

PsyaiLit: A Scale for Therapists' LLM Literacy in Psychological Practice

Anonymous Author(s)

Abstract

Large language models (LLMs) are increasingly entering psychological practice, creating new ethical challenges around informed consent, bias, privacy, misinformation, human oversight, and professional responsibility. However, existing AI literacy measures rarely capture counselors' domain-specific ethical reasoning when using LLM-based tools. This paper presents the development of PsyaiLit-Ethic, a preliminary short-form scale for assessing psychological counselors' ethical literacy in LLM-supported psychological practice. The scale was developed through a staged process involving APA ethical guidance, expert interviews across psychology, law, and AI/privacy technology, thematic item generation, expert review, content validity assessment, and preliminary item reduction. A pilot questionnaire with 62 valid counselor responses was used to conduct exploratory analysis and reduce the item pool. The resulting 12-item candidate scale preserves coverage of six APA-based ethical domains while minimizing redundancy and respondent burden. This work contributes an initial measurement framework for evaluating counselors' ethical literacy in LLM-supported practice and identifies directions for large-scale validation with psychological counselors.

CCS Concepts

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1 INTRODUCTION

Artificial intelligence (AI) has become increasingly embedded in everyday and professional life, including healthcare and mental health services. Since AI was formally established as a discipline in 1956 and later described as “the science and engineering of making intelligent machines” [12], its practical applications have expanded from prediction and classification to interactive systems that support decision-making, communication, and service delivery. In mental

health care, AI has been explored across a range of applications, including predictive analytics, psychological assessment, clinical decision support, conversational agents, and assistive technologies [10, 13].

More recently, large language models (LLMs) have accelerated this shift by enabling AI systems to participate in open-ended natural language interaction. Unlike many earlier AI tools that primarily supported bounded tasks such as classification or prediction, LLM-based systems can generate explanations, summarize client information, provide conversational support, and assist with counseling-related workflows. For example, recent work has explored AI-powered counseling assistants and LLM-based tools designed to augment psychological counseling practices [7, 8]. These developments suggest that AI is no longer only a back-end analytic tool in mental health care, but is increasingly becoming part of the communicative and interpretive layer of psychological services.

This shift creates both opportunities and risks. AI-powered chatbots and digital interventions have been examined for supporting symptoms associated with anxiety and depression, while robots and other AI-enabled systems have been used as assistive tools in therapeutic interventions for children with autism spectrum disorders [4, 6]. Other AI-assisted interventions, such as virtual reality exposure therapy and chatbot-mediated cognitive behavioral therapy, remain under ongoing empirical investigation [3]. Together, this work shows that AI can support mental health care across multiple levels, from assessment and monitoring to intervention and therapeutic support.

At the same time, the use of AI and LLMs in psychological contexts raises substantial ethical concerns. Mental health data are highly sensitive, making privacy, security, consent, and secondary data use especially consequential [16]. AI systems may also reproduce biases embedded in training data, leading psychological assessments or recommendations to inadequately address clients' cultural, social, and individual contexts. These risks are intensified in LLM-driven systems because their outputs can appear fluent, confident, and socially responsive even when they are inaccurate, biased, or insufficiently grounded. In counseling contexts, such limitations may blur the boundary between automated suggestion and professional judgment.

These concerns point to the need for psychological counselors to develop domain-specific ethical AI literacy. Counselors are not merely end users of AI systems; they are professionals responsible for client autonomy, confidentiality, informed consent, safety, and accountable judgment. The American Psychological Association's ethical guidance for AI in the professional practice of health service psychology identifies six relevant domains: transparency and informed consent, mitigating bias and promoting equity, data privacy and security, accuracy and misinformation risks, human oversight and professional judgment, and liability and ethical responsibility [1]. This guidance provides a professional foundation for specifying

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what counselors need to understand and evaluate when working with AI-supported psychological technologies.

However, existing AI literacy frameworks and measurement tools rarely capture this domain-specific ethical reasoning in psychological practice. In particular, there is limited empirical work assessing whether psychological counselors can recognize and evaluate ethical issues when interacting with LLM-driven psychological technologies. To address this gap, we develop *PsyaiLit*, a questionnaire designed to assess psychological counselors' cognitive awareness and ethical reasoning competence regarding AI ethics in counseling-related contexts.

2 LITERATURE REVIEW

AI literacy has been conceptualized in HCI as a set of competencies that enables people to understand, critically evaluate, communicate with, and use AI systems in everyday and professional contexts Long and Magerko [9]. Building on this foundation, recent HCI work has examined how AI literacy can be fostered across different populations and learning contexts, such as older adults, game-based learning, and family learning activities KangJie et al. [5], Ma et al. [11]. A key part of this literacy is ethical understanding: AI-literate users should be able to recognize and reason about issues such as privacy, bias, transparency, accountability, and social impact. These broad AI literacy frameworks provide the conceptual starting point for our work.

However, the recent rise of large language models (LLMs) introduces new challenges for AI literacy. Unlike many earlier AI systems that operated through relatively bounded classification, prediction, or recommendation tasks, LLMs interact through open-ended natural language, generate fluent explanations, and may appear socially responsive. This makes them especially likely to be adopted in domains that rely on conversation, interpretation, and advice-giving. In HCI, recent work has begun to examine how people interact with LLM-based systems in behavioral and psychological contexts, including stress management and trustworthy LLM use Balayn et al. [2], Neupane et al. [14]. These studies suggest that AI literacy in LLM-mediated settings must account not only for general AI concepts, but also for issues such as hallucination, over-trust, opacity, and shifting human-AI boundaries.

Psychological counseling is a particularly important context for this shift. LLM-driven systems are increasingly being explored for psychological assessment, conversational support, clinical decision support, mental health education, and personalized intervention Luxton [10], Prigent et al. [15]. These applications create opportunities to support mental health services, but they also introduce ethical risks that are especially consequential in counseling contexts. Mental health data are highly sensitive; LLM-generated outputs may be biased, culturally inappropriate, or inaccurate; and the boundary between automated suggestion and professional judgment can become unclear. For counselors, these risks are not only technical limitations, but also professional concerns related to client autonomy, confidentiality, safety, and informed consent.

This motivates a more situated account of ethical AI literacy for psychological practice. The APA ethical guidance for AI in health service psychology provides a domain-specific professional framework, highlighting issues such as transparency and informed

consent, bias and equity, data privacy and security, accuracy and misinformation, human oversight, and legal and ethical responsibility. Building on this guidance, we conceptualize psychological AI literacy as counselors' ability to recognize, evaluate, and reason about ethical risks when using LLM-driven psychological systems.

Although prior work has examined AI literacy as a general competency and has documented the growing role of AI in psychological and behavioral domains, existing measurement tools rarely capture counselors' domain-specific ethical reasoning in LLM-mediated practice. In particular, there is limited empirical work measuring whether psychological counselors can identify and evaluate ethical issues in LLM-driven psychological technologies. To address this gap, our work develops *PsyaiLit*, a scale for assessing psychological counselors' ethical AI literacy in AI-supported practice contexts.

3 METHOD

We developed *PsyaiLit* through a staged scale-development process. First, the scale was grounded in prior AI literacy research and the APA ethical guidance for AI in health service psychology. While AI literacy provides the broader conceptual foundation, this study focuses specifically on counselors' ethical literacy in LLM-supported psychological practice. Based on the APA guidance, ethical LLM literacy was organized around six domains: transparency and informed consent, bias and equity, data privacy and security, accuracy and misinformation, human oversight and professional judgment, and legal liability and ethical responsibility.

Second, semi-structured expert interviews were conducted with professionals from psychology, AI/privacy technology, and law to identify practice-relevant ethical concerns in LLM-supported psychological services. Interview insights were thematically analyzed and translated into candidate self-report items for psychological counselors.

Third, the item pool was refined for conceptual fit, wording clarity, and relevance to counselors' ethical reasoning when using LLM-based tools. A preliminary exploratory factor analysis was then conducted to examine item performance and support item reduction. The resulting short-form structure is treated as preliminary because large-scale validation has not yet been completed.

The next stage of this work is a validation study with psychological counselors using realistic LLM-use scenarios or prototype-based tasks. This study will support further validation of *PsyaiLit-Ethic*, including confirmatory factor analysis, reliability assessment, and validity checks with related constructs such as general AI literacy, ethical sensitivity, trust in LLMs, and professional experience.

4 ITEM DEVELOPMENT

4.1 Conceptual Framework and Interview Design

The APA Ethical Guidance for AI in the Professional Practice of Health Service Psychology was adopted as the conceptual framework for *PsyaiLit-Ethic* [1]. Although the guidance addresses AI broadly, it provides a domain-specific ethical foundation for examining counselors' responsibilities when using LLM-based tools in psychological practice. Compared with broader AI ethics frameworks, the APA guidance more directly aligns with counseling-specific

concerns such as informed consent, client confidentiality, clinical judgment, and professional liability.

Based on this guidance, ethical LLM literacy was organized around six domains: (1) transparency and informed consent, (2) bias and equity, (3) data privacy and security, (4) accuracy and misinformation, (5) human oversight and professional judgment, and (6) legal liability and ethical responsibility. These domains provided the initial conceptual structure for the scale and guided the semi-structured interview protocol used to elicit expert perspectives on ethical risks, decision-making processes, and professional responsibilities in LLM-supported psychological practice.

4.2 Expert Interviews and Thematic Item Generation

Semi-structured interviews were conducted with seven experts from software engineering ($n = 1$), privacy computing ($n = 2$), law ($n = 1$), and psychology ($n = 3$). Participants were selected for their expertise at the intersection of AI/privacy technology, legal regulation, and psychological ethics. The interview guide included both general and domain-specific questions aligned with the six APA ethical domains (see Appendix 7). Each interview lasted 45–60 minutes and was conducted via video conferencing. With participants' consent, interviews were audio-recorded, transcribed verbatim, and anonymized using identifiers P1–P7. Participant backgrounds are summarized in Table 1.

The transcripts were imported into NVivo/ATLAS.ti for thematic analysis. Two coders independently conducted open coding to identify recurring ethical concerns, reasoning patterns, and practice-related dilemmas. The coders compared their codes and resolved disagreements through discussion until substantial agreement was reached ($\kappa \geq .80$). The final codes were organized into themes and mapped to the six APA ethical domains while remaining open to issues emerging beyond the original framework. These themes were then translated into candidate self-report items for psychological counselors.

The analysis produced an initial pool of 63 candidate items. These items were organized around the six APA domains and captured concrete counseling decisions, such as how to explain LLM use to clients, whether to upload client records, how to evaluate biased or inaccurate outputs, and how to maintain professional accountability when using LLM-based tools.

4.3 Expert Review and Item Refinement

A second round of expert review was conducted to refine the initial item pool and assess content validity. Experts from the same 360-degree ethical expert panel reviewed the items, with at least one expert representing each major perspective: psychology, AI/privacy technology, and law. For each item, experts rated *relevance* and *clarity* on a 4-point scale (1 = not relevant/not clear, 4 = highly relevant/very clear). Item-level and scale-level content validity indices (I-CVI and S-CVI) were calculated to evaluate the adequacy of the item pool. Experts' qualitative comments were summarized, and the reasons for deleting, merging, or revising items were documented. Items with substantial changes were returned to experts for an additional review when needed.

Table 1: Experts' biographies summarized

ID	Age	Gender	Field	Biography Summarized
P1	25	Male	Software Eng.	Software engineer with continuous training and professional experience in software engineering from undergraduate study to current practice.
P2	29	Male	Privacy Computing	Assistant Professor specializing in privacy computing, data protection, and privacy-preserving intelligent systems.
P3	31	Female	Privacy Computing	Assistant Professor specializing in privacy protection, secure data processing, and responsible data-driven technologies.
P4	34	Female	Law	Legal affairs professional and legal educator with experience in institutional compliance, liability, and ethical governance.
P5	63	Male	Psychology	Senior clinical psychological counselor with extensive experience in assessment, counseling, and mental health service delivery.
P6	65	Male	Psychology	Academic researcher in psychological counseling, counselor training, and psychological service practice.
P7	35	Female	Psychology	Intermediate-level clinical psychological practitioner with experience in counseling, client assessment, and applied mental health practice.

5 SCALE DEVELOPMENT

After expert refinement, the revised item pool was administered to psychological counselors through an online questionnaire. After excluding one attention-check item, 72 analyzable items from 62 valid responses were included in the preliminary exploratory factor analysis (EFA). This stage was designed as an item-reduction procedure rather than final scale validation.

The initial EFA was used to examine item performance, identify weak or cross-loading items, and evaluate whether the empirical structure broadly aligned with the six APA-based ethical domains. Parallel analysis on the full item pool suggested a six-factor solution, which was consistent with the theoretical framework. However, given the limited pilot sample and the large number of candidate items, the EFA results were treated as exploratory evidence rather than a basis for final factor confirmation.

Based on the EFA results and conceptual review, semantically overlapping, overly technical, or weakly performing items were removed. A theory-driven reduction was then conducted to preserve

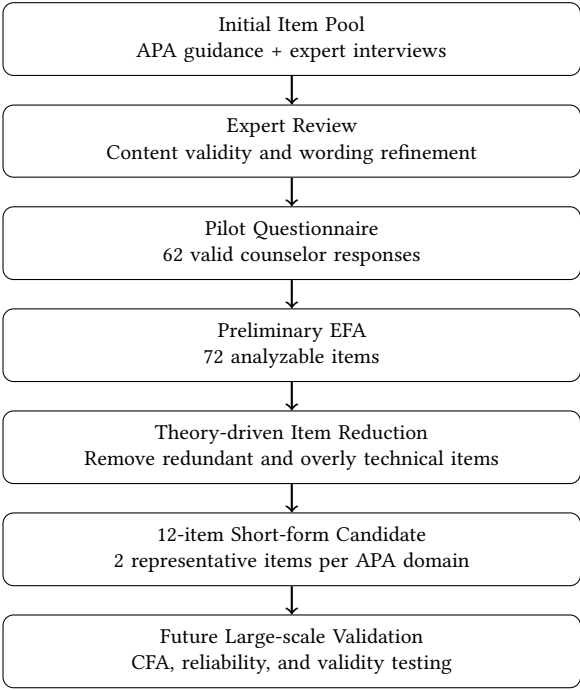


Figure 1: Development process of the preliminary PsyaiLit-Ethic scale for LLM-supported psychological practice.

coverage of the six APA ethical domains while reducing respondent burden. This process produced a 12-item short-form candidate, with two representative items retained for each domain. The reduced item set showed improved sampling adequacy ($KMO = .712$), although parallel analysis suggested a smaller higher-order factor structure rather than six independent empirical factors. This pattern was expected given the short-form design and the limited sample size.

The resulting short-form version should therefore be interpreted as a preliminary candidate scale for LLM-supported psychological practice. A future large-scale validation study with more than 1,000 psychological counselors will be conducted to examine the factor structure using confirmatory factor analysis (CFA), assess reliability and validity, and further refine the final scale.

The preliminary short-form candidate is summarized in Table 2. The final item set was selected to preserve coverage of the six APA ethical domains while minimizing redundancy and respondent burden. For each domain, two items were retained based on three criteria: empirical performance in the pilot EFA, conceptual alignment with the corresponding APA domain, and practical relevance to counselors’ use of LLM-based tools. The resulting 12 items are intended to capture counselors’ ethical awareness and decision-making in LLM-supported psychological practice, rather than to provide a finalized validated scale.

6 Limitation and Discussion

This work develops PsyaiLit, a preliminary short-form scale for assessing psychological counselors’ ethical literacy in LLM-supported

Table 2: Preliminary 12-item short-form candidate of PsyaiLit-Ethic

Domain	Representative items
Transparency and informed consent	I would provide a fully human-delivered alternative if a client refused the use of LLM-based tools in counseling. I would immediately stop using LLM-based tools if a client withdrew consent.
Bias and equity	When an LLM-based tool shows bias toward a specific group, I would compare its output with another tool. When using LLMs to generate reports, I would revise biased language or reasoning based on the client’s personal background.
Data privacy and security	Before using LLMs to analyze or externally process data, I would remove sensitive identifiers such as ID numbers, addresses, and contact information. For sensitive data such as diagnostic records or case conceptualizations, I would use encryption during transmission and storage and limit access to authorized personnel.
Accuracy and misinformation	For resources recommended by LLM-based tools, such as articles or intervention plans, I would verify their authenticity and reliability. When an LLM-based tool provides answers beyond my knowledge, I would consult additional sources to verify their accuracy and reliability.
Human oversight and professional judgment	I would distinguish text-processing tasks, such as session transcription and keyword annotation, from decision-support tasks, such as clinical recommendations. Even if a vendor claims that an LLM-based tool has been clinically validated, I would still use my own professional judgment to evaluate its applicability.
Liability and ethical responsibility	If an LLM-based tool harms a client’s rights or interests, I understand the procedure for responsibility attribution and accountability. I know that LLM-based technical services must complete required registration or filing procedures before release, and that changes or termination may also require filing.

psychological practice. Grounded in APA ethical guidance and expert interviews across psychology, law, and AI/privacy technology, the scale translates broad ethical principles into practice-oriented items. The resulting 12-item candidate preserves coverage of six domains: transparency and informed consent, bias and equity, data privacy and security, accuracy and misinformation, human oversight and professional judgment, and liability and ethical responsibility.

The pilot results should be interpreted cautiously. The current sample was small relative to the original item pool, so EFA was used for item reduction rather than final factor validation. Although the six APA domains guided item selection, the reduced items may reflect broader higher-order dimensions rather than six independent empirical factors. In addition, some items may be shaped by specific legal or regulatory contexts, and the rapid development of LLM technologies means that the scale will require periodic revision.

Future work will conduct a large-scale validation study with more than 1,000 psychological counselors. This study will test the factor structure using confirmatory factor analysis, examine measurement invariance across counselor backgrounds and practice contexts, and evaluate convergent, discriminant, and criterion-related validity. Future studies should also examine whether PsyaiLit-Ethic scores predict counselors' actual decisions when using LLM-based tools in realistic counseling scenarios.

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7 Appendix

I. General Questions (For All Experts)

Background Information (to ensure representativeness)

- How long have you worked in this field/position? (For stratified analysis of experience levels)
- What are the main functions of your department/team?
- Is AI currently applied in your work? If so, what problems does it primarily address?
- What are some current applications of AI in psychological counseling? What ethical issues may arise?
- How would you explain the nature of psychological counseling?
- How would you define ethics?
- What do you think is the most prominent ethical risk of using AI in psychological counseling? Please give an example.

II. Psychological Counselors

Privacy, Proportionality & Nonmaleficence

- At which stages of counseling would you use AI (e.g., assessment, crisis intervention)? Which stages would you avoid (e.g., treatment planning)? Why?

Human Oversight & Decision-Making

- If your client uses AI companionship or counseling tools regularly, how do you assess emotional dependence and set ethical boundaries?
- Scenario: How would you use AI in psychological assessments (e.g., mental health evaluation, suicide risk assessment)?
- If an AI risk assessment contradicts your clinical judgment, how would you respond?
- How do you balance AI suggestions with your professional judgment? Can you share an example where AI misled or supported you?

Fairness & Non-discrimination

- How would you deal with biased suggestions given by AI for specific populations (e.g., cultural minorities, adolescents)? How do you detect, evaluate, and address such issues? Was it effective?

Cognition & Literacy

- What kind of AI ethics training do you think psychological counselors need?

III. AI Developers

Transparency & Explainability

- How can counselors understand AI decision logic (e.g., emotion recognition models) without disclosing trade secrets?
- Can you design an “explanation module”? (e.g., “Your depression score is high because 10 negative keywords appeared.”)
- Do explanation contents align with actual decision points?

Privacy & Data Protection

- What are your methods for protecting data privacy? How do you implement data minimization (e.g., avoid voiceprints, only collect necessary text)?

Fairness & Non-discrimination

- How do you detect biases in training data? Should different models be developed for specific groups?

Safety & Accountability

- If regulations require 10-year data traceability, how do you balance privacy rights with auditability?
- In the event of a data breach, what should the response checklist include at 24 hours, 72 hours, and 30 days?
- What unique attack surfaces should be emphasized in penetration testing for psychological AI systems?
- How do you prevent adversarial attacks that alter counseling suggestions (e.g., impersonation, forged inputs)?
- Scenario: AI detects depression from vocal tremors, but the user claims it's a physiological condition (e.g., Parkinson's). How do you optimize the model to reduce false positives?
- (Recommendations: No cloud storage, no distributed systems, apply basic encryption)

IV. Legal Experts

Responsibility & Accountability

- Have you handled AI ethics-related complaints or disputes?
- If AI causes harm (e.g., misdiagnosis, data leaks, emotional overreliance), how should liability be distributed among developers, institutions, and counselors? Are current laws sufficient?
- What key clauses should be included in an AI informed consent form?

Privacy & Data Protection

- Psychological data is defined as "sensitive personal information." How can large-scale AI data collection remain lawful?

- What are the risks of direct/indirect data breaches (e.g., therapy records leaked via hacked AI note tools)?

Sustainability

- What new legal disputes may arise from long-term AI use in therapy (e.g., algorithm monopoly)? Should preventive legislation be introduced?

V. Cross-Group Consensus (Comparing Expert Perspectives)

Balancing Conflicting Principles

- Between "efficiency" (e.g., real-time emotion monitoring) and "privacy" (e.g., full audio recording), which would you prioritize? Why?
- Which AI functions in psychological counseling most require mandatory human oversight?
- If an industry-wide "AI risk classification standard" were developed, what key metrics should be included?
- AI-assisted record keeping involves large-scale data retention. How should this be balanced with privacy rights and medical regulation?
- When AI output conflicts with a counselor's judgment, what is the ideal final decision-making process?

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