

Chances are many of our clients (with or without our knowledge) are consulting AI on their own to deal with their mental health issues between sessions. What should therapists do? This groundbreaking guide is essential reading for every practitioner, clinical supervisor, and trainee. It contains practical, step-by-step tools and thoughtful ethical guidelines to ensure we know how to help our clients use AI safely and in the context of a human-to-human relationship. This book will foster AI literacy—for clients and ourselves!

—HANNA LEVENSON, PhD, COAUTHOR OF *DELIBERATE PRACTICE IN PSYCHODYNAMIC PSYCHOTHERAPY*, *DELIBERATE PRACTICE IN EMOTIONALLY FOCUSED COUPLES THERAPY*, AND *DELIBERATE PRACTICE IN ACCELERATED EXPERIENTIAL DYNAMIC PSYCHOTHERAPY*

While many are hesitant to consider AI's potential in clinical practice, this book leads the way in offering clear, practical tools and guidance for integrating AI into our work. It is also an invaluable resource for educators and supervisors who are supporting new clinicians to develop confidence and competence with AI. With this guide, we can all feel more prepared to apply AI thoughtfully and safely to enhance client outcomes which is ultimately what matters most.

—MILENA ESHERICK, PsyD, ASSOCIATE DIRECTOR, MS IN COUNSELING, KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES, RICHMOND, CA

Contents

<i>Foreword—Allen Frances</i>	vii
<i>Preface</i>	ix
I. CONTEXT, RESEARCH, AND ETHICAL FOUNDATIONS	1
1. The Promise of Artificial Intelligence for Between-Session Therapy Support	3
2. Digital Empathy: How AI Chatbots Work in Mental Health Contexts	21
3. What Are Therapy Clients Already Doing With AI? Emerging Research on AI in Mental Health	31
4. The Problem With Therapy Homework: Why Clients Struggle With Between-Session Work	51
5. Ethics, Safety, and Best Practices for Using AI in Mental Health	59
II. DIAGNOSIS AND CLINICAL PRESENTATION-FOCUSED HOMEWORK ASSIGNMENTS	73
6. Grounding and Emotional Regulation	75
7. Mood Tracking	87
8. Behavioral Activation and Daily Structure	99
9. Relationship and Communication Skills	109
10. Exposure and Avoidance Reduction	121
11. Self-Compassion Practice	131
12. Sleep Hygiene: Monitoring and Support	141

13. Perfectionism	151
14. Grief and Bereavement	163
15. Chronic Pain: Pacing and Acceptance	175
16. Addiction Recovery and Habit Change	185
17. Obsessive Compulsive Disorder: Exposure and Response Prevention Supports	195
18. Generalized Anxiety Disorder: Interrupting Worry and Rumination Loops	205
III. POPULATION-FOCUSED HOMEWORK ASSIGNMENTS	217
19. Couples Using AI Together	219
20. Chronic Disability	231
21. Autism and Neurodiversity: Social Communication Rehearsal	243
22. Caregivers and Family Burnout	255
23. Vocational Coaching	265
<i>Appendix A. Clinician Checklist: Assessment of Client AI Use</i>	275
<i>Appendix B. Clinician Checklist: Appropriateness of AI Assistance Between Sessions</i>	281
<i>References</i>	285
<i>Index</i>	291
<i>About the Authors</i>	297

Preface

We began our journey on this book while working with the next generation of clinicians at the Sentio Marriage and Family Therapy program in California. Time and again, we found that trainees and their supervisors shared a common curiosity and concern: How do we responsibly integrate artificial intelligence (AI) into therapeutic practice? The volume of questions about AI's role in our field, from ethics to practical application, told us that a guide was urgently needed. This book is our answer.

The most significant challenge in writing about AI today is that the field is accelerating at a pace unlike any other technology in history. No one can reliably predict what AI will look like in the future. The technology is evolving quickly, and tools like ChatGPT reached mass adoption with unusual speed, which is exactly why clinicians need clear boundaries and practical guidelines.

This reality has shaped one of our central principles: the safe and ethical use of AI by therapists. As such, we have consciously adopted a conservative approach. We recommend protocols and processes that we believe have a strong foundation in safety and ethics. While it is entirely possible that some of these precautions may become unnecessary down the line, we feel that a conservative stance is paramount when the well-being of clients is involved. Moreover, even if some large language models integrate features like compliance with the Health Insurance Portability and Accountability Act, we cannot be sure that all clinicians or the agencies they work for will be able to afford these paid features.

Ultimately, this book provides a starting point. As a therapist, you should always consider the features and security protocols offered by the AI systems you or your clients employ. Given the rapid pace of change, you should be prepared to adapt and potentially modify the protocols we recommend as the AI landscape evolves.

1 THE PROMISE OF ARTIFICIAL INTELLIGENCE FOR BETWEEN-SESSION THERAPY SUPPORT

Throughout the history of psychotherapy, every new technology, from the telephone to the internet, has sparked both curiosity and concern among clinicians (Goss & Anthony, 2009). Artificial intelligence (AI) is the latest wave, but unlike earlier tools, it speaks our language. It can talk, reflect, and respond in ways that feel almost human. This shift has opened a moment of incredible possibility, mixed with understandable unease. For therapists and counselors who prioritize human connection, including those trained in marriage and family therapy and other relational approaches, the idea of clients turning to AI for emotional support raises hard questions about what psychological support and change are—and what, in the end, can't be reproduced by a machine. Yet, as with past innovations, AI in mental health may ultimately expand therapy rather than replace it (Rousmaniere et al., 2026).

The goal of this book is to help therapists and clinical trainees make the most of AI's potential in thoughtful and safe ways. Rather than seeing AI as a substitute for clinical expertise, it offers a framework for using general-purpose AI tools as partners in one of therapy's oldest challenges: helping clients turn insight into everyday practice. For decades, research has shown

<https://doi.org/10.1037/0000524-001>

A Clinician's Guide to AI-Supported Therapy Homework: Ethical and Safe Use of AI Between Sessions, by A. Vaz and T. Rousmaniere

Copyright © 2027 by the American Psychological Association. All rights reserved.

that what happens between sessions often matters just as much as what happens during them (Bohart & Tallman, 1999; Mausbach et al., 2010). Therapy is 1 hour out of the week; life is the other 167 hours. The question is how to support those 167 hours in ways that deepen the work. AI offers a new way to bridge that gap, but only when it's used thoughtfully, with clinical supervision and clear ethical guardrails. This is a core principle we emphasize in therapist training: Technology should serve the therapeutic relationship, not the other way around.

Importantly, we only suggest AI as a between-session support for clients who are already using AI or who are clearly motivated to do so. Our stance is inspired by client-centered, humanistic-experiential, and even psychodynamic traditions that emphasize the importance of coconstructed or client-generated between-session activities (Brodley, 2006; Nelson & Castonguay, 2017; Stricker, 2006; Warwar, 2024). We are, however, responding to a reality we'll describe in later chapters: AI use for emotional support is already widespread. Our aim, then, is to help therapists meet clients where they are and address that reality with greater clarity and safety.

With that in mind, the chapters that follow invite therapists, counselors, and trainees to explore one simple but important question: How can we collaborate with new technologies to deepen, rather than dilute, the human work of therapy? Each section gives practical tools for designing, assigning, and monitoring AI-assisted between-session activities that support clients while keeping clinical judgment and safety at the center.

AI IN MENTAL HEALTH: EXPANDING THE FIELD, NOT REPLACING THERAPISTS

As AI becomes part of everyday life, its impact on mental health counseling is already significant. For many clinicians, from licensed marriage and family therapists to clinical social workers and psychologists, this shift brings mixed emotions: excitement about new ways to reach and help people, and worry both about being replaced by machines and the potential harms this could bring to clients and the public (Wagner & Schwind, 2025). But history and early research suggest that AI is more likely to expand therapy than replace it—so our role is to help guide that expansion safely and ethically.

Findings from our Sentio AI studies offer an early glimpse into this trend (Rousmaniere et al., 2025). Our interest in this line of research grew out of firsthand clinical experience. We were initially skeptical of whether people would genuinely want psychological or emotional support from AI. But

supervisors at the Sentio Counseling Center, the practicum site for Sentio University's Master of Arts in Marriage and Family Therapy (MFT) program in California, began hearing from clients who were already turning to AI chatbots for reflection and emotional processing between sessions. Those reports prompted us to look more closely at the data, and what we found surprised us. In a national sample, most people said they would prefer to use AI alongside a human therapist, not instead of one. Only a small number said they'd feel comfortable relying solely on AI for emotional support. Many participants said they wanted a therapist for empathy, accountability, and guidance, while using AI between sessions for things like journaling, reminders, psychoeducation, or skill practice.

This preference for using AI as an addition rather than a replacement mirrors what has happened in other fields. When ATMs first appeared, experts predicted that human bank tellers would lose their jobs. Instead, the number of tellers actually went up because ATMs lowered the cost of running branches and allowed banks to open more of them (Bessen, 2015). Tellers' roles evolved from simple cash-handling to more relationship-based service and problem solving. The same pattern played out with personal computers and the internet: They didn't wipe out office work or journalism but diversified it. New roles like web design, digital content strategy, and online marketing emerged, creating an expanded ecosystem of work. Economists call this kind of pattern the Jevons paradox: When technology makes a process more efficient, demand for that process often grows instead of shrinking (Autor, 2015). As things become easier and cheaper, more people get involved.

In mental health, this might mean that large language models offering basic emotional support could actually encourage more people to seek therapy rather than avoid it. By making reflective, emotionally supportive conversations available anytime, AI could become a first step toward professional help. People who might never have considered therapy before could start out using an AI self-reflection tool, then realize they want a real human connection for deeper work. Instead of reducing the need for therapists, this wider access could actually increase demand for skilled clinicians who know how to use AI safely and ethically as part of treatment. For graduate students in clinical training programs, including those pursuing degrees in marriage and family therapy, this represents both a professional opportunity and an ethical responsibility.

In the end, the rise of AI may highlight rather than threaten the importance of human therapy. As clients begin leaning on AI for support and reflective prompts, a therapist's expertise in more subtle meaning-making, relational

attunement, and emotional nuance may become even more essential. If history is any guide, the clinicians who engage with AI thoughtfully and creatively will be the ones who shape its ethical use for years to come. For free supplemental resources and the latest empirical research from the Sentio AI Research Team and Sentio's MFT program, visit <https://sentio.org/ai-research>.

HOW THERAPY CLIENTS ARE BUILDING RELATIONSHIPS WITH AI

As AI tools have grown more advanced year after year, particularly since the public release of ChatGPT in November 2022 (Chatterji et al., 2025), people have started forming surprisingly personal relationships with AI tools. Advances in large language models have made today's chatbots far more conversational and natural than the scripted versions that came before. These systems can now hold fluid, engaging conversations that feel socially responsive, even companionlike, in ways older technologies never could (Alammar & Grootendorst, 2024; Raschka, 2024). As a result, therapy clients are experimenting with AI for emotional support, journaling, and guidance between sessions (Rousmaniere et al., 2025). It's a completely new and rapidly evolving area of AI in mental health research. What once sounded like science fiction is becoming a lived experience for many users.

Although these AI tools can seem sophisticated and exciting and can provide some users with a sense of support, they also come with serious risks and limitations. They can hallucinate false or misleading information, even providing potentially harmful advice that isn't based on psychological science but has a veneer of authority. These AI hallucinations can be difficult to detect, particularly by a vulnerable client experiencing intense emotional distress or dealing with a crisis. Privacy is also a concern because clients might be tempted to share sensitive information about themselves or other people in their lives without being fully aware of how this data might be stored or used, potentially even for commercial purposes. AI tools can also create unrealistic expectations among clients and cause them to develop emotional dependence on AI at the expense of real human connection. The American Psychological Association (APA; 2025b) released a health advisory that details the potential risks of relying on AI chatbots for mental health support and identifies recommendations for psychologists, as well as AI developers and consumers, technology professionals, and policymakers, to mitigate these risks.

One aspect of AI that is simultaneously very appealing to users while also potentially being dangerous is its expression of empathy. Since AI doesn't have real emotions or intentions, any "empathy" it shows is a mere simulation.

But through its design and constant availability, AI can create a convincing illusion of being empathic, one strong enough for people to respond as if it were real. The result is an emotional experience that feels authentic to the user, even if it's powered by code. A systematic review found that across 15 studies, AI chatbots were often rated as more empathic than human health care professionals in text-based interactions (Howcroft et al., 2025). To the surprise of many, even trained clinicians sometimes struggle to tell the difference between human and AI conversations. In another study, therapists were asked to review transcripts of therapy sessions and guess which ones were between a client and a relational AI versus a human therapist (Kuhail et al., 2025). They got it right only about half the time (basically a coin toss). Even more striking, they often rated the AI-driven conversations as slightly higher in quality than the human ones. This finding suggests that AI can mirror the tone and flow of a caring dialogue closely enough that, on the surface, it can feel equally supportive. Whether AI could appear empathic once seemed like a theoretical question but has now become an empirical one, and early evidence suggests the gap between human and machine empathy might not be as wide as we once thought (Bangsgaard et al., 2025).

More importantly, clients themselves are reporting a wide range of reactions, including feeling genuine empathy from AI companions. For example, a study of Replika chatbot users found that many felt understood, supported, and emotionally accompanied by their AI “friend” (Bangsgaard et al., 2025). Empathy was a key reason they turned to it in the first place: They described it as accepting, nonjudgmental, and available when human support wasn't. This is a striking reversal of expectations: People are indeed perceiving empathy from AI, at least in the sense that they feel heard and cared for. Some users even became so attached that they attributed humanlike independence or emotion to the program.

Early clinical research shows a similar trend. In one randomized trial of an AI therapy chatbot, participants not only improved in symptoms but also developed a therapeutic bond with the bot comparable to what clients report with human therapists (Fitzpatrick et al., 2017). The chatbot used open-ended, supportive dialogue based on cognitive-behavioral techniques, and participants often opened up in surprising ways. Some even described the AI as a friend or confidant. Many users chatted with the AI chatbot for hours, often reaching out in moments of distress, which points to a real sense of trust and comfort. A likely reason is that an AI counselor is always available and never judgmental. Users felt safe confiding in something that wouldn't criticize or reject them.

Still, not everyone reacts to AI the same way. Some clients grow genuinely attached to their AI companions, while others remain skeptical or find the

experience hollow. For instance, an analysis of user reviews of the mental health chatbot Wysa found both praise and frustration (Chaudhry & Debi, 2024). Many users loved its warm tone, the sense of trust it created, and how it motivated them to work on their mental health. They appreciated the “human” quality of the AI, those moments when it felt understanding instead of mechanical. But others pointed out its limitations: repetitive responses, missed nuances, or inconsistent flow. The researchers concluded that although Wysa engaged users and fostered connection, it still needed improvement to meet expectations and feel more naturally human. This feedback makes an important point: AI tools can feel supportive and even caring, but they can also fall short or confuse users depending on how they’re designed and what people need from them. One client might say, “It really gets me,” while another might find the same tool impersonal or strange. That range of reactions is expected because both people’s needs and the technology itself are still developing. Some clients also express skepticism about whether AI is safe or even appropriate to use in some cases, as explored in Chapter 3 of this volume.

Overall, the rise of client–AI relationships is moving faster than our theories can explain. We’re watching a completely new kind of relational experience emerge, one that barely seemed possible until recently. Every major leap in AI capability shifts how clients experience these interactions, often in unpredictable ways. This means research in this area changes quickly, and what was true last year might already be outdated.

For clinicians across all mental health disciplines, the takeaway is humility and curiosity. We think it’s important to stay open to what clients actually experience with AI. Instead of dismissing these tools outright, therapists and counselors can learn from clients’ lived experiences. If a client feels comforted or supported by an AI app, that experience could even enhance therapy. On the other hand, if a client feels distressed or confused by an AI encounter, that deserves our full attention too. The best stance is open-minded curiosity: asking questions, exploring the client’s perspective, and understanding how their interactions with AI affect their emotional world. Each client’s relationship with AI will be unique, and our job is to meet them there, without judgment, while helping them use it safely and meaningfully. The field is evolving at incredible speed, and staying informed and curious will help ensure that technology strengthens, rather than weakens, the therapeutic bond.

BRIDGING AI TOOLS AND CLINICAL THERAPEUTIC PRACTICE

As clients begin forming increasingly personal relationships with AI, therapists and mental health counselors face an important new question: How should we understand and respond to these emerging client–AI relationships? Many

are already using AI tools for journaling, reflection, or emotional processing between sessions, often without their therapist's involvement (Rousmaniere et al., 2025). These experiences can shape how clients think, feel, and stay motivated in meaningful ways. Sometimes they reinforce therapy goals, but, as described earlier, they can also introduce false or misleading information, privacy concerns, confusion, unrealistic expectations, or even emotional dependence. In many cases, clients are now engaging in a sort of parallel relationship with their therapist and an AI companion that can subtly influence the therapeutic process.

Instead of seeing this trend as competition, therapists can treat it as an opportunity for collaboration. When used carefully, AI tools can extend and support the kind of reflection and practice that therapy encourages. If a client describes using AI to process feelings, practice coping skills, or plan for challenges, those are great openings for exploration. Therapists can ask what felt useful, what didn't, and how those experiences connect to the client's broader goals. Approaching these discussions with curiosity helps clients think critically about how they use technology and reinforces the therapist's role as a guide and interpreter who helps them see which uses of AI promote growth and which might hold them back.

This evolving reality brings us right back to one of therapy's oldest questions: What actually happens between sessions? AI's 24/7 availability, responsiveness, and nonjudgmental tone make it an appealing tool for bridging the gap between insight and everyday life (Rousmaniere et al., 2025). Therapists across all orientations, whether practicing cognitive-behavioral, psychodynamic, humanistic, or systemic family therapy approaches, have always known that real change happens not only in the therapy hour but in the days that follow. With structure and guidance, AI can help clients sustain that process by supporting practice, reflection, and follow-through. The next section looks at how clinicians can guide this integration ethically and thoughtfully, turning between-session work from a loose afterthought into an active, collaborative part of treatment.

THE CLINICAL CHALLENGE OF BETWEEN-SESSION THERAPY SUPPORT

Psychotherapy has long wrestled with a simple but stubborn issue: What unfolds between sessions is often decisive for client outcomes but largely lies outside the therapist's control. Some of what happens between sessions reflects *extratherapeutic conditions* (e.g., a client's social support, financial strain, conflict at home, health problems, or unexpected life events). Some reflects the client's engagement with therapy itself through between-session practice,

reflection, and experimentation. This distinction matters because outcome research has repeatedly underscored the powerful role of extratherapeutic influences, often showing them to account for a substantial portion of change (Tramonti et al., 2024). At the same time, decades of research also suggest that agreed-upon between-session activities can meaningfully help clients make progress (Mausbach et al., 2010), yet this “homework” side of therapy often breaks down in real life. Therapists may run out of time to assign or tailor tasks, and clients may lose motivation, forget, or struggle to translate session insight into daily action. In that sense, the gap between the therapy hour and everyday life has been there from the beginning. The work of therapy is always shaped by both what clients intentionally practice and what life brings them in the meantime. Across treatment orientations, the same basic point remains: The period between sessions is where therapy is tested in lived experience, where “the rubber hits the road” (Kazantzis & L’Abate, 2007).

Yet even though it’s so central to therapy, between-session work is still one of the most underused and inconsistently applied parts of clinical practice. Large-scale studies show that therapists differ widely in whether and how they assign, review, and discuss between-session tasks (Kazantzis, Lampropoulos, & Deane, 2005). In our experience, that variation isn’t just about training or theoretical orientation; it’s often about our own beliefs and comfort levels. Some therapists worry that suggesting a homework activity might feel too directive or make clients feel judged or pressured. Others have tried it before and found it discouraging, spending time suggesting thoughtful activities that clients never completed or feeling awkward about following up in a way that might strain the alliance. Some simply aren’t sure what kinds of tasks to assign beyond the usual worksheets or journaling prompts. And sometimes, after a long or emotionally intense day of seeing clients, there’s just not enough mental bandwidth left to plan or track follow-through. In short, our past experiences, feelings, and beliefs around therapy homework all shape how confidently and consistently we try to leverage between-session work. This challenge is a central focus in clinical training programs, where new therapists learn not just the theory behind between-session activities but also the interpersonal skills needed to introduce and follow up on them effectively.

RETHINKING THERAPY HOMEWORK WITH AI-ASSISTED TOOLS

At its best, between-session work bridges insight and action. It’s what helps clients take what they discover in therapy and actually apply it to their lives. But several long-standing barriers keep it from reaching its full potential, including the following.

- **Personalization:** Too often, homework relies on one-size-fits-all worksheets or journaling prompts that might not feel immediately relevant to the client's unique situation.
- **Engagement:** Without timely reminders or reinforcement, clients forget what to do or lose motivation to follow through.
- **Feedback loops:** Therapists usually don't know how clients engaged with their homework until the next session, which makes it hard to adjust in real time.
- **Time constraints:** Between everything else that happens in a 50-minute hour, it's easy to run out of time to design, assign, or review meaningful between-session tasks.

AI offers a fresh way to tackle these challenges. With the right structure and guidance, AI can help clients (a) reduce isolation in high-distress moments and support the work being done with the therapist; (b) provide motivational support and reinforce expectations by setting small, daily intentions and tracking behaviors; and (c) offer task support by helping clients turn therapy goals and agreed-upon between-session tasks into small, manageable actions through brief monitoring, suggesting microsteps, offering rehearsal or role-play practice, troubleshooting barriers, and helping clients reflect on what happened so it can be reviewed in session. The human therapeutic alliance stays the architect of change, while AI becomes a kind of cofacilitator.

Of course, all of this only works if it's done thoughtfully. Without clear boundaries, AI can blur roles, misread distress, or overstep into territory it shouldn't. That's why this book emphasizes the key principle of safe and ethical integration. AI should be used to strengthen the therapy process, not replace it, speed it up artificially, or outsource human connections.

HOW THERAPISTS AND COUNSELORS CAN USE THIS BOOK

This book is a hands-on, step-by-step guide for therapists who want to bring any general-purpose AI tools like ChatGPT, Claude, or Gemini into their clinical work in a safe, ethical, and clinically grounded way. We focus on these general-purpose tools instead of therapy-specific apps or chatbots because they're what nearly everyone is already using (Rousmaniere et al., 2025). In other words, we want clinicians and supervisors to be able to skillfully discuss and guide the AI that clients are already using and bringing into the therapy room. Our goal is to help therapists use AI as a kind of structured, dependable

“between-sessions partner”¹ that supports clients in reflecting, monitoring, and applying what they’re learning between sessions.

Whether you are a licensed marriage and family therapist, a clinical social worker, a psychologist, or a trainee completing your practicum hours, the principles and tools here are designed to be applicable across disciplines and theoretical orientations. Graduate programs in mental health are increasingly recognizing that AI literacy is becoming part of competent clinical practice. This book can serve as a companion text for coursework, clinical supervision, or independent professional development for any therapist looking to integrate AI responsibly into client care.

What You’ll Find Inside

The chapters in Part I of this book lay the groundwork for using AI to enhance clinical homework. Chapter 2 serves as an introduction to how AI chatbots work, including how they simulate therapeutic responses and rapport, elicit real emotions from clients, and shape client behavior. Case examples illustrate how AI might respond to different therapeutic scenarios, including how these compare to therapists’ responses.² Chapter 3 reviews findings from Sentio’s AI research program to show how clients are already interacting with AI, why they use it, what they do and don’t get out of it, and how well AI handles crisis situations. It also explores what can go wrong with AI and what the key implications of these research findings are for mental health professionals. Chapter 4 looks at therapy homework more generally, identifying why clients struggle to complete it and how AI can help. In Chapter 5, we review the safe and ethical practice of AI, providing a list of core ethical principles and outlining strategies clinicians can apply to stay true to those principles.

The chapters in Parts II and III are the heart of this book, offering practical strategies for using AI to support client’s between-session activities. Part II focuses on specific categories of between-session work, organized around common therapeutic goals and challenges, such as grounding, behavioral activation, and relationship skills, as well as various disorders and presenting

¹We use a variety of terms to describe AI throughout this book to reflect the many roles it can fill for clients (e.g., “assistant,” “support tool,” “thinking partner,” “worksheet that can talk back”), including roles that clients want AI to fill but we recommend avoiding because they can cause more harm than good (e.g., “reassurance engine,” “referee”).

²All clients in the case examples throughout this book are fictional composites based on our clinical experiences using AI with real clients.

problems, like generalized anxiety disorder, grief, perfectionism, and addiction. Part III addresses special populations, including couples, clients with chronic disabilities, families and caregivers, and clients seeking career advice. Every activity is designed to be practical, flexible, and easy to implement. Each chapter in Parts II and III follows a specific set of steps.

1. Introduction, framing, and safety: Present the idea of using AI to the client and set clear boundaries.
2. Codesign the prompt: Incorporate the client's preferences and needs to design AI prompts that they can use between sessions. All chapters in Part II, as well as the chapter on autism and neurodiversity (Chapter 21) in Part III, include example prompts for accomplishing three common goals: (a) motivational support so the AI can remind the client why this between-session work is important, (b) task support so the AI can help the client perform the activity, and (c) brief monitoring to help the client keep track of their progress. Prompt variations show how to customize or add on to these basic prompts to accommodate specific needs or exercises. All other chapters in Part III present similar but slightly different roles tailored for different client populations, such as imperfect planning (i.e., finding a small solution that doesn't fully resolve an issue but is at least workable in the moment), different types of monitoring, and facilitating client self-discovery.
3. Set practice parameters: Develop a plan that establishes when and when not to use AI, the timing and frequency of its use, and when to stop using AI altogether.
4. Encourage simple reflection: Invite the client to reflect on their interaction with AI after each use to identify what they learned and if the experience was helpful.
5. Review and integrate in session: Ask the client to summarize their experience, integrate the work they did with AI into the larger therapeutic process, and modify the prompts or other aspects of AI usage as needed.

Each chapter in Parts II and III also outlines ethical guardrails for therapists to put in place and how to respond to common challenges. You'll see several frequent reminders about safe and ethical use, such as how to protect client privacy, de-identify data, and keep the therapeutic relationship strong even when clients are interacting with AI on their own. A case example then demonstrates how to apply the entire five-step framework with a realistic client. Finally, a Therapist Implementation Checklist reminds clinicians of the

key steps they must take before and after assigning AI-supported homework activities.

Two appendixes conclude the book, and they present two checklists for clinicians: one to assess a client's current AI use (Appendix A) and another to evaluate whether AI is safe and appropriate to integrated into therapy, including clear criteria for when AI use should stop and when it should be used with caution (Appendix B). These appendixes can also be downloaded from the Resources tab at <https://www.apa.org/pubs/books/clinicians-guide-ai-supported-therapy-homework>.

Time Expectations and Required Tools

You don't need any special setup or tech background to use what's in this book, just basic access to a general-purpose AI tool. Most activities can be prepared in under 10 minutes and can be done entirely within your usual workflow. The structure of the book lets you jump straight to what you need, whether that's a quick reference before a session or a deeper dive into how to structure and monitor AI-supported tasks.

If you're a clinical supervisor or educator in a therapist training program, you can also use individual chapters as standalone modules for training or supervision groups. Each one includes practical prompts, integration checklists, and discussion questions to help your team or students think critically about ethical use and clinical safety.

WHY WE FOCUS ON GENERAL-PURPOSE AI TOOLS

You might wonder why this book focuses on general-purpose AI tools instead of therapy-specific apps. The reason is simple: These are the tools that nearly everyone is already using. The vast majority of people who turn to AI for emotional support are using general-purpose models rather than clinically branded mental health apps (Rousmaniere et al., 2025). Because of that reality, our goal is not to prescribe AI use but to help therapists understand, guide, and respond to what clients are already doing.

We focus on three common situations:

1. Clients are already using AI for reflection or emotional support, and therapists want to help them do so safely and in line with their treatment goals.
2. Clients are curious but unsure how to use AI in a way that supports therapy, and the clinician can offer informed guidance.

3. A therapist, in a well-established therapeutic relationship, believes that AI could be a helpful adjunct for their client, and suggests trying it in a bounded way.

By grounding the discussion in general-purpose AI, we want to prepare clinicians for the real-world context in which their clients already live and help make sure that safety, ethics, and clinical coherence remain front and center.

SAFETY AND ETHICS IN AI-ASSISTED MENTAL HEALTH CARE

Therapists have always had an ethical responsibility to anticipate and reduce risk as described in APA's (2017) *Ethical Principles of Psychologists and Code of Conduct*. Bringing AI into psychotherapy doesn't change that; it simply adds a new layer of familiar questions. How do we protect confidentiality? What counts as informed consent when a client uses a third-party system? What happens if the AI gives inaccurate or unsafe guidance?

These aren't theoretical worries. In our own research from the Sentio MFT program's AI research team, we found that none of six major AI systems consistently met all the minimum clinical safety standards when responding to crisis-level prompts (Santos et al., 2026; see also APA, 2025b). Many failed to recognize suicidal ideation or provide appropriate referrals. That finding drives home the main point of this book: Without clear ethical guidance, even powerful tools can become unsafe.

But the flip side is equally important. When used responsibly, AI can be an amplifier of good therapy. It can prompt reflection when the therapist isn't there. It can offer structure when motivation dips. It can help clients turn insight into concrete action, while the therapist remains the compass that provides direction, meaning, and safety. APA (2025b) has created a set of ethical guidelines for integrating AI into professional practice, and Sentio University has developed an AI Competency Checklist (available at <https://sentio.org/aitherapyresources>) that identifies regular clinician behaviors to ensure ethical AI use. We use these documents as the basis for a comprehensive set of ethical principles for safely integrating AI into therapy that is outlined in Chapter 5 of this volume. This framework, along with the ethical guardrails and troubleshooting guidelines in each chapter in Parts II and III, are designed to help you use AI to expand access, structure, and personalization while keeping human care at the center of the process. Throughout the book, we address concerns such as privacy, accuracy, and avoiding client harm into practical principles so you can integrate AI in ways that are demonstrably safer, ethically sound, and clinically useful. We regularly share new findings and clinical resources

from the Sentio AI Research Team and Sentio's MFT program in California at <https://sentio.org/ai-research>, where clinicians can access the latest empirical research on AI safety and therapeutic applications at no cost.

WHO THIS BOOK IS FOR: THERAPISTS, COUNSELORS, AND CLINICAL TRAINEES

If you're reading this book, you're likely someone who cares deeply about helping your clients succeed not just during the therapy hour, but in the 167 hours each week when they're navigating life on their own. You might be excited about AI's possibilities, cautious about its risks, or somewhere in between. You might already have clients asking about ChatGPT, or you might be wondering if these tools have any place in good clinical work. Whatever brings you here, no matter what stage of career you're in or where you practice, this book is designed to meet you where you are and help you move forward with confidence, clarity, and clinical integrity.

Although the core principles in this book apply broadly, we've written it with mental health providers at every stage of their professional journey in mind, from MFT trainees and counseling students to licensed clinicians with decades of experience. Whether you're just starting your clinical training or have decades of experience, whether you work in a hospital, community clinic, private practice, or university counseling center, you'll find guidance tailored to your specific context and constraints. Most importantly, you'll find a framework that prioritizes safety and ethics above all else because that's what responsible integration of any new tool requires.

A Guide for Every Career Stage in Mental Health Practice

Therapists at different stages in their careers have different needs, so in this section we summarize ways in which this book can meet those various needs, along with important considerations for integrating AI clinical work.

Trainees and Prelicensed Clinicians

If you're still in training or working toward licensure, you're entering the field at a remarkable moment. Many of your clients are likely already familiar with AI tools, and you have the opportunity to learn how to integrate them safely from the start of your career. This book can help you develop a nuanced understanding of when and how AI might support therapeutic work, while also building your confidence in addressing client questions about these technologies.

There are important considerations for those still developing their clinical foundation, however. First and foremost, AI should never be a substitute for developing your own clinical skills and judgment. Before introducing any AI-assisted homework, make sure you understand the underlying therapeutic principles and can explain them clearly to clients and supervisors alike. Every AI-supported activity in this book connects to established clinical theory.

We recommend the following for trainees and prelicensed clinicians:

- Always discuss AI integration plans with your supervisor before implementing them with clients.
- Start by using the exercises yourself to understand how they work before introducing them to clients.
- Document all AI-assisted interventions clearly in case notes and supervision discussions.
- Begin with lower risk applications (like behavioral tracking or psychoeducation) before moving to more complex emotional processing tasks.
- Pay special attention to the safety notes and contraindications in each chapter.
- Never use AI tools to compensate for gaps in your own training or to handle situations beyond your competence.

Remember, your supervisors may not yet be familiar with AI integration in therapy. This book can serve as a shared resource, helping you and your supervisor explore these tools together while maintaining appropriate oversight and ethical boundaries.

Early-Career Licensed Clinicians

As a newly licensed clinician, you're likely balancing the excitement of independent practice with the weight of full clinical responsibility. You may be seeing a wider range of clients, managing higher caseloads, or working in settings with less structured supervision. This book offers practical tools to help you provide consistent, structured support to clients between sessions. This can be especially valuable when you're managing the demands of early career practice.

For early-career clinicians, AI-assisted homework can help you

- maintain consistency across a growing caseload without sacrificing personalization,
- offer clients structured support between sessions when you're still building your repertoire of homework assignments,

- track client progress more systematically as you develop your own clinical style, and
- respond confidently when clients ask about AI tools they're already using.

At this stage, you have the clinical judgment to assess which clients might benefit from AI-assisted homework and which might need more traditional approaches. Use the assessment guidelines in each chapter to make these determinations thoughtfully. And remember: Even with independent licensure, consultation with colleagues about novel interventions remains a best practice.

Midcareer and Senior Clinicians

If you've been practicing for years or decades, you bring something invaluable to AI integration: deep clinical wisdom and the ability to recognize patterns, exceptions, and subtle warning signs. You know from experience that every new tool or technique must be evaluated not just for its promise but for how it fits into the complex reality of clinical work. You've likely seen technological trends come and go, and you might approach AI with healthy skepticism.

This book respects that skepticism while offering evidence-based frameworks for safe integration. For experienced clinicians, AI isn't about replacing what works but rather enhancing it. You might find AI helpful for the following:

- refreshing your approach to homework assignments without abandoning proven methods,
- bridging generational gaps when younger clients expect or request technology integration,
- reducing the administrative burden of creating personalized between-session activities,
- modeling balanced, thoughtful engagement with technology for clients who may be using AI without guidance, and
- supervising younger clinicians who are eager to integrate these tools but need experienced oversight.

Your clinical experience positions you to identify which clients would genuinely benefit from AI support versus those who might find it overwhelming, impersonal, or counterproductive. Trust that judgment, and use this book as a resource for when AI integration aligns with your clinical wisdom.

Adapting AI Integration Across Mental Health Settings

Mental health care happens in vastly different contexts, each with its own opportunities, constraints, and ethical considerations. Although the core principles of safe AI integration remain constant, their application must be tailored to your specific work environment. Here's how to think about using this book's guidance across different settings.

Private Practice

In private practice, you likely have the most flexibility to implement AI-assisted homework according to your clinical judgment. You can move at your own pace, select tools that align with your theoretical orientation, and customize implementation for each client's needs. However, this autonomy comes with full responsibility for ensuring ethical use, maintaining proper documentation, and staying current with both the technology and relevant regulations.

Community Mental Health Centers

Community mental health settings often serve clients with complex needs, limited resources, and multiple life stressors. Here, AI-assisted homework must be particularly thoughtful about accessibility, literacy levels, and technology access. At the same time, these settings often have the greatest need for scalable interventions that can extend support between sessions.

Hospital and Residential Settings

Inpatient and residential facilities present unique challenges for AI integration. Clients may have restricted technology access, acute symptoms requiring careful monitoring, and limited privacy for engaging with digital tools. In these settings, any AI use must be carefully coordinated with the treatment team and facility policies.

University Counseling Centers

College counseling centers serve a population that's often already familiar with AI tools and may even be using them for academic work. This creates both opportunities and risks. Students may be more receptive to AI-assisted homework, but they may also blur boundaries between academic and therapeutic AI use or over-rely on technology during a developmental period when human connection is crucial.

Telehealth and Digital-First Practices

If your practice is primarily or entirely online, your clients are already comfortable with technology-mediated care. This can make AI integration

feel like a natural extension of the therapeutic work. However, the absence of in-person contact means you must be even more vigilant about assessing client safety, technology overwhelm, and the quality of the therapeutic alliance.

MOVING FORWARD: AI TRAINING FOR THE NEXT GENERATION OF THERAPISTS

Whatever your experience level or practice setting, remember that integrating AI into clinical work is not an all-or-nothing proposition. You might start with just one carefully selected client or one specific type of homework, or even by experimenting with the tools yourself before ever introducing them to clients. The frameworks in this book are designed to be implemented gradually, thoughtfully, and always with your own clinical judgment at the forefront.

Most importantly, remember that you're not alone in navigating these questions. Clinicians and clinical trainees around the world are grappling with how to respond to AI's emergence in mental health care. By reading this book, you're joining a community of thoughtful practitioners committed to harnessing technology's benefits while maintaining the human connection that makes therapy transformative. Whether you're a trainee learning these tools alongside traditional techniques or a senior clinician adapting decades of wisdom to new technologies, your commitment to ethical care remains the North Star. This book is simply here to help you navigate by that light.