

THE UNDERRATED DISPATCH

MONTHLY STRATEGIES FOR THE UNDERDOG CLINICIAN

THIS MONTH'S FEATURE READING AI.

Clinical Judgment in AI-Assisted Practice

When I simplified the platform in May, I stepped away from self-study CE. This isn't a return to that. It's a live program built around one question: how clinicians should read what AI gives them.

Most guidance says verify the output. This course teaches how. Harm reduction applied to AI: caution, not fear.

First cohort starts January 11, 2027, capped at 25. 30 live hours, CE approval pending.

Reserving is free, and nothing is charged until CE approval is confirmed. Members get 20% off and priority registration.

[RESERVE MY SEAT](#)

BONUS SPECIAL: AI IN CLINICAL PRACTICE

New here? [Start with the series.](#)

If the course is the first you're hearing of this work, the series is where it started. Foundation made the case that AI output always carries a standpoint. Recognition is about learning to see the frame: the tool's, the client's, and your own. The series is free and works through the ideas one post at a time. The course is where you practice them live. One doesn't replace the other.

QUICK WIN TOOL OF THE MONTH

Making Do

Holding high acuity in outpatient care.

A higher level of care was recommended. It isn't happening. Maybe it's insurance, a job, childcare, or the client's own decision. They're staying in outpatient care.

This two-page guide starts with the level-of-care conversation to have at intake, then walks through a cycle to run every session: checking whether fear or numbness is steering you, deciding whether escalating risk can still be addressed here, adjusting what you offer, keeping the door open, and documenting clearly without writing defensively. Includes example notes, side by side.

Free for all subscribers.

IMPLEMENTATION NOTES

You don't need all of it in every note. You need it in the chart. Risk goes in every session, with specifics. Level-of-care conversations, support offered, and the client's decision go in when they happen.



[GET THE GUIDE](#)

OCTOBER MISSION UPDATES

- **Reading AI (10/1)** — Seat reservations open for the January cohort
- **October Calendar (10/1)**
- **Mental Illness Awareness Week (10/4–10/10)** and **World Mental Health Day (10/10)**
- **Monthly Content Drop (10/15)**
- **New Clinician Survival Series** — On pause while other projects are in development. All posts remain available.
- **Speaking: ICB Fall Conference (10/21, Springfield)** — “The Judgment You Can’t Outsource.”

Underrated Tactic: Supervise for Realism, Not Fear

Supervision is where a new clinician's fears about a high-acuity client can be normalized and validated. But if the only answer they hear is “refer out,” they learn to treat fear as clinical judgment. If they hear “she's always like this,” they learn to stop looking. Supervise for realism instead: what the client needs, what this level of care can hold, and what the clinician is feeling. The goal isn't a clinician who's never afraid. It's one who knows what to do with it

PAIRS PERFECTLY WITH THIS MONTH'S QUICK
WIN: MAKING DO