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Practical Strategies for Using AI to Support Clinicians and Enhance Care for Youth with Diverse Needs

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The Help Group, 11.14.2025

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Disclosure Statement

Dr. Shiri Sadeh-Sharvit is the Chief Executive Officer of Resolve Together Inc.

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Personal Background

- Licensed clinical psychologist with an active therapy and supervision practice in Maryland

- Developed and studied treatments for eating disorders, including Parent-Based Prevention and Family-based Treatment

- Current research focuses on the integration of digital tools to enhance and support human decision-making and tasks in therapy

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PARENTS WITH EATING DISORDERS
An Intervention Guide
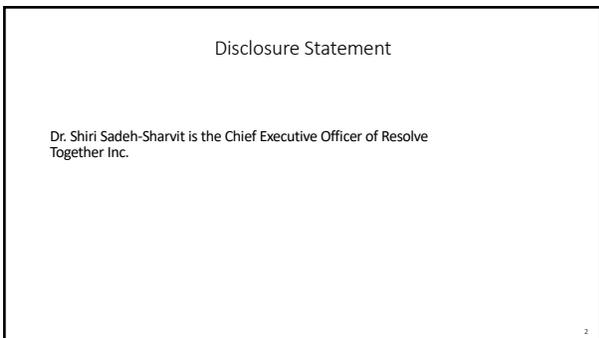Shiri Sadeh-Sharvit
James Lock

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Which Of The Following Digital Services Have You Used In Your Work?

- ❑ Chatbots for screening
- ❑ Between-session digital outcome monitoring
- ❑ Automated session recording/summary
- ❑ Digital supervision tools
- ❑ Videoconferencing
- ❑ Email/texting/within-app messaging with clients
- ❑ "Prescribed"/reviewed an app
- ❑ Treatment scheduling tool
- ❑ Used generative AI to write notes, letters, or psych evals

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AI Is Everywhere: From Daily Tasks to Clinical Practice

Google — The best kind
amazon (Echo) / waze / NETFLIX / Roomba

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But What is Artificial Intelligence?
(as explained to me by *Google Gemini*)

- Artificial Intelligence, or AI = a smart computer program that can learn and make decisions on its own. It's designed to do tasks that normally need human intelligence, like understanding language, recognizing patterns, and so on.

- AI can learn from lots of data and use that knowledge to do things without being specifically programmed for each step. It's kind of like having a computer that can think and learn like a person.

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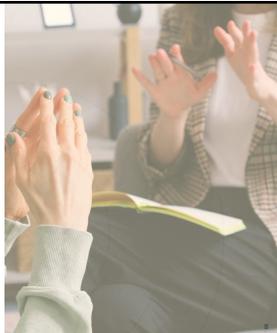
Incorporating AI into Behavioral Healthcare

- Unlike humans, algorithms don't get tired of routine tasks and can process many data points within minutes.
- Technology can quickly detect trends and nuances that might be overlooked by even highly experienced clinicians.
- AI has an extraordinary impact on behavioral treatments already, therefore we must become more aware of its potential and limitations to maximize benefit to clients, providers, and the society.

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Augmented Intelligence vs. Artificial Intelligence

- Augmented Intelligence shifts from AI as a replacement to a supportive tool enhancing human thinking.
- AI is especially limited in capturing the complexity of relational dynamics, circular causality, and systemic interactions that LMFTs are trained to see.
- It emphasizes the collaboration between AI and human intelligence and the assistive role of AI
- Widely favored in clinical communities for valuing human involvement, focusing on amplifying human intelligence rather than rendering it obsolete.

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How Do AI Algorithms Learn Patterns?

Data that are relevant for the target audience	Experience- and Theory-driven models
Model Training, Testing, and Validation	Feedback and Optimization

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A Model for Using AI in Clinical Practice

Screening, treatment planning, and personalization	Measurement-based care, with timely treatment team updates	Apps and chatbots for psycho-ed, skill building, and support	Data-driven therapy and supervision, analyzing the treatment process

Administrative tasks: documentation, ct-related correspondence, smart scheduling, billing

Sadeh-Sharvit, S., & Hollon, S. (2025). AI integration in behavioral healthcare: A practical framework for clinicians. *Journal of technology in behavioral science.* https://doi.org/10.1007/s41347-025-00532-z

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A Framework to Evaluate the Available AI-powered Services in Clinical Practice

Strength of the empirical evidence	Tools currently available in clinical care	EHR integration
Are there data supporting the use of AI in this domain?	Are there any turnkey solutions I can start using tomorrow?	Are these tools incorporated into providers' current workflows?

Sadeh-Sharvit, S., & Hollon, S. (2025). AI integration in behavioral healthcare: A practical framework for clinicians. *Journal of technology in behavioral science.* https://doi.org/10.1007/s41347-025-00532-z

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Treatment Planning and Personalization

Strength of the empirical evidence	Tools currently available in clinical care	EHR integration
Preliminary research on prescription mental health services is promising	Few robust statistical models have been translated into products	☹

Lutz, W., & Schwartz, B. (2021). Trans-theoretical clinical models and the implementation of precision mental health care. *World Psychiatry, 20*(3), 380–381. https://doi.org/10.1002/wps.20888

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Chatbots and Digital Assessments for Screening and Referral

Claims vs. evidence: companies may claim to have a "clinically valid" assessment, but when you delve into it you'd realize there is currently no independent empirical evidence from published, peer-reviewed clinical studies to support this claim.

Current gold standard: The clinical assessment by a qualified professional remains the gold standard for ADHD diagnosis. Reputable digital tools, like those using Virtual Reality (VR) and AI, are still in the research and development phases and require validation through rigorous testing.

Oh, S., Joung, Y. S., Chung, T. M., Lee, J., Seok, B. J., Kim, N., & Son, H. M. (2024). Diagnosis of ADHD using virtual reality and artificial intelligence: an exploratory study of clinical applications. Frontiers in psychiatry, 15, 1383547. https://doi.org/10.3389/fpsyt.2024.1383547

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Measurement-Based Care / Patient-Reported Outcome Measures (PROMS)

Strength of the empirical evidence

Tools currently available in clinical care

EHR integration

Most EHRs offer questionnaires that are integrated within the platform (PHQ-9, GAD-7)

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MBC/PROMS for Children and Youth

- There are no widely adopted, commercially available digital MBC tools powered by AI specifically for children and youth with neurodivergence that have gained rigorous empirical support.
- Most studies on MBC have been conducted with teens and adults. For youth, it is unreasonable to expect reliable, consistent monitoring and reporting without adult support.
- The promise of passive data from smartphones and wearables – still in progress!

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Which Apps, Chatbots, And Online Interventions Have You Found Helpful In Your Practice?

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Non-AI Digital Therapeutics: Apps & Chatbots for Additional Psychoeducation, Skill Building, and Support

Strength of the empirical evidence	Tools currently available in clinical care	EHR integration
👍👍	👍	👎

Torous, J., et al. (2021). The growing field of digital psychiatry: Current evidence and the future of apps, social media, chatbots, and virtual reality. World Psychiatry, 20, 318-335. https://doi.org/10.1002/wps.20883

Baumel, A., et al. (2019). Objective user engagement with mental health apps: Systematic search and panel-based usage analysis. Journal of Medical Internet Research, 21(9), e14567. https://doi.org/10.2196/14567

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Slide 18

Generative AI Enters The Chat…

Generative AI is a subset of artificial intelligence techniques that involve the creation of new data or content, often in the form of text, images, or other media, based on patterns learned from existing data.
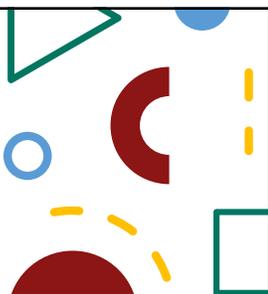
perplexity   Gemini   OpenAI   Copilot   Claude

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Two Types of Chatbots

Authored/Rule-Based chatbots
- Developers write all the content in advance
- What we typically experience when we call an airline ticket
- Not conversational, but they work
- Therapeutic alliance is limited
- In MH, typically target one condition, but not comorbidities, SDoH, and real-world settings
- All responses are vetted by clinicians

Generative AI chatbots
- Responses offer greater flexibility and personalization
- General-purpose gen-AI lack specialized design and rigorous clinical testing
- Business models prioritize engagement and profit, which may conflict with therapeutic best practices
- Safety risks by potentially providing harmful or inaccurate guidance when attempting to quickly reduce user distress

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Neurodivergent Teens & Generative AI Chatbots

Potential Benefits
✅ Safe Practice: Non-judgmental environment for practicing social skills.
✅ Improved Empathy: Research shows potential for improving empathetic responses.
✅ Personalized Learning: Customized feedback and engaging support tailored to individual needs.
✅ Reduced Isolation: Can serve as a bridge to real-life connections; provides companionship.

Significant Risks & Concerns
❌ Safety/Harmful Content: Lack of robust safety filters; potential for self-harm promotion.
❌ Inappropriate Attachment: Risk of unhealthy emotional reliance and further isolation.
❌ Misinformation ("Hallucinations"): Potential for false or harmful medical advice.
❌ Privacy Issues: Data security concerns; conversations may not be confidential.
❌ Lack of Professional Nuance: Cannot replace the understanding and duty of a human therapist

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AI-enabled Apps & Chatbots for Additional Psychoeducation, Skill Building, and Support

Strength of the empirical evidence	Tools currently available in clinical care	EHR integration
👍	Few safe tools that have been trained on clinical datasets and have guardrails in place	👎

Heinz, M. V., Mackin, D. M., Trudeau, B. M., Bhattacharya, S., Wang, Y., Banta, H. A., Jewett, A. D., Salzhauer, A. J., Griffin, T. Z., & Jacobson, N. C. (2025). Randomized Trial of a Generative AI Chatbot for Mental Health Treatment. NEJM AI, 2(4), AIoa2400802. https://doi.org/10.1056/AIoa2400802
Gratch, I., & Essig, T. (2025). A Letter about "Randomized Trial of a Generative AI Chatbot for Mental Health Treatment." NEJM AI, 2(9). https://doi.org/10.1056/AIe2500390

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Noteworthy Tools and Their Limitations

- **EndeavorRx:**
  FDA-authorized digital therapeutic for ADHD (ages 8–17). A video game that improves attention, backed by clinical trials. Not an AI chatbot.

- **Parente AI:**
  Platform for parents of children (ages 2–13) with ADHD/ODD. Offers 24/7 "AI Parent Coach" using evidence-based PMT principles. *Supports parents, not a direct child-facing AI app.*

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Therapists' Responsibility in Exploring our clients' Engagement with Social Media Mental Health "Experts"	
	Verify Credibility
	Educate on Risks
	Monitor Usage
	Encourage Open Dialogue
	Promote Reliable Resources

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Generative AI for Therapists at any Treatment Setting

Advantages	Limitations
• Use of generative AI can automate some of the administrative tasks, e.g. responding to emails, documentation, and other summarization tasks as well as psychoeducational content and interventions	• Data are not encrypted or HIPAA-compliant
• Large language models (LLMs) have access to many textbooks and professional development materials	• "Artificial hallucinations" as it's designed to provide an answer
	• LLMs have been trained on publicly available data but not session data
• Can generate text with the right tone and length (empathetic, succinct, formal, etc.)	• Trained to provide "generic" output while mental healthcare clients are unique
• Great when you can't think things thoroughly!	• Should be used with great caution in client-facing apps as genAI could provide many biased and inappropriate responses

perplexity   Gemini   OpenAI   Copilot   Claude

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Key Generative AI Tools for Therapists, November 2025

ChatGPT/ Claude/ Google Gemini/ Microsoft Copilot

Great for writing, summarizing long texts ,generating ideas ,image creation

Perplexity

Great for academic research using reliable resources

Gamma

Great for creating beautiful powerpoint presentations

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Ideas for Provider Tools Without EMRs or Patient Phone Access

• Clinical notes → Aid your own note-writing (even if handwriting them for paper charts)

• Psychoeducation → Use summaries or metaphors generated by AI to explain symptoms in a session

• Supervision prep → Use AI to help organize thoughts or prep for presenting a case

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Data-driven Therapy and Supervision

Strength of the empirical evidence

Few published studies on AI in training, ongoing therapy, and supervision. Only one published, controlled study

Tools currently available in clinical care

Very few ambient tools analyze the session content in psychological interventions

EHR integration

Very few tools are embedded into EHRs

Sheperis, D., & Sadeh-Sharvit, S. (2023). Using AI-Supported Supervision in a University Telemental Health Training Clinic. Journal of Technology in Counselor Education and Supervision, 4 (1), 3. https://doi.org/10.63889/2693-4129.1091
Flaherty, H. B. (2023). Teaching note—using technology to enhance experiential learning through simulated role plays. Journal of Social Work Education, https://doi.org/10.1080/10437797.2022.2050869
Rizek, J. L. et al. (2024). Training the psychologist of the future in the use of digital mental health technologies. Professional Psychology: Research and Practice, 55(5), 395–404. https://doi.org/10.1037/pro0000572

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The Implications of Inadequate Therapist Feedback

Therapist drift arises when practitioners fail to consistently implement evidence-based treatments, leading to potential inefficacies in therapy outcomes. This phenomenon is widespread and can undermine the effectiveness of therapeutic interventions.

Objective observations: therapists and supervisors receive data that complement their subjective assessments, leading to more informed therapeutic decisions.

Creed, T. A., et al. (2022). Enhancing the quality of cognitive behavioral therapy in community mental health through artificial intelligence generated fidelity feedback (Project AFFECT): A study protocol. BMC Health Services Research, 22(1), 1177. https://doi.org/10.1186/s12913-022-08519-9
Sadeh-Sharvit et al. (2023). Effects of an artificial intelligence platform for behavioral interventions on depression and anxiety symptoms: Randomized clinical trial. Journal of Medical Internet Research, 25, e46781. https://doi.org/10.2196/46781

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AI for Administrative Tasks: Documentation, Emails, Smart Scheduling, Billing

Strength of the empirical evidence

To date, only 2 peer-reviewed studies on AI and documentation have been published

Tools currently available in clinical care

Yes, and they are burgeoning, thanks to advancements in large language models (LLMs) and generative AI

EHR integration

While EHRs will soon offer automated documentation, the generated text may lack sensitivity for certain mental health topics

Bradshaw, P. P., & Sadeh-Sharvit, S. (2022). Language processing and artificial intelligence lower behavioral healthcare documentation: data from 30k sessions. Annals Of Behavioral Medicine, 56:S405. https://doi.org/10.1093/abm/kaac014
Sadeh-Sharvit et al. (2023). Effects of an artificial intelligence platform for behavioral interventions on depression and anxiety symptoms: Randomized clinical trial. Journal of Medical Internet Research, 25, e46781. https://doi.org/10.2196/46781
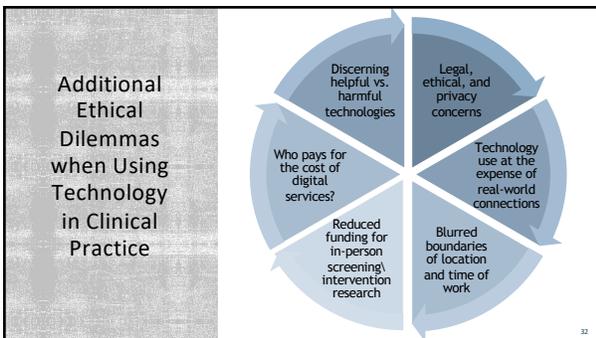
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Key Questions To Ask Your AI Progress Notes Vendor

Data Processing & Storage	AI Training & Model Usage	Compliance & Legal	System Reliability & Support
• Is patient data processed locally or in the cloud? • If cloud-based, where are your servers located? • What is your complete data lifecycle policy (collection, processing, retention, deletion)? • Can I receive verification when data is permanently deleted?	• How did you train your AI models? • Is my clients' data used to train your AI models? • If so, how is it anonymized before training? • Do I have the option to opt out of having data used for training? • Does the AI system retain any identifiable information after processing?	• Do you provide a Business Associate Agreement (BAA)? • How do you ensure compliance with state-specific mental health privacy laws? • What is your breach notification policy and timeline? • How do you accommodate client requests for data access/deletion?	• What is your uptime guarantee? • How is system performance monitored? • What technical support is available and during what hours? • How frequently are system updates performed?

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Additional Ethical Dilemmas when Using Technology in Clinical Practice

- Discerning helpful vs. harmful technologies
- Legal, ethical, and privacy concerns
- Technology use at the expense of real-world connections
- Blurred boundaries of location and time of work
- Reduced funding for in-person screening\intervention research
- Who pays for the cost of digital services?

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AI Bias

AI Bias = unfair or discriminatory outcomes that occur when AI algorithms have been trained on biased data or have biased design and therefore may favor or disadvantage certain groups of people based on factors like race, gender, age, or other characteristics.

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What's Next?

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Technology Is One of Many Instruments In Your Therapist Toolkit

- Always practice in concert with your values, personal preferences, and your clients' needs
- Ask you clients about their experiences using technology (they may already be using something)
- You may want to check out the tools first yourself – it can help you when you discuss the process with your clients
- Consult with professional organizations and colleagues to identify positive vs. harmful tools

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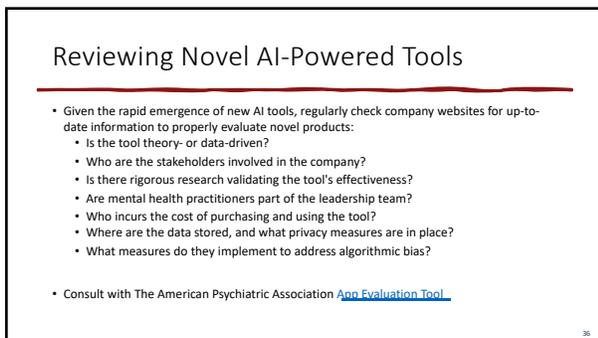
Reviewing Novel AI-Powered Tools

- Given the rapid emergence of new AI tools, regularly check company websites for up-to-date information to properly evaluate novel products:
  - Is the tool theory- or data-driven?
  - Who are the stakeholders involved in the company?
  - Is there rigorous research validating the tool's effectiveness?
  - Are mental health practitioners part of the leadership team?
  - Who incurs the cost of purchasing and using the tool?
  - Where are the data stored, and what privacy measures are in place?
  - What measures do they implement to address algorithmic bias?

- Consult with The American Psychiatric Association App Evaluation Tool

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Taking part in shaping the Future of Psychological Treatments using Artificial and Augmented Intelligence

- AI tools empower us to reimagine and enhance mental health care.
- We must navigate forward with a strong ethical compass, ensuring responsible and respectful AI integration.
- AI-powered tools can help improve the lives of both the individuals with mental health concerns and the providers supporting them, with ample opportunities for growth and progress in this field.

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Thank you for listening!

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Check out www.resolvetogether.ai

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