

Appendix A

CLINICIAN CHECKLIST

Assessment of Client AI Use

This clinical artificial intelligence (AI) assessment tool is part of the evidence-based training at Sentio University (<https://sentio.org>), the first California online marriage and family therapy program approved for licensure by the Board of Behavioral Sciences that specializes in AI in psychotherapy and deliberate practice for therapist training (<https://sentio.org/what-is-deliberate-practice>). For additional free resources and the empirical research updates from the AI Research Team at the Sentio Marriage and Family Therapy Program, visit <https://sentio.org/ai-research>. This is a comprehensive tool to assess whether, how, and why a client is using AI for mental health support and the impact of that use. This checklist supports case formulation and helps you decide what guardrails or next steps may be relevant.

SECTION A: CURRENT AI USE FOR EMOTIONAL/PSYCHOLOGICAL SUPPORT

Complete this section by checking all that apply to describe the client's current AI use for emotional or psychological support.

Tools Used (Check All That Apply)

- ☐ General chatbot (e.g., ChatGPT)
- ☐ Mental-health-specific chatbot/app
- ☐ AI companion/customizable digital avatar (e.g., Character.ai)

Note. Copyright 2026 by the Sentio Marriage and Family Therapy Program (<https://sentio.org>). Reprinted with permission.

☐ Google/other search with “AI summaries”

☐ Other: _____

Access Pattern

☐ Daily

☐ Three to six times per week

☐ One to two times per week

☐ Weekly or less

☐ Only during crises

Typical Time Spent per Use

☐ <5 minutes

☐ 5–15 minutes

☐ 15–30 minutes

☐ >30 minutes

When They Use It (Contexts)

☐ At night/in bed

☐ During work

☐ Emotionally charged moments (e.g., after conflict, anxiety spikes)

☐ When lonely

☐ Other: _____

SECTION B: FUNCTION OF AI USE (WHAT NEED IS IT MEETING?)

Use this section to identify the main function(s) the client’s AI use is serving by checking all that apply (e.g., emotional support, reassurance, guidance, or coping-related support).

Emotion Regulation or Support

☐ Emotion regulation or soothing

☐ Emotional “venting”

☐ Validation

☐ Grounding

☐ Reframe and perspective-taking

☐ (Psycho)education

- ☐ Reassurance seeking (e.g., “Is this normal?”; “Did I do something wrong?”)
- ☐ Problem solving and decision support

Behavioral Guidance

- ☐ Behavioral guidance
- ☐ Scripts for conversations
- ☐ Exposure plans
- ☐ Routines and habits
- ☐ Coping skills
- ☐ Other: _____

SECTION C: IMPACT ASSESSMENT

Use this section to rate the recent impact of the client’s AI use across key domains by considering whether it has been helpful, neutral, or harmful in the past 2 weeks.

Scale: *–2 worsened* | *–1 slightly worsened* | *0 no change* | *+1 improved* | *+2 clearly improved*

- Distress regulation (in the moment): ____
- Rumination or worry after using: ____
- Behavior change aligned with personal goals: ____
- Relationship functioning/satisfaction: ____
- Sleep (especially if used at night): ____
- Self-efficacy (“I can handle this” vs. “I don’t know what to do”): ____
- Perceived reliance on AI (feels they can cope without it): ____

SECTION D: RISK SIGNALS TO SCREEN FOR

Use this section to screen for common risk patterns that can emerge with AI use by checking any signs that are currently present.

Possible Authority Transfer/Overtrust

- ☐ Accepts AI outputs as correct by default (rarely questions or verifies)
- ☐ Uses AI to make important decisions (relationship, legal, medical, financial) without checking with humans
- ☐ Quotes AI as an authority in sessions (“the AI says ____ so it must be true”)

- ☐ Defers to AI over their own judgment (“my gut says X, but AI said Y, so I did Y”)
- ☐ Seeks AI’s permission/approval before acting (“is it okay if I . . .?”)
- ☐ Reports AI feels “more objective/wiser/safer” than therapist or loved ones
- ☐ Minimizes AI limits (“it can’t be wrong,” “it has all the information”)
- ☐ Uses multiple prompts until AI delivers a clear directive, then follows it rigidly

Compulsive Use or Reassurance Loops

- ☐ Reasks same question repeatedly
- ☐ Reprompts until the AI gives the exact reassurance they’re seeking
- ☐ Can’t stop until it “feels right”
- ☐ Uses AI immediately after uncertainty (“I can’t sit with not knowing”)
- ☐ Uses AI to confirm decisions they’ve already made (reassurance seeking)
- ☐ Reports guilt or shame about use but still feels unable to reduce it

Emotional Substitution or Attachment Displacement

- ☐ AI is primary comfort when distressed
- ☐ AI feels “safer/better than people”
- ☐ Reduced reaching out to humans or increased isolation due to AI use
- ☐ Uses AI to regulate after conflict instead of engaging in repair with the person
- ☐ Distress spikes when AI is unavailable (battery, paywall, outage)
- ☐ Describes a bond or attachment to the AI (missing it, longing, personification)

Reality Testing While Using AI

- ☐ Reports feeling more confused/disoriented after AI use
- ☐ Fixates on AI outputs as evidence (“it confirmed it,” “it’s proof”)
- ☐ AI use is followed by increased referential thinking (“this is about me,” “signs/messages”)
- ☐ Uses AI to validate implausible explanations rather than reality-checking with trusted sources
- ☐ Incorporates AI language into rigid beliefs (“the AI diagnosed/labeled/confirmed X”) with reduced openness to alternative views
- ☐ After AI use, the client shows reduced reality-testing behaviors (less checking with therapist, records, or people)

Risk Escalation or Crisis Use

- ☐ Uses AI when feeling unsafe (suicidal urges, self-harm urges, violent impulses)
- ☐ Uses AI during crises instead of contacting supports (partner, friend, therapist)
- ☐ Uses AI during crises instead of using established safety plans
- ☐ Uses AI to decide whether the situation is “serious enough” to seek help
- ☐ AI interactions increase hopelessness or crisis state
- ☐ Uses AI while intoxicated or dysregulated, increasing impulsive decision making

OPTIONS FOR NEXT STEPS BASED ON ASSESSMENT

Use the assessment above to choose the most appropriate next step for this client’s current AI use, based on overall benefit, risk signals, and clinical fit.

1. No changes needed/integrate: AI use is mostly helpful or neutral, with no major flags.
2. Guardrails—reduce or reshape and monitor: Mixed impact or mild flags.
→ Add clear rules (time or topic limits, no major decisions, stop rules).
Reassess soon.
3. Pause for safety: Use significantly worsening symptoms, crisis, reality testing or withdrawal. → Treat AI use as a treatment target.