, deeper supervisory dialogue.

The Alliance Paradox: Patient Perceptions of AI

- A common fear is that AI will feel cold and erode the therapeutic relationship. (Babu & Joseph, 2024)
- **The "Alliance Paradox":** For many users, the *absence* of a human is a key benefit. (Minerva & Giubilini, 2023)
- **Why?**
 - **Reduced Stigma:** *AI is perceived as non-judgmental, encouraging more candid disclosure.*
 - **Constant Availability:** *24/7 access fosters a unique sense of safety and reliability although does create some ethical concerns*
- The **Digital Therapeutic Alliance (DTA)** is a different construct, built on accessibility and non-judgment, not just empathy. (Tong et al., 2022)

Navigating the Human-AI-Client Triad

- When AI is used in-session (e.g., a live scribe), it creates a new dynamic: the "**Artificial Third.**"
- This can impact client privacy and the therapist's focus.
- **The Solution: Radical Transparency & Informed Consent**
 - *Clearly explain what the tool is, what it does, and why you're using it.*
 - *Detail data security and privacy measures (HIPAA, BAA).*
 - *Emphasize the client's right to opt-out at any time.*
- This transforms the AI from an intrusive observer into a transparent, agreed-upon tool.

AI in Cognitive Behavioral Therapy (CBT)

- **High Fit:** CBT's structured, skills-based nature aligns well with AI. (Vanhée et al., 2025; Jiang et al., 2024)
- **Applications:**
 - **Identifying Cognitive Distortions:** AI analyzes journals to flag patterns like catastrophizing or all-or-nothing thinking.
 - **Personalizing Homework:** Suggests relevant exercises based on session content (e.g., behavioral activation, thought records).
 - **Interactive Skill-Building:** AI can act as a role-playing partner for guided discovery and Socratic questioning.
- **Caveat:** The clinician's judgment is essential to validate AI insights and ensure interventions are appropriate.

AI in Dialectical Behavior Therapy (DBT)

- **Moderate-High Fit:** Excellent for skills generalization and data tracking.
- **Applications:**
 - **24/7 Skills Coaching:** *AI chatbots provide "always-on" access to crisis survival skills (e.g., TIPP, STOP).*
 - **Intelligent Diary Cards:** *AI analyzes digital diary cards to reveal patterns, triggers, and skills use effectiveness.*
 - **Skills Reinforcement:** *Interactive lessons on Mindfulness, Distress Tolerance, etc.*
- **Caveat:** Cannot replace the validation, dialectics, or consultation team functions of comprehensive DBT. Risk of over-reliance on prompts.

AI in Psychodynamic Therapy: A Contentious Frontier

- **Low/Experimental Fit:** AI cannot access unconscious material, feel empathy, or use countertransference.
- **Emerging Applications:**
 - ***Analyzing Relational Patterns:** AI can analyze transcripts for recurring linguistic themes or defensive operations.*
 - ***"AI Transference":** The most valuable application. How a client relates to the AI (e.g., as an ideal non-judgmental object, a rescuer) provides rich data.*
- **The Clinical Strategy:** The client's relationship with the AI becomes "grist for the mill," explored within the safety of the human therapeutic relationship to understand core attachment patterns.

New Competencies for an Augmented Practice

- **Digital Literacy:** Understanding how AI works, its strengths, and its limitations (e.g., "hallucinations," bias).
- **Ethical-Technical Evaluation:** The ability to vet AI vendors for:
 - *HIPAA Compliance & BAAs*
 - *Data security protocols*
 - *Algorithmic bias*
- **Interdisciplinary Collaboration:** Working with data scientists and engineers to ensure future tools are clinically sound, ethical, and effective. The psychologist must be an active collaborator, not a passive user.

The Ethical Imperative: You are the Final Clinical Authority

- The APA's core principle: **AI augments, it does not replace, professional judgment.**
- The clinician is **always** the final authority and is 100% responsible for validating and approving all AI-generated content.
- This includes reviewing every note, verifying every insight, and making the final clinical decision.
- **Liability rests with the clinician, not the algorithm.**

Due Diligence Before You Adopt

- **HIPAA & BAA:** Is the tool fully HIPAA compliant? Will you sign a Business Associate Agreement?
- **Data Usage:** Is my clients' data used to train your model? Is there a clear opt-out?
- **Bias Mitigation:** What steps have you taken to identify and reduce algorithmic bias in your training data?
- **Clinical Validity:** Is there peer-reviewed research supporting your tool's accuracy and effectiveness?
- **Clinician Control:** Can I review, fully edit, and approve ALL outputs before they are finalized?

Synthesis and Future Outlook

- AI's greatest potential is creating the **Augmented Therapist**, handling structured tasks to free up the clinician for human ones.
- This yields the "**Presence Dividend**," enhancing the therapeutic alliance.
- The future is a shift from using multidisciplinary *tools* to building **interdisciplinary *partnerships***.
- Psychologists have a critical role in actively shaping the development of ethical, effective, and equitable AI to ensure technology always serves to deepen the human connection in therapy.

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AUDIENCE Q&A

FINAL THOUGHTS

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