

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from Upheal

AI in Mental Health: Part 2 – AI in Clinical Decision-Making

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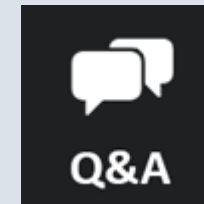
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Leila Anderson

PRESENTER

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Leila Anderson is a systemic therapist, supervisor, and Sr. Clinical AI Product Manager at Upheal whose practice is at the intersection of clinical rigor, ethics, and emerging mental health technology. She brings over a decade of experience across residential, correctional, psychiatric, and community-based settings, with specializations in complex trauma, shame, and high-acuity clinical presentations. Her therapeutic approach integrates IFS, EMDR, and DBT, with particular emphasis on self-of-the-therapist work and ethical decision-making. Leila serves on the TAMFT board of directors and speaks regularly at state and national conferences.

Today's Agenda

- **The Clinical Reality** — how AI is already shaping clinical decisions
- **A Decision-Support Framework** — where AI can support judgment, and where it can't
- **Decision-Level Risks** — automation bias, fabrication, bias, and deskillling
- **Ethics, Privacy & Law** — consent, PHI, and evaluating any tool
- **Practical Next Steps** — putting it into practice, carefully

SETTING THE STAGE

The Clinical Reality

AI Is (Probably) Already in Your Workflow

- **More than half of psychologists** have experimented with AI tools in the past year (APA Practitioner Pulse, 2025).
- **It arrived primarily through documentation** — ambient note-takers draft notes, summarize sessions, and surface themes, and what they highlight can shape what you notice and act on.
- **The tools still can't vouch for themselves** — APA's 2025 health advisory notes they lack the evidence and regulation to ensure safety, so your oversight is what makes them safe to rely on.
- Any steps toward safe and ethical use start with openness and clarity into what clinical AI is and how it's being used.

Sources: APA (2025) Practitioner Pulse Survey; APA (2025) Health Advisory.

The Profession Is Catching Up: APA 2025

APA's June 2025 Ethical Guidance applies whenever a clinician uses AI in a patient's care, including in documentation.

- **Informed consent & transparency** — patients should know when AI tools are used in their care.
- **Bias awareness** — account for how AI can mislead and perform unevenly across populations.
- **Accountability** — the clinician remains responsible for every note and every decision.

Source: American Psychological Association (2025, June). [apa.org](https://www.apa.org)

PART 1 · THE CORE PRINCIPLE

A Decision-Support Framework

AI Is Decision Support — Not the Decision-Maker

- AI can organize information and surface patterns. However, it cannot carry clinical or legal accountability — you do.
- Used well, it can be a second opinion that sharpens your thinking; used poorly, it risks replacing vital clinical judgment
- The goal: let AI augment effort and documentation on the right tasks, and keep the decisions that define care in human hands.

Where AI Can Support — and Where It Can't

A quick way to sort clinical tasks. Treat the middle tier as “assist, then verify.”

- **Green — AI may draft or support:** summarizing notes, organizing data, surfacing themes, drafting measurable goal language to review, psychoeducation scaffolding.
- **Yellow — assist, then verify:** trajectory and risk-language analysis, conceptualization hypotheses; check every output against the source.
- **Red — clinician only:** diagnosis, risk determination, crisis response, the treatment decision, and the therapeutic relationship.

Conceptualization & Planning: Hypotheses, Not Conclusions

- **Organize, don't originate** — AI can gather scattered notes and propose hypotheses to consider; you test them against the patient.
- **Draft, then own** — it can draft measurable goal language, but the formulation and the plan remain yours.
- **Keep your own read** — form your impression before consulting any AI summary, so it augments or advances your thinking rather than replacing it.

Example: Reading the Pattern, Making the Call

An AI summary flags rising hopelessness language across a patient's last several sessions.

- **Used well** — it prompts you to return to the source notes and consider whether your risk assessment was sufficient.
- **Used poorly** — you accept or dismiss the flag without independent review.
- Same tool, opposite outcomes — the difference is whether the clinician stays in the loop.

PART 2 · GUARDING YOUR JUDGMENT

Decision-Level Risks

Automation Bias & Anchoring

- **The trap** — we over-trust a confident, fluent AI output and make decisions based on it, even when it's wrong (or more often, only partially correct).
- **Why it matters** — a polished summary can feel more authoritative than the messy session it came from.
- **The countermeasure** — form your own impression first; treat the AI's output as a second opinion. Anything that doesn't line up with your clinical judgment should be considered critically.

Fabrication, Bias & Deskillling

- **Fabrication** — AI can invent plausible clinical detail that was never in the session; never accept a claim without checking the source.
- **Algorithmic bias** — models can perform unevenly across populations; weigh validity for the patient in front of you.
- **Deskillling** — outsourcing formulation can erode your own; keep reasoning independently and use AI to extend, not replace, your thinking.

Using AI to Reduce Blind Spots — Carefully

- Used deliberately, AI is an excellent pattern recognition tool; it can surface a theme recurring across months of notes, a shift in language, or a goal that stalled.
- That can prompt useful questions for supervision and self-of-the-therapist reflection.
- It is an adjunct to consultation — never a substitute, and never a source of clinical truth on its own.

PART 3 · PROFESSIONAL OBLIGATIONS

Ethics, Privacy & Law

Your Obligations When AI Touches Care (APA 2025)

- **Be transparent** — patients are entitled to know when AI tools (for example, an AI scribe) are used in their care.
- **Account for bias** — consider how a tool may perform differently across patient populations.
- **Stay accountable** — review and correct AI output; it is never pre-rubber-stamped.
- **Consent isn't a shield** — documented consent is a starting point, not a substitute for legal or regulatory compliance. Consent should be ongoing.

Privacy, PHI & Vetting the Tool

- **Protect PHI** — use only tools with appropriate safeguards and a Business Associate Agreement; understand how session data is stored and used.
- **Vet before you adopt** — run any AI-enabled tool through the APA 2024 Companion Checklist.
- **Evaluate for** — privacy, security, evidence base, and compliance before any clinical use.

Source: APA (2024, October). Companion checklist: Evaluation of an AI-enabled clinical or administrative tool. apaservices.org

The Legal Landscape: State Laws Are Evolving

- **The rules now apply more specifically** — disclosure and documentation requirements increasingly apply when AI is used in diagnosis, treatment, or notes.
- **It varies by state and moves fast** — 36+ states introduced 70+ AI-related bills in early 2026; some restrict AI in clinical services outright.
- **Know what applies where you practice** — requirements differ by jurisdiction and are changing quarter to quarter.
- **Do your due diligence first** — confirm applicable law and consult your board, counsel, or malpractice carrier before adopting an AI tool in care.

Practical Next Steps

- **Audit where AI already touches your decisions** — make note every point where a summary or draft note informs what you do.
- **Form your impression first** — reach your own read before consulting any AI-generated summary.
- **Vet your tools** — run one through the APA Companion Checklist; confirm PHI safeguards and a BAA.
- **Check consent and law** — make sure your consent language discloses AI use, and confirm your state's rules.
- **Consult when unsure** — loop in your board, counsel, or malpractice carrier before adopting AI in care.

References

American Psychological Association. (2026). Patients are bringing AI to therapy [Chatbots & Mental Health Survey]. apa.org

American Psychological Association. (2025, December). Practitioner Pulse Survey: psychologists' use of AI. apa.org

American Psychological Association. (2025, November). Health advisory: AI and wellness apps cannot replace professional care. apa.org

American Psychological Association. (2025, June). Ethical guidance for AI in the professional practice of health service psychology. apa.org

American Psychological Association. (2024, October 15). APA's AI tool guide for practitioners. apaservices.org

American Psychological Association. (2024, October). Companion checklist: Evaluation of an AI-enabled clinical or administrative tool. apaservices.org

Rousmaniere, T., Zhang, Y., Li, X., & Shah, S. (2025). Large language models as mental health resources: Patterns of use in the United States. Practice Innovations. doi:10.1037/pri0000292

Hipgrave, L., et al. (2025). Balancing risks and benefits: clinicians' perspectives on the use of generative AI chatbots in mental healthcare. Frontiers in Digital Health, 7, 1606291.

Berman, G. (2025). Ethical AI in mental health care. ADAA Blog. adaa.org

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- Take our survey immediately after the webinar has concluded.

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