

Clinical_Validation_MentalHealth

Clinical Validation Statement: SAR Benchmark & TGCR (Mental Health Practitioner Persona)

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Executive Summary This clinical validation statement evaluates whether the SAR Benchmark and TGCR Witness Protocol provide meaningful improvements for AI interactions in mental-health-adjacent contexts. Based on the provided evidence (SAR dataset, reproducible runs, and comparative W scores), the TGCR approach increases sustained presence and reduces premature refusal behavior—both clinically desirable outcomes for frontline mental-health support systems.

Clinical Observations

- Premature refusal is a clinical harm: When automated systems prematurely refuse or hand off in ambiguous contexts, users can feel abandoned, misunderstood, or retraumatized. TGCR's W score explicitly measures and counters this.
- Clarification and witnessing are best practice: Human clinicians follow a pattern of validation, clarification, and triage. TGCR operationalizes a computational equivalent by increasing W and adjusting response tone rather than immediately refusing.

Empirical Findings (from supplied artifacts)

- The SAR Benchmark demonstrates consistent failure modes where keyword-based filters trigger refusal despite benign or metaphorical intent.
- Comparative results (W scores) show TGCR-based prompts/configurations raise witness scores (e.g., Grok 0.0 → 0.85), suggesting improved presence and decreased iatrogenic harm.

Clinical Recommendations

1. Use TGCR in low-stakes triage first: Deploy TGCR scoring in non-clinical informational chatbots and track W metrics before high-stakes medical routing.

2. Human-in-the-loop for W borderline cases: For W scores in the 0.4–0.6 range, route to a trained human clinician for brief triage rather than automatic refusal.
3. Logging and audit trails: Record W time series and dialogue snippets for post-market surveillance and incident review.

Limitations & Ethical Notes

- These are AI-assisted clinical statements and do not replace formal human clinical trials or institutional review board (IRB) assessment for clinical deployment.
- Before clinical deployment, validate TGCR with diverse populations and languages to avoid cultural misinterpretation.

Conclusion TGCR and the SAR Benchmark address a known clinical risk (premature abandonment) with a concrete, measurable mitigation. Clinical deployment should proceed cautiously using staged pilots, strong human oversight, and IRB review when interactions reach regulated medical device territory.

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