

Enhancing or Undermining Clinical Measurement? The Role of AI in Psychotherapy and Clinical Decision-Making

^{1*}Dennis Uba Donald, ²Sanusi Aisha Mohammed.

^{1,2} Department of Psychology, Baze University Nigeria, Abuja, Nigeria.

*Correspondence email: uba.dennis@bazeuniversity.edu.ng

ABSTRACT: Artificial Intelligence (AI) is increasingly being integrated into clinical practice, offering new tools for assessment, diagnosis, and decision-making. The incorporation of AI into clinical measurements presents advantages and possible difficulties in professional mental health practice. This paper examines whether AI strengthens or undermines clinical measurements, with a focus on its implications for psychotherapy and AI-supported clinical decision tools. Drawing on current research and theoretical perspectives, the study explores both the potential benefits and limitations of AI in clinical settings. AI has the capacity to enhance the accuracy, consistency, and efficiency of assessments, supporting therapists in identifying patterns and informing treatment planning. However, challenges remain, including concerns about the validity of AI-generated measures, ethical considerations, over-reliance on automated tools, and the risk of undermining the therapeutic relationship. By critically evaluating these opportunities and risks, the paper highlights the conditions under which AI can effectively complement human clinical judgment and proposes guidelines for its responsible integration into psychotherapy practice. While AI holds promise for enhancing clinical measurements and expanding access to psychotherapy, careful consideration must be given to its limitations and ethical implications to ensure that it serves as a complement rather than a replacement for human expertise. The findings underscore the importance of balancing technological innovation with clinical expertise to optimize patient outcomes.

KEYWORDS: Artificial Intelligence, Psychotherapy, Clinical Measurement.

I. INTRODUCTION

Artificial Intelligence (AI) is increasingly being integrated into various aspects of healthcare, including clinical measurements. These measurements can range from diagnostic tests and imaging to patient-reported outcomes and physiological monitoring. The potential benefits of AI in this context include enhanced accuracy, efficiency, and the ability to analyze vast amounts of data quickly. However, there are also concerns regarding the reliability of AI systems, ethical implications, and the potential for undermining traditional clinical practices [1;2]. While Artificial Intelligence (AI) holds promise for enhancing clinical measurements, there are significant concerns regarding its reliability, ethical implications, and the potential to undermine traditional clinical practices [3;4]. AI systems are only as reliable as the data they are trained on, and biases in this data can lead to inaccurate or discriminatory outcomes in healthcare settings [5]. Furthermore, the opacity of many AI algorithms raises ethical questions about accountability and transparency in clinical decision-making [6]. Also, over-reliance on AI tools may erode clinicians' diagnostic skills and judgment, potentially diminishing the quality of patient care [5].

AI refers to the replication of human cognitive processes by machines, especially computer systems, enabling them to perform tasks such as learning, reasoning, problem-solving, and

decision-making [7]. These processes include learning, reasoning, problem-solving, perception, and language understanding. The history of AI dates back to the mid-20th century when pioneers like Alan Turing [10] and John McCarthy [9] who laid the groundwork for machine learning and cognitive computing [8]. Significant milestones including the development of early neural networks in the 1950s, the establishment of machine learning as a field in the 1980s, advancements in algorithms, computational power, and data availability as well as, recent advancements in deep learning have revolutionized various sectors, including healthcare [9].

In clinical settings, AI has the potential to revolutionize measurements related to patient health outcomes. This encompasses a wide range of applications from diagnostic imaging analysis to predictive analytics for disease progression. For instance, machine learning algorithms can analyze vast datasets from Electronic Health Records (EHRs) to identify patterns that may not be evident through traditional statistical methods [11]. This capability can enhance clinical decision-making by providing more accurate assessments of patient conditions. However, the integration of AI into clinical measurements raises significant concerns among scholars and practitioners alike. One primary concern is the reliability and validity of AI-generated data. While AI can process information at an unprecedented scale, there are questions about whether these systems can accurately interpret complex human behaviors or psychological states that are often nuanced and context-dependent. Also, biases inherent in training datasets can lead to skewed results that may adversely affect certain populations. Another critical issue is the ethical implications surrounding patient privacy and consent. As AI systems often require access to sensitive health information for training purposes, ensuring that patient data is handled responsibly becomes imperative. Scholars [12] have expressed concerns regarding the potential misuse or unauthorized access to personal health information, which may erode patient trust in healthcare systems and compromise the ethical delivery of care.

The implications for psychotherapy are particularly profound. Traditional therapeutic practices rely heavily on interpersonal interactions between therapists and clients; thus, introducing AI into this domain raises questions about the nature of therapeutic relationships. While AI-driven tools such as chatbots or virtual therapists may provide immediate support or resources for patients struggling with mental health issues, they cannot replicate the empathy and understanding that human therapists offer [13]. This dichotomy presents a challenge. Though, AI can augment therapeutic practices by providing supplementary support or monitoring progress through clinical measurements (e.g., mood tracking apps), it risks undermining the essential human element that is crucial for effective psychotherapy [14]. As such, concerns are raised regarding over-reliance on technology in mental health treatment. If clinicians begin to depend too heavily on AI tools for assessment or diagnosis without incorporating their professional judgment or understanding of individual patient contexts, it could lead to misdiagnosis or inadequate treatment plans. Summarily, while AI holds promise for enhancing clinical measurements in healthcare including psychotherapy it also poses challenges that must be carefully navigated [15]. The balance between leveraging technological advancements and maintaining ethical standards will be crucial as we advance AI integration in clinical practice.

Integrating AI into clinical measurements necessitates a careful examination of its benefits against potential drawbacks. Scholars emphasize the importance of maintaining a human-centered approach in healthcare delivery, this includes ensuring that AI serves as an adjunct rather than a replacement for human judgment [16;17]. Furthermore, ongoing research is essential to validate AI-driven tools' efficacy and safety before widespread implementation. As we navigate this evolving landscape, it is crucial for scholars and practitioners alike to engage in interdisciplinary

dialogue about best practices for integrating AI into clinical settings responsibly. This involves not only technical considerations but also ethical frameworks that prioritize patient welfare and informed consent. Although, AI holds promise for enhancing clinical measurements and expanding access to psychotherapy services, it also presents challenges that must be addressed thoughtfully. The balance between leveraging technological advancements and preserving essential human elements in managed care will define the future trajectory of mental health treatment.

How do clinicians negotiate trust, autonomy, and professional judgment when using AI-assisted diagnostic systems? Clinicians navigate the integration of AI-assisted diagnostic systems by balancing trust, autonomy, and professional judgment, influenced by various factors including system “explainability”, experience, and ethical considerations. Clinicians' integration of AI-assisted diagnostic systems involves a complex negotiation of trust, autonomy, and professional judgment. Studies indicate that clinicians' trust in AI systems is significantly influenced by the system's explainability. For instance, [18] found that higher explainability levels in AI systems increased clinicians' trust but also led to overreliance, potentially reducing diagnostic accuracy. Regarding autonomy, clinician's express concerns that AI may diminish their professional judgment. Research by [19] highlighted that clinicians often experience a redefinition of their professional identity and ethical tensions surrounding accountability when interacting with AI in digital healthcare settings. Moreover, ethical considerations play a crucial role in clinicians' decision-making processes. [20] discussed how clinicians' perceptions of AI's trustworthiness and potential risks influence their willingness to incorporate AI into clinical decision-making. In conclusion, clinicians' engagement with AI-assisted diagnostic systems is shaped by a dynamic interplay of trust, autonomy, and ethical considerations. Understanding these factors is essential for the successful integration of AI in clinical practice.

II. BENEFITS OF AI IN CLINICAL MEASUREMENTS

The integration of artificial intelligence (AI) into clinical measurements presents opportunities for healthcare professional practice. AI has the potential to significantly improve clinical measurements through enhanced data analysis capabilities. For instance, AI algorithms can analyze vast amounts of patient data more quickly and accurately than traditional methods. A study by [21] demonstrated that deep learning models could outperform dermatologists in diagnosing skin cancer by analyzing images with high precision. This capability extends beyond dermatology; AI applications are emerging in various fields such as radiography, where algorithms assist in interpreting medical imaging [22].

Also, AI can facilitate real-time monitoring of patient health metrics through wearable devices. These devices collect continuous data on vital signs and behavioral patterns, which AI systems can analyze to detect anomalies or predict health deterioration [23]. This proactive approach allows for timely interventions and personalized care strategies tailored to individual patient needs. Researchers have demonstrated that, AI algorithms can analyze vast datasets, identifying patterns that may elude human clinicians. For instance, machine learning models have shown promise in predicting depression based on social media activity [25;26]. These tools can facilitate early intervention by providing real-time insights into patient behavior. However, there are significant concerns regarding the undermining of clinical measurements. Below are several other benefits of AI in clinical Measurement:

- (a). Enhanced Accuracy and Precision: AI algorithms can process complex datasets with high precision. For instance, machine learning models have been shown to outperform human clinicians in interpreting medical images such as X-rays and MRIs.
- (b). Real-Time Data Analysis: AI systems can analyze data in real-time, allowing for immediate feedback on clinical measurements and this is particularly beneficial in acute care settings where timely decisions are critical.
- (c). Personalized Treatment Plans: By integrating data from various sources (genetic information, lifestyle factors, previous treatment responses), AI can help create personalized treatment plans tailored to individual patients' needs.
- (d). Scalability and Accessibility: AI tools can be deployed at scale across different healthcare settings (democratization of technology), making advanced clinical measurement techniques accessible even in resource-limited environments. This could lead to improved health outcomes globally.

III. CHALLENGES AND RISKS OF AI IMPLEMENTATION

Despite its potential benefits, the integration of AI into clinical practice presents notable challenges. A primary concern is algorithmic bias, where AI systems may unintentionally reinforce existing disparities in healthcare. For instance, algorithms trained on datasets that lack demographic diversity or are skewed toward certain populations may underperform for underrepresented groups [27]. Such bias can compromise the accuracy of clinical measurements and contribute to unequal treatment outcomes. Furthermore, reliance on AI for clinical decision-making introduces ethical complexities related to accountability and transparency. Clinicians might overly depend on AI recommendations without fully understanding the underlying mechanisms or limitations of these systems [28]. This scenario raises important considerations regarding informed consent and the degree to which patients should be informed about how their personal data is utilized. Evidence suggests that AI systems developed from non-representative datasets may perpetuate disparities, particularly in mental health care [27].

Furthermore, the reliance on AI for clinical decision-making raises ethical issues regarding patient autonomy and informed consent, as clients may not fully understand how their data is being used [29]. Another challenge is the variability in data quality and the interpretability of AI outputs. Clinicians may struggle to trust AI-generated insights if they cannot comprehend the underlying processes [30]. This lack of transparency can hinder effective collaboration between therapists and AI systems, potentially compromising therapeutic outcomes. Additionally, there are concerns about data privacy and security, as sensitive patient information could be exposed through cyberattacks or inadequate safeguards [31]. In summary, while AI holds promise for enhancing psychotherapy practices, careful consideration of these challenges is essential to ensure ethical and effective implementation. Below are several other challenges and risks of AI in clinical Measurement:

- (a). Data Quality and Bias: The effectiveness of AI systems heavily relies on the quality of the data used for training these algorithms. If the training data is biased or not representative of diverse populations, it could lead to skewed results that undermine clinical measurements rather than enhance them.
- (b). Over-Reliance on Technology: There is a risk that clinicians may become overly reliant on AI tools, potentially leading to a decline in their own diagnostic skills over time. This dependency could undermine the clinician-patient relationship if patients feel their care is being managed by algorithms rather than human judgment.

- (c). Ethical Concerns: The use of AI raises significant ethical questions regarding patient privacy, consent for data usage, and accountability when errors occur due to algorithmic decisions. These concerns must be addressed to maintain trust between patients and healthcare providers.
- (d). Integration into Existing Systems: Successfully integrating AI into existing clinical workflows poses logistical challenges. Healthcare providers need adequate training on how to interpret and utilize AI-generated insights effectively without disrupting established practices.

IV. IMPLICATIONS FOR PSYCHOTHERAPY

In psychotherapy, AI has the potential to transform therapeutic practices through tools like chatbots and virtual therapists that provide support outside traditional sessions. Research indicates that digital interventions can effectively supplement face-to-face therapy by offering immediate access to coping strategies and emotional support [13]. However, these tools must be carefully designed to ensure they complement rather than replace human interaction. AI-driven analytics can enhance therapists' understanding of client progress by tracking mood patterns and behavioral changes over time. Nevertheless, it is crucial to maintain a balance between technology use and the therapeutic alliance that forms between therapist and client. Recent studies [32;33] emphasize that therapists' reliance on qualitative feedback from clients can skew quantitative measures, leading to a misinterpretation of progress and the emphasis on personalized therapy approaches may detract from adherence to evidence-based practices, thereby compromising the validity of clinical assessments.

Some researchers agree that while personalized approaches are beneficial, they may inadvertently undermine clinical measurements essential for assessing therapy effectiveness [34;35]. However, others are focusing on developing integrated models that harmonize subjective experiences with objective metrics [36;37]. In summary, while AI holds significant promise for enhancing clinical measurements across various medical fields including psychotherapy its implementation must be approached cautiously. Addressing issues related to bias, ethics, and clinician-patient dynamics will be essential in harnessing its full potential while safeguarding against its risks. In conclusion, while AI holds promise for enhancing clinical measurements in psychotherapy, its implementation must be approached with caution to mitigate risks associated with bias and loss of personal connection. This research highlights inherent bias in healthcare algorithms and their implications for equity in treatment access and outcomes, emphasizing the need for careful consideration when implementing AI technologies. This paper examines the role of virtual agents in therapy settings and their ability to engage patients effectively while addressing the importance of maintaining a human touch in therapeutic interactions.

V. CONCLUSION

The landscape of psychotherapy is evolving, with increasing recognition of its implications for clinical measurements and the challenges that may undermine the reliability and validity of clinical assessments. Psychotherapy can significantly influence clinical measurements by altering patient self-reports and clinician assessments as therapeutic interventions lead to changes in symptom perception, which can skew standardized measurement in mental health assessment. This phenomenon raises questions about the consistency and accuracy of clinical measurements pre- and post-therapy as these contextual factors may lead to misleading conclusions about treatment efficacy. Despite these challenges, the benefits of psychotherapy are well-documented as studies have demonstrated that effective psychotherapeutic interventions promote personal growth and

resilience by equipping individuals with tools to manage stressors more effectively. These positive outcomes underscore the importance of integrating psychotherapy into comprehensive treatment plans while recognizing its potential impact on clinical measurements. However, potential problems must be addressed in order to ensure that AI does not inadvertently compromise psychotherapy and clinical measurement integrity.

Recommendations for Future Studies

To mitigate these issues and enhance our understanding of psychotherapy's implications for clinical measurements, future studies should focus on several key areas:

- (a). Longitudinal Research Designs: Implementing longitudinal studies will allow researchers to track changes in clinical measurements over time relative to various therapeutic interventions. This approach can help clarify causal relationships between therapy engagement and measurement outcomes.
- (b). Mixed-Methods Approaches: Employing mixed-methods research designs that combine quantitative measures with qualitative insights can provide a more nuanced understanding of how psychotherapy influences patient experiences and reporting behaviors.
- (c). Standardization Across Modalities: Developing standardized protocols for measuring outcomes across different therapeutic modalities will facilitate more accurate comparisons and enhance the generalizability of findings.
- (d). Training for Clinicians: Ensuring clinicians are trained in both therapeutic techniques and measurement interpretation will help bridge gaps between therapy practices and assessment accuracy.

Overall, while psychotherapy presents unique challenges concerning clinical measurements, its benefits are undeniable. By addressing potential problems through rigorous research methodologies and standardization efforts, future studies can contribute significantly to optimizing both therapeutic practices and measurement integrity.

REFERENCES

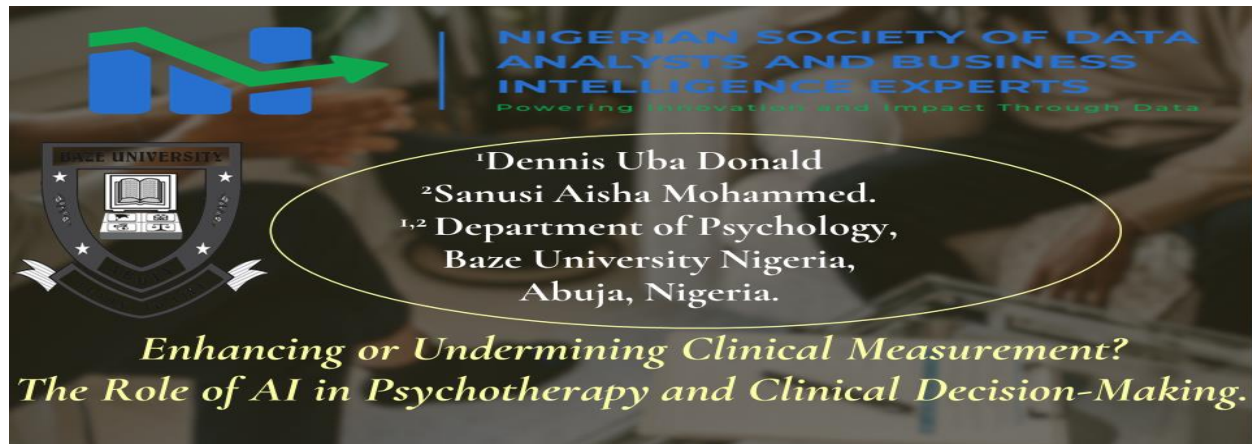
- [1] Abujaber, A. A., & Nashwan, A. J. (2024). Ethical framework for artificial intelligence in healthcare research: A path to integrity. *World Journal of Methodology*, 14(3), 94071. <https://doi.org/10.5662/wjm.v14.i3.94071>
- [2] Panda, P. K., & Ghosh, S. (2025). Ethical use of AI in infectious diagnostic decision and therapeutic stewardship. *IDCases*, 42, e02356. <https://doi.org/10.1016/j.idcr.2025.e02356>
- [3] Weiner, E. B., Dankwa-Mullan, I., Nelson, W. A., & Hassanpour, S. (2025). Ethical challenges and evolving strategies in the integration of artificial intelligence into clinical practice. *PLOS Digital Health*, 4(4), e0000810. <https://doi.org/10.1371/journal.pdig.0000810>
- [4] Savulescu, J., Giubilini, A., Vandersluis, R., & Mishra, A. (2024). Ethics of artificial intelligence in medicine. *Singapore Medical Journal*, 65(3), 150–158. <https://doi.org/10.4103/singaporemedj.SMJ-2023-279>
- [5] Weiner, E. B., Dankwa-Mullan, I., Nelson, W. A., & Hassanpour, S. (2025). Ethical challenges and evolving strategies in the integration of artificial intelligence into clinical practice. *PLOS Digital Health*, 4(4), e0000810. <https://doi.org/10.1371/journal.pdig.0000810>
- [6] Savulescu, J., Giubilini, A., Vandersluis, R., & Mishra, A. (2024). Ethics of artificial intelligence in medicine. *Singapore Medical Journal*, 65(3), 150–158. <https://doi.org/10.4103/singaporemedj.SMJ-2023-279>

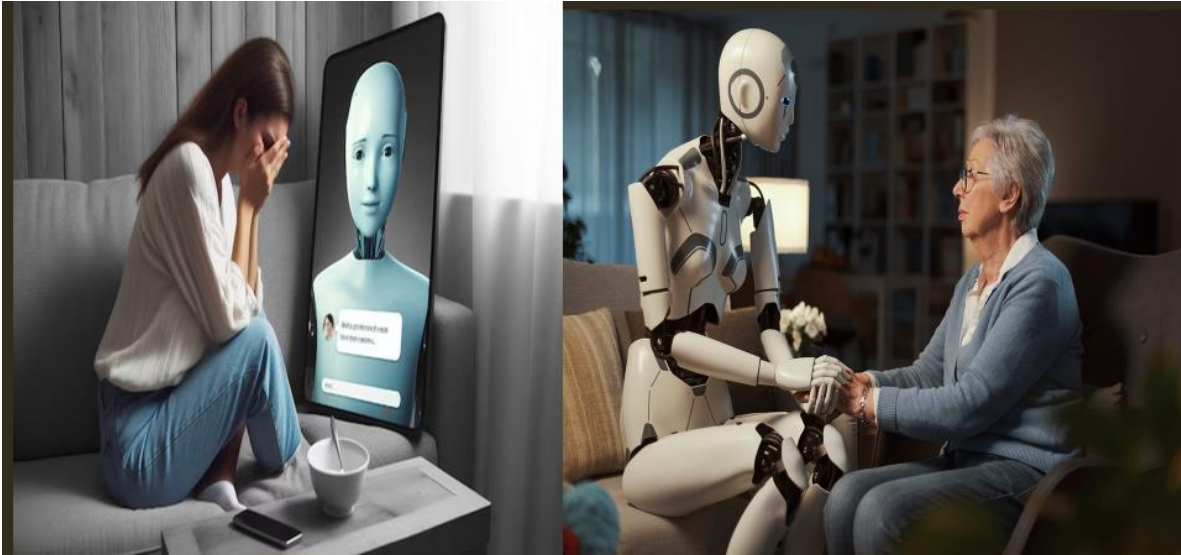
- [7] International Association for Human Resources Information Management. (2025). Artificial intelligence [AI]. Retrieved October 24, 2025, from <https://www.ihrim.org/glossary/artificial-intelligence/>
- [8] McCarthy, J., Minsky, M. L., Rochester, N., & Shannon, C. E. (1956). A proposal for the Dartmouth Summer Research Project on Artificial Intelligence. Retrieved from <https://www-formal.stanford.edu/jmc/history/dartmouth/dartmouth.html>
- [9] McCarthy, J. (1960). Recursive functions of symbolic expressions and their computation by machine, Part I. Communications of the ACM, 3(4), 184–195. <https://doi.org/10.1145/367230.367257>
- [10] Turing, A. M. (1950). Computing machinery and intelligence. *Mind*, 59(236), 433–460. <https://doi.org/10.1093/mind/LIX.236.433>
- [11] Rajkomar, A., Dean, J., & Kohane, I. (2019). Machine learning in medicine. *New England Journal of Medicine*, 380(14), 1347–1358. <https://doi.org/10.1056/NEJMr1814259>
- [12] Shen, Y., Li, Y., & Sun, X. (2020). Data privacy and security in electronic health records: Challenges and solutions. *Journal of Healthcare Informatics Research*, 4(3), 273–292. <https://doi.org/10.1007/s41666-020-00065-3>
- [13] Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. *JMIR Mental Health*, 4(2), e19. <https://doi.org/10.2196/mental.7785>
- [14] Torous, J., Wisniewski, H., Bird, B., Carpenter, E., David, G., Elejalde, E. & Firth, J. (2019). Creating a digital health smartphone app and digital phenotyping platform for mental health research: Challenges and design considerations. *JMIR Mental Health*, 6(8), e12321. <https://doi.org/10.2196/12321>
- [15] Obermeyer, Z., & Emanuel, E. J. (2016). Predicting the future: Big data, machine learning, and clinical medicine. *New England Journal of Medicine*, 375(13), 1216–1219.
- [16] Luxton, D. D., & Choudhury, M. (2015). Artificial intelligence in behavioral health care: a review of applications and implications for practice. *Journal of Technology in Behavioral Science*, 1(1), 1–10.
- [17] Khosravi, P., & Zareiee, M. (2020). Ethical considerations for artificial intelligence applications in mental health care: a systematic review. *BMC Medical Ethics*, 21(1), 1–12.
- [18] Rezaeian, O., Bayrak, A. E., & Asan, O. (2025). Explainability and AI confidence in clinical decision support systems: Effects on trust, diagnostic performance, and cognitive load in breast cancer care. *arXiv*. <https://arxiv.org/abs/2501.16693>
- [19] Sahlan, M. (2025). Negotiating trust, identity, and responsibility: Clinicians' experiences with AI-assisted diagnosis in digital healthcare settings. *Journal of Multidisciplinary Research and Innovation*, 1(6). <https://journals.ai-mrc.com/jmri/article/view/429>
- [20] Thornton, J., & Wyatt, J. C. (2023). Artificial intelligence and clinical decision support: Clinicians' perspectives on trust, trustworthiness, and liability. *Medical Law Review*, 31(4), 501–520. <https://doi.org/10.1093/medlaw/fwad013>
- [21] Esteva, A., Robicquet, A., Ramsundar, B., Kuleshov, V., DePristo, M., Chou, K., Cui, C., Corrado, G., Thrun, S., & Dean, J. (2019). A guide to deep learning in healthcare. *National Medicine*, 25(1):24–29. <https://doi.org/10.1038/s41591-018-0316-z>.
- [22] Lakhani, P., & Sundaram, B. (2017). Deep learning at chest radiography: Automated classification of pulmonary tuberculosis by using convolutional neural networks. *Radiology*, 284(2):574–582. <https://doi.org/10.1148/radiol.2017162326>.

- [23] Banaee, M. (2013). Physiological dysfunction in fish after insecticides exposure. InTech. <https://doi.org/10.5772/54742>
- [24] Guntuku, S. C., Yaden, D. B., Kern, M. L., Ungar, L. H., & Eichstaedt, J. C. (2017). Detecting depression and mental illness on social media: An integrative review. *Current Opinion in Behavioral Sciences*, 18, 43–49. <https://doi.org/10.1016/j.cobeha.2017.07.005>
- [25] Dave, G. H., & Shah, N. K. (2024). A machine learning classification model for predicting depression using social media posts of users. *RESEARCH REVIEW International Journal of Multidisciplinary*, 9(2), 25–32. <https://doi.org/10.31305/rrijm.2024.v09.n02.025>
- [26] Cao, Y., Dai, J., Wang, Z., Zhang, Y., Shen, X., Liu, Y., & Tian, Y. (2025). Machine learning approaches for depression detection on social media: A systematic review of biases and methodological challenges. *Journal of Behavioral Data Science*, 5(1), 67–102. <https://doi.org/10.35566/jbds/caoyc>
- [27] Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 25;366(6464):447–453. <https://doi.org/10.1126/science.aax2342>
- [28] Moorhead, S. A., Hazlett, D., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, 15, e85. <https://doi.org/10.2196/jmir.1933>
- [29] Binns, R. (2018). *Fairness in machine learning: Lessons from political philosophy*. In proceedings of the 2018 conference on fairness, accountability, and transparency (pp. 149–159). <https://proceedings.mlr.press/v81/binns18a.html>
- [30] Zachary, C. L. (2016). The mythos of model interpretability. *ArXiv*, 76(2), 34–39. <https://doi.org/10.48550/arXiv.1606.03490>
- [31] Shin, D. (2021). The effects of explainability and causability on perception, trust, and acceptance: Implications for explainable AI. *International Journal of Human-Computer Studies*, Volume 146. <https://doi.org/10.1016/j.ijhcs.2020.102551>
- [32] Sweeney, A., Clement, S., Gribble, K., Jackson, E., Carr, S., Catty, J., & Gillard, S. (2019). A systematic review of qualitative studies of adults' experiences of being assessed for psychological therapies. *Health Expectations*, 22(2), 133–148. <https://doi.org/10.1111/hex.12844>
- [33] de Jong, K., van Sluis, P., Nugter, M. A., Heiser, W. J., & Spinhoven, P. (2023). The effect of therapist characteristics on the use and outcome of systematic client feedback in outpatient mental healthcare. *Clinical Psychology & Psychotherapy*, 30(1), 197–208. <https://doi.org/10.1002/cpp.2752>
- [34] Cuijpers, P., Reijnders, M., & Huibers, M. J. H. (2019). The role of common factors in psychotherapy outcomes. *Annual Review of Clinical Psychology*, 15(1), 207–231. <https://doi.org/10.1146/annurev-clinpsy-050718-095424>
- [35] Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge. <https://doi.org/10.4324/9780203582015>
- [36] Hayes, S. C., Hofmann, S. G., & Stanton, C. E. (2022). The role of process-based therapy in integrating subjective experience with objective measurement. *Behaviour Research and Therapy*, 157, 104184. <https://doi.org/10.1016/j.brat.2022.104184>

- [37] Kazdin, A. E. (2021). Conceptualizing mental health and treatment beyond measures and symptoms: Integrating subjective experience and objective assessment. *American Psychologist*, 76(3), 387–399. <https://doi.org/10.1037/amp0000789>

APPENDIX: Slides Of the Paper Presented as the 1st International Conference of the Nigerian Society of Data Analyst and Business Intelligence Experts (NSDABIE) with the theme: AI and the Future of Data Professionals: Adapting, Thriving and Leading





Welcome to the new world!!!!

Introduction

Artificial Intelligence (AI) is increasingly used in mental-health assessment and clinical decision-making [1].

Scholars and practitioners express concerns about accuracy, ethics, and therapeutic practice [2].

Central issue: *Does AI support or undermine clinical measurement and psychotherapy?*

Key Definitions

Artificial Intelligence (AI)

Algorithms and computational systems capable of performing tasks that normally require human intelligence—such as pattern recognition, prediction, and language processing

Clinical Measurement

Systematic assessment of psychological symptoms, behaviors, and treatment outcomes using standardized tools or clinician judgment.

Psychotherapy

A relational, interactive process between therapist and client aimed at improving mental health through communication and evidence-based interventions.

AI in Clinical Measurement



- Automated symptom assessment tools and AI-assisted diagnostic decision-support systems [3]



Machine learning–based risk prediction (e.g., suicidality, relapse) [2]



NLP systems analyzing speech, language, and text. [7]



- Physiological and behavioral indicators[8]



Wearable devices monitoring[9]

Benefits of AI in Clinical Measurements



Improved Efficiency/ Predictive Analytics

- Reduces administrative burden and speeds up initial assessments. Early detection of risks such as self-harm or relapse [5].



Enhanced Data Collection

- Continuous, real-time monitoring of symptoms outside clinical sessions [6].



Detection of Subtle Patterns

- Identifies linguistic or behavioral cues humans may miss [11].



Standardization

- Potential to reduce variability and some types of clinician bias. [12]

Core Concern: Reliability of AI-Generated Data



1

- Algorithms may produce inconsistent results across demographics, cultures, or languages.



2

- Model performance depends on data quality—poor or biased datasets lead to unreliable outputs.



3

- Algorithms can “drift” over time as patterns change.
- Lack of standardized evaluation protocols for AI-based clinical tools.

Core Concern: *Validity of AI Measurements*



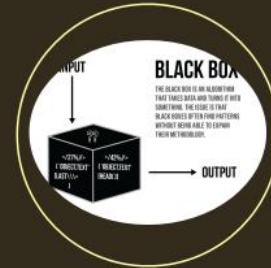
1

AI systems may not measure the psychological constructs clinicians think they measure.



2

• Risk of overfitting or misinterpreting emotional expressions, tone, or text.



3

• “Black-box” algorithms hinder interpretability and clinical judgment.

Challenges and Risks of AI Implementation



• Bias and Inequity: AI can reinforce diagnostic inaccuracies for minority groups.



• Over-Reliance on Technology: Clinicians may defer too readily to algorithmic recommendations.



• Privacy & Confidentiality: Sensitive mental-health data vulnerable to misuse.



• Reductionism: Complex human experiences oversimplified into numerical outputs.



• Ethical and Legal Ambiguities: Unclear responsibility when AI errors harm clients.

Implications for Psychotherapy

Psychotherapy is built on empathy, trust, emotional attunement, and relational depth [2].

AI cannot replicate the lived, human aspects of therapeutic connection [3].

AI-reliant assessments may shape therapist perceptions before meeting the client[1].

Potential disruption of the therapeutic alliance if clients feel judged by algorithms[2].



Breaking NEWS!!!

Illinois became the latest on August 1st 2025 to join a small cohort of states moving to regulate the use of AI for therapeutic purposes.

“The people of Illinois deserve quality healthcare from real, qualified professionals and not computer programs that pull information from all corners of the internet to generate responses that harm patients,” said IDFPR Secretary Mario Treto, Jr.

*“Humans heal humans.
Therapy is not an information
problem—it’s a relationship.
While we think we can outsource
information, we cannot outsource
humanity.”*

*“AI’s Accessibility matters, yes—but
availability isn’t the same as
attunement.
A crisis isn’t solved by instant
responses.
People need safety, not speed.”*

A therapist is the healer, the witness, the companion.

AI can assist, but it cannot connect, bond, or understand.

*Mental health is human at its core—
Machines support the journey. Humans walk it with you.”*

AI and Therapeutic Relationship Key Questions



Question 1

- How does AI reshape the dynamics of trust between therapist and client?



Question 2

- Will therapists feel pressure to align with algorithmic predictions?



Question 3

- Can AI compromise therapist autonomy or the client's sense of agency?

How does AI reshape the dynamics of trust between therapist and client?

- ❑ Research suggests that AI can introduce uncertainty into the therapeutic relationship [3].
- ❑ Clients may worry about how their data is used or whether AI is “judging” them, which can reduce openness [4].
- ❑ Studies also show that when technology is involved, clients often rely more on the therapist’s transparency and reassurance to maintain trust [9].
 - ❑ Trust becomes triadic—not just between therapist and client, but also involving the digital system [10].

Will therapists feel pressure to align with algorithmic predictions?

- ❑ Yes. Studies on clinical decision-support systems show that therapists often experience implicit pressure to accept AI recommendations, especially when these systems are framed as “evidence-based” or institutionally approved [2].
- ❑ This phenomenon—sometimes called automation bias—may lead clinicians to over-rely on algorithmic suggestions even when their own clinical judgment conflicts with them [3].

Can AI compromise therapist autonomy or the client’s sense of agency?

- ❑ Research indicates that AI can limit therapist autonomy when organizational policies encourage or require AI-assisted assessments [9].
- ❑ At the same time, clients may feel a loss of agency if they believe decisions about diagnosis or treatment are being influenced by algorithms rather than by their personal narrative [12].
- ❑ This can create a sense of depersonalization or reduced control over their therapeutic journey [10].

Will therapists feel pressure to align with algorithmic predictions?

- ❑ Yes. Studies on clinical decision-support systems show that therapists often experience implicit pressure to accept AI recommendations, especially when these systems are framed as “evidence-based” or institutionally approved [11].
- ❑ This phenomenon—sometimes called automation bias—may lead clinicians to over-rely on algorithmic suggestions even when their own clinical judgment conflicts with them [12].

Clinician Negotiation of Trust, Autonomy, and Judgment



1

- Trust: Evaluating when AI is reliable enough to inform decisions.
- Ethical Use: Integrating AI as a support rather than a replacement for expertise.



2

- Professional Responsibility: Ensuring final decisions remain clinician-led.



3

- Autonomy: Maintaining independent judgment despite algorithmic suggestions.

When AI Enhances Clinical Measurement



- Useful for structured tasks like diagnostic triage or symptom tracking.



- Opportunities for early intervention through proactive monitoring.



- Supports evidence-based decision-making with data-driven insights.



- Can complement—rather than replace—therapist skill and intuition.

When AI Undermines Clinical Measurement



- Overestimation of accuracy may lead to misdiagnosis [10].



- Missing contextual factors (culture, trauma history, interpersonal dynamics).



- Risk of dehumanizing psychotherapy by shifting focus from relational processes to data [11].



- Clients may feel objectified by highly automated systems.

Conclusion

AI has come to stay and AI has the potential to enhance clinical measurement when used responsibly and transparently, but these things can be undermined, if it replaces rather than supports clinical judgment or if its data and algorithms are not carefully validated.

Recommendations for Future Studies

1. Develop Diverse and Representative Training Datasets.
 2. Address bias and improve generalizability.
 3. Create Transparent and Explainable AI Models.
 4. Increase clinician trust and interpretability.
5. Implement longitudinal studies to track changes in clinical measurements over time .
6. Developing standardized protocols for measuring outcomes.
7. Ensuring clinicians are trained in both therapeutic techniques and measurement interpretation.

Verdict: Man vs Machine

It's not a fight—it's a partnership.

*AI is the access point, the coach, the assistant.
Therapists are the guides, the interpreters, the
healers.*

*Together, they create a future where mental-
health support is both accessible and deeply
human*

