

● WEMIND · CLINICAL AI SERIES

| A PRACTICAL GUIDE FOR CLINICIANS

Using AI in Psychotherapy

A step-by-step workflow and prompt toolkit for turning raw intake and session recordings into clear, clinically useful reports — without giving up an ounce of clinical judgment.

BASED ON THE METHOD OF

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PRESENTED BY WEMIND

From recording to report — with you in the chair

Within psychotherapeutic practice there is growing interest in using artificial intelligence for administrative, diagnostic, and substantive support. This guide shows one grounded, practical application: using AI to process intake and therapy sessions — not as a replacement for the therapist's clinical judgment, but as a tool that structures raw information so you can improve treatment.

The approach is simple and repeatable. You record a session (with clear consent), transcribe and anonymize it, then use a small set of targeted prompts to turn a messy transcript into a concise report, a working diagnostic hypothesis, and a proposed treatment plan. Every output is a **draft** that you review, correct, and sign off on.

WHAT YOU GET IN THIS GUIDE

A twelve-step workflow, a consent script you can read to clients, and **three copy-and-paste prompts** — for the intake report, a deeper diagnostic analysis using structured instruments, and the therapy-session report. Each prompt is annotated so you can adapt it to your own practice and protocols in minutes.

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01. The core principle

AI can help you organize, formulate, and reflect. It cannot assume professional responsibility. That single distinction governs everything that follows.

Used well, AI structures the raw material of a session — the digressions, the half-finished sentences, the details that arrive out of order — into something you can actually work with. Used carelessly, it invents, over-diagnoses, and buries the clinical thread. The difference is not the tool. It is the discipline you bring to it.

Fast

Minutes, not hours, to a first structured draft.

Structured

Consistent headings and logic across every report.

Consistent

The same rigor applied to every client, every time.

Three commitments that make it responsible

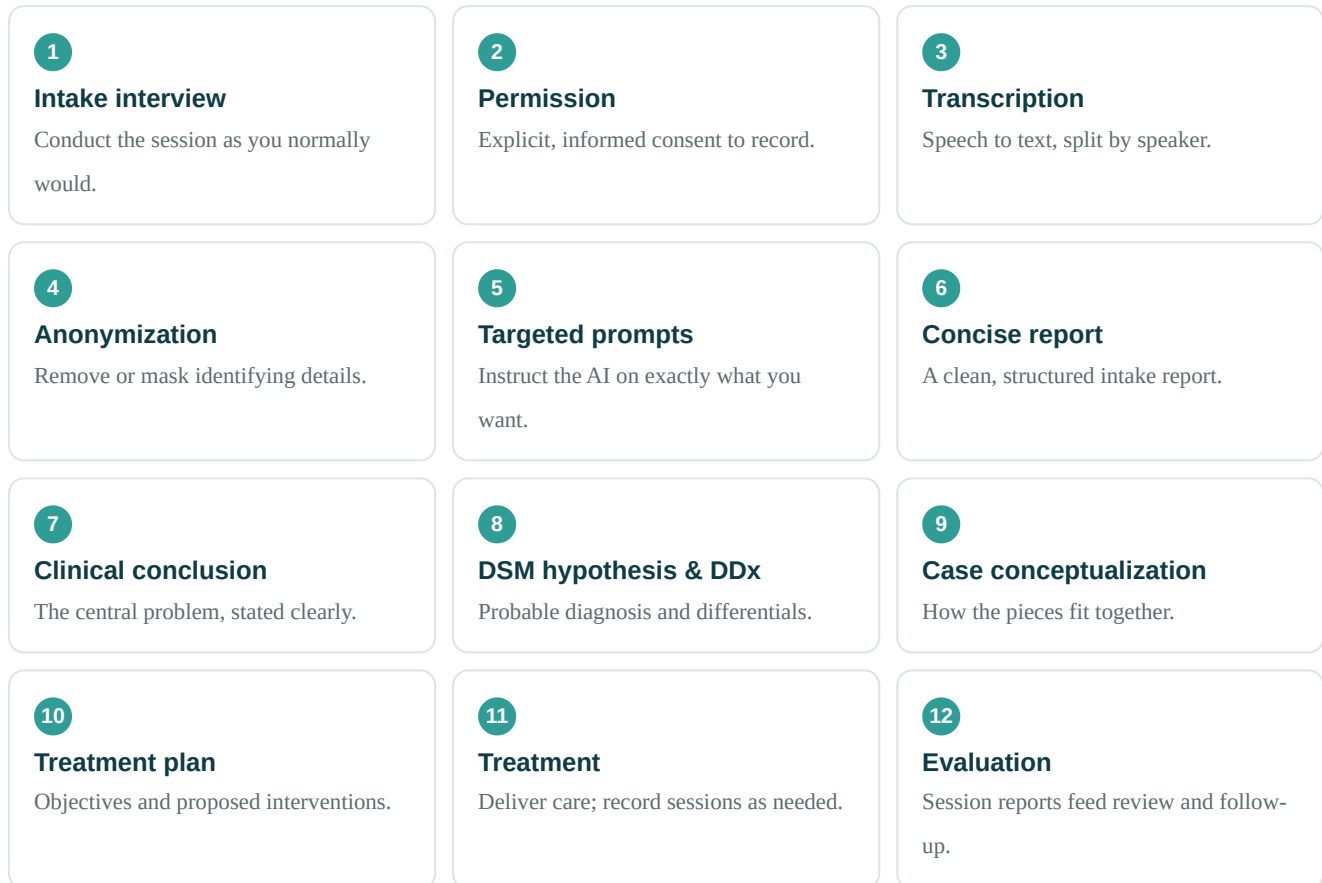
- **Human oversight remains essential.** The therapist stays ultimately responsible for interpretation, diagnosis, reporting, and treatment. The AI proposes; you dispose.
- **Every output is a draft.** You correct errors, remove speculative passages, nuance diagnoses, add your own observations, and make sure the final text matches what was actually discussed and can be clinically substantiated.
- **Privacy and security are non-negotiable.** Health data is covered by the GDPR and professional confidentiality. Consent, storage, retention, and access must all be handled deliberately (see Section 3 and Section 9).

THE ONE LINE TO REMEMBER

The therapist remains the owner of the clinical process. AI assists with organization, formulation, and reflection — never with assuming professional responsibility.

02. The workflow at a glance

The full process, from the first intake conversation to evaluation. Steps 5–10 are where the prompts in this guide do their work.



READ THIS AS A LOOP, NOT A LINE

Intake feeds diagnosis; diagnosis feeds the treatment plan; each treatment session produces a report that feeds evaluation and the next steps. The same recording-and-prompting discipline applies at both the intake and the session stage.

03. Before you record — consent & privacy

Nothing else in this workflow happens until you have clear, informed permission to record. Ask for it explicitly, and explain what the recording is for.

WHAT THE CLIENT NEEDS TO HEAR

- **What happens** to the recording — that it is transcribed and used to help prepare their report.
- **Where it is stored** — the system or location, and that it is secured.
- **How long** it is kept, and when it is deleted.
- **Who has access** to it — and that access is limited.

CONSENT SCRIPT — ADAPT TO YOUR OWN WORDS

"With your permission, I'd like to record our conversation today. I use the recording only to help me prepare a clear written report of our session — it saves me time on notes so I can give you more of my attention. The recording is stored securely, it's kept only as long as I need it and then deleted, and no one outside your care has access to it. You can say no, and you can ask me to stop at any point. Is it alright with you if I record?"

Tip: record the moment of consent itself, or note it in the file. If the client declines, the rest of the workflow still applies — you simply work from your own contemporaneous notes instead of a transcript.

04. Recording, transcription & anonymization

The goal of this stage is a clean, speaker-separated, de-identified transcript that you can safely hand to an AI assistant.

Three things a good transcription setup gives you

- **Speaker separation.** The transcript is broken down by speaker — therapist and client — so the AI can follow who said what.
- **A copy you control.** You can copy or download the transcript to a file, ready to paste into your prompt.
- **Room to anonymize.** Before prompting, remove or mask names, places, and other identifying details. Refer to the client as "client X" and strip specifics that aren't clinically necessary.

A NOTE ON TOOLS

You can use a range of tools for recording, transcription, note-taking, and summarization. In the original demonstration of this method, **WeMind** was used to record the intake, generate a speaker-separated transcript, and prompt for the output. Whichever tool you choose, confirm it meets your privacy and security obligations before any client data goes near it.

Expect the raw transcript to be rough — overlapping speech, filler, tangents, and the occasional mis-hearing. That is normal, and it is exactly what the next step is designed to clean up.

05. The intake report & diagnosis

This is the workhorse prompt. It takes a rough intake transcript and returns a clean, structured report plus a working DSM-5 diagnosis and differential.

PROMPT — INTAKE REPORT

[COPY & PASTE](#)

I have a rough transcript of a therapy intake that needs to be cleaned up and processed into a clear report.

- Remove unnecessary details, structure the content, and write a clear report of approximately 2,000 words.
- Formulate a probable diagnosis and differential diagnosis based on DSM-5.

Transcript:

[paste the anonymized, speaker-separated transcript here]

Adjust the highlighted parts: change the word count to suit the report you need, and name your classification system if it isn't DSM-5 (e.g. ICD-11).

WHAT GOOD OUTPUT LOOKS LIKE

A STRUCTURED INTAKE REPORT

1. **Introduction** — who the client is and the central complaints, in a few lines.
2. **Background & life history** — the AI divides the narrative into logical chapters itself (e.g. childhood, family dynamics, formative experiences, adult relationships, social history).
3. **Central problem statement** — the core clinical picture, distilled.
4. **Probable diagnosis (DSM-5)** — a primary hypothesis, a secondary consideration, and a stated differential.

WHY IT WORKS

A single, specific instruction — clean it up, structure it, hold it to a length, and commit to a diagnostic framework — is enough to turn pages of transcript into a report you can edit rather than write from scratch. You supply the clinical judgment; the AI supplies the first structured draft.

06. A deeper diagnostic analysis

When you want more than a first-pass hypothesis, feed the AI a structured instrument alongside the transcript and ask it to reason against specific criteria.

You can enrich the assistant with additional material — the items of existing questionnaires, diagnostic instruments, and structured interviews. In the original demonstration, a standardized interview for the diagnosis of personality disorders (the SCID) was used.

PROMPT — STRUCTURED DIAGNOSTIC ANALYSIS

[COPY & PASTE](#)

I had an intake with a client (see rough transcript) and, based on the attached questions from the SCID, I would like an analysis of their issues, a DSM diagnosis based on the SCID, and a differential diagnosis.

Transcript:

[paste the anonymized transcript here]

Instrument / criteria:

[paste the items or criteria of your chosen instrument here]

Swap in any instrument you're licensed to use. The pattern is the same: give it the transcript, give it the criteria, and ask it to map one onto the other.

WHAT GOOD OUTPUT LOOKS LIKE

1. **Core of the problem** — a sharpened formulation of the central complaint, distinct from the presenting one.
2. **Criterion-by-criterion analysis** — how the transcript maps onto each criterion of the instrument, with the criteria it judges present.
3. **Differential overview** — the traits of the other candidate disorders assessed and compared.

READ THE AI'S OWN CAVEAT — AND MEAN IT

This is an **inference based on available material, not a formally administered instrument**. A formal classification requires systematic follow-up questioning and scoring on each criterion, done by you. Treat the analysis as a structured second opinion that tells you where to look — never as a completed assessment.

07. From diagnosis to treatment plan

With the report and diagnosis in hand, ask the AI to propose a treatment plan — objectives first, then interventions mapped to the core problems.

PROMPT — PROPOSED TREATMENT PLAN

[COPY & PASTE](#)

Based on the intake report and diagnosis above, propose a treatment plan. Include:

- Clear objectives (what treatment should achieve).
- The proposed approach and interventions, mapped to the client's core problems and traumas.
- Expected results.

Where relevant, focus on **EMDR therapy** and name the specific techniques and targets you would prioritize.

WHAT A GOOD PLAN CONTAINS

- **Objectives** — e.g. reducing a specific fear, improving self-acceptance and self-image, processing formative traumatic experiences, learning to form healthy relationships.
- **Interventions mapped to targets** — core traumas and adverse childhood events identified as EMDR targets, plus practical techniques (for example, a flashforward technique for anticipatory fear), psychoeducation, and skills work.
- **Expected results** — the symptom reduction and functional gains the plan is aiming for, stated plainly.

YOUR JUDGMENT LEADS HERE MOST OF ALL

A proposed plan is a starting point for your clinical reasoning, not a prescription. Keep what fits the client in front of you, discard what doesn't, and make sure the indication for every intervention is one you can defend.

08. The therapy-session report

Session reports are different from intake reports: the point is to preserve the therapeutic narrative — targets, interventions, and shifts — not just the facts. This prompt is built for that.

PROMPT — THERAPY-SESSION REPORT

[COPY & PASTE](#)

I have a rough transcript of an **EMDR 2.0** therapy session with a client that needs to be cleaned up and processed into a clear, clinically readable report, while maintaining the therapeutic narrative.

- Omit personal background and transcription noise, remove unnecessary details, and structure the content.
- Use the following outline: current situation, targets, interventions, effects, conclusion, and homework.
- Write a clear therapy report of approximately **2,000** words.

Transcript:

[paste the anonymized, speaker-separated transcript here]

Make the outline yours. The headings above suit an EMDR session; swap in the structure your modality and record-keeping standards require.

WHAT GOOD OUTPUT LOOKS LIKE

1. **Introduction** — the client's context and the aim of this session.
2. **Goals of the session** — the specific targets to be worked on.
3. **Course of the session** — each target in turn, with the images, beliefs, and (for EMDR) SUD levels, and how they shifted during processing.
4. **Results** — tension reduction, strengthened beliefs, changes in self-image.
5. **Reflection & follow-up** — what to address next.
6. **Conclusion** — the session's overall contribution to the client's process.

EXPECT A ROUGH TRANSCRIPT — AND EDIT THE RESULT

Session transcripts are especially noisy: bilateral-stimulation cues, long pauses, and half-sentences all land in the raw text. The prompt is designed to look past that, but the draft it returns still needs your eye to confirm that targets, SUD ratings, and shifts match what actually happened in the room.

09. The golden rules

The core of responsible AI use in therapy is that the therapist remains the owner of the clinical process. AI can assist with organization, formulation, and reflection — but not with assuming professional responsibility.

Always view AI output as a draft.

Every draft, before it becomes a record

- **Correct errors** — mis-heard words, wrong dates, misattributed statements.
- **Remove speculative passages** — anything the AI asserts that isn't grounded in what was said.
- **Nuance diagnoses** — hold hypotheses as hypotheses; downgrade overconfident labels.
- **Add your own observations** — the clinical read only you have.
- **Confirm fidelity** — make sure the final text corresponds to what was actually discussed and can be clinically substantiated.

Handling highly sensitive information

This work involves some of the most sensitive information there is. The therapist must ensure that all of the following are properly managed:

- **Privacy & confidentiality** — health data falls under the GDPR and professional confidentiality.
- **Security** — recordings and transcripts stored and transmitted safely.
- **Transparency & consent** — the client knows and agrees to how their data is used.
- **Professional responsibility** — the final clinical record, and every decision in it, is yours.

IN ONE SENTENCE

AI gives you a faster, more consistent starting point; you give it clinical truth, judgment, and accountability — and that division of labor is what makes it safe to use.

KEEP THIS BESIDE YOU

The one-page practice checklist

The whole workflow, condensed. Print it and tick your way through each session.

- ☐ **1 • Ask permission.** Explain what happens to the recording, where it's stored, how long, and who can access it. Get an explicit yes.
- ☐ **2 • Record the session.** Use a tool that meets your privacy and security obligations.
- ☐ **3 • Transcribe, split by speaker.** Produce a therapist/client transcript you can copy or download.
- ☐ **4 • Anonymize.** Mask names, places, and any identifying detail that isn't clinically necessary.
- ☐ **5 • Run Prompt 1 — intake report.** Clean, structure, ~2,000 words, plus a DSM-5 diagnosis and differential.
- ☐ **6 • Optional: Prompt 2 — deeper analysis.** Add a structured instrument (e.g. SCID) and map criteria to the transcript.
- ☐ **7 • Propose a treatment plan.** Objectives, interventions mapped to core problems, expected results.
- ☐ **8 • Run Prompt 3 — session report.** Preserve the therapeutic narrative; use your modality's outline.
- ☐ **9 • Edit every draft.** Correct errors, cut speculation, nuance diagnoses, add your observations, confirm fidelity.
- ☐ **10 • You sign it off.** The clinical record — and the responsibility for it — is yours.

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This is the method. Next comes the practice.

This guide sets out the approach demonstrated by Prof. Ad de Jongh, Ph.D. — a leading authority on EMDR and trauma treatment — for using AI to support intake and session reporting. The prompts are yours to adapt; the judgment is yours to keep.

Presented by WeMind. For clinical professionals. AI output is always a draft to be reviewed and substantiated by the treating therapist. Handle all client data in line with the GDPR and your professional obligations.