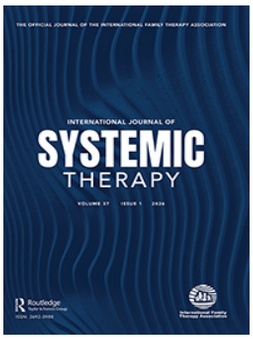

International Journal of Systemic Therapy

ISSN: 2692-398X (Print) 2692-3998 (Online) Journal homepage: www.tandfonline.com/journals/wjfp21

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To cite this article: Katherine M. Hertlein & Afarin Rajaei (18 Feb 2026): Integrating Artificial Intelligence in Systemic Therapy: Strategies for Effective Clinical Practice, International Journal of Systemic Therapy, DOI: 10.1080/2692398X.2026.2633648

To link to this article: https://doi.org/10.1080/2692398X.2026.2633648

INTERNATIONAL JOURNAL OF SYSTEMIC THERAPY
https://doi.org/10.1080/2692398X.2026.2633648

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Integrating Artificial Intelligence in Systemic Therapy: Strategies for Effective Clinical Practice

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ABSTRACT

Artificial intelligence (AI) has pronounced utility in systemic therapy when used with clear purpose, ethical alignment, transparency, specialized models, and guardrails for safety. This paper offers a practical roadmap for couple and family therapists (CFTs) to integrate AI in treatment as a support to, rather than a replacement for, human clinical judgment and processes. Strategies for using AI in systemic therapy include: 1) identify and articulate the function and purpose clearly, 2) distinguish AI's role in treatment as the agent or tool, 3) align with professional standards and ethical codes, 4) promote transparency in AI use and processes, 5) prioritize the use of smaller, domain-specific language models when feasible, 6) establish robust safeguards and risk-mitigation protocols, and 7) formalize critical thinking processes. The strategies are presented in detail and accompanied by applied examples and ethical guidelines intended to support clinicians, supervisors, training programs, and clinical systems. A description of how to implement the strategies is presented, including a template of an AI-informed consent for clinical care. Implications for training and supervision are discussed.

KEYWORDS

Artificial intelligence; AI integration; clinical decision-making; digital therapy; internet

Introduction

The rise of AI in psychotherapy

The increasing integration of artificial intelligence (AI) into health care systems and in psychotherapy have prompted substantive scholarly attention regarding ethical considerations and implications for psychotherapy, including systemic and relational modalities (Aggarwal et al., 2023; Wang et al., 2025). The use of AI in psychotherapy commonly results in providing greater access to services, streamlined clinical workflows, predictive diagnoses, providing support between sessions, and supporting data-informed decisions in behavioral health (Babu & Joseph, 2024; Bajwa, 2024; Espejo et al., 2023; Hertlein et al., 2021; Taylor et al., 2025). As digital technologies become woven into routine clinical operations for CFTs and other psychotherapy

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professionals, they introduce novel mechanisms for assessment, intervention, and decision support that extend beyond traditional therapeutic practices and elevate practice. Within this evolving landscape, conceptual clarity regarding the nature and functions of AI in systemic therapy is essential for evaluating its relevance to systemic therapy and for determining how such technologies may effectively augment or complicate core clinical processes.

Despite these promising developments, popular discourse often exaggerates the capabilities of artificial intelligence, creating the impression that these tools can solve all problems or substitute for the depth of human clinical expertise (Bhattacharya et al., 2019). This sense of AI as a universal solution fuels misuse and creates conditions for harmful application (Anderljung et al., 2025). Media narratives, for example, illustrate both the potential and the dangers of artificial intelligence, particularly when it is used to address situations that require relational understanding, cultural context, or nuanced therapeutic judgment (Sauerbrei et al., 2023). Since some harm arises from misapplication rather than the technology itself (Jesudason et al., 2025; Meadi et al., 2025), systemic therapists must apply artificial intelligence with a high degree of intention.

The boundaries of AI: decision-making beyond computational simulation

The decision to implement AI in a CFT's practice must reflect a realistic and informed understanding of what AI can and cannot accomplish (Hertlein, 2025). Therapeutic decision-making is influenced by a multitude of factors (Magnavita, 2016), including but not limited to: a client's presenting problem, diagnosis, the therapist's preferred treatment framework, the service delivery setting, cultural and relational context of both client and therapist, the therapeutic relationship, the effectiveness of previous interventions and even practical constraints such as session limits within an insurance plan. It is also shaped by a therapist's cognitive assessment, relational attunement, empathy, knowledge, and cultural meaning making (Boucher et al., 2022; Lutz et al., 2006; Saeidnia et al., 2024).

Artificial intelligence systems – and specifically the ones tailored for psychotherapy – are unlikely to account for the full complexity of these interwoven variables (Boucher et al., 2022; Elyoseph, Nov, et al., 2024; Saeidnia et al., 2024; Vowels et al., 2024). For example, artificial intelligence may mimic dialogue but cannot embody authentic empathy or engage in mutual influence (Duggan, 2016). This means that the CFT's role remains central as they interpret, contextualize, and humanize any AI-generated information within the relational framework of therapy. Decision-making in systemic therapy is also vulnerable to biases, particularly under conditions of pressure, ambiguity, or high accountability. Clinicians can be influenced by the source of a diagnostic hypothesis and tend to rely more heavily on machine-generated

hypotheses when they feel a heightened sense of accountability (Pfeiffer et al., 2000). This tendency may increase the risk of automation bias and over-reliance on external suggestions, especially in demanding clinical environments (Nagendran et al., 2023). The result may be premature intervention, implementing shortcuts, or deference to AI tools and integration that may undermine systemic work and introduce ethical dilemmas.

These contextual pressures and vulnerability to introduce more bias intersect with the rapid adoption of AI. CFTs may be drawn to AI tools with the hope that they will reduce uncertainty, accelerate treatment formulation, or validate their choices. Rajaei et al. (2025) argue that organizational pressures often create systemic blind spots that privilege efficiency and documentation over reflective practice, making clinicians more vulnerable to relying on AI output without adequate scrutiny. Their analysis draws on theories of rationality with limits and automation bias to show how therapists working under cognitive load may defer to algorithmic suggestions in ways that unintentionally diminish clinical judgment.

While AI can serve as a scaffold for CFTs, it may also contribute to long-term dependency if reflective processes such as case formulation and documentation are outsourced to automated systems (Rajaei et al., 2025). The desire to manage pressure must be balanced with the responsibility to preserve client-centered, relationally attuned, and culturally grounded practice. CFTs cannot offload their decision-making responsibilities to computational systems without risking ethical breaches, relational ruptures, or inaccurate conclusions. These considerations reinforce the importance of treating AI as a tool for augmentation rather than substitution and support the need for safeguards, transparency, and structured critical thinking within training and supervision.

As artificial intelligence becomes more commonly applied in behavioral health service delivery, CFTs must continue to adopt approaches that safeguard relational depth, honor cultural complexity, and maintain accountability in clinical decisions. The purpose of this paper is to provide specific strategies systemic therapists can use with artificial intelligence to effectively inform, but not override, their clinical practice.

Strategies for effective integration of AI into systemic therapy practice

Systemic therapists face the dual challenge of embracing technological innovations while safeguarding the integrity of therapeutic practice. It is our view that artificial intelligence should function as a supportive/adjunctive tool in therapy rather than a substitute for the therapist's professional judgment and systemic reasoning (Hertlein, 2025; Hertlein et al., 2021; Miner et al., 2019). This approach reflects Miner et al. (2019) position that AI tools should function as adjunctive supports designed to enhance access, efficiency, and

reflection in treatment while preserving the clinician's central role in interpretation, alliance building, and meaning-making. We assert the CFT remains the ethical and relational anchor, ensuring that technology complements rather than substitutes the human dimensions of care. The strategies and tools below highlight ways for CFTs to incorporate AI as a tool in their practice rather than the agent of service delivery and presents two important resources for incorporation into practice. These strategies include: 1) identify and articulate the function and purpose clearly, 2) distinguish AI's role in treatment as the agent or tool, 3) align with professional standards and ethical codes, 4) promote transparency in AI use and processes, 5) prioritize the use of smaller, domain-specific language models when feasible, 6) establish robust safeguards and risk-mitigation protocols, and 7) formalize critical thinking processes.

Strategy 1: identify and articulate the function and purpose clearly

Implementation tactic: reflect on how systemic values present

Without clarity about the product to be generated and the purpose behind its use, CFTs may be drawn to applications that unintentionally undermine systemic values (i.e., applications that lack cultural or relational nuance). In contrast, when the product is clearly defined and the purpose intentionally narrow, AI can support rather than disrupt clinical work. In the field of education, Warschauer and colleagues conceptualize AI literacy as the ability to critically evaluate when and how AI should be used, understand its underlying logic, and align tool use with clearly defined learning goals rather than allowing the technology to dictate the process (Ojeda-Ramirez et al., 2024). Translating this to systemic therapy, clarity of purpose emerges from clarity of product. CFTs must be explicit about what they want AI to help produce and why that product supports therapeutic goals.

After establishing a grounded understanding of an AI system's operational capacities, CFTs are obliged to clarify the justificatory basis for its use and the precise role it will serve within the therapeutic process. They must consider whether they are addressing a treatment problem, a workflow problem, or both, recognizing that each type of problem requires a different AI solution since AI performs best when used for narrow and structured purposes such as transcription, automated scheduling, or highlighting patterns in written material (Bracken et al., 2025; Korteling et al., 2021; Yakusheva et al., 2025).

Application example

A CFT may work with a high-conflict couple navigating recurrent cycles of blame and withdrawal. To remain fully attuned to the interactional process, the therapist uses an AI-based transcription tool to capture session dialogue for later documentation. The purpose of the tool is

intentionally restricted to producing an accurate transcript so that the therapist can write notes after the session without diverting attention during emotionally charged exchanges. During the post-session review, the AI program automatically generates suggested themes and labels the couple's interaction as communication deficits or maladaptive conflict styles. The CFT intentionally resists incorporating these automated interpretations into the clinical record, recognizing that such themes oversimplify the couple's relational patterns and fail to account for contextual factors such as trauma histories, cultural meaning systems, and family-of-origin dynamics. Instead, the CFT relies on their own systemic formulation and clinical judgment to interpret the transcript, ensuring that meaning-making remains grounded in therapeutic expertise rather than algorithmic inference.

Strategy 2: distinguish AIs role in treatment as the agent or tool

Implementation tactic: determine level of interaction

A central decision in responsible artificial intelligence use is determining whether the system is functioning as an agent or as a tool. This distinction shapes ethical responsibilities, informed consent requirements, and the nature of clinical oversight. An AI system functions as an agent when it delivers care directly to clients. This includes chatbots that offer relationship advice, structured CBT exercises, or guided communication prompts. Agent systems interact with clients in ways that resemble therapeutic exchanges. Because they act directly on the client, these systems require explicit informed consent, clear limits, emergency protocols, and ongoing professional oversight to ensure that safety and scope of practice are maintained. Research evaluating relationship advice generated by artificial intelligence shows that such systems often miss cultural meaning, relational patterns, and power dynamics, and that they tend to default to individualistic explanations for systemic problems (Luxton, 2020). These findings reinforce the need for careful boundaries and clinical supervision whenever clients interact directly with artificial intelligence.

In contrast, an AI system functions as a tool when it supports the CFT rather than engaging the client. Tools assist with tasks such as organizing written material, identifying themes in journals, recognizing linguistic patterns that might signal distress, or generating draft documentation. In these situations, the CFT remains the interpreter, the decision maker, and the person responsible for translating any output into clinical meaning. The tool does not interact with the client and does not deliver interventions. It contributes efficiency but it does not replace the CFT's reasoning or relational judgment.

Implementation tactic: consider ethical implications of agent versus tool application

An ethical dilemma emerges when clinics rely too heavily on agent systems, particularly in areas where relational complexity and safety concerns are high. For example, a relationship skills chatbot might offer helpful communication prompts but fail to detect signs of coercion, trauma, or intimate partner violence. Because the system is functioning as an agent, its limitations create real clinical risks if organizations do not clearly separate supportive exercises from therapeutic care. When the distinction between agent and tool becomes blurred, clients can be placed in vulnerable positions without the relational protections that therapy provides.

The study by Vowels et al. (2024) provides an illustration that is useful for clarifying this tactic. Their evaluation of generative artificial intelligence showed that the model could produce advice for couples, but it often overlooked cultural context, relational dynamics, and emotional nuance. For instance, the model could recommend direct communication exercises without recognizing that the couple's cultural background values indirect expression, or that a history of trauma requires a slower and more regulated approach. In an agent role, such oversights can misguide clients and potentially intensify conflict.

Application example

A couple may be given access to an AI application that provides simple structured exercises. They are informed this application is not therapy, cannot replace clinical judgment, that it has limits, and that the therapist will review any concerns in session. The therapist, on the other hand, uses a separate AI system strictly as a tool to help organize the couple's journal entries. Examples of this include telling the couple the boundaries of the AI use such as using it to track triggers, and marking indicators of repair/intimacy requests or connection, The system highlights recurring themes such as anxiety patterns linked to a partner's deployment cycles and interprets these themes through the cultural, relational, and historical context of the family. The therapist can then use this information to set an agenda for session, challenge the interpretations if any are made, and help the client to understand what distortions might be present. Used as an agent in therapy, the AI system is carefully supervised and fully disclosed to the clients, and used as a tool, remains under the CFT's control. Clients receive clarity about what each system does and the CFT preserves responsibility for meaning-making and considering context.

Strategy 3: align with professional standards and ethical codes

Implementation tactic: review AAMFT ethical codes

AI integration must remain grounded in established ethical codes for the profession of systemic therapy. AI integration must remain grounded in the

most recent professional ethical standards governing systemic therapy. The American Association for Marriage and Family Therapy [AAMFT] (2026) provides clear guidance that directly applies to the use of emerging technologies in clinical practice. Section 1.2 emphasizes the necessity of informed consent, requiring therapists to explain the role, limits, and risks of AI-assisted tools so that clients can make knowledgeable decisions about their participation. Section 1.9 prioritizes client welfare, reinforcing that technological tools must never compromise safety, relational trust, or the therapeutic alliance. Section 2.7 requires therapists to safeguard electronic records and ensure that any AI platforms used meet privacy and security standards consistent with HIPAA and applicable regulations. Section 6.4 highlights the therapist's responsibility for documentation, including maintaining authorship, accuracy, and accountability when AI-assisted drafting tools are used. Together, these ethical principles clarify that the integration of AI does not reduce clinical responsibility; rather, it expands the therapist's obligation to ensure transparency, confidentiality, professional competence, and ongoing oversight when technology becomes part of the therapeutic system.

Implementation tactic: review other related professional ethical codes

While AAMFT has the strongest relational framing for using AI in its Ethical Code (referencing the importance of client autonomy and the impact of technology on the relational system), other mental health professions have detailed and guidance for using AI in session. The ethical code from the American Psychology Association (American Psychological Association, 2017) offers the most comprehensive digital ethics guidance of any mental health profession. This document explicitly covers competence with new technologies, the limits of automated methods, data privacy, testing, and algorithmic validity, responsibility for tools used, and transparency about technological limitations. Guidance provided in the ethical code for the American Counseling Association (American Counseling Association, 2014) provides a great amount of detail on record keeping, including informed consent and transparency. The ACA is updating their ethical code and may, in a future iteration, have a more direct reference to AI. Finally, the National Association of Social Workers (2021) provides guidance on social justice and technology in session but provides the details for AI in a high-level manner and does not operate at the level of strategies and procedure.

Application example

An ethical dilemma often appears around confidentiality. For example, a CFT reported they are using an AI progress-note generator that stores all outputs on a non-secure cloud server. The notes may be efficient and accurate, yet the storage location violates privacy laws and compromises client trust. The tension lies between efficiency and confidentiality, and the latter must always

prevail. In another example, a university-affiliated family therapy clinic that incorporates a simple chatbot to send automated reminders about between-session homework tasks (e.g., practicing communication skills, completing a genogram segment, or engaging in a scheduled couple-time activity). The chatbot's function is narrowly defined: it delivers logistical prompts only and is not used for clinical assessment, crisis response, or therapeutic dialogue.

At intake, the CFT provides a clear explanation of the tool's purpose, operational boundaries, and limitations, thereby fulfilling informed consent requirements and supporting client autonomy. Clients are informed that the chatbot does not store or transmit personal health information, that it cannot interpret messages, and that it is not monitored in real time. This safeguards confidentiality while preventing clients from attributing therapeutic or relational meaning to automated interactions.

To further ensure compliance with ethical and regulatory standards, the clinic configures the system to avoid incorporating any identifiable clinical content and to restrict message content to nonsensitive reminders. Additionally, the tool's role, parameters, and integration into the treatment plan are documented explicitly in the clinical record. This documentation supports transparency, clarifies the scope of the technology's involvement, and preserves the integrity and accuracy of the health record. The CFT remains responsible for evaluating the appropriateness of homework assignments, reviewing client progress, and contextualizing any between-session engagement within the broader systemic formulation.

Strategy 4: promote transparency in AI use and processes

Implementation tactic: engage the client in AI conversation

AI systems often produce outputs that appear authoritative but are generated by processes hidden from view. This opacity can create mistrust and automation bias, leading clients or even therapists to defer too much authority to the machine. Transparency requires CFTs to explain in plain language what the tool does, how it works in broad terms, and where its limits lie. By being open about the role of AI, therapists foster trust and invite clients to participate in decisions about its use (Elyoseph, Nov, et al., 2024). For example, a CFT may use AI to generate session summaries or progress notes but do not disclose this use to clients. The clients may assume the words reflect the therapist's professional analysis rather than a draft generated by software. The CFT must decide whether to disclose the AI's role, knowing that silence risks deception, while disclosure might raise concerns about credibility. Once this decision is made, the CFT can engage the client in the conversation.

Achieving transparency may be a heavy burden for therapists. They must understand LLMs and other systems to be able to explain to the clients; without this understanding, the strategy is unlikely to be implemented. One

way to achieve this may be normalizing the difficulty and burden professionally as well as normalizing any productive AI uses in session, rather than general AI normalization or normalization or pathological/problematic practices. Therapists can explain how positive it is in the therapeutic relationship and across the treatment generally. Therapists might also create short scripts to explain to clients how they use AI in the practice and even consider having the conversation over time instead of a one-time disclosure. Employing this technique would enable therapists to collaborate with clients in meaningful ways and to evolve their use of AI over the course of treatment and keeping clients aware throughout and invite questions over time.

Implementation tactic: use AI-dedicated informed consent

To move toward greater transparency and to further normalize AI practices therapists may wish to consider adding a document reviewing with clients the use of AI in the treatment process and allow clients to "opt in" to using AI in their work. We have produced an example that can be used (see Appendix A) entitled, "Informed Consent for the Use of Artificial Intelligence (AI) In Treatment." This document clearly outlines the responsibilities of information when AI is used in a CFT's practice and would be offered in conjunction – not as a replacement – for other informed consents in treatment.

Application example

A therapist using AI-assisted summaries tells a couple, "This tool drafts notes based on what we say. I edit and interpret them before they go into your record. The software organizes language but does not understand meaning or emotion. If you wish, I can show you what the draft looks like." This openness ensures transparency and reinforces the therapist's role as the final interpreter of meaning. It also invites collaborative accountability because clients can ask questions, request corrections, or name concerns about wording that may not fit their lived experience. By framing the AI tool as an assistant/adjunct to the work rather than an authority or the sole delivery agent, the CFT models responsible use of technology and reinforces that the interpretation of emotional nuance and systemic meaning remains a distinctly human task. In addition, the transparency offered by the therapist models for clients how they might use technology/AI appropriately, including what information is deemed important, flagged, and taking information provided by AI as a starting point rather than the final word in the conversation.

Strategy 5: prioritize the use of smaller, domain-specific language models when feasible

Large language models such as Open AI, Gemini, Claude, Co-Pilot etc. are powerful but often produce irrelevant or inaccurate outputs and raise

serious privacy concerns. They are also prone to defaulting to biomedical or individual-pathology frameworks that conflict with systemic values. Small language models trained specifically on systemic therapy offer more reliable, aligned, and safer outputs (Shan, 2024). These models can encode relational ethics, non-pathologizing language, and cultural sensitivity, making them a stronger fit for systemic contexts. An ethical dilemma emerges when a therapist uses a general- purpose model for treatment planning. The tool generates a neat, DSM-driven plan that overlooks cultural dynamics, relational ethics, and family systems concepts. The therapist faces the question of whether to sacrifice theoretical integrity for the sake of convenience.

The implementation tactic here is simple acknowledgment and instruction to the client that these systems are different: they are generated from different algorithms, are trained on different data sets, and require different interpretation. Without knowing the specific details of each system, the therapist can set the stage for discussing responsibility, accountability, and ethical usage of technology in a way that helps the client see that there are differences and systems are not equal.

Application example

A graduate program in couple and family therapy develops a small, domain-specific language model trained exclusively on foundational systemic therapy texts such as materials on genogram construction, interactional patterns, cultural humility frameworks, and models emphasizing circular causality. The model is deliberately constrained so that it cannot generate diagnostic labels, treatment plans, or interpretations outside the systemic paradigm. Instead, its primary function is to help students practice transforming individual-focused case descriptions (e.g., "the client has anxiety") into relationally grounded formulations that consider interactional sequences, contextual stressors, family-of-origin influences, and cultural meaning systems.

Students submit short case vignettes to the model and review the system-generated relational reframes. In weekly supervision, faculty members and supervisors analyze these outputs with students, discussing where the model accurately reflects systemic principles such as shifting from intrapsychic to interactional explanations and where it oversimplifies, misapplies theory, or neglects cultural and contextual nuance. These discussions reinforce critical thinking, highlight the indispensable role of the CFT's clinical judgment, and position AI as a learning aid rather than an interpretive authority. Systemic supervisors further emphasize the model's limitations, including the inability to perceive emotional cues, assess shifts in alliance, or account for trauma histories or cultural positionalities not explicitly stated in the vignette. In this way, the tool becomes a springboard for deeper conceptual understanding while maintaining ethical, relational, and systemic standards.

Strategy 6: establish robust safeguards and risk-mitigation protocols

Implementation tactic: leverage software for assistance

Even with targeted models, AI systems can generate biased, harmful, or overly deterministic outputs. Safeguards are needed to protect clients and therapists alike. Systems such as SafeguardGPT simulate internal dialogue by role-playing as a therapist, a critic, and a client before delivering an output (Lin et al., 2023). These checks flag problematic phrasing, biased assumptions, or harmful recommendations and offer neutral alternatives. An ethical dilemma arises when CFTs use AI-generated progress notes without safeguards. If the AI system identifies or labels one partner as toxic or blames a single family member, this language could damage the therapeutic relationship and even harm clients if entered into records. The CFT must decide whether to accept the convenience of the tool or invest in safeguarded alternatives.

Implementation tactic: use a layered approach

The risks of artificial intelligence integration are significant and must be anticipated. Privacy breaches can undermine both legal compliance and the trust that families place in therapy (AAMFT, 2026). Biased outputs may reproduce cultural stereotypes or invisible relational dynamics, creating harm in subtle but powerful ways (Elyoseph, Nov, et al., 2024). Hallucinations, where the system generates confident but inaccurate statements, can mislead busy therapists. Automation bias further threatens practice by encouraging clinicians to defer to machine outputs rather than their own professional judgment (Miner et al., 2019).

Mitigating these risks requires a layered approach. Privacy protections include data minimization, secure vendor contracts, and business associate agreements (AAMFT, 2026). Bias can be addressed through safeguard mechanisms that flag problematic phrasing before therapists see or use it (Lin et al., 2023). The risk of automation bias can be managed by embedding the expectation that therapists remain fully in the loop, reviewing and editing all AI contributions before they are entered into records (Saeidnia et al., 2024). Transparency with clients about the role and limitations of the tool reduces the risk of unintentional deception (Elyoseph, Nov, et al., 2024). Perhaps most importantly, critical thinking must become a professional competency so that therapists learn to interrogate outputs through systemic, cultural, and ethical lenses (Rajaei, 2024).

Application example

In family treatment, an adolescent may be frequently positioned as the identified problem. Parents may describe the teenager as the source of all the conflict, indicative of a linear attribution. The CFT uses an AI-assisted note generator configured to flag language that implies individual culpability or

oversimplifies complex relational patterns. When notes include phrases such as "the teenager caused the argument" or "the teen is the problem," the system prompts alternative, systemically attuned reframes and may include notes around escalating tension and noted linear attributions of the problem without going into detail about the problem. The CFT might have a system by which they review rather than accepting these revisions automatically. Such a process would enable them to determine whether the AI-suggested reframe maintains accuracy, contextual sensitivity, and fidelity to the therapist's clinical understanding. The CFT then refines the note to reflect interactional sequences, developmental considerations, cultural meanings, and the broader relational context. In doing so, they ensure that the documentation neither pathologizes the adolescent nor obscures the multi-layered dynamics at play. This process preserves accuracy and neutrality while reinforcing systemic principles and preventing the AI tool from inadvertently reinforcing individual-blame narratives.

Strategy 7: formalize critical thinking processes

Implementation tactic: redefine critical thinking

The call to add critical thinking to AI use is common but often vague. Rajaei (2024) emphasizes that critical thinking must be defined by context. In systemic therapy, critical thinking means questioning AI outputs through relational and cultural lenses, experimenting with tools in structured ways, and reflecting on what those tools add or miss in practice. It is not enough to be skeptical. Critical thinking must be enacted as a process that moves through engagement, experimentation, and synthesis. An ethical dilemma arises when speed pressures undermine critical thinking. A trainee uses AI to generate a treatment plan for a couple facing both infidelity and immigration stressors. The output is efficient and well-structured but individualizes the problem and ignores culture, migration history, and community context. The trainee feels the temptation to submit the draft unchanged to meet deadlines. The dilemma lies between efficiency and fidelity to systemic ethics.

Implementation tactic: engage, experiment, and reflect

The first stage is critical engagement. Clinicians and trainees should read scholarship on AI in mental health and compare those claims with what their tools are producing. Groups can be formed to ask whether outputs capture systemic ideas such as triangulation, power dynamics, or cultural context, and they examine what is missing or flattened. In supervision, these questions spark dialogue, helping trainees resist the tendency to defer to machine authority. The second stage is structured experimentation. CFTs may consider designing small, deliberate trials with AI tools. They decide in advance what the tool will do, what will remain human, and how outcomes

will be assessed. They run pilots with transcription, summarization, or homework support, then compare outputs to systemic theory, cultural frameworks, and client perspectives. This step reinforces that AI is provisional and must prove its value rather than being assumed trustworthy. The third stage is reflection and synthesis. After piloting tools, CFTs write reflective accounts of what worked, what failed, and what ethical questions arose. They compare different tools, identify recurring gaps, and revise their own practice standards. These reflections may also be shared with clients to co-create transparent AI practices.

While it is likely that many therapists may not actively pilot alternative tools and simply use the one associated with their EHR, failing to acknowledge or disclose the use of such systems raises ethical concerns. The passive integration of AI does not negate the clinician's responsibility for informed consent, transparency, and appropriate documentation practices. Ethical practice requires that clinicians remain accountable for how tools influence care, regardless of whether those tools are optional or institutionally mandated, or come with their EHR. The default status of AI tools within EHRs cannot serve as justification for nondisclosure; rather, it heightens the obligation for clinicians to clarify the role, limits, and authorship of AI-assisted content. Decisions about AI usage must be framed as intentional, not accidental: because they are.

Application example

A family therapy training clinic develops a semester-long process where students first engage with AI outputs critically, then design structured pilots with narrow use cases, and finally write reflective syntheses. Examples of this might include asking students to periodically reflect on what tools are used, how did they provide missing or distorted information, and how this information inadvertently affected the therapy process. This might include the biases it introduced, the way in which confidence in decisions shifted, and the direction of one's clinical attention (Khera et al., 2023). These reflections lead to revisions in consent language, supervision practices, and operating procedures. In this way, critical thinking becomes a lived practice rather than a slogan, anchoring AI use in systemic ethics and relational care.

Discussion

Feasibility of the strategies

The strategies described are realistic to implement when therapists and organizations begin with clear scope and boundaries. Feasibility rests on starting with modest and low-risk uses of artificial intelligence, such as transcription, automated reminders, or support in drafting routine documentation (Maheu

et al., 2018). These applications lighten the administrative load so that therapists can devote more attention to the relational aspects of care. Current uses of AI in psychotherapy rely heavily on clinical documentation such as AI-support in note writing, symptom checkers, intake processing, and flagging serious concerns such as suicidality (Espejo et al., 2023). There is some ability for AI systems to assist with scheduling and treatment recommendations. Chatbots are also frequently used by both therapists and clients to provide support, psychoeducation, and other self-help programs (Manole et al., 2024; Torous et al., 2021). Training programs can also introduce small language models trained on systemic therapy literature. These specialized tools support learning and practice while remaining consistent with relational ethics and systemic language (Shan, 2024). Organizational readiness also shapes feasibility. Clinics with strong digital infrastructures and established consent procedures are better positioned to integrate these tools responsibly. In contexts where resources are limited, programs can adopt a gradual approach by piloting one carefully chosen use case at a time. In this way, adoption is managed without overwhelming staff or exposing clients to undue risks (Hertlein, 2025).

The massive shift that AI introduces to society is a paradigm shift. It introduces new language/lexicon, measurement of success, redirects training and professional norms, and is a fundamental change in the way things operate. Future directions for therapists for AI in our profession include clinical implications, such as movement toward personalized medicine (taking the specific data from the client and applying treatments for that individual's specific case) (Rajpurkar et al., 2022; Topol, 2019). From a clinical documentation perspective, AI uses might expand to automated formulation drafts of notes and improved/enhanced pattern recognition withing what is documented. Pattern recognition across documentation may increase in its accuracy of identifying a serious condition via predictive modeling (Colvin & Benjamin, 2025; Torous et al., 2021). Predictive modeling might also include data about what services will perform better depending on the area and help CFTs to tailor what they offer and to whom.

When paradigm shifts happen, the profession (and therapists) must create a context for change for any strategies to be successful. A gradual adoption plan is essential for responsible integration. The first step is to identify and map possible use cases, followed by a clear clarification of whether each use involves AI acting as an agent or a tool (Miner et al., 2019). This classification establishes boundaries at the outset. The next step is a review of ethics and privacy, ensuring that any proposed use complies with the AAMFT Code of Ethics (2026) as well as local regulations. After this, organizations can pilot a single use case under therapist supervision, collect data on its benefits and challenges, and evaluate both client and clinician experience. Outcomes should be reviewed not only in terms of efficiency but also for cultural

responsiveness and alignment with systemic values. Only once these conditions are met should scaling take place.

A paradigm shift also requires that we anticipate up-and-coming areas where AI will likely be used in the behavioral health profession. Throughout this article, we referenced specific AI tools often used in clinical applications. The use of these existing tools will continue to expand as well as the development of new tools. For example, avatars and other ways to simulate clinical scenarios will likely occupy more of a presence in training spaces (Colvin & Benjamin, 2025; Lee et al., 2026). Predictive analytics for identification of certain conditions (i.e., depression or suicidality) and AI-drive analysis of sessions based on patterns will be more accurate and powerful (Colvin & Benjamin, 2025). Workflow advances may include the development of more efficient communication between different systems to improve the flow of scheduling, documentation, and billing. Tools used by clients will continue to be developed with a target toward more personalized care (Bates, 2025; Manole et al., 2024; Shen et al., 2025). Finally, policy makers must continue to be on the forefront of setting the tone for how AI can be used appropriately and ethically in behavioral health spaces.

As with any major shift in practice, however, it is essential to understand both the advantages and potential drawbacks. The accessibility (geographical and cost) and convenience of personalized care will via chatbots or other tools will continue to be an advantage in this new era (Greš & Staver, 2025). Developers of AI tools can also build in more consistent prompts and responses as the software increases in scalability. On the other hand, the potential for connecting systems and tailoring care might have an impact on privacy and increase data security concerns. In addition, the systems will operate on the biases on which they were trained which could mean unequal treatment from those of marginalized backgrounds (Zhang et al., 2023).

Implications for training and supervision

Training and supervision are key for embedding these competencies into systemic therapy. Supervisors can model artificial intelligence as a junior assistant that can be useful but always requires human oversight (Hertlein, 2025). By presenting the tool in this way, they reinforce that the therapist is responsible for interpreting meaning and ensuring ethical alignment. Students should be taught to scope tasks purposefully, align tool use with ethical standards, and practice transparency with clients. They should also be guided through structured processes of critical engagement, experimentation, and reflection so that critical thinking becomes an enacted habit rather than an abstract concept (Rajaei, 2024). Programs that cultivate this approach will produce systemic therapists who can engage with AI responsibly, holding on to the relational

heart of the field while taking advantage of the efficiencies that technology can provide. Students should be guided through structured processes of critical engagement, experimentation, and reflection so that critical thinking becomes an enacted habit rather than an abstract concept. Like the structured pedagogical frameworks proposed by Lindbäck et al. (2025), such training designs can help prevent generative AI misuse while fostering ethical literacy and professional discernment in systemic therapy education.

Conclusion

Artificial intelligence can serve as a powerful ally in systemic therapy when its use is guided by a high degree of clarity, adherence to professional ethics, clinical transparency, appropriate safeguards, and a culture of continued critical thinking about its application. The strategies outlined in this paper demonstrate that AI can ease administrative burdens, extend access, and provide structured support, yet its strengths are always balanced by its limitations. Issues such as privacy breaches, biased/inaccurate outputs, are challenges that can undermine trust and safety if ignored (AAMFT, 2026; Elyoseph, Nov, et al., 2024; Miner et al., 2019). These risks can be mitigated, however, when CFTs embed safeguards, work with developers to create secure systems, and understand they have the final responsibility for interpretation and meaning (Lin et al., 2023; Saeidnia et al., 2024). As Rajaei (2024) argues, critical thinking in the context of AI and its application to treatment must be defined in field-specific ways. For systemic therapy, this means both questioning outputs and responsibly experimenting with tools in structured ways and reflecting deeply on what they add or obscure. In this way, AI in systemic therapy will be adopted as becoming less a replacement for CFT expertise and more a stimulus for reflective practice.

The future of AI in systemic therapy will depend on disciplined pilots, careful supervision, and ongoing evaluation of outcomes across cultural and clinical contexts. Used responsibly, AI has the potential to expand access, reduce burdens, and support therapists in sustaining the relational and ethical commitments that lie at the heart of the field. The challenge ahead is not whether systemic therapists will adopt AI, but how they will do so in ways that safeguard the dignity, complexity, and humanity of the families they serve.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Appendix

Informed consent for the use of artificial intelligence (AI) in treatment

Therapist Name and Practice Information.

Purpose and overview

This consent form explains how artificial intelligence (AI) tools may be used to enhance your psychotherapy experience. These tools are intended to support, not replace, the therapeutic process. AI may be used for tasks such as:

- Session transcription (creating written notes from audio for recordkeeping)
- Pattern identification (e.g., recognizing themes or emotional tone in dialogue)
- Scheduling and reminders
- Documentation assistance (e.g., generating progress note summaries).

Your therapist will remain the sole decision-maker in all aspects of your care. AI tools are adjunctive and used to increase efficiency, accuracy, and reflection within therapy.

Transparency and data use

(1) Data Collected: AI systems may temporarily process session transcripts, audio recordings, or written notes.
(2) Storage: These data will be stored only in secure, encrypted systems that comply with HIPAA and relevant privacy laws.
(3) Access: Only your therapist (and authorized clinical supervisors, when applicable) will have access to identifiable data.
(4) De-identification: When possible, identifying information is removed before AI processing.
(5) Retention: Data are retained only as long as required by state law or professional standards for recordkeeping.
(6) Third-Party Vendors: If AI tools are provided by a third party, your therapist will disclose the vendor's name, data security certifications, and whether data are stored within or outside the United States.

Confidentiality protections

- All AI systems used comply with HIPAA and professional ethical guidelines.
- Information shared in therapy remains confidential and will not be used to train AI models beyond your treatment context.
- Your identifiable data will never be shared with external entities for marketing, research, or non-clinical purposes without your explicit written permission.
- In rare cases, AI systems may have automated monitoring to detect harm-related language (e.g., self-harm or threats). Any such alerts are reviewed by the therapist directly and handled under existing duty-to-warn/duty-to-protect laws.

Risks and benefits

Potential Benefits:

- More accurate documentation
- Better tracking of progress over time
- Enhanced ability to identify helpful interventions.

Potential Risks:

- Risk of data breach despite encryption and best security practices
- Misinterpretation of emotional content by AI algorithms
- Discomfort knowing AI tools are involved in documentation.

You may decline or withdraw consent for AI use at any time without any penalty to your access to care.

Alternatives

If you do not wish for AI tools to be used, your therapist will maintain traditional manual documentation and scheduling methods. Therapy quality and access will not be affected.

Questions and contact

If you have questions or concerns about how AI tools are used, or wish to revoke this consent, please contact:

Therapist: _____.
Email/Phone: _____.

Client acknowledgment

I have read and understood the information above. I have had the opportunity to ask questions about the use of AI tools in psychotherapy and understand how my data will be handled, stored, and protected. I voluntarily consent to the use of these tools as part of my care.

Client name (Printed) _____.
Client Signature: _____ Date: _____.
Therapist Signature: _____ Date: _____.