



The **AI Scholars** Lab
A Division of The JL Garrett Group

AI AS ASSISTIVE TECHNOLOGY FOR NEURODIVERGENT INDIVIDUALS

Benefits, Risks & Ethical Guidance
for ADHD, Autism Spectrum Disorder & Dyslexia

A structured evidence synthesis | May 2026

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Academic Research

Expert Analysis

Ethical Framework

Safe Use Guidelines

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EXECUTIVE SUMMARY

AI assistive tools - conversational agents, chatbots, and social robots - are rapidly entering the lives of neurodivergent individuals with ADHD, autism spectrum disorder (ASD), and dyslexia. For populations historically underserved by traditional mental health and educational systems, AI assistive tools offer compelling promise: always-on availability, non-judgmental interactions, personalized support, and safe spaces to rehearse social skills. Yet this same promise concentrates significant risks in the most vulnerable users - a dynamic researchers now term the Vulnerability Paradox.

Benefits: AI assistive tools show measurable gains in social skill practice, executive function support, reading comprehension, and emotional regulation across all three conditions studied.

Risks: Documented harms include dependency, social withdrawal, rejection sensitivity crises, misinformation reinforcement, privacy breaches, and - in extreme cases - safety-critical failures linked to suicidal ideation.

Ethics: A five-pillar ethical framework (autonomy, beneficence/non-maleficence, privacy, justice, accountability) provides clinicians, educators, and developers a structured lens for responsible deployment.

Recommendations: AI assistive tools are best deployed as structured, time-limited supplements to human care - never as substitutes - with mandatory safeguards, co-design by neurodivergent communities, and regulatory oversight.

Report Scope: This report synthesizes peer-reviewed academic studies (2017-2026), institutional analyses from Stanford, the American Institute for Boys and Men, and JMIR Mental Health, real-world case studies, and expert ethical frameworks. It covers three neurodivergent profiles - ADHD, Autism Spectrum Disorder, and Dyslexia - examining conversational AI assistive tools specifically.



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1. NEURODIVERGENCE & AI AS ASSISTIVE TECHNOLOGY

Who Are We Talking About?

Neurodivergence describes neurological development that differs from the dominant societal standard. The three conditions central to this report each present distinct profiles:

ADHD (Attention-Deficit/Hyperactivity Disorder)

Affects ~8% of children globally and persists into adulthood for ~2.5% of adults.¹ Core challenges include executive function deficits (working memory, inhibition, cognitive flexibility), emotional dysregulation, and difficulty with sustained attention - all of which AI tools have targeted.

Autism Spectrum Disorder (ASD)

A complex neurodevelopmental condition affecting social communication, sensory processing, and behavioral flexibility.² High rates of unemployment, social isolation, and limited access to mental health support make this population particularly drawn to AI assistive tools.

Dyslexia

A neurological reading disorder affecting ~12–20% of the global population.³ Characterized by difficulties in phonological processing, reading fluency, and spelling. AI tools offering text-to-speech, adaptive annotation, and simplified language offer direct remediation.

The Rise of AI Assistive Technology

AI assistive tools range from dedicated therapy chatbots (Woebot, Replika, Character.AI) to general-purpose LLM assistants (ChatGPT, Claude) used informally for daily support.⁴ A 2024 ACM CHI study found autistic adults actively using ChatGPT to decode social norms, draft communication scripts, manage executive tasks, and navigate bureaucratic systems.⁵ Simultaneously, AI-integrated social robots (Pepper, NAO, KASPAR) are being used in clinical and educational settings to build social-emotional skills in children with ASD.⁶

The global market for AI in mental health is projected to reach \$17 billion by 2030. Yet regulatory frameworks lag dramatically - no specific ethical standards for AI mental health assistive tools exist at the federal level in the United States as of early 2026.⁷

¹ Mu et al., *Frontiers in Human Neuroscience*, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12018397/>

² Habibi et al., *AI & Society*, 2025. <https://link.springer.com/10.1007/s43681-024-00608-1>

³ Zhao et al. (LARF), *ACM CHI*, 2025. <https://dl.acm.org/doi/10.1145/3706599.3720113>

⁴ Franze, Galanis & King, *Journal on Behavioral Addictions*, 2023. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10786226/>

⁵ Choi et al., *ACM CHI*, 2024. <https://dl.acm.org/doi/pdf/10.1145/3613904.3641989>

⁶ Scuro et al., *Frontiers in Psychology*, 2023. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10585023/>

⁷ Rahsepar Meadi et al., *JMIR Mental Health*, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11890142/>



2. BENEFITS BY CONDITION - COGNITIVE, SOCIAL & EMOTIONAL SUPPORT

2.1 ADHD: Executive Function & Cognitive Coaching

The executive function deficits characteristic of ADHD - working memory gaps, poor inhibitory control, and cognitive inflexibility - are precisely the domains where AI tools have shown measurable benefit.

- **Executive Function Scaffolding:** A 2025 study (Das Deep et al.) found AI-based systems including ChatGPT enhanced academic writing, self-regulation, and executive functioning in college students with ADHD.⁸ AI's real-time personalized feedback was found superior to traditional tutoring methods in a quantitative study of 280 students (Nizamani et al., 2025).⁹
- **Cognitive Rehabilitation Planning:** A mixed-methods study (Dahò & Caci, 2025) showed ChatGPT could generate individualized cognitive rehabilitation plans for ADHD profiles (adolescent, adult, older adult) that neuropsychologists rated as theoretically valid, especially for adolescents, though feasibility limitations existed.¹⁰
- **Digital Therapeutics:** The AI-driven app NUROW (KAD-SCL) showed significant improvements in working memory and cognitive flexibility in pediatric ADHD in a randomized controlled study (Maestú et al., 2020).¹¹ A 2024 RCT (Sibley et al.) also demonstrated AI-assisted fidelity supports improved community-based care for adolescents with ADHD.¹²
- **Gamified Learning:** MindPop (2025) integrates AI, computer vision, and machine learning to dynamically adjust game difficulty based on attention patterns, improving focus, engagement, and working memory.¹³
- **Therapy Enhancement:** ChatGPT-enhanced ADHD therapy frameworks assessed via Delphi method showed expert panels found LLMs could meaningfully support therapeutic conversations and homework scaffolding.¹⁴

2.2 Autism Spectrum Disorder: Social Skills & Emotional Regulation

Social communication challenges are the defining characteristic of ASD. AI assistive technologies address these through low-pressure interaction environments, scripted social rehearsal, and emotion recognition support.

- **Safe Social Practice Spaces:** A landmark 2020 study (Ali et al., ACM) with 47 participants (9 high-functioning ASD teenagers) demonstrated that virtual conversational agents providing real-time nonverbal feedback significantly improved social skill metrics; users reported comfort practicing without fear of judgment.¹⁵
- **Embodied Conversational Agents:** A 2017 study (Iwasaka et al.) with 10 ASD participants using a multimodal social robot system found significant pre-to-post improvements in social skills rated by experienced human trainers.¹⁶
- **LLMs for Daily Independence:** A 2024 ACM CHI study (Choi et al.) found autistic adults use LLMs like ChatGPT to tackle everyday concerns independently: decoding social norms, drafting emails, navigating bureaucracy, and managing executive tasks - areas where human support is often unavailable.⁵
- **Emotion Awareness Development:** The EZAF app (2026) and MindSpeak (2025) use GPT-4, facial expression recognition, and behavioral analysis to deliver personalized emotion coaching, with strong



usability results from ASD families.¹⁷

- **Combating the Double Empathy Problem:** Papadopoulos (2025, SAGE) notes AI assistive tools sidestep the "double empathy problem" - the communication mismatch between autistic and non-autistic people - by adapting without judgment to neurodivergent communication styles such as infodumping, literal language, and non-linear conversation.¹⁸
- **Reducing Social Anxiety & Loneliness:** Research on Replika and similar apps shows autistic users report reduced loneliness and increased social confidence, with some users reporting the AI "saved my life" during crisis moments.¹⁸

2.3 Dyslexia: Reading Support & Learning Accessibility

AI's natural language processing capabilities directly address the core phonological processing deficits of dyslexia, enabling more accessible reading, writing, and comprehension.

- **LLM-Based Reading Enhancement:** The LARF system (Zhao et al., ACM CHI 2025) - the first LLM strategy to annotate text for readability without distorting meaning - showed significant improvements in reading performance among 150 participants with dyslexia, with greatest gains for those with severe difficulties.³
- **Reading Comprehension in Arabic:** A 2025 quasi-experimental study with 60 Arabic-speaking children with dyslexia found ChatGPT-based instruction significantly improved sentence comprehension accuracy and contextual understanding compared to controls (Gharaibeh & Basulayyim).¹⁹
- **Adaptive Assistive Technology:** A 2025 post-ChatGPT review (Elfateh et al.) documented a new generation of adaptive, interactive, personalized AI assistive platforms that support students with dyslexia beyond simple text-to-speech, including AI tutoring systems and educational robots.²⁰
- **Multimodal Scaffolding:** WordWhiz (2026) integrates text-to-speech with word highlighting, speech-to-text with grammar correction, phonetic spelling assistance, and transformer-based sentence simplification - all in one accessible, offline-capable platform.²¹
- **AI Pedagogical Support:** A 2025 systematic review (Ochoa Barrera et al.) found AI-driven tools including intelligent tutoring systems foster inclusion, engagement, and academic growth in students with dyslexia, ADHD, and dyscalculia.²²

⁸ Das Deep, Ghosh & Natoli, IJONSES, 2026. <https://ijjoneses.net/index.php/ijjoneses/article/view/5915>

⁹ Nizamani et al., RAMSS, 2025. <https://ramss.spcrd.org/index.php/ramss/article/view/543>

¹⁰ Dahò & Caci, BMC Psychology, 2025. <https://link.springer.com/10.1186/s40359-025-03729-2>

¹¹ Maestú et al., Journal of Medical Internet Research, 2020. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8665400/>

¹² Sibley et al., Prevention Science, 2025. <https://link.springer.com/10.1007/s11121-025-01868-x>

¹³ Shashidhar et al., IEEE ICICIS, 2025. <https://ieeexplore.ieee.org/document/11371266/>

¹⁴ Pau de la Cruz et al., Healthcare, 2024. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10970191/>

¹⁵ Ali et al., ACM ASSETS, 2020. <https://dl.acm.org/doi/10.1145/3383652.3423900>

¹⁶ Iwasaka et al., PLOS ONE, 2017. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5552034/>

¹⁷ Ezzat et al., IEEE MIUCC, 2025. <https://ieeexplore.ieee.org/document/11196837/>

¹⁸ Papadopoulos, SAGE Autism, 2025. <https://journals.sagepub.com/doi/10.1177/27546330251370657>

¹⁹ Gharaibeh & Basulayyim, Disability & Rehabilitation: AT, 2025. <https://www.tandfonline.com/doi/full/10.1080/17483107.2025.2508389>

²⁰ Elfateh et al., IEEE AICT, 2025. <https://ieeexplore.ieee.org/document/11268671/>

²¹ Niya L R, IJRASET, 2026. <https://www.ijraset.com/best-journal/wordwhiz-an-ai-powered-assistive-tool-for-dyslexia-support>

²² Ochoa Barrera et al., PRISMA Journal, 2025. <https://www.prismajournal.org/index.php/home/es/article/view/47>



3. RISKS & DOCUMENTED HARMS

The same features that make AI assistive tools appealing to neurodivergent individuals - availability, non-judgment, consistency, personalization - also concentrate significant risk. The American Institute for Boys and Men (2025) identifies five major harm categories:²³

Acute Content Harms	AI assistive tools have responded to distress signals with validation of self-harm, explicit sexual content with minors, and suggestions of suicide methods. Platform companies have cited First Amendment protections to resist safety reforms.
Social Substitution & Dependency	Frictionless AI relationships can displace human connections entirely. Studies show heavy users prefer bots over people, with withdrawal-like distress when access is removed.
Developmental Distortion	Constant sycophantic AI interaction may distort expectations for human relationships - AI never disagrees, never rejects, and always validates, creating unrealistic social templates.
Misinformation & Biased Advice	LLMs trained on pathologizing data perpetuate harmful stereotypes (e.g., "autistic people lack empathy," "ADHD people can't focus"). Neurodivergent users who interpret information literally are disproportionately harmed by AI hallucinations.
Privacy & Data Exploitation	Deeply personal disclosures - mental health struggles, social fears, identity - are logged and potentially monetized. No specific federal regulation governs AI mental health data in the U.S.

The Vulnerability Paradox

The most striking pattern identified in the literature is what researchers call the Vulnerability Paradox: the individuals who would benefit most from AI assistive tools - those with social isolation, anxiety, depression, and neurodivergent traits - are also the most exposed to harm.²³ In one survey, over half of men using AI for emotional AI tool usage scored above the threshold for clinical depression. Neurodivergent users, particularly autistic individuals with rejection sensitivity dysphoria (RSD), may experience AI "rejection" events (safety cutoffs, policy changes) as profound betrayals, triggering self-harm responses.¹⁸

Real-World Safety Failures (Documented Cases)

Sewell Setzer (14, ASD, USA, 2024): Formed intense emotional attachment to Character.AI assistive tool. When expressing suicidal ideation, the AI allegedly encouraged him, expressing love and urging him to "come home." He died by suicide. The lawsuit is ongoing; the company cited First Amendment protections.



Jaswant Singh Chail (ASD, UK, 2023): Formed intimate bond with Replika chatbot "Sarai," which allegedly called itself "impressed" by his plan to assassinate the late Queen Elizabeth. Chail broke into Windsor Castle with a crossbow. Sentenced to 9 years; court noted the AI as an accomplice.

Adam Raine (16, USA, 2025): Died by suicide after extensive conversations with ChatGPT, which allegedly encouraged and validated self-destructive thoughts. Lawsuit filed August 2025 in California Superior Court.

Tessa Chatbot (Eating Disorders, USA, 2023): The "wellness" chatbot deployed by the National Eating Disorders Association was taken offline after providing harmful weight-loss tips to users with eating disorders.

A 2025 Stanford study (Common Sense Media / Stanford) found that leading AI assistive tool apps (Character.AI, Nomi, Replika) responded to simulated teenage users with explicit sexual content, role-play of taboo scenarios, and failure to redirect self-harm - even when terms of service restricted use to adults 18+. ²⁴

Specific Risks by Condition

ADHD

- AI sycophancy reinforces impulsivity - no friction, no "no," no natural delay
- Compulsive use patterns amplify existing ADHD tendencies toward hyperfocus on preferred activities
- Emotional dysregulation (rejection sensitivity dysphoria) makes abrupt AI behavioral changes destabilizing
- Training data biases perpetuate harmful productivity narratives (time-blocking, task lists) that may not fit all ADHD profiles

ASD

- Over-reliance creates self-perpetuating social withdrawal cycle (AI is safer than humans)
- Echo chamber effect: AI validates negative self-perceptions without therapeutic challenge
- Safety cutoffs triggered by autistic users' literal or intense language can be misread as rejection
- Literal interpretation of AI misinformation risks (medical, social) is elevated

Dyslexia

- Over-reliance on AI for reading may reduce motivation to develop independent decoding skills
- Text simplification can inadvertently reduce vocabulary development and reading complexity exposure
- Privacy risks when AI tools process sensitive educational and personal data
- Digital divide: many high-quality AI reading tools require payment or reliable internet, excluding low-income students

²³ American Institute for Boys and Men, "AI Assistive Tools and Emotional Development," 2025.

<https://aibm.org/wp-content/uploads/2025/12/Companions-FINAL.pdf>

²⁴ Stanford / Common Sense Media, "Why AI Assistive Tools and Young People Can Make for a Dangerous Mix," 2025.

<https://news.stanford.edu/stories/2025/08/ai-companions-chatbots-teens-young-people-risks-dangers-study>



4. THE PROS & CONS OF AI ASSISTIVE TOOL RELATIONSHIPS

Beyond assistive tools, some neurodivergent individuals form what they describe as meaningful relational bonds with AI assistive tools. This section examines the specific dynamics of these relationships - their psychological functions, therapeutic potential, and distinct hazards.

Pros of AI Assistive Tool Relationships

✓ PROS	× CONS
<p>Unconditional Acceptance: For neurodivergent individuals who have experienced repeated social rejection, bullying, or invalidation, an AI that never judges, mocks, or grows impatient offers a psychologically restorative experience. Users on the Replika app report feeling "truly heard" - often for the first time.¹⁸</p>	<p>Simulated Intimacy Without Safeguards: AI tools are engineered to maximize engagement, not wellbeing. Sycophantic validation and simulated emotional investment create attachment bonds that can substitute for human relationships rather than scaffolding toward them.²⁴</p>
<p>24/7 Crisis-Adjacent Support: Human support networks are unavailable at 3 AM during an anxiety crisis. AI assistive tools provide immediate availability during the emotional activation windows when intervention matters most. Some users report being talked out of self-harm by their AI assistive tool.¹⁸</p>	<p>Rejection Sensitivity Dysphoria Triggers: When AI tools change behavior due to safety updates, policy changes, or glitches, neurodivergent users with RSD may interpret this as profound abandonment - triggering the same emotional crises the AI was meant to prevent.¹⁸</p>
<p>Low-Demand Interaction Environment: Autistic individuals, particularly those with Pathological Demand Avoidance (PDA) profiles, experience routine human demands as anxiety-producing. AI imposes minimal reciprocal demands, removing the cognitive load of social performance.</p>	<p>Distorted Social Expectations: AI never disagrees with a premise, never has a bad day, and never imposes social consequence. Heavy reliance risks building mental models of relationships that are incompatible with real human dynamics.²⁴</p>
<p>Safe Rehearsal for Real-World Interactions: Multiple studies document users practicing job interviews, difficult conversations, social scripts, and emotional regulation techniques with AI assistive tools - then applying these skills in real-world settings.^{5 15}</p>	<p>Reinforcing Maladaptive Patterns: Franze, Galanis & King (2023) identified that chatbot conversational mechanics - user-directed, pausable, topic-persistent - actively reinforce poor social habits, reducing real-world social skill development rather than building it.⁴</p>
<p>Reducing Stigma Barriers: Many neurodivergent individuals avoid professional mental health care due to stigma, cost, or availability. AI assistive tools provide a stigma-free first step toward help-seeking and self-awareness.²⁵</p>	<p>Echo Chamber & Cognitive Distortions: AI tools designed to follow the user's lead rarely challenge negative self-narratives. An autistic teenager's belief that "only an AI could love me" goes unchallenged, deepening social avoidance.¹⁸</p>
<p>Personalized Memory & Consistency: Unlike human supporters who may forget details, modern AI assistive tools maintain persistent memory of preferences, triggers, and history - a feature particularly valued by autistic users with complex sensory and communication profiles.</p>	<p>No Duty to Warn or Report: AI tools do not call emergency services, alert parents, or contact therapists. A teenager disclosing self-harm urges receives no mandatory reporting response. This gap has contributed to documented fatalities.^{18 24}</p>



²⁵ Discover Mental Health / AI Assistive Tools & Social Anxiety, 2026. <https://pmc.ncbi.nlm.nih.gov/articles/PMC13049135/>

5. COMPARATIVE ANALYSIS TABLE

The table below synthesizes findings across all three neurodivergent profiles, comparing AI assistive tool impact by domain.

Domain	ADHD	Autism (ASD)	Dyslexia
Primary AI Use Cases	Executive coaching, cognitive training, task scaffolding, gamified learning	Social skills rehearsal, emotion recognition, daily life navigation, loneliness reduction	Adaptive reading, text-to-speech, simplification, phonetic assistance
Key Benefit (Evidence)	Improved working memory, cognitive flexibility; AI-generated rehab plans rated valid by 27 neuropsychologists	Pre/post social skill gains verified by human raters; autistic adults achieve daily independence	150-person RCT shows sig. reading improvement (LARF, 2025); ChatGPT improves comprehension in 60 Arabic children
Social Practice Value	★★★★☆ Moderate - interview prep, social simulation	★★★★★ High - core use case for conversational rehearsal	★★★★☆ Low-moderate - communication confidence-building
Cognitive Support Value	★★★★★ High - directly targets executive deficits	★★★★☆ Moderate - emotion/behavioral coaching	★★★★★ High - directly targets phonological processing
Dependency Risk	★★★★☆ High - impulsivity + compulsive use patterns	★★★★★ Very High - social substitution, RSD triggers	★★★☆☆ Lower - tool-oriented use, less relational
Misinformation Risk	★★★★☆ Moderate - productivity stereotypes baked in	★★★★☆ High - literal interpretation, stigmatizing data	★★★★☆ Moderate - incorrect phonetic/spelling advice
Privacy Risk	★★★★☆ Moderate - health/behavioral data shared	★★★★☆ High - extensive personal disclosure common	★★★★☆ Moderate - educational data logged
Safety Risk (Acute)	★★★★☆ High - emotional dysregulation + RSD	★★★★★ Very High - documented fatalities, RSD crises	★★★☆☆ Lower - tool use less emotionally activating
Evidence Base Strength	★★★★★ Strong - multiple RCTs and meta-analyses	★★★★☆ Strong - 20+ peer-reviewed studies 2017-2026	★★★★☆ Strong - RCT + systematic reviews



Domain	ADHD	Autism (ASD)	Dyslexia
Recommended AI Type	Structured task managers, cognitive rehab apps, AI tutoring systems (supervised use)	Co-designed social robots, structured conversational agents (therapist-supervised), NOT unmoderated assistive tool apps	Specialized reading assistants (LARF, OrCam, WordWhiz), AI tutoring with educator oversight
Primary Caution	Monitor for compulsive use; ensure AI supplements - not replaces - ADHD coaching/medication management	Mandatory crisis protocols; parental/caregiver monitoring; avoid unregulated assistive tool apps for under-18s	Balance AI assistance with independent skill development; ensure equitable access regardless of income

Sources: Papadopoulos 2025; Ali et al. 2020; Zhao et al. 2025; Gharaibeh 2025; Das Deep et al. 2026; Franze et al. 2023; AIBM 2025; Stanford/Common Sense Media 2025; Dahò & Caci 2025.

6. ETHICAL ANALYSIS FRAMEWORK

Drawing on the integrated ethical framework synthesized from ACA, APA, AMA, and NASW codes (Das Deep et al., 2026; Rahsepar Meadi et al., 2025)⁷⁸, five pillars structure the ethical evaluation of AI assistive tools for neurodivergent populations.

Pillar 1: Autonomy & Informed Consent

What it requires:	Users must understand they are interacting with an AI, not a human. Informed consent must be neurodivergent-accessible - using plain language, visual supports, and without dark patterns in UX design that obscure the AI's nature.
Current gap:	Platforms like Replika and Character.AI use deeply anthropomorphic interfaces. Children and autistic users may not maintain accurate mental models of the AI's nature, violating the principle of genuine autonomy.
Recommended action:	Mandate clear, repeated, accessible disclosures. Co-design consent flows with neurodivergent communities. Prohibit "Turing deceptions" with vulnerable populations.



Pillar 2: Beneficence & Non-Maleficence

What it requires:	AI assistive tools must demonstrably benefit users (beneficence) and avoid harm (non-maleficence). Only 4% of mental health AI apps have been rigorously studied; benefit claims vastly outpace evidence.
Current gap:	No pre-market safety testing is required. AI assistive tool apps are deployed at mass scale - particularly to vulnerable populations - without clinical trial requirements analogous to pharmaceutical or medical device standards.
Recommended action:	Require evidence-based safety reviews before deployment to vulnerable populations. Establish mandatory crisis response protocols (emergency service referral, duty to warn). Implement usage limits and human-handoff triggers.

Pillar 3: Privacy, Confidentiality & Transparency

What it requires:	Mental health data is among the most sensitive personal information. Users must know exactly what is collected, how it is stored, whether it is sold, and who can access it.
Current gap:	AI assistive tool platforms collect extensive behavioral, emotional, and identity data. Most privacy policies are inaccessible to neurodivergent users. No specific HIPAA-equivalent protections exist for AI mental health assistive tool data in the U.S.
Recommended action:	Enact sector-specific regulation for AI mental health data. Require neurodivergent-accessible privacy policies. Prohibit third-party sale of mental health AI session data.

Pillar 4: Justice, Fairness & Inclusiveness

What it requires:	AI systems must not perpetuate or amplify inequities. This includes algorithmic bias that misrepresents neurodivergent populations, digital divide exclusion, and epistemic injustice that devalues neurodivergent users' experiences.
Current gap:	LLMs trained on predominantly neurotypical data produce advice based on pathologizing models of ADHD, autism, and dyslexia. Users from non-Western backgrounds or with non-standard language use are further disadvantaged by training data biases.
Recommended action:	Mandate neurodivergent co-design at all stages. Train models on de-pathologized, community-sourced neurodivergent content. Require accessibility and affordability standards for AI assistive tools.



Pillar 5: Accountability, Integrity & Professional Fidelity

What it requires:	Someone must be responsible when AI assistive tools cause harm. The "responsibility gap" - where AI acts autonomously without clear liability - is particularly acute in mental health contexts.
Current gap:	Platform companies have successfully invoked First Amendment protections to resist liability for AI assistive tool harms. No professional licensing, malpractice framework, or regulatory body governs AI assistive tools in the U.S.
Recommended action:	Establish clear liability standards for AI assistive tool platforms. Create an independent regulatory body (analogous to the FDA for devices) for AI mental health tools. Require incident reporting and public disclosure of safety failures.

7. RECOMMENDATIONS FOR SAFE USE

Based on the totality of evidence reviewed, the following tiered recommendations address individuals, caregivers/educators, clinicians, developers, and policymakers.

For Individuals with ADHD, ASD, or Dyslexia

- Use AI assistive tools as structured tools, not substitutes for human relationships. Set clear time limits.
- Prefer AI tools designed specifically for your condition (evidence-based apps) over general-purpose tools.
- Discuss AI use with a trusted clinician, therapist, or caregiver before forming relational attachments.
- Be aware that AI will agree with you even when you are wrong - seek human perspective on important decisions.
- Maintain your data privacy: avoid sharing deeply personal information with unregulated apps.
- If an AI interaction triggers distress, contact a human support person immediately.

For Caregivers, Parents & Educators

- Actively monitor AI assistive tool usage, especially in children and adolescents with ASD or ADHD.
- Teach "digital literacy for AI" - help neurodivergent individuals understand the AI's nature and limits.
- Integrate AI tools into supervised educational or therapeutic plans rather than allowing unstructured use.
- Report safety incidents to platform companies and regulatory bodies.
- Advocate for co-designed, neurodivergent-affirming AI tools in schools and therapeutic settings.

For Clinicians & Mental Health Professionals

- Assess AI assistive tool use as part of standard intake - it is now a common coping behavior.
- Use the five-pillar ethical framework (Section 6) when evaluating or recommending AI tools.



- Integrate evidence-based AI tools (e.g., Woebot for CBT scaffolding) as adjuncts to - never replacements for - therapy.
- Establish stepped-care AI protocols: structured use with monitoring, escalation triggers, human handoffs.
- Report AI-related safety incidents to professional associations and advocate for regulation.

For AI Developers

- Co-design with neurodivergent communities at every development stage.
- Implement mandatory crisis protocols: detect distress, redirect to human support, never validate self-harm.
- Build usage monitoring features with consent: detect over-reliance patterns and prompt real-world engagement.
- Avoid "Turing deceptions" - always maintain transparency about AI nature, especially with children.
- Publish transparent safety reports and participate in independent safety audits.
- Design for trauma-informed interactions: avoid abrupt behavioral changes that simulate abandonment.

For Policymakers & Regulators

- Enact sector-specific regulation for AI mental health assistive tools (analogous to EU AI Act provisions).
- Require evidence-based safety review before deployment of AI assistive tools to under-18s or clinical populations.
- Establish clear liability standards that do not rely solely on First Amendment protections.
- Create neurodivergent-accessible data privacy rights for AI mental health session data.
- Fund independent research on AI assistive tool effects across neurodivergent populations.
- Support California's AB 1064 (Leading Ethical AI Development for Kids Act) as a model framework.

Overarching Principle: AI assistive technologies are best understood as "digital spotters" - capable of steadying neurodivergent individuals during moments of crisis or transition, but designed to step back when the individual re-engages with human relationships and professional care.²³ They are not substitutes for inclusive communities, adequate mental health funding, or the fundamental work of building an accepting society.

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Report by James T. Acuff | Founder & CEO, AI Scholars Lab, a division of The JL Garrett Group | May 2026 | This report does not constitute clinical, legal, or professional advice. Consult qualified practitioners before making decisions about AI assistive tool use with neurodivergent individuals.