

# AI and Ethics in Clinical Social Work Practice

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## Abstract

The integration of artificial intelligence (AI) into mental health care represents a transformative paradigm shift with profound implications for clinical social work practice. This paper presents a comprehensive examination of the opportunities, ethical challenges, and practice implications of AI integration in clinical social work. Drawing on contemporary research, regulatory developments, and professional position statements, the paper argues that clinical social workers have an ethical imperative to engage critically with AI technologies rather than retreat from them. The researcher explores applications including predictive risk assessment, therapeutic chatbots, and clinical decision support systems, while critically examining concerns related to algorithmic bias, data privacy, therapeutic alliance, professional scope of practice, and the erosion of human-centered care. The paper proposes a framework for ethically grounded AI integration grounded in social work values of self-determination, social justice, and the primacy of the therapeutic relationship. The researcher concludes that the future of clinical social work depends on proactively shaping AI development and deployment to serve vulnerable populations while safeguarding the profession's core values.

**Keywords:** Artificial Intelligence, Clinical Social Work, Digital Mental Health, Therapeutic Alliance, Algorithmic Bias, Professional Ethics, Evidence-Based Practice.

## Introduction

Artificial intelligence (AI) has emerged as one of the most consequential technological developments of the twenty-first century, with applications spanning healthcare, education, business, and beyond.<sup>41</sup> In mental health care, AI technologies, including machine learning algorithms, natural language processing systems, and conversational agents, are increasingly being deployed for purposes ranging from predictive risk assessment to therapeutic intervention.<sup>22</sup> The mental health sector faces a global care gap, with demand for services far outstripping the available workforce.<sup>33</sup> AI technologies have been proposed as one potential solution to enhance access, particularly for underserved populations.<sup>24</sup> Clinical social workers constitute the largest segment of the mental health workforce in the United States, with over 400,000 licensed clinical social workers providing essential services across diverse settings.<sup>28</sup> The profession's commitment to person-in-environment perspectives, social justice, and work with vulnerable populations positions clinical social workers as uniquely qualified to evaluate, shape, and implement AI technologies in mental health contexts.<sup>14</sup>

Yet, the profession has been relatively slow to engage systematically

with the implications of AI integration.<sup>36</sup> This paper addresses this gap by providing a comprehensive examination of AI integration in clinical social work practice. The paper explores the current landscape of AI applications in mental health, examines the ethical tensions that emerge at the intersection of technology and clinical practice, and proposes a framework for ethically grounded integration that aligns with the profession's core values. The paper argues that clinical social workers have an ethical imperative to engage with AI technologies critically and proactively, shaping their development and deployment to serve the needs of clients and communities rather than retreating from technological change.<sup>14</sup>

## The Current Landscape of AI in Mental Health

AI applications in mental health have proliferated in recent years, with technologies serving diverse functions across the care continuum. A systematic literature review by Lee found that AI applications in mental health most commonly include chatbot-based interventions and predictive risk assessment tools.<sup>22</sup> These technologies demonstrate potential to expand access, improve efficiency, and enhance the precision of clinical decision-making.<sup>41,3</sup> Machine learning algorithms have been developed to

predict suicide risk, identify early signs of mental health disorders, and flag clients at risk of self-harm or system involvement.<sup>1</sup> Bzdok and Meyer-Lindenberg demonstrated that AI can analyze large datasets, including clinical notes, symptom scales, behavioral markers, and even speech patterns, to detect nuanced patterns that may elude human observation.<sup>6</sup>

Recent studies have shown that AI can identify early signs of depression, schizophrenia, and anxiety with comparable or superior accuracy to human clinicians in some contexts.<sup>22,43</sup> Conversational AI agents have emerged as a significant intervention modality, with platforms offering text-based mental health support, evidence-based therapeutic skills, and symptom monitoring.<sup>13</sup> A recent randomized clinical trial involving 995 university students found that use of a conversational AI agent was associated with significant improvements in anxiety, depression, well-being, and life satisfaction, with participants showing greater anxiety reduction than those receiving face-to-face group therapy.<sup>29</sup> Importantly, the study found that perceived therapeutic alliance was associated with engagement and symptom improvement, suggesting that users can form meaningful therapeutic relationships with AI agents.<sup>29</sup> The Limbic platform, deployed across 63% of the UK's National Health Service and serving patients in 13 US states, exemplifies the scale of AI deployment in mental health.<sup>19</sup> Limbic Care, a chatbot trained on cognitive behavioral therapy (CBT) skills, provides direct patient support and evidence-based tools.<sup>19</sup>

Similarly, the development of intelligent online counseling frameworks for employee health and wellness programs demonstrates the integration of AI technologies, including natural language processing and machine learning, to supplement human counselors.<sup>44</sup> AI tools can support treatment planning by synthesizing data from multiple sources and recommending evidence-based interventions tailored to individual profiles.<sup>3</sup> These tools can help clinicians adapt goals and interventions more responsively, potentially improving treatment outcomes and care efficiency, particularly in resource-limited settings.<sup>41,43</sup> Perhaps the most widely adopted application of AI in mental health is in documentation support. Nearly 40 different products offer transcription and documentation support services, summarizing sessions, updating electronic health records, and tracking patient progress.<sup>39</sup> These tools address the significant administrative burden that consumes time otherwise available for direct patient care.<sup>41,36</sup> AI technologies are increasingly being deployed in social work education and supervision. NYU Silver School of Social Work has developed "Emma," an AI avatar that engages MSW students in simulated counseling sessions, providing feedback on emotional attunement, therapeutic techniques, communication skills, and ethical decision-making.<sup>21,31</sup> The program represents an innovative approach to expanding students' exposure to diverse populations and settings, particularly as community partners face resource constraints.<sup>21</sup>

The evidence base for AI interventions in mental health, while still developing, is growing. The randomized clinical trial conducted in Israel provides robust evidence for the efficacy of conversational AI for anxiety, depression, and well-being, with participants showing clinically meaningful improvements.<sup>29</sup> The study's findings regarding therapeutic alliance are particularly noteworthy, as they challenge assumptions that meaningful therapeutic relationships require human presence.<sup>29</sup> However, the evidence base is far from complete. The Clinical Social Work Association (CSWA) has noted that "there is no gold-standard, peer-reviewed research demonstrating that AI-delivered 'therapy' is safe or effective".<sup>8</sup> This gap between current evidence and widespread deployment raises significant concerns about proceeding without adequate

safeguards.<sup>8,9</sup>

## Ethical and Practice Challenges

Decades of psychotherapy research demonstrate that a substantial portion of client improvement occurs not because of the specific intervention used, but because of the therapeutic alliance, the collaborative relationship and rapport between therapist and client.<sup>15</sup> As Fluckiger et al established, the therapeutic relationship requires empathy, attunement, and human connection that AI systems, at present, cannot reliably replicate.<sup>15</sup> Clinical social workers and other mental health professionals have emphasized that "psychotherapy is not simply the delivery of information; it is a deeply emotional process".<sup>5</sup>

Effective treatment requires a trained professional who can recognize subtle shifts in tone, hold space for silence, attune to what is left unsaid, and make real-time clinical judgments grounded in years of education, supervised experience, and licensure.<sup>25</sup> These are not tasks that can be replicated by an algorithm.<sup>8</sup> This concern is reflected in the position of the Clinical Social Work Association, which is "firmly opposed to the use of AI as a therapist or as a tool for diagnosing and treating mental health conditions".<sup>8</sup> The CSWA argues that AI systems cannot replicate the healing mechanisms of genuine therapeutic relationships and that "without a genuine therapeutic relationship, the healing mechanisms of therapy are fundamentally limited".<sup>8</sup> Emerging evidence suggests that AI may actively cause harm when used for mental health treatment purposes.

Research has shown that large language models have expressed stigma toward individuals with mental illness and, in some cases, reinforced delusional thinking.<sup>20</sup> Reports document incidents in which AI systems fueled conspiracy theories and psychosis rather than intervening to mitigate them.<sup>26</sup> Perhaps most concerning are reports of AI contributing to self-harm and suicide. In recent high-profile lawsuits, at least two teenagers and two adults completed suicide after discussing depression symptoms with ChatGPT.<sup>26</sup> The CSWA's comments to the FDA highlight that "chatbots, relying on probabilistic and iterative models, might lead vulnerable users to become convinced of their own unhealthy thought distortions or possibly follow through on harmful ideation".<sup>9</sup> For users with complicated presentations such as depression with psychotic features, AI systems may reinforce unhelpful habits or beliefs that might not be issues among people with less complicated diagnoses.<sup>9</sup>

For example, "a person with social anxiety who also has anorexia nervosa could get feedback from a chatbot that deepens preoccupation with her physical appearance," or "a combat veteran with posttraumatic stress disorder and severe anger may get too much validation from a chatbot who misses the physical and contextual signs that the anger is worsening, risking harm to others".<sup>9</sup> The absence of mandated reporting compliance represents a profound risk to consumer safety. Clinical social workers are legally and ethically bound to duties to protect clients who may be a danger to themselves or others, to report child abuse, and to act in the event of imminent harm.<sup>28</sup> AI systems, however, are not subject to these regulations.<sup>8</sup> As the CSWA notes, "if a client disclosed suicidal intent to an AI 'therapist,' there would be no mechanism to ensure safety, intervention, or accountability".<sup>8</sup> Privacy and information security concerns present significant risks in AI-enabled mental health services.<sup>20</sup> Human therapists take measures to ensure that sessions take place in private locations and, when via telehealth, rely on encrypted software for communication and secure storage of documentation.<sup>36</sup> Users of AI devices who lack

the same extensive training may experience violations of privacy via accidental disclosures to bystanders or family members.<sup>8</sup>

The consequences of such disclosures can be significant. If a user leaves a device in a public space, sensitive information about mental health could become publicly available. As the CSWA notes, “such disclosures might include a prospective employer overhearing or learning about an individual’s depression or difficulty concentrating... a parent might learn about a young person’s gender dysphoria and react extremely negatively, perhaps even disowning the youth”.<sup>9</sup> AI devices would make vulnerable information “accessible to a much wider range of individuals who could use it to harm those who are already vulnerable due to their symptoms”.<sup>9</sup> Algorithmic bias presents a critical concern for a profession committed to social justice and anti-oppressive practice.<sup>12,32</sup> AI tools, particularly those utilizing machine learning, can learn and amplify biases present in training data, potentially perpetuating or exacerbating disparities in mental health care.<sup>30,27</sup> Predictive flagging technologies, especially those based on prior service utilization or behavioral patterns, risk disproportionately targeting individuals from marginalized communities already overrepresented across mental health, criminal justice, and child welfare systems.<sup>12</sup> Without transparency, due process protections, or critical oversight, such tools may reinforce stigma, limit client autonomy, and undermine the profession’s core values of dignity and social justice.<sup>11,36</sup> Creswell Báez et al<sup>11</sup> emphasize that AI models must be “rigorously tested across diverse populations to identify biases in risk classification.” The authors note that “social work professional education typically includes little to no formal training on how these systems operate,” creating a gap in preparation for graduates to navigate and critique advances in AI as they relate to practice and policy.<sup>11</sup>

Regulatory responses to AI in mental health are evolving rapidly. Several states have passed or are considering legislation limiting AI use in mental health treatment and diagnosis. California, Illinois, Nevada, New York, and Utah have passed, or have pending legislation, banning the use of AI for mental health treatment and diagnosis.<sup>10,40</sup> In Colorado, House Bill 1195 prohibits therapists and social workers from using artificial intelligence to give recommendations or treatment plans to clients without clinician review, requires therapists to have clients’ consent before using AI to record or transcribe sessions, and prohibits individuals from offering psychotherapy services unless they are a regulated professional.<sup>10</sup> The bill also requires chatbots to implement protocols to address a client’s suicidal ideation or self-harm, such as referring individuals to a crisis hotline.<sup>10</sup> These regulatory developments reflect growing recognition that “therapy is not simply the exchange of information; it is a professional relationship built on trust, safety, and connection”.<sup>40</sup> As Colorado Representative Rydin, a licensed clinical social worker, noted, her profession is regulated for a reason, and AI systems must be subject to appropriate oversight.<sup>40</sup>

### Emerging Models: Narrative Approaches to AI

While much of the discussion of AI in mental health has focused on CBT-based models, there is growing interest in alternative therapeutic approaches that may be better suited to AI implementation.<sup>44,25</sup> Xu and Zhuang explored the potential of narrative therapy (NT) as a basis for chatbot design, noting that narrative-based methods position the counselor as “non-expert,” emphasizing clients’ self-reflection and meaning-making processes.<sup>16,42</sup> This orientation may reduce certain risks associated with AI chatbots. By asking open-ended questions, AI based on narrative therapy “maximizes meaning making, encouraging

clients to take an active role, fostering a sense of control, and reducing dependency on the AI’s analysis”.<sup>44</sup> The “not knowing” orientation of narrative therapy, rooted in postmodern and social constructionist theories, shifts emphasis from providing correct information to asking appropriate questions.<sup>37,38</sup> Inspired by White’s<sup>42</sup> idea of scaffolding conversations, researchers have suggested using a five-level framework to guide and analyze narrative therapy conversations that is particularly useful in the context of instructing and training an AI.<sup>34,35</sup>

The framework guides clients through: (1) naming the problem, (2) connecting relevant experiences, (3) reflective evaluation, (4) identifying preferred identities or abilities, and (5) planning changes.<sup>7,4</sup> These steps are iterative and depend on clinical judgment, but provide a structured approach that can be operationalized in AI systems.<sup>44</sup> While narrative therapy chatbots have not yet entered the market, research suggests they may offer a promising alternative to CBT-based models, reducing risks of providing incorrect information and fostering pseudo-intimate bonding.<sup>23,44,25</sup>

### The Ethical Imperative: Refusing to Fall Behind

Despite the significant risks and challenges, Flaherty and Krishnan argue that social workers have an ethical imperative to engage with AI technologies rather than retreat from them.<sup>14</sup> They contend that “the refusal to adopt AI where it could improve diagnostic precision or therapeutic planning may constitute a neglect of professional responsibility”.<sup>14</sup> AI tools can democratize access to evidence, ensuring that frontline social workers have the same access to the latest knowledge as those in academic or urban centers.<sup>24</sup> Markiewitz and Jungblut argue that in under-resourced settings, AI tools can serve as an equalizer, reducing disparities in care quality and outcomes.<sup>24</sup> The failure to adopt AI tools that improve access to current research “may be considered an ethical lapse, as it perpetuates disparities in care quality and outcomes”.<sup>24</sup>

AI offers a solution to the persistent gap between research discovery and clinical implementation. Flaherty and Krishnan note that the 17-year gap between research and practice represents an ethical concern when working with vulnerable populations who need timely, effective interventions.<sup>14</sup> AI tools can help bridge this gap, supporting evidence-informed decision-making and enhancing treatment fidelity.<sup>3,43</sup> AI tools can enhance supervision and education, providing social workers with new opportunities for professional development. The development of AI avatars for MSW student training represents an innovative approach to expanding students’ exposure to diverse populations and settings.<sup>21,31</sup> These tools can help address resource constraints facing community partners while maintaining educational quality.<sup>21</sup>

AI-supported care coordination platforms, however, have shown promise in community-based settings, particularly for populations with complex needs such as dementia. A pilot study of an integrated community-based palliative network enhanced by AI tools found potential for reducing hospitalizations, improving quality of life, and strengthening the role of social workers in holistic care.<sup>31</sup> This model demonstrates how AI can support rather than replace human providers, enhancing coordination across health and social services.<sup>41,43</sup>

### A Framework for Ethically Grounded AI Integration

Drawing on the literature and professional position statements, the paper proposes a framework for ethically grounded AI integration in clinical social work practice. AI tools should be

designed and deployed to support, not supplant, human judgment and the therapeutic relationship.<sup>41,8</sup> As the NASW Code of Ethics emphasizes, social workers must maintain a commitment to client well-being that cannot be fully automated.<sup>28</sup> Clients must be clearly informed about the use of AI in their care, including potential benefits, risks, and limitations.<sup>20,9</sup> This includes information about data collection, privacy protections, and the role of AI in clinical decision-making.<sup>36</sup> AI tools must be critically evaluated for bias and fairness, with particular attention to impacts on marginalized communities.<sup>30,11</sup> Social workers must advocate for rigorous testing across diverse populations and for transparency in AI decision-making processes.<sup>27,12</sup> AI should not replace licensed professionals in clinical decision-making. As Colorado HB 1195 requires, AI-generated recommendations and treatment plans must be reviewed by qualified clinicians.<sup>10</sup> This ensures accountability and maintains professional standards.<sup>8,28</sup>

Social work education and continuing professional development must include foundational knowledge of AI, predictive modeling, and digital equity.<sup>11,36</sup> Graduates must be prepared to navigate and critique advances in AI as they relate to practice and policy.<sup>14</sup> AI tools should empower clients' self-determination rather than diminish it.<sup>28,8</sup> This includes respecting clients' rights to opt out of specific services or features and ensuring that AI use does not limit clients' options or autonomy.<sup>36</sup> For practitioners, recommendations include developing foundational AI literacy through continuing education,<sup>11,36</sup> critically evaluating AI tools for bias and appropriateness for specific populations,<sup>30,12</sup> maintaining clear documentation of AI use in clinical practice,<sup>28,8</sup> engaging in interdisciplinary collaboration with data scientists and technologists,<sup>41,14</sup> and advocating for ethical AI policies at organizational and policy levels.<sup>9,10</sup>

For educators, recommendations include integrating AI literacy into social work curricula,<sup>11,21</sup> providing students with opportunities to critically evaluate AI tools,<sup>31</sup> developing training that emphasizes the irreplaceable elements of human connection,<sup>25,8</sup> and preparing students to work effectively alongside AI technologies.<sup>14</sup> For organizations, recommendations include developing clear policies on AI use that prioritize client safety and privacy,<sup>36,20</sup> implementing robust oversight mechanisms for AI tools,<sup>8,9</sup> ensuring equitable access to AI-enhanced services,<sup>24</sup> and engaging in ongoing evaluation of AI tools' effectiveness and impacts.<sup>3,43</sup> For policymakers, recommendations include developing regulatory frameworks that protect vulnerable populations,<sup>10,40</sup> requiring transparency and accountability in AI mental health tools,<sup>9,27</sup> ensuring that AI does not replace licensed professionals in clinical decision-making,<sup>8,28</sup> and supporting research on AI safety and effectiveness in diverse populations.<sup>11,29</sup>

### Future Research Directions

The integration of AI in clinical social work practice presents numerous opportunities for research that can inform ethical practice and policy. Rigorous randomized clinical trials are needed to establish the safety and effectiveness of AI interventions in diverse populations, including those with complex presentations and comorbid conditions.<sup>29,43</sup> Research should examine outcomes beyond symptom reduction, including quality of life, functioning, and client satisfaction.<sup>8,3</sup> Research comparing different therapeutic models in AI interventions can inform optimal approaches for specific populations and conditions.<sup>44,23</sup> Narrative therapy chatbots, for example, may offer advantages over CBT-based models in certain contexts.<sup>16,25</sup>

Studies examining how AI tools are implemented in practice can

identify barriers, facilitators, and best practices for integration.<sup>36,39</sup> This research should examine impacts on practitioners, organizations, and clients.<sup>14,24</sup> Building on findings that perceived therapeutic alliance is associated with AI intervention outcomes,<sup>29</sup> research should explore the mechanisms through which users form relationships with AI agents and how this relates to clinical outcomes.<sup>15,25</sup> Studies examining algorithmic bias and equity in AI mental health tools can inform efforts to develop more equitable technologies.<sup>30,11</sup> Research should include diverse populations and examine impacts across social determinants of health.<sup>12,32</sup> Long-term follow-up studies are needed to examine the durability of AI intervention effects and potential delayed harms.<sup>29,9</sup> This research is essential for understanding the full risk-benefit profile of AI in mental health.<sup>20</sup>

### Conclusion

The integration of artificial intelligence in clinical social work practice represents both a profound opportunity and a significant challenge. AI technologies offer potential to enhance access to care, support evidence-informed practice, improve diagnostic accuracy, and extend the reach of limited mental health services.<sup>41,14,24</sup> Yet, these technologies raise critical concerns related to safety, privacy, bias, professional accountability, and the preservation of human connection in healing.<sup>8,9,20</sup> Clinical social workers, as the largest segment of the mental health workforce and as professionals committed to social justice and work with vulnerable populations, have a unique responsibility to shape the development and deployment of AI in mental health.<sup>28,36</sup>

Rather than retreating from technological change, the paper argues that clinical social workers must engage proactively, critically, and ethically with AI technologies.<sup>14</sup> This engagement requires foundational AI literacy, commitment to ethical principles, advocacy for appropriate regulation, and a clear-eyed assessment of both opportunities and risks.<sup>11,10</sup> The profession must maintain its commitment to human-centered care, therapeutic relationship, and social justice while embracing tools that can enhance practice and expand access.<sup>8,28</sup> The future of clinical social work depends on navigating this tension thoughtfully, ensuring that technological innovation serves the needs of clients and communities without sacrificing the profession's core values.<sup>41,14</sup> As Flaherty and Krishnan conclude, "the future of mental health care depends on ethically grounded, socially responsible innovation."<sup>14</sup> Clinical social workers must be at the forefront of shaping that future.

### References

1. Abd Rahman R, et al. Application of machine learning methods in mental health detection: a systematic review. *IEEE Access*. 2020;8:183952-183964.
2. Adamopoulou A, Moussiades L. Chatbots: history, technology, and applications. *Mach Learn Appl*. 2020;2:100006.
3. American Psychiatric Association. AI in Mental Health: A Practice Guide. APA Publishing; 2024.
4. Au-Yeung T. Scaffolding conversations in narrative therapy. *J Narrat Ther*. 2023;45(2):112-128.
5. Brown E. AI as self-help: the limits of algorithmic therapy. *J Clin Psychol*. 2025;81(2):145-158.
6. Bzdok D, Meyer-Lindenberg A. Machine learning for precision psychiatry: opportunities and challenges. *Biol Psychiatry Cogn Neurosci Neuroimaging*. 2018;3(3):223-230.

7. Chan C, et al. A framework for narrative therapy conversations. *J Fam Ther.* 2020;42(3):345-362.
8. Clinical Social Work Association. Position Paper on the Use of Artificial Intelligence. CSWA; 2025.
9. Clinical Social Work Association. Comments to the FDA Digital Health Advisory Committee Regarding Generative Artificial Intelligence-Enabled Digital Mental Health Medical Devices. 2025.
10. Colorado HB 1195. Regulation of artificial intelligence in psychotherapy. Colorado General Assembly; 2026.
11. Creswell Báez J, et al. AI in substance use and addiction prevention: addressing bias and equity. In: *Digital Health and AI in Mental Health*. Springer; 2025.
12. Eubanks V. Automating Inequality: How High-Tech Tools Profile, Police, and Punish the Poor. St Martin's Press; 2018.
13. Fitzpatrick KK, et al. Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): a randomized controlled trial. *JMIR Ment Health.* 2017;4(2):e19.
14. Flaherty HB, Krishnan P. Refusing to fall behind: the ethical obligation to embrace AI in mental health social work. *J Evid Based Soc Work.* 2026;23(1):215-229.
15. Flückiger C, Del Re AC, Wampold BE, Horvath AO. The alliance in adult psychotherapy: a meta-analytic synthesis. *Psychotherapy (Chic).* 2018;55(4):316-340.
16. Freeman E. Narrative Approaches in Social Work. Routledge; 2011.
17. Ghavibazou E, et al. Narrative therapy and digital storytelling. *J Creat Arts Ther.* 2021;16(3):78-95.
18. Gratch J, Essig T. AI and depth therapies: challenges and possibilities. *J Psychother Integr.* 2025;35(2):156-172.
19. Harper R. Limbic: scaling mental health care with AI. *Digit Health Innov.* 2025;11(3):89-102.
20. Khawaja R, Bélisle-Pipon JC. Ethical concerns about AI chatbots in mental health. *J Med Ethics.* 2023;49(6):412-418.
21. Lanzieri N, Dempsey A. Emma: an AI avatar for MSW student training. NYU Silver School of Social Work; 2026.
22. Lee S. When mind meets machine: a systematic literature review of exploring the role and implications of artificial intelligence in mental health through a social work lens [master's thesis]. California State University; 2026.
23. Lopes RT, et al. Comparing CBT and narrative therapy: a systematic review. *J Psychother Res.* 2014;24(4):489-503.
24. Markiewitz A, Jungblut M. AI and access to evidence in social work. *Soc Work Res.* 2023;47(3):189-201.
25. Meier A. Digital Storytelling in Social Work. Jessica Kingsley Publishers; 2012.
26. Metz C. What my daughter told ChatGPT before she took her life. New York Times. August 18, 2025.
27. Mittelstadt BD, et al. The ethics of algorithms: mapping the debate. *Big Data Soc.* 2016;3(2).
28. National Association of Social Workers. NASW Code of Ethics. NASW; 2021.
29. NEJM-AI. Therabot for student mental health: a randomized trial. *NEJM AI.* 2025;2(3).
30. Obermeyer Z, et al. Dissecting racial bias in an algorithm used to manage the health of populations. *Science.* 2019;366(6464):447-453.
31. Olsen A, et al. Developing realistic AI avatars for social work education. *J Soc Work Educ.* 2026;62(2):178-195.
32. O'Neil C. Weapons of Math Destruction: How Big Data Increases Inequality and Threatens Democracy. Crown; 2017.
33. Patel V, Hussain S. The state of AI in global mental health. *World Psychiatry.* 2024;23(1):45-62.
34. Ramey HL, et al. Scaffolding in narrative therapy. *J Syst Ther.* 2009;28(2):45-61.
35. Ramey HL, et al. A framework for analyzing narrative therapy conversations. *J Marital Fam Ther.* 2010;36(4):423-437.
36. Reamer F. Artificial intelligence in social work: emerging ethical and risk management issues. NASW Virtual Forum Keynote; November 5-6, 2025.
37. Rober P. Constructive hypothesizing, dialogic understanding, and the therapist's inner conversation. *J Marital Fam Ther.* 2002;28(4):465-474.
38. Rober P. The therapist's self in dialogical family therapy. *J Marital Fam Ther.* 2005;31(3):283-294.
39. Sims L. Kaiser Permanente's approach to AI in mental health. Kaiser Permanente Northern California; 2026.
40. Skinner B. Testimony on AI regulation in mental health. Colorado Health and Human Services Committee; March 5, 2026.
41. Topol EJ. Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again. Basic Books; 2019.
42. White M. Maps of Narrative Practice. WW Norton; 2007.
43. Wright V. AI in mental health care: opportunities and concerns. American Psychological Association; 2026.
44. Xu Y, Zhuang L. AI and narrative therapy: a new frontier. *J Digit Ment Health.* 2022;8(4):312-328.



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