



## AI as a Thinking Partner

### Reflections from an NSGP Event—AI is here, Where are you?



Paul Sullivan, M.Ed., LMHC, LCPC, CGP

At an NSGP event in May hosted by the Practice Development Committee, members gathered for a 90-minute Zoom conversation with Paul Sullivan, M.Ed., LMHC, LCPC, CGP, founder and clinical director of **Success and Wellbeing Counseling and Therapy** and a Certified Group Psychotherapist with nearly two decades of experience working with individuals, couples, families, and groups.

The topic was artificial intelligence in clinical practice. But the conversation quickly became about something larger.

*How might AI make our work easier? Where does it introduce risk? How are clients already using it? And, perhaps most importantly for a community of group therapists: If technology becomes increasingly capable of helping people think and regulate, what remains uniquely human about therapy?*

#### From Documentation to Thinking Partner

Paul described AI as already embedded in his work, although in very different ways.

For clinical documentation, Paul discussed using Berries, an AI scribe built specifically for mental-health professionals and used under a signed Business Associate Agreement

(BAA), a HIPAA-required agreement governing how a vendor handles protected health information. The Berries platform can generate clinical notes and treatment plans from sessions, significantly reducing the administrative work that follows a client meeting. Paul emphasized that the BAA is the threshold question for any tool that touches client information—and that tools without one should never receive PHI.

For general-purpose tools such as ChatGPT and Claude, his use was different. Paul described maintaining a strict no-PHI (Protected Health Information) approach while using them more as thinking partners—places to articulate an idea, test a reaction, explore alternatives, or clarify his own thinking.

And he wasn't limiting AI to clinical questions. He described building an AI "COO" for his practice, feeding it non-clinical information such as business plans, financial goals, and strategic priorities and asking it to challenge his assumptions and help think through decisions.

The appeal was obvious: speed, perspective, and considerably less administrative burden.

#### Useful Doesn't Mean Right

But enthusiasm throughout the discussion was tempered by skepticism.

Paul described AI systems as capable of producing remarkably useful work while occasionally inventing details with equal confidence. In clinical documentation, even an apparently polished note still required human review. Participants raised concerns about privacy, environmental impact, diminished critical thinking, and the possibility that extensive automation could gradually flatten a clinician's individual voice.

One phrase from the conversation captured a subtler psychological risk: *"Avoidance disguised as insight."*

#### ***"Avoidance disguised as insight."***

AI can produce an explanation very quickly. But an explanation is not necessarily growth.

A person may receive an elegant interpretation of a conflict without ever having to tolerate the uncertainty, vulnerability, or interpersonal discomfort that might otherwise help them change. The discussion raised the possibility that something can *feel* psychologically sophisticated while simultaneously helping us avoid an experience we actually need to have.

#### **Clients Aren't Waiting for Therapists to Decide**

Another important theme was that the question is no longer simply whether therapists will use AI.

#### **Clients already are.**

Participants described clients using AI to examine contentious co-parenting exchanges, review divorce agreements, reconsider whether a text sounds overly aggressive, and gain another perspective on difficult relationships.

That changes the clinical question.

Rather than asking only, *Should people use AI this way?*, therapists may increasingly need to ask:

#### **How do we help clients use it thoughtfully?**

Paul advocated maintaining skepticism rather than treating AI as an authority. During a live demonstration, the tool itself provided an example of that limitation: when directly challenged about its own potential bias, it largely sidestepped the question. The moment became a reminder that useful engagement with AI requires

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questioning it, pushing back, and remaining willing to reject what it gives us.

### Speaking Freely Rather Than Prompting Perfectly

Interestingly, Paul's advice for getting value from AI was not primarily about learning increasingly elaborate prompts.

It was almost the opposite.

He encouraged people to think out loud—to express uncertainty, doubts, uncomfortable reactions, and disagreement with the AI's previous answer. In that mode, AI can function less like an answer machine and more like a thinking partner.

But helping us think is different from helping us relate. And that distinction brought the conversation to perhaps its most interesting question: What remains uniquely human about therapy?

### What Remains Human?

The most compelling part of the conversation may have been what happened when the discussion moved away from efficiency altogether.

Participants talked about facial expression, embodied presence, intimacy, and the discomfort that emerges when actual people encounter one another. One participant described group therapy as containing a "matrix of intimacy" that AI cannot reproduce.

AI can be immediately available. It can help someone reconsider an angry email at midnight or interrupt an anxious spiral before it becomes action. Paul himself described using it to help regulate moments of interpersonal anxiety.

But he also acknowledged an important distinction: reducing angst is not the same thing as learning to create community and connection.

And perhaps nowhere is that distinction clearer than in group therapy.

A group asks us to encounter people we cannot completely control. We misunderstand and are misunderstood. We feel excluded, exposed, irritated, attached, embarrassed, valued, or unseen. We have to decide whether to speak. Other people respond. Sometimes there is rupture. Sometimes repair.

The discomfort isn't a technological defect to be optimized away. Sometimes the discomfort is the work.

*"Sometimes the discomfort is the work."*

### An Open Question

The conversation with Paul did not produce a simple verdict on AI—and perhaps that was its greatest value.

AI can reduce administrative burden. It can offer perspective. It can help organize thoughts, test ideas, and interrupt familiar cognitive loops. Clients will almost certainly continue experimenting with it whether clinicians embrace it or not.

That leaves us with a more interesting question than whether AI belongs in psychotherapy:

As AI becomes increasingly capable of helping us think, reflect, and regulate, what becomes the unique role of the therapist?

And for NSGP members in particular:

*"What happens between people in a group that cannot happen anywhere else?"*



## Classifieds

If you are interested in submitting a Classified for the next issue of NSGPeople, please contact us at [newsletter@nsgp.com](mailto:newsletter@nsgp.com).

**OPENINGS** in five interpersonal process groups (two men's and three all-gender groups), meeting on Tuesdays and Thursdays. Current members seek more authentic relationships through deeper connections by exploring their emotions as well as relationship and communication patterns. I'm especially interested in welcoming women (20s-60s) and men over 40 seeking meaningful connection and personal growth. Contact: [kriegjoel@gmail.com](mailto:kriegjoel@gmail.com) & [joelkrieg.com](http://joelkrieg.com)

**SUBLET AVAILABLE** Coolidge corner therapy office sublet available days and evenings in sunny, furnished two office suite. 4 hour/week minimum. Great location, WIFI, fridge. Contact [oonametz@oonametz.com](mailto:oonametz@oonametz.com) for more information.

**OPENINGS** in Interpersonal Group for Women+. For women+ 30-50 years old who wish to deepen their understanding of themselves and their relationships. Coolidge Corner, Thursday evenings, in person, superbill provided. Please see [oonametz.com](http://oonametz.com) for more information.

**ADOLESCENT GROUP:** Ongoing psychodynamic & coping strategies group for Adolescents. Focus: Depression, Anxiety, Bullying, Making Friends, Family Conflict, Academic Pressure. Ages: 13 – 18, Thursdays, 7:30 – 8:45 PM, Cost: \$100 per week. In-home office, 100 Woodcliff Road, Newton Highlands  
Julie Gardner Mandel, PhD, Clinical Psychologist.  
Contact: (617) 733-5438 & [Juliemandel@mac.com](mailto:Juliemandel@mac.com)