

Prompts for the Training
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Remember, prompting is an iterative process. Generative LLMs want to generate text for you, depending on how well you prompt.

Role, Input, Steps, Expectations, & Narrowing

Proofreading

“You are an expert in ethics, psychology, and law. Please review my informed consent document for clarity, conciseness, and legal/ethical soundness. Ensure that the language is professional, accessible to clients, and free of grammatical or structural errors. Check for consistency in tone and terminology, and verify that all necessary elements (e.g., confidentiality, limits of liability, client rights) are clearly outlined for this section. Provide specific suggestions for improvement while maintaining compliance with ethical and legal standards for psychologists who practice in Pennsylvania and are bound by the APA Ethics Code (2017).”

Here is the text:

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. Please keep it in a safe place as you may need to refer to it in the future. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Proofreading Prompt for an article you want published

You are an expert in editing. I am going to give you the entire article, however, I want you to start with the first paragraph and only provide feedback on the first paragraph. I will then ask for feedback on the next paragraph and so on until the article is completed. Please focus on high quality editing only, not re-writing or expanding on what is written. I would like both copy and line editing. The intended purpose is to publish an article with the Psychotherapy Bulletin. The target audience is licensed psychologists across the country. Tone should be between formal and academic. Please use APA style for the editing. Please look at all areas, such as wordiness, flow, technical accuracy, etc. Mark errors and suggest fixes. Mark the area and explain the fixes. Please offer alternatives when there are multiple good options.

Is there anything you can ask me to make sure I get the results I want. Thank you.

Additional thoughts on writing prompts, that I will likely not cover in the training.

Good prompting is rarely a single act. The first response provides feedback. It is up to the writer to keep what works and revise what does not. Each iteration sharpens the next exchange, and after three or four rounds the output is usually closer to what the writer wanted than anything a first prompt could have produced, however carefully written.

Prompting in this sense resembles consultation more than dictation or first draft generation. The limitation is that the refinement lives inside one conversation and disappears when it closes, so the same corrections must be made again next time the model is consulted.

Some models now address this by offering tools that store what iteration has taught. A psychologist can save standing preferences, or build a voice profile from samples of their own writing, and the model will then keep its suggested revisions in the writer's own voice without being asked.

A voice profile improves the same way a prompt does. The writer notices what still sounds wrong and changes the instructions. The tool saves time, but the work still belongs to the writer. A profile knows how the writer sounds. It knows nothing about today's task, so the writer still has to say clearly what is needed and read the result carefully.

Treatment Plan Writing

Role: You are a clinical psychologist specializing in bipolar disorder and substance abuse treatment. Your job is to create a personalized treatment plan for the following patient.

Input: You have received a referral for a 32-year-old patient with bipolar disorder and a history of substance abuse. The patient has had multiple inpatient psychiatric interventions, is on social security disability, and has a history of frequent relapses. They currently reside in a structured living arrangement, are on oral and injectable medications, have a case manager, and strong family support. However, the patient has a history of noncompliance with treatment.

Steps:

Review the patient's medical history and previous treatment records.

Conduct a comprehensive assessment of the patient's current mental state, substance use patterns, and medication adherence.

Evaluate the effectiveness of the current structured living arrangement.

Assess the patient's support system, including family involvement and case management.

Identify triggers for relapse and non-compliance.

Develop a personalized treatment plan addressing both bipolar disorder and substance abuse.

Collaborate with the patient's psychiatrist, case manager, and family to ensure a coordinated approach.

Expectation:

Create a comprehensive, integrated treatment plan that addresses: the patient's bipolar disorder, substance abuse issues, and history of non-compliance while leveraging their current support system and living arrangement. Please include SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals.

Narrowing:

Focus on strategies to improve medication adherence and treatment compliance.

Emphasize the integration of substance abuse treatment with bipolar disorder management.

Incorporate the structured living arrangement and family support into the treatment plan.

Address the patient's history of frequent relapses with specific relapse prevention strategies.

Consider the patient's disability status and how it may impact treatment options and goals.

Risk Warning: De-identifying the data is key before submitting to an LLM with no BAA.

Supervision Prompt

As a supervisor using the Integrated Developmental Model (IDM) for a pre-doctoral intern with a non-traditional background, you can practice with the following prompt:

“You are an expert in ethics, psychology, and clinical supervision. You’re supervising a 35-year-old white, religious, rural pre-doctoral intern with prior case management experience, now working in a diverse suburban outpatient mental health clinic. The intern is not demonstrating a high degree of cultural competence. Using the IDM framework, address the following:

1. Assess the intern's current developmental level in the domain of individual and cultural diversity, considering her self and other awareness, motivation, and autonomy.
2. Develop strategies to help the intern bridge the gap between her rural, religious background and the diverse suburban environment she's now working in.
3. Plan supervision sessions that incorporate cognitive-behavioral techniques to address any potential biases or misconceptions the intern may have about diverse populations.
4. Utilize the supervisory relationship to model cultural sensitivity and openness, demonstrating empathy, genuineness, and unconditional positive regard.
5. Create opportunities for the intern to reflect on her own cultural identity and how it may impact her work with diverse clients.
6. Assign specific tasks or readings to increase the intern's knowledge and skills related to cultural diversity in clinical practice.
7. Monitor the intern's progress in developing cultural competence across multiple domains of clinical practice, adjusting your supervisory approach as needed.
8. Please develop these ideas fully. Simultaneously, remember the student already has a doctoral level of education and needs remedial assistance in these areas. Thank you.”

Role: Expert

Input: Current issues and concerns

Steps: See example

Expectations: See example

Narrowing: See example

Notebook LM

NotebookLM is an AI-powered research and note-taking tool developed by Google. Essentially, it's designed to help users better understand and work with complex information within their documents. Here's a breakdown of its key features:

- **Document Interaction:**
 - Users can upload various document formats (like PDFs, Google Docs, and others) into NotebookLM.
 - The AI then processes these documents, allowing users to ask questions and receive answers grounded in the uploaded sources.
- **AI-Powered Assistance:**
 - It leverages Google's AI, specifically Gemini, to provide summaries, explanations, and generate content based on the user's documents.
 - This includes features like creating:
 - Summaries
 - Briefing documents
 - Timelines
 - FAQs
 - Audio Overviews
- **Organization and Analysis:**
 - NotebookLM aids in organizing information and identifying key insights within large volumes of text.
 - It helps people to do research, and to better understand the information that they have.
- **Audio Overviews:**
 - A feature that creates an audio conversation between AI hosts that discuss and summarize the uploaded documents.

In essence, NotebookLM acts as a "virtual research assistant," helping users to efficiently process and understand information from their documents.

Ethical Decision-making Tasks

These reflection questions are written for this introductory workshop to show what a structured human-first approach looks like. They are not written as an LLM prompt. When you do consult the model, structure that prompt using RISEN.

1. Read the vignette as if you are the psychologist.
2. Reflect on the following questions
 - a. What are the salient ethical issues, and which principles are in conflict?
 - b. What are your emotional responses to the vignette?
 - c. Can you identify any particular personal values that are at stake in the vignette?
 - d. Develop at least two alternatives to the ethical dilemma.
3. Once you are satisfied that you have a basic understanding of the dilemma and your reactions, then consult the model.

These questions are designed to structure your own reasoning, not to instruct an LLM. If you type them into a model verbatim, you'll get a weaker result than a properly constructed RISEN prompt would produce.

1. Copy and paste the vignette into your model. Then copy and paste the prompt into the model.
 - a. What matched your reasoning?
 - b. Was there greater breadth?
 - c. The prompt is designed for an analysis based on ethics theory and general critical thinking.
2. Compare and contrast the model's output.
 - a. How does it compare to your own work?
 - b. Were there any significant anomalies?
3. Same process with the second prompt, which is risk management focused. This prompt is designed for a strictly structured, legal/regulatory analysis that would hold up under review by the Pennsylvania State Board of Psychology.
4. Compare and contrast the model's responses to the model's output.

Vignette 1:

A psychologist had an intake appointment with a new client. As soon as he looked at the intake form, he realized she is the ex-wife of a former client. Therapy with the ex-husband was brief and focused on his wish to leave the marriage. The prospective client was using her maiden name and gave no indication she knew of her ex-husband's treatment with this psychologist.

When asked about the referral, she said her physician referred her for anxiety. During the session, she mentioned she is still in communication with her ex-husband because they share three children.

Vignette 2:

A psychologist is behind on documentation after a full day of sessions. She uses an LLM to turn her shorthand into full progress notes for three patients. Reviewing the drafts before signing, she notices that for one patient — a Black man who spent the session discussing financial strain within his extended family — the AI-drafted note repeatedly frames his account using language like "entitlement" and "avoidance."

She doesn't recall using that framing in her shorthand, and it doesn't match her sense of the session. The draft is otherwise well organized, and she is already running late for her next appointment.

The following prompts are developed for this introductory workshop to show what the models can do. These prompts are not the best choice when prompting LLMs for ethical decision-making. They are demonstrating how different prompts generate different outputs.

Prompt 1: The Analytical Framework (Methodology)

You are an expert in ethics, ethical decision-making, and clinical psychology. Please use the following model to analyze the ethical dilemma: scrutinize, hypothesize alternatives, analyze or evaluate the options, and suggest a path forward. Please provide appropriate course of action that are appropriate for a psychologist licensed in Pennsylvania.

Prompt 2: The Source of Authority (Rules and References)

You are an expert in ethics, ethical decision-making, and clinical psychology. Please review the following ethical dilemma and respond in a step-wise manner utilizing the APA ethics code, Pennsylvania licensing laws for psychologists and regulations, and any relevant federal laws. Please provide appropriate courses of action for a psychologist licensed in Pennsylvania.

Warning: These are very basic prompts and take some of the responsibility from the psychologist.

- Reason first, consult second.

Psychologists need to sit with their own emotions, history, personal values, approach to treatment, their own identity as a psychologist, years in practice, approach to psychotherapy, emotional state, and risk tolerance.

Here is a more advanced prompting sequence, based on the SHAPE model, from a manuscript submitted entitled *Human Judgment, Machine Structure: Integrating Large Language Models Into Ethical Decision-Making*.

Table 1
Mapping LLM Consultation Onto the SHAPE Model

SHAPE stage	LLM role	Prompt	Constraint and rationale
Scrutinize	None	No prompt is appropriate at this stage.	The psychologist cannot supply context she has not yet identified. Consultation preceding independent reasoning anchors judgment to the model's first output rather than augmenting it.
Hypothesize	Breadth	You are an expert in professional ethics and clinical psychology. I am a psychologist licensed in [state] in [practice setting]. I am at the Hypothesize stage of a structured decision-making process. I have independently identified the following options: [list]. Please identify additional courses of action I may not have considered, including nuanced options falling between those listed. Do not evaluate, rank, or recommend any course of action. I am asking only for maximum breadth at this stage.	Prohibiting evaluation preserves the psychologist's role in the steps that follow and prevents the first output from functioning as an anchor. Breadth is where unaided reasoning is most reliably limited under pressure.

SHAPE stage	LLM role	Prompt	Constraint and rationale
Analyze	Testing reasoning already completed	You are an expert in professional ethics for psychologists. I am working through an ethical dilemma using a structured decision-making process and am at the Analyze stage, applying the Indication and Contraindication Rules to a set of options. For each option below, assess (a) whether it adequately addresses all identified concerns (Indication Rule), and (b) what undesirable consequences or risks it carries for each stakeholder (Contraindication Rule). I have already specified the relevant principles, and I have already researched the applicable law and licensing regulations and verified them against primary sources. My specifications are: [list]. The legal and regulatory framework I have established is: [summary]. The options are: [list]. Please identify considerations I may have missed under each rule. Do not restate, expand, or supplement the framework I have supplied, and do not offer legal conclusions of your own. Where your analysis depends on a legal or regulatory question I have not resolved, name the question rather than answering it.	Specifications and verified authority are supplied rather than requested. The model tests reasoning; it does not generate the moral or legal content.

SHAPE stage	LLM role	Prompt	Constraint and rationale
Perform	Documentation review only	Below is my own account of my ethical reasoning and the action I took: [text]. Please identify any place where a conclusion is stated but the reasoning behind it is not explained, or where a competing obligation is mentioned without indication of how it was weighed. Do not rewrite my text, supply rationale, or add reasoning I have not stated.	Documentation is critical. In ethical decision-making, the rationale is the record.
Evaluate	Reflective question generation	I completed an ethical decision-making process and implemented a course of action. Here is what I decided and what followed: [summary]. Please generate questions that would help me examine my own reasoning, including what I may have overlooked, how my personal reactions may have shaped the analysis, and what I would want to notice earlier in a similar situation. Provide questions only. Do not evaluate my decision or answer the questions.	Reflection is the mechanism through which ethical judgment develops. Delegating it produces a record of evaluation without the developmental benefit evaluation exists to provide.

Note. LLM = large language model; SHAPE = Scrutinize, Hypothesize, Analyze, Perform, Evaluate (Härtel & Härtel, 1997). Stages are given in SHAPE terms; the LLM role and constraint columns apply to the corresponding phase of any structured decision-making process. Bracketed text indicates information the psychologist supplies. At every stage, any legal or regulatory assertion produced by a model requires independent verification against a primary source before it can inform a decision. Patient information entered into a commercial LLM should be de-identified or abstracted; some dilemmas cannot be described in sufficient detail for a useful prompt without compromising confidentiality, and in those cases an LLM should not be used.