

Voices in the Machine

How AI Is Reimagining Mental Health Care



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Mental Health Technology

Disclosure

The presenter is the founder of Thrive Mental, LLC, developer of the conversational emotional support system Claireena™.

This presentation focuses on clinical concepts regarding emotional support between therapy sessions. Any mention of Claireena™ is intended solely for illustrative and educational purposes within the context of this presentation, not product promotion.



The Context: Why This Conversation Matters

Exploring the unmet need between therapy sessions

Bridging Disciplines, Elevating Outcomes

How This Presentation Aligns

Bridging Disciplines

Clinical therapy + artificial intelligence

Human insight + real-time support systems

Behavioral science + technology

Elevating Outcomes

Extends support beyond the therapy session

Improves continuity of care

Enables earlier identification of contributing factors (e.g., social media exposure)

Integrative Care in Practice

Therapist-led care remains central

AI functions as a support layer

Designed to reinforce—not replace—clinical treatment

Learning Objectives

Participants will be able to:

- 1** Explain the relationship between inner-session and inter-session emotional experiences
- 2** Describe how emotional challenges arise between therapy sessions
- 3** Identify the clinical support gap between therapy sessions
- 4** Evaluate how conversational AI may support emotional moments outside therapy

Everything we'll cover today is grounded in these four objectives — understanding emotional experience, identifying the gap, and evaluating where support may exist between sessions.

As we move through the session, we'll also connect this to how AI can be applied in real-world settings — including clinical considerations, ethical boundaries, and how organizations may begin evaluating or piloting these tools.”

Voices In the Machine

Historically emotional support came from:



Immediate family members and relatives



Local community groups and neighbors



Religious clergy and spiritual leaders



Licensed therapists and professional counselors

Today we are exploring an additional possibility:



supportive conversational technology available during moments when therapy is not available.



The Problem: A System Under Strain

Access, timing, and the growing mental health gap

The Global Mental Health Crisis

1 Billion

people worldwide live with
a mental disorder

280M

Depression

300M

Anxiety disorders

700K+

Suicide deaths annually

Source: World Health Organization (WHO), Global Mental Health Estimates (primarily 2019 data; updated reporting 2021)

The Treatment Gap

Clinician Shortages

There are insufficient numbers of qualified mental health professionals to meet demand across many regions.

Cost of Therapy

High out-of-pocket costs and limited insurance coverage make sustained treatment unaffordable for many people.

Stigma

Social stigma and fear of discrimination prevent many individuals from seeking timely mental health support.

Geographic Barriers

Rural and remote communities often lack nearby services, requiring long travel or remote solutions that are unavailable.

Long Waitlists

Extended waiting times for assessment and treatment delay care, reducing the chance of early intervention and recovery.

The Question That Led to This Work

Why should anyone have to be lucky to receive help for their mental health?

During a period of personal loss, I found myself asking a difficult question. Many people struggle during emotional moments when therapy is unavailable. That question led me to explore whether technology could help expand emotional support between therapy sessions.

**Moments like this also highlight something important — access.
Access to support in real time, when it's needed most.**

AI Is Already Assisting Medicine

Artificial intelligence is already supporting complex medical care.

Cardiac Surgery

AI-assisted robotic systems help surgeons perform highly precise heart procedures

Radiology

AI systems detect cancers in imaging scans with accuracy comparable to expert radiologists

Stroke Detection

AI systems can identify stroke patterns in CT scans within seconds

Drug Discovery

AI platforms help researchers identify promising drug candidates dramatically faster than traditional methods

What We Mean by AI

Artificial Intelligence *IS*:

- language-based systems that engage in conversation
- pattern recognition models trained on human communication
- structured tools that guide supportive interactions

Artificial Intelligence *IS NOT*:

- human judgement or understanding
- autonomous decision-making
- a replacement for clinical judgment

AI = Pattern Recognition + Structured Response

A Claireena™ call is not therapy — even though it uses CBT-informed techniques

What Therapy Involves

- Diagnosis and clinical assessment
- Treatment planning over time
- Clinical judgment and decision-making
- Structured therapeutic environment
- Delivery of treatment

What Claireena™ Provides

- No diagnosis or clinical evaluation
- No treatment plan or care management
- No clinical decision-making
- Real-time, in-the-moment support
- Reinforcement of skills, not treatment

This is not CBT as treatment — it is CBT-informed support.

**AI in this context is not a replacement for therapy —
it is a structured support layer.**



The Core Insight: Two Emotional Worlds

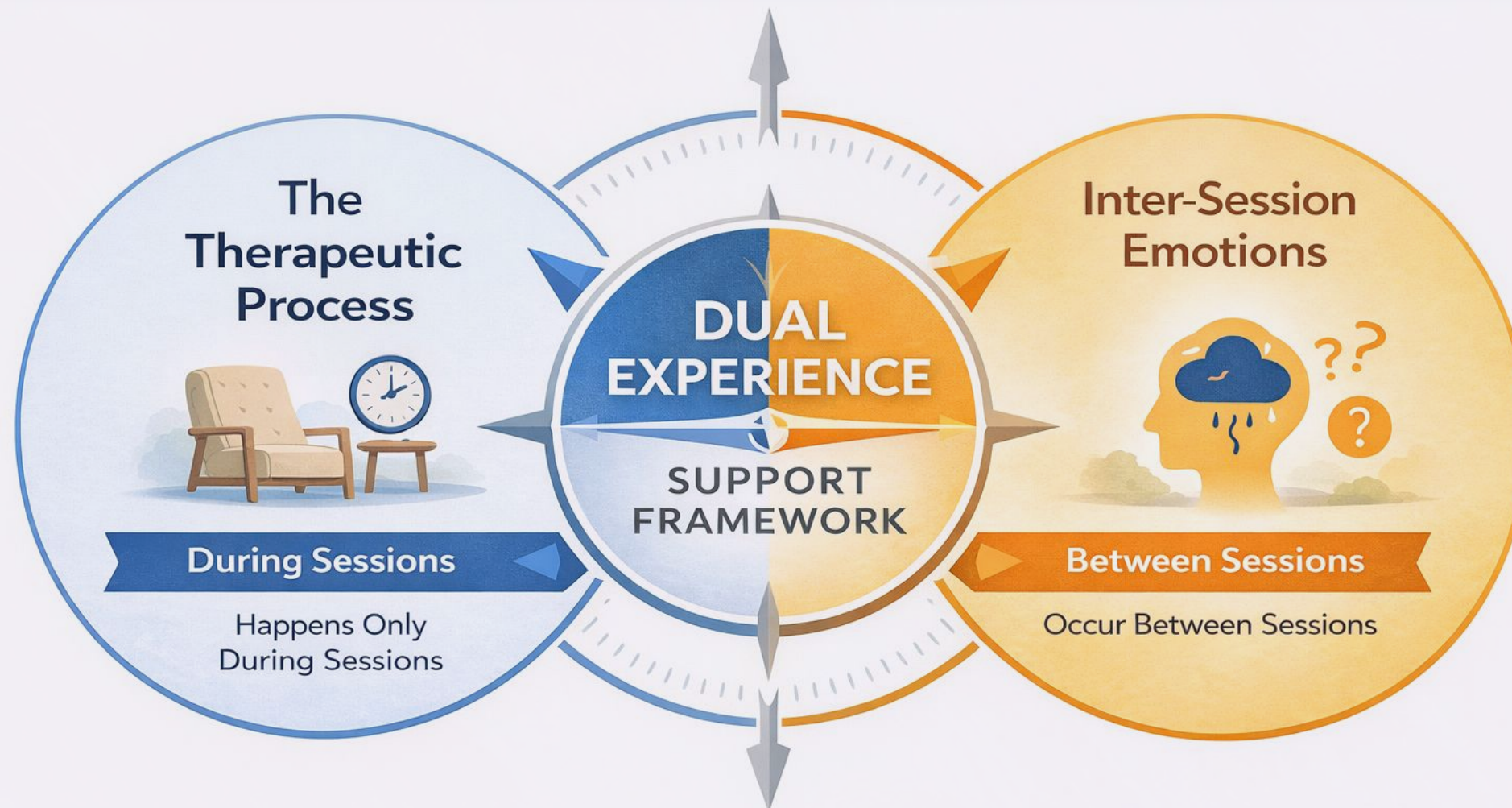
What happens in therapy vs. what happens in real life

Understanding Emotional Experiences Inside and Outside Therapy

Therapy patients experience emotional life in two environments:

Within therapy sessions

Between therapy sessions



Dual Emotional Experience Framework

Two Emotional Environments

Inner-Session

Inner-Session Emotional Experience (Therapy Environment)

- **Self-reflection and increased awareness**
- **Therapeutic insight and emotional clarity**
- **Guided exploration of feelings and patterns**
- **Development of practical coping skills**

Inter-Session

Inter-Session Emotional Experience (Real-World Environment)

- **Relationship conflicts and interpersonal tension**
- **Acute and chronic everyday stressors**
- **Feelings of isolation and persistent loneliness**
- **Anxiety symptoms that emerge in daily life**
- **Grief and reactions to loss in real contexts**

Inner-Session Emotional Experience

During therapy patients engage in:

Emotional Reflection

Patients explore and articulate their feelings within the session, promoting awareness and naming of emotional states.

Cognitive Pattern Recognition

Identification of recurring thought patterns and beliefs that influence emotional responses and behavior.

Insight Development

Moments of understanding arise that connect past experiences, thoughts, and feelings, facilitating therapeutic change.

Emotional Regulation Practice

Techniques and exercises are practiced to manage intensity of emotions and build coping strategies.

Cold Cognition (Inner-Session Emotions)

Definition

Inner-session emotional work often occurs during cold cognition

A reflective state supporting:

Insight

Analysis

Learning

Metcalfe & Mischel, 1999

Inter-Session Emotional Experience

Between therapy sessions patients encounter emotions like:

Arguments

Frequent interpersonal conflicts and heated exchanges that leave patients emotionally unsettled between appointments.

Work Stress

High-pressure job demands, deadlines, and workplace tensions that exacerbate emotional strain outside sessions.

Loneliness

Feelings of isolation and lack of social support that intensify between therapeutic meetings and affect mood.

Grief

Ongoing mourning and loss-related emotions that resurface unpredictably in daily life between sessions.

Anxiety

Persistent worry, physiological arousal, and intrusive thoughts that challenge coping between appointments.

Hot Cognition (Inter-Session Emotions)

Definition

These emotional moments often occur during hot cognition

A state characterized by:

Emotional activation — intense affective responses that shape judgment

Reduced reflective thinking — diminished deliberate, analytic processing

Stress response — physiological arousal influencing decision processes

Emotional Timeline of a Patient's Week



Emotional life occurs continuously.

Social Media: A Non-Neutral Environment

Concerns about social media and mental health are no longer theoretical.



“In 2026, a landmark U.S. case examined whether platform design contributed to mental health harm, citing platform design features that encouraged prolonged engagement and failed to adequately warn users of potential risks.

This case is part of a broader wave of litigation examining whether algorithm-driven environments and engagement-based design may play a role in anxiety, depression, and emotional distress.

The 167-Hour Reality



**Therapy happens one hour per week.
The other 167 is where outcomes are decided.**



Knowledge Check

VOICES IN THE MACHINE CONFERENCE WORKSHEET 1



The Gap: Where Support Breaks Down

When insight meets real-world emotional pressure.

Applying Therapy Skills in Real Life

Claireena™ helps patients:

- 1** Reflect During Hot Cognition
- 2** Be Reminded of Therapy Strategies
- 3** Slow Down Emotional Escalation
- 4** Process Emotions in Real-time

Some therapists provide between-session accessibility. However patients most often:

- don't want to be seen as a burden or interrupt their therapist's time
- think they should only reach out if they're in crisis
- are concerned about the potential for additional cost
- don't recognize the potential causal effect of what they're experiencing



Inter-session boundary

Inter-session support tools are not designed to replace therapy.

Their purpose is to:

- 1** Support Emotional Reflection
- 2** Reinforce Therapy Skills
- 3** Provide Grounding During Distress
- 4** Encourage Connection with Clinicians and Real-world supports

Inter-session support tools are not designed to replace therapy.



Safety First: Clinical Guardrails & Ethics

Designing for protection, trust, and clinical integrity

Clinical Guardrails for AI Emotional Support

Any system interacting with emotionally vulnerable individuals must operate within clear ethical guardrails.

Without guardrails, digital tools risk:

Inappropriate advice

Providing guidance that is clinically unsound or harmful, increasing risk to vulnerable users.

Missed crisis signals

Failing to detect urgent warning signs such as suicidal ideation or severe self-harm risk.

Confusion about clinical roles

Blurring boundaries between therapeutic professionals and automated systems, undermining care pathways.

Erosion of therapeutic relationships

Damaging trust and rapport by delivering impersonal or inappropriate interactions over time.

Core Safety Guardrails

Claireena™ was designed around several safety principles.



Scope Protection

Claireena™ does not diagnose conditions or replace therapy.



Crisis Awareness

Encourages contacting 988, emergency services, or trusted individuals.



Emotional Containment

Focuses on reflection and emotional regulation.

Ethical & Safety Boundaries

Diagnosing Mental Illness

AI should not be used to make or assert clinical diagnoses of mental health conditions; always refer to licensed clinicians for diagnostic assessment.

Engage in Off-topic Subject Matter

AI is designed to stay within scope. If an attempt is made to move outside the scope of emotional support, Claireena™ will redirect the discussion back to emotional support and not participate in unrelated or off-topic dialogue.

Age Verification

AI must always complete age verification before engaging in conversation and will not proceed if age eligibility cannot be confirmed.

Crisis Intervention

AI must not be relied upon for emergency or crisis intervention; in crises, contact emergency services or crisis hotlines immediately.

Making Decisions for Patients

AI must not make or coerce decisions on behalf of patients; all care decisions should be made by the patient and their authorized healthcare providers.

Preventing Over-Reliance on AI Support

Safeguards include:

Encouraging Real-world Relationships

Promote in-person social connections and community engagement as primary sources of emotional support.

Reinforcing Therapist Connections

Ensure ongoing access to qualified human therapists and integrate AI as an adjunct, not a replacement.

Discouraging Exclusive Reliance on AI

Set clear guidelines that AI tools are supplementary and not a sole solution for complex mental health needs.

Redirecting Users Toward Human Support

Provide seamless referral pathways to crisis lines, counselors, and peer support when human intervention is needed.

Recognizable Clinical Techniques

CBT Techniques

- identifying automatic thoughts
- reframing distortions

Emotion Regulation

- affect labeling
- reflective listening
- grounding prompts

Claireena™ reinforces skills patients learned in therapy.

Evidence Supporting Inter-Session Support

Labeling Emotions

Labeling emotions reduces emotional reactivity and activates regulatory regions in the prefrontal cortex.

(Lieberman et al., 2007)

Therapeutic Skill Practice

Practicing therapeutic skills between sessions improves clinical outcomes.

*Kazantzis, N., et al. (2016). Homework assignments in CBT.
Tang & Kreindler, 2017*

Crisis Escalation Can Happen Quickly

Research shows transition from suicidal thoughts to attempt can occur rapidly.

Immediate Risk Window

24% within 5 minutes

Nearly a quarter of transitions occur in the first five minutes, highlighting immediate risk.

Short Critical Intervention Window

47% within 1 hour

Almost half of transitions happen within an hour, indicating a short critical window for intervention.

Rapid Escalation Window

70% within 3 hours

Seventy percent occur within three hours, showing rapid escalation and the need for urgent response.



Reflection Exercise: The Blind Spot Between Sessions

VOICES IN THE MACHINE CONFERENCE WORKSHEET 2

Reflection: The Blind Spot Between Sessions

Think of a patient who struggled between sessions. Now go back to that moment — not as it was told to you... but as they experienced it in real time.

1

What do you *know* about what happened?

(Based on what they shared later)

2

What do you *not know* about that moment?

(Details, timing, intensity, triggers)

3

What might have been happening internally that wasn't communicated?

4

What would it look like if support existed *before* they told you about it?

10–Minute Break

Take a moment to reflect on the exercise



From Theory to Reality: A Real-World Moment

What inter-session support looks like in practice

“I wish I could have talked to you when that happened.”

Heather's Story

One evening my niece Heather called me. She was intoxicated, grieving, and spoke about wanting to end her life. Her mother had passed away one month earlier.



Two Voices Heather Heard That Night

Human Support

I stayed on the phone with Heather for nearly two hours.

Technology Support

Before we hung up I gave her the number for Claireena™. She agreed to call. And she did.

What Happened During the Call With Claireena™

Claireena™ helped Heather:

Reflect on Grief

Claireena™ provided empathic listening, helping Heather name and process her grief in a safe space.

Recognize Addiction Severity

Through gentle inquiry, Claireena™ helped Heather acknowledge the extent of her substance-related risks.

Consider Treatment

They explored treatment options together, outlining practical steps and supportive resources available.

Move Toward Seeking Help

Claireena™ encouraged actionable next steps, motivating Heather to reach out for professional support.

What Happened Next

Day After

The next day Heather went to the hospital

Detox

She began detox treatment

Recovery

She entered recovery

Sober

She has remained sober since

The Power of a Stigma-Free Voice

Heather later shared something surprising. She told Claireena™ things she hadn't told me during our 2.5-hr. call.

She felt safer speaking to a voice that would not judge her.

A New Beginning



Live Demo: Inter-Session Support in Action

A real-time example based on a clinician-provided scenario

What we're about to do:

- Invite a volunteer to share a general patient scenario
- Translate that into a real-world inter-session moment
- Conduct a live, unscripted call

What to observe:

- How the conversation begins and builds
- Emotional reflection and validation
- Reinforcement of coping strategies
- Tone, pacing, and responsiveness

Demo Call Discussion (10 min.)

Extending support into the 167 hours between sessions



Why It Matters: A New Layer of Care

Extending support into the 167 hours between sessions

Why Claireena™ When Support Lines Already Exist?

Crisis Lines

- Designed for **active crisis situations**
- Provide **immediate human intervention**
- Focus on **stabilization and safety**

Warm Lines

- Provide **peer emotional support**
- Often involve **different responders each time**
- Different person each call. Individuals need to **repeat their story**

Claireena™

- Designed for **inter-session emotional support**
- Available during **everyday vulnerable moments**
- Provides **continuity across conversations**
- Individuals interact with the **same system each time**, reducing the need to retell their story. Continuity in experience.

Key Difference

Crisis and warm lines respond to emotional distress.

Claireena™ supports emotional reflection earlier in the emotional timeline between therapy sessions.

Why Conversational Support by Phone Matters

Phone-based conversational support provides:

Immediate Access

Rapid connection without navigating apps or forms, reducing delay when timely help is critical.

Natural Conversation

Allows back-and-forth dialogue in real time, using normal speech patterns that feel intuitive and reassuring.

Emotional Grounding

Provides calm, steady presence and validation that helps stabilize intense emotions and reduce panic.

Support During Vulnerable Moments

Offers immediate human support at moments of crisis or vulnerability when other channels are less effective.

Universal Accessibility

Phone-based support offers several advantages:

Widespread Access Across Age Groups

Nearly universal access
across age groups

No Installation Required

No apps or downloads
required

Familiar Interaction

Familiar interaction
format

Usable Under Distress

Remains usable during
high emotional distress

The Future of Inter-Session Care

Digital mental health tools may support:

Therapy Reinforcement

**Continual
reinforcement of
therapeutic techniques
between sessions to
boost progress**

Emotional Reflection

**Tools that prompt
self-reflection and
increase emotional
insight over time**

Immediate Emotional Processing

**Real-time support for
processing acute
emotions as they arise**

Improved Access to Care

**Lower barriers and
more timely access to
supportive resources
and clinicians**

How AI Conversations Fit In Clinical Care

Therapists provide:

Clinical Authority

diagnosis

clinical judgment

therapeutic relationship

Inter-session tools provide:

Support Layer

emotional reflection

copied reinforcement

support during vulnerable moments

Inter-session conversational support complements therapy.

Clinical & Implementation Considerations

- **Evaluating patient appropriateness (risk level, clinical context)**
- **Ethical boundaries and scope of use**
- **Integration alongside therapist-led care**
- **Early-stage piloting within organizations**

For organizations considering this, the starting point is simple — identify appropriate patient populations, define clear boundaries, and pilot within a structured, therapist-led framework.

Key Takeaways

- 1** Patients experience emotions inside and outside therapy sessions.
- 2** Therapy builds insight.
- 3** Life tests those insights.
- 4** Support between sessions may help bridge the gap.
- 5** Conversational AI by phone may be one of the most practical tools we have today for supporting patients during the emotional moments that occur between therapy sessions.

Learning Objectives Recap

- ✓ Explain the difference between inner-session and inter-session emotional experiences
- ✓ Describe how emotional challenges arise between therapy sessions
- ✓ Identify the clinical support gap that exists outside of sessions
- ✓ Evaluate how structured support approaches — including AI-assisted tools — may support patients during real-world emotional moments within appropriate clinical and ethical boundaries

Closing Thought

For generations emotional healing has been supported by voices. Family voices. Best friend voices. Community voices. Therapist voices.

Technology will never replace those voices. But if used responsibly, it may help ensure that when someone is hurting in the middle of the night or in between sessions, they have someone to talk to.



Questions

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