The College for Behavioral Health Leadership

AMERICAN PSYCHOLOGICAL ASSOCIATION

Rosa Thomas Consulting

MEADOWS MENTAL HEALTH POLICY INSTITUTE

AI and the Behavioral Health Workforce: A Guide for Providers

November 19, 2026

11:00am PT / 12:00pm MT / 1:00pm CT / 2:00pm ET

Welcome! We will get started momentarily.

Please let us know who you are and where you are from in the chat box (click the chat icon at the bottom of your screen).

Welcome



Our Vision

The College for Behavioral Health Leadership (CBHL) envisions innovative and flourishing leaders who invest in communities to cultivate healing, wellness, and recovery.

Our Mission

We support current and emerging leaders with learned and lived experience to collectively advance behavioral health.

Annual Dues

Individual Membership

- Regular Individual Membership: $230
- Emerging Leader Membership: $199
- Peer, Student, and Retired Leader Membership: $99
- Sponsoring Leader Membership: $500

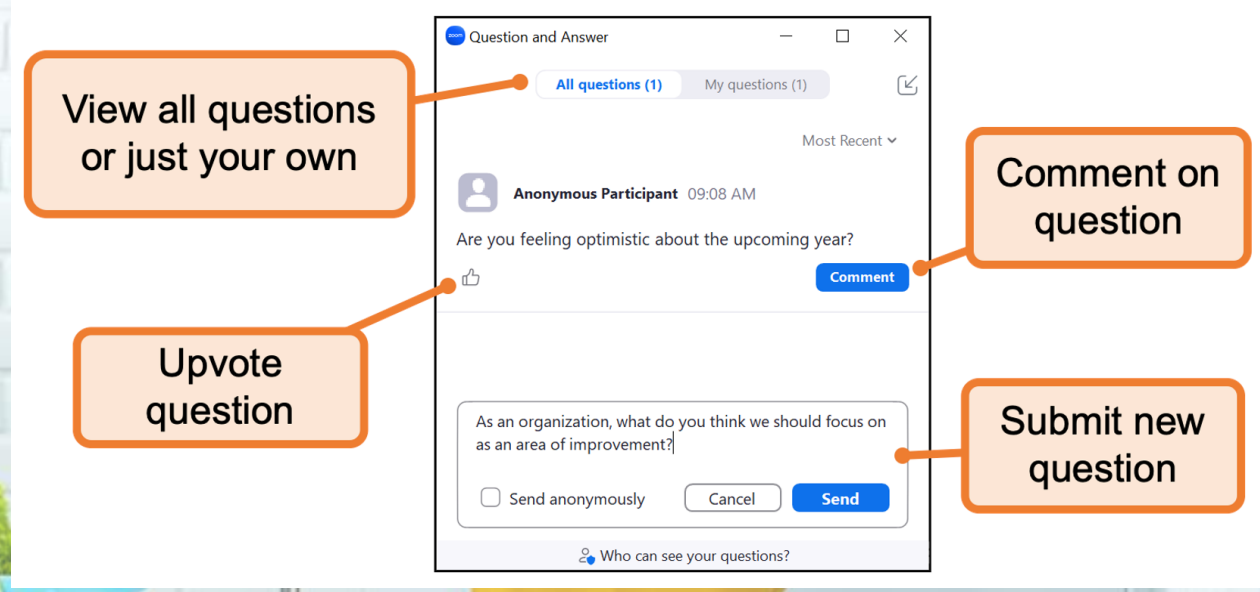
Organizational Membership

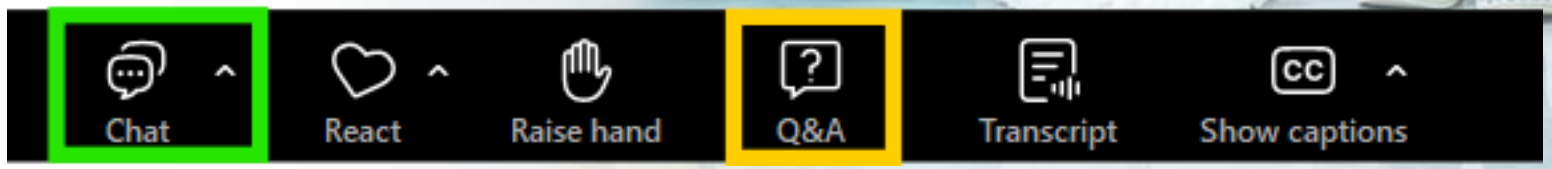
- Tier 1: $1,099 | Up to 5 members ($1,150 value)
- Tier 2: $2,799 | Up to 15 members ($3,450 value)
- Tier 3: $4,299 | Up to 25 members ($5,750 value)

Scan to join today!

Housekeeping

- We want to hear from you! Share your **questions, comments** and **"ah-ha's"** via the **chat box**.
- You can also utilize the Q&A feature at the bottom of your screen; there will be time for a brief Q&A at the end of the event.
- A **recording and slides** will be available within 48 hours - We'll email you.





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Continuing Education Credits

UCONN SCHOOL OF SOCIAL WORK
INNOVATIONS INSTITUTE

- The University of Connecticut School of Social Work is approved by the Connecticut Department of Public Health to provide continuing education credits (CECs) for social workers. The School is accredited by the Council on Social Work Education. The University of Connecticut is regionally accredited by the New England Commission of Higher Education (NECHE).

- Individuals will need to check with their local licensing authority to determine if their policy allows for the acceptance of CECs awarded for training they complete. Continuing education requirements vary from state to state. Many state boards grant reciprocity with national accrediting organizations and other state boards. It is the responsibility of each professional to understand the requirements for license renewal or check with the state or national licensing board and/or professional organization to become more familiar with their policies for acceptable continuing education credits. Individuals should contact their regulatory board to determine course approval.

- To receive CE Credit you must be logged on by 2:10 pm and stay on until 3:20 pm ET

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AGENDA

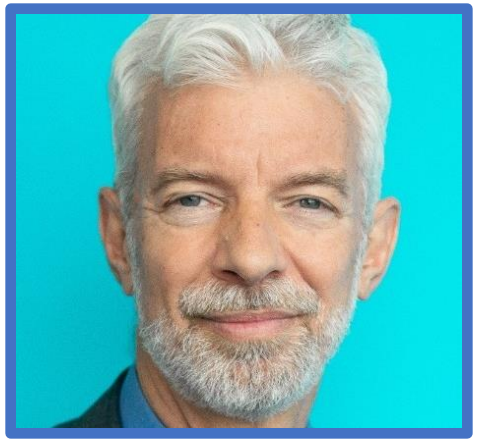


WHAT WE WILL COVER

- Welcome, Housekeeping and Purpose
- AI Foundations for Practice
- Practical Applications in Care Delivery
- Client Engagement in an AI-Enabled World
- Ethical Practice Considerations
- Moderated Panel Discussion
- Audience Q&A
- Wrap Up & Close

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Speakers



David Gastfriend, MD, DFASAM
President and CEO of DynamiCare Health



David Cooper, PsyD
Chair, Mental Health Tech Advisory Committee at American Psychological Association



Charmain Jackman, PhD
Founder and CEO, InnoPsych and Creator, AI-Ready Therapist™



Jessica Jackson, PhD
Founder and Owner, Therapy is for Everyone Psychological and Consultation Services

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AI and the Behavioral Health Workforce: A Guide for Providers | Part 2

AI Foundations for Practice

A field guide to the AI you will meet at work

David Cooper, PsyD

November 19, 2026 | 11:00am PT / 2:00pm ET

Chair, APA Mental Health Technology Advisory Committee. Advisor to several AI and technology companies. Speaking for myself.

You already supervise AI every day

Phone autocomplete
Picks a wrong word that still reads fine

Spam filters
Holds back a real email now and then

Maps rerouting
Sends you down a closed road

Photo grouping
Mixes up two people who look alike

Show suggestions
Keeps serving more of the same

Voice dictation
Mishears names and terms

You trust it a little, know where it slips, and check when it matters.

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Quick refresher

A chatbot is autocomplete, scaled up

1 Autocorrect

You type "see you in five." Your phone offers "minutes," not "giraffes."

2 Same trick, more text

Train it on a huge amount of writing and it predicts the next word, then the next, until you have a paragraph.

3 Fluent, not fact-checked

It knows the shape of a SOAP note. It cannot tell whether what is in it is true.

A very good mimic of form. Checking it is still your job.

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Quick refresher

Three kinds of AI, three questions

Rules-based

WHAT IT DOES

Follows if-then rules a person wrote.

YOU MAY SEE

Auto-scored questionnaires, record alerts, reminders.

ASK

Who wrote the rule?

Predictive

WHAT IT DOES

Learns patterns from past data to score or sort.

YOU MAY SEE

No-show scores, risk flags, claims review.

ASK

Trained on whom? Who does it miss?

Generative

WHAT IT DOES

Creates new text, audio or images.

YOU MAY SEE

Drafted notes, ambient scribes, client chatbots.

ASK

Who checks the output?

Many products blend all three. Ask about the part you actually use.

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Four Questions Before You Use It

1. **What kind of AI is it?**
   Rules-based, predictive or generative. Each fails differently.

2. **Where does the data go?**
   Is it stored, shared, or used to train the model?

3. **Who checks the output, and when?**
   A person, before it reaches a chart or a client.

4. **Who is accountable if it is wrong?**
   You, the vendor or your organization.

Keep these. We will use them for the rest of the session.

Beyond the chatbot: AI across a clinical day

Before session

- R — Reminders and scheduling
- P — No-show and risk scores
- G — Intake chatbots

During session

- P — Live transcription
- G — Ambient scribe
- R — Prompts to repeat a measure

After session

- G — Draft progress notes
- G — Plan and summary drafts
- P — Billing code suggestions

Behind the scenes

- P — Claims and prior auth review
- R — Record alerts
- P — Caseload forecasts

R **Rules-based:** a person wrote the logic

P **Predictive:** scores or sorts from past data

G **Generative:** writes something new

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When it shows up: three doors, one set of habits



Clients bring it

Clients may use chatbots for self-diagnosis, reminders and support, often without telling you.

FIRST MOVE

Ask what they use it for and what it told them. Stay curious.



Your organization adds it

A feature switched on in your record system, a vendor contract, a new policy.

FIRST MOVE

Ask the four questions before go-live. Ask who to tell when it gets something wrong.



You try it yourself

A tool you pick up to save time on a busy day.

FIRST MOVE

Keep client details out of tools your organization has not approved. Start with tasks that use no client data.

APA Chatbots and Mental Health Survey, 2026: 77% of psychologists report that clients have talked with them about using AI (shown in Part 1).

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A smooth note can still be wrong

What was said in session

Sleeping about four hours a night.

Denies thoughts of self-harm.

Follow up in two weeks.

What the AI draft says

Sleep improved to **about seven hours.**

Reports passive thoughts of self-harm, no plan.

Follow up in two weeks.

It writes what notes usually say. You know what was said.

Study of AI note summaries: 1.47% of sentences contained a hallucination; 44% of those were major, most often in the Plan section (21%). Randomized trial of two AI scribes (238 physicians): notes occasionally had clinically significant inaccuracies.

Both studies cover general medical notes, not behavioral health.

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Example constructed for this talk, not a real record. Sources: Asgari et al. (2024 preprint; npj Digital Medicine 2025). Lukac et al. (2025), NEJM AI.

Three Things to Take With You

1. **You already supervise AI every day.**
   That habit transfers to the newer tools.

2. **A fluent answer can still be wrong.**
   The review stays with you.

3. **Four questions work on almost any new tool.**
   Kind of AI, where the data goes, who checks, who is accountable.

Same professional judgment. New setting.

Up next: Charmain Jackman, PhD

AI-READY

Using AI Safely in Your Practice

Dr. Charmain Jackman
CEO, InnoPsych
Creator, AI-Ready Therapist™

TEDx Speaker | Author | Consultant | Business Coach



WARM-UP

AI -Readiness Quiz

The AI-Readiness Quiz



The Trailblazer

Already using AI confidently and bringing others along.



The Explorer

Curious. Experimenting. Open to learning and seeing where the journey leads.



The Quiet Adopter

Already using AI, just haven't told others yet.



The Advocate

Vocal about ethical AI use, pushing colleagues and orgs toward better standards.



The Observer

Real concerns about AI. Opting out for now, and that's valid.

Live poll: Which profile are you? Take the full quiz at aireadytherapist.com/quiz

Technology Impact Acknowledgment

Technology, including AI, carries real social justice concerns — from environmental impact, to bias that can further harm BIPOC communities, to the ways it is shaped by capitalism and speed. We're engaging this work thoughtfully, holding both the possibilities of innovation and the real human costs, including how trust, client care, and clinical judgment can be affected.

How are your clients already using AI?



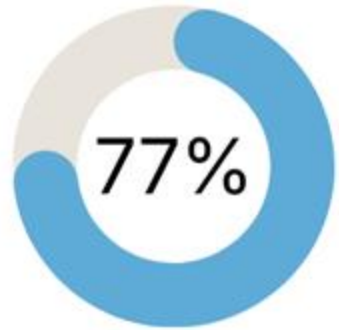
of U.S. adults use AI chatbots



of U.S. adults use AI for emotional support or advice



of U.S. adults use AI for companionship



of Psychologists report clients use AI chatbots for support

Pew Research Center. (2026). Americans and AI 2026: Chatbots, Smart Devices and Views on Impact

APA. (2026). Patients are bringing AI to therapy

Determining Appropriate vs Inappropriate AI Use

Appropriate or Inappropriate AI Use?

A case manager has to send a difficult email to a client. They are concerned about communicating clearly and asks the chatbot to draft the email. They paste the client's email address in a paid chatbot. They make sure to review the result before sending.

Your AI Policy Guides Your Behavior & Decision-making



Stop/No

No BAA; No client information.
AI Never replaces clinical judgment
Recording without consent

Use Caution

Proposals, contracts, email drafts, internal notes for consulting clients (proprietary info removed); Always review results

Yes

HIPAA-compliant tools; Public Information

A human is always in the lead.

Appropriate or Inappropriate AI Use?

A licensed clinician uses a BAA-covered scribe with consent, then reviews and edits the note. The clinician has not changed their informed consent in over 3 years.

AI Tools for a Thriving Private Practice

Activity	Tools
Clinical/Client-facing	HIPAA-compliant: Oasys Health, BastionGPT, Mentalyc, Quill, Freed, Blueprint
Operations	Google Workspace (PHI only after BAA), Zoom, Microsoft 365 Copilot, Claude, ChatGPT
Marketing	ChatGPT, Claude, Canva, Hootsuite, Gemini, Zapier
Psychoeducation	ChatGPT, Claude, Canva, Gamma Gemini, Perplexity
Slide decks	Canva, Gamma, Claude, Notebook LM (Google)

RISK MANAGEMENT

What goes into an AI Policy?

SCAN HERE

P

Purpose

What is AI helping you to solve?

P

Processes

How and when will you use AI?

P

Product

What you use & how you vet?

P

People

Who's responsible & how will team be trained?

P

Protection

How will you safeguard your clients, data, & your practice?

5 Creative Ways to Use AI with Clients

1. Create “graphic designer” level psychoeducation visuals and worksbooks
2. Generate an image that represents their feelings or an emotional avatar
3. Create music (e.g., fight song; inspiration; personal soundtrack)
4. Create a storybook or graphic novel
5. Use video generator to bring a drawing to life



When should you be concerned about a client's AI Use?

Drop in the chat

Assessing typical vs. high risk AI use



- Extent + Pattern of Use
- Content of chats (e.g., romantic, self-harm)
- Relationships with Bots vs. Humans
- Reality testing
- Impact on functioning (e.g., sleep)
- Co-morbid behaviors

EMERGING LANGUAGE

AI-Induced Distress*

AI-Anxiety

Fear-based reaction to AI and concerns about social impact: Job displacement; env. concerns

AI Psychosis

Sustained chatbot use leads to deterioration in thought process (e.g., grandiosity; persecutory, or romantic); delusional spiraling

Parasocial Attachment

Compulsive reliance on companion apps & chatbots; almost to the exclusion of human relationships.

AI-Griefbots

Chatbots trained on deceased person's voice and texts - leads to complicated grief.

*Not formal diagnoses

CLIENT CONVERSATIONS

Rethinking the Intake

Five questions to add to your intake, so AI use comes up early and without judgment.

1. **Which chatbots do you currently use for emotional support? for companionship?**
2. **How often do you use AI for support or to make life decisions?**
3. **Do you ever hide or downplay how much you use AI from people in your life?**
4. **Have you ever been concerned about the responses you received from your chatbot?**
5. **Has your sleep or time with friends and family changed since you started using AI?**

Addressing Safety Concerns

Many clients turn to AI because of cost, waitlists, stigma, or past experiences with providers.

1. Be curious and nonjudgmental
2. Assess for risk (e.g., self-harm; reality testing, sleep, social withdrawal)
3. Share your concerns + provide psycho-education
4. Make a plan and offer resources
5. If a minor, inform parents

Let's stay connected



> *"We can't opt out of being AI literate. The stakes are too high." - Charmain Jackman*

www.aireadytherapist.com @aireadytherapist thrive@innopsych.com /in/drcharmainjackman

Our Ethics Haven’t Changed. The Context Has

Jessica Jackson, Ph.D

November 2026

The AI Mental Health Ecosystem

- Decision Support
- Documentation & Workflow
- Patient-Facing Tools
- AI-Enabled Medical Devices

AMERICAN PSYCHOLOGICAL ASSOCIATION

Ethical Guidance for AI in the Professional Practice of Health Service Psychology



1 Transparency and Informed Consent

AI use in settings where psychological services are offered are encouraged to be disclosed to other relevant providers, individuals who are receiving direct care services, and any third parties who may be considered a patient/client of psychological services (e.g., the court) in a culturally and linguistically appropriate manner. Psychologists have an ethical obligation to obtain informed consent by clearly communicating the purpose, application, and potential benefits and risks of AI tools. Transparent communication maintains patient/client trust and upholds Principle E: Respect for People's Rights and Dignity.



2 Mitigating Bias and Promoting Equity

AI systems should be evaluated with a focus on addressing bias and preventing exacerbation of existing health care disparities. Responsible AI development considers the full range of lived experiences to avoid unfair discrimination. The APA Ethics Code (2017) Principle E: Respect for People's Rights and Dignity calls on psychologists to strive to eliminate the effect of biases on their work.



3 Data Privacy and Security

AI systems handling sensitive behavioral health data pose risks related to privacy breaches and unethical data use. Psychologists must ensure that any tools they select can be used in a manner that is in compliance with HIPAA and other relevant data privacy regulations; this necessitates advocating for robust cybersecurity strategies to protect patient/client information. Data privacy and security also aligns with professional standards of conduct and the APA Ethics Code (2017) Principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, and Respect for People's Rights and Dignity in maintaining privacy, confidentiality, and trust.



4 Accuracy and Misinformation Risks

AI tools should be rigorously validated before implementation in psychological practice. Health service psychologists should critically evaluate AI-generated content before applying it in clinical settings to the greatest extent possible and are encouraged to critically evaluate AI tools they recommend patients/clients to use. Psychologists should assess AI tools for their quality, performance, and appropriateness in behavioral health settings, aligning with the principle of competence. Upholding the Ethical Principle of Integrity, psychologists take responsibility for the quality of information used in their practice, including promptly discontinuing the use of AI tools if misinformation concerns arise.



5 Human Oversight and Professional Judgment

AI should augment, not replace, human decision-making. Psychologists remain responsible for final decisions and must not blindly rely on AI-generated recommendations. Maintaining professional oversight ensures adherence to the Ethical Principles of Beneficence and Nonmaleficence, and Fidelity and Responsibility, protecting patients/clients from potential harm.



6 Liability and Ethical Responsibility

The legal implications of AI in behavioral health are still emerging. Health service psychologists should consider liability risks related to AI tool selection and ensure that they provide proper training and understanding of AI systems that can help mitigate legal and ethical risks.

Meet Jordan: AI on Both Sides of Care

- **Jordan's clinician uses an AI tool to draft session notes**
- **Jordan uses an AI chatbot between sessions for emotional support and mental health information**
- **The chatbot suggests a different diagnosis. Jordan asks: *"How do I know which one of you is right?"***

Who Is Influencing Whom?

- **The clinician: AI-generated documentation may shape what gets emphasized or overlooked**
- **The client: AI-generated advice may influence beliefs, expectations, & treatment decisions**
- **The relationship: Conflicting information may affect trust and clinical decision-making**

Being Human-in-the-Loop Is More Than Clicking Approve

- Understand what the tool is doing and it's limitations
- Evaluate AI-generated information independently
- Intervene when the output is inaccurate or inappropriate
- Remain accountable for professional decisions

Self-disclosure: I used AI to build this

I remained responsible for	AI supported
• Supplied the thinking • Selecting the clinical • framing • Applying professional • expertise • Reviewing the final • content • Verified everything is accurate	• Organizing the presentation • Drafting and refining language • Identified relevant considerations

Contact CBHL

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www.leaders4health.org

Scan to join today!



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