Teacher Answer Key

Case Study

1. Priya's experience shows that AI apps can provide structured support that works for manageable, everyday anxiety — the CBT exercises helped on most evenings. But on her worst night, when she wrote that she could not handle anything, the app's reframing prompt felt hollow. The reading explains this gap: AI cannot provide therapeutic alliance — the trust and genuine care of a human relationship — or adapt to complexity the way a person can. Priya needed to be sat with, not handed a prompt, and the app could not close that gap.

2. Priya shared intensely personal mental health disclosures with Woebot — ongoing anxiety, a breaking point, a feeling of being unable to cope. The regulatory gray zone means Woebot is not covered by HIPAA and faces no legal obligation to protect that data the way a licensed therapist must. The company can use her disclosures for product development, share them with partners, or store them in ways a therapist could never do. For a teenager who trusted the app with her most vulnerable moments, that gap in protection is a serious risk she was almost certainly unaware of.

Multiple Choice

1. D
2. A
3. D

Matching

1-E, 2-C, 3-D, 4-A, 5-B

Fill-in-the-Blank

1) behavioral, 2) alliance, 3) FDA

Short Answer (Sample Responses)

Q1: AI mental health apps address three major access barriers: cost (most are free or low-cost), availability (no appointment, waitlist, or scheduling required), and stigma (users access support privately with no one knowing). Adolescents face all three barriers acutely — they rarely have independent income, cannot schedule their own appointments, and face intense social pressure around appearing okay. An app available during a 2 a.m. anxiety spiral provides meaningfully more than the nothing that would otherwise be available for many teens.

Q2: First, AI cannot provide therapeutic alliance — the human relationship research consistently identifies as a primary driver of therapy outcomes. A user navigating serious depression or trauma needs a therapist who knows their history and genuinely cares; an AI provides none of this. Second, AI cannot handle crisis. When someone discloses suicidal ideation, a therapist can conduct a safety assessment and involve emergency services; an AI redirects to a hotline. Both limitations are most serious precisely when a user's need is greatest — making the 'it helps some people some of the time' argument insufficient for users in genuine crisis.

Q3: The argument is strategically framed but misleading. What matters is not how a company describes its product but what users actually do with it and what impact it has. Millions of users access these apps specifically during mental health crises as an alternative to professional support. When an app uses clinical techniques, markets itself as a mental health resource, and is used by people in genuine distress, calling it a journaling tool is a legal strategy, not an accurate description. The regulatory gray zone exists because rules were written before these tools existed — not because the tools lack medical impact. Regulators and legislators are increasingly recognizing this distinction.