AI and Behavioral Health: Impact on the Workforce

Therapist Training With (and in) AI

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CREATE
THE CENTER FOR ADVANCING THERAPY WITH AI

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Learning objectives

- Describe AI applications in therapist training and support
- Summarize evidence, risks, and standards for AI in training
- Identify considerations before AI informs certification
- Compare general-purpose and purpose-built AI tools
- Identify red flags in AI terms of service

Will AI replace the mental health workforce?

- Early trials of purpose-built chatbots show short-term symptom improvement
- Effective therapy unfolds over weeks to months: assessment, case conceptualization, dosed intervention, progress evaluation
- Current LLMs: limited memory, unreliable recall, overuse of advice
- Sustaining alliance and fidelity across a full course of treatment is untested

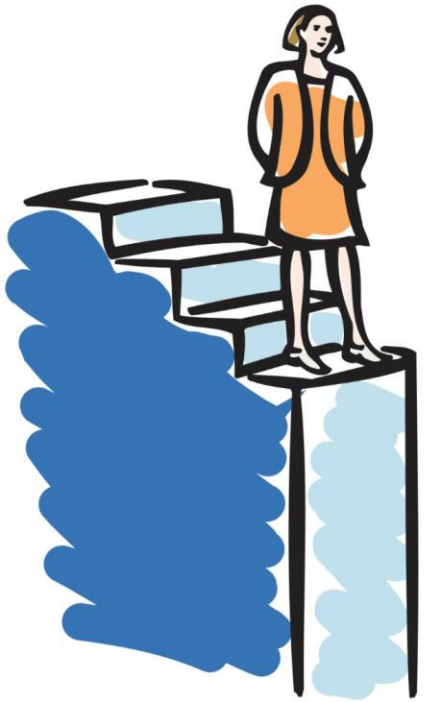
Stade, Held, et al., 2026 (EBP-AI); Wiltsey Stirman et al., in preparation

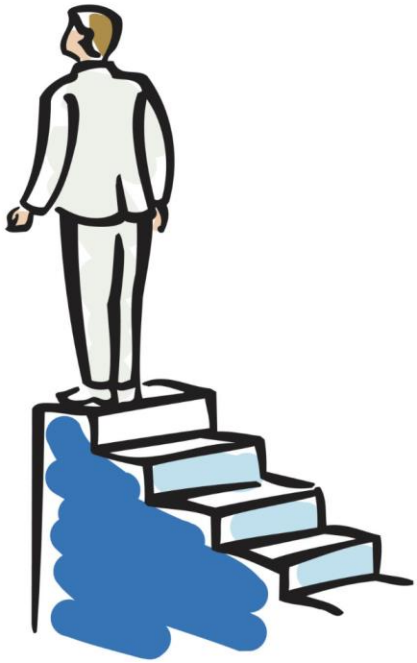
Hurdles before AI could deliver therapy on its own

- Safety: risk detection and escalation; no mechanism for duty to protect or mandated reporting
- Effectiveness: controlled trials in clinical populations with durable outcomes
- Fit with existing systems: workflow, records, handoff to human care
- Regulation: no FDA-authorized generative AI mental health device; Illinois prohibits AI therapeutic communication
- Accountability: no licensing board or ethics code for AI therapists

AI can fill gaps in care alongside clinicians

- Therapy: about 1 of 112 waking hours a week
- Prevention and screening
- Support while on a waitlist
- Between-session practice and tracking
- Relapse monitoring after treatment ends
- A clinician stays in the loop at every stage
- Train and support therapists





Kabrel et al., 2026; Stade et al., 2024, 2026

Forms of AI used in training and support

Use	Method	Example
Simulated patients	Large language model	TherapyTrainer
Feedback on skills	Large language model	AI consultant feedback
Fidelity coding	NLP or text matching	MI coding, WET script detection
Implementation support	Large language model	ImpleMentor

Gaps in training for evidence-based therapies

- Workshops alone rarely change practice
- Consultation helps, but expert consultants are scarce and costly
- Few chances to practice between training and real patients



AI in CBT training and supervision

Potential roles for AI in training

- Simulated patients for assessment and therapy practice
- Real-time, personalized fidelity feedback
- Support for developing cultural sensitivity
- More consistent, accessible training and supervision

Shafran et al., 2025

Barriers identified for AI in training

- Access to high-quality datasets and algorithms
- Ethical concerns
- Implementation in low-resource settings
- Limited rigorous research
- Paper offers guidelines for developing, evaluating, and implementing AI tools

Shafran et al., 2025

What good feedback looks like

- Feedback should tap into key mechanisms: active learning, skill building, self-efficacy, development of fidelity

- One element at a time

- Reinforcement of specific behaviors rather than empty praise

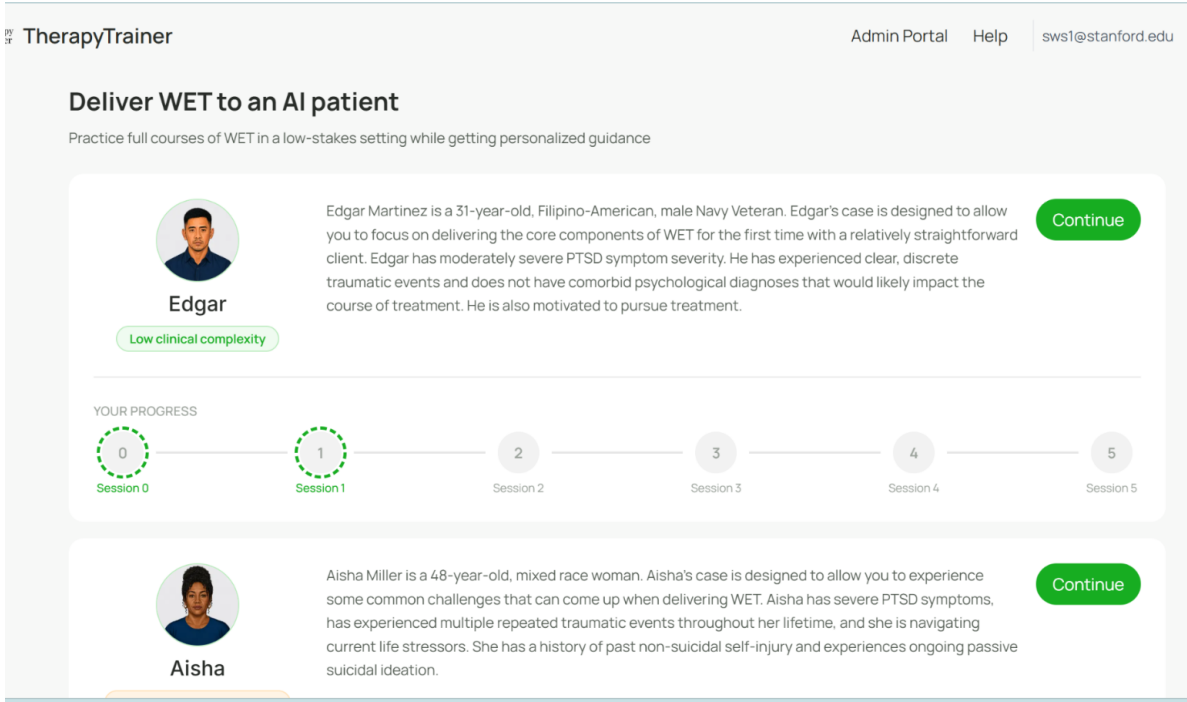
- Directive and specific when a correction is needed

- Stylistic variation and conceptualization differences belong in a sidebar discussion rather than moment-to-moment feedback



TherapyTrainer: practice for WET

- Full simulated course of WET with AI patients
- Spoken interaction with the simulated patient
- AI consultant feedback on each response
- Skill practice for the hardest parts of WET
- Help with de-identified real cases



TherapyTrainer development

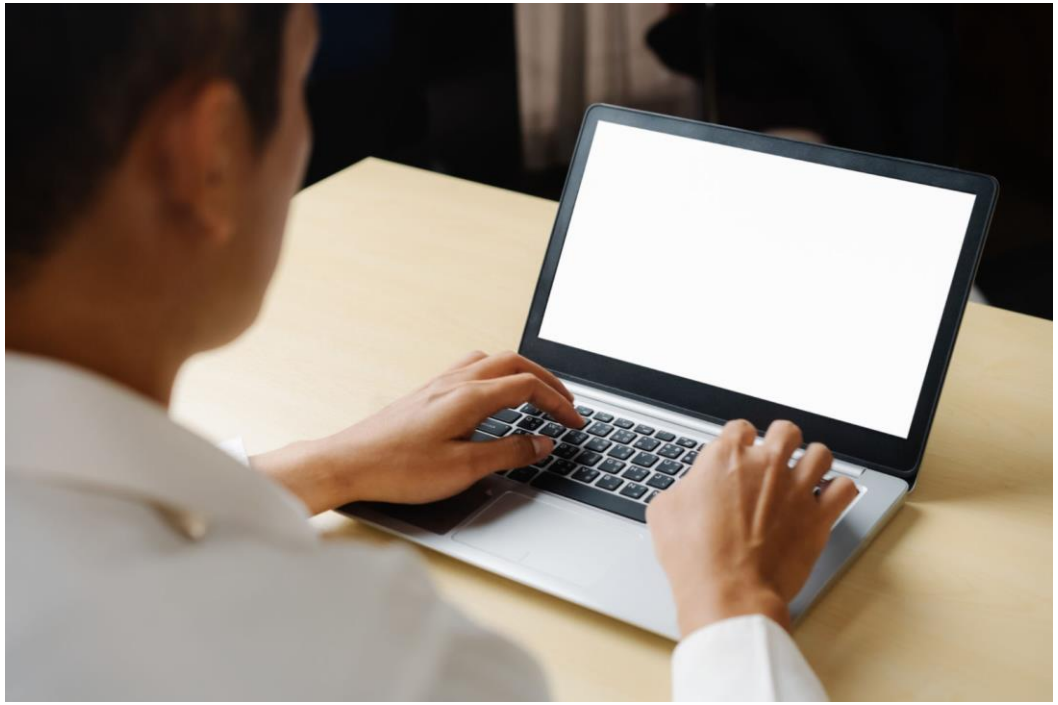
- Phase 1: prototyping with WET trainers and PTSD clinicians
- Phase 2: added to a routine WET workshop
- Phase 3: structured user testing with clinicians
- Feedback shaped each version

Stade et al., 2025

Engagement

- Sustained engagement and unprompted exploration
- Several described it as enjoyable
- May not be typical: they agreed to participate in UX testing

Pilot will examine engagement strategies



Incentives and workflow placement

- Continuing education credits to incentivize interaction
- Protected time during/after the workshop for onboarding and starting activities
- Build into existing workflows to reduce adoption friction
    - Build on training systems that already reach clinicians at scale
    - Web-based trainings with AI simulation, plan time for simulation in workshops

Easier to build on a channel that already reaches clinicians than to stand up a new one.

Other AI tools for training and support

- COACH-AI: on-demand CPT consultation for therapists
- ImpleMentor: implementation planning for clinic leaders
- Script detection: automated fidelity checks
- Fidelity coding and feedback platforms (e.g., Lyssn)

Before AI informs certification decisions

- Validation against expert raters for that purpose
- Performance checked across trainee and client groups
- Fit to the setting and treatment
- Human review and a way to appeal
- TherapyTrainer feedback is designed for learning

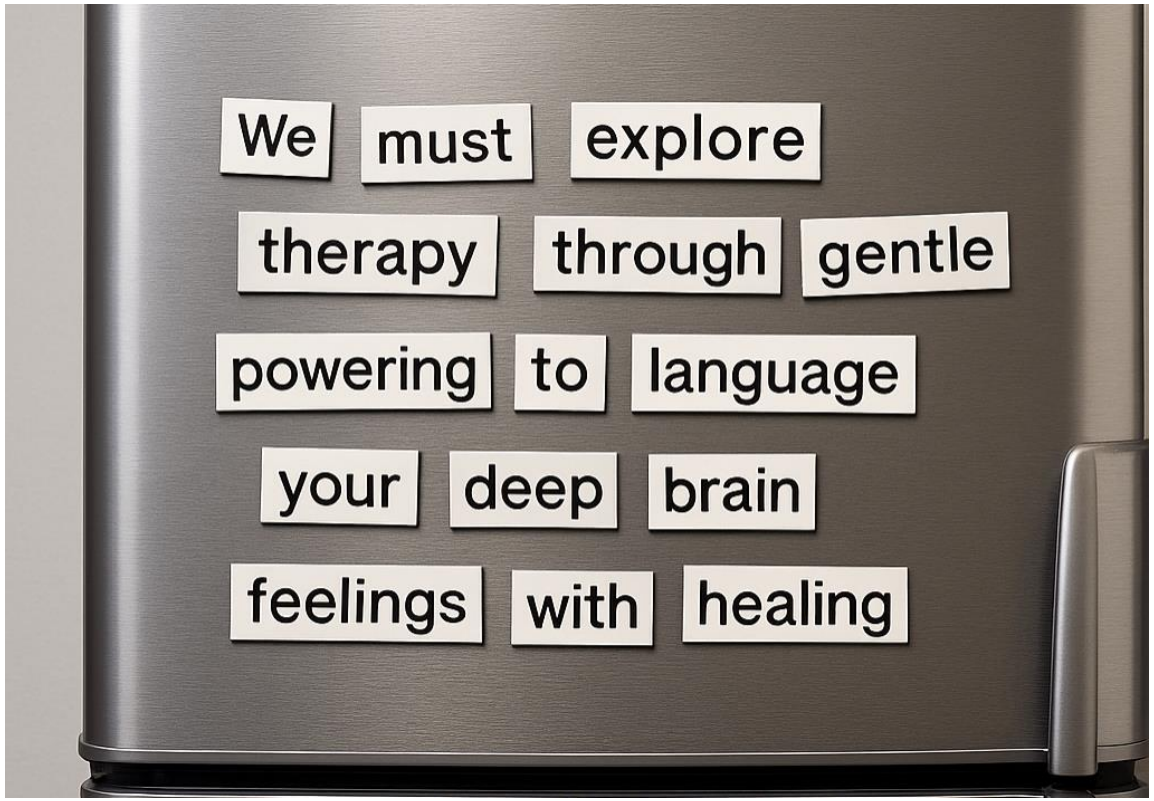
Risks for trainees and organizations

- Over-reliance on AI feedback
- Feedback that conflicts with the treatment protocol
- Cost and access in low-resource settings
- Handling of trainee and client data

AI literacy and privacy

AI literacy for providers

- Basics on how LLMs work
- Outputs can be fluent and wrong
- Models optimized to be agreeable and helpful
- Models change with updates
- Train staff before deployment (APA Ethics Code 2.01)
- How to ask about and discuss with clients



General-purpose and purpose-built AI tools

Feature	General-purpose	Purpose-built
Business Associate Agreement	Usually not available	May be offered
Inputs used for training	Often allowed	Limited by contract
Clinical safety guardrails	General only	Built for clinical risks
Clinician review needed	Yes	Yes

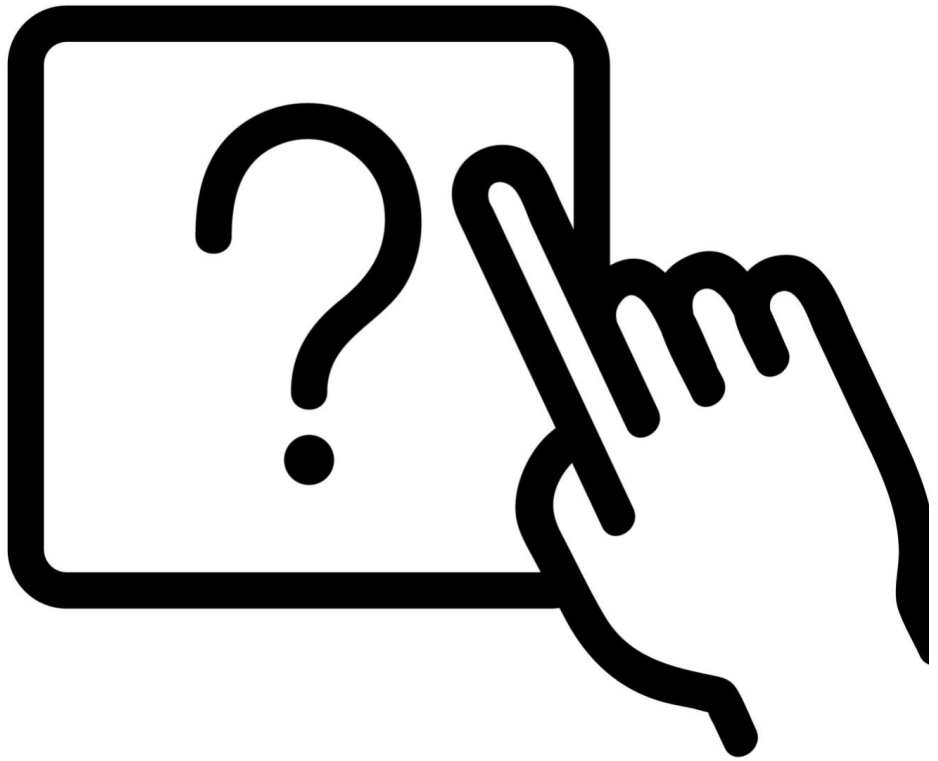
Red flags in terms of service

- Broad or perpetual license to your
- Inputs used to train models
- Vague anonymization claims
- No data deletion timeline
- No BAA or HIPAA language
- Terms can change without notice



Questions for vendors

- Who owns the data entered?
- Can inputs be used to train models?
- Will the vendor sign a BAA?
- How are data encrypted and stored?
- Any history in the HHS breach portal?



Client-facing tools and privacy

- Ask clients which AI tools they use
- Wellness labels do not guarantee privacy or safety
- Review the privacy policy before recommending a tool
- Plain-language disclosure re: how you're using AI

Organizational supports

- Written AI use policy and vetted tool list
- Training before deployment
- Transparency with clients and in supervision
- Ongoing monitoring of use and outcomes
- Check state law (e.g., Illinois limits AI therapeutic communication)

Discussion

- Where could AI help your workforce most?
- What evidence would you need before using AI for credentialing?
- How will your organization build AI literacy?