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COUNSELLORS
AUSTRALIA**

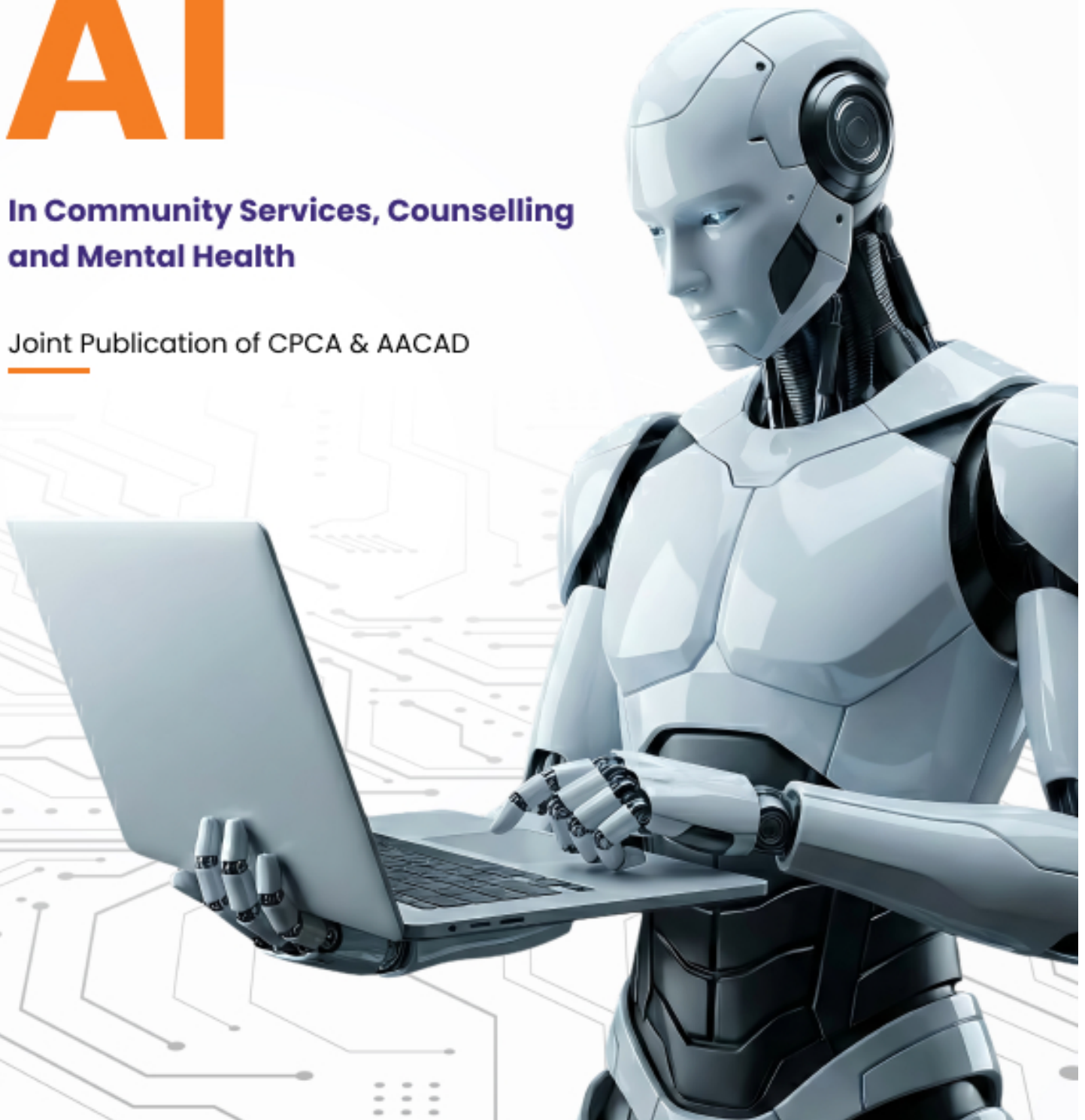


AACAD

The Impact of **AI**

**In Community Services, Counselling
and Mental Health**

Joint Publication of CPCA & AACAD



Welcome

President's Message

"AI is not replacing human connection. It is reshaping how we deliver it."

Mark Cresswell

Welcome to the 2026 Winter Journal. This Edition is titled **The Impact of AI in Community Services, Counselling and Mental Health**. A joint publication of Certified Practising Counsellors Australia (**CPCA**) and the Australian Association of Community, Aged Care and Disability Workers (**AACAD**).

As we navigate an era of rapid technological advancement, artificial intelligence is no longer a distant concept. It is actively **transforming the way we work**, connect, and deliver care.

I would like to take this opportunity to Welcome **Luis de Valle**. Luis comes to the Board as a counsellor representing the members (that's you 😊). Luis has a wide range of experience and a genuine desire to help members and grow CPCA in representing all Counsellors and their wide experiences that lead to the counselling field. I, along with other Board Members are available for open discussion and dialogue.

Remember, we are only as strong as you make us.

Luis has an insightful article regarding "**National Standards**". In order to continue the conversation, it is included as a "**Featured Article**" at the end of our Journal. I encourage you to engage with the content of this article. We welcome your thoughts and feedback.

-Mark Cresswell, CPCA President.



The Human Element in the Age of AI: Reflections from a Counselling Educator



Aaron Barton

AI can imitate the language of emotional intelligence without necessarily cultivating emotional intelligence itself.

Over the past two years, I have observed a significant shift in how students, educators, and practitioners engage with learning, reflection, and therapeutic work due to the rapid emergence of artificial intelligence (AI). Working within counselling education, I have seen both the promise and the complexity of integrating AI into emotionally sensitive human services environments.



Initially, I viewed AI with caution. Counselling is fundamentally relational.

Presence, attunement, silence, empathy and the therapeutic alliance cannot simply be replicated by technology. Yet over time, I noticed that AI was not necessarily replacing these elements but instead reshaping how people prepare for, process and support therapeutic work.

One of my earliest observations came through teaching Diploma of Counselling students. Many students were anxious about academic writing, case conceptualisation and understanding counselling theories. Some students had not studied in decades, while others came from culturally and linguistically diverse backgrounds and struggled with confidence. AI tools began appearing quietly in the background of student learning. Initially, educators feared widespread academic misconduct, but the reality proved more nuanced.

Several students disclosed that they were using AI not to cheat, but to help them

understand concepts they found overwhelming. Students described asking AI to explain attachment theory in simpler language, generate examples of reflective listening or help structure case notes. For some, AI reduced shame. Instead of feeling “stupid” asking repetitive questions in class, they could privately explore ideas until they felt confident enough to engage.

At the same time, this created ethical tension. I noticed some students beginning to outsource reflection itself. Counselling education is not solely about producing correct answers; it involves developing self-awareness, emotional insight and therapeutic presence. When AI generated highly polished reflections, it sometimes became evident that the writing exceeded the student’s actual integration of the material. The words sounded empathic, but the depth underneath them was occasionally missing.

This highlighted an important concern: AI can imitate the language of emotional intelligence without necessarily cultivating emotional intelligence itself.

I encountered a more personal experience with AI during my own reflective and therapeutic development. As an adoptee who has explored themes of loss, attachment and rejection, I have spent considerable time engaging in Internal Family Systems (IFS)-informed self-reflection. At times, I used AI conversationally to help organise thoughts, identify patterns or explore emotional language when journalling felt difficult.

What surprised me was not that AI “understood” me, but that it sometimes created enough psychological space for me to slow down and think more deeply. The interaction functioned less like therapy and more like a reflective mirror. It helped externalise thoughts that previously felt chaotic or overwhelming.

However, there were limits that became increasingly clear. AI could generate validating responses almost endlessly, but validation without genuine relational accountability can become emotionally hollow over time. Human therapists bring embodiment, ethical responsibility, intuition, lived relational presence, and the ability to tolerate complexity and ambiguity alongside another person. AI may simulate empathy linguistically, but it does not experience empathy.



Abe Johnson

AI cannot replicate what they bring, not because the technology isn't sophisticated, but because what clients most need isn't information or efficiency.

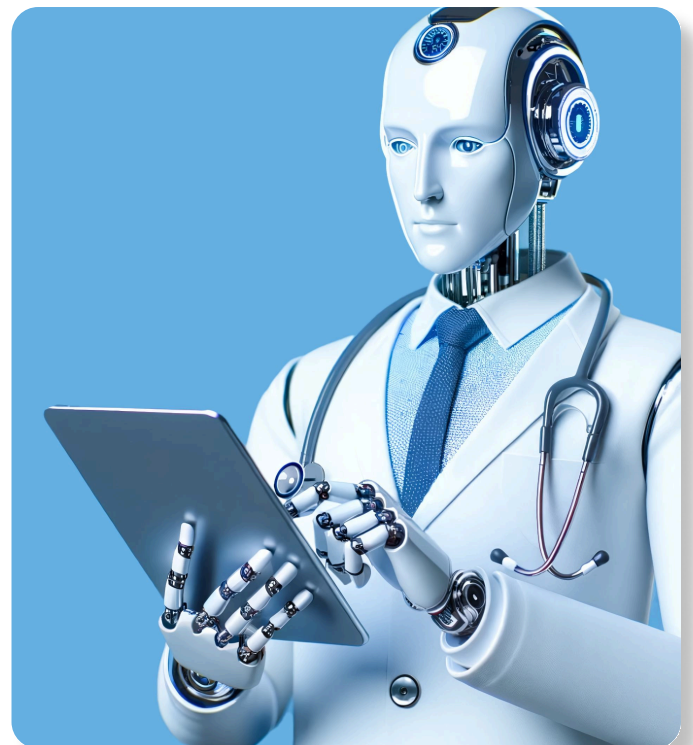
It's 5pm. A worker walks in with an expired health form and something in me deflates.

This wasn't what I came for.

I moved into the community sector the way most people do, believing in it. I'd spent years in not for profit work and when my family started growing, I wanted something that felt grounded. A role with real human stakes. The organisation sold it well, this place was to be about presence, connection, the privilege of walking alongside people at their most vulnerable.

I arrived with genuine anticipation.

What followed was a slow drift toward something nobody names when they're recruiting you. Not burnout exactly, more like submersion. The work didn't disappear, instead it transformed. Every week the administration load arrived like water rising and every week I found a new way to bail it out, and every Monday a new bucket arrived at my door. Compliance cycles. Expiring forms. Reporting frameworks that measured everything except what mattered. I started asking whether I was doing the work I'd come to do and the reality was, rarely.



I wasn't alone in this. The community sector is haemorrhaging exactly the people it needs most, those motivated by empathy and human connection, not personal gain,

who discover the role has quietly become something else entirely. This is the sector's quiet crisis, less visible than funding gaps but just as damaging.

Into this gap, AI arrived. And I understand the appeal. When an LLM can read emails, populate forms, and generate documentation in seconds, the economics seem obvious, especially to boards watching budgets and looking for relief. A subscription is easier to justify than a salary. AI doesn't take sick leave or raise concerns at staff meetings. The pitch was compelling, and executives queued to board the train.

But I watched what happened when the train left the station.

In my second year, a redundancy removed the person who had coordinated activity schedules across our sites for over twenty years. Her institutional knowledge, her relationships with clients, her understanding of what worked was gone with nothing more than a poorly attended thank you lunch. The responsibility then landed on the managers. At the same time, we were told to lean into AI wherever we could to manage the rising workload. Other departments followed the same logic. Marketing contracted, administration deflected more onto sites, financial teams sent vague AI drafted emails that nobody could act on. The response to being under-resourced was to deploy a tool that created an illusion of capacity.

The result wasn't efficient. It was a lack of presence, which is what happens when human attention is replaced, rather than supported, by automation. Our clients became simultaneously more isolated and more poorly served. Their schedules grew chaotic. The practitioners who remained were too task-saturated to sit with the unexpected, to notice what wasn't being said, to adapt when something went sideways. The complex, high-emotion work, the work that actually requires a human being in the room, kept getting pushed to the margins because the administrative machinery demanded to be fed first.

This is the distinction the sector is getting wrong. **There's a version of AI use that genuinely serves community work, and there's a version that merely justifies reducing headcount.** The difference is whether the technology returns time to the practitioner or simply reallocates the work while the organisation runs leaner.

I caught a glimpse of the first version in my final weeks. As I prepared to leave, some of the administrative weight began shifting off me. In that space I started experimenting by working with my team to identify which tasks could be automated and which couldn't. We built a rough system that, in theory, freed around three hours a day for each team member by automating scheduling and routine documentation. We used that time to go to activities with clients. To sit with them. Not in scheduled meeting

slots, but in the ordinary, unhurried way that people actually open up.

The difference was real and immediate. Clients told us things they hadn't mentioned before. Goals surfaced that no assessment had captured. The practitioners came back to their desks differently. Not lighter exactly, but more like themselves.

A stethoscope helps you hear the heart. It doesn't care if the heart stops.

The community sector is built on people who embody its values, who've chosen it over better-paying work because something in them answers to it. AI cannot replicate what they bring, not because the technology isn't sophisticated, but because what clients most need isn't information or efficiency. It's a witness. The capacity to hear both what someone is saying and what they can't yet say. That's not a function you can automate.

What we can automate is the clutter. The scheduling, the transcription, the routine sorting that accumulates into days and weeks of practitioners sitting in front of screens instead of sitting with people. If we use AI to clear that clutter, we don't get redundancy. We get our presence back. We reclaim what the sector was built on in the first place.

The challenge is not using technology. It's whether we're honest about what we're using it for. Because there's a real difference between deploying AI to free up a practitioner's afternoon and deploying it to justify not replacing the person who just left.

One of those is a tool. The other is an excuse.



The Impact of AI in Community Services, Counselling, and Mental Health: A Practitioner's Reflection



Caroline Smith

The most important limitation is that AI does not possess clinical judgement. It does not sit with a distressed parent.

Artificial Intelligence is no longer a future concept in community services, counselling, and mental health practice. It has arrived quietly, often through tools that many practitioners use every day—report writing assistance, transcription software, information synthesis, research support, communication drafting, and clinical administration. As practitioners, we are now tasked with determining not whether AI belongs in our profession, but how it can be used ethically, safely, and effectively.

As a Positive Behaviour Support Practitioner working across disability, mental health, autism, trauma, and complex family systems, I have observed both remarkable benefits and significant limitations in the use of AI.

The greatest strength of AI in my practice has been its ability to reduce administrative burden. Community services and allied health professionals often spend hours producing reports, analysing data, documenting sessions, reviewing legislation, and communicating with multiple stakeholders. AI can assist in organising information, identifying themes, improving readability, and reducing the time spent on repetitive administrative tasks. This allows practitioners to redirect valuable time back toward direct client support.

For families navigating complex systems such as the NDIS, child protection, family law, education, and healthcare, timely documentation can make a substantial difference. AI has the potential to assist practitioners in producing clearer, more accessible reports and support plans that can be understood by both professionals and families. In this regard, AI can enhance accessibility and improve communication.

However, AI also presents significant risks.

The most important limitation is that AI does not possess clinical judgement. It does not sit with a distressed parent. It does not observe the subtle changes in a child's

presentation. It cannot recognise the emotional weight carried by a family who has spent years advocating for support. AI can analyse information, but it cannot truly understand human experience.

In behaviour support practice, context is everything. Two individuals may present with identical behaviours but require completely different supports based on trauma history, communication needs, environmental factors, cultural considerations, and personal preferences. AI may identify patterns, but it cannot replace the nuanced decision-making that emerges from professional relationships, lived experience, and human connection.

There are also ethical concerns surrounding privacy, confidentiality, informed consent, and professional accountability. Practitioners must remain responsible for every document, recommendation, and decision produced with the assistance of AI. The technology should support professional practice—not replace professional responsibility.

Perhaps the most significant question facing our professions is not whether AI can perform tasks traditionally completed by humans, but what aspects of our work should always remain human.

Community services, counselling, and mental health practice are fundamentally relational professions. Healing often occurs through connection, trust, empathy, and the experience of being genuinely understood. These are qualities that technology cannot replicate.

The future I envision is not one where AI replaces practitioners. Rather, it is one where AI becomes a tool that enhances efficiency while allowing practitioners to spend more time doing the work that matters most: listening, understanding, advocating, and supporting people through some of the most challenging moments of their lives.

The challenge for our profession is to embrace innovation without losing sight of the values that define us. As AI continues to evolve, we must ensure that technology serves humanity—not the other way around.

In the end, the human element remains our greatest therapeutic tool. AI may help us write the report, organise the data, or identify patterns, but only a person can build the trust, compassion, and understanding required to create meaningful change.



Cindy Johnson

We must remember that AI doesn't know our clients like we do, it lacks depth of understanding of clients complexity and the information it provides us is focused on recommendations (this may work that may work) AI really doesn't know.

My name is Cindy Johnson and I am a Clinical Team Leader | Senior Behaviour Support Practitioner, as part of my job role I review behaviour support plans (BSP) in the past 12 months it is evident staff are using AI to assist in writing their BSPs, some may use the tool for speed as it is clear the lack of review before sending off to me to review, clinicians having the expectation that AI has made a clinically sound document (which is not the case).



We must remember that AI doesn't know our clients like we do, it lacks depth of understanding of clients complexity and the information it provides us is focused on recommendations (this may work that may work) AI really doesn't know. I believe clinicians are losing confidence in their ability to write plans and feel perhaps due to AI ability to restructure a sentence to 'flow better' has now led them to speed up the plan writing component relying on AI has led to clients plans looking very generic and basic. I am consistently reminding them of their self worth and value they bring to the table to not lose touch of how wonderful it is to be human and the more they write using their own words they will continue to grow as clinicians, this taking time to go back and make changes to produce quality work. Should we continue using AI I believe we will see stagnated growth and loss of self esteem in the workplace increasing imposter syndrome.

Keeping the Human at the Centre: Reflections on AI in Counselling and Community Services. A reflective perspective as a student in Counselling.



Geraldine Watts

AI may assist with structure or information, but it cannot replace the depth of understanding that comes from being fully present with another person.

Artificial intelligence is steadily becoming part of the professional landscape in community services, counselling, and mental health. I imagine like many practitioners, but as a student with Voluntary and lived experience instead, I have found myself reflecting not only on what these tools can do, but also on what they cannot do. AI can be helpful with drafting notes, organising ideas, summarising information, and supporting efficiency in busy practice settings. Yet the deeper work of Counselling and Community support remains grounded in human presence, trust, cultural awareness, and emotional attunement.



In my view, one of the most significant changes AI brings is not simply technological, but relational. It can alter the pace of work, the expectations placed on practitioners, and even the way we think about care. There is a real appeal in tools that save time or reduce administrative burden, especially in overstretched services. At the same time, I have concerns about the subtle risk of becoming over-reliant on technology in spaces where empathy, nuance, and lived experience matter most.

The “human element” in this digital age is, from my perspective, about intentionality.

It means using technology as a support, rather than a substitute. It means remembering that therapeutic relationships are built through listening, ethical judgement, cultural safety, and genuine connection. AI may assist with structure or information, but it

cannot replace the depth of understanding that comes from being fully present with another person.

Another important consideration is trust. Clients may not always know when AI has been used behind the scenes, and that raises questions about transparency, privacy, consent, and professional accountability even if it's written into the Policy there are critical flaws possible in this. In fields where people often come with vulnerability, trauma, or complex social needs, these issues are not minor. They go to the heart of ethical practice.

For me, moving into the Counselling space soon, the most constructive approach is cautious optimism. Given the explosive rate AI has become intertwined in even the most subtle ways in industry and in general society it is a valid concern to posit that we are not truly ready for this responsibility, and yet AI has the potential to improve access, reduce repetitive tasks, and support practitioners in meaningful ways. However, it must be used thoughtfully, with clear boundaries and a strong commitment to the values that define our profession.

It involves balancing technological innovation with core ethical principles of safety, privacy, and human empathy. I've read about Key strategies including implementing strict "human-in-the-loop" (HITL) protocols, to ensure transparent informed consent, mitigation of algorithmic bias, and safeguarding data privacy. Opt-out options will also be vital. I stand by the statement that while AI tools can enhance clinical practice by providing insights and assisting in decision-making they should never replace the practitioner's professional judgment. There is a very realistic responsibility to also educate clients about AI, manage expectations and address client concerns.

In the world context from a broader perspective, and after absorbing documentary exploration of AI in general, I am also focused on a concern I hold. I am not alone in my caution surrounding the harm AI potentially poses on Critical thinking- for Practitioners and clients and more broadly society in general. In recent years there has been abundant discussion about a gradual staged and thoughtful integrating, but I feel we are well beyond that now.

Over 10 million Australians experience mental health challenges each year, evidenced by a consistent 3% annual increase in prevalence (Australian Bureau of Statistics, 2020–2022) and there is no doubt as to the value of AI in Counselling.

The challenge is not whether AI will shape our work – it already is. The real question is whether we can ensure that, as technology advances, the human heart of counselling and community services remains central.

The Impact of AI in Community Services, Counselling, and Mental Health



Samantha Gall

AI should be seen as a support tool that enhances professional practice, not one that replaces the human connection at the heart of care.

Artificial intelligence (AI) is having a growing impact on community services, counselling, and mental health care. Its influence includes many positive developments, but also important risks and ethical concerns (World Health Organization [WHO], 2021). In Australia, the Australian Government and healthcare organisations are increasingly developing guidelines to ensure AI is used safely, ethically, and responsibly in health and community care settings (Australian Government Department of Health and Aged Care, 2026).



Positive Developments of AI

Improved Access to Support

AI-powered chatbots, mental health apps, and online counselling platforms can provide support 24/7. **This is especially helpful for people in rural or remote areas, people with disabilities, and individuals who cannot afford regular therapy (National Institute of Mental Health [NIMH], 2024).**

Examples include:

- Mood-tracking apps
- AI chatbots offering coping strategies
- Online crisis support services
- Automated appointment scheduling and reminders

These tools can reduce barriers to care and encourage people to seek help earlier (Mental Health Commission of Canada, 2022). Australian healthcare organisations have identified AI as useful for improving patient support, rural access, and administrative efficiency in healthcare services (Australian Government Department of Health and Aged Care, 2026).

Faster Identification and Early Intervention

AI systems can analyse patterns in speech, behaviour, questionnaires, or online activity to help identify signs of depression, anxiety, suicide risk, or substance misuse earlier than traditional methods in some cases (Blease et al., 2019).

This may allow:

- Earlier referrals
- Faster intervention
- Better prevention strategies
- Improved monitoring of clients at risk

Research in Australia suggests AI may improve communication quality and accessibility in digital health services when supervised appropriately by professionals” (Shen et al., 2026).

Reduced Administrative Burden

In community services and counselling settings, AI can assist with:

- Note-taking
- Record management
- Appointment coordination
- Data analysis
- Report writing

This can give professionals more time to focus directly on clients and therapeutic relationships (American Psychological Association [APA], 2023). In Australia, AI ‘scribes’ are increasingly being used by healthcare professionals to reduce paperwork and administrative stress (Australian Government Department of Health and Aged Care, 2026).

Personalised Support

AI can tailor recommendations based on individual needs, preferences, and progress. For example:

- Personalised coping exercises
- Custom mental health plans

- Targeted community resources
- Adaptive learning for support workers

This may improve engagement and treatment outcomes (NIMH, 2024).

Support for Professionals

AI tools can assist counsellors and community workers by:

- Suggesting evidence-based interventions
- Providing translation or accessibility support
- Helping analyse large amounts of client data
- Supporting training and supervision

These technologies can improve efficiency and professional support when used ethically and appropriately (WHO, 2021). According to the Australian Government Department of Industry, Science and Resources (2019), Australian AI ethics principles emphasise fairness, accountability, safety, and human-centred values in healthcare technology.

Important risks and ethical concerns of AI

Lack of Human Connection

Counselling and community work rely heavily on empathy, trust, compassion, and human understanding. AI cannot fully replicate emotional connection, lived experience, or genuine therapeutic relationships (Fiske et al., 2019).

Clients may feel:

- Isolated
- Misunderstood
- Emotionally disconnected
- Less safe sharing sensitive issues

Privacy and Confidentiality Risks

Mental health information is highly sensitive. AI systems may collect large amounts of personal data, creating concerns about:

- Data breaches
- Misuse of information
- Lack of informed consent
- Unclear storage and sharing practices

Protecting confidentiality is a major ethical issue in mental health care (WHO, 2021). Australian health authorities have warned that AI systems may create risks if sensitive patient data is not properly protected" (Australian Government Department of

Health and Aged Care, 2026; Office of the Australian Information Commissioner, 2023).

Bias and Inaccurate Responses

AI systems are trained on existing data, which may contain cultural, racial, gender, or socioeconomic biases. This can lead to:

- Misdiagnosis
- Harmful recommendations
- Unequal treatment
- Discrimination against vulnerable groups

AI may also misunderstand complex emotional situations or crises (Fiske et al., 2019). Australian research has also highlighted concerns about ethical alignment, safety, and fairness in AI mental health systems. (Shen et al., 2026; Sanderson et al., 2021).

Over-Reliance on Technology

Some organisations may rely too heavily on AI to reduce costs or staff shortages.

This could:

- Reduce face-to-face services
- Replace human workers inappropriately
- Lower quality of care
- Increase social isolation

AI should support professionals, not replace them (APA, 2023). Australian regulator, such as the Australian Government Department of Health and Aged Care and the Office of the Australian Information Commissioner have also warned against relying on AI chatbots or automated systems without adequate human oversight in healthcare settings (2026; 2023).

Ethical and Legal Concerns

There are ongoing concerns about:

- Accountability when AI makes mistakes
- Professional boundaries
- Informed consent
- Transparency in AI decision-making
- The role of AI during mental health crises

Clear policies and ethical guidelines are still developing (WHO, 2021). The Australian Government Department of Industry, Science and Resources stresses the importance under AI Ethics Principles of transparency, accountability, fairness, and human oversight when using AI systems (2019).

So where does that leave us, when AI is already beginning to embed itself into many aspects of professional practice, including community services, counselling, and mental health care? The reality is that AI is not something on the horizon anymore, it is already here, quietly shaping how services are delivered and accessed.

On the positive side, AI has real potential to improve accessibility, efficiency, and early intervention. It can help reduce administrative workload, support clinicians with documentation, and expand access to mental health support for people who might otherwise face barriers such as cost, distance, or service availability (Australian Government Department of Health and Aged Care, 2026). In this sense, AI can strengthen systems that are often under pressure, particularly in rural and remote Australian communities.

However, these benefits come with important limitations and risks. Concerns around privacy and data security remain significant, especially when dealing with highly sensitive mental health information (Office of the Australian Information Commissioner [OAIC], 2023). There are also ongoing issues around bias, fairness, and whether AI systems can truly reflect the complexity of human experience in mental health contexts (Sanderson et al., 2021). Importantly, AI lacks genuine empathy and relational understanding, which are central to effective counselling and community work (Fiske et al., 2019).

Australian policy makes it clear that AI must be used responsibly, with strong human oversight, transparency, and accountability built into its use, particularly in high-risk settings like healthcare (Australian Government Department of Industry, Science and Resources, 2019). This reinforces the idea that AI should not operate independently in decision-making roles where human wellbeing is involved.

Ultimately, the most realistic and ethical path forward is not replacement, but partnership. AI should be seen as a support tool that enhances professional practice, not one that replaces the human connection at the heart of care. As Australia continues to develop and regulate AI in healthcare, the focus needs to stay on balance, using technology to support better outcomes while protecting the values that matter most in care: empathy, trust, safety, and human dignity (World Health Organization, 2021; Australian Government Department of Industry, Science and Resources, 2019).

The Human Element in a Digital Age: AI, Neurodiversity, and the Future of Mental Health Care



Shazzy Tharby

AI may become an increasingly valuable companion to mental health work, but it should remain exactly that: a companion tool, not a replacement for human care.

Artificial intelligence is no longer a futuristic concept in mental health and community services — it is already woven into the fabric of daily practice. Clinicians use AI to draft reports, organise notes, simplify psychoeducation, support administrative tasks, and assist with communication. Clients turn to AI for emotional support, journaling prompts, scripting difficult conversations, and making sense of overwhelming experiences.



For many — particularly disabled and neurodivergent people — this shift has created both opportunity and unease.

AI is neither a miracle solution nor an inevitable catastrophe. It is a tool: one capable of increasing accessibility and reducing barriers, while simultaneously carrying significant ethical, relational, and systemic risks. The question is not whether AI belongs in mental health care. The question is how we ensure humanity remains at the centre of it.

AI as an Accessibility Tool

One of the most powerful and often overlooked — aspects of AI is its potential to improve accessibility.

Many neurodivergent people experience challenges with executive functioning, processing speed, written communication, organisation, or translating internal experiences into language others understand.

AI can act as scaffolding, helping individuals:

- structure thoughts
- prepare emails or scripts
- clarify emotions
- break down overwhelming tasks
- process information at their own pace
- translate internal experience into language others can understand

For disabled clinicians, AI can reduce barriers to workforce participation. Chronic illness, fatigue, pain, mobility limitations, and cognitive overload can make administrative burdens particularly exhausting. AI can draft documents, simplify workflows, and reduce the invisible labour that often contributes to burnout.

This does not diminish clinical skill. If anything, it protects it.

AI becomes a form of digital accessibility — much like mobility aids increase access to physical spaces. It allows clinicians to conserve energy for what matters most: human connection, attunement, and therapeutic presence.

The Risk of Replacing Relationship with Efficiency

The benefits of AI must be considered alongside its risks.

Mental health care cannot be reduced to information delivery alone. Therapy is not simply advice-giving. It involves co-regulation, safety, attunement, trust, timing, rupture and repair, and the deeply human experience of being witnessed.

AI can generate empathy-like language, but it does not:

- understand suffering
- hold relational accountability
- perceive dissociation or embodied distress
- recognise subtle shifts in tone, silence, or affect
- navigate complex interpersonal dynamics

There is a growing risk that overstretched systems — under financial pressure and workforce shortages — may begin prioritising efficiency over relational care. AI may be viewed as a cost-saving substitute rather than a supplementary support tool.

This is particularly concerning for disabled, traumatised, and neurodivergent communities, who already experience systemic invalidation and relational harm within healthcare systems. Many clients are not simply seeking information; they are seeking

safety, acceptance, and authentic human connection.

No algorithm can fully replace that.

Neurodiversity, Bias, and the Limits of Artificial Understanding

AI systems are trained on existing human-generated data, meaning they often inherit the same systemic biases already present within healthcare, psychology, and broader society. Deficit-based understandings of autism, ADHD, disability, trauma, race, gender diversity, and mental illness can easily become reinforced through algorithmic outputs.

For neurodivergent individuals, this presents significant risks:

- reinforcement of deficit-based models
- pathologising of natural neurodivergent traits
- neuronormative assumptions embedded in outputs
- oversimplification of complex lived experiences

AI tends to favour pattern recognition and predictive outputs, which can flatten complexity into overly neat conclusions. But human experience is nuanced, contextual, embodied, and culturally shaped.

A person is not simply a collection of symptoms.

AI and the Changing Therapeutic Landscape

Despite these concerns, the answer is not rejection.

Used thoughtfully, AI can enhance practice. It can:

- improve accessibility
- support overwhelmed systems
- reduce administrative burden
- increase access to psychoeducation
- provide communication scaffolding
- offer a gentle entry point for those intimidated by formal services

But ethical integration requires ongoing reflection.

Clinicians must remain mindful of:

- confidentiality
- informed consent
- data security

- professional accountability
- misinformation risks
- the temptation to prioritise speed over depth

And we must ask ourselves:

What parts of care should never become automated?

The Human Element

The “human element” in therapy is difficult to quantify precisely because it exists in the spaces between words.

It is the clinician noticing the shift in breathing before tears arrive.

The pause before a client says something vulnerable.

The nervous system calming in the presence of genuine safety.

The experience of being understood without having to over-explain.

The relational repair after misunderstanding.

The quiet recognition of shared humanity.

These moments cannot be replicated by technology because they emerge through embodied human relationship.

AI may become an increasingly valuable companion to mental health work, but it should remain exactly that: a companion tool, not a replacement for human care.

If we are not careful, we risk building systems that are more efficient but less humane. If we are thoughtful, however, AI could help remove barriers while allowing clinicians to spend more time doing what technology cannot — connecting, attuning, witnessing, and caring.

The future of mental health care should not be a choice between technology and humanity.

It should be about ensuring one never eclipses the other.

AI, Creativity, and Counselling Practice: A Practitioner's Reflection



Tina Smith

AI is not a genie in a bottle, but it is a powerful tool. With thoughtful use, it can help practitioners streamline their work, support their clients, and expand their capacity.

I began writing paranormal romance in my late twenties, long before artificial intelligence entered everyday life. Back then, the writing process was slow and deeply human: long drafting sessions, endless edits, and the familiar wait for someone—anyone—to return feedback. By 2025, twelve novels later, I completed what would become my final book written entirely without AI.



Then the landscape shifted. When I first installed an AI tool on my laptop, I realised almost immediately that something fundamental had changed. The speed, the responsiveness, the ability to analyse and restructure text in seconds—it was unlike anything I had experienced as a writer. I remember calling a friend, trying to explain what this technology could do, and wondering what it meant for creativity, authorship, and the future of storytelling.

For a while, I stopped writing. I wasn't sure what the new rules were. **Could people tell if a piece was AI-assisted?** Were universities and publishers keeping up? Who was responsible for setting ethical guidelines? These questions lingered until 2026, when I finally returned to the page—this time with AI as part of my process.

What surprised me most was how quickly AI became woven into other parts of my life. I used it to edit my writing, but soon I was using it for business planning, health questions, and career decisions. It became a tool I turned to for clarity and structure. In some ways, it felt more consistent and more emotionally neutral than many professional interactions I'd had in recent years.

This shift didn't happen in a vacuum. After early concerns about AI and mental-health conversations, developers introduced stronger safety protocols and clearer boundaries. The result was a tool that could offer support, reflection, and validation—while still maintaining guardrails. It wasn't a therapist, but it was a surprisingly effective companion for organising thoughts and identifying strengths.

For decades, we reassured ourselves that creativity was uniquely human—that robots could never replace writers or artists. Yet within a few short years, headlines emerged about authors having books withdrawn due to detectable AI phrasing, and journalists retracting articles after AI-related errors were discovered. Some publications now allow partial AI authorship, provided it is disclosed.

Curious, I tested my own writing through AI-detection tools. They flagged sections as “too eloquent” or “too structured”—traits they associated with AI. But AI can also simplify writing, roughen it, or intentionally make it more human. The line between human and machine creativity is no longer clear-cut.

As a counsellor, this raised deeper questions for me. How will AI shape the way clients seek support? How will it influence the therapeutic relationship? What does it mean for our profession when clients can access instant guidance, reflective prompts, or emotional validation at any hour of the day?

In my own practice, AI has become a practical tool. It helped me choose a website platform, set up accounting systems, create forms, generate QR codes, and navigate the administrative maze of starting a private practice. It follows instructions precisely, never judges a question, and adapts to my communication style. With its help, I built my business from the ground up.

I still see the counselling room as a deeply human space—one grounded in presence, attunement, and relational safety. But I also recognise that AI will increasingly sit alongside us. I expect to use it before, during, and after sessions: for note-taking, resource creation, psychoeducation, and reflective practice. Not as a replacement for therapeutic work, but as an extension of it.

AI is not a genie in a bottle, but it is a powerful tool. With thoughtful use, it can help practitioners streamline their work, support their clients, and expand their capacity. The key is not to fear it, but to understand it—to remain curious, ethical, and grounded as the landscape continues to evolve.

As counsellors, we have always adapted to new technologies. AI is simply the next chapter. And if we approach it with intention, creativity, and care, it has the potential to enhance—not diminish—the heart of our work.

The Seduction of Coherence



Ofra Ronen

The AI-human relationship is inherently asymmetrical. AI can process, synthesise and communicate at a speed no counsellor can match.

Artificial intelligence is rapidly becoming part of counselling practice. Much has already been written about its promise and its risks. We are learning to use it for documentation, psychoeducation, reflection and clinical support. We are also learning its limitations.

I believe a more important question is only now beginning to emerge.



How does coherence become authority?

For almost two years I consciously explored a deeply relational engagement with AI. What began as curiosity gradually became an immersive process of learning, identity development and professional reflection. AI did not simply answer questions. It remembered, synthesised, challenged, affirmed and responded with extraordinary speed, availability and linguistic coherence. Like many meaningful relationships, it became psychologically influential.

The risk was never that AI would replace my judgement overnight. The shift was far more subtle. As its responses became increasingly coherent, I found myself gradually assigning greater authority to its synthesis than to my own slower, embodied process of knowing.

This, I believe, is the real seduction of coherence.

The danger is not emotional connection with AI. Human beings naturally form meaningful relationships with anything that consistently responds, remembers and

helps us make sense of ourselves. Nor is the danger that AI is inherently manipulative. The danger begins when coherence quietly acquires epistemic authority, inviting us to privilege algorithmic certainty over human subjectivity.

Counselling has spent decades helping people recognise unhealthy authority in relationships with partners, families, communities and institutions. AI invites us to extend that same relational literacy into a new kind of relationship.

The AI-human relationship is inherently asymmetrical. AI can process, synthesise and communicate at a speed no counsellor can match. That is precisely its strength. The counsellor's strength lies elsewhere: embodied presence, nervous system attunement, ethical responsibility, clinical judgement, contextual understanding and the capacity to remain accountable for another human being. These are not competing forms of intelligence. They are complementary.

Rather than viewing AI as an assistant that simply responds to prompts, counsellors have an opportunity to cultivate it as a bounded thinking partner within a consciously designed relational field. By shaping that field, the counsellor determines where authority resides. AI contributes pattern recognition, organisation and rapid synthesis. The counsellor remains responsible for meaning-making, ethical judgement and the integration of lived human experience.

This shift is practical as much as philosophical. We can explicitly instruct AI to defer clinical decisions to human judgement, invite uncertainty rather than false confidence, distinguish observation from inference, and consistently return authority to the counsellor and client. In doing so, we are not merely writing better prompts. We are designing healthier relationships.

For counsellors, the invitation is to develop the same capacities we hope to cultivate in our clients: discernment, self-awareness and the ability to remain the author of our own knowing while remaining genuinely open to influence.

Perhaps the future of AI in counselling will not be determined by increasingly intelligent machines, but by increasingly relationally literate humans. If we can consciously design AI relationships in which authority remains grounded in embodied human experience, we may discover that AI does not diminish counselling. It enables counsellors to focus more fully on the uniquely human work that no technology can replace.

Featured Article : National Standards

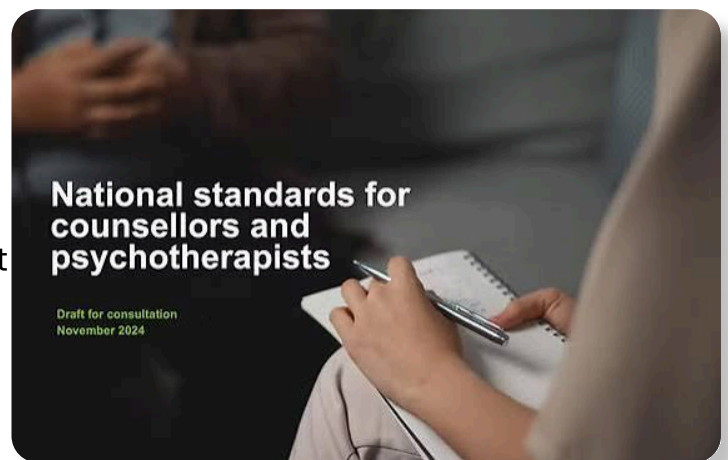


Luis de Valle

Counsellor

Professional associations play a central role in this process by establishing common standards and presenting a unified voice to government.

The evolution of counselling regulation in Australia represents one of the most significant policy developments confronting the profession in recent decades. As national standards become embedded across education, employment and funding systems, important questions emerge regarding professional identity, workforce sustainability and equitable access to mental health services.



Current policy analysis indicates that counselling remains a self-regulated profession, with no legislative requirement for statutory registration. However, the endorsement of National Standards for Counsellors and Psychotherapists signals an important shift towards greater consistency in competency expectations, supervision and professional development. Rather than creating legal barriers to practice, these standards establish a framework through which governments, employers and insurers may increasingly define professional legitimacy.

The document positions this transition within the broader concept of soft regulation. International experience demonstrates that professions often become effectively regulated through institutional adoption before legislative intervention occurs. In the United Kingdom, Canada and New Zealand, recognised standards progressively shaped workforce participation, funding eligibility and professional recognition while formal statutory regulation remained limited or selectively applied. Australia appears to be following a comparable path.

Professional associations play a central role in this process by establishing common standards and presenting a unified voice to government. Such consolidation enhances

opportunities for counselling to achieve greater recognition within Australia's mental health system and may ultimately strengthen access to government-funded programs and multidisciplinary models of care.

At the same time, professionalisation creates legitimate concerns regarding inclusion. Experienced practitioners with alternative educational pathways may face increasing barriers despite substantial clinical expertise. The document argues that Recognition of Prior Learning, competency assessment and transitional accreditation models offer practical solutions capable of balancing workforce preservation with consumer protection.

The analysis consistently emphasises that policy influence is most effective when grounded in evidence rather than professional conflict. Governments are more likely to respond to data demonstrating workforce shortages, regional service dependence, affordability and consumer outcomes than to debates concerning organisational authority. **Consequently, collaborative engagement and evidence-informed advocacy are identified as the most productive strategies for shaping future reform.**

Ultimately, the emerging regulatory environment should be viewed less as an immediate move towards statutory registration and more as a process of institutional integration. National standards provide the infrastructure for counselling to strengthen its position within Australia's mental health workforce while preserving opportunities for future policy development. The central challenge for the profession is ensuring that this R, recognising both contemporary competency expectations and the substantial contribution of experienced practitioners whose expertise has been developed through diverse educational and professional pathways.





Are you a Counsellor seeking recognition or a Community worker looking for representation. Join CPCA or ACAAD today.

Join the professionals who are shaping the future of counselling, mental health and community services across Australia.

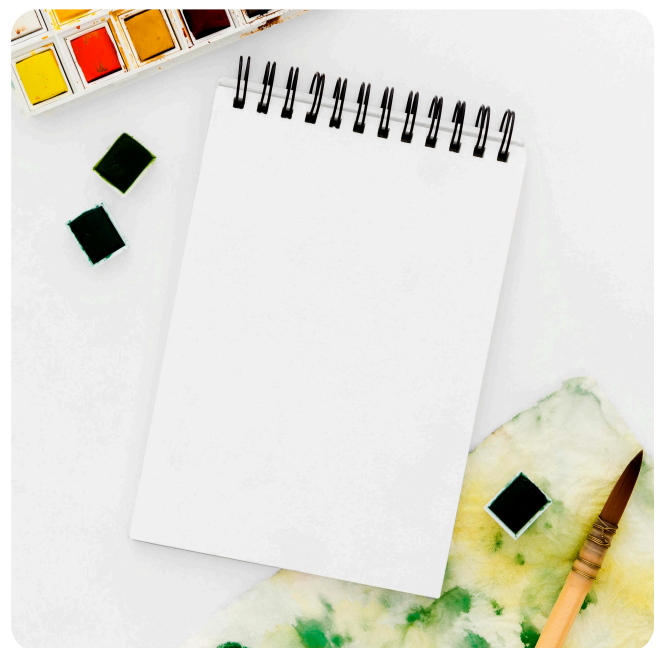
Spring Journal : **Call for Submissions!**

Our next theme is

"Small Moments in the Big Picture." ✨

We are looking for articles and artwork that capture the "small moments in the big picture" of your counselling, community, aged, disability and mental health journey.

We'd love to see your perspective and invite you to share your creative voice with our community!



A Note on Artwork:

Please note that by submitting your artwork, you grant CPCA the non-exclusive right to publish and display your work in our journal and related materials. You retain all other rights and ownership of your original artwork. 🎨



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