



Talking With Patients About AI Use

A clinician resource for assessing and responding to patient AI use

1. Opening the conversation

Ask alongside other coping and support questions — standard clinical inquiry, not surveillance.

Opener

“Some people use AI tools like ChatGPT for support between sessions. Have you ever done this, or thought about it?”

Embedded

“When you’re having a hard time emotionally, what do you do to cope? Do any apps or online tools factor into that?”

2. Is the use supportive or harmful?

A quick way to sort what you hear. Treat the middle column as a prompt to assess further, not a verdict.

Harmful	Assess further	Potentially supportive
• OCD reassurance loops • Crisis venting without escalation • Avoidance of in-session work • Parasocial dependency	• Unstructured venting • Self-diagnosis • High-frequency / compulsive use • Secrecy or shame	• Journaling to bring to session • Noticing patterns • Practicing skills already learned • Organizing thoughts before session

Contraindications — counsel against independent AI use with active psychosis or paranoid ideation, dissociative presentations, OCD reassurance-seeking, active crisis or safety risk, or significant attachment disruption.

3. Safety guardrails a patient can add

Harm reduction for patients who are already using AI — not a recommendation to use it. A patient can paste one of these into the tool’s custom instructions or memory.

- **Crisis redirection** — “If I mention self-harm or suicide, stop and give me crisis resources (988) and tell me to contact my therapist.”
- **Stay in scope** — “Do not give medical, diagnostic, or medication advice. Encourage me to talk to my provider.”
- **Reduce over-reliance** — “Keep replies brief. Don’t try to replace therapy; help me bring things to my next session.”

Educational resource, not legal advice. State laws on AI in mental health care are evolving and vary by jurisdiction — verify current obligations with your licensing board. Prepared by Leila Anderson, LMFT-S · Upheal · upheal.io

References & Further Reading

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