



# “IT’S HAPPENING WHETHER WE WANT IT TO OR NOT”

Ethical Implications of  
Artificial Intelligence in  
Clinical Practice

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## BRIEF INTRO

- Clinical Psychologist; Assessment and Testing Program Director
- Conducts trainings using an ethical and evidence-based lens to issues affecting our field
- Casual AI user



## ACCURACY, UTILITY, AND RISK

- No commercial support/conflicts of interest to report
- Risks of attendance are minimal- be careful about applying skills or treatments without proper training or supervision
- Professional ethics will be discussed through APA and NASW- be mindful of your own professional ethical codes and state laws
- Research and skills may not apply to all populations- limitations will be noted

## A.I. DISCLOSURE

- For demonstration purposes, some example content has been generated by AI- These will be explicitly noted and encompass less than 2% of presentation content

# LEARNING OBJECTIVES

1) Describe at least 3 updates to ethical guidelines in clinical practice related to AI

2) Connect professional ethical standards to AI technologies in respect to privacy, transparency, and equity in clinical practice

# THIS PART ONE OF A SERIES!

## Part Two

*"To AI or not to AI, that is the ethical dilemma." Ethical considerations in the most common uses for AI*

Alex Ertl, Psy.D.

Friday, August 1, 2025



## Part Three

*Collaboration with the Machine: Exploring Therapists' Role in Ethical Mental Health AI Development*

Kimberly Applewhite, Psy.D.

Friday, August 15, 2025



# AGENDA

Foundations

Privacy

Transparency

Equity



## HOW DO YOU USE A.I. IN YOUR ROLE?

- Do you use it at all?
- Administrative vs. clinical tasks?
- Tell us in the chat!



An abstract graphic featuring two thin, dark grey lines that intersect on a light grey background. One line is oriented diagonally from the top-left towards the bottom-right, while the other is oriented from the top-right towards the bottom-left. The intersection point is located in the upper-left quadrant of the image. To the right of this intersection, the word "FOUNDATIONS" is written in a bold, black, sans-serif typeface.

**FOUNDATIONS**

# THE LANDSCAPE

“A lot of people get resistant, but this is something we can’t control. It’s happening whether we want it to or not. If we’re thoughtful and strategic about how we integrate AI, we can have a real impact on lives around the world.”

- Jessica Jackson, Ph.D.

APA Monitor on Psychology, July 2023

# WHAT IS A.I.?

- No singular definition- AI is capable of a variety of tasks and outputs
- Most agree AI refers to computer systems that can perform complex tasks typically only done by human intelligence or that mimic human intelligence
- Key “behaviors” include
  - Learning
  - Decision-making
  - Predicting

# WHAT TECHNOLOGIES ARE INCLUDED?

- Any artificial system that performs tasks under varying and unpredictable circumstances without significant human oversight, or that can **learn from experience** and improve performance when exposed to data sets.
- An artificial system developed in computer software, physical hardware, or other context that solves tasks requiring human-like perception, cognition, planning, learning, communication, or physical action.
- An artificial **system designed to think or act like a human**, including cognitive architectures and neural networks.
- A set of techniques, including machine learning that is designed to **approximate a cognitive task**.
- An artificial system designed to act rationally, including **an intelligent software agent or embodied robot** that achieves goals using perception, planning, reasoning, learning, communicating, decision-making, and acting.

# HELPFUL TERMS

- **Machine Learning**- computers use data to learn and improve performance without explicit human input
  - Examples- tailored marketing, social media algorithms
- **Deep Learning**- a type of machine learning using artificial neural networks to process vast amounts of unstructured data
  - Examples- Self-driving cars, chatbots
- **Generative A.I.**- creates new content (text, images, videos) based on learned patterns from existing data
- **Learned Language Model (LLM)**- uses massive datasets of text and code to generate human-like text, answer questions, etc.
  - Examples- ChatGPT, Gemini, Claude

# COMMON USES IN MENTAL HEALTH

- Use data to help determine diagnostic characteristics
- Predict risk behaviors
- Summarize sessions/write clinical notes
- Recommend options to support treatment planning
- Research applications
- Clients interact with Chat Bots for therapy support
  - Generally trained vs. specific and monitored

# CURRENT APPLICATIONS

- Diagnosing dementia or alcoholism
- Chart reviews for insurance claims
- Reviewing heterogenous data (wearables, social media, speech, etc.) to predict risk of
  - Depression/suicide
  - Psychosis
  - PTSD

Lee et. al 2022

# THERAPY CHATBOTS

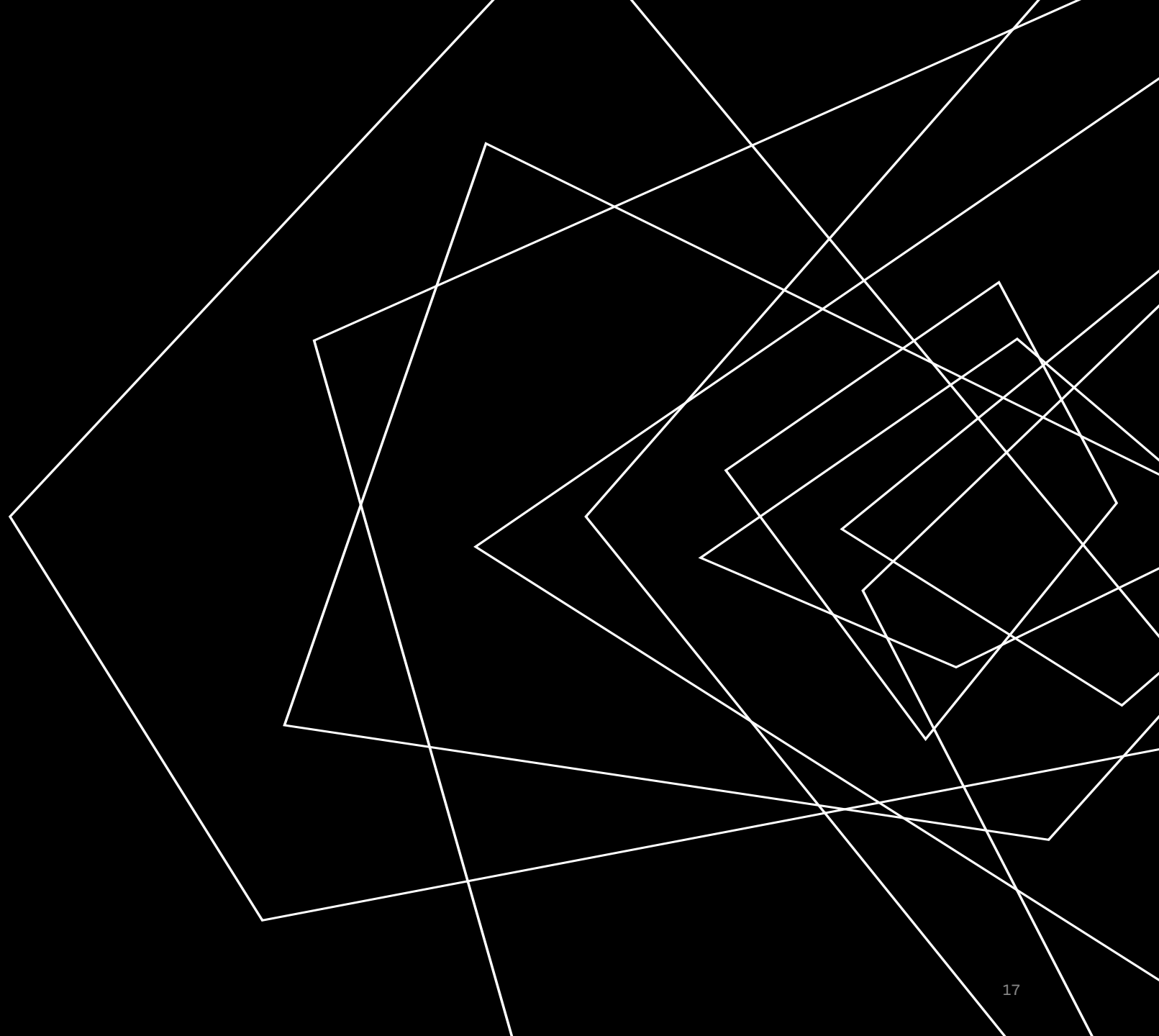
- Specifically trained for mental health (not OpenAI)
- Embodied AI- interactions like talking to a therapist
- Some efficacy
  - Reduces depression and anxiety; compared to other electronic resources like workbooks or apps
  - Avatar coaches to support schizophrenia
  - “companion” bots for dementia
  - Social coaches for autism

Fiske, et al., 2019



# WHAT ARE THE FEARS?

Share your thoughts



# CONCERNS

- Data privacy and security
- Bias
- Inaccuracies
- Overreliance on the tech
- Lack of human connection
- Harmful interactions and outputs
  - “Hallucinations”
- Our jobs will be replaced by AI bots

## A NOTE ABOUT THE ENVIRONMENT

- Training generative AI models requires a LOT of electricity
  - One study estimated equivalent of powering 120 U.S. homes for 1 year
  - 552 tons of carbon dioxide (5 cars in their lifetimes)
- Energy still needed to be used and fine-tuned
  - 7-8x typical computational power
  - ChatGPT consumes 5x more energy than basic web search
- Water needs to cool hardware
- Mining and production of hardware components

Electric Power Research Institute; MIT Technology Review

# MITIGATE ENVIRONMENTAL IMPACT

- Opt for smaller, more specialized models
  - Use judiciously
  - Craft clear, efficient prompts
- 
- Or...you don't have to use it



# ETHICAL STANDARDS RELATED TO TECHNOLOGY

# AMERICAN PSYCHOLOGICAL ASSOCIATION

- All ethical principles are important to the use of technology
- Technology has potential for both benefit and harm
- Make every effort to ensure human and civil rights are protected
- Endeavor to ensure
  - equitable access to resources available via technology
  - Tech resources are culturally sensitive and respect welfare
  - Tech is delivered with accuracy, honesty, fairness

American Psychological Association. (2025).  
Draft Review of Proposed APA Ethical Code.

# NATIONAL ASSOCIATION OF SOCIAL WORKERS

- Social workers should keep apprised of emerging technological developments that may be used in social work practice and how various ethical standards apply to them
- When using technology social workers need to
  - Have competence
  - Understand communication challenges when using tech
  - Be aware of access issues in electronic services
  - Protect confidentiality of electronic communications
  - Provide informed consent

National Association of Social Workers Code of Ethics. 2021 Highlights

# TECH MUST FIT WITHIN OUR ETHICAL DUTIES

Psychologists do not permit their use of technology to override their professional judgment or compromise their compliance with other Standards in this Code, especially in matters including, but not limited to, informed consent and confidentiality. (6.01 c)



# AWARENESS

Due to rapidly changing technologies, psychologists engage in necessary ongoing training about the technologies they use, such as online applications, data/cloud storage, software tools (e.g., recordkeeping), and biometric devices (e.g., applications, digital therapeutics). (6.01)

# ACCURACY

Psychologists make sufficient efforts to ensure that electronic technologies they use are functioning properly and analyzing data accurately. (6.01 f)

When artificial intelligence is used in any professional work (e.g., interdisciplinary settings), psychologists are responsible for the content, such as findings, recommendations, and evaluative statements. (6.02 f)

Psychologists who generate or utilize materials created by artificial intelligence are responsible for their scientific accuracy (6.02 g)

Social workers should take reasonable steps to ensure that documentation in electronic and paper records is accurate and reflects the services provided. (3.04)

## STEPS TO TAKE

- Stay informed about AI
- Continue to participate in trainings
- Don't prioritize technological advancement over other ethical responsibilities, even if it can help the client
- If using generative AI- review the content for accuracy before submitting notes, presenting data, or providing recommendations
- Remember you are ultimately responsible for your work

An abstract graphic on a light gray background. Two thin, dark gray lines intersect. One line is nearly vertical, starting from the top center and extending towards the bottom right. The other line is nearly horizontal, starting from the top left and extending towards the middle right. The word "PRIVACY" is written in a bold, black, sans-serif font, positioned to the right of the intersection point.

**PRIVACY**

# DATA ACCESS

Psychologists to the degree feasible mitigate the unique risks to confidentiality and privacy created by technology, including the risk of possible access by third parties. Psychologists use software such as encryption, firewalls, and other software/hardware to protect confidentiality. (6.03)

Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages. (1.07 m)

# DATA OWNERSHIP

Before adopting or recommending any technology that collects personal data, psychologists reasonably understand the ownership and the chain of custody of personal data created by using the technology, especially when data are handled by third parties (6.01)

## INCLUDING APPS AND TECH IN TREATMENT

Psychologists who recommend the use of digital therapeutics and other electronic software and devices provide reasonably known information concerning the limits to confidentiality, including possible access by third parties. (5.06 b)

# DOCUMENTATION

When using technology, including generative artificial intelligence, for the preparation of client/patient/recipient records, psychologists only input confidential information into secured and closed systems. (9.05)



# WHAT DO WE KNOW

- Open systems, like OpenAI, Google, Anthropic
  - Use data to train models
  - Improve user experience by analyzing interactions
  - Saves data like email address, device, IP address, location, and any information used in prompts
  - Is vulnerable to data breach
  - Vulnerable to prompt injection

## WHAT DO WE KNOW?

- HIPAA compliant platforms use the following security measures
  - Access limited to personnel whose roles require access to perform their jobs as needed
  - “level of least privilege”
  - Closed platform- not shared with open systems for training (like OpenAI)
  - Data stored separately from other clients
  - Chat history is deleted after specific time period (like 30 days)

But Still vulnerable to data breach and prompt injection

## STEPS TO TAKE

- Carefully review terms and conditions and/or service agreements to any tech that uses client data
- Continue to learn about A.I. applications in the field and how clients may be engaging in use
- Don't recommend something that you haven't reviewed yourself for the risk or verified by a trusted source
- If inputting patient data use HIPAA compliant software and a closed system

## SCENARIO 1: WHAT WOULD YOU DO?

A client shares that they regularly use ChatGPT to work through distressing thoughts or emotions between therapy sessions. Your client states that they find it helpful and even began following some advice it provided, which contradicts what you know is evidence-based. What could you say to your client?

## SCENARIO 2: WHAT WOULD YOU DO?

A client is struggling to implement skills outside of therapy sessions, so asks about potential apps to help with this. You heard a colleague recently talk about an app that they like to use –noting it has decent empirical support –but you have not researched it yourself. Do you share it with your client?

# CHECK YOURSELF

**Which of those scenarios do you think was generated by AI?**

**How can you tell?**

Answer: Scenario 1

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**TRANSPARENCY**

# INFORMED CONSENT

Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services. (1.03)



# RISK

Psychologists inform themselves about the limitations, risks, and benefits associated with the use of technologies in their work and communicate this information to relevant parties. (6.01 b)

# GENERATIVE AI DISCLOSURE FOR PRESENTATIONS

When generative artificial intelligence is used in any professional work, including workshops, seminars and other programs they present, its use must be accurately and adequately disclosed to the extent generative artificial intelligence contributed substantively to the work or affected the psychologist's exercise of professional skills or judgment. 3.03 (c)

# GENERATIVE AI DISCLOSURE FOR RESEARCH

When generative artificial intelligence is substantially used in the development of a manuscript, psychologists cite its use in the method section or other appropriate section of the manuscript.  
(7.14 c)

# INFORMED CONSENT FOR RESEARCH

As part of informed consent for research, psychologists inform participants of the risks and benefits associated with the use of technological data gathering, transmission, and storage. In addition, when appropriate, psychologists make reasonable efforts to mitigate the known or reasonably foreseeable risks associated with electronic tools and their impact on related ethical issues (e.g., confidentiality, privacy, informed consent) that arise from their use. 4.04 (i)

When using electronic technology to facilitate evaluation or research, social workers should ensure that participants provide informed consent for the use of such technology. Social workers should assess whether participants are able to use the technology and, when appropriate, offer reasonable alternatives to participate in the evaluation or research. (5.02 f)

## OTHERS' BEHAVIOR

Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues, including unethical conduct using technology. (2.10)

# REMEMBER

Using generative AI to create work without labeling it as such is **plagiarism**

## STEPS TO TAKE

- Disclose how AI is used in professional work- including to clients, trainees, reviewers, colleagues, etc.
- Limit generative AI in developing content
- Obtain client informed consent for using their data in any capacity
- Provide opt outs or alternatives for clients who do not want their data used
- Speak up when you observe other professionals misusing AI

# INFORMED CONSENT

- Include AI disclosure in intake paperwork
  - Describe what it is used for
  - Emphasize that notes are reviewed by provider for accuracy
  - State it meets HIPAA compliance standards
- Have a verbal discussion with clients
- Use plain language
- Invite feedback
- Update materials as tools change
- Opt in vs. opt out

Simple Practice



## SCENARIO 3: WHAT WOULD YOU DO?

- You learn that one of your colleagues is using generative AI to document notes, draft diagnostic impressions, and create treatment plans. When asked, they said that these documents are better quality than if they wrote them themselves, because their caseload is so high that they do not have time to write notes for their clients. What is your response?

## SCENARIO 4: WHAT WOULD YOU DO?

Your mental health clinic adopts an AI-powered note-taking platform to improve documentation efficiency across all clinicians. The software claims to be secure and HIPAA-compliant. Clinicians are told to inform clients and obtain consent through a standard form. However, some clients raise concerns about their sensitive information being processed by an AI and stored on external servers. They feel uneasy but worry that opting out may affect their care or relationship with their therapist. What could you do as a clinician?

# CHECK YOURSELF

**Which of those scenarios do you think was generated by AI?**

**How can you tell?**

Answer: Scenario 2



**EQUITY**

# MODALITY

Psychologists determine whether technology is the best modality for provision of services including consideration of diversity factors, accessibility, and usability of technology. (6.02 b)

Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services. (1.05 d)

# BIAS

Psychologists make reasonable efforts to identify, and refrain from using in the context of their professional activities, platforms that employ algorithms that perpetuate biases or target groups for biased and unfair manipulation. They make reasonable efforts to intervene when they become aware that their work is being used by others for such purposes. (6.05 h)

# DEVELOPMENT

Psychologists who develop and use analytic tools (e.g., algorithms, digital therapeutics) take reasonable steps to ensure that (1) the data are utilized in a fair and equitable manner; (2) all relevant groups are considered in the development; and (3) marginalized groups and other participants selected for group identify or other specific criteria are not exploited, misrepresented, or inaccurately portrayed. (7.08)

## ARGUMENTS FOR ACCESS

- AI tools for therapy may be more accessible for people to obtain mental health support than other treatments
  - May help identify high risk individuals
  - May help those who mistrust traditional medical system
- Individuals may be more forthcoming disclosing sensitive information with a computer system than a person
  - Important to reach people who may fear stigma
- Capacity to include data and behavior in an objective way that clinicians may dismiss or misapply their “clinical judgment”

Fiske et al., 2019



# BIAS IN AI MODELS

- Training data- Models need large datasets to train. If data disproportionately represents certain demographics or stereotyped portrayals, model can learn those biases
- Algorithmic bias- Even if data is unbiased the design and parameters of algorithms inadvertently introduce bias
- Human bias- Biases in AI reflect prejudices and cognitive biases of individuals and teams involved in developing the tech
- Generative AI bias- generate outputs that reinforce stereotypes or marginalize groups or viewpoints

## WHAT DO WE KNOW?

- AI systems are biased towards Western, predominantly male experiences
- Left-leaning political views
- Responses are not consistent
- May dismiss concerns from cultural groups
  - Calling distress from racial discrimination irrational
  - Reinforcing patriarchal gender stereotypes
  - Invalidating gender-diverse identities

# MITIGATE AI BIAS

- Balance training data
- Code in rules and guidelines to support equitable and fair output
- Screeners and filters in data post-processing
- Human oversight
- Transparency
- Regular audits

## BUT...AREN'T HUMAN THERAPISTS BIASED TOO?

- Differences in scalability
- Harder to see how AI generates its responses
- Humans still have more empathy and emotional depth in interactions
- A study comparing AI and human therapists
  - Licensed therapists responded appropriately 93% of the time; bots responded appropriately 60% of the time
  - AI severely discriminates against certain mental health conditions more than human therapists
  - Human therapists handled suicidality way better
  - AI encouraged delusional thinking and poor treatments

Moore, et. al, 2025

## SCENARIO 4: WHAT WOULD YOU DO?

You discover that one of your publications has been misrepresented in another professional's blog post. Upon reviewing the citation, you realize that the ideas have been distorted or oversimplified in ways that could mislead readers about the original findings.

Concerned about the potential for misinformation, you reach out to the author of the content. The author responds that they used an AI tool to gather resources and summarize them and were unaware that the summary misrepresented the original work. They defend the use of AI as efficient and common, expressing surprise that the citation could be considered unethical if AI generated it. What would you say?

## SCENARIO 5: WHAT WOULD YOU DO?

You try a new AI-assisted clinical decision support tool that helps generate treatment suggestions, flag risk factors, and provide diagnostic input based on client notes and history. The tool is marketed as evidence-based and designed to enhance clinical judgment—not replace it. After a session you input information about a new client: a young Black male who presents with agitation, difficulty trusting others, and past trauma related to police interactions. The AI system generates a high-risk flag for potential aggression and suggests a diagnosis of antisocial personality disorder. You feel uneasy about the suggestion, as the client has shown signs of complex PTSD and has not demonstrated any behavior that would support such a diagnosis. What do you do?

# CHECK YOURSELF

**Which of those scenarios do you think was generated by AI?**

**How can you tell?**

Answer: They both are. I  
got tired

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# SUMMARY



# ETHICS OF AI

- Protect client privacy and confidentiality
- Be skeptical and question generative AI output
- Never just accept an output without checking it for accuracy first
- Note potential biases and research potential for bias for AI technology used
- Keep the environment in mind
- You may not need to use AI but you need to be aware of it and the potential risks associated with it



# THANK YOU

Don't forget to submit course evals!



**UTAH CENTER**  
FOR EVIDENCE BASED  
TREATMENT

# REFERENCES

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