

COUNSELING ETHICS IN A MODERN AGE

TLPCA ETHICS TRAINING
APRIL 19, 2024

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SCAN ME

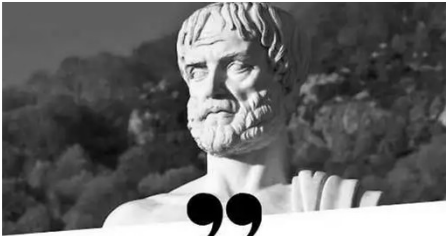
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COUNSELING ETHICS IN A MODERN AGE

BIO:

Dr. Santan has a PhD in counseling from Atlantic Coast Theological Seminary and a MA in Marriage and Family Therapy from Richmond Graduate University. He is a Licensed Professional Counselor and TN Approved LPC Supervisor. He has been working as a therapist since 2006. Dr. Santan worked for 8 years at Valley Hospital and part time private practice before moving to full time private practice in 2014. Dr. Santan now owns his own practice in Chattanooga TN. He provides individual and couples therapy specializing in anxiety disorders, addiction and romantic couple relationships. He also provides ethics trainings for TLPCA.

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”
“No great mind has ever
existed without a touch of
madness.”
ARISTOTLE

4

DESCRIPTION:

The "counseling ethics in the modern age" will be an enlightening and thought-provoking seminar designed for professional counselors. This seminar will provide the required ethics continuing education training, review important ethical and legal considerations in the practice of counseling and inform/discuss technology use in counseling including the integration of emerging AI technology. This seminar is designed to empower counselors with the knowledge and skills needed to navigate the evolving ethical landscape of the profession, especially in the era of emerging AI technology. Don't miss this unique opportunity to enhance your ethical decision-making capabilities and stay at the forefront of responsible counseling practices in a modern age.

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OBJECTIVES:

1. To review various foundational and core ethical and legal considerations, principles and procedures for the practice of mental health counseling;
2. To learn and understand how to ethically and legally integrate various technology platforms/software into the counseling practice and patient care processes;
3. To learn and understand about the emerging technology of AI and its ethical use in the counseling and patient care best practices;
4. Ethically and legally use AI as an adjunct to documentation, treatment planning and patient care;
5. Understand the options, risks and benefits of AI implementation in the counseling practice;
6. Discuss the importance of informed consent in the context of AI technology - participants will gain a deeper understanding of how to communicate effectively with patients about the use of AI tools, ensuring transparency and maintaining trust in the therapeutic relationship.

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DISCLAIMER:

The presenter is not an attorney, and nothing presented today is intended to be legal advice. Legal matters are highly individualized. It is recommended that workshop participants consult a qualified attorney before making significant decisions with potential legal ramifications.

7

Ethical and Legal topics are often blended. We will focus our discussions today on ethical topics, but I will do my best to make a distinction between ethical topics and legal topics when possible.

8

Ethical standards are based on the human principles of right and wrong.

Legal standards are based on written law.

When ethical standards and legal standards are in conflict, legal standards trump ethical standards.

9

TN LAW AND ETHICS CODES

Stay up to date with TN Rules for Professional Counselors and the Ethics Codes, especially around supervision!

TN Rules for Professional Counselors – 2020

ACA – 2014
NBCC – 2023
AMHCA – 2015
ACES Guidelines – 2011
APA – 2003 – Last amendment in 2017

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ETHICS REVIEW

Brief Review of the key ethical items to consider in the profession...

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ETHICS REVIEW

Informed Consent: written explanation to patients the nature of the counseling process, expectations, the techniques and modalities used, the risks and benefits, limits of confidentiality, the qualifications of the counselor, and any other pertinent information.

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ETHICS REVIEW

Informed consent should include information about mandatory disclosures as well as business policy and procedures.

Disclosure statements on the use of technology

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ETHICS REVIEW

Mandatory Disclosures: Counselors are legally and ethically required to disclose certain information when appropriate under special circumstances.

- Confidentiality, Privacy and Privileged Communication
- Limits to Confidentiality
 - Duty to Warn
 - Duty to Protect
 - Mandatory Reporting
 - Court and Legal Proceedings

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ETHICS REVIEW

The Five Moral Ethical Principles

The core ethical principles that help ensure the welfare and dignity of patients and function as a cornerstone of ethical reasoning. They are used to inform and guide the course of action that should be taken.

http://www.counseling.org/docs/ethics/practitioners_guide.pdf

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ETHICS REVIEW

The Five Moral Ethical Principles

- Autonomy
- Non-maleficence
- Beneficence
- Justice
- Fidelity

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ETHICS REVIEW

Autonomy

Respecting and supporting the patient’s right to make their own decisions and control their own life. Least restrictive care.

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ETHICS REVIEW

Non-maleficence

Avoid causing harm to patients, whether through negligence, incompetence, or intentional actions.

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ETHICS REVIEW

Beneficence

Actively promoting the well-being of patients and taking steps to contribute positively to their health and welfare.

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ETHICS REVIEW

Justice

Ensuring fair and equitable treatment of all patients, with equal access to counseling resources and unbiased support.

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CONSCIENTIOUS OBJECTIONS

Tenn. Code Ann. § 63-22-302:

Conscientious objections -- Referrals to other providers -- Liability.

(a) No counselor or therapist providing counseling or therapy services shall be required to counsel or serve a client as to goals, outcomes, or behaviors that conflict with the sincerely held principles of the counselor or therapist; provided, that the counselor or therapist coordinates a referral of the client to another counselor or therapist who will provide the counseling or therapy.

(b) The refusal to provide counseling or therapy services as described in subsection (a) shall not be the basis for:

(1) A civil cause of action; or

(2) Criminal prosecution.

(c) Subsections (a) and (b) shall not apply to a counselor or therapist when an individual seeking or undergoing counseling is in imminent danger of harming themselves or others.

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CONSCIENTIOUS OBJECTIONS

Can I be effective?

23

ETHICS REVIEW

Fidelity

Building trusting and loyal relationships by maintaining confidentiality, reliability, and honesty in professional practices.

24

Therapist: Your wife says you never buy her flowers is that true?

Him: To be honest, I never knew she sold flowers.

25

oh boy ever spill a little bit of your coffee and realize the thread you are hanging on by is actually quite thin

26

MAKING ETHICAL DECISIONS

- Identify the problem or dilemma (is it an ethical or a legal one or both)
- Identify the potential issues involved – thoroughly consider all sources that might influence decision making
- Review the relevant ethics codes and document them
- Review the applicable laws and regulations and document them

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MAKING ETHICAL DECISIONS

- Obtain consultation if need be
- Consider possible and probable courses of action and what type of harm might result from your actions
- Enumerate the consequences of various decisions
- Decide on what appears to be the best course of action

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MAKING ETHICAL DECISIONS

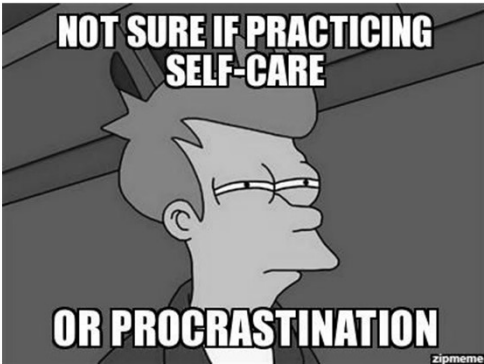
- Document why you made the choice as well as why you ruled out other choices – document options, risks, benefits
- Cite, in your documentation, which specific ethical guidelines and laws are relevant to the decision-making process

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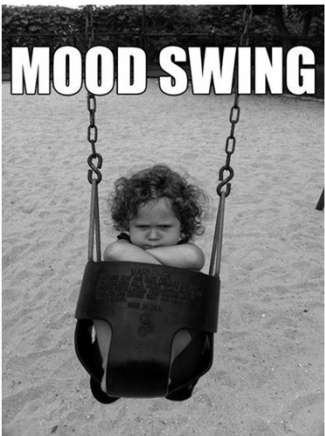
COMPETENCE

- You should only use technology resources that you are competent in using
- Be aware of any personal or professional limitations which are likely to impede professional performance when using technology
- Consider training/educational resources to improve competence

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**DUAL RELATIONSHIPS AND
MULTIPLE ROLES**

- Definition of Dual Roles: Dual roles occur when a therapist engages in multiple relationships with a patient beyond a professional and therapeutic relationship, such as friendships, familial ties, or business connections.

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**DUAL RELATIONSHIPS AND
MULTIPLE ROLES**

- Examples of Dual Roles:
 - Providing therapy to a family member.
 - Being friends with a patient outside of therapy.
 - Engaging in business relationships with patients.
 - Church
 - Civic duties
 - Volunteering
 - Fantasy Football
 - Hobbies

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**DUAL RELATIONSHIPS AND
MULTIPLE ROLES**

- Risks of Dual Roles:
 - Potential conflicts of interest that may impair judgment.
 - Blurring of professional boundaries affecting objectivity and professionalism.
 - Risk of exploiting or harming the patient.

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**DUAL RELATIONSHIPS AND
MULTIPLE ROLES**

- Importance of Clear Boundaries:
 - Essential for maintaining the integrity and effectiveness of the therapeutic relationship.
 - Helps in preserving patient well-being and trust in therapy.
 - Therapeutic rapport
 - Objectivity

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DUAL RELATIONSHIPS AND MULTIPLE ROLES

- Ethical Guidelines:
 - Mental health ethics codes emphasize avoiding dual roles to prevent harm and maintain trust.
 - Clarify roles and remain aware of boundary issues to prevent ethical violations.

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DUAL RELATIONSHIPS AND MULTIPLE ROLES

- Handling Unavoidable Dual Roles:
 - Occurs in scenarios like small communities or specific cultural contexts.
 - Necessary to assess risks and benefits and establish clear boundaries.

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DUAL RELATIONSHIPS AND MULTIPLE ROLES

- Management Strategies:
 - Regular supervision and consultation with mental health professionals.
 - Ongoing self-reflection and ethical decision-making to navigate dual-role challenges.
 - Establishing guidelines and discussing potential conflicts and limitations with patients.

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SOCIALIZING BETWEEN THE COUNSELOR AND PATIENT

- **Boundary Crossing vs. Boundary Violation**
 - Recognize the difference between acceptable boundary crossings (e.g., seeing a patient in public) and boundary violations (e.g., socializing outside therapy).
- **Dual Relationships**
 - Avoid dual relationships where the counselor takes on multiple roles; such relationships can harm the therapeutic alliance.
- **Informed Consent and Boundary Discussion**
 - Clearly establish and discuss boundaries at the start of therapy, covering risks and implications of socializing outside sessions.

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SOCIALIZING BETWEEN THE COUNSELOR AND PATIENT

- **Power Dynamics and Vulnerability**
 - Be aware of power imbalances; ensure patients do not feel pressured to socialize or share outside the therapeutic context.
- **Confidentiality and Privacy**
 - Maintain confidentiality and privacy standards in all settings, avoiding discussions about therapy details in public or social settings.
- **Ethical Decision-Making**
 - Use ethical decision-making processes when faced with boundary challenges, considering principles like beneficence and non-maleficence.

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SOCIALIZING BETWEEN THE COUNSELOR AND PATIENT

- **Professionalism and Accountability**
 - Uphold professionalism and ethical standards in all interactions, setting appropriate boundaries and being accountable for decisions about socializing with patients.

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SOCIALIZING IN THE AGE OF TECHNOLOGY

- Boundary Challenges with Technology
 - Recognize how technology, especially social media, can blur the traditional boundaries between therapists and patients.
- Friend Requests and Interactions
 - Avoid accepting friend requests or engaging in private interactions with current or former patients on social media platforms.
- Public vs. Private Personas
 - Maintain a clear distinction between professional and personal online profiles to protect both therapist and patient privacy.

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SOCIALIZING IN THE AGE OF TECHNOLOGY

- Sharing Information
 - Be cautious about sharing personal information or professional opinions that might affect the therapeutic relationship or breach confidentiality.
- Online Content Monitoring
 - Be aware of the content that patients might access on professional social media pages, ensuring it is appropriate and maintains a therapeutic focus.
- Ethical Considerations
 - Consider ethical implications, such as confidentiality risks and dual relationships, when using technology in treatment.

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SOCIALIZING IN THE AGE OF TECHNOLOGY

- Digital Boundaries
 - Establish and communicate clear digital boundaries with patients regarding contact, communication, and information sharing on social media.
 - Technology disclosure in Informed Consent
- Professional Guidelines
 - Adhere to professional guidelines and ethics related to the use of technology and social media in practice.
- Training and Policies
 - Implement policies and training for mental health professionals on the appropriate use of social media and technology in clinical contexts.

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SOCIALIZING IN THE AGE OF TECHNOLOGY

- Confidentiality in Digital Communication
 - Ensure all digital communications with patients are secure and comply with confidentiality standards.
 - Encryption, SSL, etc.

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SEXUAL INVOLVEMENT WITH PATIENTS

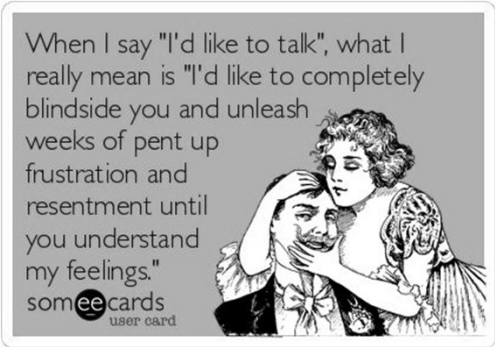
- Sexual involvement with patients is forbidden by all of the professional ethics codes and licensing regulations

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SEXUAL INVOLVEMENT WITH PATIENTS

- Sexual involvement with patients is forbidden by ALL of the professional ethics codes and licensing regulations
- Power Imbalance: Exploitation. Sexual contact between a counselor and a patient is considered unethical and potentially harmful due to the inherent power imbalance in the therapeutic relationship. Counselors hold a position of authority and influence over their patients, and any form of sexual involvement can exploit this power dynamic and compromise the client's well-being.

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my therapist making me say nice things about myself



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LEGAL ISSUES IN COUNSELING

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TYPES OF LIABILITY

- Statutory liability - specific written standard with penalties imposed, written directly into the law
- Negligent liability - failing to observe the proper standard of care

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PROCESS OF ESTABLISHING
NEGLIGENT LIABILITY

- 1. Establish a standard of care
- 2. Determine negligence
 - One CANNOT be found liable without first being found negligent
- 3. Charge of liability

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STANDARD OF CARE

- Normative or expected practice performed in a given situation by a given group of people
- There may be different standards of care for given situations determined by setting, type of counselor and/or type of cultural context

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NEGLIGENCE

- To succeed in a malpractice claim, there must be 4 elements present:
 - Duty - therapist agrees to provide professional services
 - Breach of duty - therapist failed to provide the appropriate standard of care
 - Injury - plaintiffs must prove that they were harmed in some way
 - Causation - plaintiffs must prove that therapist's breach of duty was the proximate cause of the injury suffered

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TYPES OF NEGLIGENT LIABILITY

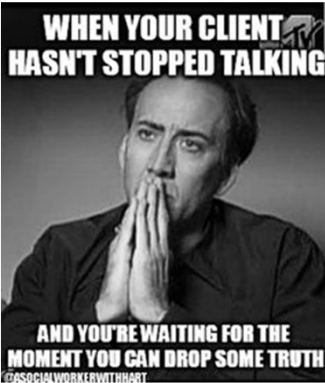
- Direct liability – counselors are held directly responsible for their own negligent practice
- Vicarious liability – counselors are held responsible for actions of supervisees and employees regardless of any fault on the part of supervisor

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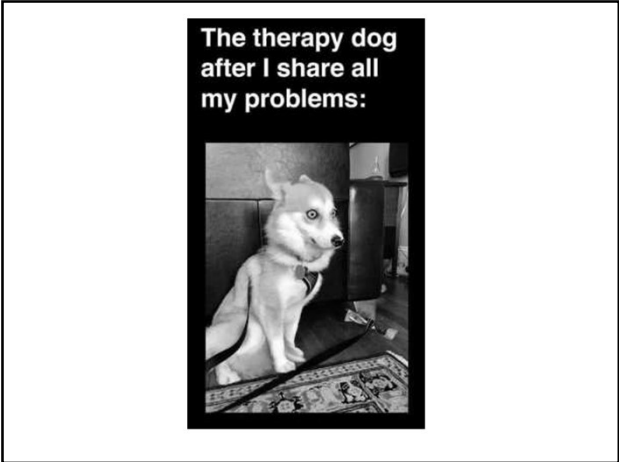
VICARIOUS LIABILITY

- A secondary liability based on agency – who is in control when the offending behavior occurred
- A counselor may be held vicariously liable under one of three legal doctrines:
 - Respondeat Superiores – Latin: "let the master answer". Most common legal doctrine under which a supervisor can be held vicariously liable for supervisees – supervisors can be held liable for actions of supervisees
 - Borrowed Servant Rule - used to determine who had control of supervisee (or employee) at time of negligent act.
 - Enterprise Liability - individual entities can be held jointly liable for some action on the basis of being part of a shared enterprise.

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PRIVILEGED COMMUNICATION

- A legal concept that allows an individual to have confidential communications with a professional
- Privilege may be waived by the patient
- Any communication to the counselor by a supervisee or patient is considered privileged communication

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DUTIES TO WARN, PROTECT, AND REPORT

- Duty to warn – the obligation of a therapist whose patient presents a serious danger of violence to another person to warn and protect the third party – “clearly identified person”

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- Duty to protect - obligation of therapist to take necessary steps to protect a patient with suicidal intent

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DUTIES TO WARN, PROTECT, AND REPORT

- Duty to warn – the obligation of a therapist whose patient presents a serious danger of violence to another person to warn and protect the third party – “clearly identified person”
- Duty to protect - obligation of therapist to take necessary steps to protect a patient with suicidal intent
- Duty to report - obligation of therapist to report abuse or suspected (“reasonable suspicion of”) abuse, neglect and/or exploitation of vulnerable people such as: children, elderly or a disabled person.

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RISK MANAGEMENT

- Actions that can minimize the risk of liabilities inherent to counseling:
- Adherence to Ethical Guidelines: Counselors should adhere strictly to the ethical codes of their professional organizations, such as the American Counseling Association (ACA) or the American Psychological Association (APA).
- Continuing Education and Training: Counselors should engage in ongoing professional development to stay current with best practices, emerging trends, and changes in laws and regulations.

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RISK MANAGEMENT

- Risk Assessment and Management: Conduct thorough risk assessments to identify potential safety concerns or risk factors for harm to patients or others and develop appropriate risk management plans to address these concerns.
- Confidentiality and Privacy: Safeguard client confidentiality and privacy by implementing secure systems for record-keeping, storage, and transmission of sensitive information, and ensuring compliance with relevant privacy laws (e.g., HIPAA).

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RISK MANAGEMENT

- Supervision and Consultation: Seeking supervision and consultation from experienced professionals can provide guidance, support, and feedback on challenging cases and ethical dilemmas.
- Informed Consent: Obtain informed consent from patients before initiating therapy, ensuring they understand the nature, purpose, risks, and benefits of counseling, as well as their rights and responsibilities.
- Clear and Consistent Documentation: Maintain accurate and comprehensive client records, including assessments, treatment plans, progress notes, and informed consent forms, to document the services provided and facilitate continuity of care.

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RISK MANAGEMENT

- Regular Case Review and Supervision: Engage in regular case review and supervision to evaluate the effectiveness of interventions, identify areas for improvement, and address any ethical or clinical concerns.
- Professional Liability Insurance: Obtain professional liability insurance to protect against potential legal claims or lawsuits arising from allegations of negligence, malpractice, or misconduct.
- Self-Care Practices: Prioritize self-care practices to maintain physical, emotional, and psychological well-being, reducing the risk of burnout, compassion fatigue, or impairment in professional practice.

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RISK MANAGEMENT

- Establishment of Emergency Procedures: Develop and implement emergency procedures to respond effectively to crises or situations involving imminent risk of harm to patients or others.
- Regular Review of Policies and Procedures: Regularly review and update organizational policies and procedures to ensure compliance with legal and ethical standards and address any emerging issues or concerns.
- Collaboration and Referral: Collaborate with other professionals and make appropriate referrals when necessary to ensure patients receive comprehensive care that addresses their needs beyond the scope of counseling.

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RISK MANAGEMENT

- Establishment of Boundaries: Maintain clear and appropriate boundaries with patients to ensure the integrity of the therapeutic relationship and minimize the risk of boundary violations or dual relationships.
- Cultural Competence: Develop cultural competence to effectively work with patients from diverse backgrounds, respecting their values, beliefs, and cultural norms.
- Don't counsel beyond competence – Specialty referral
- Maintain written policies
- Maintain a working knowledge of current literature, ethics codes, legal statutes, and licensing regulations

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RISK MANAGEMENT

- Implement a feedback and evaluation plan for yourself and any supervisees/employees
- Purchase the appropriate professional liability insurance coverage and verify that you and anyone you supervise or employ also has the appropriate liability insurance coverage

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COUPLES COUNSELING
SAVED OUR MARRIAGE

BECAUSE NOW I CAN'T
AFFORD A DIVORCE

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therapist: you need to open up more

me: i can't

therapist: why not

me: let me visualise it for you



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DOCUMENTATION

Clear, complete, detailed and thorough documentation is necessary.

More is more.

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Her: He must be thinking of another woman

Him: In Revenge of the Sith, Obi-Wan tells R2-D2 to activate elevator 31174. Does that mean that General Greivous's flagship has over thirty thousand elevators?



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TECHNOLOGY ASSISTED COUNSELING

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TELEMENTAL HEALTH

The provision of mental health services and support through remote digital and telecommunication technologies, such as video, phone, and synchronous and/or asynchronous messaging.

Any type of technology assisted clinical intervention.

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BENEFITS OF TELEHEALTH

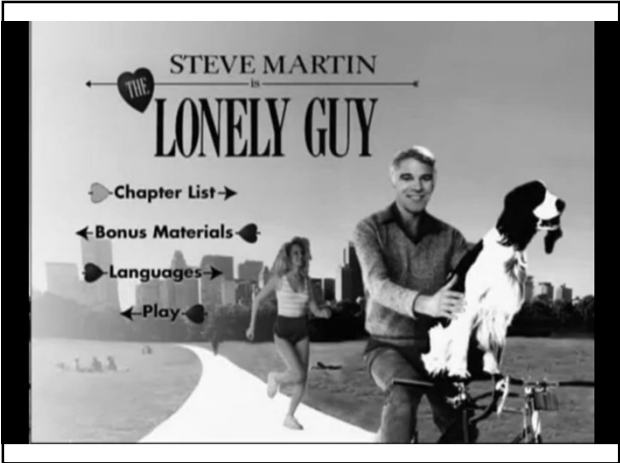
- Increased Accessibility
- Convenience
- Flexibility
- Continuity of Care
- Reduced Stigma
- Cost-Effectiveness
- Safety
- Resource Optimization
- Innovative Treatment Options

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RISKS OF TELEHEALTH

- Confidentiality Concerns: pt privacy, data breaches
- Provider Competency
- Equity and Access
- Boundary Management
- Emergency/Crisis Management
- Jurisdiction and Licensing
- Outcome Monitoring
- Technological Dependence
- Miscommunication
- Patient safety: e.g., driving

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RISKS OF TELEHEALTH

Did you notice any ethical violations?

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RISKS OF TELEHEALTH

Did you notice any ethical violations?

Discussion: To what extent are we, as providers, responsible for our patient's confidentiality and privacy during a telehealth session?

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TELEHEALTH

Several studies have concluded that telemental health is just as effective as traditional in person mental health care. Now that we've relied very heavily on telehealth for mental health care during the pandemic we have much more evidence that telehealth is an extremely and often advantageous alternative to in person treatment.

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5723163/>
- <https://pubmed.ncbi.nlm.nih.gov/23697504/>
- <https://www.milbank.org/publications/telebehavioral-health-an-effective-alternative-to-in-person-care/>

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TELEHEALTH

IS IT APPROPRIATE FOR THE PATIENT?

Assess each patient's fit for telehealth
Telehealth Assessment for Patient Fit

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TELEHEALTH

- HIPAA Compliance – software, video, phone
 - Business Associate Agreement (BAA)
- Security (data encryption, locks) and confidentiality
- Screen for appropriateness (handout)
- Jurisdiction falls where the patient is AT THE TIME OF SERVICE

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TELEHEALTH

Telehealth specific informed consent

Have a separate informed consent and treatment authorization for telemental health that states the specific risks and benefits around the use of technology assisted therapy.

Clearly state and discuss emergency procedures.

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TELEHEALTH

What about continuity of care for someone who has moved temporarily out of state such as a college student home for the summer?

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TELEHEALTH

What about continuity of care for someone who has moved temporarily out of state such as a college student home for the summer?

Request a “guest license”.

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TELEHEALTH

Can I just call myself a coach and do “coaching” across state lines?

- In short, no. Licensed professionals are held to the standard of their license.
- If you’re a certified coach AND you have a separate business entity, then you may be able to safely incorporate coaching services with reduced liability. There are limitations, however.

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MOMMYWATERTIME
@mommywatertime

You ever just look at your therapist’s face and know you’re about to be a topic of conversation when she talks to her therapist?

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THAT WAS THE MOST CHALLENGING CLIENT EVER

my clinical supervisor

THE MOST CHALLENGING CLIENT SO FAR.

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WEBSITES, ADVERTISING & SOCIAL MEDIA

- Purpose of the online presence
- Use security measures when possible: SSL
- Disclaimers
- Don’t make false or misleading claims
- Represent yourself and your practice accurately
- Protect YOUR privacy online
- Don’t connect with patients via social media
- Feedback/Comments/Testimonials – can’t reply

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AI – ARTIFICIAL INTELLIGENCE

AI is the simulation of human intelligence, produced by technology, especially computer systems. Some applications of AI include: speech recognition, natural language processing and machine vision. Artificial Intelligence replicates tasks and decision making usually done by humans.

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AI – ARTIFICIAL INTELLIGENCE

AI chatbots: a computer program designed to simulate verbal interactions and conversation with human users, especially through the internet

- Becoming more common for individuals seeking quick, accessible and cheap behavioral health care services.
- Chatbots and apps were originally intended to be an adjunct to human behavioral health care services; however, the Covid 19 pandemic resulted in an increase in behavioral health care concerns to the point that human providers are struggling to meet the need.
- AI chat bots being used as a supplement to human therapy.

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AI – ARTIFICIAL INTELLIGENCE

- Ease of access
- Economically affordable
- Can track, analyze, monitor and respond to an individual’s mood in real time and be available 24/7
- Decreases feelings of isolation

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AI – ARTIFICIAL INTELLIGENCE

Ethical Concerns with AI:

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AI – ARTIFICIAL INTELLIGENCE

Ethical Concerns with AI:

Is it ethical for a non-clinically trained, AI chatbot to assess and dispense mental health advice to individuals that are impressionable and struggling with stability in their mental health.

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AI – ARTIFICIAL INTELLIGENCE

Ethical Concerns with AI:

Is it ethical for a non-clinically trained, AI chatbot to assess and dispense mental health advice to individuals that are impressionable and struggling with stability in their mental health.

How is safety and the “professional behavior” of the AI chatbot monitored?

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AI – ARTIFICIAL INTELLIGENCE

Ethical Concerns with AI:

Where’s the line between beneficence and maleficence?

What other ethical considerations per our ethics review need to be considered?

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AI – ARTIFICIAL INTELLIGENCE

Additional Ethical Concerns with AI:

- Confidentiality and Privacy
- Accuracy of Information
- Lack of Empathy and Human Interaction
- Dependence on Technology/Technology Addiction
- Misdiagnosis and Oversimplification
- Liability and Accountability
- Informed Consent
- Bias
- Therapeutic Boundaries
- Data Misuse/Hackers

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AI – ARTIFICIAL INTELLIGENCE

Considerations with AI Chatbots when working with patients:

- Mandatory Disclosure
- Technology Comfort Screening
- Psychoeducation
- Regulatory Discussion
- Highlighting AI Risks/Benefits
- Provider Accountability

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AI – ARTIFICIAL INTELLIGENCE

Currently we don't know enough about AI and its capabilities, but the general recommendation is, if you're going to use AI, use it in a similar way to any other piece of technology:

- Use a HIPAA & HITECH complaint platform
- Don't share PHI unless the platform is HIPAA & HITECH compliant
- Let AI inform your decision-making process rather than letting it make decisions on your behalf.

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Sometimes, just to annoy my Therapist, I'll ask him; "so how does my lack of progress make you feel?"

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AI – ARTIFICIAL INTELLIGENCE

Considerations when using AI for progress notes/documentation:

- Am I using AI to help with time and efficiency
- Is the AI platform HIPAA and HITECH compliant – have signed BAA
- Have I reviewed with my client how AI will be used in documentation and have received their informed consent. I have also documented this in a progress note

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AI – ARTIFICIAL INTELLIGENCE

- If I've used AI, have I review all of the documentation (progress notes, forms, etc.) the AI creates and edit that documentation as needed
- Did I make sure all documentation is personalized to my patient and accurately reflects their experience
- Do I track my use of AI to make sure it is truly saving me time on documentation

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AI – ARTIFICIAL INTELLIGENCE

- Autonotes - autonotes.ai
- Mentalyc - mentalyc.com
- S10.ai - s10.ai
- Upheal - upheal.io
- Duet AI in Google Workspace - HIPAA compliance
- Blueprint - blueprint-health.com/
- SOAPNoteAI - soapnoteai.com

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AI – ARTIFICIAL INTELLIGENCE

- Informed Consent
- Disclosure to patients. Tech disclosure in IC
- Recordings. How are they stored? They become part of the record. Can you legally destroy recordings and exclude them from forced disclosure?

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AI – ARTIFICIAL INTELLIGENCE

Creating and maintaining a professional growth plan. The use of a well documented annual professional growth plan is good practice and evidence that you are engaging in continuing education consistent with your practice. Existing training opportunities related to ethical practice using AI as an adjunct to traditional human therapy with patients is a consideration in today's technology landscape.

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AI – ARTIFICIAL INTELLIGENCE

Telehealth platforms and the use of AI

- Talkspace
- BetterHelp
- Teladoc

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AI – ARTIFICIAL INTELLIGENCE

AI generated content lags about 2 years behind what's current – AI doesn't yet have the capability for up-to-date information.

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AI – ARTIFICIAL INTELLIGENCE

AI Apps: For the purposes of our discussions and education, this section will focus on AI apps that are designed to provide AI assisted therapeutic support.

- Woebot: AI-powered chatbot designed to provide CBT techniques and support for managing stress, anxiety, and depression.
- Wysa: AI chatbot that offers mental health support through conversation, mood tracking, guided exercises, and self-help tools. It utilizes principles of CBT, DBT, mindfulness, and other therapeutic modalities.

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AI – ARTIFICIAL INTELLIGENCE

AI Apps:

- Replika: AI chatbot designed to be a virtual friend and conversational partner. While not specifically marketed as a therapy app, users often engage with Replika for emotional support and companionship.
- Youper: AI that provides users with emotional support, self-help tools, and therapy-based techniques. It was developed with the goal of making mental health support more accessible and personalized.

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AI – ARTIFICIAL INTELLIGENCE

AI Apps:

- Elomia: promoted as a “virtual therapist” powered by AI. It’s a chatbot designed and trained by thousands of consultations conducted by therapists. It provides active listening, advise and support.
- Betwixt: gamified AI assisted app for tracking and managing thoughts and emotions

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AI – ARTIFICIAL INTELLIGENCE

AI Apps:

- Tess: An empathetic mental health chatbot designed to provide emotional support and help users manage their mental health. It uses natural language processing to engage in meaningful conversations.
- Joyable: An online program that uses an AI chatbot to deliver cognitive behavioral therapy for social anxiety. It guides users through interactive activities and provides support in real-time.

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AI – ARTIFICIAL INTELLIGENCE

AI Apps:

- Karim: A mental health chatbot developed by the World Health Organization (WHO) to provide information, support, and resources for individuals experiencing distress or seeking help for mental health issues.
- X2AI - Tess: An AI mental health chatbot that aims to provide accessible mental health support. It uses natural language processing and machine learning algorithms to engage in conversations and offer support.

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AI – ARTIFICIAL INTELLIGENCE

AI Apps:

- Ellie: An AI chatbot developed for military veterans to assist with their mental health. Ellie engages in conversations to assess and provide support for post-traumatic stress disorder (PTSD) and depression.
- Mindbloom: An AI-guided mental wellness platform that uses chatbot interactions to offer support and guidance. It combines evidence-based therapies with virtual reality experiences for a holistic approach to mental health.

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AI – ARTIFICIAL INTELLIGENCE

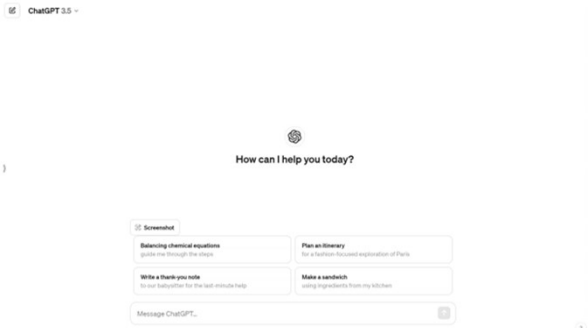
General AI Apps:

- Siri: Apple
- Alexa: Amazon
- ChatGPT: Open AI
- Copilot: Microsoft
- Gemini: Google Workspace – Included in BAA

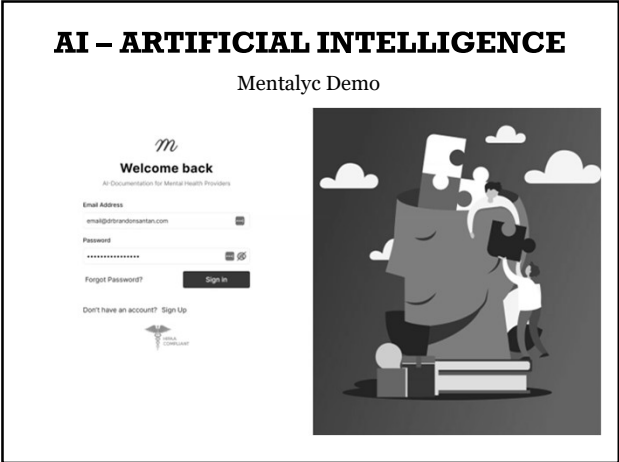
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AI – ARTIFICIAL INTELLIGENCE

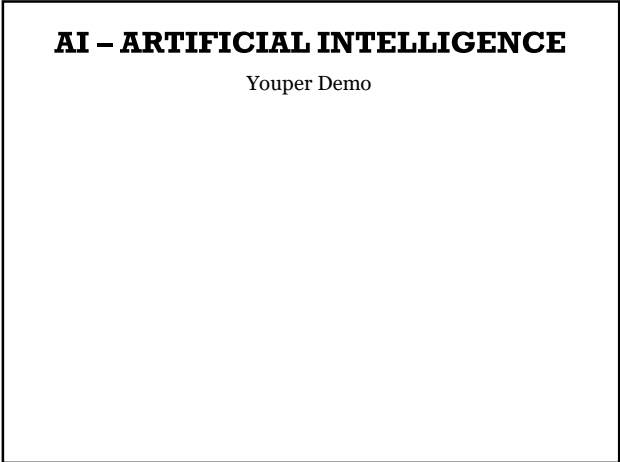
ChatGPT Treatment Plan Demo



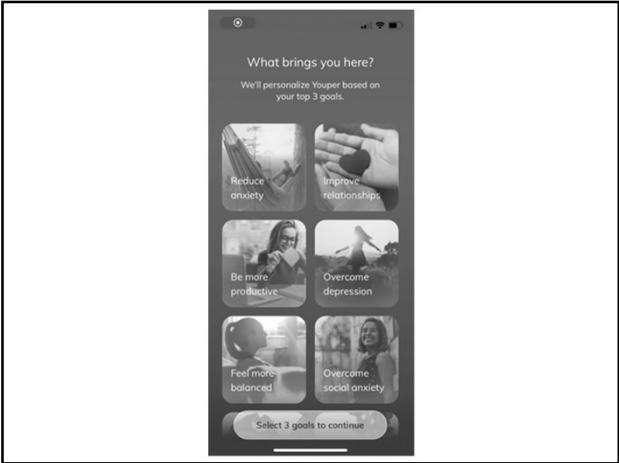
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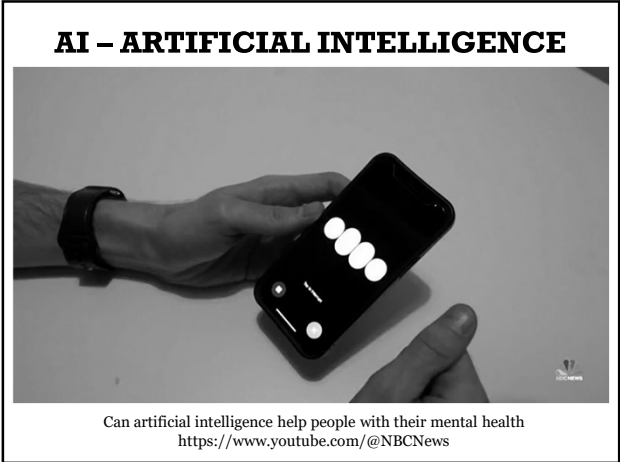
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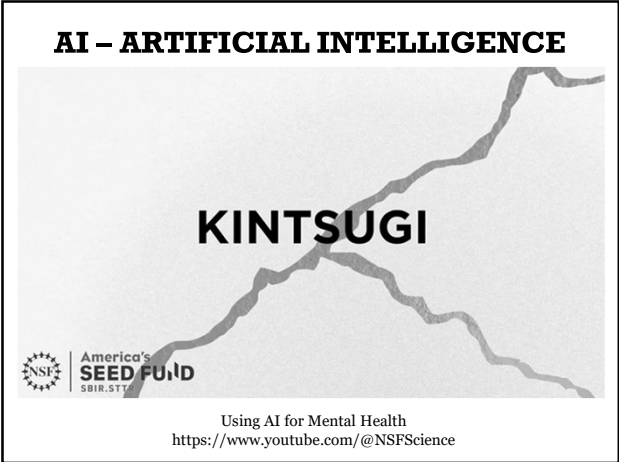
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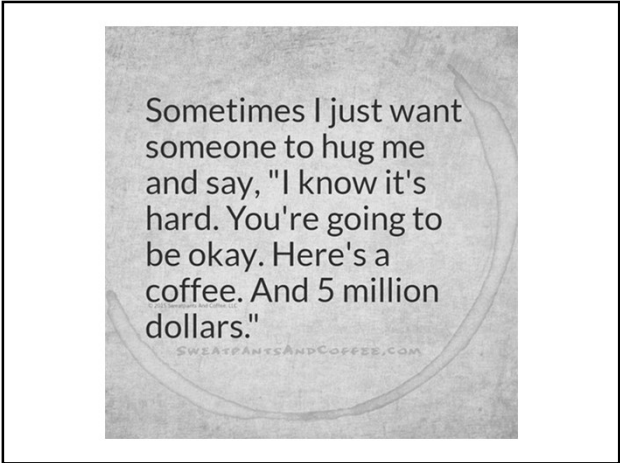
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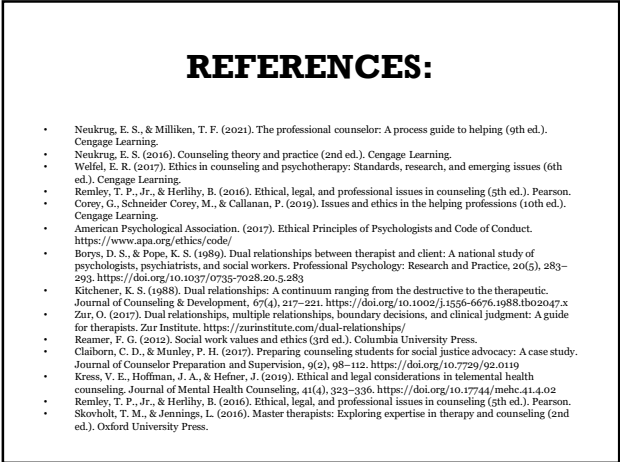
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REFERENCES:

- Sreenivasan, S., & Weinberger, L. E. (2014). The ethics of culturally competent practice. *The Counseling Psychologist*, 42(3), 365–397. <https://doi.org/10.1177/0011000124888011>
- The Current State of Telehealth Evidence: A Rapid Review. (2019). *Health Affairs*, Vol. 37, No. 12: TELEHEALTH
- Credential Board Certified-Telemental Health: <https://www.cceglobal.org/Credentialing/BCTMH>
- Fiske, A. Henningsen, P., Buys, A. (2019). "Your robot therapist will see you now: Ethical implications of embodied artificial intelligence in psychiatry, psychology, and psychotherapy". *Journal of Medical Internet Research*.
- Giovannetti, M. (2023). Artificial Intelligence and Mental Health. *Counseling Today*, April 2023, Vol. 65, No. 10. (pages 21-22).
- HIPAA-Secure Software for Tele-services: AdaptiveTelehealth.com
- American Counseling Association Code of Ethics. (2014). <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- The Current State of Telehealth Evidence: A Rapid Review. (2019). *Health Affairs*, Vol. 37, No. 12: TELEHEALTH
- Credential Board Certified-Telemental Health: <https://www.cceglobal.org/Credentialing/BCTMH>
- Fiske, A. Henningsen, P., Buys, A. (2019). "Your robot therapist will see you now: Ethical implications of embodied artificial intelligence in psychiatry, psychology, and psychotherapy". *Journal of Medical Internet Research*.
- Gawande, A. (2009). *The Checklist Manifesto*. Metropolitan Books.
- Giovannetti, M. (2023). Artificial Intelligence and Mental Health. *Counseling Today*, April 2023, Vol. 65, No. 10. (pages 21-22).