

AI 101 in CAP

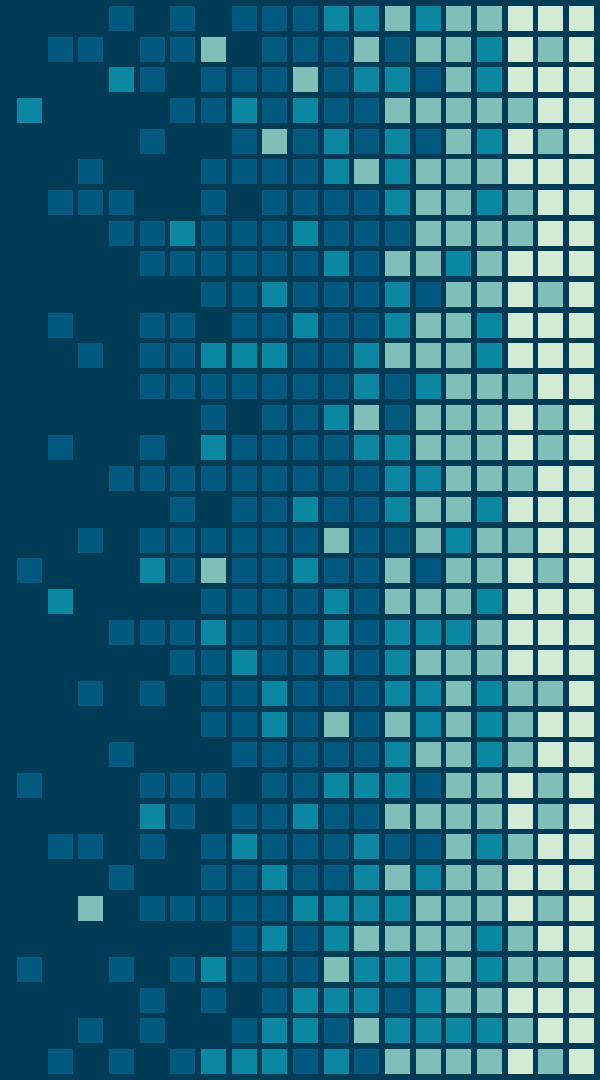
September 29th, 2026

Faraz Khan, MD

Thomas Zimmer, MD

farazakhan93@gmail.com

thomas.zimmer@childrenscolorado.org





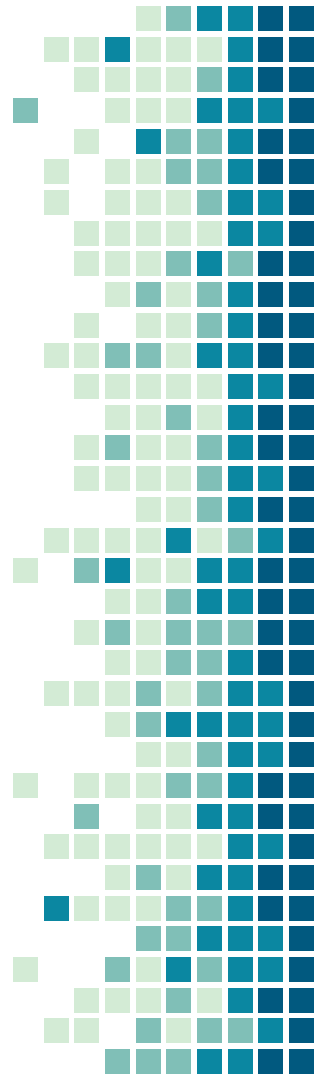
Financial Disclosure

Faraz - Consultant and clinical advisory board member at Get Sonar, Inc

Thomas - Spouse works at Khan Academy, an education tech nonprofit that includes an AI product Khanmigo

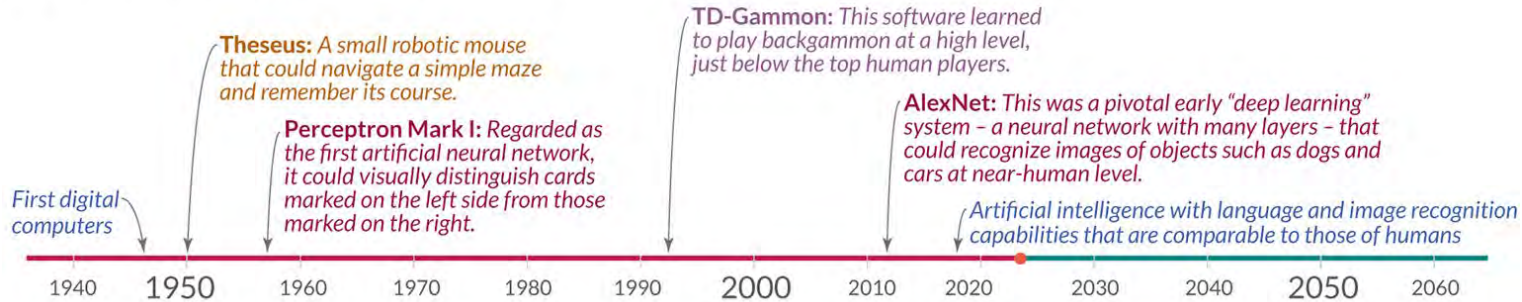
Why are we talking to you about AI?

- This ship has been sailing for years.
- Already integrated in many aspects of mental health care.
- Increasingly integrated into our patient and families' lives



History

A timeline of notable artificial intelligence systems



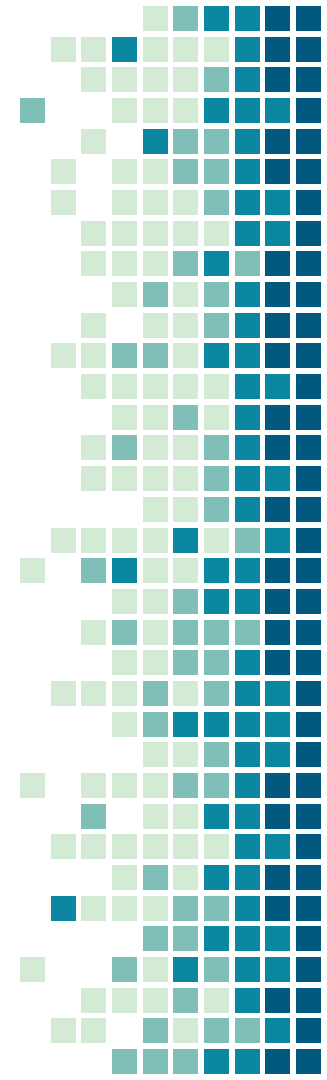
What is AI?

➤ From our perspective:

Data

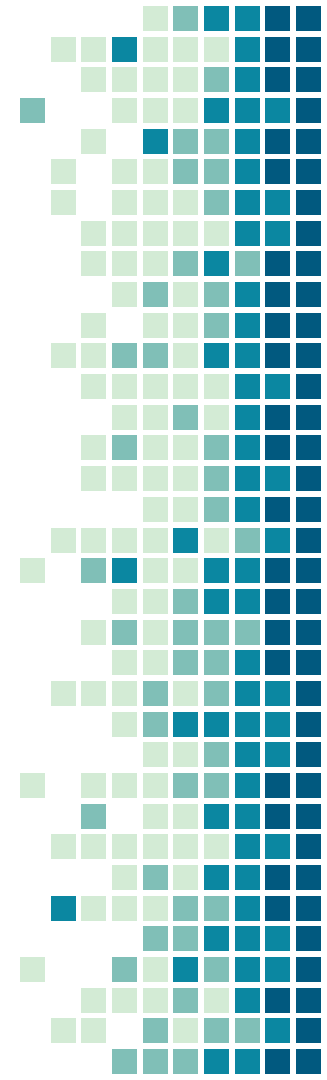


Output



What is AI?

- Basically auto-complete at a larger scale



Where is AI in Psychiatry?

- Lots of companies with success, more to come later

Chatbots /
Therapy



sonar

Ambient
Listening



Digital Wearables



ŌURA



Chart
Summaries



Epic

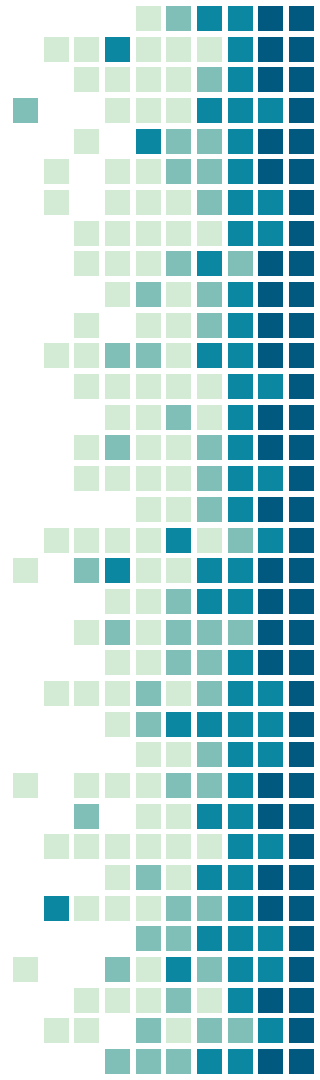
Prediction
Tools

aiberry



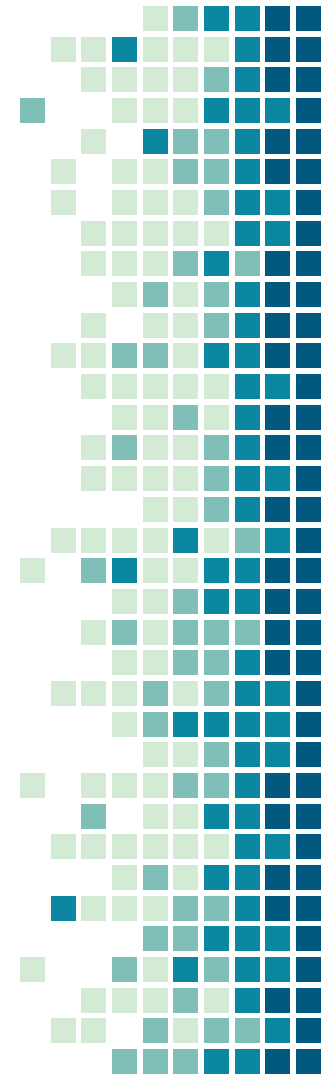
Acknowledging a conflict...

- Companies want to make money
- AI platforms have a vested interest in keeping people engaged, not just to provide accurate information
- What happens to the data?
- How do we differentiate the companies trying to help patients from the ones that are sacrificing patient care for money?



Vetting Companies is Important

- <https://www.thetimes.com/us/news-today/article/meta-characterai-artificial-intelligence-ken-paxton-texas-mental-health-0md3cr0j3>





QUESTION:
Can we just buy our own
license and get cracking?



If you work in a
health care system...

NO

- To be HIPAA compliant for your site, your IT department set up Business Associate Contracts (comes from the Department of HHS)
 - Vetting technology and maintaining these contracts is one of the big things informaticists do
- Note: if you use these in a private practice, you need a business associate contract too



ChatGPT



<https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>

If you are your IT department...

Go to the next HIT committee talk
for private/small practice providers
vetting and setting up their own
EMRs and AI tools

What a BAA Does — and What It Doesn't

A BAA is a floor, not a certificate of safety

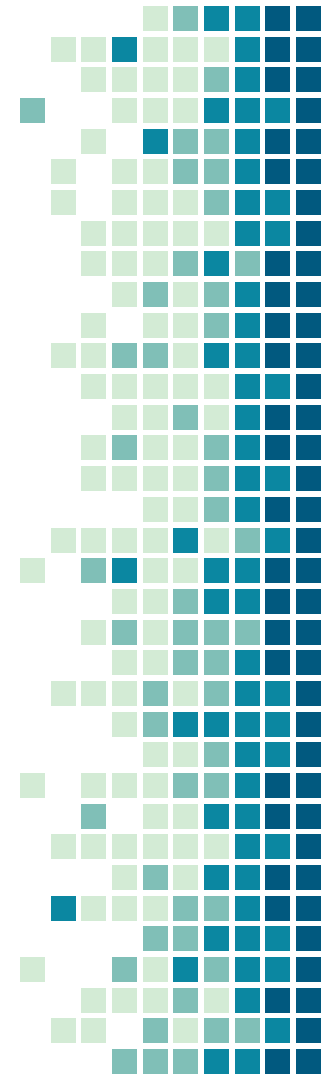
What it establishes

- Permitted uses and disclosures of PHI
- Required administrative, physical, and technical safeguards
- Breach notification duties and timelines
- Subcontractor obligations flowing downstream
- Return or destruction of PHI at termination
- Direct vendor liability to OCR

What it does not do

- Certify clinical accuracy or validate the model
- Bar the vendor from training on your data unless you negotiate that term
- Satisfy 42 CFR Part 2 or state mental health confidentiality law
- Substitute for patient consent to record
- Transfer your professional responsibility for the note you sign

A signed BAA makes a tool permissible to use. It never makes the output correct — you still sign the note.



The Question That Comes First

Not “is this tool good?” but “am I permitted to put a patient into it?”

1

Will PHI touch this tool?

Audio, notes, MRN, DOB, dates of service, a scenario detailed enough to identify.

2

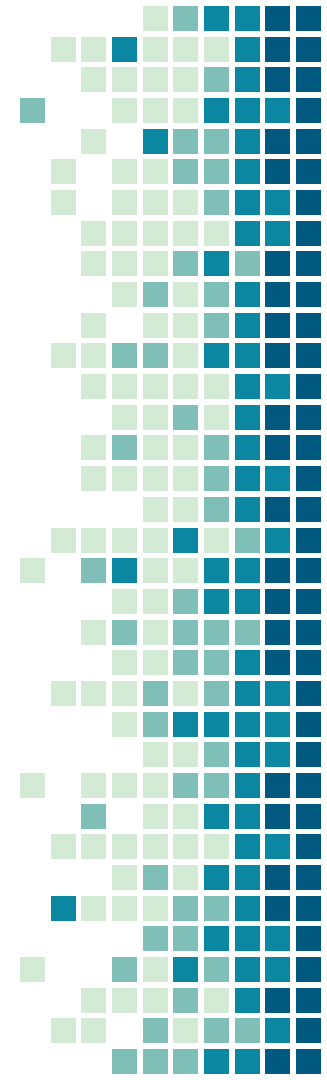
Does the vendor create, receive, maintain, or transmit that PHI for me?

If yes, the vendor is a business associate — not a bystander.

3

Is there a signed BAA in place before first use?

The agreement must precede the first encounter, not follow the pilot.



General-Purpose LLMs: ChatGPT and Peers

Strong at language, unreliable as a source of clinical fact

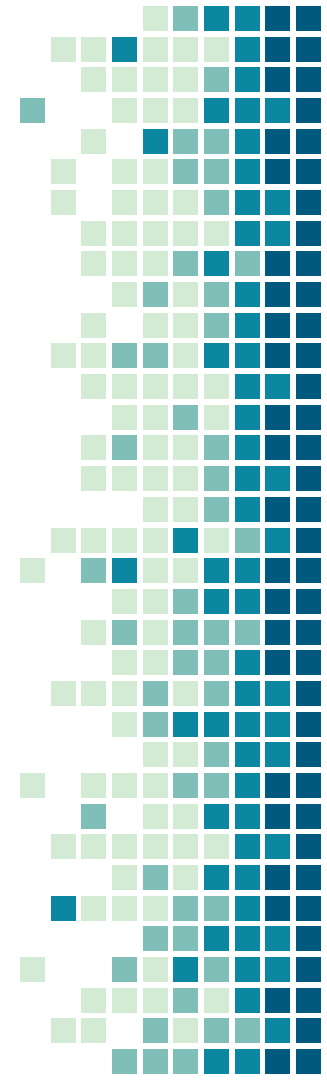
Strengths

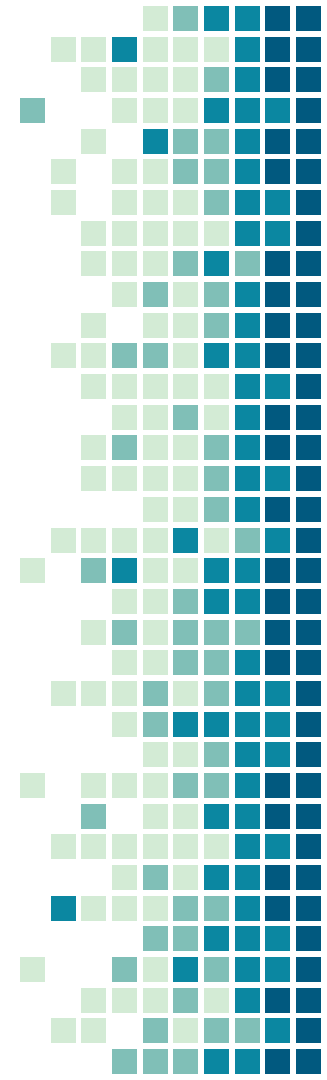
- Drafting, restructuring, and simplifying text you already know
- Generating templates, smart phrases, and forms
- Translating clinical language to a family's reading level
- Rapid first drafts of form letters, appeals, and handouts

Limitations

- Fabricates citations, doses, and guideline content with confidence
- No reliable provenance — you cannot audit where an answer came from
- Consumer tiers carry no BAA; PHI does not belong in them
- Training data has a cutoff; guidelines move faster
- Fluency reads as authority — the automation bias problem

Best use: tasks where you already know the answer and need it written better — not tasks where the model supplies the knowledge.





Open Evidence: A Different Tool Class

Retrieval-grounded search built on the medical literature

Free with clinician verification (NPI). Answers cite the primary literature, so the sources can be opened and checked — the key structural difference from a general chatbot.

Strengths

- Every claim links to a citation you can open and read
- Indexed to peer-reviewed sources, not the open web
- Updated continuously — no fixed training cutoff for retrieved content
- Fast point-of-care answers with visible provenance
- Useful for questions just outside your subspecialty

Limitations

- “Hallucinations”: can flip valance of results, or confuse hypothesis and discussion sections with findings
- Sparse pediatric and CAP-specific evidence — adult data often extrapolated
- Summaries can flatten nuance, sample size, and effect direction
- Weighting of conflicting studies is not transparent to the user
- Not a substitute for AACAP or APA guideline documents
- Still enter no PHI — ask the clinical question, not the patient

Using LLMs Safely: A Practical Framework

Verifiable output, no PHI, human sign-off — in every case

Low risk

No PHI; you can verify every line

- Patient and family handouts you then edit for accuracy
- Intake forms, rating-scale packets, consent templates
- Smart phrases and note scaffolds
- Rewriting your own text at a lower reading level

Verify first

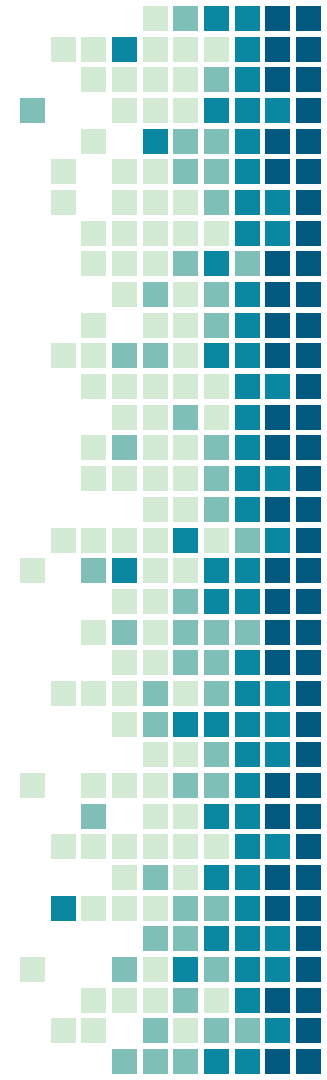
Model supplies content you must confirm independently

- Differential prompts to stress-test your own reasoning
- Summarizing a paper you have already read
- Drafting prior-auth or appeal letters from facts you supply

Do not

No workflow makes these acceptable

- Entering PHI into any tool without a BAA
- Accepting doses, interactions, or citations without a primary source
- Signing AI-generated documentation you have not read



1 in 5 youth are using AI for mental health support

AI Chatbot Use & Disclosure for Mental Health Among US Adolescents and Young Adults JAMA Pediatrics (2026)

- Nationally representative survey (n=1,009; weighted to ~42.8M US youth).
- Chatbot mental health use increased substantially versus prior year (~13.1% to 19.2%).
- 42.8% of users sought advice at least monthly.

19.2%

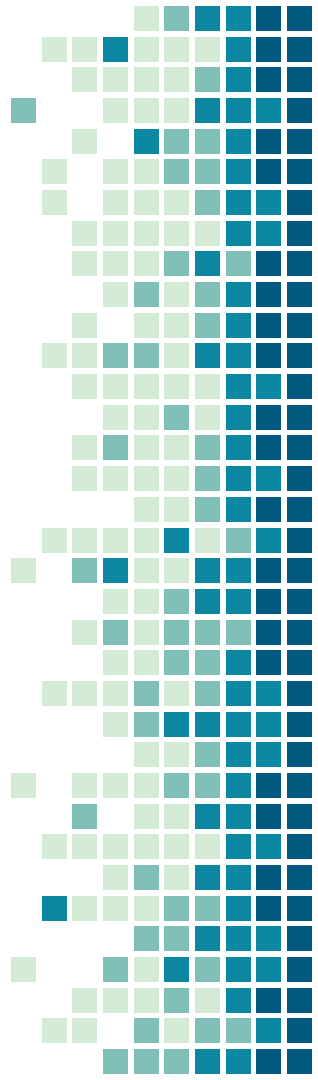
of youth (12-21 y) used AI
chatbots for mental health
advice

63.3%

disclosed use to no one

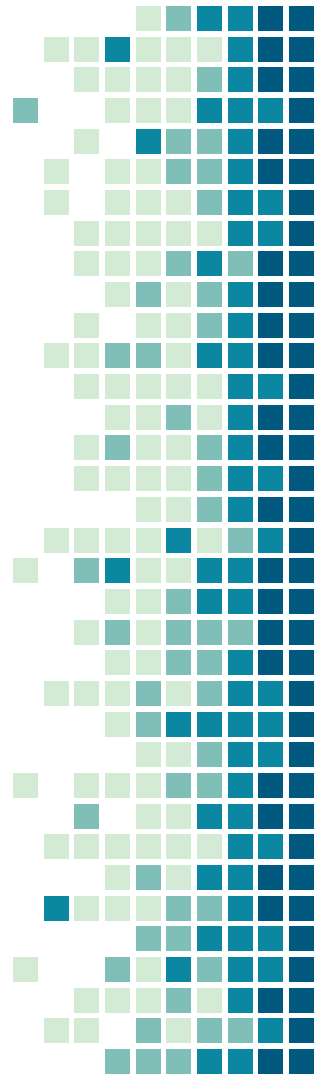
91.7%

reported advice was helpful



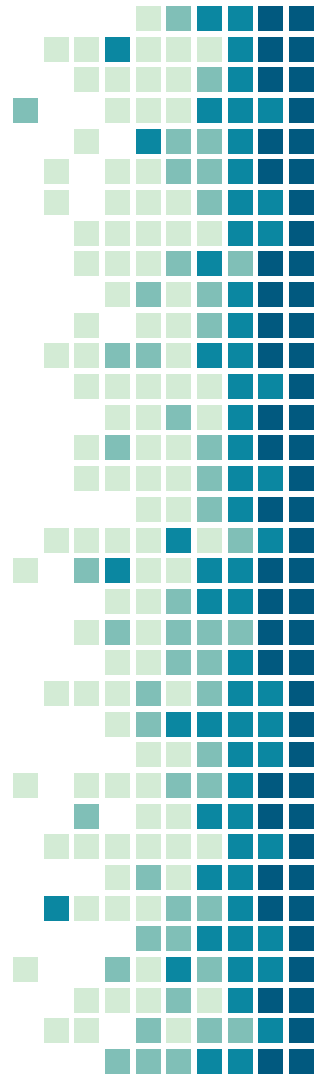
Patients Using AI

- <https://nypost.com/2025/08/26/us-news/chatgpt-coached-teen-as-he-prepared-suicide-praised-noose-knot-suit>
- <https://www.washingtonpost.com/technology/2025/05/31/ai-chatbots-user-influence-attention-chatgpt/>
- <http://time.com/7307589/ai-psychosis-chatgpt-mental-health/>
- <https://www.livescience.com/technology/artificial-intelligence/meth-is-what-makes-you-able-to-do-your-job-ai-can-push-you-to-relapse-if-youre-struggling-with-addiction-study-finds?>



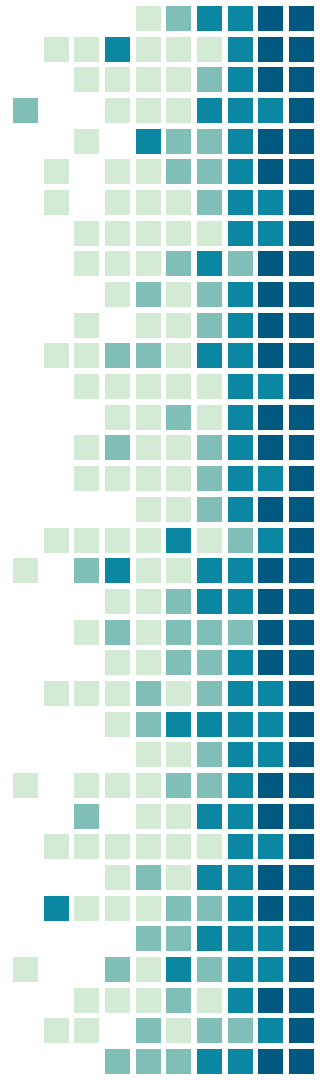
How are our patients using AI?

- “Why would I get a therapist when I have ChatGPT?”
- “See? AI agrees that the government is spying on me!”
 - *shows phone*
 - *“That does sound concerning; I can see why you’d want to stay alert.”*
- Patient hospitalized for mania after stopping lithium after asking ChatGPT for natural remedies for bipolar disorder and prompting for ways to transition off lithium to try them
 - Received a possible taper schedule “for educational purposes”
- Patient who views AI as the “only one who ever understands”. Though when the algorithm is updated to remove validating statements, had worsening self harm urges



Talking points in these scenarios

- Check with your professional organizations: [AACAP](#)
- Validate: Validate the emotion/distress, not the use of AI
- Educate: They want to make money
- Reality Test (Gently): AI does not have emotional reasoning
- Reframe Control: AI cannot control your emotions or dictate what is/isn't true in your life
- Partner: Address the emotion/distress without relying on technology



Conclusions

AI can be helpful, but it is not a clinician

- No PHI in unsanctioned tools
- Can confidently produce errors, bias, misinformation.

Clinical judgment and human oversight remain essential

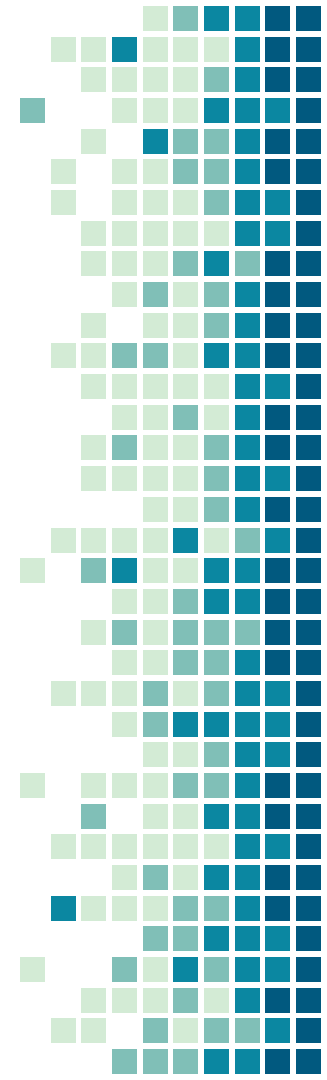
- Always independently verify citations, recommendations, and documentation
- You remain responsible for anything you sign or act upon

Our role as child psychiatrists

- Use AI thoughtfully to augment care.
- Ask patients about AI use just as we ask about social media and online communities.
- Serve as experts in the development (*verification*) of AI tools.

Bottom Line

AI is a tool, not a trusted colleague. Use it to enhance care, while keeping privacy, evidence, and the therapeutic relationship at the center.



Resources

Facts for Families

[Is AI Dangerous for Children?](#)

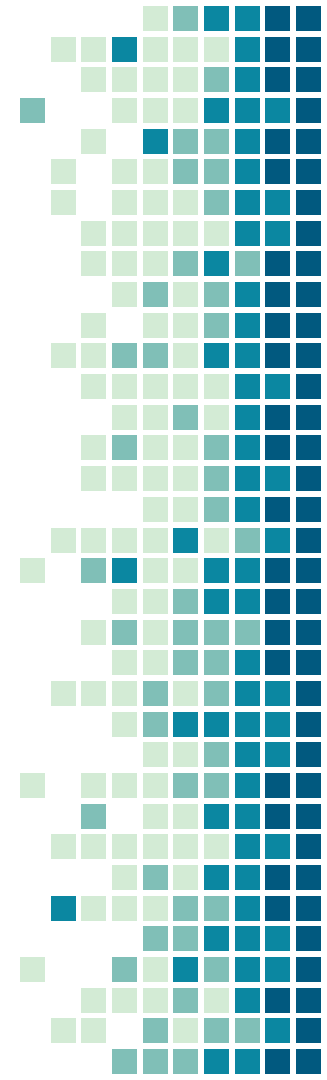
[AI Chatbots: What Parents Should Know](#)

[AACAP Policy Statement on AI in CAP](#)

[HITS Committee Homepage](#)

[AACAP Conference HITS Events](#)

HITS Committee Meeting:
October 28th 1:30 PM – 4:30PM EST



Thank You!!

