TO AI OR NOT TO AI, THAT IS THE ETHICAL DILEMMA

Ethical Considerations in the Most Common Uses for AI

Alex Ertl, Psy.D.

UTAH CENTER
FOR EVIDENCE BASED
TREATMENT

BRIEF INTRO

- Clinical Psychologist; Trauma, Stress, and Resilience Program Director

- Piloting AI-based software on behalf of group practice

- Ethics Team member at UCEBT

- 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, ACA, 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

- A.I. was used in the assistance of text formatting, idea generation, and case example generation for this presentation.

LEARNING OBJECTIVES

Describe an ethically-informed process for choosing whether to implement AI in one's clinical practice

Name five areas where clinicians may commonly choose to implement AI

THIS **PART TWO** OF A SERIES!
WWW.UCEBT.COM/EVENTS

Part One

Ethical Implications of Artificial Intelligence in Clinical Practice

Laura Rowley, Ph.D.

On-demand CE / Free YouTube Recording

Part Three

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

Kimberly Applewhite, Psy.D.

Friday, August 15, 2025

RECAP OF CE SESSION 1

Reviewed APA's drafted guidelines on AI Use

What is AI?

• No singular definition – AI is capable of a variety of tasks and outputs

Most agree it refers to computer systems that can perform complex tasks that typically are only done by human intelligence or that mimic human intelligence: learning, decision making, predicting

Dr. Rowley asked the audience about some ethical dilemmas, we will be providing some in-depth methods for answering these types of questions

EO 13960– Promoting the Use of Trustworthy Artificial Intelligence in the Federal Government

RECAP OF CE SESSION 1: LARGER CONCERNS

Data privacy/security

Bias

Inaccuracies

Overreliance on the tech

Lack of human connection

Harmful interaction and outputs (hallucinations)

Our jobs will be replaced

The environment – water needs to cool hardware, mining/production hardware components, energy utilized

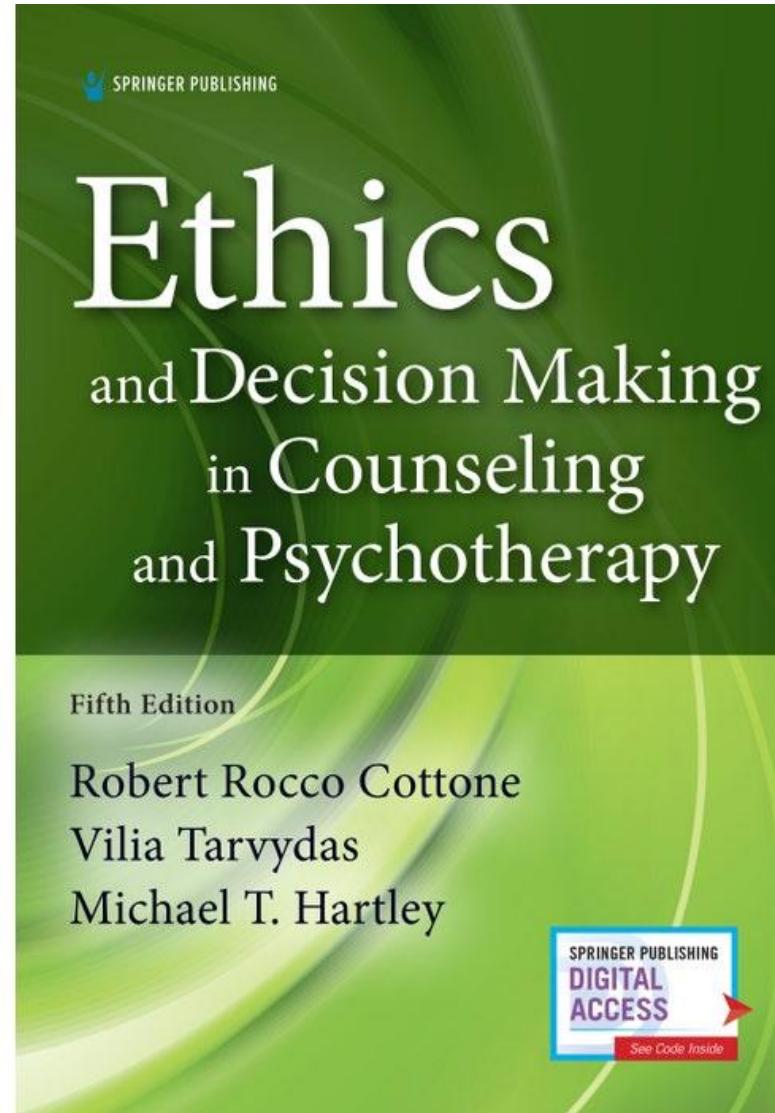# OVERVIEW FOR TODAY

What is ethical decision making?

Brief history/context of ethical decision making

Tarvydas model

Apply model to five questions related to AI

Ethics
and Decision Making
in Counseling
and Psychotherapy

Fifth Edition

Robert Rocco Cottone

Vilia Tarvydas

Michael T. Hartley

WHAT IS ETHICAL DECISION MAKING?

Ethics Codes do not give guidelines

APA "In the process of making decisions regarding their professional behavior, psychologists must <u>consider</u> this Ethics Code in addition to applicable laws and psychology board regulations."

NASW "When such conflicts occur, social workers must make a responsible effort to <u>resolve</u> the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code."

APA draft of ethical guidelines for AI does not include a "how-to" decide

Professionals have created various step-wise processes to approach ethically-related decision, often published by the national bodies

American Psychological Association, 2017

National Association of Social Workers, 2021

BEGINNING OF ETHICAL DECISION MAKING MODELS

In 1984, Kitchener, a scholar in counseling and counseling psychology, introduced a foundational framework for ethical decision making.

At the time, some professionals suggested using personal values as the basis for ethical choices.

Kitchener challenged this idea, noting that not all personal value judgments are equally helpful

2012 APA HANDBOOK OF ETHICS IN PSYCHOLOGY

Cottone introduced a revised conceptual structure in chapter

Outlined three primary philosophical traditions guiding ethical thought:

- Principle-based ethics

- Virtue ethics

- Relational or socially grounded ethics.

- Identified "multicultural awareness" as a unifying theme

PRINCIPLE ETHICS VS VIRTUE ETHICS

Principle ethics "Principle ethics focuses on the objective, rational, and cognitive aspects of the process."

Universal ethics, rational decision making, behavior-oriented

What action should I take?

Virtue ethics "Virtue ethics considers the characteristics of the counselors themselves as the critical element for responsible practice."

Considers moral character, intentions, traits of the person

What kind of person should I be?

Potential to reduce bias, enhance multicultural sensitivity

Cottone et al, 2019, p. 61

TARVYDAS INTEGRATIVE DECISION MAKING MODEL OF ETHICAL BEHAVIOR (TARVYDAS & JOHNSTON, 2018)

Combines key elements of **principle-based** and **virtue-based** decision-making models while also integrating crucial **contextual factors** into the overall process.

INFLUENCES ON THE TARVYDAS INTEGRATIVE MODEL: THE FOUR-LEVEL ETHICAL PRACTICE FRAMEWORK

Four levels represent social contexts that influence ethical decision-making:

(a) Individual counselor-client interactions

(b) Clinician team dynamics

(c) Organizational or agency-level influences

(d) Societal systems, including laws, policy, and public resources

When values and standards align across these levels and there are effective means for resolving dilemmas, ethical challenges tend to be more manageable, and ethical stress is minimized.

Tarvydas, V. M., & Cottone, R. R. (1991)

CATEGORIZING SESSION 1 LARGER CONCERNS

Concerns:

Data privacy/security

Bias

Inaccuracies

Overreliance on the tech

Lack of human connection

Harmful interaction and outputs(hallucinations)

Our jobs will be replaced

The environment – water needs to cool hardware, mining/production hardware components, energy utilized

4-Level Model:
(a) Individual counselor-client interactions
(b) Clinician team dynamics
(c) Organizational or agency-level influences
(d) Societal systems, including laws, policy, and public resources

THEMES AND ATTITUDES

In addition to following the specific steps of the Tarvydas Integrative Model, Tarvydas encourages counselors to embody four key <u>attitudes</u> throughout the ethical decision-making process:

***Engage in ongoing **self-reflection**, remaining aware of personal values, biases, and decision-making habits, while also striving to understand the values and concerns of others involved in the situation.

Strive for **balance**, weighing the needs, perspectives, and interests of all parties thoughtfully and fairly.

Stay attuned to **context**, being mindful of how ethical considerations play out across multiple levels—from the counselor-client relationship to team dynamics, organizational policies, and broader societal influences.

Promote **collaboration**, working cooperatively with all relevant stakeholders—especially the client—when making ethical decisions.

THE STAGES AND COMPONENTS OF THE TARVYDAS MODEL (SUMMARIZED BY COTTONE ET AL, 2021)

Stage	Components
Stage I: Interpreting the Situation Through Awareness and Fact-Finding	1. Enhance sensitivity and awareness 2. Identify major stakeholders and their ethical claims 3. Engage in fact-finding
Stage II: Formulating an Ethical Decision	1. Review the problem or dilemma 2. Identify applicable ethical codes, laws, principles, and policies 3. Generate possible courses of action 4. Evaluate positive and negative consequences for each option 5. Consult with supervisors or experts 6. Select the most ethical course of action
Stage III: Selecting an Action by Weighing Nonmoral Values and Personal Biases	1. Reflect on personal nonmoral values, blind spots, or prejudices 2. Consider contextual influences (client, team, institution, society) 3. Choose the preferred course of action
Stage IV: Planning and Executing the Selected Course of Action	1. Outline a practical sequence of actions 2. Identify and prepare for barriers to implementation 3. Execute, document, and evaluate the plan

STAGE I: INTERPRETING THE SITUATION THROUGH AWARENESS AND FACT FINDING

Component 1 Enhance sensitivity and awareness

Component 2 Consider who are the major stakeholders, who will be affected, consider legal/ethical duties to various parties

Component 3 Investigation and fact-finding

STAGE II: FORMULATING AN ETHICAL DECISION

Component 1 Reconsider ethical dilemma, considering info gathered in Stage I

Component 2 Research ethical code/principles, laws, institutional policy

Component 3 Generate potential action plans

Component 4 Brainstorm potential positive and negative outcomes for plans generated in Component 3

Component 5 Consult with others (e.g., supervisors, experts, colleagues)

Component 6 Choose best course of action

STAGE III: SELECTING AN ACTION BY WEIGHING COMPETING, NONMORAL VALUES, PERSONAL BLIND SPOTS, OR PREJUDICES

Component 1 Consider personal factors that may interfere with chosen executing ethical course

> Includes **nonmoral values: "**Nonmoral values involve anything that the counselor may prize or desire that is not, in and of itself, a moral value."

Component 2 Take an inventory of contextual influence

> (client, team, institutional, and societal levels)

Component 3 Select course of action

Cottone et al, 2019, p. 68

STAGE IV: PLANNING AND EXECUTING THE SELECTED COURSE OF ACTION

Component 1 In detail, generate sequential steps of an action plan

Component 2 Anticipate barriers (personal and contextual) and determine countermeasures

Component 3 Execute, document, evaluate action plan

BONUS: CLIENT ENGAGEMENT

Participatory Ethics

Include client in the process to empower them, show value in the therapeutic relationship, and enact social justice

Tarvydas et al., 2015

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ETHICAL DECISION MAKING MEETS AI

Session note writing

Report writing

Recommending AI tools to clients

Treatment planning

Clinical research and education

SHOULD I USE AI TO WRITE MY NOTES?

Considerations:

- Highly sensitive data input: HIPAA/Encrytption
- Potential consequences for clients (e.g., records requests)
- Standards of practice for notes/variance
- Significant portion of time spent on note writing
- Documentation one of most cited contributors to burnout (Cook et al., 2021)
- Using biased programs

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VIGNETTE (AI GENERATED)

Maya, a 36-year-old licensed clinical social worker, sat in her shared office in a bustling group private practice in Seattle. It was late in the evening, long after her last client had gone. The sun had dipped behind the trees, and the soft hum of traffic from nearby I-5 was the only noise left to compete with the glow of her laptop screen. She rubbed her temples, eyes strained after another 10-hour day stacked with emotionally demanding sessions and the looming burden of incomplete documentation.

Maya was known among her colleagues for her depth, compassion, and client-centered care. But lately, the *paperwork load*—especially the daily SOAP notes—had begun to pull at her time, her energy, and, more deeply, her sense of *presence* in the work. She had two young kids at home, ages five and seven, and a partner who worked unpredictable shifts as a nurse. Most nights, she found herself finishing notes at the kitchen counter while her family drifted off to sleep.

Recently, Maya attended a professional development webinar on AI integration in behavioral health practices. One of the presenters demonstrated a secure, HIPAA-compliant AI note assistant that could generate draft session notes based on keywords or voice input, requiring only light edits. The idea stuck with her. Could this be the answer to her chronic work-life imbalance?

At a micro level, Maya weighed her own values: She believed in transparency, autonomy, and dignity for her clients. She worried that using AI might feel... impersonal, as if outsourcing her clinical judgment. But she also knew she was burning out. Her sleep was poor, her patience with her children was waning, and she hadn't gone on a hike—her favorite form of self-care—in months. A quiet voice inside her whispered, "Wouldn't being more rested make you a better therapist?"

Her family context also played into the decision. As a second-generation Indian American, Maya grew up in a collectivist household where technology was seen both as a sign of progress and, at times, a threat to human connection. Her parents, who now lived nearby and helped with childcare, were skeptical of "shortcuts," especially in something as intimate as mental health. Her spouse, on the other hand, encouraged her to consider it—reminding her that medical records in hospitals had long relied on templates, dictation software, and now AI.

At the workplace level, Maya felt conflicted. Her practice didn't have a policy on AI tools, though she knew some colleagues were already experimenting with them quietly. There was a culture of autonomy among the clinicians, but also a strong ethical emphasis. One of the senior partners had made a point in a recent staff meeting: "If you use tech to help with notes, you need to disclose it in your informed consent and document your clinical reasoning yourself. That's not up for debate."

Macro factors layered more complexity onto Maya's dilemma. State privacy laws in Washington were clear: Protected health information couldn't be shared with platforms that weren't explicitly compliant with HIPAA standards. The AI tool she was considering claimed full compliance—but how could she *really* be sure? At the national level, new guidelines from the APA and NASW were still evolving, and peer-reviewed data on AI's long-term impact in clinical settings was sparse. Ethically, Maya found herself turning to the core values of her profession: service, integrity, and the importance of human relationships.

Socially, the tide was shifting. Many of her peers, especially younger clinicians on social media, were advocating for AI as a tool of *liberation*—a way to reclaim time and reduce burnout in a profession plagued by high turnover. Others, particularly in legacy institutions, expressed caution, even disdain. "You can't outsource reflection," one seasoned psychologist wrote in a recent op-ed.

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Tarvydas et al., 2015

SHOULD I USE AI TO HELP WRITE PSYCHOLOGICAL REPORTS?

Considerations:

- Client facing

- Reports need summaries, integration of information, potential for AI

- AI ability to create narrative form of results

- AI lacking coherent golden thread narrative, holding all variables while writing

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SHOULD I RECOMMEND AI TOOLS TO CLIENTS?

Considerations:

- Unable to control quality

- Clients may already be interfacing with an AI tool

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VIGNETTE (AI GENERATED)

Avery Chen, LMFT, is a mid-career therapist in a private practice setting in Portland, Oregon. They specialize in working with young adults navigating anxiety, identity exploration, and relationship difficulties. Their caseload includes a high percentage of LGBTQ+ clients, neurodivergent clients, and individuals from racially and culturally diverse backgrounds.

One of their clients, Leo, is a 21-year-old college student recently diagnosed with Generalized Anxiety Disorder and struggling with social isolation. Leo has made significant progress in therapy over the past six months, but lately has been missing sessions due to a new part-time job, academic stress, and a complicated housing situation. In a recent session, Leo expressed a desire to stay engaged in therapeutic work outside of formal sessions, asking, "Is there something I can use on my phone that's kind of like therapy?"

Avery has been reading about AI-powered therapy tools and chatbots. Some claim to offer CBT-based support, mood tracking, and mindfulness coaching. They're marketed as accessible, evidence-informed, and especially helpful for people with limited time or resources. Avery is intrigued—they like the idea of giving clients tools they can use between sessions, especially ones that might increase self-awareness and coping.

But they hesitate.

They wonder:

Do these tools actually support clinical goals—or do they simulate therapy without the necessary nuance?

Will recommending an AI chatbot implicitly suggest to Leo that therapy can be automated?

Will Leo rely on it in ways that avoid deeper emotional work?

How might a chatbot respond to sensitive disclosures, like trauma or suicidal ideation, especially for clients from marginalized identities whose experiences are often misread by algorithms?

From a systems lens, Avery is also aware of broader cultural trends. Mental health care is increasingly commodified and digitalized, and they feel the pressure for therapists to "keep up" with tech-savvy clients. But they also remember a recent case where a friend's teenager disclosed self-harm to a chatbot and received an inadequate, scripted response. And though these tools may be useful adjuncts, Avery isn't sure if they've been tested enough with diverse populations—or if they account for cultural, gender, and neurodivergent complexities.

In consultation with peers, they find a range of opinions. One therapist calls AI tools "a modern-day workbook," while another insists they're a dangerous shortcut that could disrupt the client–therapist alliance. Their clinical supervisor recommends developing a clear rationale and obtaining informed consent if suggesting any AI-based tool.

Back in session, Leo waits for their response.

SHOULD I INVOLVE AI IN TREATMENT PLANNING?

Considerations:

- Idea generating

- If we're looking toward AI, where aren't we looking?

- Impediment to collaboration?

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SHOULD I INVOLVE AI IN MY RESEARCH AND EDUCATION?

Considerations:

- Risk of baseless information

- Even if fact-checked, our starting points may bias our direction

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SUMMARY

Ethical decision making is a process

The process needs to be a thorough, highly individualized

Need to consider variables: personal and professional

There's more than just you (as the clinician) involved

Be informed, document
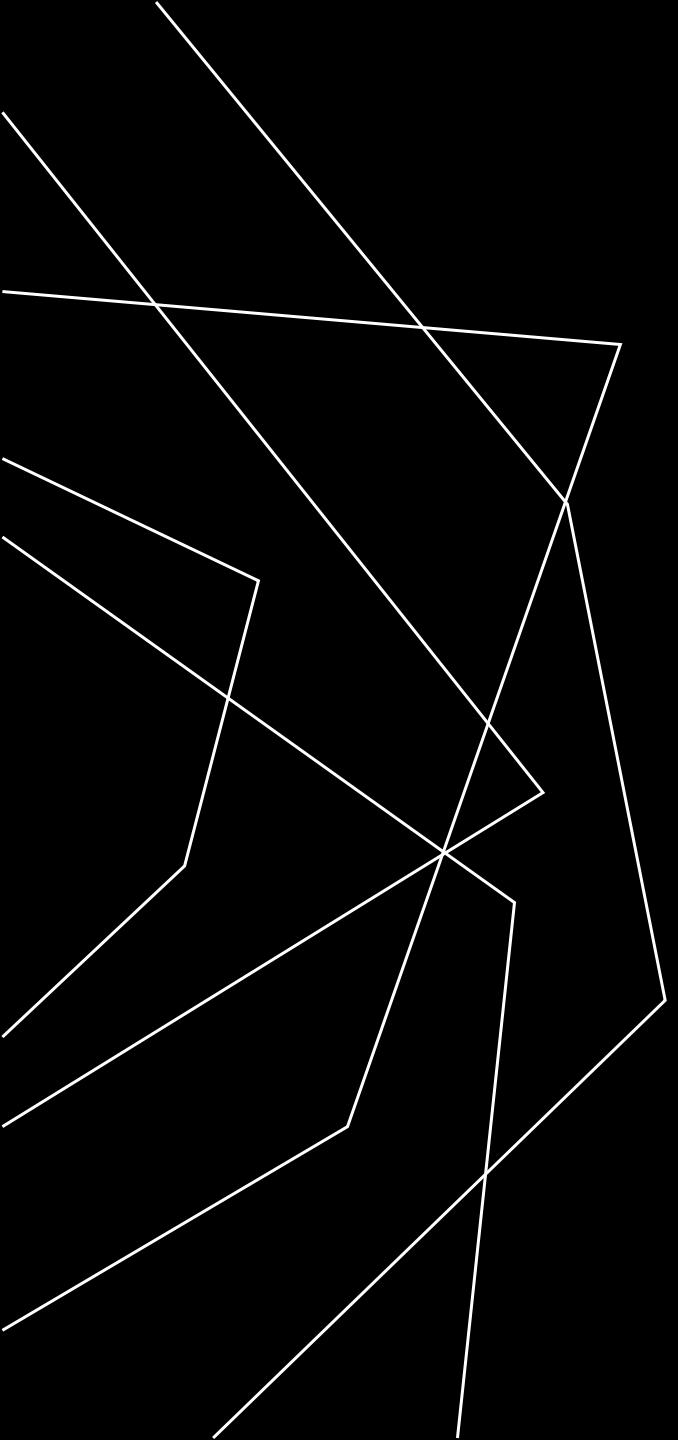
THANK YOU

Don't forget to submit course evals!

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