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Use of Artificial Intelligence in Social Work Practice:

Findings and Recommendations from a National Survey

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- The Moritz Center Team

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Executive Summary

Artificial intelligence (AI) is rapidly becoming a routine part of social work practice, yet there is little clear guidance on best practices to ensure ethical applications. Findings from a national survey of 1,179 U.S.-based social workers conducted by The University of Texas at Austin's Moritz Center for Societal Impact in collaboration with the National Association of Social Workers (NASW) indicate that AI is being used across a wide range of practice settings, while social workers are looking for strong safeguards, ethical guidance, and alignment with professional values.

Key Findings

- AI adoption among social workers is widespread. Nearly two-thirds (63.5%) of respondents reported using AI in their current role, with many engaging with AI tools several times per week or daily. AI use was reported across all practice areas represented.
- Social workers primarily use AI to improve efficiency. The most common applications include correspondence and reporting, clinical documentation, administrative support, data analysis, research, and information gathering. Respondents consistently reported that AI helps reduce administrative burden and supports knowledge work.
- Social workers view AI as useful but not as a substitute for professional judgment. Respondents rated documentation, reporting, administrative tasks, and data analysis as highly useful applications of AI. At the same time, they emphasized that AI should support—not replace—human relationships, ethical decision-making, and professional expertise.
- Ethical concerns remain significant barriers to adoption. Privacy and data security, bias, transparency, client safety, and overreliance on automated decision-making were among the most frequently cited concerns. Many respondents reported insufficient training and uncertainty about appropriate AI use.
- A readiness gap exists. While AI use is high, many social workers reported feeling underprepared to use AI ethically and effectively. Respondents consistently called for clearer guidance, stronger safeguards, and more training. One quarter also indicated that collaboration with AI experts for custom solutions would support AI integration.

Recommendations

Five priorities emerged for the profession:

1. Develop profession-wide ethical guidance in collaboration with key stakeholders, grounded in the NASW Code of Ethics, including standards for privacy, informed consent, transparency, bias mitigation, environmental impact, and preservation of professional judgment.
2. Invest in AI literacy and workforce training across all career stages through continuing education, supervision, and social work curricula.
3. Advocate for strong protections related to client data, safety, equity, and accountability at organizational, state, and federal levels.
4. Increase social worker involvement in AI governance and implementation decisions to ensure technologies reflect social work values and practice realities.
5. Support development and evaluation of social work-specific AI tools that improve practitioner effectiveness and client outcomes while maintaining ethical standards.

Conclusion

The survey findings suggest that social workers are approaching AI with cautious optimism. Practitioners recognize AI's potential to improve efficiency and expand capacity, but they also expect strong ethical safeguards and continued human oversight. The future of AI in social work will depend on the profession's ability to build workforce capacity, establish clear ethical standards, influence policy, and ensure that emerging technologies advance—not undermine—the profession's commitments to human dignity, equity, and social justice.

Why AI Matters

Artificial intelligence (AI) refers to computer systems that perform tasks that normally require human cognition, such as recognizing patterns, understanding language, learning from data, and making predictions or recommendations. AI systems analyze large amounts of information to support human decision-making, but they operate based on human-designed goals, assumptions, and data sources. AI should not replace professional judgment; instead, it functions as a tool whose impact depends on how it is designed, governed, and used in practice (Garkisch & Goldkind, 2024; Reamer, 2023).

AI is in use in social work practice across multiple domains, even when it is not explicitly labeled as "AI." Behavioral health professionals are increasingly using AI to deliver and document clinical services, predict outcomes, support client self-monitoring, conduct program evaluation, and assist with supervision and training (Reamer, 2025). Research also demonstrates that machine learning approaches have been applied to health and behavioral data to predict suicide attempts over time, offering earlier identification of risk than traditional assessment methods (Walsh et al., 2017). Scoping and systematic reviews show that AI applications are emerging in areas such as risk assessment, decision support, case management, mental and behavioral health interventions, and research synthesis, although the evidence base remains uneven and fragmented (Garkisch & Goldkind, 2024; Wykman, 2023).

Importantly, findings from this national survey indicate that AI is not a distant or emerging phenomenon, but a routine part of practice for many social workers. Nearly two-thirds of respondents reported current use of AI tools, with many indicating use several times per week or per day, suggesting that AI is already integrated into everyday workflows across the profession.

In mental and behavioral health settings, AI-enabled chatbots and digital tools are increasingly used for psychoeducation, symptom monitoring, crisis triage, and service navigation. These tools are often positioned as supplements to care rather than replacements for clinicians, with the potential to expand access and provide timely support when human services are limited (Nuwasiima et al., 2024). AI is also influencing social work education and training, with chatbots and generative tools used to support learning, reflective supervision, and practicum preparation, alongside emerging policies to guide the ethical use by students and educators (Rubin et al., 2024; Nuwasiima et al., 2024).

From a social work values perspective, AI presents both significant opportunities and serious risks. Potential benefits include improved early identification of client needs, more efficient allocation of limited resources, reduced administrative burden, and expanded access to support services (Garkisch & Goldkind, 2024; Wykman, 2023). At the same time, AI introduces a wide range of ethical and practice risks, including threats to informed consent, privacy and confidentiality, and the potential for increased client surveillance, as well as risks related to clinical errors, algorithmic bias and unfairness, and fraud or misrepresentation (Reamer, 2025).

The ethical implications of AI are particularly salient for social work because the profession is explicitly committed to human dignity, social justice, professional integrity, and client self-determination.

Ethical AI use requires transparency, accountability, clear boundaries, and ongoing human oversight, alongside deliberate risk management strategies to protect clients and practitioners (Reamer, 2023, 2025). Emerging guidance emphasizes the importance of developing explicit plans for AI use that include monitoring, evaluation, and safeguards against harm (Reamer, 2025). Without these protections, AI tools may undermine rather than support ethical practice, particularly for marginalized populations who are disproportionately affected by biased or opaque systems (Reamer, 2023).

At the same time, both the literature and findings from this report suggest that social workers are not simply reacting to AI, but are actively considering how it should evolve. Respondents expressed clear preferences for how AI should be used in the future, prioritizing applications that reduce administrative burden, support decision-making, and enhance service delivery, while also emphasizing the need for strong safeguards, ethical guidance, and alignment with professional values.

Given the rapid pace of AI adoption and the current lack of cohesive theory and standards, the role of professional leadership is critical. Reviews of the literature highlight that research on AI in social work remains siloed, with limited cumulative knowledge building or shared frameworks to guide practice (Dey, 2023; Wykman, 2023). This creates an urgent need for trusted professional guidance. Related professions have begun developing formal guidance for the use of AI in clinical practice. For example, in 2025, the American Psychological Association (APA) issued applied ethical guidance for integrating AI into health service psychology, emphasizing transparency, informed consent, bias mitigation, data security, and the importance of maintaining human oversight. This guidance, developed through an expert advisory process, provides practical recommendations tailored to real-world clinical settings and reflects a growing trend toward formalized, profession-specific AI standards (APA, 2025).

As a national professional association that shapes social work policy, education, and practice standards, the National Association of Social Workers (NASW) is well positioned to serve as a trusted guide in this evolving landscape. By grounding AI guidance in the NASW Code of Ethics, promoting AI literacy across education and practice, and advocating for ethical, transparent, and accountable AI systems, NASW can help ensure that AI is used to strengthen, rather than erode, the core values of social work (Garkisch & Goldkind, 2024; Reamer, 2023, 2025).

Purpose of the Report

The purpose of this report is to provide insights for the profession, NASW leadership, and the public into the current use and perception of AI in social work practice. There is a growing need for empirical evidence examining social workers' attitudes, skills, and use of AI, including how they currently encounter these tools, how prepared they feel to use them, and what support they need to do so ethically. While the literature highlights both the promise and the risks of AI in social work, far less is known about how practitioners across settings engage with these technologies in real time. To address this gap, this report examines social workers' use, perceptions, and readiness regarding AI in professional practice, providing timely, practice-grounded insights to inform practice standards, ethical guidance, workforce development, organizational decision-making, and policy on the use of AI.

About the Report

This report examines how social workers across the United States are using, perceiving, and preparing for AI in their professional practice. This survey was distributed by the NASW, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense from October 2025 to February 2026. A total of 1,179 U.S.-based social workers completed the survey. This study was conducted by Dr. Elisa Borah and the Moritz Center for Societal Impact research team at the University of Texas at Austin's School of Social Work, in collaboration with the NASW. The Moritz Center is an interdisciplinary center dedicated to improving health and well-being through research and community collaboration. This report falls within the Moritz Center's Health and Technology focus area, which emphasizes interdisciplinary research and the development of technology-enabled solutions to advance health and well-being in community settings. This study was approved by the UT Austin IRB.

This study employed a cross-sectional, mixed-methods survey design to examine social workers' use of, perceptions of, and readiness for AI in professional practice. Quantitative data were collected through structured survey items, and qualitative data were gathered via open-ended questions to capture respondents' perspectives, concerns, and experiences in greater depth.

Descriptive statistics were used to summarize respondent characteristics, AI use patterns, perceptions, and reported needs. Open-ended responses were analyzed using thematic analysis.

Recommendations were developed through an iterative collaboration between the research team and the NASW. Initial recommendations were drafted based on analysis of quantitative and qualitative survey findings; drafts were reviewed with NASW collaborators. Recommendations were refined through this process to ensure they were data-informed, aligned with professional ethics and values, and actionable for the social work field.

AI Use Disclosure

Artificial intelligence (AI) tools, specifically ChatGPT (OpenAI) and Microsoft Copilot, were used to support the development and organization of the survey instrument and to assist with report structuring, data visualization, and interpretation. No raw survey data were inputted directly into any AI system. Only aggregated, de-identified results were used for visualization and interpretive support. All qualitative data, including open-ended survey responses and respondent comments, were analyzed directly by members of the research team and were not processed by AI. The research team retained responsibility for study design, data analysis, interpretation, and reporting.

Who Participated in the Survey

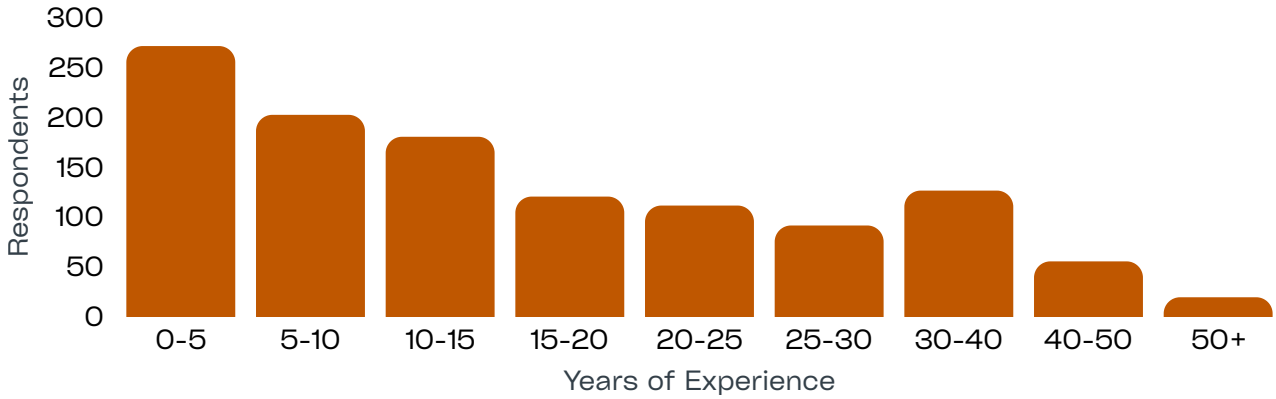
Respondent Demographics

The survey captured a broad cross-section of US-based social workers. Among the **1,179 respondents**, the largest age group was social workers between 35-44 years old (24.3%, n = 287) followed by 45-54 year olds (22.2%, n = 262), and 25-34 year olds (20.4%, n = 241).

When asked about their highest level of education, 9.8% (n = 116) hold a bachelor's degree, 79.1% (n = 933) of respondents hold a master's, and 8.1% (n = 96) have a doctorate. The sample spanned both seasoned and new practitioners, as 34% (n = 402) have been in the field for over 20 years, and 23.6% (n = 271) entered the profession within the last five years.

79.1%
hold a Master's Degree

How many years of social work experience do you have?

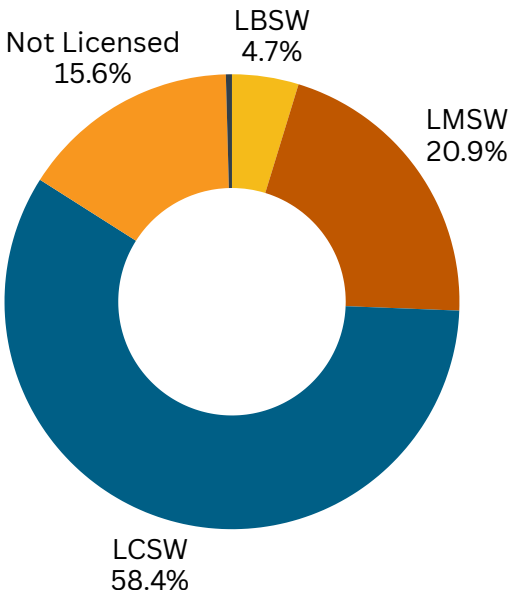


Professional Roles and Licensure

Respondents represent a wide spectrum of roles in the social work field. Respondents were asked to select all of the job titles that describe their current role. The most reported job title was Clinical Social Worker/Psychotherapist (56.7%, n = 668) or general practice Social Worker (27.2%, n = 322). Among respondents, 9.9% (n = 117) reported that they are in a Director or Manager role, 9.6% (n = 114) are Educator/Instructors, and 9.2% (n = 109) are Supervisors.

Fully licensed professionals, such as Licensed Clinical Social Workers (LCSWs) and Licensed Independent Clinical Social Workers (LICSWs) made up 58.4% (n = 679) of the sample. Another 20.9% (n = 243) are Licensed Master Social Workers (LMSWs) or hold equivalent, associate-level licenses, 4.7% (n = 55) are Licensed Baccalaureate Social Workers (LBSWs) and 15.6% (n = 181) are currently students or working in unlicensed support roles.

What is your licensure?



Practice Areas

Participants' day-to-day work spans several critical areas of the field. **The most represented practice area was clinical mental health**, with 54.2% (n = 639) of respondents working in this area, while more than two-thirds of respondents (38.6%, n = 455) practiced psychotherapy.

Other heavily represented fields included:

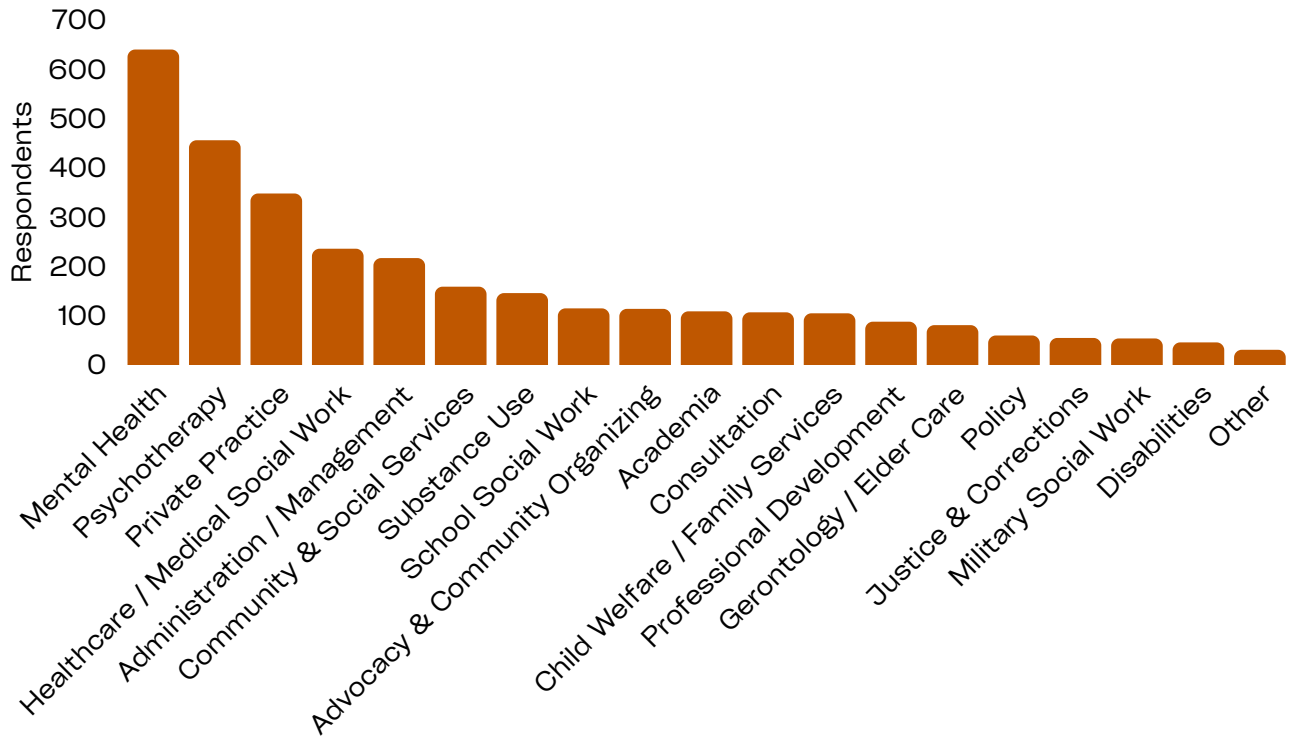
- Healthcare and medical and hospital social work (19.9%, n = 235)
- Administration and management (18.3%, n = 216)
- Community and social services, including child & family support services (13.4%, n = 158)
- Substance use and recovery support (12.3%, n = 145)

Employment Characteristics

The vast majority of the respondents work full time (80.2%, n = 945), while 19.1% (n = 225) work in part-time or contract roles.

Employment settings varied widely, but community-based agencies and nonprofit organizations employs most of the respondents (29.2%, n = 344). Self-employment (primarily in Private Practice) was the next most reported environment (27.1%, n = 256). More details about the size and type of respondents' employers can be found in Appendix A.

Social Work Practice Areas



Geographic Scope of Work

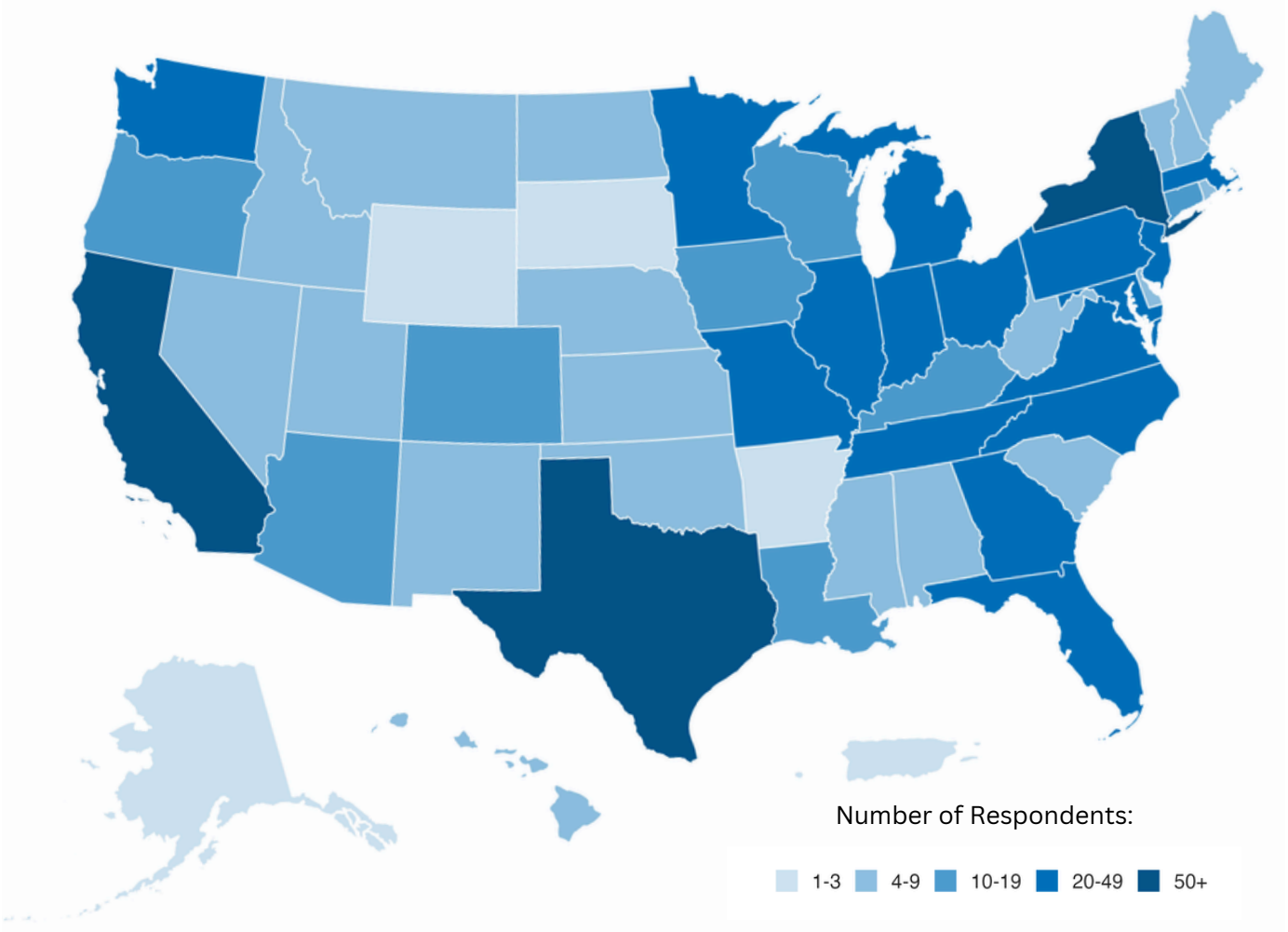
Our survey respondents represent all 50 states including Puerto Rico (.3%, n = 3) and the District of Columbia (.5%, n = 6).

The top 5 states/ territories represented in our survey, by respondents were:

- Texas (8.1%, n = 95)
- New York (6.9%, n = 81)
- California (5.3%, n = 63)
- Massachusetts (5%, n = 59)
- Illinois (4.3%, n = 51)

Respondents reported working across multiple geographic levels. The largest share of work occurred at the local or community level, accounting for approximately one-third of all responses (33.3%, n = 694). State-level work comprised just over one-fifth of selections (20.8%, n = 434), followed by county-level (16.2%, n = 337) and multi-county work (13.8%, n = 288). Smaller proportions of work were reported at the national (7.4%, n = 154) and regional (6.9%, n = 144) levels. Engagement at broader scales was relatively small, with international (0.7%, n = 15).

What is the location of your employer?

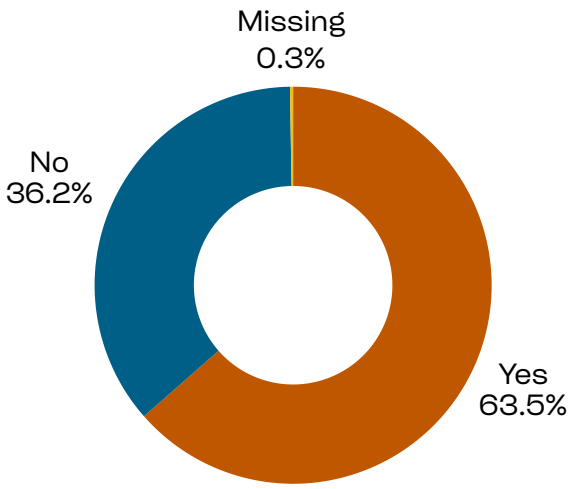


Current Use of AI in Social Work

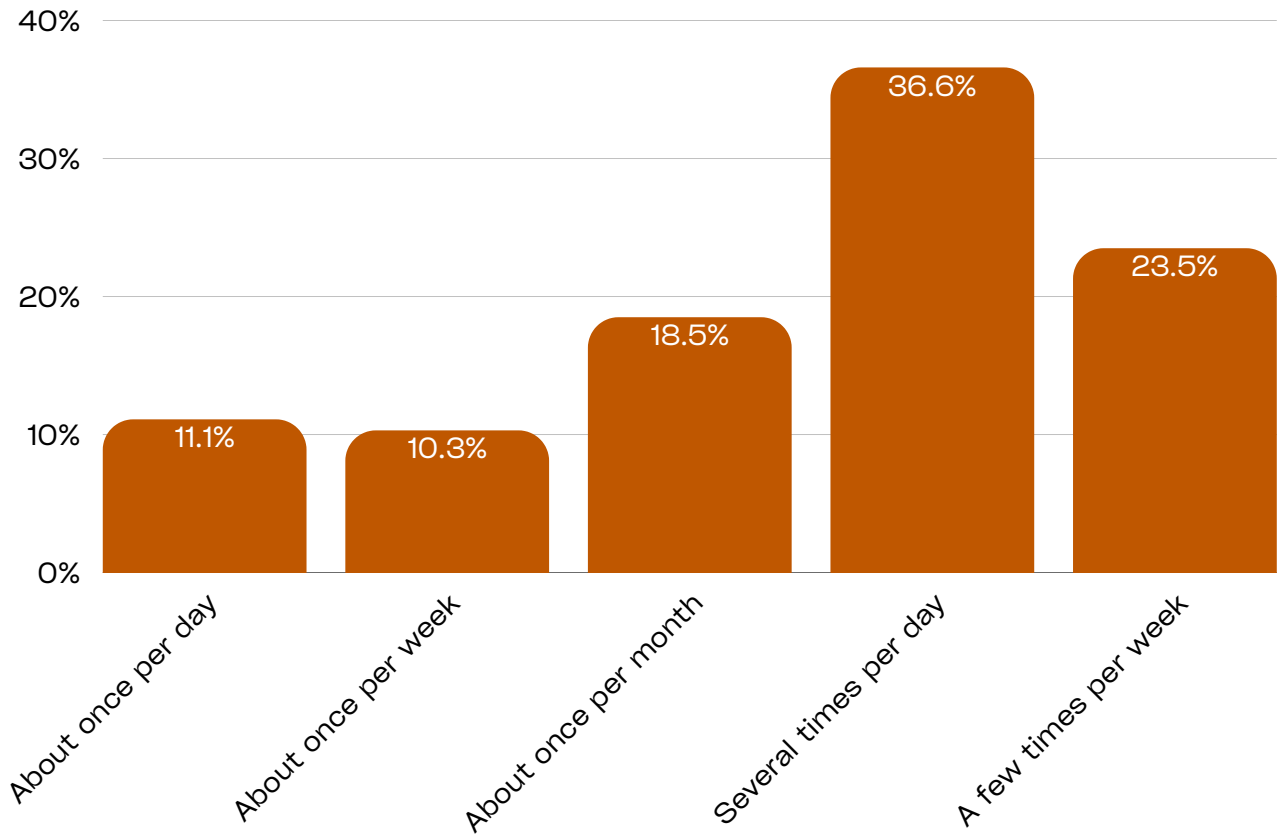
Use of AI is already widespread among social workers. Nearly two-thirds of respondents reported that they have used AI tools or technologies in their current role, suggesting that AI adoption is no longer emergent but is becoming a common feature of contemporary social work practice. However, 36.2% (n = 427) reported that they are not using AI in their work.

Among those using AI, frequency of AI use among respondents was generally high, with most reporting regular engagement. Overall, these findings suggest that AI is integrated into routine workflows for a substantial portion of social workers, with many engaging with these tools multiple times per week or day.

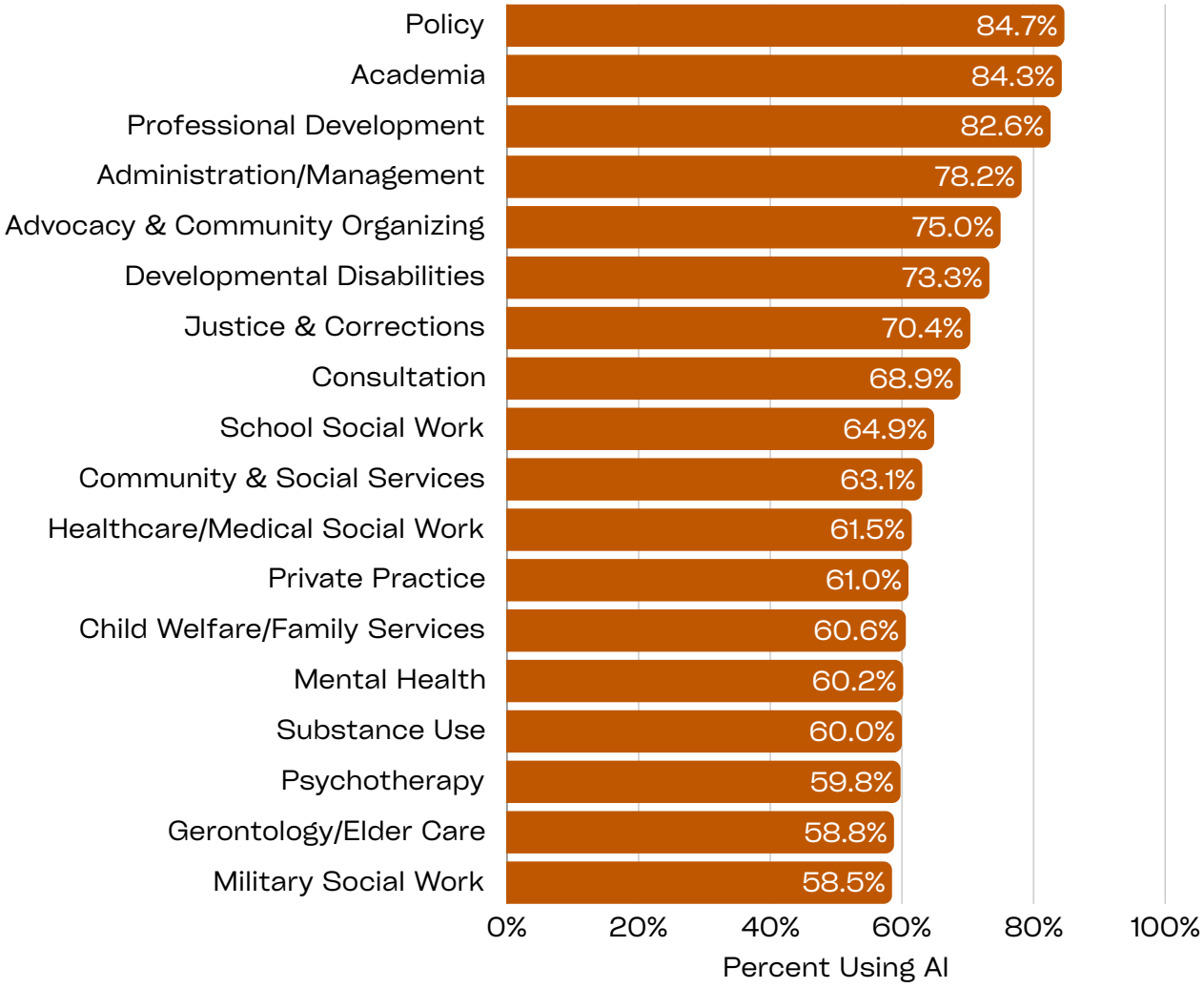
Use of AI tools or technologies in current role



How often do you use AI in your work?



AI Use by Practice Area



AI use levels varies across practice areas but was reported in all domains surveyed. The highest levels of AI use were observed in policy, academia, professional development, and administration/management, indicating particularly strong uptake in macro-level and systems-focused roles. High levels of use were also reported in practice areas traditionally associated with direct service, including advocacy and community organizing, developmental disabilities, justice and corrections, and consultation.

Moderate percentage of AI use were reported across school social work, community and social services, healthcare/medical social work, private practice, child welfare and family services, mental health, substance use, and psychotherapy.

Overall, these findings demonstrate broad and cross-sector engagement with AI technologies within the social work profession and AI use across macro, mezzo, and micro-level practice areas.

Top AI Products & Platforms

The visual distribution above displays the broad ecosystem of AI tools being leveraged in social work. When asked about the types of AI platforms and products they use, **nearly half of respondents (44.7%) report using ChatGPT or other OpenAI products**, which was the largest proportion of AI tools in practice. Other platforms are used at notably lower rates, including Google Cloud AI (13.7%), human services–specific AI products such as Uplift AI and Clear Impact (11.9%), and Microsoft Azure AI (9.3%).

Smaller proportions of respondents reported using other specialized or emerging platforms. These include Thrive, an AI-powered mental health tool (1.3%), caseload management AI systems such as Social Solutions Apricot (2.1%), Anthropic products like Claude (0.9%), Perplexity (1%), and military or government-developed AI tools (1.1%). At the same time, a small proportion of respondents (0.7%) reported using no AI tools or indicated that AI was not applicable to their work, suggesting that while AI adoption is substantial, it is not yet universal across the field.

The findings suggest that while general-purpose AI platforms currently dominate usage, the presence of sector-specific, organizational, and emerging AI tools points to increasing variation in how AI is being used across the field. Overall, **social workers are experimenting with and deploying a wide range of specialized and emerging AI tools, reflecting variability in AI integration across the field of social work.**

AI Application Use in Social Work

🖊️ Writing & Documentation Support

- Correspondence / reporting (32.5%)
- Clinical documentation (29.1%)
- Other writing support (profiles, presentations, treatment goals) (1%)

🗂️ Administrative & Systems Support

- Virtual assistants for administrative tasks (15.4%)
- Case management software with AI integration (4.9%)

🎓 Education, Outreach & Development

- Education assistance (course planning, curriculum development) (1%)
- Fundraising and marketing (1%)

📊 Data, Research & Analytics

- Data analysis and reporting tools (11.7%)
- Tools to conduct research on effective practices (11.6%)
- Research / general inquiry (1.7%)
- Predictive analytics for risk assessment (4.2%)

🧠 Clinical & Client-Facing Support

- Tools for generating new client interventions (12.0%)
- Assessing client mental health (4.7%)
- Tools for client engagement (e.g., chatbots, virtual therapy assistants) (5.7%)

Other Uses of AI

Survey respondents were asked to describe other practices or ways in which they found AI useful in their work. These were the top three themes (n= 355):

1. Creative and Cognitive Support: Respondents described using AI primarily as a "starting point" for brainstorming, idea generation, and organizing thoughts—particularly when developing presentations, training materials, group therapy activities, and workshop content.

2. Administrative and Documentation Tasks: Respondents described using AI to reduce administrative burden, particularly in clinical documentation and note-taking.

3. Knowledge Work and Information Processing: Respondents described using AI to quickly research evidence-based interventions, best practices, diagnostic criteria, theoretical frameworks, and clinical information while consistently noting the importance of verifying AI-generated information.

Uses of AI Overview

Most respondents use AI primarily for documentation and administrative support. A smaller but notable group uses AI for clinical and analytical purposes, such as generating client interventions, data analysis, and research on client outcomes. More advanced or specialized uses like screening and assessment, risk prediction, and case management integration are less common. Only a small minority report no AI use, or use AI for activities like training, fundraising, marketing, or general inquiry. Overall, **AI use is concentrated in efficiency-focused with more limited uptake for direct clinical decision-making or predictive analytics.**

Perceptions of AI Application Usefulness

Case management software with AI integration (n = 56)
- Not at all useful: 1.8%
- Slightly useful: 8.9%
- Moderately useful: 23.2%
- Very useful: 30.4%
- Extremely useful: 35.7%

Predictive analytics for risk assessment (n = 49)
- Not at all useful: 4.1%
- Slightly useful: 28.6%
- Moderately useful: 28.6%
- Very useful: 24.5%
- Extremely useful: 14.3%

Administrative tasks (n = 174)
- Not at all useful: 1.1%
- Slightly useful: 10.9%
- Moderately useful: 23.0%
- Very useful: 38.5%
- Extremely useful: 26.4%

Data analysis & reporting tools (n = 137)
- Not at all useful: 1.5%
- Slightly useful: 12.4%
- Moderately useful: 19.7%
- Very useful: 41.6%
- Extremely useful: 24.8%

Tools for client engagement (n = 64)
- Not at all useful: 3.1%
- Slightly useful: 15.6%
- Moderately useful: 28.1%
- Very useful: 35.9%
- Extremely useful: 17.2%

Assessing client mental health (n = 56)
- Not at all useful: 1.8%
- Slightly useful: 10.7%
- Moderately useful: 28.6%
- Very useful: 35.7%
- Extremely useful: 23.2%

Correspondence/reporting (n = 373)
- Not at all useful: 0.3%
- Slightly useful: 8.6%
- Moderately useful: 18.5%
- Very useful: 40.2%
- Extremely useful: 32.4%

Clinical documentation (n = 337)
- Not at all useful: 0.6%
- Slightly useful: 7.4%
- Moderately useful: 20.8%
- Very useful: 36.5%
- Extremely useful: 34.7%

Respondents were asked to rate the perceived usefulness of the AI applications they use in practice. Overall, respondents reported generally positive perceptions of AI applications with most tools rated as moderately, very, or extremely useful by the majority of participants. AI was viewed as most useful for administrative and documentation-related tasks.

Applications such as correspondence/reporting and clinical documentation had some of the highest combined “very” and “extremely useful” ratings, with over two-thirds of respondents endorsing high usefulness. Similarly, data analysis and reporting tools and administrative tasks were strongly endorsed, reflecting AI’s perceived value in improving efficiency and reducing administrative burden. Case management software with AI integration also received favorable ratings, with approximately two-thirds of respondents rating it as very or extremely useful.

In summary, **respondents perceive AI as most valuable for efficiency-oriented tasks.**

Barriers to AI Use

Regardless of whether they use AI, respondents were asked to identify barriers that have prevented them from using AI in their practice, with the option to select multiple responses. Percentages therefore reflect the proportion of respondents endorsing each barrier.

The most frequently reported barriers related to ethical and privacy concerns. Nearly one-quarter of respondents cited ethical concerns about relying on AI for decision-making (24.0%) and concerns about data privacy and security (23.7%) as barriers to AI adoption. A substantial proportion of respondents also reported lack of training or understanding of AI technologies (9.8%), suggesting gaps in workforce preparation and capacity building.

Organizational and structural barriers were reported less frequently but remained salient, including organizational, funding, or policy restrictions (4.7%), difficulty adapting AI tools to specific client needs (4.4%), and high costs of AI tools (4.3%). Interpersonal resistance was relatively uncommon, with few respondents reporting resistance from clients (3.1%), colleagues (2.4%), or supervisors (1.2%).

Technical challenges and personal factors were infrequently endorsed, including technical difficulties or malfunctions (2.0%), personal resistance (1.4%), and lack of interest, perceived need, or benefit (1.2%). Respondents also identified broader ethical concerns related to the environment (3.8%), social justice (1.2%), and other unspecified ethical issues (2.6%). A small proportion indicated that barriers were not applicable (2.4%) or selected “other” (1.0%).

Interest in Future Use of AI

Participants were also asked to indicate areas in which they would be most interested in using AI in the future, with multiple selections permitted.

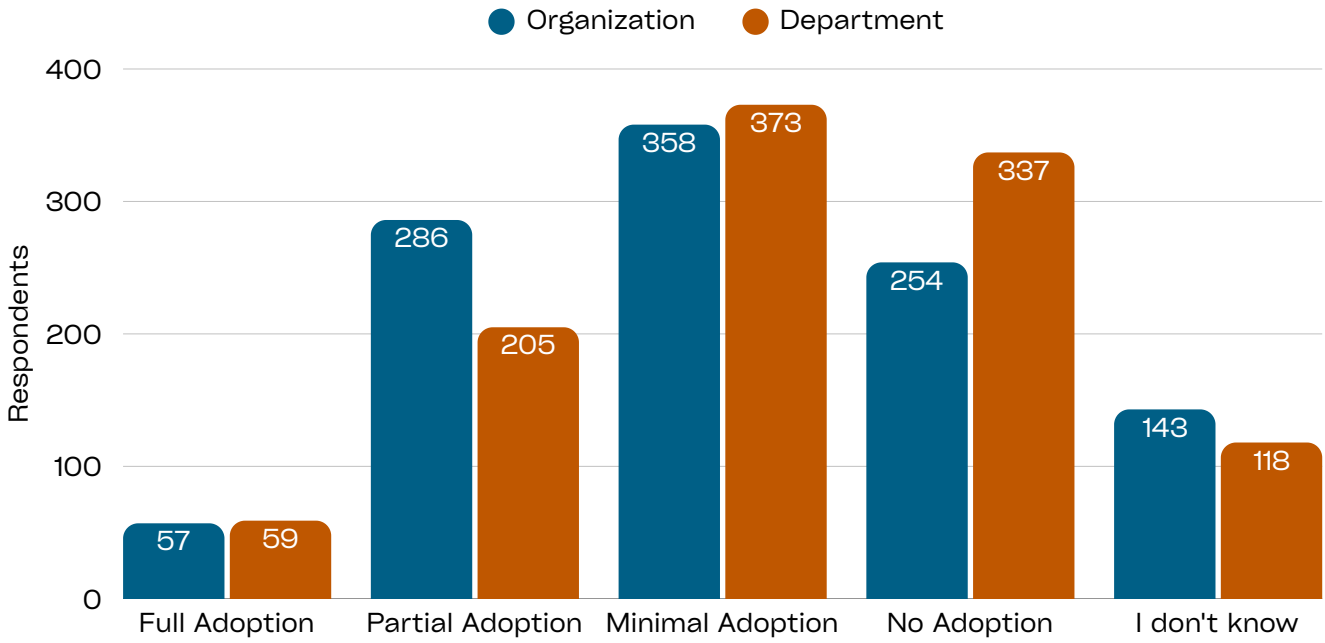
The greatest interest was expressed for administrative and workflow-support tasks, including documentation and reporting (11.8%), scheduling and time management (9.8%), and case management and tracking (7.5%). Respondents also expressed interest in AI applications that support planning and system-level functions, such as identifying gaps in service delivery or needs assessment (7.2%) and resource allocation (3.7%).

Clinical and practice-support applications were moderately endorsed, including research and evidence-based practice support (6.9%), client intake and assessment (6.6%), monitoring and analyzing client progress (5.0%), and risk assessment and predictive analytics (4.7%). Fewer respondents indicated interest in client communication tools such as chatbots or virtual assistants (3.1%) or staff management applications (2.0%).

Notably, **a sizable proportion of respondents reported no interest in using AI or that AI was not applicable to their work** (14.8%). Few respondents indicated that they do not want to use AI at all (0.6%) or were unsure (0.3%).

Adoption of AI in the Workplace

Level of Adoption: Department vs. Larger Organization



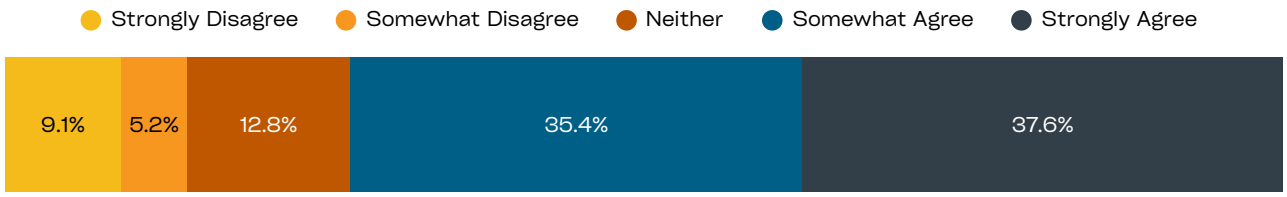
This figure illustrates the **adoption of AI in the workplace**, comparing usage at the department level versus the larger organization. These are the levels of adoption as described to the respondents in the survey.

Levels of Adoption:
- **Full adoption—**AI tools are integrated into most of our processes.
- **Partial adoption—**AI tools are used in some areas, but not widespread.
- **Minimal adoption—**AI tools are used in a few specific tasks or by a few individuals.
- **No adoption—**We do not use any AI tools in our workplace.

Overall, **AI adoption remains limited, with minimal adoption being the most common status for both departments and organizations.** A substantial proportion also reports no adoption, particularly at the department level compared to the organization overall.

Partial adoption is more common at the organizational level than within departments. Full adoption, defined as AI being integrated into most processes, is reported by only a small share of respondents. A modest percentage of respondents also indicated uncertainty about AI use in their workplace. The findings suggest that AI adoption is occurring at both levels, but widespread and systematic integration of AI into all levels of the workplace is still uncommon.

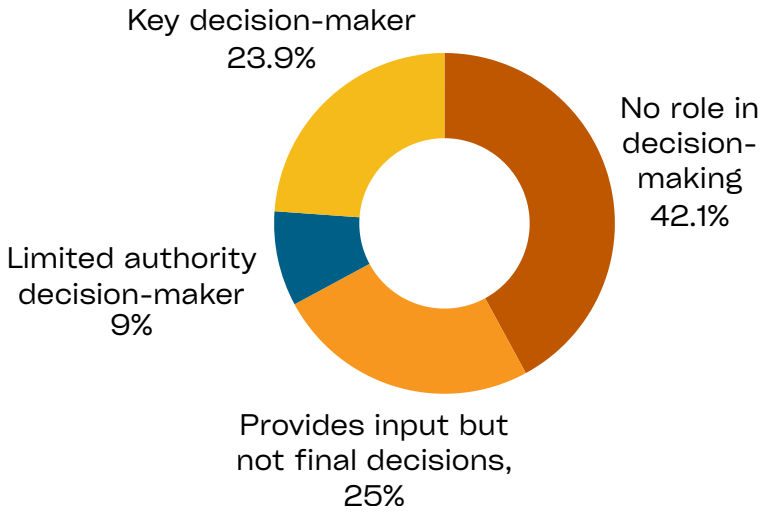
AI will play a larger role in the future of social work practice (n = 1,066)



AI is a negative development for social work (n = 1,067)

Respondents generally anticipate that artificial intelligence will play an increasing role in the future of social work practice, with almost three-quarters (73%) expressing agreement. At the same time, views on whether AI represents a negative development are mixed, with opinions split between agreement (44%), disagreement (31%), and neutrality (24.2%). This pattern reflects the respondents' comments and responses, which displayed cautious optimism, alongside ongoing concerns about the implications of AI for the profession.

Level of responsibility in decision-making about AI (N = 1,093)



This figure displays respondents' level of responsibility in decision-making about AI adoption in the workplace (N = 1,093). The largest share of respondents report having no role in decisions related to technology or AI implementation. Overall, the distribution suggests that, **while a meaningful minority of professionals play an active or influential role in AI decision-making, most respondents have limited or no control over how AI technologies are selected or implemented within their organizations.**

Support for Safe AI Use

Challenges to Using AI in Practice

Similar to the barriers to using AI respondents reported multiple challenges related to the use of AI in practice, with concerns centering on **data protection, ethics, and preparedness.** The most frequently reported challenge was concerns about data privacy and security, identified by 46.5% (n = 550) of respondents. Ethical considerations were also prominent, with 40.8% (n = 481) reporting ethical concerns about relying on AI for decision-making.

A lack of preparedness for AI use emerged as another common barrier. Over one-quarter of respondents (26.6%, n = 315) cited **lack of training or understanding of AI technology** as a challenge. Technical and usability issues were noted by smaller but notable proportions of participants, including technical difficulties or malfunctions with AI tools (14.6%, n = 172) and difficulty adapting AI tools to specific client needs (13.0%, n = 153).

Organizational and interpersonal resistance also affected AI use. Nearly one in five respondents (18.7%, n = 221) reported resistance to using AI from colleagues or clients. Additional sources of resistance included clients directly (10.4%, n = 123) and supervisors or organizational or funding policies (11.2%, n = 132). Cost-related barriers were reported by 17.4% (n = 205) of respondents, who cited **high costs of AI tools** as a challenge.

A smaller proportion of respondents identified issues related to broader concerns, including **environmental impacts** (1.4%, n = 17), and AI being incorrect or unreliable (1.4%, n = 17). A small number reported concerns about the **dangers of AI in mental health treatment** (0.5%, n = 6).

Open-ended responses categorized as “Other” (2.5%, n = 30) reflected a range of additional challenges, including concerns about losing professional skills, lack of regulation, limited availability of social work–specific AI tools, organizational restrictions, bias in AI systems, lack of interest in AI, concerns about AI replacing human roles, and insufficient research evidence.

Support and Needs for Implementing AI

Respondents reported a range of supports that would facilitate the integration of artificial intelligence (AI) into their work.

The most frequently endorsed need was **clear guidelines on the ethical use of AI in social work**, selected by 66.8% (n = 789) of respondents. Concerns related to client protection were also prominent, with 55.5% (n = 654) indicating a need for **improved privacy and security measures for client data,** and 52.3% (n = 617) identifying the importance of understanding how AI impacts client bias, vulnerability, and safety.

Training was another major area of support, with 53.4% (n = 632) reporting that training on AI tools and effective use would be helpful. Approximately one-third of respondents identified implementation-related needs, including **technical support for AI system implementation** (30.5%, n = 360) and **access to more affordable or user-friendly AI tools** (30.5%, n = 359).

Additionally, 26.0% (n = 306) reported that **collaboration with AI experts for custom solutions would support AI integration.**

Desired Improvements to AI Tools for Social Work

Respondents identified several improvements they would like to see in AI tools designed for social work practice, with priorities centered on **client protection, contextual adaptability, affordability, and inclusivity.** The most frequently requested improvement was an increased focus on **client privacy and confidentiality**, selected by 50.4% (n = 594) of respondents.

Many respondents emphasized the importance of **AI tools that reflect the diversity and complexity of social work practice.** Over one-third (38.1%, n = 449) indicated a need for AI tools informed by diverse groups of clients that center client needs and goals, while 36.9% (n = 435) reported a desire for AI systems adaptable to different social work contexts.

Affordability was also a key concern, with 32.1% (n = 378) calling for affordable solutions for small agencies or independent practitioners.

Operational and usability enhancements were commonly endorsed. Nearly one-third of respondents (30.3%, n = 357) identified **better integration with existing software systems as an important improvement**, and 23.6% (n = 278) **requested more user-friendly interfaces.** Additionally, 21.5% (n = 253) **indicated interest in AI tools capable of providing real-time, actionable insights.**

A smaller number of respondents identified broader or emerging improvement areas. These included **sustainability for the environment** (1.8%, n = 21), **greater human intervention in AI design** (0.6%, n = 7), and **more research and education on AI** (1.0%, n = 12). Some respondents (2.6%, n = 31) emphasized the need for additional safety measures and education, while 2.2% (n = 26) indicated that AI should not be used in social work.

Open-ended responses categorized as “Other” (1.8%, n = 21) described desired improvements such as simulation technology for social work students, improved access to resources, development of social work–specific tools, increased accuracy, cost-effectiveness, enhanced administrative support, and innovations related to assessment, measurement, and treatment.

Respondents' Final Comments

We analyzed 407 open-ended comments to the question, "***What other comments or suggestions do you have regarding the use of AI in social work?***" using a thematic analytic approach. Initial coding was completed by one researcher, followed by code verification and expansion by a second researcher who had access to the initial coding framework. The two researchers then collaboratively grouped codes into themes through an iterative consensus process. Respondents expressed predominantly cautious or critical views of AI use in social work, with ethical concerns dominating the discourse. While some respondents recognized potential benefits, particularly for administrative efficiency, there was strong emphasis on risk, harm prevention, and preservation of the human-centered nature of the profession.

"I'm not completely convinced that utilizing AI is ethical."

Theme 1: Ethical Concerns (n = 202)
Ethical concerns were the most prominent theme identified in the open-ended responses (202 excerpts). Respondents expressed significant apprehension about the ethical implications of AI use in social work, particularly related to environmental harm, client safety, confidentiality, lack of regulation, and the potential erosion of professional judgment and skills.

A key ethical concern involved the **environmental impact of AI technologies.** Multiple respondents emphasized that AI development and deployment have substantial ecological consequences, including water consumption and harm to surrounding communities located near data centers. As one respondent noted, *"AI data centers are destroying ecosystems, consuming huge amounts of fresh water and fossil fuels and drive-up energy costs for their surrounding communities."*

These impacts were explicitly linked to social work values, with respondents underscoring environmental justice as integral to social justice. One participant stated that social workers have an obligation to prioritize environmental justice and cautioned that *"AI should not even be considered as a tool for social work practice until it can be supported sustainably and without causing such harm."*

Respondents also raised serious ethical concerns related to **client safety**, particularly for youth and vulnerable populations. Several comments referenced fears that AI tools are being used as substitutes for human connection, with potentially dangerous consequences. One respondent shared, "*I'm not completely convinced that utilizing AI is ethical. It is affecting our environment and hurting our youth,"* citing cases in which adolescents reportedly relied on AI for emotional support with tragic outcomes (i.e., self-harm, suicide).

"I think we need to keep AI out of Social Work."

These comments frequently connected client harm to the **lack of policy, oversight, and regulation** governing AI technologies.

In addition, respondents expressed concern about the **longterm impact of AI on professional skills and judgment.** Several comments warned against over reliance on AI tools, suggesting they could weaken critical thinking, problem solving, and the ability to engage effectively in direct practice. As one respondent explained, *"My greatest concern about AI is future dependence on the technology and the impact it will have on social workers' ability to effectively problem solve and engage in patient care without the AI crutch."*

Taken together, these responses reflect a strong ethical critique of AI that extends beyond individual practice considerations to include broader social, environmental, and professional implications. For many respondents, ethical concerns, particularly related to **environmental justice, client safety, lack of regulation, and the preservation of professional competence,** were central to their skepticism about the role of AI in social work.

Theme 2: General Disdain for AI (n = 115)

Related to ethical concerns was a theme of a general disdain for AI. Many respondents explicitly state that AI **conflicts with social work ethics.** As one respondent noted,

"I think we need to keep AI out of Social Work. We don't have control over what AI will do with data and client information, or if AI will even maintain confidentiality. The for profit tech industry is driving the core development of AI and thus it will be driven by non social work values and interests. You cannot program human social work skills and values into a computer program."

Others view AI as **irrelevant or a distraction,** given existing workforce shortages, burnout, and systemic challenges. *"I think much bigger systemic issues within the field of social work should be focused on rather than trying to figure out how to use AI to make the field 'more efficient.'"*

For a sizable subset of the respondents who made final comments, resistance to AI is not about implementation quality but about the **profession's moral identity.**

Theme 3: General Acceptance of AI (n = 94)

There was a theme of respondents' displaying **measured optimism** toward the use of AI in social work. Respondents who expressed acceptance typically described AI as a **supportive tool rather than a replacement for human practice.** Acceptance was **task specific**, most commonly focused on administrative efficiency and workload reduction.

"AI can be an important tool for faster and more efficient documentation, freeing up social workers' time to focus on direct care."

Respondents also emphasized the importance of **safe use practices and intentional implementation**, rather than unrestricted adoption. While potential benefits related to clinical support and access to care were acknowledged, comments were often cautious and conditional.

"If adapted properly, I think AI can help us work with diverse populations in different languages, making therapeutic work more accessible."

Overall, respondents emphasized that AI should function as an **adjunct to human judgment, not a substitute.**

"AI has significant potential to reduce administrative burden, support clinician sustainability, and increase access to care when used ethically and intentionally."

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Support for AI within this theme is **pragmatic and clearly bounded**. Respondents were open to smart implementation, emphasizing ethical use, strong safeguards, and **preservation of the profession's human-centered foundation.**

For example, this social worker with over 45 years of experience stated, *"I do realize AI will likely affect our field of practice and I do hope that practitioners in all settings will use it appropriately, ethically to help be more effective with people we work with. I understand that it may allow greater efficiencies for social workers to do their job, but I hope the creativity and personal responsibility are not sacrificed in the process."*

"AI is here. In my opinion, our role is to work to shape how AI is ethically implemented in our field as a tool, not a replacement for the human experience."

Theme 4: Importance of Human Touch and Judgment (n = 99)

Embedded within the themes of general disdain and acceptance of AI, respondents consistently emphasized that **AI should not replace human relationships, judgment, or empathy,** underscoring the belief that social work is fundamentally a relational profession.

"I think tools like ChatGPT can be very helpful for research and administration; however, I do not want AI to replace human beings for doing actual work that should require human to human interaction."

Concerns about **replacement—both symbolic and literal—were evident,** with respondents expressing fear that reliance on AI could undermine authentic connection, devalue professional skills, and negatively impact working conditions.

Others expressed more intense caution and concern as one respondent put, "*This [AI use] will only result in wages being further depressed, jobs being eliminated, existing jobs seeing increased workload, and destruction to the environment. Resist this nonsense at all costs."*

At the same time, some respondents articulated a **proactive stance**, arguing that because AI is increasingly present, social workers should play an active role in shaping how it is developed, regulated, and ethically implemented. These comments emphasized AI as a tool to support and not replace the human experience and highlighted the importance of social worker leadership in policy, ethics, and organizational decision-making.

As one respondents noted, *"AI is here. In my opinion, our role is to work to shape how AI is ethically implemented in our field as a tool, not a replacement for the human experience."* Another person highlighted the unique strengths of our profession stated, *"Social workers have a unique perspective and can shine light on areas agencies may not be thinking of or need to shore up, such as privacy, storage, and bias."*

This theme underscores the relational core of social work and suggests that acceptance of AI is closely tied to **preserving professional autonomy, human judgment, and the centrality of authentic human connection in practice.**

Theme 5: Need for Guidance and Regulation (n = 119)

This theme highlights implementation readiness gaps and reflects **widespread uncertainty** about how AI should be ethically and responsibly integrated into social work practice. Rather than expressing outright rejection, many respondents emphasized the need for leadership, structure, and intentional planning before AI use expands further in the field. As one respondent notes, *"We are in desperate need of guidance on ethical use."*

Respondents consistently called for **training, clearer ethical guidelines, and stronger evidence of effectiveness.** Many noted that AI adoption is outpacing the profession's ability to understand its risks and implications. For example, one person stated, *"AI has been understudied and is being used at a rate which we cannot keep up with. It should not be implemented in social work at all until we can study it, make laws to provide protections against it, and know all of the implications of using it."*

There was also a clear desire for **social work–specific AI tools**, rather than reliance on generic platforms developed outside of the profession's value system.

"We are in desperate need of guidance on ethical use."

Respondents emphasized the importance of testing, regulation, and ensuring tools are aligned with social work ethics before widespread adoption. *"Slow it down. Test it. Build actually safe tools. AI as currently developed and deployed is the antithesis of social work. It is harmful."*

Concerns about **affordability, access, and equity** were also present. Some respondents noted that while AI has the potential to improve access to care, it must be developed inclusively to avoid reinforcing existing disparities.

"Overall AI needs to be inclusive and make it easier for clients of any background to access care."

Overall, this theme reflects a tension between urgency and caution, captured in the contrast between calls to "embrace" emerging technologies and demands to slow down, test, and regulate AI before broader implementation. Respondents emphasized that **without clear leadership, ethical standards, and education, AI risks undermining rather than supporting the core values of the social work profession.**

"Clear standards, strong safeguards, and Social Work-specific design will be essential to ensure AI enhances, rather than undermines, the core values of the profession."

Discussion

This report provides timely insight into how social workers across the United States are currently encountering AI, how they perceive its potential benefits and risks, and what supports they believe are necessary for ethical implementation. Overall, the findings reveal a profession at an inflection point: AI is already being used, yet significant ethical concerns, knowledge gaps, and governance challenges persist.

Widespread & Uneven Adoption of AI

Nearly two-thirds of respondents reported using AI tools in their current roles, with adoption spanning a wide array of practice areas, including mental health, healthcare, child welfare, education, and administration. Most use remains task-specific and limited in scope, particularly focused on administrative support, documentation, correspondence, and information synthesis. This pattern aligns with findings that social workers treat **AI as a supportive tool rather than a replacement for professional judgment**, reflecting a pragmatic orientation toward efficiency and workload reduction (Báez et al., 2026; Flaherty & Krishnan, 2026).

At the organizational level, adoption appears fragmented. Few respondents reported full adoption of AI tools at either the departmental or organizational level, and some expressed uncertainty about whether AI is being used at all within their workplaces. Combined with the finding that over 40% of respondents have no role in technology decision-making, this suggests that AI is often introduced without transparent governance structures, consistent policies, or meaningful practitioner input. This is a concern also echoed in international research on AI in social work systems (Boduroğlu et al., 2026; Pandya, 2026).

Cautious Optimism & Ethical Concern

While most respondents anticipate that AI will play a larger role in the future of social work practice, attitudes toward AI are notably mixed.

Open-ended responses highlight a strong tone of cautious optimism, with acceptance contingent upon ethical safeguards, clear boundaries, and human oversight. Respondents also overwhelmingly rejected the idea of AI as a substitute for relational practice, empathic engagement, or professional judgment. This resistance mirrors findings from clinical social workers who described both the promise and limitations of large language models, particularly valuing administrative support while expressing concern about confidentiality, loss of nuance, and diminished empathy (Báez et al., 2026).

Empirical studies further support these concerns. For example, Lucio et al. (2026) found that generative AI applied to systematic reviews inconsistently identified themes and occasionally misinterpreted findings, concluding that AI cannot yet replace human expertise in tasks requiring interpretive judgment. Similarly, Karataş (2026) reported substantially lower inter-rater reliability between a large language model and human experts when assessing child sexual abuse statements, underscoring that credibility assessment remains a task deeply reliant on professional judgment.

Respondents raised alarms about data misuse, client confidentiality, algorithmic bias, disproportionate harms to marginalized populations and the emergence of environmental justice concerns.

Respondents' environmental justice concerns align with emerging social work scholarship that critiques AI's ecological footprint and its disproportionate impacts on marginalized communities. Recent integrative reviews highlight that AI infrastructure relies heavily on energy-intensive data centers, water resources, mineral extraction, and exploitative labor practices impacting nearby communities already facing social and environmental precarity (Massey et al., 2026; UNEP, 2025). Environmental sustainability is increasingly recognized as central to ethical AI engagement, consistent with social work's commitments to climate, environmental, and intergenerational justice (Hiltz, 2025; Ogbanga et al., 2026), and needs to be further addressed in social work research.

Readiness Gaps and the Need for Professional Leadership

A central takeaway from this study is the gap between AI exposure and AI preparedness. Substantial proportions of respondents reported lack of training, insufficient guidance, and uncertainty about how to evaluate or responsibly use AI tools in practice. The most frequently endorsed needs—clear ethical guidelines, protections for client data, and training on effective and safe AI use—underscore a profession seeking leadership rather than resisting technological change outright. Similarly, around the world social workers are calling for training on AI functionality and responsible use in social work practice (Boduroğlu et al., 2026; Pandya, 2026).

There is also a concern among respondents that AI adoption is currently being driven by external market forces rather than professional values. Some fear without intentional leadership, respondents fear that AI could undermine the human-centered foundations of social work.

AI Literacy as a Core Competency

A key concept emerging from recent literature is the importance of AI literacy for the social work workforce. AI literacy has been defined as the knowledge and skills required to understand, use, and critically evaluate AI systems (Ahn et al., 2025). This includes not only technical familiarity, but also the ability to assess ethical implications, recognize bias, and understand how AI systems shape decision-making and access to services (Ahn et al., 2025).

Importantly, AI literacy is relevant not only for practitioners who directly use AI tools, but also for those working within systems increasingly influenced by algorithmic decision-making. AI technologies are already shaping areas central to social work practice, including risk assessment, service eligibility, resource allocation, and behavioral health interventions (Ahn et al., 2025; Nuwasiima et al., 2024).

Integrating AI literacy into core social work competencies would strengthen practitioners' ability to engage critically and ethically with these systems. This includes enhancing decision-making, supporting client advocacy, and identifying when AI outputs may be biased, inaccurate, or harmful (Ahn et al., 2025). Embedding AI literacy into social work education, supervision, and continuing professional development—such as through the CSWE Educational Policy and Accreditation Standards—represents a critical step in preparing the workforce for an AI-influenced practice environment (Ahn et al., 2025).

The findings from this report, particularly the high levels of reported uncertainty and need for training, reinforce that **AI literacy is not optional but foundational to competent and ethical practice moving forward.**

Emerging Policy Landscape and the Need for Professional Engagement

At the same time that AI adoption is increasing in practice, the regulatory environment governing its use in mental and behavioral health remains fragmented and rapidly evolving. Recent analyses of U.S. state-level legislation demonstrate that hundreds of AI-related bills have been introduced, yet relatively few have been enacted, and many lack specificity regarding mental health applications (Shumate et al., 2025). Existing laws often address AI broadly, with limited integration of clinical expertise or attention to the complexities of behavioral health care (Shumate et al., 2025).

Notably, these analyses highlight that mental health professionals and professional organizations have often been underrepresented in policymaking processes, raising concerns that emerging regulations may diverge from real-world practice needs (Shumate et al., 2025).

This evolving and inconsistent policy landscape underscores the urgent need for leadership from professional organizations such as NASW. In addition to developing practice guidance, there is a critical role for social work in shaping policy, advocating for protections, and ensuring that regulatory frameworks reflect the realities of practice and the needs of vulnerable populations (Shumate et al., 2025).

Map of 2024-2027 AI Policies to the NASW Code of Ethics

This report found that guidance is needed to navigate ethical implementation of AI in social work. The most comprehensive, reliable guide to ethical social work practice in the United States is the NASW Code of Ethics.

Therefore, in the following table we have mapped the most recent national policies that will affect social workers onto the NASW Code of Ethics' principles and standards and the ethical implications for social workers.

There are other standards by state that may vary but these are policies that would affect all social workers in the U.S. We included the European Union AI Act (Adopted 2024, Enforcement 2025–2027), because many U.S. social workers are engaged in international research collaborations and nonprofits which are already aligning with EU standards and many assessment tools, electronic health records, and analytics platforms are developed in or sold into the EU.

Limitations

Several limitations should be considered when interpreting the findings from this report. The survey relied on self-reported data, which may be subject to recall bias or socially desirable responses. Participation was voluntary and may overrepresent individuals with particularly strong views about AI, either positive or negative. Additionally, while the sample was large and diverse, it may not fully capture experiences of social workers in underrepresented settings or regions.

Additionally, the survey was distributed through the NASW as well as the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Defense (DoD), which may have contributed to disproportionate representation of social workers affiliated with federal, military, or veteran-serving systems. This distribution strategy may introduce sampling bias, potentially skewing findings toward perspectives, practice environments, and organizational contexts more common in these settings. Despite these limitations, the study offers one of the most comprehensive national snapshots to date of social workers' real-world experiences with AI.

NASW Ethical Principle / Standard	Relevant AI Policies (2024–2027)	What the Policy Requires	Ethical Implications for Social Workers
Service (1.01)	HHS AI Strategic Plan (2025); OMB M-24-10 & M-25-21	AI use in human services must improve service delivery without restricting access or creating new barriers; AI affecting rights/safety requires safeguards and oversight [digitalgov...enthub.org],	Social workers must ensure AI tools enhance, not diminish, client access and quality of services.
Social Justice (1.05)	HHS Public Benefits & AI Guidance; EU AI Act (High-Risk AI)	Agencies must identify, monitor, and mitigate algorithmic bias in benefits, risk scoring, and prioritization systems; social services AI classified as "high-risk" due to discrimination risk [hhs.gov], [digital-st....europa.eu]	Social workers have an affirmative duty to challenge biased AI outputs and advocate for corrective action when systems disadvantage marginalized groups.
Dignity and Worth of the Person (1.02)	HHS AI Guidance; NASW AI & Ethics Guidance	Requires transparency, meaningful notice, and preservation of human choice when AI informs decisions; AI cannot override client autonomy [hhs.gov], [socialworkers.org]	Using AI without disclosure or consent undermines self-determination. Clients must be informed and able to request human review.
Importance of Human Relationships (1.03)	OMB AI Governance Frameworks; Social work ethics scholarship (2025–2026)	"Human-in-the-loop" oversight required for high-impact AI; warnings against over-automation in relational contexts [data.aclum.org], [academic.oup.com]	Assessment, engagement, and clinical judgment remain ethically non-delegable, even when AI tools are available or encouraged.
Integrity (4.04, 4.06)	HHS AI Policies; NASW Technology Standards	Requires accurate documentation of AI use, known limitations, and risks; prohibits misrepresentation of certainty or objectivity [digitalgov...enthub.org],	Social workers are fully accountable for AI-assisted notes, assessments, and decisions; AI output must be reviewed and verified.
Competence (1.04)	OMB M-24-10 / M-25-21; ASWB Technology & Regulation Resources	Workforce using AI must have sufficient AI literacy proportional to the risk of the system and its impact on clients [data.aclum.org], [aswb.org]	Using AI without understanding its limits, data sources, or bias risks may constitute practice outside one's competence.
Privacy & Confidentiality (1.07)	NASW AI Guidance; Federal AI Risk Management Requirements	Requires data minimization, vendor vetting, and protection against third-party disclosure; generative AI poses heightened confidentiality risks [socialworkers.org], [data.aclum.org]	Uploading identifiable client data into unsanctioned AI tools may violate confidentiality, even if done for convenience or efficiency.

Implications for NASW and the Profession

Based on the findings of this national survey, the following recommendations are offered to guide ethical, intentional, and profession-centered engagement with AI in social work.

1. Develop Clear, Profession-Wide Ethical Guidance for AI Use

NASW can be an important leader in developing clear, accessible ethical guidance grounded in the NASW Code of Ethics to address AI use across practice settings, which could include updating the Technology Standards. Given that over two-thirds of respondents identified ethical guidelines as their most pressing need, such guidance should address data privacy, informed consent, bias, transparency, environmental impact, and the preservation of professional judgment. Guidance should emphasize AI as a supportive tool—not a substitute—for human-centered practice.

2. Invest in AI Literacy and Training Across Career Stages

Comprehensive training is needed to close the gap between AI exposure and preparedness. NASW, educators, and employers should consider invest in AI literacy initiatives that help social workers understand how AI systems function, how to critically evaluate their outputs, and how to use them responsibly. Training should be tailored to different roles (direct practice, administration, education, policy) and integrated into continuing education, supervision, and social work curricula.

3. Advocate for Strong Protections Around Client Data, Safety, and Equity

Given concerns expressed by respondents about privacy, security, and client harm, NASW can advocate for stronger safeguards at organizational, state, and federal levels. This includes clear policies governing data storage and use, limits on automated decision-making, transparency requirements, and protections for vulnerable populations. Advocacy efforts should also address environmental justice concerns raised by respondents, ensuring that AI adoption aligns with the profession's broader commitments to social justice.

4. Promote Social Worker Involvement in AI Decision-Making

Findings indicate that many social workers lack meaningful influence over AI implementation decisions. Organizations should actively include social workers in technology selection, policy development, and evaluation processes. Social workers bring critical expertise related to ethics, equity, and human impact that is essential for responsible AI governance.

5. Support the Development of Social Work–Specific AI Tools and Research

Respondents expressed a strong preference for AI tools designed with social work values, contexts, and populations in mind. NASW can play a leadership role by supporting research, pilot testing, and partnerships that prioritize social work–specific applications, rigorous evaluation, affordability, and inclusivity. Emphasis should be placed on tools that demonstrably improve practitioner sustainability and client outcomes without compromising ethical standards.

Conclusion

This national survey offers a comprehensive snapshot of how artificial intelligence is currently intersecting with social work practice across the United States. The findings reveal that AI is no longer a speculative or peripheral issue for the profession; rather, it is already being used across a wide range of practice areas, including policy, administration, academia, advocacy, healthcare, mental health, child welfare, and community-based services. At the same time, AI adoption remains uneven, largely informal, and inconsistently governed.

Overall, the results depict a profession characterized by **cautious engagement rather than uncritical adoption**. Social workers recognize the potential of AI to reduce administrative burden, support knowledge work, and improve efficiency, particularly in macro and organizational roles. However, this potential is tempered by deep ethical concern most notably related to client safety, privacy and confidentiality, bias, environmental justice, and the preservation of human judgment and relational practice. Respondents consistently rejected the use of AI as a replacement for human connection or professional decision-making, underscoring the centrality of social work values in shaping attitudes toward emerging technologies.

A key contribution of this study is its illumination of a growing gap between exposure to AI and preparedness to use it ethically and effectively. The widespread call for clearer guidance, training, and regulation signals not resistance to change, but rather a strong desire for **professional leadership and intentional governance.** As AI continues to evolve and expand into practice settings, the direction it takes within social work will depend largely on whether the profession proactively defines ethical boundaries, builds practitioner capacity, and centers human dignity, equity, and social justice in implementation efforts.

The direction AI takes within social work will depend not only on how it is used in practice, but on the profession's ability to build workforce capacity through AI literacy, develop clear ethical guidance, and actively shape the policy environments in which these technologies evolve. As a leading professional organization for social workers, NASW is uniquely positioned to guide this process by translating core ethical principles into actionable guidance, advocating for protections and accountability, and supporting the development of AI tools that truly align with the values and realities of social work practice. The findings of this report provide an evidence base to inform that leadership and to ensure that, as AI becomes more embedded in social systems, it strengthens rather than undermines the foundations of the profession.

Future Research

The findings from this survey also underscore several critical areas for future research. First, there is a need for **practice-area–specific studies** that more deeply examine how AI is being used within particular contexts, such as mental health, child welfare, healthcare, schools, and justice settings. While this study demonstrates that AI use is occurring across these domains, more granular research is needed to understand how specific tools are shaping workflows, decision-making, service quality, and client outcomes in real-world practice.

Second, future research should focus on **client perspectives and experiences** with AI-supported social work services. To date, most empirical work including the current study centers practitioner viewpoints. Understanding how clients perceive AI involvement in their care, particularly with regard to trust, safety, transparency, and cultural responsiveness, is essential for ethical implementation and informed consent.

Third, there is a pressing need for **evaluation and effectiveness research** examining whether and under what conditions AI tools improve outcomes for social workers and the communities they serve. This includes assessing impacts on administrative burden, burnout, access to care, equity, and service quality, as well as identifying unintended harms. Rigorous evaluation will be especially important as AI tools are increasingly marketed for clinical assessment, risk prediction, and care planning.

Fourth, respondents' concerns highlight the importance of research on the **ethical, environmental, and labor implications** of AI adoption in social work. Future studies should explore the environmental costs of AI infrastructure, the potential impacts on workforce roles and professional skill development, and the ways AI implementation may intersect with existing inequities within social service systems.

Finally, additional research is needed to inform **education and training models** for AI literacy in social work. Studies examining how AI competencies can be responsibly integrated into social work education, supervision, and continuing professional development will be critical to preparing the workforce for ongoing technological change.

Together, these future research directions can support the development of an evidence base that keeps pace with rapid technological advancement while remaining grounded in the ethical commitments and human-centered values that define the social work profession.

References

American Psychological Association. (2025). *Ethical guidance for AI in the professional practice of health service psychology.* https://www.apa.org/topics/artificial-intelligence-machine-learning/ethical-guidance-ai-professional-practic

Ahn, E., Choi, M., Fowler, P., & Song, I. H. (2025). Artificial intelligence (AI) literacy for social work: Implications for core competencies. *Journal of the Society for Social Work and Research, 16*(1), 9–26. https://doi.org/10.1086/735187

Association of Social Work Boards. (n.d.). *Technology and social work regulation resources.* https://www.aswb.org/regulation/research/technology-and-social-work-regulation-resources/

Báez, J. C., Ahn, E., Tamietti, A., Victor, B. G., & Goldkind, L. (2026). Clinical social workers' perceptions of large language models in practice: Resistance to automation and prospects for integration. *Journal of Evidence-Based Social Work, 23*(1), 42–63. https://doi.org/10.1080/26408066.2025.2542450

Boduroğlu, G., Karabulut, A., Karaağaç, H., & Demirel, B. (2026). Potential challenges and opportunities in AI-enabled social work practices in Türkiye. *Journal of Evidence-Based Social Work, 23*(1), 193–214. https://doi.org/10.1080/26408066.2025.2594662

Dey, N. C. (2023). *Unleashing the power of artificial intelligence in social work: A new frontier of innovation.* SSRN. https://doi.org/10.2139/ssrn.4549622

European Parliament & Council of the European Union. (2024). *Regulation (EU) 2024/... laying down harmonised rules on artificial intelligence (Artificial Intelligence Act).* https://artificialintelligenceact.eu/

Flaherty, H. B., & Krishnan, P. (2026). Refusing to fall behind: The ethical obligation to embrace AI in mental health social work. *Journal of Evidence-Based Social Work, 23*(1), 215–229. https://doi.org/10.1080/26408066.2025.2553018

Garkisch, M., & Goldkind, L. (2024). Considering a unified model of artificial intelligence–enhanced social work: A systematic review. *Journal of Human Rights and Social Work.* https://doi.org/10.1007/s41134-024-00326-y

Hiltz, B. S. (2025). Embracing AI in social work: Why ethical concerns should drive integration, not avoidance. *International Journal of Social Work Values and Ethics, 22*(1). https://jswve.org/wp-content/uploads/2025/07/10-022-102-IJSWVE-2025.pdf

International Organization for Standardization. (2026). *What is artificial intelligence (AI)?* https://www.iso.org/artificial-intelligence/what-is-ai

References

Karataş, Z. (2026). Can a large language model judge a child's statement? A comparative analysis of ChatGPT and human experts in credibility assessment. *Journal of Evidence-Based Social Work, 23*(1), 78–93. https://doi.org/10.1080/26408066.2025.2547211

Lucio, R., Harris, A., Báez, J. C., Campbell, M., & Ricciardelli, L. A. (2026). Artificial intelligence in systematic literature reviews: Social work ethics, application, and feasibility. *Journal of Evidence-Based Social Work, 23*(1), 135–149. https://doi.org/10.1080/26408066.2025.2548853

Massey, M., Williams, I., Polistina, G., & Breaux, E. (2026). *Artificial intelligence and environmental justice: A critical review of social work literature.* Society for Social Work and Research Annual Conference. https://sswr.confex.com/sswr/2026/webprogram/Paper62664.html

National Association of Social Workers. (2017). *Standards for technology in social work practice.* https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-for-Technology-in-Social-Work-Practice

National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers.* https://www.socialworkers.org/About/Ethics/Code-of-Ethics

National Association of Social Workers. (n.d.). *Artificial intelligence and social work.* https://www.socialworkers.org/About/Ethics/AI-and-Social-Work

National Institute of Standards and Technology. (2026). *Artificial intelligence – glossary.* https://csrc.nist.gov/glossary/term/artificial_intelligence

Nuwasiima, M., Ahonon, M. P., & Kadiri, C. (2024). The role of artificial intelligence (AI) and machine learning in social work practice. *World Journal of Advanced Research and Reviews, 24(*1), Article 1. https://doi.org/10.30574/wjarr.2024.24.1.2998

Office of Management and Budget. (2024). *Advancing governance, innovation, and risk management for agency use of artificial intelligence* (Memorandum M-24-10). The White House. https://www.whitehouse.gov/wp-content/uploads/2024/03/M-24-10-Advancing-Governance-Innovation-and-Risk-Management-for-Agency-Use-of-Artificial-Intelligence.pdf

Office of Management and Budget. (2025). *Accelerating federal use of artificial intelligence through innovation, governance, and public trust* (Memorandum M-25-21). The White House. https://www.whitehouse.gov/wp-content/uploads/2025/02/M-25-21-Accelerating-Federal-Use-of-AI-through-Innovation-Governance-and-Public-Trust.pdf

Ogbanga, M. M., Sharma, S. N., Pandey, A. K., & Singh, P. (2025). Artificial intelligence in social work to ensure environmental sustainability. In *Artificial intelligence applications for a sustainable environment* (pp. 491–508). Springer. https://doi.org/10.1007/978-3-031-91199-6_16

References

Pandya, S. P. (2026). Social work practice in the era of artificial intelligence: Social workers' voices from South Asia. *Social Work, 71*(1), 69–80. https://doi.org/10.1093/sw/swaf050

Reamer, F. G. (2023). Artificial intelligence in social work: Emerging ethical issues. International *Journal of Social Work Values and Ethics, 20*(2), 52–71. https://doi.org/10.55521/10-020-205

Reamer, F. G. (2025). *Artificial intelligence in the behavioral health professions: Ethical and risk management issues.* NASW Press.

Ricciardelli, L. A., Loy, A., & Bantry-White, E. (2026). Preserving the integrity of evidence-based social work in the age of AI: A proposed ethical framework. *Journal of Evidence-Based Social Work, 23*(1), 1–20. https://doi.org/10.1080/26408066.2025.2587092

Rubin, A., Lynch, M., Sage, T., & Sage, M. (2024). *Embracing AI chatbots in social work education: A guide for social work practicum educators.* University at Buffalo. https://doi.org/10.6084/m9.gshare.25374337

Shumate, J. N., Rozenblit, E., Flathers, M., Larrauri, C. A., Hau, C., Xia, W., Torous, E. N., & Torous, J. (2025). Governing AI in mental health: 50-state legislative review. *JMIR Mental Health, 12*, e80739. https://doi.org/10.2196/80739

United Nations Environment Programme. (2025). *Environmental sustainability of artificial intelligence systems.* United Nations Environment Assembly Resolution UNEP/EA.7/Res.9. https://documents.un.org/undoc/gen/k25/030/08/pdf/k2503008.pdf

U.S. Department of Health and Human Services. (2025). *Strategic plan for the use of artificial intelligence in health, human services, and public health.* https://www.hhs.gov/programs/topic-sites/ai/strategy-implementation/index.html

U.S. Department of Health and Human Services. (n.d.). *Artificial intelligence guidance and implementation resources.* https://www.hhs.gov/programs/topic-sites/ai/index.html

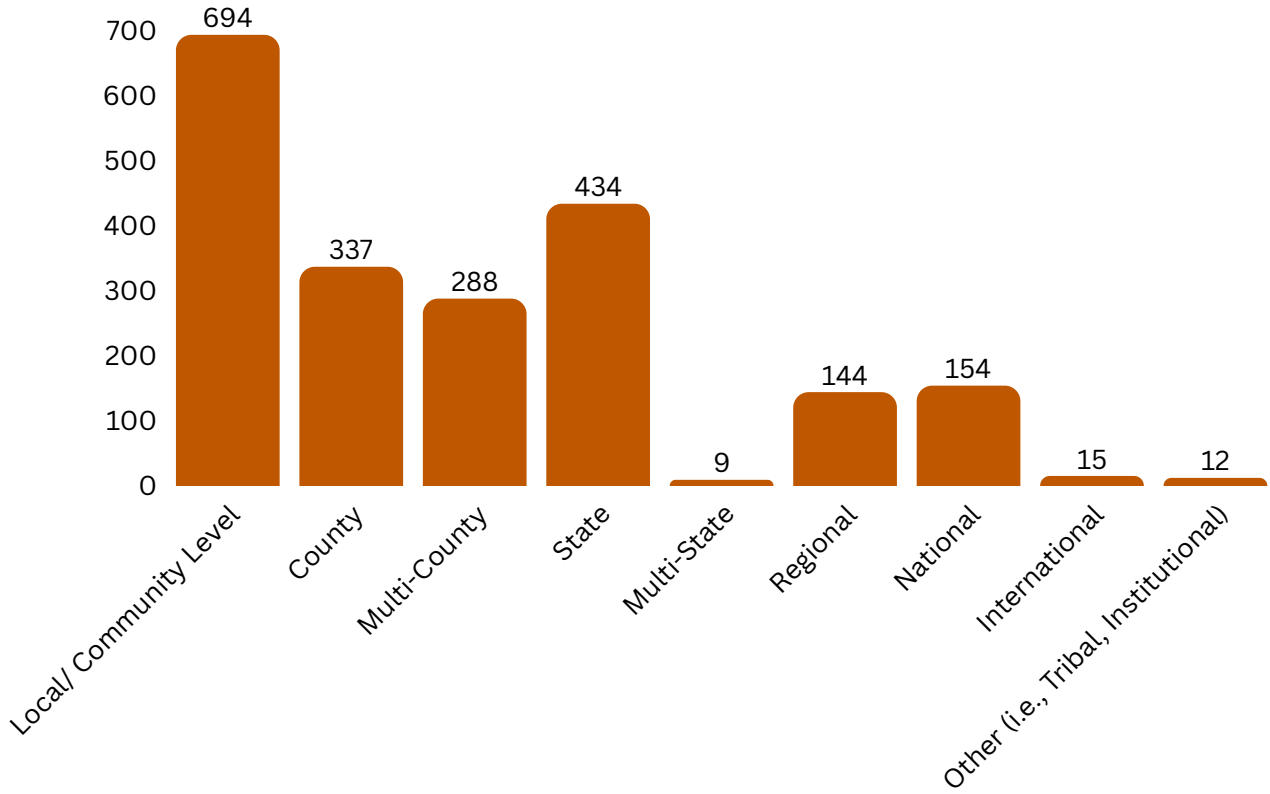
Walsh, C. G., Ribeiro, J. D., & Franklin, J. C. (2017). Predicting risk of suicide attempts over time through machine learning. *Clinical Psychological Science, 5*(3), 457–469. https://doi.org/10.1177/2167702617691560

Wykman, C. (2023). *Artificial intelligence in social work: A PRISMA scoping review on its applications* (Master's thesis). Marie Cederschiöld University. https://www.diva-portal.org/smash/get/diva2:1803614/FULLTEXT01.pdf

Appendix

Appendix A:

How would you describe the geographical bounds of your work? (Select all that apply)



Appendix B:

What is the size of your organization (based on the number of employees)?