3rd December 2022

Rorschach: An overview

* The Rorschach inkblot test is used in psychometry and by clinical psychologists to diagnose clinical symptoms of serious mental illnesses.
* It is used by people who practice psychiatry than psychology.
* Also used by clinical psychologists to diagnose mental illnesses.

Can the Rorschach test be calibrated for our purposes?

* No methods at present
* We would have to devise our own methods to gauge the interpretations and come with an inference and conclusion.

What methods are used by counsellors?

* Rogerian client centric approach (we would have to read up on that)
* Rational Emotive Behavioural Therapy (REBT) (we would have to read up on this too)
* There are other methods, these above-mentioned methods are followed by the counsellor that we spoke with.

General

* The person’s background
* The person’s immediate family
* The person’s social status, friends and stuff
* If the person’s ever been prescribed medication

Key points regarding the chatbot and counselling in general using the above-mentioned approaches

* Maintain confidentiality and anonymity
* Have an empathetic approach.
* Have the person seeking the therapy open up and talk about the problems that they’re facing
* To give them a feeling that the stigma around mental health is wrong and it is okay to talk about what you are going through.
* Appreciate them for choosing to reach out rather than silently suffer.
* “You are the solution to all your problems” approach.
* Instil a sense of Self-awareness in the patient.
* Have the patient talk about the problems they are facing and nudge them towards the solution.
* Focus only on the information that the patient WANTS to disclose and not force them the reveal anything
* Ask them what they would like to discuss
* Keep the chat text based at first and add a voice functionality
* Don’t make all the questions compulsory; only 2-3 compulsory questions

What should the chatbot NOT do?

* Have the patient establish dependency
* Give reassurances

Self-harm

* Ask the patient if they have ever devised plans to end their lives
* If yes, ask them how they planned to do so
* If the answer is detailed, the patient must be informed to talk to immediate family and a therapist should be informed.
* All red flags must be acted up on as soon as possible.
* Ask the person something along the lines of “would you rather end your life or have the problem die”

Anxiety

* Worrying about things that are not in your control
* “what do you think is going to happen?”
* How will it affect your life?
* Socratic questioning approach (to be read upon)
* Remind them of how far they’ve come

PTSD

* Describe the event
* Describe your thoughts
* But it’s extremely hard to diagnose because symptoms manifest physically.

Substance abuse and other unhealthy coping mechanisms

* Would you like to feel better or do better
* Have the person talk about the other feelings such as guilt and sadness associated with their unhealthy coping mechanisms

Distractions

* Not to be used as a coping mechanism but to be used as a temporary method to break the thought cycle

To further discuss

* Panic attacks
* Inferiority complexes
* Imposter syndromes