

Appendix B

CLINICIAN CHECKLIST

Appropriateness of AI Assistance Between Sessions

This clinical artificial intelligence (AI) assessment tool is part of the evidence-based training at Sentio University, the first California online marriage family therapy program approved for licensure by the Board of Behavioral Sciences that specializes in AI in psychotherapy and deliberate practice for therapist training. This tool helps you quickly decide whether it is clinically appropriate to suggest AI between sessions as a bounded support tool (e.g., reminders or motivation, assistance with a specific agreed task, or brief monitoring). It is designed to reduce predictable risks (authority transfer, symptom escalation, reassurance loops, privacy-triggered hypervigilance) and to ensure AI use stays linked to the treatment plan, not replacing human support.

For additional free resources and the empirical research updates from the AI research team at the Sentio Marriage Family Therapy Program, visit <https://sentio.org/ai-research>.

HOW TO USE THIS CHECKLIST

Use this checklist after you've confirmed the client is already using AI for mental health support or is clearly motivated to use it between sessions. Review the following items to decide whether, in the next session, it makes sense to suggest a more therapy-aligned, bounded use of AI (and what guard-rails are needed). If any STOP item is checked, do not assign AI use. If caution items are checked, consider a narrower, more structured plan and closer monitoring next session.

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Section A: Client Readiness and Intent

Check any that apply currently:

- ☐ My client is already using AI for emotional support or is very motivated to try it.
- ☐ My client can state a specific reason for using AI that matches therapy work or goals.
- ☐ My client agrees AI is a support tool, not a substitute for therapy or crisis support.

→ If any items are unchecked: STOP (do not assign AI).

Section B: Stop Screens (Immediate Contraindications)

Use this section to check for immediate contraindications that would make between-session AI use clinically inappropriate right now. If any item is present, do not assign AI use and prioritize safety, stabilization, and appropriate supports first.

- ☐ Active psychosis-spectrum symptoms (e.g., current delusions, hallucinations, severe thought disorganization).
- ☐ Mania or hypomania or activated bipolar state (e.g., impulsivity, grandiosity, poor reality-testing).
- ☐ Suicide/homicidal risk or recent self-harm, especially with unstable safety plan and/or limited supports.
- ☐ Severe dissociation and/or unstable identity states (e.g., frequent depersonalization/derealization, significant fragmentation).
- ☐ Paranoia or mistrust or trauma-related hypervigilance about surveillance/privacy.

Risk: AI becomes a new object of threat.

→ If any items are checked: STOP (do not assign AI).

Section C: Caution Screens (Proceed Only With Tight Guardrails)

Use this section to check for risk factors that do not automatically rule out AI use but do require a narrower plan, clear guardrails, and closer monitoring if AI is used between sessions.

- ☐ High suggestibility and/or authority compliance (pattern of doing what one is told by others or by AI).

Risk: The client experiences overtrust, views AI as an expert, or has reduced judgment or reality-testing.

- ☐ Obsessive compulsive disorder, reassurance seeking, or checking loops (e.g., about physical symptoms, whether a relationship is “okay,” whether something is contaminated or unsafe).

Risk: AI becomes a reassurance machine or the client’s compulsions escalate.

- ☐ Emotional substitution risk: the client is using AI as their primary comfort/attachment object when distressed.

Risk: AI reinforces avoidance of human support and may worsen isolation.

- ☐ Social withdrawal risk: The client tends to replace real contact with screens when dysregulated.

Risk: AI use may unintentionally deepen avoidance and isolation.

→ If any items are checked: Proceed with caution (reinforce Section E guardrails and tighter monitoring).

Section D: Practical Fit (Can This Be Done Safely?)

Check any that apply currently:

- ☐ My client can agree on codesigned prompts to use between sessions.
- ☐ My client can keep the task narrow and behavioral (no major decisions).
- ☐ My client can agree to bring outputs back to therapy (so AI use stays integrated, not private “parallel therapy”).

→ If any items are unchecked: STOP (do not assign AI).

Section E: Safety Guardrails to Cover in Session

Before assigning any between-session AI use, briefly review these guardrails with the client so the purpose, limits, and safety boundaries are clear. This helps keep AI use aligned with treatment goals and reduces predictable risks.

- ☐ Privacy (de-identification): “Do not include identifying details when talking to the AI (e.g., names, workplaces, locations, or unique events). Keep your examples general enough that you and others cannot be identified.”
- ☐ Accuracy and authority: “AI can be wrong, overly confident, or misleading. If something feels off, confusing, or too certain, do not treat it as truth. Bring it to therapy so we can review it together.”

- ☐ Scope: “Remember that AI is for short reflections, monitoring, or support with tasks we talked about in session, not for making major life decisions (e.g., ‘Should I break up?’ or ‘Should I quit my job?’).”
- ☐ Emotional safety: “If using AI increases distress or you start to feel flooded, overwhelmed, or dysregulated, stop using it for that moment. Shift to a grounding or coping strategy and bring it up in session.”