ASAM Practice Pearls Transcript
Artificial Intelligence and the Future of Addiction Medicine

Dr. Elizabeth Salisbury-Afshar: Welcome. This is ASAM Practice Pearls, a podcast series from the American Society of Addiction Medicine, where we turn clinical expertise into everyday addiction care, one conversation at a time. I'm today's host, Dr. Elizabeth Salisbury-Afshar. This episode is part of a special three-part series featuring highlights from ASAM's 57th Annual Conference.

We are recording on site at the annual conference in sunny San Diego, where I'm so happy to be joined by our guests, Drs. Sara Polley and Daniel Kaufmann. Today, we're going to be talking about Artificial Intelligence in the Future of Addiction Medicine, a session that grew significant interest at the conference.

This session explored how artificial intelligence is transforming addiction medicine from predicting risk and personalizing treatment to supporting recovery, offering clinicians practical strategies to integrate AI safely, ethically, and equitably into clinical care without compromising human connection.

I'm going to turn it over to our guests to give us a quick introduction and let us know a little bit about their current practice settings and work. Dr. Polley?

Dr. Sara Polley: Yeah, wonderful. Thanks so much. It's exciting to be here today to talk about this topic. It's been a really interesting topic to research. I'm a child adolescent psychiatrist, adult psychiatrist, and addiction medicine provider, and have an outpatient practice in Minnesota. I'm also licensed in Wisconsin. I work with adolescents and young adults that have complex co-occurring illness, so addiction and mental health conditions. My use of AI, I come from a pretty early adopter tech family. And so, I've always had an interest just in technology as it relates to healthcare.

I also, specifically when it comes to documentation, I have always been really good at my documentation. And so, when I had heard all of the buzz about AI scribes and ambient listening, I was extremely skeptical that it would add anything to my practice.

And so, that was one of my biggest drivers to start experimenting with AI tools in healthcare, was really my skepticism, thinking, “Well, I don't have a problem to solve, so I'm going to see if this actually adds to my practice or takes away from it.”

Dr. Elizabeth Salisbury-Afshar: I really appreciate you mentioning that. I was able to attend your session today, and it was really interesting, sitting and kind of talking to the people near me before it started, and hearing folks having some healthy skepticism about, “What is this going to add?”

I also live in a household where my partner is very much like an early adopter, and I am less so. And so, we have a lot of these conversations, in terms of thinking about what's helpful, what's maybe still risky or clunky, and I'm glad we'll get to talk about that today. Dr. Kaufmann?

Dr. Daniel Kaufmann: Yes, so I am a licensed mental health counselor. I'm a licensed professional counselor across a few states, and I'm the director of a helpline for crisis issues and support with gambling, and also a telehealth treatment program for process addiction issues like video game and gambling disorder.

And because of my interest in technology and gamifying things and my research on player types and personality and all those things I was doing as an academic in my university setting, they needed people to be part of the multidisciplinary committee for AI utilization for my university. And they're like, "You like video games. You should represent the counseling program."

So, I did that. And then in my treatment program, we needed to create a bot for the website using AI and creating the parameters for how it's going to talk with people who are using the website, thinking about starting treatment with us, or getting information about their gambling or video gaming issue, or general mental health.

And so, I started having to be the content expert for feeding information to that AI brain so that it would have the right information and reduce misinformation and make sure people using our website are safe. So, I started doing that. And now, everything I do has some kind of AI interfacing with it, just because I liked video games as an academic topic.

Dr. Elizabeth Salisbury-Afshar: It's really cool for me to hear the different ways that you both came to this sort of thinking about your practices, your clinical environments, and then thinking about how you're going to use it in a way that works for you, which looks a little bit different for all of us.

Before we sort of dive into more detailed questions, I want to say that we're going to be focusing on the ways frontline clinicians are most likely to interface with AI in their clinical practice, but people might think of a bunch of different things when you say AI. So, can you talk a little bit more about the ways that AI may interface with addiction care broadly?

Dr. Sara Polley: During our talk, we kind of laid out that when we say AI and addiction care, there's a lot of things that go in that topic. There's everything from, can our patients become addicted to AI, right? There's the topic of utilization of AI tools and various levels of healthcare, whether that's by the individual clinician, whether it's by the healthcare system, whether it's by backend billing and coding, risk prediction, use by payer systems in their ability to look at bills and look at what their members need.

So, there's a lot of different aspects. And yeah, there's a lot of tools available. There's direct marketing to clinicians with use of AI tools. There's AI-assisted literature searching, there's AI scribes, our patients are using AI and talking about it in appointments with us.

Daniel, did you have any other ideas?

Dr. Daniel Kaufmann: I think that you really set the stage for what this is, is everybody can use AI for the thing that they do. And very few people take the time to think about all the ways it's being used across the entire ecosystem. And so, when you're in a treatment organization, you have a leadership role, you have a different view of what this is. You're looking at efficiency and accuracy, and you're looking at which jobs it can aid and how it can be used as a tool to help you accomplish more of your goals and milestones.

But the clients are using it in their personal lives, and the clinicians are using it on the session-to-session level to do different things. It's interacting and sometimes enhancing the types of information and awareness of connecting all the dots that are coming up for the treatment plan.

It's taking things from the bio-psychosocial, from the progress notes, and it might be infusing those into goals and objectives, or, you know, there's just little things all across the board where we're doing our jobs, and we're focusing on how do I use my expertise to help the client that's sitting in front of me. But the systems that we're using have all of these things integrated. So, there's a mix of things we're doing where we know this is AI-assisted, and there's other things where it's so passively AI-assisted that we may not even recognize it on the individual level.

Dr. Elizabeth Salisbury-Afshar: That's super interesting. Can you give an example of where we might not even know, at the individual level, that there's an AI assistant behind something?

Dr. Daniel Kaufmann: Yeah, so it could be as simple as the system recommending to send a PHQ-9 to a client before next session, and we might think that's just a scheduling thing, that's a calendar thing.

But it could also be something where you set it up in the system, where if you notice there's a qualitative increase in reporting of those negative self-esteem and mood-related symptoms that are in the narrative of the progress note, the system could pick up on that and recognize we have an increase in risk of depression, so let's get a score for that.

Then you get that score, which is going to be quantitative data that's prompted by the qualitative data, and it filters into all of the predictive things that are in the backend of the client's chart, that we're usually, as clinicians, we're in that treatment

setting, and we're not still driven by all of the research stuff we did in our doc programs.

So, all that research stuff is still happening in our work because it's built into the EMR or things of that nature. And what I'm talking about right now looks one way in 2026. But it's only going to get more advanced and complex as we continue to go from here.

Dr. Elizabeth Salisbury-Afshar: Sara, I'm interested to hear from you. How are you currently using AI in your own practice as it relates to diagnosis, treatment planning, recovery supports, or anything sort of clinically related?

Dr. Sara Polley: Yeah. Well, there's probably two main ways that I'm currently using AI just on a day-to-day basis in my clinic. The first is an AI search engine tool specifically for medical providers. But it really quickly and rapidly helps me do a literature search about a topic. And so, I typically will pull it up when I'm with a patient if they ask me a question that I'm not quite sure about, and I'll use it as a support tool to ask that question to the search engine, and it will pull up recent articles from JAMA addressing that topic, helping to guide next steps.

And I'll tell my patient that I'm doing that. I'll say, "I'm using a search tool that's for doctors that searches medical journals, let me just take a look and see what I can find." And then I'll discuss the results with the patient and help with shared decision-making.

And then the other big way that I'm using AI in my day-to-day life is with an AI scribe service that's integrated with our electronic health record. And as a practice, and as I mentioned at the beginning, I was skeptical, and that was why I first started using it, because I didn't have a reason to use it. I wasn't trying to get out of doing notes late at night because that wasn't an issue for me, thankfully. But yeah, I was kind of just interested and a little skeptical. And so, the first step in that was determining how we wanted to obtain consent from patients.

There's actually been some lawsuits now that have started to happen where patients have felt that they didn't get informed consent for use of a scribe, and then, you know, nothing happened with that data that was bad, but they felt emotionally harmed by the fact that someone was listening to their session, and they didn't know that. And the most recent lawsuit was interesting because the clinician had put macros, kind of pull-in phrase, into their note that said transcription used to generate note, scribe service was used. And the patient asked for a copy of their records and saw that in the record, and then said, "Wait a second, I don't ever remember anyone talking to me about a scribe being used."

So, it was a topic at the front of our minds was how do we get informed consent from patients, you know? You also don't want to fall on the other end of the spectrum,

where every appointment you're bringing up, “Oh, I'm using AI. Did I tell you that I have this AI tool?”

And part of the reason for that is that there's research that indicates that when someone knows that AI is involved with their care, they're more likely to be dissatisfied with that care because of their own skepticism about AI. And when they are not thinking of it, they actually believe their care is better, which is an interesting psychological phenomenon.

And so, there's not really a lot of set guidelines that exist currently to how to make these decisions about AI and informed consent. And there was a 2025 commentary piece by Mello and others that was in JAMA, which we used as our reference point, that walked through how to make decisions about informed consent with the choices being, you know, notification. So, you're not actually getting consent, but you're letting them know that it's happening. Whether you get consent or whether you don't tell them at all. And kind of the two factors to consider would be the first being, what is the risk for that patient with the use of this tool? What is the likelihood that this tool fails?

If the tool fails or provides misinformation or errors, what's the likelihood that the clinician would catch that before it impacted the patient? And then, if it did impact the patient, how seriously would it impact the patient? Then the second kind of piece of the decision is what type of autonomy does that patient have to change the use of AI in their care?

And so, if it's an AI tool that's built in, you know, the example that was given was like an intraoperative AI decision-making support tool that a surgeon might use to determine if a blood transfusion is needed. Would that patient even have the ability to say, I don't actually want that, or could they even ask for that to be excluded from their care?

And that you kind of use those two data points, right? So, is it high risk and they don't have the ability to make a change to it, then maybe you notify. Whereas if it's high risk and they do have the ability, then you do informed consent. If it's low risk and they don't have the ability to change it, then you don't do either. You use the tool.

And so, when it came to the scribe, we were sort of thinking through the risk, and again, this depends on the individual using the scribe, because I still have to review my notes. I still have to do my own medical decision-making, and my own prescribing and my own diagnoses. I don't use the scribe for that. I use it to literally act like a medical student sitting there writing down what I'm saying, and I'm doing the rest. But the risk of harm to the patient is relatively low. If there were an error, the patient could easily request that the document be changed because if they have two brothers instead of three brothers or whatever.

And then their ability to say yes or no. It depends, right? Like, I might not want to have that patient in my care if I can't use the scribe, because that would take up a considerable amount of my time, separate from the way that I normally do my work. And so, I might set the rule that if you want to be my patient, then you are consenting to use of my AI scribe, because that's how I practice medicine.

Other people might fall in a different lane, and they might say, " Sure, I'll turn off the AI scribe for this individual patient, and I won't use it." So, I think that depends on the particular clinician. But we fell on the side of, yes, they do have a fair amount of autonomy. Most of our clinicians would just choose not to use the scribe if the patient didn't want it. And so, that put us into the informed consent category.

So, when our patients consent for care, we have a portion of our care consent form that specifically addresses that our clinicians use AI scribe software. The recommendations from this commentary also said that the more information you can provide, the better. So, you can give them the name of the tool that you're using. You can direct them to the website. If they have concerns about privacy or confidentiality, they can specifically look at that particular tool's website and see what the rules are or how their data will be handled. But they sign off on that when they consent to treatment with us.

And so, it isn't something that we bring up every appointment. I don't tell patients every time in our sessions, "Just a reminder, I'm using the AI scribe." So, I think that there's a lot of really interesting and exciting ways, and those are just two examples in a regular old outpatient practice of how I've used AI.

Dr. Elizabeth Salisbury-Afshar: Well, I'm interested to hear how your patients have received both, you showing them, "Okay, here's what I'm looking up, here's how I'm looking it up," and also the introduction of the AI scribe.

Dr. Sara Polley: Yeah, well, the search tool, I think patients just respond like it's normal because that's what they do when they're at home, is they pull up whatever software or whatever they're using on the internet.

I think they understand, and we have a relationship that I'm not just a random lady who's Googling something, right? I think me explaining that it's a tool specifically for physicians, which it is, gives it a little bit more credibility. But for the sake of transparency in my relationship with that patient, I never would want to present it as if I just somehow thought of that or I knew that.

To me, that just feels so ingenuine. That to not share what I'm doing seems like it would be damaging to the relationship. But for the most part, I haven't had anybody react negatively. Most of the time, it's just completely normal. They don't bat an eye.

With the AI scribe, I also haven't had anybody have a problem with it, you know. I think because they're consenting to it at the beginning of care. It's sort of set in the

frame of, you're reading about how, yes, I'm billing your insurance. Yes, this is what a therapeutic relationship is. All these kind of details.

And so, it just kind of falls in line with the rest of the, this is what it means to be a patient at our practice. And so, I think they may have a reaction when they're initially reading it, but I haven't had anyone come to me after and say, "Oh, I decided not to sign off on that particular box because it made me nervous." I think everyone that I've worked with has consented, and it's not been an issue.

Dr. Elizabeth Salisbury-Afshar: Daniel, I'm curious to hear from you. How are you using AI in your day-to-day work? And I think, similarly, how has it been received by patients and/or other sort of learners? I know you spoke some earlier about training environments.

Dr. Daniel Kaufmann: Yeah. So, one of the main ways that AI does influence the way that I practice would be with progress notes. And the primary purpose of a progress note is to keep track of progress for your clients so that you see the running narrative of what's happening and can make good treatment provider decisions.

But there's this other really big purpose of progress notes, and that is proving to insurance that we deserve to be compensated for the work that we're doing. And what I've noticed in the way the AI will take my incredibly shorthand typed notes, which are not at all meant to be progress notes, and then convert them into progress notes.

It really is about taking the small bits of information that I thought was important, talking to my client for that hour, and then it will convert it into the languaging and sentence structure of a approvable worthy progress notes so that there's no issue with billing. There's no issue with the continuity of care.

So, when a client says, "I don't want to sign that." You're making billing harder for us to send your stuff to insurance. You're increasing the amount of time and what I'm doing with my time supporting your case. I really do think that when it comes to using commercial insurance to pursue mental health treatment, AI is a valuable tool because it allows us to focus more on the actual care that's happening in the therapeutic relationship.

One thing that I will say is whether people are interacting with me as my handle or personal brand of doctor gameology. So, they have it right there, like gameology, the study of games. So, it's a very technology-forward kind of word. And so, they kind of expect me to be using AI for everything.

So, all the things Sara's talking about, I don't face because, like, “Of course, you know all the technology that you're using, and you're using it. I picked you on the internet because I believe in you, and I trust you to not be hurting me with these

technologies.” But I still will talk about it at the beginning of treatment and say, "This is why I do, this is how I do it.”

But I just think that the way that I see the issue is much more about how the technology does what it does, and have been fortunate to work with companies on how we create its awareness in that organizational mind to understand if you see content like this, what kind of sentences will it generate for it?

And so, I guess when we're talking about making sure accuracy is there and making sure they have the right number of siblings, I'm on the other end of that in a way, saying like, well, the little shorthand typed note that was converted into this long form insurance approvable note. It misinterpreted numbers or it understands numbers when you type the digits, but not the word form or other way around, or it's not remembering which person is the sibling and which person's the uncle. So little things like that that you can iron out.

The goal is to be accurate and efficient and provide highest quality of care possible, but also not be doing your progress notes at one in the morning. And I think, as a supervisor and as a practicum and internship instructor, I work with students at all different phases of their early career, and they're not being given time to do their notes in the workday. It's like an expectation of you need to do this within two days of the session, but there is obviously no time during the eight hours that you're in this building to do it. And that's a problem.

But it's not a problem that a lot of places are looking to fix because you need people to come in and do their sessions. And in my time in this profession, there's always been this double blind communication of do your paperwork really well, but not allotting any time for it. And AI is a solution to that, and we just need to make sure, as we're developing these tools, that it's an effective, honest, and honorable solution.

Dr. Elizabeth Salisbury-Afshar: Yeah, thanks. It's really nice to hear some of the positives, I think, especially around efficiencies. And it sounds like, overall, I'm hearing from both of you that you've had pretty good experiences with it.

Dr. Sara Polley: Yeah. I was just going to add one of the biggest ways that I use it, that I completely forgot about when we were just talking.

I feel like I can be a better advocate for my patients because almost daily, a patient will ask me, "Can you help me advocate with my probation officer?” “Can you explain that the reason that my drug test was positive is because the medication that you prescribe, and it isn't because they need to do the lab test in order to really determine if it's positive or not.” “Can you write a letter to my lawyer to explain that I've been showing up for care?”

So, like all of these questions, right? And I think in the past I would have to have stricter boundaries about what I was willing to be able to help someone with, because

the thought of sitting down and drafting a letter to the probation officer, to the judge, to address certain concerns would be a big ask. And we would have to probably have a whole appointment where we would dedicate the appointment to that, because when else am I going to do that?

That's another area where I'm very transparent with patients, and I say, “You know, actually, I'm going to type this into the physician language generator AI tool, and I'm going to have it make a note for us, okay? And then I'm going to send it to you. And so, what is it that you want the note to say?” And we'll explain, and I'll have a conversation about it. And then within five seconds, it's got this beautifully worded note that includes exactly what the judge needed to hear, what the probation officer needed to hear, what the insurance company needed to hear to approve the prior auth of the medication. And so, that's really nice to be able to capitalize on.

The system knows what prior auths need to say in order to get the medication approved. And so, I'm going to just put in the information, and it's de-identified, and the patient's name isn't there. That's another really big way that I use it in my practice.

Dr. Elizabeth Salisbury-Afshar: So, Sara, as you're talking, I have to say, I'm so curious. I've not used AI to help write these types of letters. Are you comfortable sharing which tool you're using for that?

Dr. Sara Polley: Oh yeah, definitely. Many people are familiar with it, Open Evidence. We experimented, me and a colleague, with seeing if it could write us letters, and it did a beautiful job.

Dr. Elizabeth Salisbury-Afshar: That's amazing. I had no idea you could use it in that way. And to be clear, ASAM is not receiving any financial remuneration for this. This is truly just an open conversation with colleagues. So, thanks for sharing.

I want to ask a little bit about, you know, there are going to be listeners who have already used a lot of the AI tools that you all are describing, but there are also going to be listeners who are much more skeptical or who maybe are using them without knowing, to your prior point, Daniel, but what would you suggest clinicians consider if they're thinking about possibly adopting some of these AI tools?

Dr. Daniel Kaufmann: I think it's really important to recognize the amount of work that AI can take off of your plate and how quickly it can do it. And you can be in awe of it, and you can respect it and appreciate it, but also, I encourage people, when you see something that's generated by AI in text form, and you're using it in a client chart, you should never use content that you don't feel like you could create yourself.

And if you look at this note and you say, "That note is way smarter than what I would've said,” now it's a learning moment for you to increase your clinical skills and level up and challenge yourself. Like, how is this sentence structured? Why is it that

way? Understand the inner workings of why that note is worthy of being included in a client chart and become better in your own skill set.

Remember, I'm working with a lot of early-career professionals here who are new to the field and new to AI adoption. I come from the paper and pen version of progress notes, and then electronic medical records, and then now AI integration with our data.

And so, I remember doing everything manually. So, when I look at this stuff, I think, “Oh, this is great. It would've taken me seven minutes to write that, and I didn't have to write that, let's move on.” But I never feel threatened like that tool is better than what I can do professionally. But I know a lot of my grad students and practicum students and supervisees working on their independent licensure, they may be using a lot of content that they would struggle to match that quality.

And honestly, you should be aiming to be able to surpass that quality when you sit down and really focus, too. I would hate to have our profession continue from this point moving forward in 20 years from now, people have no writing ability, and they're not used to solving these problems. And noticing these insights and generating the curiosities of, what do I ask next?

Because AI infiltrates everything and automates everything, and then when we have to do things ourself, we end up realizing we've become incompetent or stagnant in our clinical skills. So, for me, it's really important when I'm talking about how I use things and why and what it generated, and being able to even critique and say, "How do we enhance this AI-generated piece of content?

I think that's an interesting conversation to have with people, because oftentimes the tendency would be to think this is a finished product. It's like, no, that's what the AI generated. How do you make it better? How do you learn more about your client and use that time still to help them notice something or improve something in their life? Since you have more time to focus on working with them than you would've been allotting for documentation of paperwork.

Dr. Elizabeth Salisbury-Afshar: Yeah, that makes a lot of sense and is something that I think a lot about. Like AI can make things more efficient, but at least for some of us, myself included, a big part of the learning process is kind of struggling through, right? Like developing that plan, coming up with that assessment, making treatment recommendation.

If you have this tool that, from the get-go in your professional trajectory, is doing it for you, I could imagine that could be really challenging, right? And since we're all being pushed so much for efficiencies and seeing more patients, it just sort of adds to the complexity there.

Do you have any suggestions for people early in their careers for whom AI is always going to be, probably, part of their clinical practice?

Dr. Daniel Kaufmann: Learn from it, interact with it. Don't just get the product at the end of your prompt and use it. You want to be curious and fascinated by the work that you're doing.

And if you can't figure out why it did the thing that you did, you have to stop your efficiency and focus and figure out what's the thing I'm missing. You always want to make sure that you're more competent than the tools you're using and that the tools are just helping you get there faster. You can use them as a companion to your work, and not the complete driving of your work.

Dr. Elizabeth Salisbury-Afshar: Yeah, that makes a lot of sense. Sara, I'm curious to hear from you when you think about advantages, but also maybe limitations or risks to using AI in your practice, or what would you recommend to anyone who's listening to this today?

Dr. Sara Polley: You know, I was thinking as Daniel was talking, that I think clinicians approaching AI tools with curiosity is important because they're here, and healthcare is actually generally a late adopter of AI technologies as compared to other industries.

And so, the idea that you would make statements like, “I'm never going to use that,” or “That's not relevant to me,” or “I'm going to keep doing things the way that I've always done them, that I don't think that's what healthcare is going to be.”

To me, it reminds me of people back when we used to do paper notes, and then the EHRs rolled out, and then there were docs who would say, “Well, I'm not going to use the EHR,” and that lasted for a little bit, right? But then at a certain point, that wasn't really an option for you anymore.

And so, I'm imagining that, with AI tools, that might eventually be what happens. Is that healthcare systems, when they already are implementing them, and it's not really an option for you to opt out. So I'd say approach with curiosity.

The idea that any of these AI tools are not a supplement for medical decision making, right? Like, when we talk about the AI tool giving me information, to me, it's that's information that I'm taking and I'm putting it into my brain, and then I'm evaluating it, and then I'm making my own medical decision based on my training.

And so, sometimes my scribe will try to create a bio-psychosocial formulation, and it's kind of cute, you know. It writes down real obvious little things, that if I wasn't a doc, I would probably be able to pick up like, “Oh, they don't have a housing situation, that might cause stress,” that type of thing. But it is not a robust bio-psychosocial formulation, and so, that's not something, at least at this point in my interaction with AI, I don't use it for that.

I'm still the doctor. I'm still the one making the decisions. AI is not telling me what medication to prescribe or what diagnosis to make. I'm still using my own skill to do that. And I have the benefit of being in practice now without it. Whereas you were saying there's a lot of people now coming into practice that will always have it as an option. And so, to me, it does really feel like a time saver because I'm thinking all of these things already, and normally I would take the 10 minutes to type them all out, but now I just don't have to spend that 10 minutes typing it out. But I still thought all of the things that I would've thought had I typed it out.

But I could imagine if you never had that experience, and you just waited to see what AI told you, that you might miss that step, or you might then trust that whatever the tool gave you as the answer, or the treatment plan is what you should be doing. I mean, no, we're the ones that get training and go to medical school, and we're the doctors. The AI is not the doctor.

Dr. Elizabeth Salisbury-Afshar: So, you've both given us a lot to think about, lots of clinical pearls, ways that it's been helpful for you in various settings and situations. As we wrap up, I'm curious, are there any additional words of advice that you would have for our listeners as they continue to explore or add AI tools into their practice?

Dr. Daniel Kaufmann: I think it's really important when you implement something that is AI-driven, to understand first, where's the information going after the system receives it. Make sure that's secure, HIPAA-compliant, limited to just your organization, and not feeding your client's information into the larger internet. So that's number one, is just ethics and being respectful to your client's information. And that should be in line with your own professional morality and aim for your conduct as a healthcare provider.

And then also just be curious and try to always make sure that you are exhibiting that ability to drive the decisions. You don't want to be relying on the AI tool to come up with the right diagnosis or to create the structure of the treatment plan or what those goals are. You want to be able to understand what the client is saying. Truly connect with them and convert that into the direction that therapy goes. AI really should just be assisting you to get things down on paper or on the screen, and it should be a tool that helps you get where you're going quicker.

In academia, you would never expect a student to take calculus without a graphing calculator. And that's one of the things I talk about with professors and things all the time, is that that's where we are at with AI tools in counseling and mental health-related fields, is these things are becoming the calculator so that we can make sure we get things right more often than not. So, we can do it quickly instead of spending 25 minutes on something. We can spend 25 seconds on, but still be investing the time into our client for that total of 25 minutes. So it does save you time. It should prevent you from doing these notes on your personal time and having bad boundaries with your professional life.

But at the same time, you just want to be mindful of what it is doing to your structure. And that you still feel like you're the treatment provider that you always wanted to be.

Dr. Sara Polley: I would just add that the amount of information coming out about the use of AI in healthcare is just exploding. I mean, almost every week there's a new publication in a major journal about the use of AI and how it impacts patient care.

And so, it's an area where you can really educate yourself, if you want. And spend the time to read about it. Read about tools that are available, those that are in investigational stages to become FDA-approved treatments, versus those that are available for clinicians. And so, the idea that you can kind of continue to claim ignorance about these things, I think, is ending because there's a lot of information available now.

So, I would just encourage listeners and clinicians to educate themselves and determine, based on the information that they read, and using their own judgment, what may or may not be relevant for their individual practice, you know. In the absence of really strict or specific guidelines by our professional organizations, you know, we always have our colleagues to consult with.

And so, if you're thinking of using an AI tool, bring together a group of colleagues and run through potential scenarios, risks, benefits, to help you make a decision about how you might want to incorporate that into your practice.

Dr. Elizabeth Salisbury-Afshar: Thank you both. And so, I think I'm hearing again and again, be curious. Like, if we're not engaging in the conversation, we may be at risk for being those clinicians who refuse to work in the EHR, and then eventually get forced to figure it out.

And also just really being mindful. Being mindful of how it's changing our patterns, making sure we're still really paying close attention. Although I could imagine it could get easy sometimes to say, “Yeah, it's been good the last four notes, this one's probably fine,” but really being mindful and thoughtful about how we're using it.

So, thank you both so much for the fabulous session at the annual conference and for being here for this podcast. The full recording of the session will be available in ASAM's E-Learning Center.

Please don't forget to claim your CE credits for this episode. Also, make sure to subscribe and share this episode with colleagues who may find this information useful.

And as a final reminder for folks who weren't able to make it to San Diego this year, we'll be having another fabulous annual conference in Minneapolis, Minnesota, Sara's home state, in 2027. So, we hope to see you there.

Thanks, everybody, for listening. We'll see you next time on ASAM Practice Pearls, where we turn clinical expertise into everyday addiction care, one conversation at a time.