THE OHIO

# PSYCHOLOGIST

PUBLISHED BY THE OHIO PSYCHOLOGICAL ASSOCIATION | VOLUME 72 | 2025 EDITION

## The Multi-faceted Future of Psychology

# *Stronger Connections, Smarter Coverage*

## Professional Liability Insurance For Psychologists, By Psychologists

Whenever you provide psychological services – whether in a clinical, consulting, forensic, academic or telepsych setting – you put yourself at risk for a potential lawsuit or licensing board complaint.

**The Trust** has proudly supported psychologists for over 60 years. Take the important step of protecting yourself by securing a **Trust Sponsored Professional Liability*** insurance policy and join **The Trust** Community!

### Insurance Program Highlights

- **Free, Unlimited Risk Management Advice**
  Your consultation with a licensed psychologist is confidential, separate from your policy, with no impact to your coverage or premium - ever
- **Multiple Premium Discounts Available**
  Save 25% when you combine our 15% CE and 10% switchover discounts, or save 35% with our pre-licensure and part-time discounts
- **Affordable Coverage Options**
  Choice of claims-made or occurrence policies
- **Prior Acts Included**
  When switching from a claims-made policy
- **Free & Discounted CE**
  On a variety of live and on-demand courses

## You Can Count on The Trust

More psychologists choose **The Trust** over any other insurance provider. In fact, 53% of our policyholders have been us for 10 years or longer - many started as students. See what you're missing by securing a policy today!

**www.trustinsurance.com I (877) 637-9700**

* Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program administered by Trust Risk Management Services, Inc. For cost and complete details, call The Trust or visit www.trustinsurance.com.

# Table of Contents


2 **Letter from the Editor: Keelan Quinn, PhD**

3 **Call for Papers: 2026 Ohio Psychologist**

4 **Do No Harm, Even in Death:**
**Clinical Impact and Ethical Imperatives of Professional Wills**
*Written by: Robyn B. Miller, PhD*

8 **Advocating for Trauma-Specific Care in the Wake of Mass Shootings**
*Written by:*
*Erin McHale, PsyM | Aliesha Smith, PsyM | Michelle S. Schultz, PsyD*
*School of Professional Psychology, Wright State University*

13 **Guidelines for the Use of Artificial Intelligence (AI) in Psychology**
*Written by:*
*Communication and Technology Committee (CTC)*
*Ohio Psychological Association (OPA)*

19 **"Knit into the Fabric:" A Thematic Analysis of Psychoanalytic Identity**
*Written by:*
*Tanner L. Lyon, MA | Lawrence Josephs, PhD*
*Derner School of Psychology, Adelphi University*

23 ***Ohio Psychologist* Continuing Education Quiz**

24 ***Get Involved***


## Stay Connected

www.ohpsych.org

614.224.0034
800.783.1983

614.224.2059

**Ohio Psychological Association**
395 E. Broad Street,
Suite 310
Columbus, OH 43215

facebook.com/ohiopsychologicalassociation
twitter.com/ohpsychassn
linkedin.com/company/ohio-psychological-association
https://www.instagram.com/ohiopsychassn/
youtube.com/user/OhioPsychAssn
https://bsky.app/profile/ohiopsychassn.bsky.social
https://www.tiktok.com/@ohiopsychassn

## List of Advertisers


American Professional Agency, Inc .... IBC
Glennon Karr .... 12
Ohio Department of Insurance .... BC
The Trust .... IFC

*Keelan Quinn, PhD*
*Editor, Ohio Psychologist*

# Letter from the Editor

The theme of this year's Ohio Psychologist is the "Multi-Faceted Future of Psychology." We have four articles that represent this theme. Professional wills, mass shootings, artificial intelligence, and psychoanalytic identity are all psychological topics bound to be seen over again in the future.

The first article is titled *Do No Harm, Even in Death: Clinical Impact and Ethical Imperatives of Professional Wills* by **Dr. Robyn Miller**. It explores the importance of creating a professional will, a task some may delay for a later date. Dr. Miller's research illustrates how the sudden loss of a clinician can impact clients, which will motivate readers to move this up on their to do lists.

Unfortunately, the increased occurrence of mass shootings has created a clinical population in need of specific care. *Advocating for Trauma-Specific Care in the Wake of Mass Shootings* by **Erin McHale, Aliesha Smith, and Dr. Michelle Shultz** shows the impact this type of trauma has on survivors of mass shootings. Clinical information and recommendations are also provided.

OPA's **Communication and Technology Committee (CTC)** has created guidelines to help psychologists choose and incorporate artificial intelligence (AI) tools in the many areas of psychological practice. *Guidelines for the Use of Artificial Intelligence (AI) in Psychology* not only provides the specific guidelines, but it reviews the research behind their creation.

Our final article is the winner of OPA's student P.O.D.cast, or Posters on Demand, competition. **Tanner Lyon and Dr. Lawrence Josephs** explore the role of one's personal life in psychoanalytic theory and practice in their paper titled *"Knit into the Fabric:" A Thematic Analysis of Psychoanalytic Identity.* The powerful use of qualitative data provides a better understanding and unique view of psychanalytic identity. Congratulations on your accomplishment!

This publication is peer-reviewed with each article being read and rated by two to three psychologists. Thank you to the reviewers for their time and provision of valuable comments and feedback; to the authors for their critical thinking and esteemed contributions; and to OPA for the opportunity for Ohio psychologists to publish their work.

Please begin considering contributing to the 2026 publication of the *Ohio Psychologist* with next year's theme being "Psychology's Influence on Our Changing Cultural Landscape."

Until next year…

# Call for Papers: *2026 Ohio Psychologist*

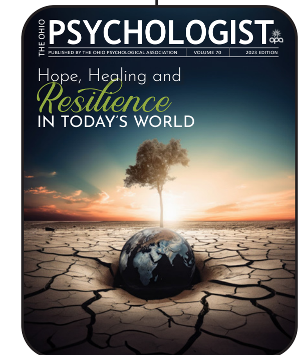
**The OPA Communication & Technology Committee is calling for manuscripts to review for the 2026 Ohio Psychologist, a peer-reviewed journal which is published once a year by the Ohio Psychological Association.**

### Who can submit an article?

Lead authors are required to have a doctoral level degree. Authors do not need to be licensed psychologists.

### The following types of articles may be submitted:

- Empirical
- Quantitative
- Qualitative
- Mixed Methods
- Meta-analyses
- Literature reviews
- Theoretical
- Methodological
- Perspective essays



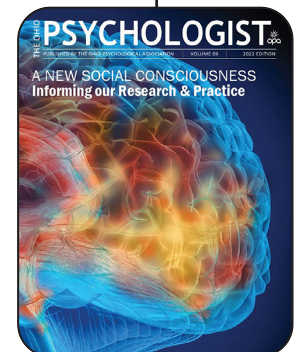

### The following types of articles will not be accepted:

- Brief reports
- Book reviews
- Comments on and replies to previously published articles
- Opinion pieces or commentaries

**For more information on what each of the types of articles entails, refer to APA's Publication Manual (7th Edition).**

### The focus of articles can be:

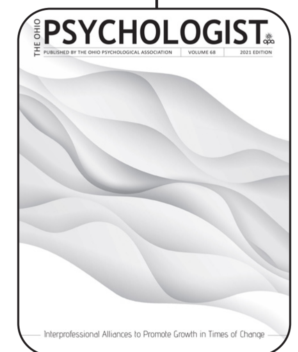
- Scientifically research-based
- Advocacy related to the profession
- Practice related
- Current use of technology practices in psychology




### Instructions for authors:

1. Articles should relate to the 2026 theme, "Psychology's Influence on our Changing Cultural Landscape" and follow the guidelines set within the APA's publication Manual (7th edition).
2. Articles are to be no longer than 2,500 words (not including APA abstract, references or biography). Articles exceeding this length will be returned to the author without being reviewed.
3. Each article must contain a 100-150 APA Abstract.
4. All papers must have references and be written in APA format.
5. Perspective essays may be based upon clinical or practical experiences, and do not need to be research or academic based, however, they must still be written in a professional tone and use APA formatting.
6. Please email Keelan Quinn, Editor, (ohpsycheditor@gmail.com) with your intent to submit an article.
7. **Authors will email articles for review to Keelan Quinn in a Microsoft Word document no later than July 10, 2026.** Art work, tables, charts or photos are desirable, but must be submitted in a separate high-resolution pdf or jpeg format, not embedded within the paper. The use of images is at the discretion of the managing editor on the basis of space and article significance.
8. Articles considered for publication will be independently reviewed by at least two different anonymous reviewers. Written comments and recommendations from reviewers will be shared with authors.
9. Each leading author will be contacted as to the status of the article after the peer review is complete.
10. Accepted authors will provide a brief biography of themselves, along with a high-resolution photograph.
11. Authors will receive a link to the digital publication. Paper copies will not be available.

Any questions regarding this process should be emailed to Keelan Quinn, Editor of the Ohio Psychologist (ohpsycheditor@gmail.com).



# Do No Harm, Even in Death: Clinical Impact and Ethical Imperatives of Professional Wills

*Robyn B. Miller, PhD*

Abstract

*This article explores the ethical, professional, and emotional implications of therapist death or incapacitation without an emergency plan. Drawing from qualitative interviews with fifteen mental health professionals who experienced the sudden loss of their own therapists, this paper highlights the clinical and ethical consequences of unplanned practice closures. It argues for the widespread adoption of professional wills and outlines practical and regulatory considerations for implementation. Specific requirements for psychologists in Ohio are explicated.*

## INTRODUCTION

The therapeutic alliance is an important agent of psychotherapeutic change, as demonstrated in studies across modalities and over time (Baier, A., Kline, A., & Feeny, N., 2020). When patients feel understood, supported, and safe, the alliance can facilitate meaningful psychological growth. However, the powerful nature of this bond means that its rupture, especially if sudden or poorly managed, can be profoundly destabilizing (Becher, 2003; Beder et al, 2012).

The American Psychological Association's Professional Code of Ethics mandates that psychologists attempt to avoid harm by prioritizing client welfare, planning for the provision of continuity of care, and the protection of confidentiality (2017). In Ohio, state law codifies these ethical standards (Ohio Administrative Code 4732-17-01, 2025). Even so, many clinicians fail to prepare for their own unexpected absence (Miller, 2025).

This paper addresses an under-recognized ethical issue in clinical practice: the death or incapacitation of therapists without a continuity plan. To understand the impact of a therapist's sudden death, this author interviewed 15 therapists who had once been clients and lost their own therapists unexpectedly. Each interviewee described her personal treatment history, the attachment to her treating therapist, and the circumstances of the ending. The emotional, relational, and professional impact of these losses are explored and guidelines for best practices are offered.

## VIGNETTES OF ETHICAL BREACHES

### Failure to Provide for Continuity of Care

Many participants described the death of their therapist as an experience of ambiguous loss, characterized by lack of closure and confusion. Bethany*, a psychologist in her 30s, had seen her therapist for 15 years. When her therapist missed a few sessions and did not return calls, Bethany felt rejected and confused, thinking "Maybe she's given up on me." Weeks later, while abroad, a friend texted, "I'm so sorry to hear. How are you doing?" Bethany soon learned her therapist had died—and the funeral had already passed.

Following the shock, Bethany "struggled to make sense of the loss because it was hard to honor the good without feeling damaged by the abandonment." Later, a colleague of the therapist called to explain the therapist had received a late-stage cancer diagnosis but refused to prepare a clinical plan. "She died stoically," the colleague said. Bethany reflected that her therapist "refused to accept her mortality or finitude." Tearfully Bethany shared, "I haven't spoken about it. I'm not sure others would understand the magnitude of the loss, and I feel guilty for being angry." The therapeutic dyad defies typical social roles which makes publicly grieving more difficult.

Steve*, a now-retired analyst, had been in therapy with Dr. F* for eight years. After a vacation break, Dr. F called to say he had received a terminal diagnosis and needed to stop work. He encouraged Steve to find support. Steve soon learned about his death via a professional listserv. "It was harder than losing my parents," he said. "Who knows you better than someone you've spoken to so intimately for years?" Steve wished he could have said goodbye. His experience influenced his practice planning for his own patients: "The important thing is their suffering is minimized and not added to by negligence."

In another abrupt ending, Michelle* knew her therapist Alan was taking time off for surgery but was shocked to learn that Alan had died due to complications and had left no plan. "I have no one to recommend you to," the colleague who phoned said. Michelle was devastated and the loss during an already difficult time left her unsupported. She was unable to find a new therapist for some time, and later she

had difficulty establishing an alliance. She felt her grief was dismissed by her new provider which deepened her sense of abandonment.

**Breaches of Confidentiality and Fidelity**
Without a plan in place for a qualified colleague to provide coverage, the confidentiality, trust, and integrity at the core of psychological treatment may be violated. Two therapist-clients said they had noticed that their therapists appeared unwell and had asked about it but were reassured. When they discovered that the therapist had died, they described feelings of betrayal and rage at being lied to.

Some of the distressed patients were contacted by the therapist's spouse, adult child, or elderly neighbor. Some received letters months later, if at all. One client described receiving bills from the therapist's spouse for sessions she had already paid for. "It felt insulting." Only one participant of fifteen was told what had happened to his clinical records.

Maintenance of medical records is a very clear legal duty in all states. When no provision is made, the responsibility to patients has been neglected, potentially causing harm to their future treatment or legal affairs which may depend on such records. The psychologist's practice or estate may face legal or financial liability.

**Protective Effect of Planning**
Forethought can mitigate the client's experience of loss. Two therapist-clients described gratitude despite their grief. In both cases, their therapists had left plans in place. A trusted colleague called promptly, provided compassionate updates, and offered referrals or to meet. These clients felt respected, considered, and valued. The experience helped preserve the therapist's memory as one of care, even despite the loss.

Three participants had a chance to say goodbye, by phone or in person. Their therapists had arranged for a brief final connection. This helped contain the grief and affirmed the meaning of the relationship. While we may not always have time or clarity to say goodbye, we can still plan to ensure our clients are not left confused, uninformed, or unsupported.

**Avoidance of Planning**
Despite their painful experiences, the majority of participants (9 of the 15) admitted that they had not developed their own emergency plans. They cited avoidance, denial of mortality, and uncertainty about how to find a practice executor as barriers. This paradox of clinicians recognizing harm but failing to prevent it in their own practices underscores the need for systemic and cultural shifts (Miller, 2024).

## THE ETHICAL AND LEGAL OBLIGATIONS OF EMERGENCY PLANNING IN OHIO

The APA's ethics code emphasizes continuity of care and prohibits abandonment (Standard 10.09. APA, 2017).

In Ohio, legal requirements go further:

- OAC 4732-17-01(C)(11,12): Psychologists must "make reasonable efforts to plan for continuity of care" in case of illness, disability, death, or other disruptions.
- OAC 4732-17-01(B)(7b): Adult client records must be retained at least 7 years from the last date of service. For minors, at least 2 years beyond age 18—but never less than 7 years total.
- OAC 4732-17-01(B)(7c): Psychologists must have a written plan for transfer and custody of records in the event of the licensee's absence, emergency or death. The record custodian must be on file with the state Psychology Board as a condition of licensure, and the written plan shall be made available to the Board upon request.

## BEST PRACTICE RECOMMENDATIONS

**Create a Written Professional Will**
A "Professional Will" documents the emergency plan. Your directive should be comprehensive and highly specific. Include explicit instructions for client notification, referrals, access to clinical records, and billing continuity (Pope et al, 2021). Decide in advance how much you want shared with clients about your health or death. Likely you will want to balance transparency with boundary preservation. A Professional Will is not itself a binding contract with the person who has

agreed to be your Practice Executor (Scroppo, 2020). As such, it is advisable that you sign it as a contract with your chosen practice executor.

**Designate a Qualified Executor**

Consider who could best carry out he requirements of executing your Professional Will. For instance, you likely should choose a licensed clinician who is familiar with the clinical, ethical, and legal responsibilities of running a private practice. Choose someone who you can rely on, but who is not so close to you that she would be emotionally impacted by your illness, injury or death. Critically, you should also be sure to consider the burden you are placing on this person, as serving as a Practice Executor is surprisingly time-intensive, requiring full-time dedication for weeks (Miller, 2021). For these reasons, it is more realistic to rely on either a *group* of colleagues who together act as the Executor (Steiner, 2011), or on a professional executor service (Miller, 2024, 2025).

**Secure Access to Practice Systems**

Your Professional Will should direct the Executor to instructions for accessing your practice calendar, client contacts, clinical records, voicemail, email, website, and other critical practice tools (Pope et al, 2021). These instructions should include how to navigate two-factor authentication where that is required. Be sure to regularly update passwords and documentation.

**Ensure Legal Compliance**

Ohio's record retention rules for psychologists must be followed even in the event of psychologist death/incapacitation. Thus, your Professional Will must have a specific plan to ensure the retention of records for the appropriate duration, to ensure they are stored according to Ohio and HIPAA regulations, and to ensure that when they are destroyed, the destruction is compliant with Ohio and HIPAA regulations.

**Normalize Planning in Professional Culture**

As a field we have been negligent of our responsibilities for emergency planning. We can remedy this negligence by following the guidelines above, and by normalizing emergency planning within our professional culture. For instance, discuss emergency planning in supervision, consultation, and training. Share resources with peers to reduce stigma and avoid procrastination.

**CONCLUSION**

Therapists occupy a deeply personal and influential role in clients' lives. The relationship, though professional, is profoundly meaningful. When that relationship ends suddenly and without preparation, clients can suffer lasting harm (Marmarosh, 2017). Emergency planning is not merely administrative—it is clinical, ethical, and relational. (Barnett et al, 2024; Scroppo, 2020). Creating a professional will is an act of compassion. It honors the trust clients place in their therapists and ensures that their legacy is one of care, not harm. Therapists cannot control what might happen, but they can protect those in their care by planning for it now.

* *Names and identifying details of both therapist-clients and treating-therapists have been changed.*

## About the Author

**ROBYN MILLER, PHD** is a clinical psychologist practicing in Maryland since 2002, and she is the founder of ***TheraClosure, LLC***, the first psychotherapist professional executor service. Dr. Miller writes and trains clinicians on professional wills and the role of practice executor and she and TheraClosure were featured in the New York times in July 2025 in an article on the impact on clients of sudden therapist death. Dr. Miller trained at the Massachusetts Mental Health Center/Harvard Medical School and at Harvard University Counseling Center. She earned a Ph.D. from University of Rochester, and a B.A. from Tufts University. Psychotherapy interests include menopause transitions, eating and mood disorders, and trauma.

## References

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017). http://www.apa.org/ethics/code/index.html

Association of State and Provincial Psychology Boards (2020). Guidelines for closing a psychological practice. https://asppb.net/wp-content/uploads/2024/10/asppb_guidelines_for_closing.pdf

Barnett, J.E. (2019). The Ethical Practice of Psychotherapy: Clearly within our reach. *Psychotherapy*, 56(4), 431-440. https://doi.org/10.1037/pst0000272.

Barnett, J. E., Knapp, S., Handelsman, M. M., & Kastenberg, J. E. (2024). Key issues and recommendations for ethical and effective endings in psychotherapy. *Professional Psychology, Research and Practice*, 55(2), 129–139. https://doi.org/10.1037/pro0000566

References continued…

Becher, E., Ogasawara, T., & Harris, S. M. (2012). Death of a clinician: The personal, practical and clinical implications of therapist mortality. *Contemporary Family Therapy*, 34(3), 313–321. https://doi.org/10.1007/s10591-012-9181-y

Beder, J. (2003). Picking Up the Pieces After the Sudden Death of a Therapist: Issues for the Client and the "Inheriting Therapist." *Clinical Social Work Journal*, 31(1), 25–36. https://doi.org/10.1023/a:1021410501036

Baier, A., Kline, A., & Feeny, N. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research, *Clinical Psychology Review*, 82. https://doi.org/10.1016/j.cpr.2020.101921

Bennett-Carpenter, B. (2014). Facing up: psychotherapists writing about dealing with the idea of one's own death. *Mortality*, 19(4), 361–378. https://doi.org/10.1080/13576275.2014.943169

Cohen, J. (2022). Mental health professionals preparing for cognitive decline and death: Denial and action. *Professional Psychology, Research and Practice*, 53(5), 530–540. https://doi.org/10.1037/pro0000446

Da Silva, A. N., Ferreira, J. F., Conceição, N., Velho, C. V., & Vasco, A. B. (2022). Termination in psychotherapy: Contributions of an integrative metamodel. *Journal of Psychotherapy Integration*, 32(2), 175–189. https://doi.org/10.1037/int0000235

*Guide to making a therapist's professional will*. (n.d.). https://kspope.com/therapistas/will.php

Hackett, M. (2019) Planning for our death/incapacitation as therapists. *Irish Journal of Counselling and Psychotherapy*. 19(3) 23-28.

Lustgarten, S. D., Sinnard, M. T., & Elchert, D. M. (2020). Data after death: Record keeping considerations for unexpected departures of mental health providers. *Professional Psychology, Research and Practice*, 51(4), 362–370. https://doi.org/10.1037/pro0000334

Marmarosh, C. L. (2017). Fostering engagement during termination: Applying attachment theory and research. *Psychotherapy*, 54(1), 4–9. https://doi.org/10.1037/pst0000087

Miller, R. B. (2025). The Dilemma of the Professional Will: A Preliminary Survey and a Solution. *Independent Practitioner*, 45(1), 16-21.

Miller, R. B. (2024). Psychotherapist Professional Wills: Easy to Avoid, Crucial to Address. *Psychotherapy Bulletin*, 60(1), 53-56.

Miller, R. B. (2021). A psychodynamic psychotherapist dies: Grief and dismantling a practice as professional executor. *Psychoanalytic Perspectives*, 18(1), 116–133. https://doi.org/10.1080/1551806x.2021.1845035

O'Donnell, M. M. (2006). Sudden unexpected death of the therapist: Reconciling ethical and clinical concerns for providing continuing care. *Graduate Student Journal of Psychology*, 8, 45–49. https://doi.org/10.52214/gsjp.v8i.10806

Ohio Administrative Code 4732-17-01. (2025) *General rules of professional conduct pursuant to section 4732.17 of the Revised Code*. https://codes.ohio.gov/ohio-administrative-code/rule-4732-17-01

Pope, K. S., Vasquez, M. J. T., Chavez-Dueñas, N. Y., & Adames, H. Y. (2021). *Ethics in psychotherapy and counseling: A practical guide* (6th ed.). Wiley.

Pope, K. S. (n.d.). *Guide to making a therapist's professional will.* Retrieved from https://kspope.com/therapistas/will.php

San Diego Psychological Association. (n.d.). Guidelines for preparing your professional will. In *San Diego Psychological Association*. https://sdpsych.org/resources/Documents/Preparing%20Your%20Professional%20Will.pdf

Schwartz-Mette, R. A., & Rowan, C. B. (2024). Ethical considerations for complex termination. *Practice Innovations*. https://doi.org/10.1037/pri0000235

Scroppo, J. (2020). What mental health professionals need to know and do about their professional retirement. *Practice Innovations*, 5(2), 81–91. https://doi.org/10.1037/pri0000114

Steiner, A. (n.d.). What is a professional will? Why every therapist needs one. *Psychotherapy Tools*. https://www.psychotherapytools.com/profwill_what.html

Steiner, A. (2011). The Therapist's Professional Will: A Backup Plan Every Clinician Needs. *Group*. 35. 33-40.

# Advocating for Trauma-Specific Care in the Wake of Mass Shootings

*Erin McHale, PsyM | Aliesha Smith, PsyM | Michelle S. Schultz, PsyD*
*School of Professional Psychology, Wright State University*

Abstract

*Mass shootings have sparked turmoil in the United States (U.S.) for decades, with 192 incidents recorded in the nation since 2013 (Gun Violence Archive, 2025). Ohioans alone experience a high frequency of mass shootings each year, as 18 mass shooting events were documented in Ohio during 2024 (Perry, 2024). The traumatic impact of these events is often chronic and debilitating for survivors, involving symptoms such as dissociation, hypervigilance, anxiety, anhedonia, suicidal ideation, and physical concerns like migraines and stomach pains (Lowe et al., 2025). Despite the common occurrence of mass shooting events in the U.S., 80% of survivors reported a lack of awareness regarding available mental health services (Rancher et al., 2024). This paper outlines the importance of empirically supported interventions for mass shooting survivors and community members, as well as detailed recommendations for psychologists in working with and advocating for this population.*

**PREVALENCE**

A mass shooting is defined as an intentional crime that causes physical and psychological injury to a large number of people in a public space and kills three or more victims via the use of firearms (National Mass Violence Center, 2025). The United States (U.S.) has experienced 192 mass shootings since 2013 (Gun Violence Archive, 2025). In 2024 alone, Ohioans experienced 18 mass shooting incidents (Perry, 2024). Data analysts suggest that the observed increase in mass shootings since 1982 is correlated with the rising population, legal access to firearms, and increased media coverage, leading to contagion effects for these crimes (Donnelly et al., 2023; Fox et al., 2021). According to Follman et al. (2024), the majority of mass shootings occur in public workspaces and schools. For this paper, survivors are defined as those who directly witnessed or experienced a mass shooting, while the community includes survivors, family members, and any individual in the local area who has been directly and/or indirectly impacted by a mass shooting.

**SURVIVOR & COMMUNITY EXPERIENCE**

Mass shootings can create immense psychological distress, fear, and mistrust in the community (National Council Medical Director Institute, 2024). When researchers surveyed 150 mass shooting survivors, 90% reported experiencing psychological trauma following the event, and 50% reported that the distress negatively affected their well-being and daily functioning (Everytown Research and Policy, 2022). Community members and survivors impacted by mass shootings often develop post-traumatic stress disorder (PTSD), major depressive disorder, anxiety disorders, substance use disorders, other stress disorders, and general psychological distress (Abba-Aji et al., 2024; Lowe et al., 2025; Lowe & Galea, 2017). An analysis of 49 studies found that these individuals often experience sadness/grief, irritability, suicidal ideation, and physical biomarkers like headaches and nausea (Lowe et al., 2025). Survivors and witnesses with prior exposure to gun violence or trauma were found to experience more severe stress reactions and a lower likelihood of utilizing adaptive coping skills following the event (Everytown Research and Policy, 2022; Lowe et al., 2025). Volunteers, first responders, and professionals providing support were also found to experience vicarious trauma and negative emotional effects (Vinall, 2020).

Survivors and community members with limited protective factors, such as social support, financial resources, grounded spiritual beliefs, and initiative to seek mental health services, have been found to experience a greater likelihood of aversive emotional experiences and chronic mental disorders (Abba-Aji et al., 2024; Lowe et al., 2025; Lowe & Galea, 2017). Additional

risk factors that have been correlated with mental health difficulties in mass shooting survivors include bereavement, emotional regulation challenges, avoidance of event reminders, social isolation, low self-esteem, physical injuries, low tolerance for change/uncertainty, and direct event/news exposure (Lowe et al., 2025). According to Abrams (2022), one-third of individuals have reported avoiding previously frequented settings and locations of past attack sites. Survivors have also endorsed avoiding treatment engagement due to evading reminders of the event and feeling distrustful of others (O'Neil et al., 2020).

**DIVERSITY CONSIDERATIONS**

As mass shootings can occur when a specific culture or identity is targeted, racial and ethnic minority survivors are at increased risk for disenfranchised grief while navigating media coverage, public attention, and feelings of vulnerability and helplessness (Lowe et al., 2025). Due to greater instances of oppression with less systemic support, Black communities in the U.S. are disproportionately impacted by mass shootings when compared to predominantly White communities (Ghio et al., 2023). Lowe and Galea (2017) discussed that the female gender, lower socioeconomic status, and decreased access to resources can increase mass shooting survivors' risk for adverse psychological outcomes. Furthermore, children and teens are more likely to develop mental health disparities and longer-term consequences than adults, often experiencing higher rates of depression, anxiety, and PTSD-related symptoms (Vinall, 2020).

**SUPPORT OPTIONS & LIMITATIONS**

In the immediate aftermath of disastrous events, Psychological First Aid (PFA) is an intervention that can be delivered by response workers to provide general physical/emotional support to survivors and witnesses and has been associated with lower levels of anxiety and improvements in adaptive functioning (Felix, 2024; National Child Traumatic Stress Network, n.d.; Wang et al., 2024). Similarly, Skills for Psychological Recovery (SPR) is a psychoeducational intervention for disaster survivors and witnesses that has been correlated with statistically significant improvements in PTSD and depression symptoms in gunshot injury survivors (National Child Traumatic Stress Network, n.d.; Williams et al., 2024). Additionally, trauma-focused CBT (TF-CBT), cognitive processing therapy (CPT), prolonged exposure (PE) therapy, image rehearsal therapy (IRT), and eye movement desensitization and reprocessing (EMDR) are empirically supported, first-line psychological interventions for PTSD symptoms like those documented in mass shooting survivors (Martin et al., 2021). Despite the availability of these trauma-specific interventions, limited research on these treatment modalities has directly assessed mass shooting survivors and community members, highlighting a gap in personalized interventions that specifically address the unique needs of these individuals (Lowe et al., 2025).

However, recent research targeting those exposed to mass shooting incidents has emerged, further supporting the utility of tailoring treatment interventions to these specific individuals, given the rising occurrence of mass shooting incidents in the U.S. For students with mass shooting exposure, creative arts therapy and narrative/expressive writing were associated with improvements in anxiety, post-traumatic stress, depression, affect, and coping self-efficacy (Hylton et al., 2019; Liu & Kia-Keating, 2018). Additionally, a specialized intensive experiential group therapy program was correlated with improvements in PTSD, anxiety, and depression symptoms in mass shooting survivors at a six-month follow-up (Cowden et al., 2022). Animal-assisted crisis response (AACR) involving direct therapy animal engagement has also been correlated with reported reductions in stress in school shooting survivors (Lowe et al., 2025; Robino et al., 2022).

Further, survivors often have limited awareness of the resources available to them, highlighting a need for providers to facilitate connections to services. According to Rancher et al. (2024), 80% of those impacted by mass violence reported that they were unaware of mental health services offered. These individuals were more likely to be aware of resources if they were younger, had more social support, and experienced more distress. Additionally, Hoven et al. (2005) found that 50% of student survivors who met criteria for mental disorders were unlikely to know about support resources. Despite the frequency of mass shootings in schools, less than 10% of educators received training on how to provide support and refer youth to proper services (Schonfeld et al., 2024). Limitations in necessary services for survivors create a public health burden, resulting in greater physical, social, and economic consequences for these communities, such as reduced employment, academic transfers/unenrollment, and budget restrictions (Rancher et al., 2024; Vinall, 2020). Given the gaps in community awareness of available resources, it is imperative that mental health providers engage in educational, collaborative efforts with these communities to connect them with readily accessible, personalized support services.

**CLINICAL IMPLICATIONS & RECOMMENDATIONS FOR PROVIDERS**

Given the documented impact of mass shootings and the availability of effective trauma-specific interventions, mental health services should be offered early to mass shooting survivors and community members to allow opportunities for flexibility and personalization to each person's needs and identities (Felix, 2024). Mental health providers are also strongly encouraged to prioritize continuing education that focuses on cultural humility within trauma-informed care to ensure that their services are appropriately supporting the affected community (Lowe et al., 2025). Initiating and engaging in empirically supported care is vital for serving these vulnerable communities (Felix, 2024).

It is recommended that providers are mindful of the importance of strengthening the community and support systems in the event a mass shooting were to occur and take active steps to prepare. Strengthening professional and community relationships before a mass shooting can involve initiating a pre-event action plan that includes completing/sharing psychoeducational trainings, organizing referral resources,

coordinating trauma-informed advocacy opportunities for volunteers/clinicians, and identifying sources of crisis support funding (Lowe et al., 2025). To address treatment barriers, providers should normalize conversations within their communities about the impact that media and politics can have on healing for survivors (National Council Medical Director Institute, 2024). Fostering connections early can also help assist with reducing the gaps in awareness of services available, so affected individuals can access necessary mental health services. Providers are encouraged to engage in conversations with key community members, including religious officials and school officials, to facilitate spreading awareness of services and reduce stigma associated with seeking support.

Following a mass shooting, it is recommended for providers to prepare long-term supports for reminder dates like event anniversaries, victims' birthdays, or other mass shooting occurrences (Lowe et al., 2025). Mental health professionals can further reduce the gap in treatment access and build support networks by broadly connecting community members and news/media consumers to psychoeducation on the mental health impacts of mass shootings and benefits of services to expand awareness beyond direct survivors. Regarding ethical considerations when working with survivors, challenges with maintaining client confidentiality may arise amidst media coverage of the event (Lowe et al., 2025). To address this concern, it is recommended that providers avoid publicly speaking about the event and/or proactively prepare written statements and general presentations.

Trauma-informed treatments for survivors should be tailored to prioritize each individual's unique characteristics and experiences while taking continual consideration of the daily challenges they face as mass shooting survivors (Yunitri et al., 2023). Therefore, additional research should more closely assess diversity considerations within this population to best meet their needs amidst growing rates of mass shootings in America. Regarding future directions, mental health interventions specifically designed for mass shooting survivors should be explored and broadened through targeted research studies (Lowe et al., 2025).

## About the Authors

**ERIN MCHALE, PSYM** is a fourth-year doctorate student in clinical psychology at Wright State University's School of Professional Psychology, where she received her Master of Clinical Psychology (Psy.M.). She completed her Bachelor of Science degree in psychology at The Ohio State University with a minor in criminology and criminal justice studies. She has a variety of clinical experience working in outpatient/inpatient hospitals, college counseling, community mental health, psychological assessment, and child/adolescent behavioral health. Her clinical and research interests include health psychology, perinatal/reproductive health, anxiety and mood disorders, trauma, adjustment challenges, body image and self-esteem concerns, and relationship difficulties.

**ALIESHA SMITH, PSYM** (she/her) is a fourth-year Clinical Psychology doctoral (PsyD) student enrolled in Wright State University's School of Professional Psychology. She completed her Bachelor of Science degree in Psychology with a Human Services concentration at Appalachian State University. Her clinical interests include integrating person-centered, evidence-based practices while incorporating cultural humility and an awareness of historical systems which impact people's lives. She currently works at the University of Cincinnati Counseling and Psychological Services helping emerging adults navigate life transitions and various mental health concerns. She has worked with children, adolescents, and adults previously in assessment and several therapeutic settings. Her broad research interests include trauma work, mood disorders, women's issues, and uplifting the LGBTQ+ community.

**MICHELLE S. SCHULTZ, PSYD** is chair and clinical associate professor in the School of Professional Psychology and has served as program's associate dean and director of clinical training. She teaches courses in supervision, practice management, trauma, intervention, and assessment. Additionally, she supervises doctoral-level psychology trainees providing psychological services. She completed internship and postdoctoral experiences in treating adolescents and children who experience trauma and/or exhibit disruptive behavior. Areas of interest include child, adolescent and family psychology (therapy and assessment), clinical training, program development, and diversity competence. Specific areas are youth in the juvenile justice system (with special attention to the needs of girls and those with mental health issues), trauma, Non-Suicidal Self Injury (NSSI), emerging adulthood and identity development, women's issues, clinical supervision, professional development, and diversity competence (specific focus on the intersection of social class, gender, and ethnicity). She engages in private practice consistent with her clinical interests.

## References

Abba-Aji, M., Abdalla, S. M., Moreland, A., Rancher, C., Kilpatrick, D. G., & Galea, S. (2024). Prevalence and risk factors of depression in US adults post mass shootings: evidence from population-based surveys of multiple communities. *Public health*, 232, 93-99. https://doi.org/10.1016/j.puhe.2024.04.016

Abrams, Z. (2022, July 11). Stress of mass shootings causing cascades of collective trauma. *Monitor on Psychology*. https://www.apa.org/monitor/2022/09/news-mass-shootings-collective-traumas

Cowden, R. G., Captari, L. E., Chen, Z. J., De Kock, J. H., & Houghtaling, A. (2022). Effectiveness of an intensive experiential group therapy program in promoting mental health and well-being among mass shooting survivors: A practice-based pilot study. *Professional Psychology: Research and Practice*, 53(2), 181–191. https://doi.org/10.1037/pro0000443

Donnelly, M., Grigorian, A., Inaba, K., Nguyen, N., Virgilio, C., Schubl, S., Paladugu, A., Swentek, L., & Swentek, L. (2023). Trends in mass shootings in the United States (2013-2021): A worsening American epidemic of death. *The American Journal of Surgery*, 226(2), 197-201. https://doi.org/10.1016/j.amjsurg.2023.03.028

Everytown Research & Policy. (2022). *When the shooting stops: The impact of gun violence on survivors in America.* Everytown for Gun Safety Support Fund. https://everytownresearch.org/report/the-impact-of-gun-violence-onsurvivors-in-america/

Felix, E. (2024). Supporting youth and young adults following mass violence incidents. *Journal of Health Service Psychology*, 50(4), 189–197. https://doi.org/10.1007/s42843-024-00119-x

Follman, M., Aronsen, G., & Pan, D. (2024, September 4). US mass shootings, 1982-2024: Data from Mother Jones' investigation. *Mother Jones*. Retrieved July 1, 2025 from https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/

Fox, J. A., Sanders, N. E., Fridel, E. E., Duwe, G., & Rocque, M. (2021). The contagion of mass shootings: The interdependence of large-scale massacres and mass media coverage. *Statistics and Public Policy*, 8(1), 53–66. https://doi.org/10.1080/2330443X.2021.1932645

Ghio, M., Simpson, J. T., Ali, A., Fleckman, J. M., Theall, K. P., Constans, J. I., Tatum, D., McGrew, P. R., Duchesne, J., & Taghavi, S. (2023). Association between markers of structural racism and mass shooting events in major US cities. *JAMA Surgery*, 158(10), 1032-1039. https://doi.org/10.1001/jamasurg.2023.2846

Gun Violence Archive. (2025, January 8). *Home*. Retrieved July 1, 2025 from https://www.gunviolencearchive.org/

Hoven, C. W., Duarte, C. S., Lucas, C. P., Wu, P., Mandell, D. J., Goodwin, R. D., Cohen, M., Balaban, V., Woodruff, B. A., Bin, F., Musa, G. J., Mei, L., Cantor, P. A., Aber, J. L., Cohen, P., & Susser, E. (2005). Psychopathology among New York City public school children 6 months after September 11. *Archives of General Psychiatry*, 62(5), 545-551. https://doi. org/10.1001/archpsyc.62.5.545

Hylton, E., Malley, A., & Ironson, G. (2019). Improvements in adolescent mental health and positive affect using creative arts therapy after a school shooting: A pilot study. *The Arts in Psychotherapy*, 65, Article 101586. https://doi.org/10.1016/j.aip.2019.101586

Liu, S. R., & Kia-Keating, M. (2018). Improving coping self-efficacy among distressed students after exposure to university mass violence: A pilot online intervention. *Journal of College Student Psychotherapy*, 32(3), 199–219. https://doi.org/10.1080/87568225.2017.1388754

Lowe, S. R., & Galea, S. (2017). The mental health consequences of mass shootings. *Trauma, Violence, & Abuse*, 18(1), 62-82. https://doi.org/10.1177/1524838015591572

Lowe, S. R., Márquez-Greene, N., & Ranney, M. L. (2025). Mental health after mass shootings: Research findings and clinical considerations. *Journal of Health Service Psychology*, 51, 5–13. https://doi.org/10.1007/s42843-025-00125-7

Martin, A., Naunton, M., Kosari, S., Peterson, G., Thomas, J., & Christenson, J. K. (2021). Treatment guidelines for PTSD: A systematic review. *Journal of Clinical Medicine*, 10(18), Article 4175. https://doi.org/10.3390/jcm10184175

National Child Traumatic Stress Network. (n.d.). *Psychological First Aid (PFA) and Skills for Psychological Recovery* (SPR). https://learn.nctsn.org/course/index.php?categoryid=11

National Council Medical Director Institute. (2024). Mass violence in the United States: Definition, prevalence, causes, impacts, and solutions. *National Council for Mental Wellbeing*. https://www.thenationalcouncil.org/wp-content/uploads/2024/12/MDI-Mass-Violence.pdf

National Mass Violence Center. (2025). https://nmvvrc.org/

O'Neill, K. M, Shultz, B. N., Lye, C. T., Ranney, M. L, D'Onofrio, G., & Coupet, E., Jr. (2020). Physicians on the frontline: Understanding the lived experiences of physicians working in communities that experienced mass casualty shootings. *Journal of Law, Medicine & Ethics*, 48(S4), 55-66. https://doi.org/10.1177/1073110520979402

References continued...

Perry, A. (2024, December 17). Wisconsin school shooting among hundreds in 2024. See Ohio school shooting numbers this year. *Cincinnati Enquirer*. https://www.cincinnati.com/story/news/2024/12/17/ohio-school-shootings-mass-shootings-2024/77044112007/

Rancher, C., Moreland, A. D., Galea, S., Bottomley, J., Abba-Aji, M., Abdalla, S. M., & Kilpatrick, D. G. (2024). Awareness and use of support services following mass violence incidents. *Journal of Psychiatric Research*, 180, 79-85. https://doi.org/10.1016/j.jpsychires.2024.10.001

Robino, A. E., Feldman, D. M., Stein, A. N., Schmaltz, M. A., Fitzpatrick, H. A., Tartar, J. L., Pizzo, F., Friedman, M., & Feldman, O. (2022). Sustained effects of animal-assisted crisis response on stress in school shooting survivors. *Human Animal Interaction Bulletin*, 12(2), 65–85. https://doi.org/10.1079/hai.2022.0019

Schonfeld, D. J., Demaria, T., Nasir, A., Kumar, S., Committee on Psychosocial Aspects of Child and Family Health, & Council on Children and Disasters (2024). Supporting the grieving child and family: Clinical report. *Pediatrics*, 154(1), Article e2024067212. https://doi.org/10.1542/peds.2024-067212

Vinall, D. (2020). *Massacre survivor syndrom: Trauma sequalae and life adjustment in survivors of mass shootings treated with EMDR*. (Publication No. 29253367) [Doctoral dissertation, Southern California University]. ProQuestion Dissertations & Theses.

Wang, L., Norman, I., Edleston, V., Oyo, C., & Leamy, M. (2024). The effectiveness and implementation of Psychological First Aid as a therapeutic intervention after trauma: An integrative review. *Trauma, Violence, & Abuse*, 25(4), 2638–2656. https://doi.org/10.1177/15248380231221492

Williams, J. L., Hambrick, E. P., Gleason, V. L., Hardt, M. M., Henschel, A. V., Wilfred, S. A., Wilson, E. J., Stratmann, S., Jamison-Petr, J. R., & Moncure, M. (2024). Evaluating Skills for Psychological Recovery with gunshot injury survivors in a hospital-based early intervention program. *American Journal of Orthopsychiatry*, 94(2), 159–168. https://doi.org/10.1037/ort0000710

Yunitri, N., Chu, H., Kang, X. L., Wiratama, B. S., Lee, T.-Y., Chang, L.-F., Liu, D., Kustanti, C. Y., Chiang, K.-J., Chen, R., Tseng, P., & Chou, K.-R. (2023). Comparative effectiveness of psychotherapies in adults with posttraumatic stress disorder: A network meta-analysis of randomised controlled trials. *Psychological Medicine*, 53(13), 6376–6388. https://doi.org/10.1017/s0033291722003737

**Glennon J. Karr**
Attorney at Law

**Legal Services for Psychological Practices**

(614)848-3100
Outside the Columbus area, the Toll Free No. is (888) 527-7529
(KARRLAW)

Fax: (614) 848-3160 | E-Mail: gkarr@karrlaw.com
1328 Oakview Drive | Columbus, Ohio 43235

# Guidelines for the Use of Artificial Intelligence (AI) in Psychology

*Communication and Technology Committee (CTC)*
*Ohio Psychological Association (OPA)*

Abstract

*Artificial Intelligence (AI) is technology that uses processes similar to human intelligence to complete the cognitive tasks of humans. It is a newly developed field with a seemingly infinite number of resources. AI research and resources are being updated daily. CTC used the information available at the time of writing to provide guidelines for the use of AI in the field of psychology. The benefits and concerns, ethics, and specific uses in different areas of psychology (i.e., practice and treatment, testing and evaluation, administrative tasks, academics/teaching/supervision, and research/publications/presentations) were examined.*

**INTRODUCTION**

Artificial Intelligence (AI) is no longer a fictional genre of entertainment of the future–it is here in the present and being used by almost anyone with access to technology whether they realize it or not. Commonly known AI tools include ChatGPT, Gemini (Google), Siri (Apple), Alexa (Amazon), and many more. AI research and tools continue to be developed, revised, and released daily, such that remaining current requires ongoing effort. Being such a new resource, there is limited research and information about what AI is or how to use it properly. The American Psychological Association (APA) has provided guidance for the ethical use of AI while practicing health services psychology; however, as of this writing, APA has not released any official policy, standards, or guidelines for the use of AI (APA, 2025). Like other healthcare fields, many psychologists have access to and are already using AI in their practices. This paper provides guidelines for the ethical use of AI for psychologists in Ohio based on the literature available at the time of writing. It is possible that these guidelines may already be out of date by the time of publication. Because of this, readers and users of AI should verify that newer, more recent guidelines have not already been published at the time or reading and remain up-to-date regarding developments in the field.

**AI DEFINED**

At this time, there are many types and programs of Artificial Intelligence (AI), each developed by different companies with unique algorithms. According to Gemini, Google's Artificial Intelligence, "AI is a field of study that uses technology to create machines that can perform tasks that usually require human intelligence. AI systems can learn, solve problems, and make decisions." (Google, 2025). Deepseek, another type of AI that provides its thought process while developing responses to questions, indicates that "AI refers to the simulation of human intelligence in machines programmed to perform tasks that typically require human cognition. These tasks include learning, reasoning, problem-solving, perception, understanding language, and decision-making" (Deepseek AI, 2025). It is interesting to note that these systems are specifically designed to adapt and improve over time through experience and data input (Deepseek AI, 2025). Because of this, the same prompt may provide different responses at different times as the system learns and grows. In summary, artificial intelligence is a type of technology that uses processes similar to human intelligence to complete the cognitive tasks of humans.

**BENEFITS OF AI**

Using AI in psychology can be very helpful for psychologists. It can provide immediate information and consultation. Clinically, it can be used to generate resources for clients, create reading recommendations, and identify skills to utilize in sessions. When considering administrative tasks, the uses of AI can seem endless. Not only can it summarize sessions and meetings to incorporate into treatment notes, it also provides information written in proper grammar. Dictation, spellcheck and writing suggestions for better organization are also commonly used. AI tools are very easily accessible and are likely already present on most, if not all, electronic devices, whether they are being used or not.

**POTENTIAL AREAS OF CONCERN WHEN USING AI**

Knowing how easy AI is to use and access, it can be difficult for those attempting to choose not to use AI to follow through on this decision. Most electronic devices have regular updates that many users tend to install automatically. The use of AI resources are likely included within these regular updates. Most devices and web browsers also prompt users to use their AI services regularly. If users choose not to use AI, they will have to be very careful to always select the correct box when prompted and ensure the AI options are turned off on their devices with each update. Given the number of updates and prompts, these choices and actions will likely have to be made repeatedly.

As with most technologies and tools, AI has downsides and risks associated with its use. One noteworthy area of concern involves the process by which AI tools initially gather information, which relies on large amounts of data being accessed and processed. As with human learning, the eventual output can be limited or skewed depending on the amount, content, and sources of information available for learning. From this, AI tools have been found to provide factually incorrect information (Chung et al 2023, as cited in Farmer et al 2024, pg 7).

AI is not always neutral. It has been known to develop its own biases and stereotypes (Farmer et al 2024) as well as discriminate against people based on their disability status and race (Grant, 2022). Chatbots have been known to have professed their love to users and have also sexually harassed minors, which contributed to a call to pause AI research (Abrams, 2023). Finally, most AI models are based on data from English and Chinese samples, so biases could occur for clients who differ from these samples as well as for clients who deviate from these samples in a significant way (Hogan et al., 2021).

Excessive reliance on AI can have detrimental impacts on the work of psychologists. As psychologists increasingly rely on AI, it is possible they will rely more on it than their own skills, which ultimately leads to de-skilling (Farmer et al, 2024). As cited in Farmer et al (2024), "Hoff (2011) defined de-skilling as the reduction of discretion, autonomy, decision-making capacity, and knowledge on professional tasks due to an overreliance on technological innovation." This can lead to loss of clinical knowledge, a decreased understanding of clients, less physician-patient trust, and less trust in one's clinical decision-making (Farmer et al, 2024).

Automation bias is another risk from overreliance on AI (Goddard et al, 2012). This involves a user primarily relying on the information or recommendations from AI or other automated tools, rather than fully gathering, processing, and critically examining the information and potential conclusions (Goddard et al, 2012). This can lead to errors of commission (e.g., a clinician follows poor advice or recommendations) or omission (e.g., a clinician fails to take appropriate action when needed) (Goddard et al, 2012). Although computer programs used to assist with clinical decision-making are often viewed as having high degrees of accuracy, as mentioned above, not all information provided by AI is accurate, which leads to errors when relying on it (Goddard et al, 2012)

The concerns and challenges noted above can vary based on the tool being used and how that tool is updated over time. AI is relatively new, and additional risks are likely to evolve as the technology and its uses evolve. Additional research is needed to more broadly recognize and identify current and future risks. As known risks associated with AI are not universal or comprehensive, it is important for psychologists to exercise clinical judgment when incorporating AI technologies, and to remain current through literature review and training.

## ETHICS OF USING AI IN PSYCHOLOGY

As with any tool used in clinical practice, psychologists are expected to use AI ethically and responsibly. They should do the research and get the training to ensure proper use and adherence to all ethical guidelines. Following are suggestions for all psychologists choosing to utilize AI in their practice.

***Liability***

Psychologists choosing to use AI should receive sufficient training on these systems to know their uses as well as their limitations (Cachat-Rosset & Klarsfeld, 2023). It is

important for clients to be informed of any AI use in treatment or record keeping and to provide signed informed consent (Hogan et al., 2021). At this time, there is an unclear threat of liability for clinicians who choose to use AI in their practice as there is a lack of case law. Historically, courts have generally not dismissed malpractice claims based on errors that were generated by systems rather than those that occurred by the physician (Grabb & Angelotta, 2023). Continued testing and evaluation of AI systems will help ensure that they function as intended, are resilient against misuse or dangerous modifications, are ethically developed and operated in a secure manner, and are compliant with applicable federal laws and policies (White House 2023) and state laws and regulations.

### *Confidentiality*

AI exists in an online capacity, meaning it is vulnerable to cyberhacking and data breaches. This means any information psychologists may enter into an AI system about their clients and protected clinical practices (Farmer et al., 2024) could also be at risk for breaches. Because AI keeps data as part of its learning process, clinicians entering patient-related information could be violating ethics regarding confidentiality and Health Insurance Portability and Accountability Act (HIPAA) compliance (Hogan et al, 2021). The tenets of HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH) should be followed when using AI (Exec. Order No. 14110, 2023). AI systems should be evaluated with proper development and implementation of policies for their use that mitigate risk within continued monitoring and evaluation (White House, 2023).

### *Bias*

As previously stated, AI can generate false information, bias, and discriminatory responses based on learning algorithms and the sensitivities of the system. By using AI, it is possible that psychologists may be perpetuating these systemic biases. All psychologists using AI should be aware of these risks and verify that the information being provided is appropriate and free of harm.

## CONSIDERATIONS FOR SELECTING AI TOOLS

When selecting AI tools to use in practice, first ensure they are secure and HIPAA-compliant (McGeehan, 2025; APA, October 2024). Consider the professional experience and background of the creators and company providing the tool (APA, October 2024). When using any resource for psychological purposes, it is beneficial when the developer(s) have a background in psychology or can demonstrate they have a clear understanding of how that AI tool can and will be applied in the psychology field. Be sure to select AI tools that function and have value for your work (e.g., is it cost-effective and timesaving?, does it integrate with a certain software or electronic health record (EHR)?, is there technological support available?) (APA, October 2024). Finally, verify there is evidence that the AI tool has been tested and deemed effective (APA, October 2024).

## USING AI IN PSYCHOLOGY

There are too many fields of psychology to address all specialties in one paper. Below are some areas that appear similar to most divisions in which psychologists may consider using AI.

### *Practice and Treatment*

As AI becomes more widely known and used, it seems likely to be utilized in psychological practice in many ways. It is imperative that psychologists become competent in the use of AI in their pursuit of professional development. Clinicians should vet and select AI tools they know how to use, understand how data is encrypted, and that have limited biases. They should also ensure the tools have been developed and normed for the client receiving services (Cachat-Rosset & Klarsfield, 2023).

Psychologists may consider how AI can potentially impact their work and use of skills. As stated above, overreliance on technology can result in de-skilling. Further, being present and in person for clients is still very important for the therapeutic relationship. It may be easy to utilize AI for any number of small client-related tasks, such as communication; however, building a genuine relationship and rapport with clients is still important. It is central to positive health outcomes and part of providing proper standard care (ATA, 2023).

As previously stated, any source utilizing technology is at risk for hacking. Psychologists are required to keep data confidential, safe, and secure. Organizations are recommended to engage in regular risk assessments and audits to ensure correct use of AI and compliance (Farmer et al, 2024) and create incident response plans to follow in case data is breached (Gracy 2025). As with any other associate involved in their practice, psychologists should have a Business Associate Agreement (BAA) with any AI contractors or associates being used (Farmer, et al).

### *Testing and Evaluation*

There is significant potential for using AI in the testing or evaluation processes to help with efficiency, accuracy, and decision-making. The output provided from AI tools, however, is only as good as the input and training used by the AI (Farmer et al., 2024). As such, if limited data was available in the data set used, or if biases or other misinformation was input, the AI tool may provide incorrect or biased output. As always, it is important for psychologists to remain aware of how AI is being used and its accuracy.

As with other clinical areas of practice, the use of AI in evaluation carries the risk of de-skilling. Evaluators need to maintain their evaluative skills and guard against

the degradation of knowledge. Human contact and discussion are important for building rapport, especially in the process of psychological evaluation, which tends to be a shorter process. Losing rapport can impact how open clients feel when responding to psychological testing measures; this can easily lead to misleading or missed information in the evaluation process. Further, relying too heavily on interpretative reports and data provided by AI can also lead to misinformation and put the client at risk with inconsistent diagnoses, recommendations, and more.

In all, psychologists should remember to use AI as a tool throughout the evaluation process rather than a factual representation of the testing client; in the end, it is the psychologist's expertise that creates an evaluative report and clinical knowledge, not AI. A literature review of AI guidelines found that "especially when they can impact their personal life, health, safety, or professional life, 46% of sources recommend that humans should always be responsible for final decisions made" (Cachat-Rosset, G., & Klarsfeld, A., 2023, p. 14). When incorporating AI into the testing process, technology such as AI can be a useful resource, but psychological evaluators will need to remain attentive to its limits and appropriate applications while implementing clinical skills and thinking, utilizing appropriate analysis, and examining all sources of data to develop an individual interpretation.

***Administrative Tasks***

One area of potentially significant use of AI is in the completion of administrative tasks (e.g., writing notes, letter-writing, other documentation, etc.). AI can dictate sessions, produce treatment notes, create psychological reports (Farmer et al., 2024), and summarize records and resources, all of which take up a significant portion of unpaid time for psychologists. Further use of AI includes generating emails and developing drafts of policies (Farmer et al., 2024). It can also create explanations of complex psychological concepts in a client's language for better understanding and use (Farmer et al., 2024). This type of use can easily broaden the access of psychological services across any number of diverse communities (Farmer et al., 2024). Whenever using AI to create content, it is the psychologist's responsibility to review and verify the final product.

***Academics, Teaching, and Supervision***

AI will inevitably be used in teaching and supervision. Teachers and supervisors may want to guide students in the proper use of AI and teach them how to ethically integrate its use into their learning (Farmer et al). Doing so could help learners understand how to use AI properly as well as the ethical and legal implications of its use (Farmer et al). Those in teaching and in supervisory roles need to be very clear that any writing originates from one's own critical thinking skills and ideas. If students depend on AI to develop theses, arguments, and ideas, they are not likely to develop their own critical thinking skills or grow intellectually. This leads to a lack of skill and potential harm to others. Some examples of guidance may include providing directions that specify when AI is and is not allowed when completing writing assignments, or having students write the same paper with and without AI to help illustrate its helpfulness (or lack thereof). In summary, teaching students when using AI is and is not appropriate to use limits the reliance on it (Farmer et al). It also provides concrete examples of how to correctly summarize and cite information from resources to avoid plagiarism.

Supervisors may use AI to create scenarios from which supervisees learn. Supervisees may use AI to create tools for clients to use in session. Similar to other found resources, these should also be referenced and cited as created by AI. With AI being such a new resource, it is difficult to tell whether taking credit for its use and content may be considered plagiarism and/or a violation of copyright.

***Research, Publications, and Presentations***

The American Psychological Association (APA) provided policies regarding the use of generative AI in professional writing. It is important to disclose the use of AI by describing its use in the methods section and to also cite the software used (APA, November 2023; APA July 2024). Furthermore, AI cannot be named as an author on a paper (APA, November 2023; APA July 2024). APA indicates that the authors of a paper are responsible for the accuracy of their work and information regardless of the use of AI (APA, APA, November 2023; APA, July 2024). Also, published content cannot be entered into generative AI tools or else it would be considered a violation of copyright (APA, July 2024).

***Consultation***

At the time of this writing, limited information is found regarding the use of AI in consultation. Additional information is needed in this area.

## CONCLUSIONS

Artificial Intelligence (AI) has so many uses in the field of psychology. It is important for all psychologists to do research to understand what AI is and how they are or could be using it in their practice. There are seemingly infinite benefits and drawbacks to using AI. All psychologists need to take these guidelines into account, select AI responsibly, and to use it ethically. In the end, it is the psychologist using AI as a tool that is liable for its use. With the ongoing development of AI tools and research, psychologists should ensure they are up to date and current with the type of AI selected and how it is used.

## Guidelines for the Use of Artificial Intelligence (AI) in Psychology
## Communication and Technology Committee (CTC) of Ohio Psychological Association (OPA)

Artificial intelligence (AI) is a type of technology that uses processes similar to human intelligence to complete the cognitive tasks of humans. Below are guidelines for its use in the field of psychology. Please note that AI is a new field that is being researched, used differently, and updated every day. These guidelines reflect proper use at the time of writing with information currently available. When using AI at any time, users should gather updated research and information regarding ethical use in psychology.

**1. Considerations for selecting AI Tools**

- a. Ensure they are secure and HIPAA-compliant
- b. Consider the professional experience and background of the creators and company providing the tool
- c. Select tools that function and have value for your work
    - i. Is it cost-effective and timesaving?
    - ii. Does it integrate with your software for electronic health record (EHR)?
    - iii. Is there technological support available?
- d. Verify there is evidence that the AI tool has been tested and deemed effective

**2. Ethics of using AI in all areas of Psychological Practice and Treatment**

- a. Liability: conduct research and receive training to ensure proper use and adherence to all ethical guidelines when using AI.
    - i. Understand the limitations of AI. Be aware of any downsides, risks, and limitations associated with the use of AI, including the potential production of false information, biases, and stereotypes. Continue noting additional concerns and risks as they are identified with time.
- b. Gain competence in the use of AI.
    - i. Select AI systems that 1) have been evaluated with proper development and implementation of policies for its use and 2) have continued policies for ongoing monitoring and evaluation.
    - ii. Limit and avoid overreliance and dependence on the use of AI. Be sure to continue using and developing one's own clinical skills and find an ethical balance between the two.
    - iii. Explore how the use of AI impacts clinical skills, therapeutic relationship with clients, and outcomes.
- c. Informed consent: inform clients of any AI use in treatment or record keeping and provide signed informed consent.
- d. Confidentiality: follow all HIPAA laws when using AI and ensure all data remains confidential, safe, and secure.
    - i. Take precautions to avoid cyberhacking: engage in regular risk assessments and audits to ensure correct use of AI and compliance. Create incident response plans to follow in case data is breached.
    - ii. Use Business Associate Agreement (BAA) with any AI contractors or associates being used.
- e. Administrative Tasks:
    - i. Stay up to date on recent HIPAA protocols.
    - ii. Stay up to date on new AI research and protocols at site, state, and federal levels.

**3. Using AI for Testing and Evaluation:**

- a. Limit and avoid overreliance and dependence on the use of AI. Be sure to continue using and developing one's own clinical skills and find an ethical balance between the two.
- b. Remain aware of the use of AI. Understand the data and training used in developing the AI or AI outputs, to recognize if the outputs are likely to be biased or limited by the data.
- c. Participate in ongoing training to maintain clinical skills and gain updated knowledge on AI tools being used.
- d. Remain attentive to the individual client being tested.
    - i. Attend to rapport to determine whether it is sufficient to introduce the use of AI in testing.
    - ii. Consider if AI tools being used are appropriate for each individual client.
    - iii. As noted above, determine whether the AI being used is likely to provide valid information for each individual client, rather than providing inaccurate information or reinforcing stereotypes and biases.
    - iv. Consider whether the client is able to interact with the AI if/when needed. If so, determine whether the client is comfortable with and understands the use of technology.
    - v. Rely on multiple sources of information, not just AI, when formulating conclusions and making recommendations.
    - vi. Make sure that final decisions are made by the psychologist.

**4. Using AI for Academics, Teaching, and Supervision**

- a. Guide students and supervisees in the proper and ethical use of AI in psychology.
- b. Set expectations that clinical writing should originate from one's own critical thinking skills and ideas.
- c. Teach when the use of AI is and is not appropriate.
- d. Correctly recognize and cite the usage of AI. Do not take credit for content created by AI.

**5. Using AI in Research, Publications, and Presentations**

- a. Disclose the use of AI in the methods section and references.
- b. AI cannot be named as an author.
- c. All authors are responsible for the accuracy of their work and information regardless of the use of AI.
- d. Published content cannot be entered into generative AI tools or else it would be considered a violation of the confidential process.

**6. Using AI in Psychological Consultation**

- a. Continue finding information related to this use.

## About the Authors

**The Communication and Technology Committee (CTC)** is a committee within Ohio Psychological Association (OPA). Its goal is to monitor how technology affects the professional field of psychology. The committee oversees and develops OPA's forms, print publications, social media, and listserv.

## References


Abrams, Zara (2023). AI is changing every aspect of psychology. Here's what to watch for. *Monitor on Psychology*, 54(5), 46.

American Psychological Association (APA). (November, 2023). *APA journals policy on generative AI*. https://www.apa.org/pubs/journals/resources/publishing-tips/policy-generative-ai

American Psychological Association (APA). (July, 2024). *APA Publishing policies*. https://www.apa.org/pubs/journals/resources/publishing-policies

American Psychological Association (APA). (October, 2024). *APA'S AI tool guide for practitioners*. https://www.apaservices.org/practice/business/technology/tech-101/evaluating-artificial-intelligence-tool

American Psychological Association (APA). (July 2025). *Ethical guidance for AI in the professional practice of health service psychology*. https://www.apa.org/topics/artificial-intelligence-machine-learning/ethical-guidance-professional-practice.pdf

American Telemedicine Association (ATA). (2023). The ATA's artificial intelligence (AI) principles. https://www.americantelemed.org/wp-content/uploads/2023/10/ATA-AI-Principles-23-v2.pdf

Cachat-Rosset, G., & Klarsfeld, A. (2023). Diversity, equity, and inclusion in artificial intelligence: An evaluation of guidelines. *Applied Artificial Intelligence*, 37(1). https://doi.org/10.1080/08839514.2023.2176618

Chung, N.C., Dyer, G., & Brocki, L. (2023). *Challenges of large language models for mental health counseling.* https://doi.org/10.48550/arXiv.2311.13857

Deepseek AI. (2025). *Deepseek* [Generative AI]. https://www.deepseek.com

Farmer, R. L., Lockwood, A., Goforth, A., & Thomas, C. (2024, March 12). *Artificial intelligence in practice: Opportunities, challenges, and ethical considerations* [Unpublished manuscript]. Psychology Department, University of Memphis. https://doi.org/10.31234/osf.io/6hn4f

Goddard, K., Roudsari, A., & Wyatt, J. C. (2012). Automation bias: a systematic review of frequency, effect mediators, and mitigators. *Journal of the American Medical Informatics Association*, 19(1), 121–127. https://doi.org/10.1136/amiajnl-2011-000089

Google. (2025). *Gemini*. (Mar 11 version) [Large language model]. http://gemini.google.com

Grabb, D.J., & Angelotta, C.A. (2023). Emerging forensic implications of the artificial intelligence revolution. *Journal of American Academy of Psychiatry and the Law*, 51, 475-479. DOI:10.29158/JAAPL.230080-23

Gracy, M. (2025). *A comprehensive guide to HIPAA compliance audit*. Sprinto. https://sprinto.com/blog/hipaa-compliance-audit/

Grant, Crystal (October, 2022). *Algorithms are making decisions about health care, which may only worsen medical racism.* ACLU. https://www.aclu.org/news/privacy-technology/algorithms-in-health-care-may-worsen-medical-racism

Hogan, N.R., Davidge, E.Q., & Corabian, G. (2021). On the ethics of practicalities of artificial intelligence, risk assessment, and race. *Journal of American Academy of Psychiatry and the Law* 49(3), online. DOI:10.29158/JAAPL.200116-20

McGeehan, Brittany. (March, 2024). *AI for therapists*. https://www.simplepractice.com/blog/ai-for-therapists/

White House. (October, 2023). *Executive order on the safe, secure, and trustworthy development and use of artificial intelligence*. https://bidenwhitehouse.archives.gov/briefing-room/presidential-actions/2023/10/30/executive-order-on-the-safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence/

# "Knit into the Fabric:" A Thematic Analysis of Psychoanalytic Identity

*Tanner L. Lyon, MA | Lawrence Josephs, PhD*
*Derner School of Psychology, Adelphi University*

Abstract

*This thematic analysis assesses psychoanalysts' identification with their work, determining the boundaries of their use of analytic methods in and out of the office. The first area of inquiry concerns the extent of psychoanalysts considering their work to be a part of their identity; this entails using a psychoanalytic framework to understand one's own dynamics and processes. The second area concerns how prevalent analytic methods are in the analyst's life, like employing psychoanalytic methods in their interaction with family and friends. Finally, participants share the possibility of a life beyond psychoanalysis.*

This research project is situated at the crossroads of political-economy and psychology. With work coming to form an essential component of one's identity, it is reasonable to assume that one's work will infiltrate one's life outside of labor, whether using one's knowledge about their work to connect with others, being driven to speak about the stresses of work with those close to them, being filled with work-related thoughts in one's free time, and/or other scenarios. This project is concerned with describing life and work's entanglement.

In the practice of psychology and psychoanalysis in particular, the object of work is linguistic interchange and social relations themselves, aiming at explaining and shifting perceptions and behaviors rooted in the dynamics of the mind. Given the closeness of the object of this practice to the experience of everyday life, finding ways to separate work from life are concerted efforts that have been treated as objects of study throughout the history of psychology. Proponents of self-disclosure, for example, claim that this can humanize the therapist and provide concrete examples of dealing with something ailing the patient (Beebe & Lachmann, 2003). The opponents, including Freud himself, claim that self-disclosure harms the treatment by either making the content of the session about the therapist themselves or by ruining the patient's perception of the therapist as a blank canvas that serves as the basis of transference (Freud, 1958; Fink, 1997; Mills, 2017).

The status of the therapist's own life is therefore a clinical consideration in the workplace. Additionally, therapists must find ways to protect themselves from painful content explored with their patients so that they are able to live their own lives and not bring the emotional residue home or from one session to another. Being unable to take distance from the content of their work can lead to burnout or psychic damage (Vanheule & Verhaghe, 2004). The current study targets the potential separation and/or enmeshment of one's personal life and identity with the practice of psychoanalysis. The research question reflects this field of inquiry: How central is psychoanalytic training for the participants' understanding of their selves, family and friends?

## METHODS

### *Procedure*

For data collection, a solicitation email was created and distributed stating that a study about the role of one's personal life in psychoanalytic theory and practice was being conducted. This solicitation was distributed to analytic training institutes, post-graduate training programs and individual psychoanalysts. The only exclusion criterion was that participants must have completed an analytic training program. Once the description of the research, solicitation email and interview protocol were produced, the project was deemed exempt by the IRB due to its low potential of risk to the participants. Upon receiving responses, a one-hour Zoom meeting was scheduled and an informed consent form and a survey to gather basic demographic data about the participants was distributed.

The interview protocol was established by the researcher, then was co-developed with his research lab. In the spirit of reflexivity and trustworthiness for methodological integrity (Braun & Clarke, 2019; Levitt et al., 2017), choices concerning the analysis of the data will be disclosed. Upon conclusion of the interview, the Zoom closed-captioning transcript was used as a foundation for ensuring accuracy of the transcript. The interview was transcribed in a way that was a near-exact replication of the participants' words, including repeated words, informal introductory clauses, pauses, laughs, etc., without attempting to detail exactly how long a silence was or

the phonologic qualities of mispronounced words or noises. Once the interview was transcribed, the transcript was sent to the participant in case they wanted any data redacted or added. Upon confirmation from the participant, the data would be open coded according to the guidelines established by Braun & Clark (2006). The nature of analytic work often follows themes in the patients' words, so a thematic analysis has fidelity to the subject matter. The process of thematic open coding consisted of highlighting phrases that reflected ideas, concepts or themes that were significant for the researcher and the participants' narrative. The sole coder was the primary researcher. Once the data was reviewed for codes around three times, codes were grouped into themes.

***Participants***

Seven psychoanalysts participated in the study. There were five relational psychoanalysts, one modern psychoanalyst and one object-relations psychoanalyst. The researcher himself is largely inspired by Lacanian psychoanalysis and has an interest in relational psychoanalysis. He had been previously trained in qualitative methods, especially thematic analysis. Two analysts were early-career analysts, and five were late-career analysts. This had special pertinence for the question of retirement, where early career analysts hoped for retirement in their 60s or 70s, where late-career analysts were more intent on practicing until they were no longer able.

## RESULTS

***Theme One:***
***"Knit into the fabric of how I see the world"***

The first theme was chosen as a direct address to the research. Psychoanalytic theory provides insight into individual and group human dynamics, including epistemological methods for understanding these dynamics. Those trained in psychoanalytic theory and practice are thus provided with an understanding of themselves, others and how to gain insight into the conscious and unconscious dynamics of others. If one undertakes the immense time commitment demanded by analytic training, one can assume psychoanalysts have investment in the psychological theory and epistemological methods established by psychoanalysis. While an analyst is likely informed about alternative or adjacent metapsychologies and epistemic methods, they likely have a strong commitment to psychoanalysis as a significant approach for psychological theory and practice.

Given the breadth of psychoanalytic theory and practice, the explanations and methods of psychoanalysis can be applied in and out of the therapy room. While some methods are likely reserved for patients, the medium of asking questions to learn about the other underlies all human relations. Thus, psychoanalytic formulations and practices are likely to find their way into interactions outside of the therapy room. The following excerpt from interview one encapsulates this interconnection:

> *"It's so knit into the fabric of how I see the world… it's no longer something that I learned in school… I see the world, I see my friends, my family, neighbors… analytically informed concepts find their way into my conclusions."*

For the participants, psychoanalytic theory was not merely a set of theories to facilitate working with patients. They saw psychoanalytic insights as constitutive of how they saw themselves, others and dynamics between others. Undergoing psychoanalytic training is a required practice of analytic training, which gives analysts insight into themselves as much as it gives insight into working with others. Their immersion in the world of psychoanalysis caused psychoanalytic discourse to form the basis of how they gave words to the human phenomena they encountered, whether with friends, family or patients.

***Theme Two:***
***"I may or may not communicate"***

The second theme was chosen to distinguish how the participants differentiated their approach to patients from friends and family. The choice of what to say and when to say it is a significant and well-studied problem in psychoanalytic discourse and a constant consideration in psychoanalytic practice. Certain questions or interpretations cannot be offered lightly. The evaluation of better or worse times and ways to communicate is an ever-present concern in the therapy room.

When not interacting with patients, the import of content and timing of a question or interpretation is no longer as significant, but it is still an important consideration. Friends and family of analysts may not want interpretations, and certain questions are inappropriate depending on the person and relationship to the asker. Thus, communicative choices are ever-present in interactions with the other. Psychoanalysts are trained in these choices, but that does not necessitate that each choice be weighed equally as heavy. This would be exhausting. The following quote from participant three illustrates how these choices are evaluated:

> *"it feels a lot different when I'm with a patient, because I'm gonna keep my mouth shut ... that's literally what the difference is, how much am I expressing… Refraining from expressing and how much am I thinking about how I'm gonna express it. That's really where the work comes when I'm with a friend. I might be paying attention to how much they want for me, or something like that. But I'm gonna talk freely most of the time."*

While there is not necessarily an off switch for analytic thinking, participants would alter what they communicate according to their interlocutor. With patients, participants would engage less freely than they would with family or

friends, but these outside experiences would continue to inform their insights. With patients, silence, questions and fully formed interpretations were the primary mode of communication.

With friends and family, though similar insights could arise, communication was both freer while simultaneously confined to less formal analyses. One's friends or family are not necessarily speaking to the participants to receive therapeutic services. Instead, the participants could draw on their knowledge and training to make jokes, offer insight if it was asked for and otherwise keep their analyses to themselves.

**Theme Three:**
**"I had to dance with the devil of managed care"**
Finally, theme three arose as a common but unanticipated theme among participants. The notion of the "frame" concerns therapeutic practices surrounding the exploration of analysand material or the analytic process (Langs, 1978). The establishment of a fee is an important element of the frame that can provide significant space for exploration in analysis. When patients pay for their analysis through insurance, however, an additional external party becomes part of the analytic relationship.

When an insurance company is involved in an analysand's care, the analyst is tasked with explaining their analysands and their interventions in a way that merits reimbursement from insurance. A significant problem occurs when an insurance company disagrees with the approach of an analyst or the necessity of treatment for an analysand. When this happens, the analyst is called to justify their diagnosis or interventions so the analysand can be reimbursed. The following complaint from participant seven demonstrates the frustrations associated with this experience:

> *"… when managed care came along, you'd spend another 20, 25% of your time in… managed care overhead, the treatment reviews and arguing with company people whose interest is in keeping the money. They don't give a crap about the patients."*

The most alienating experience for many of the participants was working with insurance companies to ensure their patients got the treatment they needed. To ensure their patient's treatment was covered by insurance, the participants would have to justify their conclusions and interventions to representatives of the patient's insurance company. Instead of focusing on their patients, the participants had to begrudgingly justify their work and interventions with officials for insurance companies, which distanced them from the work they are invested in.

**CONCLUSION**

The interviews and thematic analysis confirmed suspicions about the entanglement of psychoanalytic work and one's personal life. Psychoanalytic formulations are not confined to the therapy office; psychoanalytically informed themes and discourse found their way into the participants' conceptualizations of everyone they interacted with. The participants then made choices as to what they would communicate according to who they were around. Friends and family allowed the participants to feel freer in their communication, but they held clinical observations to themselves. With patients, the participants limited their communications to relevant and sparing questions and interpretations. The entanglement of work and life had a hard limit, however: when communicating their work to insurance companies, psychoanalytic work was no longer experienced as seamlessly. The justifications they had to make for their work left the participants feeling more alienated from their careers.

While seven participants were sufficient for this analysis, an expanded version of this study would include more participants from a more varied range of theoretical orientations. Future research may also conduct a similar interview with CBT oriented practitioners. A similar interview with workers outside of mental health who either strongly or weakly identify with their positions would likely yield interesting results.

## About the Authors

**TANNER LYON** is a third-year doctoral student in clinical psychology at the Derner School of Psychology of Adelphi University and an extern at The Village Institute for Psychotherapy in New York City. He is primarily invested in psychoanalytic theory and practice. He is currently composing his dissertation on a Lacanian approach to critical organizational psychoanalysis, namely the prevalence of narcissism in organizational leadership.

**LAWRENCE JOSEPHS, PHD** is a professor of psychology at the Derner School of Psychology of Adelphi University and has a psychotherapy practice in New York City. His research centers on the psychology of adult romantic relationships. Josephs has been especially interested in the psychology of infidelity and the role of authenticity in successful intimate relationships.

## References

Beebe, B., & Lachmann F. (2003). The relational turn in psychoanalysis: A dyadic systems view from infant research. *Contemporary Psychoanalysis*, 39(3), 379–409. https://doi.org/10.1080/00107530.2003.10747213

Braun V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. https://doi.org/10.1016/j.glmedi.2025.100198

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique.* Harvard University Press.

Freud, S. (1958). *The standard edition of the complete psychological works of Sigmund Freud, volume XII (1911–1913): The case of Schreber, papers on technique and other writings.* The Hogarth Press.

Langs, R. (1978). *Technique in Transition*. Jason Aronson.

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4, 2–22. http://dx.doi.org/10.1037/qup0000082

Mills, J. (2017) Challenging relational psychoanalysis: A critique of postmodernism and analyst self-disclosure. *Psychoanalytic Perspectives* 14(3), 313–335. https://doi.org/10.1080/1551806X.2017.1342312

Vanheule, S. & Verhaeghe, P. (2004). Powerlessness and impossibility in special education: A qualitative study on professional burnout from a Lacanian perspective. *Human Relations*, 57(4), 497–519. https://doi.org/10.1177/0018726704043897

# 2025 Ohio Psychologist Continuing Education Quiz

Articles in this issue are sponsored by the Ohio Psychological Association. OPA is approved by the American Psychological Association to provide CE for this home study. Complete this form in its entirety. A total of 80 percent of responses must be correct to receive 1.5 CE credit. Submit this form and payment (OPA members - $20; Non-members - $25) to OPA | OP Home Study | 395 East Broad Street, Suite 310 | Columbus, Ohio 43215 via email to postmaster@ohpsych.org or fax to 614.224.2059. Pending successful completion of this quiz, a certificate of completion will be sent within 14 business days of receipt.

Name: ______________________________ License Number: ______________

Address: ______________________________________________

City: ____________________ State: ________ Zip: __________ Email: ____________________

**PAYMENT INFORMATION:** Members $20 Non-Members $25 ❑VISA ❑MC ❑DISCOVER ❑AMEX ❑Check (Payable to OPA)

Credit Card Number: ______________________ Security Code: ________ Expiration Date: ________

**Signature:** ______________________________________________

*By signing this form, I am stating that I have taken this test myself, without the help from any outside sources.*

---

**Article: Do No Harm, Even In Death (pg.4)**

Which of the following is NOT required when drafting a professional will?

a) Selecting a qualified colleague as a Practice Executor with their agreement.
b) Clearly outlining the duties of the Practice Executor.
c) Providing detailed instructions on accessing patient records.
d) Notifying all patients in advance about the selected Practice Executor.

In Ohio, psychologists are required to:

a) Keep records for 5 years following a psychologist's death.
b) Appoint a colleague who will take on all patients for on-going treatment.
c) Have a written plan naming a custodian of records who must be registered on file with the Board.
d) Terminate with patients themselves despite the circumstances.

**Article: Trauma-Specific Care in Wake of Mass Shootings (pg.8)**

Which of the following is NOT an empirically-supported treatment recommended for trauma symptoms experienced by mass shooting survivors?

a) Creative Arts Therapy
b) Cognitive Processing Therapy (CPT)
c) Motivational Interviewing
d) Narrative Therapy

Which of the following are steps of a pre-event action plan that mental health providers can take to strengthen professional and community relationships before a mass shooting event?

a) Complete and share psychoeducational training opportunities, like Psychological First Aid (PFA).
b) Proactively organize referral resources for survivors and community members.
c) Identify sources of crisis support funding in the community.
d) All of the above

***Continued.. Article: Trauma-Specific Care in Wake of Mass Shootings***

Which of the following are strategies that mental health providers can utilize to reduce treatment barriers for mass shooting survivors?

a) Normalize conversations within communities about trauma symptoms and the potential negative impacts of the media/ politics on survivor healing.
b) Share personally identifying information about survivors while participating in event media coverage to encourage these individuals to connect.
c) Engage with community leaders to spread awareness about available services and reduce stigma about seeking support.
d) A and C

**Article: Guidelines for the Use of AI Psychology (pg.13)**

It is imperative for psychologists to consult with the most recent literature and guidelines before selecting an AI tool to use.

a) True b) False

Users of AI are responsible for the information it provides and the products it creates.

a) True b) False

Overreliance on AI can lead to de-skilling. Psychologists should continue building and relying on their own critical thinking skills.

a) True b) False

**Article Knit into the Fabric (pg.19)**

What argument is presented in favor of therapist self-disclosure?

a) Self-disclosure can provide concrete examples of what is ailing the patient
b) Self-disclosure makes the therapist seem more human
c) Both A and B
d) Neither A or B

What do some psychoanalysts say is the most alienating part of their job?

a) Scheduling patients
b) Working with insurance
c) Setting fees
d) Working on patient files

The Ohio Psychological Association's Committees, Subcommittees and Task Forces help shape the future of OPA and the field of psychology. Currently, more than 150 OPA members serve on one or more the focus groups listed below. We encourage you to join your peers, expand your leadership skills, and have your voice heard.

## OPA COMMITTEES

Advocacy
Communications and Technology
Diversity
Early Career
Education
Ethics
Finance
Insurance
Mandatory Continuing Education
Membership
Personnel
Planning and Development
Policies and Procedures
Professional Practice
Public Sector
Science & Research
Committee on Social Responsibility

## OPA TASK FORCES & SUBCOMMITTEES

Bureau of Workers' Compensation Task Force
LGBT Subcommittee
Oral History Committee
Political Action Committee
Prevention and Wellness Program
Psychologists Retired in Ohio (PROs)
Psychology in the Workplace Network
Rural Behavioral Health Task Force
RxP Task Force
Social Media Subcommittee

## OPA PHILANTHROPIC ARM

Foundation for Psychology in Ohio

## OPA STUDENT ORGANIZATION

Ohio Psychological Association of Graduate Students

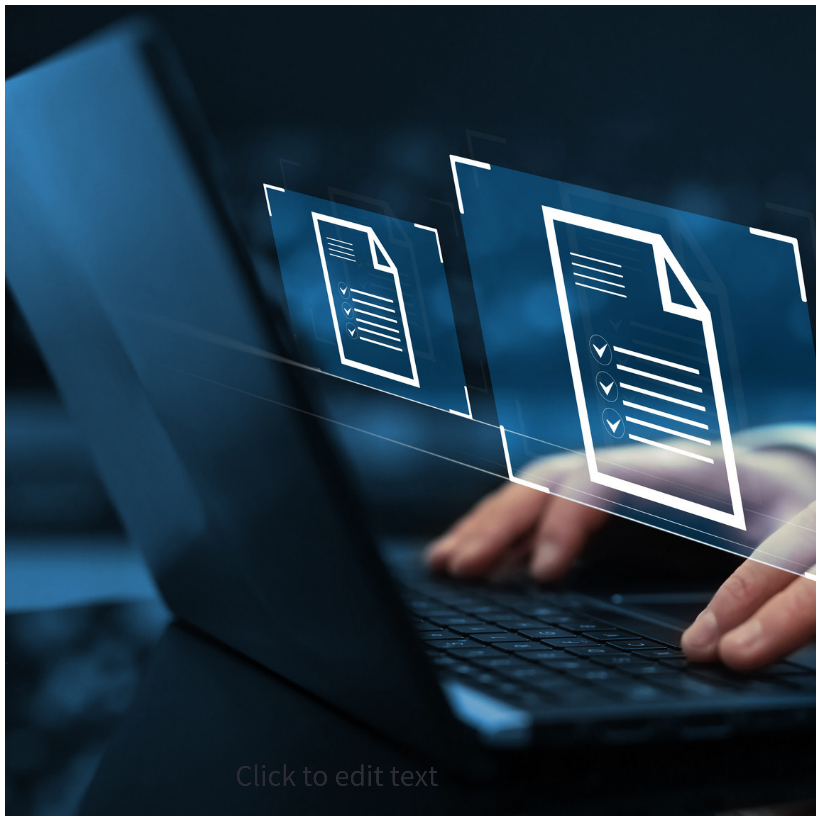
CONNECT

VIRTUAL

1-HOUR

IMPACT

SCAN TO LEARN MORE ABOUT THESE GROUPS AND HOW TO GET INVOLVED



**Department of Insurance**

Consumer Protection
Agent Education
Industry Regulation

# Ohio Department of Insurance

The mission of the Ohio Department of Insurance is to provide consumer protection through education and fair but vigilant regulation while promoting a stable and competitive environment for insurers.

**EMPOWERING OHIOANS with steadfast support for all insurance needs.**

## CONTACT THE DEPARTMENT

### MHIA

**Ohio Mental Health Insurance Assistance Office**

**855-438-6442**
getmhia@insurance.ohio.gov

### CSD

**Consumer Services Division**

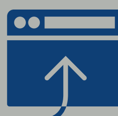
**800-686-1526**
consumer.services@insurance.ohio.gov

### OSHIIP

**Ohio Senior Health Insurance Information Program (OSHIIP)**

**800-686-1578**
oshiipmail@insurance.ohio.gov

**614-644-2658**



**insurance.ohio.gov**

# Trusted Coverage

# Exclusive Savings

## Coverage Designed with Psychologists in Mind. Trusted by APA Members Nationwide.

- 20% discount on annual premiums for APA members
- Professional liability insurance tailored to psychologists in every practice setting
- Expert support from professionals who understand behavioral health
- Trusted by over 100,000 mental health professionals for dependable protection
- Preferred Provider of the American Psychological Association
- Comprehensive, customizable coverage

**AmericanProfessional.com**
**1.800.421.6694**

**Scan for a Quote**

Preferred Provider