

Behavioral Health Beyond the Therapy Room

The Emerging Role of AI-Assisted Emotional Support in the 167 Hours Between Sessions

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Executive Summary

Behavioral health care is traditionally delivered through structured, time-bound interactions between clinicians and patients. While these sessions are foundational, they represent only a small portion of a patient’s lived experience. The majority of emotional challenges occur outside of clinical settings—during daily life, in real time, and often without immediate support.

This creates a structural gap in care.

This paper examines the role of AI-assisted emotional support systems as a means of addressing that gap. These systems are not designed to replace clinicians or deliver therapy. Instead, they function as structured, real-time support tools that may help individuals process emotions, reinforce coping strategies, and maintain continuity between clinical encounters.

The effectiveness of behavioral health care depends not only on what happens in session—but on what happens between sessions.

The 167-Hour Gap in Behavioral Health

Figure 1. The 167-Hour Behavioral Health Gap



Behavioral health care is often structured around a single weekly session, typically lasting about one hour. This leaves approximately:

167 hours per week without direct clinical support

During these hours, individuals encounter:

- Anxiety in real-world environments
- Emotional reactions to daily stressors
- Interpersonal conflict
- Moments of uncertainty or distress

While therapy provides tools and insight, the application of those tools occurs outside the session, often without reinforcement (Kazantzis et al., 2016).

Key Insight

Clinical effectiveness is not determined solely within the session. It is determined by how consistently patients apply therapeutic concepts in environments where emotion occurs.

Research consistently shows that between-session practice and reinforcement are critical predictors of therapeutic outcomes (Kazantzis et al., 2016; Cuijpers et al., 2019).

Human Behavior and Real-Time Emotional Processing

Emotional processing is not only cognitive—it is behavioral and often expressed verbally.

In moments of distress, individuals frequently seek:

- Immediate communication
- Verbal expression
- Real-time processing

Rather than defaulting to structured exercises, individuals commonly gravitate toward interpersonal or expressive forms of coping.

Emotional regulation is often facilitated through real-time expression, not delayed reflection.

Spoken language plays a central role in organizing thoughts and reducing emotional intensity (Pennebaker & Chung, 2011). Conversational engagement aligns more closely with natural human coping behaviors than asynchronous, text-based interaction (Miner et al., 2016).

This behavioral tendency has direct implications for how support systems are designed.

Defining AI-Assisted Emotional Support

AI-assisted emotional support systems operate outside the scope of clinical care.

They are designed to:

- Engage individuals in structured, conversational interaction
- Provide real-time responsiveness
- Reinforce evidence-informed coping strategies
- Support emotional awareness and reflection

Important Distinction

These systems do not:

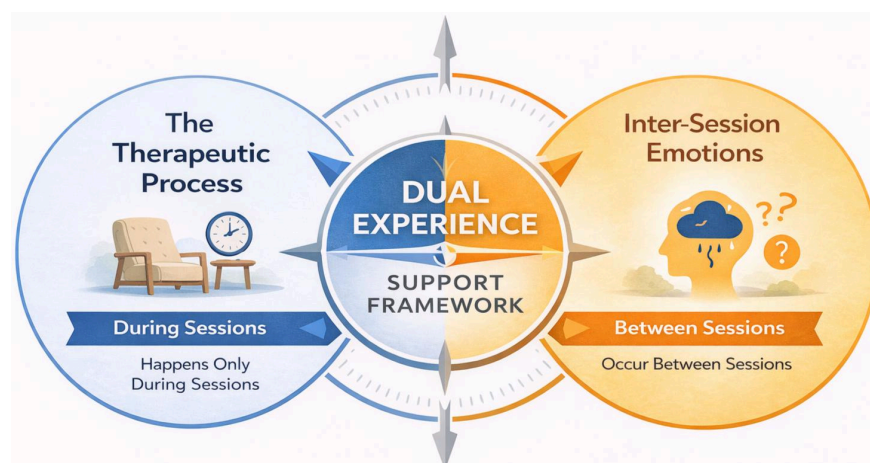
- Diagnose
- Provide treatment
- Replace licensed clinicians
- Exercise clinical judgment

They function as a **supplemental, non-clinical support layer** that reinforces emotional processing and continuity between care interactions.

Digital mental health tools have demonstrated potential to improve accessibility and engagement (Fitzpatrick et al., 2017; Lattie et al., 2019).

The Dual Experience Framework

Figure 2. Dual Experience Support Framework



Behavioral health support exists across two domains:

In-Session Experience

- Clinician-guided
- Structured and reflective
- Focused on insight and treatment

Between-Session Experience

- Real-world and unpredictable
- Emotionally reactive
- Requires independent application of therapeutic skills

The Gap

There is limited structured support available during the between-session experience, where individuals must independently manage emotional challenges.

This gap represents a fundamental limitation in traditional care models (Mohr et al., 2013).

AI-assisted systems are emerging as a mechanism to bridge this gap—providing continuity without replacing clinician-led care.

Potential Benefits of AI-Assisted Emotional Support

When implemented appropriately, these systems may provide:

Accessibility

- Immediate availability
- Reduced reliance on scheduling

Consistency

- Reinforcement of behavioral patterns
- Structured interaction

Skill Reinforcement

- Encourages application of learned strategies
- Supports cognitive and behavioral techniques

Emotional De-escalation

- Provides an outlet for expression
- May reduce escalation intensity

Digital interventions have demonstrated effectiveness in improving engagement and outcomes (Cuijpers et al., 2019; Lattie et al., 2019).

Implementation in Clinical Contexts

AI-assisted emotional support systems may be integrated as a supplemental layer within care delivery models.

Use Cases

- Between-session emotional processing
- Post-session reflection
- Transitional care
- High-stress moments

Clinical Positioning

- Non-clinical support
- Complementary—not therapeutic
- Transparent in scope and limitations

Blended care models have shown promise in improving engagement and outcomes (Erbe et al., 2017).

Ethical and Clinical Considerations

Role Clarity: Support tool—not clinician

Dependency Risk: Avoid over-reliance

Crisis Boundaries: Redirect to appropriate services

Transparency: Clear understanding of AI role

Ethical frameworks emphasize transparency, safety, and appropriate use (Torous et al., 2018).

Conclusion

The challenge in behavioral health is not confined to improving the clinical hour.

It is addressing the **167 hours where individuals navigate emotional experiences without structured support.**

AI-assisted emotional support introduces a new layer within the care continuum—one that exists between sessions, in real time, and within the context of daily life.

Its value will be determined by its ability to **extend the reach of care without replacing it.**

References (APA Style)

- Cuijpers, P., Noma, H., Karyotaki, E., Cipriani, A., & Furukawa, T. A. (2019). Effectiveness and acceptability of cognitive behavior therapy delivery formats in adults with depression: A network meta-analysis. *JAMA Psychiatry, 76*(7), 700–707.
- Erbe, D., Eichert, H. C., Riper, H., & Ebert, D. D. (2017). Blending face-to-face and internet-based interventions for the treatment of mental disorders: Systematic review. *Journal of Medical Internet Research, 19*(9), e306.
- Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent. *JMIR Mental Health, 4*(2), e19.
- Kazantzis, N., Whittington, C., & Dattilio, F. (2016). Meta-analysis of homework effects in cognitive and behavioral therapy: A replication and extension. *Clinical Psychology: Science and Practice, 23*(3), 1–17.
- Lattie, E. G., Adkins, E. C., Winkquist, N., Stiles-Shields, C., Wafford, Q. E., & Graham, A. K. (2019). Digital mental health interventions for depression, anxiety, and enhancement of psychological well-being among college students: Systematic review. *Journal of Medical Internet Research, 21*(7), e12869.
- Miner, A. S., Milstein, A., Hancock, J. T., et al. (2016). Talking to machines about personal mental health problems. *JAMA, 316*(22), 2357–2358.
- Mohr, D. C., Burns, M. N., Schueller, S. M., Clarke, G., & Klinkman, M. (2013). Behavioral intervention technologies: Evidence review and recommendations for future research. *General Hospital Psychiatry, 35*(4), 332–338.

Pennebaker, J. W., & Chung, C. K. (2011). Expressive writing: Connections to physical and mental health. In H. S. Friedman (Ed.), *Oxford handbook of health psychology*.

Torous, J., Roberts, L. W., et al. (2018). Needed innovation in digital health and smartphone applications for mental health: Transparency and trust. *JAMA Psychiatry*, 75(5), 437–438.

About the Author

Thomas B. McCray Jr. is the Founder and CEO of Thrive Mental, LLC, a mental health technology company focused on advancing AI-assisted emotional support and expanding access to behavioral health resources beyond traditional clinical settings. His work centers on the intersection of technology, behavioral health, and human experience.