Trust Can’t Be Automated - The GTM Strategy for New Clinics With Dr. Michele Bechor Transcript

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Introduction and AI-era mental health practice

Welcome back to Healthcare Business Growth Conversations. Today, we are diving into the uncomfortable truth about the mental health business. How do specialists survive when the generative AI is changing client cognition and clinical ethics are being challenged?

Joining us is Dr. Bakur, a PhD in child and adolescent psychology with expertise in evidence-based treatments like ERP and CBIT. She is the founder of her own bootstrapped family-centered practice, launching full-time right now.

We are exploring our strategy for growth, covering automation, AI, referring models, plus our take on whether the future of human-to-human therapy means the end of empathy.

If you are struggling to stand out, this episode is your strategy guide. Dr. Rebecca, welcome to the show. Thanks so much for having me. I really appreciate it.

Yeah, so Dr. Bricker, you are launching a private practice in a very strange era. Technologies everywhere and the old ways of doing things are rapidly shifting.

Let's start with the business side of that survival. As I said, now AI is taking over. I won't say therapy, but most of the people are depending on AI.

for the basic interaction for even for a small question to the therapy related questions. Now, how does a specialist like you, you know, justify that you still are in this niche and then prove that human family centered model is still essential?

Great question. So I think I want to start by saying that when people are seeking out help with mental health, I think initially, before they really know anything, they will want relief and certainty.

And those are great, in the short term, but the problem with the accessibility right now of artificial intelligence and that it is just so cheap and available, it offers a false sense of security right off the bat.

What's really going to drive outcomes is relationships. People have to understand that it's more like an encyclopedia, even if it is an Encyclopaedia that talks to you and makes you feel really positive, which AI is pretty much designed to do.

Which is fortunate in the moment, but unfortunate if people mistake it for a replacement for treatment. Treatment is so much more about human relationships, change over time, and quite frankly, it s actually about being uncomfortable.

That's a really big takeaway, I think, in the AI conversation when it comes to evidence-based practice, because one thing I know about evidence based practice which is 100% what I do and what i've learned in schooling and now as an early career psychologist, just as AI is really taking off, which has influencing how I view things, but I still got sort of educated at a time where AI really wasn't that available at all.

I'm being able to look at it from the side and say, okay, so it's super positive, it regards you well, and it gives you decent information, right? You can look up your symptoms and see maybe what you're curious for.

And that will help you with uncertainty in the short term. However, It's really, really important to take away already, like just to opt that in this conversation, that It's really no replacement for human relationships whatsoever.

I recommend for everyone just to use AI as more of a guide, more a list of suggestions that are very cold in a sense. And my end on the clinical side is noticing that families are growing and changing.

We need to nurture relationships and make people more present in their relationships. AI can suggest being more presence, but it's nowhere near what it sounds like in treatment.

Treatment actually is much more about being uncomfortable. And AI tends to also say to you, oh, don't worry, you're doing fine, or that's never going to change.

I mean, I've seen actual examples of AI gone wrong in terms of people over-accessing it. When I have, it has often been about staying exactly the same.

But treatment is all about change. Treatment is about changing with assistance from a coach, which I see the therapist as. A therapist is a couch to tell you what ways might benefit you if you were to change how you react to something inside.

So I'm already saying this to you and thinking AI could say that to, but AI is really not designed to make you a little uncomfortable to help you adapt and the way that treatment's done.

Got it. So I just want to know, maybe a little bit of a controversial question, but AI cannot give the prescription, by the therapist can give a prescription.

Would that be the sole motivation in the future for humans to go to a therapist? Well, it's a good question. I mean, generally in psychology, you don't give prescriptions.

Usually that's for psychiatrists or mental health nurse practitioners. Even so, I think the core of your question is, if it is available in one way, are they going to flock to you because they can't get it in a different way?

Why human therapy still matters

Listen, time will tell. Overall, people will maybe even try AI more in the short term just because, again, its cheap, available, gives relief, regards you positively.

And I think that it's possibly going to burn out in terms of not being as human-based. I mean, I thing what brings people back, and we know this from a lot of research in psychology, is what we call the therapeutic alliance.

Historically, it has been well across age, race, creed, geography, you know, problem, whatever it is. What brings back people often is that human connection.

So again, its very available and it provides plenty of relief and certainty only in the moment. But ironically, too, a lot of the treatments that I know that work extremely well are actually about learning how to feel uncertain and increase your capacity for that kind of distress.

So overall, I think while, of course, people might say, OK, well, have to go to a human only because I have too. they might actually go and eventually I think human relationships are going to win out.

I just want to take a step back from AI and then I want you to lean more towards your clinic. You're about to start the clinic in a very interesting time.

So what was the conversation that you had with yourself before making this shift? It was a great set of questions, too. I think I'm still asking a lot of them.

The questions I had to ask myself actually had and also what I can bring on top of what, I think, families need. It was first driven by families' needs from what i had seen in my career thus far.

Then it was about what could bring because that's the beginning of scaling, right? You're just one person in a business and you have to see what you can actually translate into an actual business product.

And then, of course, i wanted to how I could use technology because a lot of my colleagues with all this technology advancing, we're using technology in some ways to enhance what they were doing.

So I think I'll answer all three and I will start with what the families need. Across my career so far, I've seen I mean hundreds, maybe a thousand kids at this point and their parents and even young adults as well.

And what I have seen a lot of times is there's just some kind of, let's call it distress or set of thoughts or emotions or feelings in their body that are stopping them when they want to do something that they really want do.

Now, when their children, there's a lot in the environment that parents and children aren't aware of that is usually making a problem behavior stay or stopping a problems behavior from ending.

Right. So I've seen that we often really want to just enhance relationships between parents and children, and if not even young adults or adults with their loved ones.

We're really trying to see almost like that family unit or like, that home unit, far beyond family structure. Even if it's an adult with roommates, right?

What about their environment is reinforcing a behavior that they don't want or that's not working for them. So I'm seeing a lot that across cases, no matter what the problem, that they often need to enhance their own connections with other people and they have to increase their awareness of how much their feelings or thoughts or just the way that are influences them in a way they don't want.

It got me thinking about how, for example, I really want to influence the environment And then I think relationships can do that, especially with younger children.

I mean, you can't change a child without changing parents. They're just so connected already in that sense, and also it's even a matter of environment.

A lot of times people are uncomfortable and then just kind of shift toward comfort, even if it is not very conscious, not really working for them. So to answer your question, I had to ask myself questions like, in what ways can I ethically and responsibly work with a and then also work with parents or vice versa.

Making sure the lines of communication are what they have to be. In other words, ethically, like sharing information responsibly across the family. I had to ask myself if I could try to become more like a family companion because I'm really much more of an advocate of how the environment is for a given person, whether it's the parent, the child, young adult, even someone who lives alone.

It's like, what about your surroundings? Changes how you behave. So as a business owner now, I had to think, well, can I try to have a model where I first pilot it, but overall just say to a family, hey, sometimes I'll chat with parents.

Sometimes I will chat you as the child or young adult or your roommates, what have you. And I just kind of be an advocate for what's around you to be your coach to help you change your behavior.

So I want to try and find a way to make that more into a initiative, if you will, because it does start with just individual sessions. But I know that I want that to inform what I do moving forward.

So like I said, there's that what people need, what the families need. And there is also that like technology question. I wanna talk about that because I'm at a really interesting spot in my career.

you know, seven years out from my graduation, five years, out for my licensure. And for AI, just to go back to it real

quick, sorry. For AI to be as big as it is and cheap and available as is, and I think quite good at this point, depending on what you're looking for, you have to make really careful choices as a practitioner and a business owner.

You have ask yourself, am I going to use this for efficiency? And to what degree? You know? I found myself using it for, let's say, speed. So let say I want to create a handout about a particular diagnosis and I wanna family to have it.

I might say can you please generate this for me, but I'm very careful to make sure that what's on there is factual based on what I would put on the paper if I had the time.

As a business owner, I've had to think how can I make that really like human family relationship centered thing and environment thing into more of a product beyond just sessions, which I'm working on for sure.

And then also, I really just wanted technology to help enhance what I do. I'll use it for flyers for marketing. Um, i'll, use for trying to, help track some of my finances.

i'm trying, to have it take some, of the time out of, my day, but there are some things I won't use technology for too. Like I will not use, it, for charting.

I mean, I understand it can probably work. A lot of people are using it. All my colleagues are losing it as of right now. I just want to bring still that human approach to the writing and just I can't right.

Now let go and let AI help generate my note for me. You know, i'd rather still be the person thinking, OK, what clinical skill did we use today from my perspective as the therapist?

So you define your nation and the USP as the family companion therapist rather than the individual therapist. That's where the group of people comes into the play and then the impact of AI would be minimized compared with one-on-one in the individuals therapy.

Depending on the case, really depending on case.

Launching a family-centered private practice

I want it to be a feature as opposed to how we do everything because I really do understand there are gonna be some cases where being a family companion isn't gonna work.

A lot of times parents and children in particular are not on same page. So it's sort of like until they agree. But I do believe that extra component of saying, hey, I can hopefully see any party within your family or your environment and still advocate for change so much that it doesn't necessarily have to be that I only see you.

In other words, it can be a limitation at times where you think to yourself, I can only one party in the whole household. And it depends on the case. So yeah, depending on conversation we have, that extra feature I hope will drive change really well.

Perfect. As a business model, you are thinking about building this whole solo practice with reciprocation relationships, right? Yeah, and I think you're talking about viral, right?

Yeah. Yeah I mean, I'm really open to wherever it's gonna go. I keep saying to a lot of people like once the phone rings even more, you know, i'll make more choices based on demand.

And so to talk about referrals and to also talk, about shaping things based, on you, know what's needed out there plus the flexibility. Like I've learned a, lot about the psychology of running a psychology business.

But I'll start with the referral piece. It's so interesting to think about psychology and behavior and to be a business

owner with all this uncertainty, but then to learn some things either from help from mentors or from friends and family.

And I'm like, oh my God, there's a whole psychology to starting your business of psychology. Either way. So first about referrals, I would say I want to have reciprocal relationships and a referral source to me upon thinking about it more and more.

It really can't just be, you know, hey, what info do you have for me? I've learned going into this now as a business owner, especially you really need to think every time you approach someone, What can I bring to this person?

And that is better for relationships. It's also more about your product. And so as I'm getting around the community and also across the country learning more, about referral sources, I am coming across more awareness that It needs to be an ongoing conversation, especially for people, in my case, who are my best referral sources are assessors, you know, people who just do testing on people to figure out what is going on and to get closer to a diagnosis.

Once they have that map, they really want like the guide to help someone go on that tour. You know what I mean? And so they're my referral resources, but I learned on my first day of graduate school ever, that you can't have good treatment without good assessment.

And I feel like they inform each other through alcohol journey. So in other words, the person who's making the map for the tour has to still remain online while the persons touring and vice versa, you have to assess as you go.

You can really just say, here's what's going on and let's change. We have the measure change You know, so to answer your question, you know referral sources and reciprocal relationships are great, but they have to remain present.

So in other words, if during a case I'm doing some treatment, I want to go back to the assessor. I wanna give some updates and they even want that assesser to come in and keep doing measures on my behalf or maybe I do it as well.

As a therapist I certainly still give questionnaires to people on regular basis and things because I wanted to see if I can measure change. You know, also just to go back about the psychology, the business of psychology.

I'll keep it brief for now, but maybe we'll talk about it more. Um, I would definitely say already, and one thing a mentor of mine picked up on and helping me the first few months and weeks really was flexibility and reminding yourself that what you do on day one doesn't necessarily have to carry to day two, meaning you can always shift.

You can And that was one thing I, for some reason, just did not have naturally in my understanding when I was really starting out at the beginning. Business strategy is vital, but it's built on the foundation of clinical trust.

So I want to pivot to some of the more debated topics in the industry right now, especially as we see technology encroaching on the therapy room. So now there is a growing idea that AI feels emotionally safer to confide in than people.

As a specialist, does that mean the future of simple mental health support is the end of relationship for non-complex cases? I hear your question, right?

Because it's such a big problem out there, meaning there's so many people that may not even have, let's say, a diagnosis, but are suffering, even if it is temporary.

And again, to have something cheap, available, and smart is so great. It's almost too good to be true if you think about it. But when you really get to know some of the real applications of AI for mental health, the way that people have at least attempted to use it to this point, what you realize a lot of times is, it's gonna provide more of a temporary relief.

Like my understanding for whenever I've seen the transcripts of let's say chat GPT with, you know, with someone pretty much like in distress, I'm seeing a lot of positive regard from the AI therapist.

I have seen a lots of technical knowledge and sometimes I agree with it. Most of the time however I am also getting that the ai therapist assumes nothing is going to change.

which for people when they're distressed can obviously increase hopelessness and rigidity, you know, and that's what we really don't want in the therapy room.

So I would say a lot of times it looks like it's really available and wonderful, but to me, it sort of like the equivalent of going to a neighbor saying, I'm super upset.

What do I do when I just go calm down or take a few deep breaths, right? That would help you feel wonderful right away. And there's a value to it, but I don't find it to be a long-term solution at all.

I find that, like I said, treatment is much more about getting uncomfortable. Getting comfortable being uncomfortable, increasing your capacity. So my concern a lot of times is if it's the equivalent of someone just coming up to you and saying, you're fine, stop worrying.

you're not gonna learn how to worry. It's gonna just remove uncertainty immediately and give you relief immediately. And in treatment, I would say day to day-to-day for my cases that are really successful, that's what we're working on is decreasing crutches and decreasing ways that just take away your distress.

We wanna have distress just as much as we wanna a good time. There's actually a fancy word in one treatment manual that I use, it's called equanimity.

one of my favorite concepts in all mental health. And it's basically in my opinion, the challenge to regard everything you experience as equally valuable as everything else.

So sort of like saying if you're kind of distressed about something tomorrow, it's not necessarily a thing to avoid. It's necessarily bad to be worried.

That's how you feeling right now. So we try to increase a lot of acceptance, flexibility, not a lotta judgment, classification per se, just being in the moment and accepting how we feel.

Not approving, but accepting, right? So if I'm saying all this stuff and I am saying, hey, look, change is hard. Let's work on how can grow your capacity.

I don't sound like an AI therapist already, you know? So I can see people wanting to flock to it. It's very logical. And then that's my concern as a therapist is I live in this space of trying to normalize discomfort or change.

I wonder if it's much more human-based or relationship- based to be able to say, hey, you're uncomfortable, stay with that feeling for a bit. That's going to help you as well.

Exactly. AI cannot do, I would say the human level of empathy. I think AI is more about just the logical sequences, step one, two, three, and so on. But as a human, we add that layer of Your judgment matters a lot where AI cannot do that, at least as of today.

We never know what holds in the future. Yeah. Yeah, I've got to emphasize, too. I will take, let's say, a manual that I know and generally the order I now of treatment, and I can flip it.

of information, almost like little modules in your own mind, like a Rolodex, right? And you're going to basically go through and you are going try to pick what's going be next in each one, but also it's very not linear.

So I don't just go over one module, one model, and one modules. I often introduce them and then by, you know,

sessions later still, I'm bringing up those concepts.

Again, if I was just to go, here's the manual, which, I mean, there was time in my career where I had a manual and tried to keep it session one, session two, section three, but I quickly learned that the art of it was much more about knowing all of the things that are to know from my perspective in training and my experiences and then to bring them out as I need to.

So imagine I have a whole bag of tricks and I go now this, now, this now.

Referrals, assessment, and reciprocal relationships

This is the heart. this is really what my job is to say, hey, you are you in this moment. let's bring out this. Well, that really deep customization is a thing that so far I haven't really seen, you know, kind of any other entity but a trained human do.

You know there isn't much of a substitute for thousands of hours of seeing how it works and it doesn't work sometimes and then customizing. Yeah. So I quickly want to jump on to another topic that is widely discussed right now, which is you are a family companion therapist.

So do you believe the field currently has an overdiagnosis problem, especially when we are labeling normal child behavior as a clinical issue needing expensive treatments?

Yeah, you know, I have to say I think there's an overdiagnosis problem, and I'm starting to think more and more that the problem accounting maybe for both of those is context.

So to start with the over diagnosis concern, people just go, okay, this is happening. And usually they're also in distress about it. They're not finding that that's how they want things to be or think that they should be.

And so they're looking up the information and they are learning, okay, this sort of maybe resembles or, you know, if it was to go any longer, or if was be more extreme, it would be this problem.

But again, like I mentioned, there is a lot of certainty when you have a label. I mean, that's what a patient wants a lotta times, right? Someone who's suffering wants information that accounts for what's going on.

Hopefully it's more normalized that way. There's a path for assistance. People want relief and assistance a lot. So there can be overdiagnosis. Oh, there are some symptoms of this, and now all of a sudden my child has this or I have this.

I do see that quite a bit. I also see underdiagnosis because a lot of times some problem, one problem is misunderstood as another problem. You know, it's really interesting.

For example, somebody with a trauma background really can appear to be anxious right in front of you or inattentive, right? Like not being able to pay attention.

And so then you look at what's there and not what is in the origin and you just go, okay, that's what going on. And so it's like context is both the problem and not, you know.

More often than not the over diagnosis problem I think is much more about the context. You're not taking into account how many settings or if there's a certain thing in that environment in particular that's having those behaviors come out.

And then for under diagnosis, it is also pretty much context because there are some people who when they're assessing, they just see what's in the flash moment.

and aren't necessarily informed or trained about that there could be a whole history or if that happened prior, then

you can't say it's that problem. And without being all that vague, the idea would be, yeah, it is much more about context.

It is definitely cautioned, I think, whenever we get a chance as therapists to tell people, your child probably has or you probably have symptoms of this.

But symptoms of something don't make it a full diagnosis and you don t need full treatment either. Symptoms of Something, of course, can be impairing and usually are.

But yeah, it's not that you have to fall into a category. So I think that being able to maybe encourage people to think, oh, I have symptoms, is much more, let's say, I think it's more akin to success in how you're going to seek relief for something.

And by the way, it brings up a whole other question of things we learned in graduate school. You know, they say categorical versus continuous. So do I fit into this box or am I more like, 60% of something, you know, and there's always pros and cons of either side, but I know that more recently that the field wants to make it more of a continuous thing, right?

Oh, I have four of the nine traits of some thing versus I totally fit in this box, because that doesn't inform a treatment as well. Treatment is much more fluid than that.

Perfect. So for the parents listening, what is your single most important piece of advice on managing the chase AI use today? Yeah, also a great question too.

I want to say that it's reminding me a lot of when technology was taking off 20 years ago. Like to be totally frank, I got a cellular phone when I was 14. This was two decades ago and I've known over time, you know, have a device in my hand, kids out there have device on their hand.

It's so sophisticated, it is a window into everything else. And so I want to say that my message would parallel what's been said about devices in children's hands.

And I think I can, I want to add to it a little bit too, kind of going back to the beginning of the conversation. So firstly, it's about presence. It's, about the presence of.

The person in charge, right? Could be a parent, could be, a friend could, be someone who's just overlooking the safety of someone. And so overall, I would really want for authorities, again, parents, friends, neighbors, people who are looking out for safety, to review the content of what's going on with the AI, whatever it may be.

Not different from if, let's say, you have a 12-year-old who's texting. You want to go over that content. That device is usually the parents' device. This is a family problem, the problem of the threats that can come from technology.

You know, so we want for parents to think, okay, look, your problem is my problem. And you have a window to the world and I'm not always there. So I recommend for a parents, to normalize checking on the content of what's on a device that could have been for social media 10 years ago.

it could be for AI today. Now, the thing that's underneath all of that that I would definitely say is true, too, is going back to connections and families and presence.

Because, I mean, one thing I'd say that probably every parent I've ever worked with over now 15 years has ever wanted to do was increase their presence, with their children.

Not just in the room, not on a device, just looking at them, but presence. I mean, like really reacting to them in a moment or asking them about what they did that day, that week, or what do they think of something, their impressions of things.

That's what people really want to do. So yes, there's the checking for safety. But above all else, it's presence, right? Like if I'm even texting a friend now at this age, And I'm aware that my mom is going to probably ask me what I did that day.

You know, I am still knowing that her presence is there. So yes, the checking, but above all else, before and after any AI use, you want to try to just increase any, being in the moment with people.

Yeah, I think you're spot on with social media 10 years ago and then AI today. It's just the technology and being present with what kind of content they are searching for, what content that they're consuming.

I mean, that's most matter today than any day because I the content is more democratized today Now, in good old days, we had to go to library to get a book.

AI, empathy, and the limits of automation

And then we got now the social media where people started giving the opinions and then now we are AI where machines started getting opinions. So. Right.

Yeah. You're right. Like, you know, it's a family problem. It is not an individual problem for that. Parents should be listening and reading to whatever the content the children are consuming nowadays.

And if we went to a library back in the day and then all of a sudden we read someone's opinion in a newspaper, we knew the difference. That is something that I really empathize, I would say, with people that are young and don't have the different available, right?

They're more just I saw this, you know, and it looks just about as legitimate as another source, no matter what that is. So there's something to be said about having so much available to you, like you said, democratized.

You know it's, they don' necessarily discriminate credible sources. So then there is that a little bit of a burden I think on those people that can maybe better do it a bit better, you know, because the way that all this information became available over time taught us what was what.

you know, what the library book is versus someone's opinion as an editorial newspaper. Now it's all there, whether it is, let's say, more of a credible source or just an opinion.

And so again, there's even more an onus on the whole family to say okay, that's happening for us right now. We don't want to believe everything that we read, so we have to work together on this one.

You know especially if adults happen to be able to discriminate and say that is probably much more hearsay than something factual. It would be so great if they could pass that along.

Yeah, definitely. So on the same line, like the AI, which is helping us with basic day-to-day tasks to complex research tasks. Like, you know, recently like charge GPT and like, those tools went down because cloud fair went on for a few hours.

And then have seen a lot of people around me. They were just complaining about, no, there is no charge. GPTR. Now cloud fare went, they were worried about it.

And then, I took a step back and then I felt like, is this a cognitive pandemic that we are getting into? How is constant reliance on AI tools actually changing the human critical thinking and problem solving?

That's a great question. I mean, I think about that as a clinician because a lot of times, like I'm saying, you know, thinking about what's in this person's environment, how much is this challenge to do kind of whatever it may be?

You know? How much does someone have to kind endure either frustration or have have patience for something?

And I want to first comment on you know, that there is an expediency with AI and I wish we could just take the best of it and not suffer from any of the negatives, right?

Like that's such an idealistic idea. However, I mean, awareness is really important when you want to differentiate those things and try to take If you want to offer efficiency, you know, if you wanna just make your life easier, cut out an hour of your day, treat it like a secretary, tell it to, integrate this with this, oh, can you make me a PDF of da, da da?

I mean, it sounds so great. What I've realized for people that, you know, have in their environment, again, not different from if I met somebody from 1920 who, or 1940s who got a dishwasher.

Like, I like to take it back all the way to how technology does take out a lot of hard work or repetition or, a little bit of maybe banging your head against the wall, it doesn't make life easier, right?

By the end of the day, if that's your entire environment, over time, repetitively, you're not challenged to do something. So my only concern now, or my main concern with artificial intelligence is it can be so expedient that you won't necessarily have racked up those minutes and hours of your life having struggled.

Like, okay, so for example, is back in eighth grade, I had to write an essay. and I was looking at a blank screen and i was feeling that uncertainty. What if I don't get this done?

What If I Don't do well? what if my test or the test that I have to take after is not going to go well. what If my grade is poor or someone thinks I'm a poor writer or something like that, right?

there's a little bit of a value in having to sit with that blank page, you know? And so if, let's say, I can use some other assistant, back in the day, it was plagiarism, or, look it up to get some quick notes on it and just go do it.

Either way, it might take away from the number of seconds that you're actually in distress. It's not necessarily bad if you do wonder if your not a good writer or if we're going to make it or your grades are not going be good.

You know what I mean? So it is probably offering a lot of certainty and comfort and it may be reducing frustration, tolerance and I call it a natural approach but even that word is changing.

if it's just available for people at that time. So I'm not going to say natural, I am going say I could understand more the value as a therapist especially of not having a thing that can do something for you very quickly.

You know, there is a value of waiting and knowing it may not happen and having to dig deep and know what you can, you know your own work ethic, your capability and that could be interrupted with AI.

Yeah, on the same line, I just want to go into cognitive offloading, which is now we no longer memorize phone numbers or navigate without GPS, you know, as AI starts drafting clinical notes and then treatment plans.

Like, are we witnessing the permanent off loading of clinical intuition to an algorithm? I think it'll depend on how we continue to regard AI. And I'll give you an example.

I was at a statewide psychological association convention recently, a few months back, and I can tell you the word AI was in so many of our continuing education courses.

We want it to be part of the theme as we have our convention every two years. and, I could not even like get over how much in a day I heard AI, over and over again.

We needed to talk about it, however, you know, and I think there's much more about our own attitude toward it. What I learned years back that I still really hold true that want to repeat today is use it for efficiency and make sure you review every word of it in other words, be very clear if you're going to use or rely on it review it you try to even go double check on some things in it Use it responsibly.

Like I wouldn't say there's going to be permanent offloading. I think it's gonna be very attractive to have an off loading and to just make things easier.

But I mean, we could probably still preserve some of the positives of that. Again, call it like resilience or stick to it and this and all that like I really do think we can prevent too much offloading if we decide to have certain attitudes toward AI.

You know, again, more efficiency, um, we're checking on it more thinking, hey, look, it has its limitations. Like as a bunch of psychologists, actually hundreds of them at this convention, We were learning and making sure to like say to each other and our continuing education courses there.

It's going to regard you positively. And as therapists, you just don't do that. We don't just say you're great. Don't change. It's actually like that.

We do kind of the opposite, like I mentioned earlier, right? So the offloading is going to depend a lot on if we continue to remind each other and ourselves that it has its limitations.

Yeah. You're a therapist and then now you are a business owner. So you got in two different shoes. And then you always want to free up your clinical time because that means more productivity for you.

So what is the one tool that you're considering on an assistant to free up your clinical time? Yeah, I definitely admit I use it. I love the efficiency in a lot of ways. I know that I've used it sometimes to get more of an edge on strategies from marketing, actually.

More recently, I was looking on one way to getting my name out there more than just locally. You know, I'm going to go visit a pediatrician's office. What should I do?" And it gave me some really great ideas because it's funny how it was so clinical.

It was actual, but it let me go do something very human. I mean, already was going bring my own materials, it had a whole list of materials out there.

Even offering to give me links to order customized materials for marketing. How awesome is that? That's going save me so much time. There was even a marketing flyer that I was putting together and I, was trying to think, you know, in my practice, what could be maybe five or 10 things.

In fact, it was, a Thanksgiving theme flyers.

Overdiagnosis, context, and diagnosis nuance

So it's about a piece of pie and which piece pie fits for you. And I already had the idea of the pieces of a pie, but then I asked that GPT to actually give me, 10 skill sets and 10 types of treatment that match up.

It did that for me. I mean, I could do that. And it sort of extended my creativity. So far, I'm using it for marketing. At times, am also having it improve my workflow for the intakes that I am doing as well.

More often, it's more for for-the-marketing. And I like I learning more also about things that never knew. I mean, of course, learning about how to manage the finances of the business.

Since I was asking general questions about, you know, what if I do this or how is that taxed? And I'm not taking it as gospel. I have my own accountant.

Thank goodness, right? But I am trying to learn certain definitions through it. And what I like so far about it is it's learned, so to speak, about my practice.

So if I say something like, I had to create a 100-word blurb for a new website or let's say event I'm going to present

that. Can you create a hundred word blurb about emblem psychology?

It does, you know. So it's sort of gotten to know me like a good friend in a way. But of course I have to review every word of it and edit it the way that I would like it to be.

I mean, I'll use it for efficiency or to learn some basic definitions. And I've liked using it per marketing in these more informal ways because, hey, Yeah, yeah, definitely.

I know because, you know, I'm on the other side, learning the marketing team and then helping the doctors with their marketing. We get all kinds of questions every day, like sending big lists from Chad GPT and Jim and I, asking us to verify the claims or the recommendations.

Nowadays, it is a hectic task for us because these tools can generate tens of pages of content and then we have to go through every single word, make sure it's aligned with the strategy, the budgets, timelines and everything.

Right, it's like cheers. Cheers to efficiency, cheers to expediency. It's great, you know? That's the only thing, right? Because we're, again, not to bring it back and kind of be a web-like.

When we are doing clinical work, often I'm meeting someone for the first time and I am saying, this is a medical appointment right now. Even if we can't look at your white blood cell count and say you have depression per se, we'd love to do that in the future.

We're still doing something very deeply impactful in your life and it's going to probably require distress and all that. So that there is something there that has made it a lot more factual and maybe even kind of appealing because it is so great for people to just get information.

I mean, there's just this really big need to recognize that if you use it for beyond efficiency and you try to really, really replace a human relationship with it, There's so many risks.

Yeah. So since we're on the marketing talks, I just want to ask you one more question. Are there any products or services you're planning to launch to scale your practice?

Definitely. It's interesting how I was even, you know, thinking about this maybe even like two years ago, long before I had moved on to trying to start my own practice.

it's on my mind all the time and also it morphs all time. The same way that we've been talking about how we want something, let's say cheap and available, we also want high quality.

And we want to enhance relationships, right? We want enhance the environment in some way. Now, I see a lot of times that parents are leaders or want them to be leaders.

And I want then to pretty much be the environmental change the environments so much because they can. I mean, that's one of the coolest parts about working with families is there can be certain allies to treat that depending on the case, but usually they're allies and they could influence the So to answer your question, I keep thinking in many different ways about some kind of either workbook or treatment companion tool of some sort.

I really would like for people to have a really cheap and available set of ideas that if they go through them, really flexibly can be applied to what they need.

And at first, me with my training, I think that I'm a good start with saying, hey, that concept fits for you right now. But if I ever could find a way to be automated or make a set of principles Apply one at a time for what someone's going through meaning if I could ever create a bunch of if then type of contingencies within a system that way someone can not only just read a Bunch of concepts and just guess on which one applies but rather put in a problem Maybe and then like this the program may be like spits out.

Here's a concept that can help you You know, like there I just I have a really idealistic idea of trying to make it a little interactive but more monitored by people who know evidence-based work, almost as if like there was a little either website or app where somebody puts in a problem question, particularly about let's say parenting or childhood issues, but then there's someone overlooking how it's giving some advice.

So there is always going to be concepts out there. We want to apply the concepts like a treatment therapist does, But there has to more of a human part of it.

I would not want that kind of product at all to just be in the hands of someone. oversee what's going on. In fact, maybe a few years back, I happened to learn of an app that did this more for eating disorders.

And it was great. It was one where the patient could take a photo of the food immediately and then the dietitian could go over it at the end of day and even like chat with them and encourage them, and stuff like that.

So I know stuff If I'm talking to you broadly, that's for some therapy that is being developed for sure. It's there for eating disorders. I've seen it for other issues like anxiety and depression.

But yeah, to answer your question, I really would still want to have my own take on a set of concepts. Again, a workbook or a small little library of really powerful concepts, I think, can change the way parents think so that the environments for their families are a lot more conducive to reducing those problem behaviors.

That's really a good thought, and then I that can become a very good lead magnet for you instead of just giving it away for free. Just trade that for the information.

What we call that is the first-party information, just the email phone number. So that helps with your marketing in a long run. Yeah, I mean, now if even it wasn't even about marketing and someone coming to me, it still does what I would want it to do.

I really still would love to spread some messages out there, you know, to families. a thing that they do or how they react can contribute to a behavior.

Again, not to say that's even like fault. I think there's so much less consciousness in our behavior than we all really know. And until let's say someone can learn more about these behavioral principles, you know, They're pretty much scientific now, I would say they're scientific, but they don't know how much those things play a role in their day-to-day lives.

Parents, AI use, and digital presence

So yes, for marketing, and then I'd say much far beyond marketing and a P&L sheet and everything, like I really would wish that there was some kind of product beyond just going to the bookstore and picking up a book, which I think takes a lot of effort, meaning to read the whole thing.

I just really want there to be something accessible. to a large number of people that just, again, helps people feel more in command of what they're doing in the environments, right?

If it's an adult for his own environment, if it is a parent for a child's environment. If its a young person, like a kid, who just learns much more about how objective some disorders can be or how much they belong with other people that have these same kind of problems.

Again, maybe not even the full diagnosis, just 40% of a diagnosis continuously. So I really overall want people to feel a lot less alone and lost and a little more in command of what they're experiencing.

That's the best way of marketing by constructing the activities of the marketing with purpose. That gives no deep meaning to whatever you are doing. So, nothing else can wait.

Even the virality cannot wait whenever you consciously put purpose to your marketing activities. Is there anything else that I haven't asked you that you want to share with our audience?

I'll also say a great question. So we are talking about AI, and it's a friend that we're all very cautious about. That's what I'm understanding whenever that gets brought in.

It's about remaining responsible people, I guess, like me, especially when they were educated at a time where AI wasn't really readily available. It's remaining very aware of the ways it can steer us away from ethics and away form evidence-based treatment.

So there's that AI conversation, right? Other than that, I definitely would want to add that Treatment has to have good clinical judgment it has two be with someone who's a really experienced coach it's as much how it not gonna work or hasn't worked as it is what has worked maybe i can even say it almost like me taking the card mechanic.

Or like I can ask chat GPT, you know, what's going on and get my answer, but it's not the same as somebody with, 20 years experience who saw this kind of car and saw what didn't work or what does work, right?

It's, it. You know that human part of training is so much more about. what could go wrong and how you recover from it. There's a lot more about resilience and pivoting and flexibility in these systems than it appears.

So I can certainly see how, again, it's so appealing to get relief right away or to consult a factual resource. And then it's just not going to be that long-term solution.

So I think that's the one takeaway is, you know, technology or temporary resources are so great for the day. But I don't think they're going be as helpful to help really generalize what I help, what people need a lot.

They need to respond differently to what they usually respond to in a certain way. And they have to get uncomfortable and change routine. their brain to readapt to things, which means they have to be exposed to the things that are difficult.

So we are often looking for comfort and ease. And the moment that I can often coach people to change their philosophy and go, look, maybe discomfort isn't necessarily bad.

Maybe I could do discomfort for a little longer. All of a sudden, that's sort of like another vitamin in their diet that they haven't consumed, right?

They benefit from that variety. Yeah, overall, getting away more from AI and going just toward like what I really would want to just say, I'd say that like there's a lot of error, human connection, judgment, and comfort with discomfort that is so necessary for change that ends up being really successful for those once they really embrace those things.

Wow, that's a really good takeaway. So since you said vitamins, I just want to ask you one more question. Not related to vitamins. It was more on the sleep side.

Like, you know, people who are suffering from chronic anxiety issues, like, they get into the panic attacks or the anxiety attacks. What is the one advice that you give them before they go to bed?

There's so many different ways to address that because there's many iterations of anxiety that could be going on. There could future-oriented worry, there could past things, memories that are reoccurring to them, biological reasons why they're not sleeping very well.

It's really hard to give one type of blanket advice. I just want to add one more point there. I'm not asking you to give a tip to sleep better, I am asking maybe an affirmation that they can say before going to bed because sleep obviously heals a person.

So, what would be a routine or what could be another self-talk or whatever it is that one can do as a route before bed. So I mean, I'm already thinking about the more clinical take on that, which is sleep hygiene.

There's lots of, you know, handouts out there. I know I send one out, things like that. And that's going to have your more, let's call it more critical advice, like fewer screens before going not associating your bed with activity, trying to keep your beds just for your bad, maybe even reducing naps in the day so you can like actually save up your fatigue and save it for when you want to actually go to sleep.

So there's some environmental things you could use. It's called stimulus control, right? Like you make it so that you create an environment for sleep, there is a clinical aspect there.

Another clinical aspects that probably isn't as much on the nose is where I was going to go with that. While it's extremely unpleasant to not sleep when you want to, what I'm noticing for a lot of people is that there's a logic in it, which is, you know, I am not sleeping.

This is bad. Let me just sleep, right? And I get that. Like I really do understand that insomnia is terrible. Not sleeping is Bringing it back to that equanimity idea though, I mean, if you can't, or if there's something that's in the moment not fully, fully under your control, can you challenge yourself to maybe think, okay, i'm not sleeping.

Does it have to be a bad thing? Can I just sort of be in this moment as well? If I don't like this feeling, Can i keep, keep feeling it a little bit longer?

Scaling with tools, products, and sleep guidance

I, mean just for those people I think that of course are having a tough time, but are using that logic which is, That's where I would want to maybe say to them, okay, can you challenge yourself to regard it more neutrally, even for a few more minutes, you know, almost like a, if someone said count sheep, which I know sounds kind of silly, right?

It's more about you regarding it, it's about saying, well maybe I can't sleep right now and maybe i can just rest right. Now like there's really just not as much relief but more acceptance of how you feel in that moment being really mindful that no you don't approve of it and it's a moment that's going to last as long as it is going.

To last so yeah there is sleep hygiene and people I love for them to go look it up just to get some ideas and what that is and there are also again that mindfulness aspect like if you really don t like how can you be in that moment a little bit longer?

Can you challenge yourself to say this isn't necessarily a bad thing? Take away the label from it. You know, I think that fuels the distress so much more.

And so to kind of challenge your self to keep it more neutral, hopefully, can just make it so you can be the moment more That's a good advice. The sleep hygiene part is really, that's the.

Now anyone listening to this, just go to Google. Yeah, check that out. Yeah, sleep hiding is the term and stimulus control is that the technical term as well.

Mindfulness, I really do appreciate as long as, you know, it's taken in small strides and all that. You need some help to really learn mindfulness. But yes, yeah, we do it, but be careful.

Know that it is not the be all and end all of the information. There is a lot more help out there. Yeah, yeah, just be cognitive about your cognitive thinking whenever you are thinking with any tool.

Right. It is not just a search like Google search. it is more of a conversation with these tools. And it goes on and on. So definitely, Dr. Bikor, this has been an incredibly honest look at where the therapy as an industry is heading.

Thank you for not shying away from the uncomfortable parts of Now, over-diagnosing are the under- diagnosing

parts of the business. So, where can people find you and learn more about your work?

Yeah, so by the way, we could be here all day talking about overdiagnosis and underdignosis. I mean, I think it's fascinating. It's super important to think about.

And just a little bit of a side note, too, myself might be on social media, look at Reels and be very attracted to it and want to believe it. That might shape how I'd think for like a day, but I have to be aware that that's just someone's take on something.

But certainly, yes, you can find more at my website. It's www.emblempsych.com. So again, emblempsyche. com. Maybe we can provide like a little link after or wherever we post this and everything.

And on social media as well. I mean, so we're on Facebook and Instagram, Emblem Psychology and Consulting. And then our email, it's info at emblempsych.com.

We'd love to get more traction, create more conversations. Please just reach out. It's just so exciting to. Get more attraction out of this venue and things.

So it was just, I means, more than my pleasure to hear, you know, if people wanted to talk more about these topics, that would be wonderful. So do you provide online consultations as well, along with inversion?

Yeah, so actually we're primarily online as a practice right now. And like I was saying before, you know, based on when the phone rings and who says what they need and everything, I'm kind of like ready and willing to start to shift for what I think people need as they're reaching me.

I mean, not totally, we have, or I have an identity with my practice, but, if let's say more people needed a lot of in-person support or let say if it was me even traveling, and doing a workshop, something like that, you know, I'm very, very willing and open to that.

And yes, consultation, sure. I mean, so if someone's unsure about whether they would be a fit for, let's say, my practice or if they're unsure, about their fit, for a certain diagnosis or health, overall, yeah, video consultations or free phone consultions just to assess fit because on both ends, of course, a patient or a therapist, there has to be mutual fit.

We have to both agree that we probably are the best fit for one another and this problem for this time, things like that. Yeah, definitely. Thank you once again, Dr.

Baker. Thanks for your time and valuable information. So we'll keep in touch. Good luck with your practice and then I hope we will do one more session in the next three months.

Oh, yeah, that'd be great. Love to give you some updates. I so appreciate the conversation.