

Exploring Professional Preparedness for AI Integrated Therapy: Perspectives from Postgraduate Clinical Psychology Students in Bengaluru

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Abstract

Recent literature on artificial intelligence (AI) in mental health highlights its potential to improve accessibility, efficiency, and scalability of psychological services through tools such as therapy chatbots, automated documentation systems, and digital cognitive behavioural therapy platforms. At the same time, research has raised concerns regarding empathy limitations, data privacy risks, cultural sensitivity, and the implications of AI for therapeutic relationships and professional roles. Despite these discussions, limited research has examined how trainee psychologists perceive their preparedness to work with AI-integrated therapy tools. The present study therefore investigated how final-year postgraduate clinical psychology students in Bengaluru perceive their professional preparedness to engage with AI-supported therapeutic technologies. A qualitative exploratory research design within an interpretivist paradigm was adopted. Semi-structured interviews were conducted with 18 postgraduate clinical psychology students selected through purposive sampling, and the data were analyzed using Braun and Clarke's (2006) thematic analysis. The findings revealed the overarching global theme "Transitional Readiness Amidst Structural and Ethical Constraints." Participants demonstrated awareness and openness toward AI but reported that their knowledge was largely self-developed due to limited curricular exposure. AI was perceived as useful for supportive tasks such as screening, documentation, and psychoeducation, but not as a replacement for core therapeutic processes requiring empathy, attunement, and clinical judgment. The findings highlight the need for structured curriculum integration, ethical guidelines, and training opportunities to prepare future psychologists for responsible AI integration in mental health practice.

Keywords: AI Integrated Therapy, Professional Preparedness, Clinical Psychology Postgraduates, Digital Mental Health

1. Introduction

Healthcare in the world is faced with the growing imperative to meet the quadruple aim of enhanced population health, better patient experience, curbing rising care costs, and improving caregiver well-being (Ahuja, 2019). In the area of psychiatric care, the development of AI-based solutions is vast, including chat assistants, therapy bots, decision support systems, and digital therapeutic interventions such as

Woebot, Tess, among other platforms (Fitzpatrick et al., 2017). Through the automation of clerical processes like scheduling appointments and data entry, AI unburdens overworked healthcare professionals from these tasks, freeing them up to attend to patients directly (AI-Olaimat, 2025).

In the practical application of the profession, the possibilities offered by AI have led to the development and application of AI in the delivery of services including the development of chatbots, the creation of notes through AI, and supervision through AI, which have been identified as avenues through which the profession may reduce the burden on the clinician and potentially increase the reach of the profession (Jackson, 2023). While AI does not have the contextual understanding, the lived experience, and the empathetic understanding that the clinician has, it may be viewed as bridging the gap in the delivery of mental health care to the population. In a highly publicized podcast interview, Sam Altman recognized that there is currently no universally accepted law that outlines the legal position surrounding personal disclosures made via conversational AI systems, especially when such systems are used in a way that is analogous to a therapeutic relationship. In general, the evidence supports that although there is great potential for AI to revolutionize curriculum design and delivery, psychology and health education programs have yet to systematically integrate AI training, generating a gap between technological advancements and professional readiness.

Definitions

Clinical Psychology Students: Postgraduate students currently enrolled in clinical psychology programs in Bengaluru-based institutions (2nd year).

Professional Preparedness:

- Knowledge: Awareness of existing AI therapy tools like Wysa, Woebot, Tess, ChatGPT simulations, and VR therapy.
- Skill Readiness: Belief in one's ability to apply AI tools practically within clinical sessions.
- Confidence: Self-assurance in using AI ethically and effectively in therapy.
- Curriculum Support: Academic exposure or need for coursework, workshops, or internships supporting competence in AI-based therapy.

AI-Integrated Therapy Tools: Therapy chatbots (Wysa, Woebot, Tess), ChatGPT simulations, and VR-based therapy environments.

2. Review of Literature

Farzan (2024) examined current empirical research on three top AI chatbots: Woebot, Wysa, and Youper. In the ten studies included, all three showed large declines in symptoms of depression and anxiety, combined with extremely high user satisfaction and therapeutic relationships. Most interestingly, these interventions were also shown to be effective for targeted populations, including those with chronic pain or maternal mental health issues. Nevertheless, constraints in terms of methodological uniformity and diversity of study samples were also reported, limiting generalizability.

The increasing use of artificial intelligence (AI) in mental health treatment has evoked mixed responses from professionals and students alike, influenced by hopes, doubts, and moral issues. According to Blease et al., although psychiatrists were aware of the capabilities of AI in revolutionizing processes such as documentation and information synthesis, they were not convinced that AI could replace the essential aspects of the therapy process, especially empathy.

Blease et al. (2021) mixed-methods pilot survey of Swiss postgraduate students reported overall favorable attitudes towards machine learning in psychotherapy training but very considerable uncertainty about its

application in practice and ethics. Students voiced concerns about the limits of AI in capturing the nuances of the therapeutic alliance, while also recognizing its potential to enrich clinical training and practice. This study highlights that preparedness in psychology education must extend beyond technological literacy to include competencies in clinical judgment and ethical decision-making.

Chan (2025) explored the views of secondary school students on generative AI chatbots within school mental health care. Students appreciated the advantages of AI, such as accessibility and non-judgmental responses, but expressed significant concerns with empathy, trust, and flexibility. This highlights that AI cannot substitute for the complex human relations required for successful therapeutic relationships, supporting training courses incorporating ethical, relational, and culturally responsive practices.

The literature gives a rich and nuanced picture of AI readiness in mental health and allied disciplines. Research assessing student and clinician readiness shows that, although AI technologies such as chatbots and generative AI have the potential to augment mental health interventions, large gaps remain in learners' knowledge, skill, and confidence (Blease et al., 2021; Al-Olaimat et al., 2025). Ethical and professional issues are continually brought into focus in research studies. Questions of empathy, trust, emotional reliance, privacy of data, and responsibility surface as key problems while incorporating AI in therapy (Rawat, 2025; Chan, 2025; Özden, 2024; Blease et al., 2020). These results indicate the need to train students not just in technical skills but also in ethical competence and management of professional identity in AI-facilitated care. Training of clinicians and students without system-level backing could restrict knowledge of AI translating into practice.

3. Research Methodology

3.1 Research Question

To explore how final-year Postgraduate Clinical Psychology students perceive their preparedness to work with AI-integrated therapy tools in clinical practice.

3.2 Objectives of the Study

1. To assess clinical psychology students' awareness, understanding, and academic exposure to AI-integrated therapy tools.
2. To explore students perceived competencies, skill readiness, and confidence in using AI tools within clinical practice.
3. To examine students' attitudes, ethical concerns, and perceived barriers regarding the integration of AI in therapy, especially in replacing human elements.
4. To evaluate the extent to which the current academic curriculum addresses AI-based interventions, and to identify students' suggestions for curricular and training improvements that can enhance ethical AI integration in clinical psychology practice.

4. Research Design

The study follows a qualitative, exploratory design to capture detailed, context-rich accounts of students' experiences and perceptions in an emerging research area. The study followed an interpretivist paradigm, emphasizing subjective meanings and lived experiences.

4.1 Sampling Technique

Through purposive sampling, participants will be selected for the study. The study will include second-year (final year) clinical psychology students, guided by the principle of data saturation. The sample for the study will consist of 18 clinical psychology students studying in Bengaluru.

4.2 Data Collection

- A semi-structured interview will be conducted in person and via telephone after peer and expert review.
- Basic participant information will be collected using demographic forms. They will be screened using a screening tool to understand their age, qualification, institution, and prior exposure to AI tools.

4.3 Tool Description

An open-ended interview questionnaire was prepared ensuring that it assesses every aspect of the topic. It consisted of 13 items, which covered all aspects mentioned in the objectives. The questionnaire was peer and expert reviewed.

4.4 Data Analysis

Data were analyzed using Braun and Clarke’s (2006) Thematic Analysis. Steps included coding, theme development, refinement, and final reporting.

4.5 Inclusion Criteria

- Second-year postgraduate clinical psychology students
- Full-time enrolment
- Prior exposure or basic familiarity with AI tools
- English fluency
- Willingness to participate and provide informed consent

4.6 Exclusion Criteria

- First-year students
- Non-clinical psychology students
- Distance-learning students

5. Results

Figure 1: Global theme and the four organisational themes and local themes.

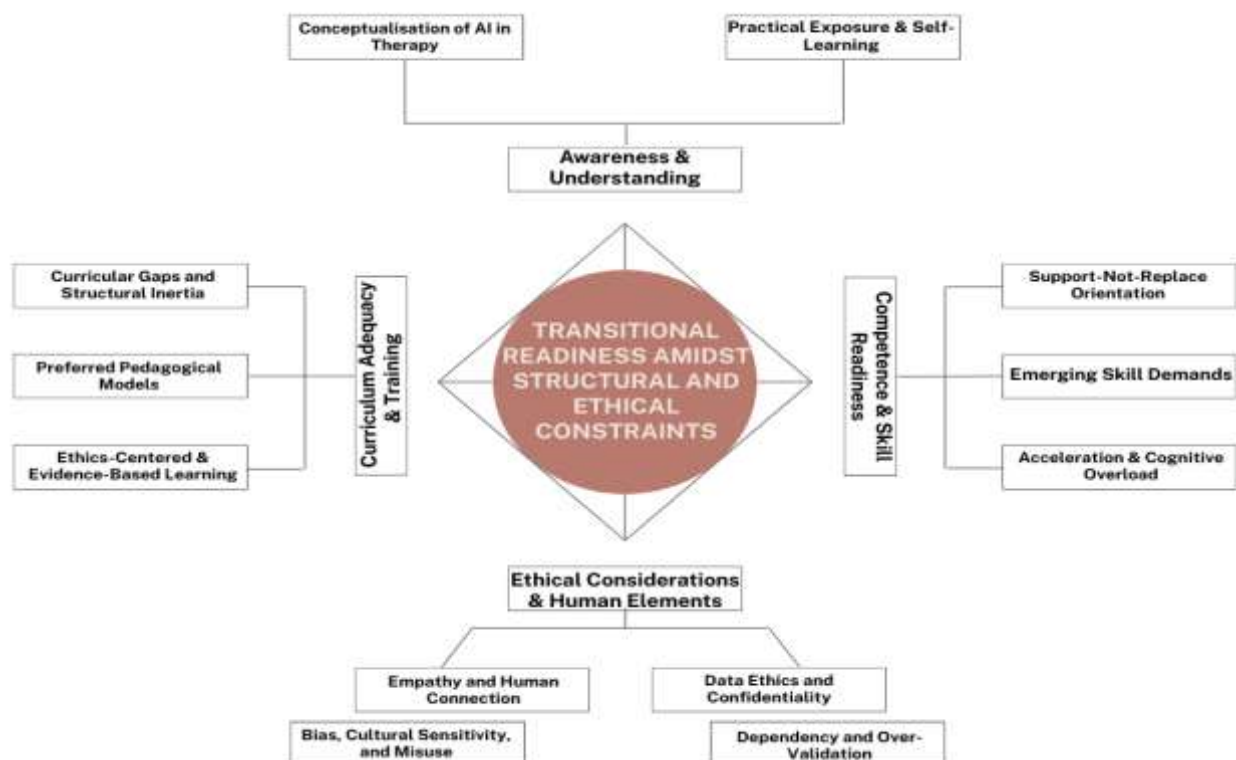


Figure 1 displays the global theme of Transitional Readiness Amidst Structural and Ethical Constraints and the four organisational themes and local themes.

When all four organisational themes are reviewed collectively, a story emerges. Students recognised the role of artificial intelligence within the future of mental health practice. It was recognised by all participants that artificial intelligence is innovative, inevitable, and influential within the future of mental health practice. It was further recognised by all participants that there is a need for them to adjust to this future. However, simultaneously there was an expression of partial readiness. This was represented across all themes of awareness, competence, ethics, and curriculum adequacy.

6. Discussions

Transitional Readiness Amidst Structural and Ethical Constraints was determined as a core theme depicting perceptions of AI integration into the therapeutic process among postgraduate students in clinical psychology, which proved that readiness is not a static concept but rather a dynamic one, influenced by many different interrelated aspects. Participants had a distinct awareness of AI being an inevitable and highly beneficial addition to their future practice; yet, this awareness was developed mainly independently and remained fragmented because of insufficient formal exposure during their academic training. Mostly, AI was viewed as a helpful supplement in terms of performing administrative and screening activities but not as a substitute for conventional therapeutic approaches, which revealed the mentioned support-not-replace attitude toward artificial intelligence. As for competence, it appeared to be incomplete and autonomous since students recognised their own need for acquiring some new knowledge about prompt literacy, critical thinking, and interdisciplinary perspectives, but at the same time felt overwhelmed with constantly emerging new technologies and thus experienced a lot of uncertainty. Ethical issues such as confidentiality, accountability, cultural stereotypes, addiction, lack of authentic empathy were considered repeatedly, which showed no resistance to AI technology but rather a strong desire to preserve human elements of therapy. In addition, there was evidence of gaps in the curriculum and inertia, which were manifested through the absence of any form of training, lack of exposure, and resistance from teachers. On the whole, these findings seem to indicate that the students are in the process of preparing themselves rather than being ready, and their level of preparation is limited both by the deficit in skills and other factors such as those of an institutional nature and ethics.

6.1 Organisational Theme 1: Awareness and Understanding

Local Themes: Conceptualization of AI in Therapy; Exposure and Self-learning

There was evidence of student awareness regarding AI technology but it was sporadic and student-initiated without guidance from the curriculum. In essence, AI was regarded as a supplementary aid in therapy and not a replacement for traditional treatment methods. This is highlighted in student verbatims like, “It’s a tech world already... we have to be ready to welcome it, but nobody is teaching us how.” and “It’s we students who have introduced AI ourselves”

6.2 Organisational Theme 2: Competence and Skill Readiness

Local Themes: Support–Not–Replace Orientation, Emerging Skill Demands, Acceleration and Cognitive Overload

The students demonstrated their ability to utilize AI in systematic and supportive scenarios but were unsure of its potential for managing emotional situations. In addition, there were indications of emerging skill requirements but the students were finding the pace of change hard to keep up with. This is shown in verbatims like, “I can use AI for help... but I can’t trust it to deal with someone’s emotions.” and “We are

running after a train we didn't know was coming.”

6.3 Organisational Theme 3: Ethical Considerations, Human Elements, and Perceived Challenges

Local themes: Empathy and Intuition, Confidentiality and Accountability, Bias and Cultural Mismatch, Dependency and Over-Validation

Ethics played a big role, especially the issue of empathy, data security, bias, and dependency. These ethical concerns were evident in verbatims such as, “It's very good at empathy. It can mimic it but they're not the same things.” and, “We don't know what is happening with our data.”

6.4 Organisational Theme 4: Curriculum Adequacy & Training Recommendations

Local themes: Curricular Gaps and Structural Inertia; Preferred Pedagogical Models; Ethics-Centred and Evidence-Based Training

Curriculum deficits and inadequate guidance were mentioned as major issues students face. In addition to the frustration they had toward AI, the verbatims included, “It's still the same things that used to happen years ago... nothing is updated.” and “Teach us how to use it properly instead of saying don't use it.”

7. Summary of the Findings

The results of this research demonstrate that graduate clinical psychology students find themselves in a transitional stage of readiness for the integration of AI technology into psychotherapy. On the one hand, students have sufficient knowledge about AI technologies, recognize their relevance, and can operate independently with the help of these technologies; on the other hand, they lack academic assistance in developing the necessary expertise. Students acknowledge structural barriers and the lack of opportunities in the curriculum for the effective integration of AI technologies in mental health practice. Nevertheless, students are well aware of the importance of ethical factors in the implementation of these technologies in practice, namely, the significance of the client-therapist connection, the necessity to preserve the confidentiality of information, responsibility, cultural sensitivity, and clients' dependence on AI technologies. The majority of students are confident in their therapeutic abilities while demonstrating low levels of confidence in using AI technologies in practice. Thus, there is a significant gap between students' preparedness to use AI technology and the actual necessity to develop new competencies.

8. Conclusion

Ultimately, this study has demonstrated that postgraduate clinical psychology students are in a transitional state of readiness, which is marked by openness, ethical reflection, and awareness, but is limited by constraints and the lack of formal direction. It is hoped that these constraints may be overcome through curriculum revision, exposure, and the integration of AI ethics into the professional curriculum, which would transform this transitional state into confident and ethically robust professional competence. The future of therapy is likely to be characterized by the interplay of the human clinician and the intelligent system. It is the responsibility of the educational institutions and the policymakers to ensure that this interplay enhances rather than undermines the human essence of therapy. This study has provided an insight into how the future clinician is experiencing this change and the need to support them through the development of ethically robust training frameworks.

9. Limitations of the Study

- The small sample size and specific academic/cultural environment reduce the study's generalizability

since the results can be indicative of specific institution-based experience, rather than being applicable to other trainees.

- The study is based on the subjective experience/perception of trainees who may not have a realistic picture of their own competence in applying AI technology in practice.
- Participants lacked extensive firsthand experience of applying AI to clinical practice; the majority of their knowledge was gained in an academic environment, personally or hypothetically.
- Since the area of AI and regulations around it are developing fast, the current results are only relevant for this particular period in time.
- This study lacks various stakeholder perspectives, from faculty members to practitioners, clients and developers of AI technologies.
- Being qualitative in nature, this study is susceptible to bias, no matter how much the researcher refracts during analysis.

10. Suggestions for Future Research

- The samples in future studies must be bigger and more varied to ensure generalisability.
- Participants at various points in their careers must be included to determine any variations in preparedness as they progress through their careers.
- A longitudinal design might be employed to determine whether perceived preparedness during training correlates with actual competence when working clinically.
- Studies comparing institutions that differ in their level of integration with AI may help determine the influence of formal training on competence and ethics.
- Mixed-method or experimental designs might be employed to assess performance in simulated AI-assisted clinical scenarios.
- There is a need for further qualitative research to investigate professional identity and therapeutic relationships when working with AI.
- It would be useful to conduct future studies on how regulatory authorities include AI competencies in the training of clinical psychologists.

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