

ARTIFICIAL INTELLIGENCE IN PSYCHOSOCIAL COUNSELING: AN EMPIRICAL STUDY OF MENTAL HEALTH PROFESSIONALS' ATTITUDES TOWARD AI INTEGRATION

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Abstract: This study explores mental health professionals' attitudes toward integrating artificial intelligence (AI) in psychosocial counseling. Using a quantitative survey approach, we examine variables such as perceived utility, comfort with AI tools, data privacy concerns, and anticipated impacts on therapeutic practice. Findings reveal both enthusiasm for AI's diagnostic capabilities and significant apprehensions regarding data security and ethical implications. The study underscores the need for targeted training and regulatory measures to ensure the ethical use of AI in mental health contexts.

Keywords: AI in counseling, data privacy, ethical challenges, mental health professionals, psychosocial counseling, technology acceptance

I. INTRODUCTION

The integration of artificial intelligence (AI) in psychosocial counseling represents a rapidly evolving domain, reshaping traditional practices and introducing novel possibilities and challenges (Lin et al., 2020; Obermeyer & Emanuel, 2016). AI technologies, spanning machine learning algorithms, predictive analytics, and natural language processing, offer tools that can potentially enhance therapeutic processes, screening, and assessment accuracy (Topol, 2019). However, the psychological, ethical, and practical implications of these technologies remain underexplored, particularly in light of their application in highly sensitive domains such as mental health (Obermeyer et al., 2019; Leavy, 2020). AI's potential value in psychosocial settings lies largely in its capacity to support, rather than replace, the human aspect of counseling. Recent literature suggests that AI-driven tools can facilitate initial assessments and early interventions through automated analysis of patient data, often detecting subtle patterns that might otherwise go unnoticed by practitioners (Reddy et al., 2021; Fitzpatrick et al., 2017). For instance, studies by Karcher and Allen (2019) and Miner et al. (2020) reveal that

AI-based screening tools may improve the precision of early diagnoses, thus enabling counselors to tailor interventions more effectively from the outset. However, these findings are met with cautious optimism, as researchers have highlighted issues concerning the interpretability and accountability of AI algorithms (Binns, 2018; Floridi et al., 2018). AI's integration in mental health care is thus viewed as a double-edged sword, one that promises greater precision but raises concerns about the autonomy and transparency of therapeutic processes (McCorduck, 2019; Mittelstadt et al., 2016). In addition to diagnostic support, AI has been posited as a valuable tool in augmenting therapeutic practices through virtual agents and chatbots, which can provide real-time support to individuals in need (Rosen et al., 2021; Galea & Tracy, 2020). For example, AI-driven chatbots like Woebot and Wysa have shown effectiveness in delivering cognitive-behavioral interventions for anxiety and depression, offering a scalable solution to the growing demand for mental health services (Inkster et al., 2018; Fitzpatrick et al., 2017). Yet, questions about the clinical validity and reliability of such tools persist, with empirical studies underscoring the importance of continuous human oversight to ensure ethical adherence and to maintain the therapeutic integrity of counseling practices (Aggarwal et al., 2021; Goodman & Flaxman, 2017). Given the complexity and ethical sensitivity of mental health interventions, the role of AI in this domain requires rigorous empirical validation and ethical scrutiny (Vincent, 2019; Leavy, 2020). Privacy concerns are another critical dimension in the application of AI in mental health. Since AI systems process vast amounts of sensitive data, researchers and practitioners alike express concerns about confidentiality and data security (Mittelstadt, 2017; Powles & Hodson, 2017). For instance, intensive data collection, which forms the foundation of many AI algorithms, could expose patients to risks of privacy breaches or unauthorized data usage, which would violate the foundational ethical principles of counseling practice (Floridi & Taddeo, 2016; Obermeyer et al., 2019). Thus, while AI can serve as a



powerful tool for data-driven insights in psychosocial contexts, the implications for data privacy and consent are profound. Studies by Nissenbaum (2010) and Clarke et al. (2021) indicate that achieving a balance between data utility and data privacy is a complex challenge, particularly given the lack of robust regulatory frameworks that govern AI use in therapeutic settings (Floridi et al., 2018; Wachter et al., 2017). Furthermore, the degree of AI acceptance among mental health professionals varies widely, often influenced by factors such as prior experience with digital tools, age, and years of clinical practice (Winkler & Weigand, 2020; Chiu et al., 2018). Research consistently suggests that familiarity with AI correlates positively with comfort in using AI tools in clinical practice, though resistance is notably higher among professionals with longer tenures and minimal prior exposure to digital interventions (Topol, 2019; Reddy et al., 2021). This variability underscores the need for targeted training and education in AI competencies to bridge the digital divide within mental health fields (Fitzpatrick et al., 2017; Lin et al., 2020). Nonetheless, the long-term impact of AI on therapeutic efficacy, professional autonomy, and the quality of client relationships remains ambiguous and warrants sustained empirical inquiry (Goodman & Flaxman, 2017; Vincent, 2019).

II. THEORETICAL FRAMEWORK

This research framework emerges from a convergence of theories in psychology, technology, and ethics. This section delineates the theoretical constructs that underpin the research, focusing on (1) Technology Acceptance Models (TAM), (2) Ethical Theories in Digital Mental Health, and (3) Privacy and Data Protection Frameworks. Each framework provides a lens for understanding how AI tools might be perceived, adopted, and ethically implemented in therapeutic settings, thereby informing the variables examined in this study.

2.1 Technology Acceptance Model (TAM) and AI in Counseling

One of the foundational frameworks for examining technology acceptance is the Technology Acceptance Model (TAM), developed by Davis (1989). TAM posits that perceived usefulness and perceived ease of use are primary predictors of an individual's intention to adopt a new technology (Davis, Bagozzi, & Warshaw, 1989). In the context of psychosocial counseling, these constructs become particularly relevant, as the perceived utility of AI tools in enhancing therapeutic outcomes and the ease of integrating these tools into daily practice are central to their acceptance among counselors (Venkatesh & Davis, 2000). For instance, AI applications like automated assessments or predictive diagnostics are perceived as valuable to the extent that they can augment human judgment without disrupting therapeutic routines (Topol, 2019; Fitzpatrick et al., 2017). However, studies suggest that TAM alone may not sufficiently account for the complexity of

AI adoption in mental health settings, where additional factors such as ethical concerns and professional autonomy play pivotal roles (Chiu et al., 2018; Dwivedi et al., 2021). Consequently, extensions of TAM, such as the Unified Theory of Acceptance and Use of Technology (UTAUT), incorporate additional constructs like social influence and facilitating conditions, which have proven critical in understanding professionals' adoption of AI tools in healthcare (Venkatesh et al., 2003; Rana et al., 2015). In particular, counselors' willingness to embrace AI in their practices may depend not only on their perceived efficacy of the tools but also on institutional support, availability of training, and the endorsement of AI by peers and professional bodies (Winkler & Weigand, 2020).

2.2 Ethical Theories in Digital Mental Health

The ethical considerations surrounding AI usage in psychosocial counseling are anchored in classical ethical theories, such as deontological ethics, utilitarianism, and principles of professional ethics (Floridi et al., 2018; Mittelstadt et al., 2016). Deontological ethics, with its emphasis on duty and adherence to ethical principles, provides a framework for evaluating AI tools concerning patient confidentiality, autonomy, and consent (Floridi & Taddeo, 2016). In counseling, these principles are non-negotiable, as the therapeutic alliance is built on trust, confidentiality, and respect for the client's autonomy (Goodman & Flaxman, 2017). Thus, any AI integration must align with these fundamental ethical obligations, with clear protocols to safeguard client data and ensure informed consent regarding AI-supported interventions (Reddy et al., 2021). Utilitarianism, on the other hand, considers the overall benefits of AI for society, balancing individual risks against collective gains (Obermeyer & Emanuel, 2016). Advocates of AI in mental health often argue from a utilitarian perspective, suggesting that the potential for AI to increase access to mental health resources and to streamline diagnosis justifies its deployment, provided that risks are minimized (Leavy, 2020; Vincent, 2019). However, critics caution that a purely utilitarian approach may neglect individual rights and ethical nuances, particularly when sensitive data and the therapeutic integrity of counseling are at stake (Clarke et al., 2021). Balancing these ethical frameworks is essential to creating AI systems that are not only effective but also ethically responsible. Given the sensitive nature of counseling data, privacy and data protection are paramount concerns in AI-assisted psychosocial interventions. Frameworks such as the General Data Protection Regulation (GDPR) in the European Union provide comprehensive guidelines for data protection, stipulating stringent requirements for transparency, consent, and the right to be forgotten (Regulation (EU) 2016/679). These principles are especially critical in the context of mental health, where data breaches could lead to significant harm for clients (Powles & Hodson, 2017; Nissenbaum, 2010). The GDPR emphasizes data minimization and purpose limitation,

ensuring that personal data are only collected and processed to the extent necessary for specified purposes. In addition to regulatory frameworks, theoretical models of informational privacy, such as Nissenbaum's (2010) theory of contextual integrity, highlight the importance of respecting the boundaries of privacy within specific contexts. Contextual integrity posits that privacy norms vary depending on the type of information and the social context in which it is shared, a distinction particularly relevant in therapeutic settings (Nissenbaum, 2010; Clarke et al., 2021). For AI to be ethically integrated into counseling, it must respect the distinct privacy norms of the therapeutic relationship, ensuring that data handling and processing align with the expectations of confidentiality inherent in this field (Mittelstadt, 2017).

III. METHODOLOGY

This study employs a quantitative survey design to investigate mental health professionals' attitudes toward the integration of artificial intelligence (AI) tools in psychosocial counseling. The methodology section provides a detailed account of the sampling procedures, data collection methods, and statistical analyses utilized to ensure methodological rigor and reliability of results. By systematically examining variables such as age, years of experience, and prior AI exposure, this research aims to elucidate the factors influencing the acceptance and perceived utility of AI in mental health practice.

The study sample consists of 57 mental health professionals, selected to represent a broad cross-section of the counseling field, including those working in private practice, hospitals, community mental health centers, and academic or research settings. The sample demographics were as follows:

- **Gender Distribution:** Female (59.6%), Male (38.6%), Non-binary (1.8%)
- **Age Range:** The majority of participants were between the ages of 36-45 years (33.3%), with the remainder distributed across 25-35 years (26.3%), 46-55 years (22.8%), and 56+ years (17.6%).
- **Professional Experience:** Participants reported varying levels of experience, categorized as 0-5 years (21.1%), 6-10 years (28.1%), 11-15 years (24.6%), and 16+ years (26.2%).
- **Work Setting:** Participants were from diverse work settings, including private practice (40.4%), hospital or clinical settings (26.3%), community mental health (21.1%), and academic or research roles (12.2%).

This demographic distribution was selected to ensure that the study captures a wide spectrum of perspectives and experiences, with an emphasis on understanding how factors such as work setting and experience level might influence attitudes toward AI in counseling.

Data was collected using a structured survey distributed to participants via email and online survey platforms. The survey consisted of demographic questions and Likert-scale items

designed to assess attitudes toward various aspects of AI in counseling. Likert-scale items were rated on a five-point scale (1 = Strongly Disagree, 5 = Strongly Agree), with items covering topics such as perceived value of AI in psychosocial counseling, comfort with using AI tools, and concerns regarding data privacy. The survey items were developed based on prior research in technology acceptance and mental health practices (Venkatesh et al., 2003; Dwivedi et al., 2021), ensuring content validity and relevance to the study's aims. To ensure that responses accurately reflected the participants' perspectives, all items were piloted with a small group of mental health professionals before the main survey launch. Minor adjustments were made to wording and item structure based on feedback, thereby enhancing clarity and ensuring that the survey was accessible to participants across various experience levels. Survey responses were collected anonymously to promote openness and reduce social desirability bias (Podsakoff et al., 2003).

The survey included the following key measures:

- **Attitudes Toward AI in Counseling:** Participants rated their agreement with statements such as "AI can be a valuable tool in psychosocial counseling," capturing their general attitudes toward the use of AI in therapeutic contexts. The mean rating for this item was 3.8 (SD = 0.92), indicating moderate agreement with AI's potential value.
- **Comfort with AI Tools:** To assess participants' comfort with AI tools, the survey included items such as "I feel comfortable using AI-supported tools in my practice." This measure aimed to capture participants' subjective confidence in using AI within their professional roles. The mean rating for this item was 3.2 (SD = 1.15), suggesting a mix of comfort levels among participants.
- **Perceived Efficacy of AI in Assessment:** Statements like "AI-based screening tools can improve initial assessment accuracy" were included to gauge perceptions of AI's efficacy in enhancing diagnostic processes. The high mean score of 4.1 (SD = 0.78) on this item reflected strong support for the potential diagnostic benefits of AI.
- **Concerns About Data Privacy:** The survey assessed data privacy concerns with items such as "I have concerns about data privacy when using AI in therapy." This measure was included to explore participants' ethical concerns, with a mean rating of 4.3 (SD = 0.85) indicating significant apprehension around privacy issues.
- **Anticipated Impact of AI on Therapeutic Practice:** To explore future expectations, participants responded to statements like "AI will significantly change therapeutic practice in the next 5 years." The mean response of 3.9 (SD = 0.95) suggested that many participants anticipate a notable impact of AI on the field.

Each measure was scored individually, and aggregate scores were calculated to facilitate statistical analyses. Higher scores reflected stronger agreement with each item's statement, enabling the study to assess variation in attitudes across different demographic and experiential factors.

Data were analyzed using descriptive statistics, correlation analysis, and regression modeling to test hypotheses regarding demographic factors and attitudes toward AI. Descriptive statistics (means, standard deviations) provided an overview of participants' responses to the survey items, while correlation analysis was employed to identify relationships between demographic variables (e.g., age, years of experience) and AI-related attitudes. Key correlations were identified as follows:

- **Age and AI Comfort:** A negative correlation was observed between age and comfort with AI tools ($r = -0.42$), indicating that older professionals were generally less comfortable using AI.
- **Experience and AI Adoption Willingness:** Years of experience also negatively correlated with willingness to adopt AI ($r = -0.38$), suggesting that longer-tenured professionals were more hesitant toward AI integration.
- **Prior AI Experience and AI Comfort:** A positive correlation was found between prior AI experience and comfort using AI tools ($r = 0.56$), suggesting that familiarity with AI was linked to increased confidence in its use.

Regression analysis further examined the predictive effects of age, experience, and prior AI exposure on attitudes toward AI in counseling. All analyses were conducted using statistical software, with a significance level set at $p < .05$. Findings from these analyses were used to draw inferences about the broader trends in AI acceptance among mental health professionals.

IV. RESULTS

The results of this study provide insights into the complex attitudes of mental health professionals regarding AI integration in psychosocial counseling, highlighting both optimism for its potential benefits and significant ethical and practical concerns. This section presents findings across key variables, including attitudes toward AI's value in counseling, comfort with AI tools, perceived efficacy of AI-based assessments, data privacy concerns, and anticipated impacts of AI on the field. Descriptive statistics, correlations, and trends are reported to illustrate how demographic factors influence these attitudes.

4.1 Attitudes Toward AI in Psychosocial Counseling

Participants expressed a generally favorable attitude toward the utility of AI in psychosocial counseling, with a mean score of 3.8 (SD = 0.92) on the item "AI can be a valuable tool in psychosocial counseling." Specifically, 68.5% of participants

agreed or strongly agreed with this statement, suggesting an openness to AI's potential contributions to therapeutic practice. This result reflects the interest in AI's capacity to enhance counseling by improving diagnostic precision and providing decision support (Topol, 2019; Fitzpatrick et al., 2017). However, the 10.5% who disagreed or strongly disagreed indicate a minority of professionals who remain skeptical about AI's role in a traditionally human-centered field.

4.2 Comfort with Using AI Tools in Practice

Comfort with AI tools displayed greater variability among participants, with a mean score of 3.2 (SD = 1.15). The distribution reveals that while 47.3% of respondents indicated some level of comfort (agree or strongly agree) in using AI tools, a substantial portion (26.3%) remained neutral, and 26.3% expressed discomfort (disagree or strongly disagree). This suggests a divide in the extent to which practitioners feel prepared or willing to integrate AI tools into their practice, which may be influenced by factors such as prior exposure to AI and institutional support for training (Winkler & Weigand, 2020; Reddy et al., 2021). The variability further underscores the need for tailored training and education to bridge comfort gaps, especially for those new to AI (Dwivedi et al., 2021).

4.3 Perceived Efficacy of AI-Based Screening Tools

A strong consensus emerged around the efficacy of AI-based screening tools, with participants reporting a mean score of 4.1 (SD = 0.78) for the item "AI-based screening tools can improve initial assessment accuracy." Approximately 82.4% of respondents agreed or strongly agreed with this statement, reflecting widespread confidence in AI's diagnostic capabilities (Karcher & Allen, 2019; Miner et al., 2020). Only 5.3% expressed disagreement, suggesting that AI's potential to support early assessment may be one of its most universally accepted contributions in the mental health field.

4.4 Concerns Regarding Data Privacy

Data privacy emerged as a significant concern, with participants scoring a high mean of 4.3 (SD = 0.85) on the item "I have concerns about data privacy when using AI in therapy." Nearly 86% of respondents agreed or strongly agreed with this statement, underscoring the ethical complexities AI introduces in a field where confidentiality is paramount (Floridi et al., 2018; Mittelstadt et al., 2016). Notably, only 3.5% expressed disagreement, reflecting the pervasive apprehension around potential data misuse or breaches in a therapeutic context (Powles & Hodson, 2017). This concern may influence broader acceptance of AI tools and suggests a need for robust data protection protocols in AI applications (Nissenbaum, 2010; Clarke et al., 2021).

4.5 Anticipated Impact of AI on Therapeutic Practice

When asked about AI's projected influence on the future of therapeutic practice, participants exhibited cautious optimism,



with a mean score of 3.9 (SD = 0.95) for the item "AI will significantly change therapeutic practice in the next 5 years." A total of 70.2% of respondents agreed or strongly agreed, suggesting that professionals anticipate considerable shifts in practice due to AI's expanding capabilities (Galea & Tracy, 2020; Inkster et al., 2018). However, the 8.8% who disagreed or strongly disagreed indicate that a subset of practitioners remains unconvinced about AI's long-term relevance, possibly due to ethical reservations or a preference for human-driven therapeutic processes (Vincent, 2019; Leavy, 2020).

4.6 Correlation Analyses

Key correlations emerged that provide further context to these findings:

- **Age and Comfort with AI:** A negative correlation ($r = -0.42$) was observed between age and comfort with using AI tools, indicating that older professionals tend to feel less comfortable with AI. This finding aligns with studies suggesting that younger professionals, who are often more technologically literate, are generally more open to adopting new digital tools (Topol, 2019; Venkatesh et al., 2003).
- **Experience and Willingness to Adopt AI:** There was also a negative correlation ($r = -0.38$) between years of experience and willingness to adopt AI. This suggests that seasoned practitioners may perceive AI as a disruption to established practices or as a threat to their professional expertise (Goodman & Flaxman, 2017).
- **Prior AI Experience and Comfort with AI:** A positive correlation ($r = 0.56$) was identified between prior AI experience and comfort using AI tools, underscoring the importance of familiarity and exposure in fostering confidence in AI's application within mental health contexts (Winkler & Weigand, 2020; Dwivedi et al., 2021).

V. DISCUSSION

The integration of artificial intelligence (AI) in psychosocial counseling, as demonstrated by the survey findings, reflects a field at a crossroads. While AI tools show potential for enhancing diagnostic accuracy and providing support to mental health professionals, our results indicate a complex landscape of acceptance, shaped by factors such as professional experience, prior exposure to AI, and data privacy concerns. This section critically evaluates these findings from multiple perspectives, considering implications for practice, potential risks, and areas for further research.

5.1 Attitudes Toward AI: Promise and Skepticism

The study's results indicate a moderate to strong belief in AI's potential utility within psychosocial counseling (Mean = 3.8), aligning with broader literature that highlights AI's diagnostic and predictive capabilities (Topol, 2019; Reddy et al., 2021). AI's ability to analyze extensive data sets and recognize

patterns can facilitate early detection of mental health issues, potentially improving outcomes (Karcher & Allen, 2019; Miner et al., 2020). However, while participants generally recognized AI's utility, the underlying enthusiasm is tempered by practical and ethical concerns. For example, previous research has shown that practitioners value AI's potential but remain wary of how its application might alter the client-therapist relationship, which is central to therapeutic efficacy (Leavy, 2020; Vincent, 2019). The possible shift in the therapeutic dynamic is especially concerning, as it raises questions about whether AI can truly complement, rather than disrupt, the human-centered nature of counseling (Binns, 2018). From a psychological perspective, the hesitance to fully embrace AI may be attributed to cognitive dissonance—where mental health professionals, trained in human-centered approaches, find it challenging to reconcile their values with AI's impersonal, data-driven methods (Goodman & Flaxman, 2017). This ambivalence is further supported by Technology Acceptance Model (TAM) studies, which indicate that attitudes toward new technology are not solely influenced by perceived usefulness but also by perceived ethical compatibility (Venkatesh et al., 2003; Dwivedi et al., 2021). For counselors who prioritize empathy and rapport, the mechanistic and often opaque nature of AI could represent a fundamental conflict with core professional values (Floridi et al., 2018; Mittelstadt et al., 2016).

5.2 Comfort and Familiarity: The Role of Experience and Training

The correlation between prior AI experience and comfort using AI tools ($r = 0.56$) supports the idea that familiarity is crucial for acceptance. This finding is consistent with research indicating that technology acceptance in healthcare is often driven by exposure and training (Winkler & Weigand, 2020; Chiu et al., 2018). Prior experience allows professionals to build trust in the reliability and accuracy of AI systems, mitigating fears of technological incompetence and potential harm (Aggarwal et al., 2021). Conversely, the negative correlation between years of experience in the field and willingness to adopt AI ($r = -0.38$) suggests that seasoned professionals may view AI as a disruptive force, possibly undermining their clinical expertise and judgment (Topol, 2019; Goodman & Flaxman, 2017). This dichotomy reflects a broader generational divide in AI adoption, with younger, less experienced professionals displaying greater openness to AI as a tool for enhancing their practice (Venkatesh et al., 2003; Rana et al., 2015). However, this trend raises important considerations for professional training and development. If AI is to be widely accepted, comprehensive training programs must address both technical proficiency and ethical implications, helping professionals reconcile AI's capabilities with their clinical skills (Lin et al., 2020; Obermeyer & Emanuel, 2016). Notably, research by Dwivedi et al. (2021) suggests that AI training tailored to specific fields can reduce apprehension and improve comfort levels, particularly when



such training is aligned with practitioners' day-to-day needs and values.

5.3 Ethical Concerns: Privacy and the Question of Trust

One of the most pronounced findings in this study is the high level of concern regarding data privacy (Mean = 4.3). This is consistent with ethical discussions surrounding AI in healthcare, where data protection and confidentiality are paramount (Floridi et al., 2018; Mittelstadt et al., 2016). AI systems in mental health counseling often rely on sensitive patient information, which, if mishandled, could lead to severe ethical breaches and damage the trust-based foundation of therapeutic relationships (Nissenbaum, 2010; Clarke et al., 2021). Previous studies indicate that privacy concerns are a significant barrier to AI adoption, as mental health professionals fear that the collection and processing of personal data could lead to unauthorized use or breaches (Powles & Hodson, 2017; Wachter et al., 2017). Critically, this apprehension toward data privacy may stem from the opaqueness of many AI systems, which operate as “black boxes” that limit transparency and accountability (Binns, 2018; Goodman & Flaxman, 2017). Without clear visibility into how data are processed and used, professionals may question whether AI aligns with ethical standards of informed consent and confidentiality, which are foundational to counseling practice (Floridi & Taddeo, 2016; Leavy, 2020). Addressing these concerns requires robust regulatory frameworks and transparent data handling practices to reassure practitioners that AI will not compromise patient rights or undermine the ethical standards of care (Vincent, 2019; Nissenbaum, 2010).

5.4 The Future of AI in Counseling: Transformation or Tool?

The high mean rating (3.9) for the item assessing expectations regarding AI's future impact suggests a general anticipation that AI will significantly influence therapeutic practice within the next five years. This aligns with predictions in the literature, where researchers argue that AI could reshape the delivery of mental health services by offering scalable solutions, reducing costs, and enhancing accessibility (Galea & Tracy, 2020; Inkster et al., 2018). For instance, AI-driven tools, such as predictive algorithms and chatbots, may supplement traditional counseling by offering immediate, round-the-clock support to clients, thus addressing gaps in service availability (Rosen et al., 2021; Miner et al., 2020). However, some scholars caution against a deterministic view of AI as the inevitable future of mental health counseling. Vincent (2019) and Mittelstadt et al. (2016) emphasize the importance of maintaining human oversight and discretion, arguing that AI should serve as a complementary tool rather than a replacement for human therapists. This perspective highlights the potential risks of over-reliance on AI, including the loss of human empathy, the erosion of client-centered care, and the potential for misdiagnosis due to algorithmic biases

(Goodman & Flaxman, 2017; Obermeyer et al., 2019). Moreover, researchers warn that AI adoption in counseling must proceed cautiously to avoid undermining the therapeutic alliance, which remains a crucial predictor of client outcomes (Topol, 2019; Karcher & Allen, 2019).

VI. CONCLUSION

This study provides a detailed exploration of mental health professionals' attitudes toward the integration of AI in psychosocial counseling, revealing both optimism for its diagnostic capabilities and significant concerns around ethical implications, particularly regarding data privacy. The findings highlight that while there is general recognition of AI's potential value, comfort with its use is varied and strongly influenced by demographic factors, such as age and prior AI experience. Notably, data privacy concerns stand out as a critical barrier to acceptance, indicating the need for robust, transparent data protection protocols to safeguard patient confidentiality.

In light of these findings, the successful adoption of AI in psychosocial counseling will require targeted training programs to build comfort and confidence among practitioners, especially those with less exposure to digital tools. Future research should focus on long-term studies that assess the impact of AI on therapeutic outcomes and explore strategies to integrate AI ethically while preserving the core values of human-centered care. By addressing both the practical and ethical challenges associated with AI, the counseling field can move toward a balanced and responsible incorporation of these advanced tools, harnessing their potential to enhance—but not replace—the essential human elements of therapeutic practice.

VII. REFERENCES

- [1]. Aggarwal, N., Topol, E., & Shah, N. (2021). Artificial intelligence—The next frontier in mental health. *Nature Medicine*, 27(1), 19–21.
- [2]. Binns, R. (2018). Fairness in machine learning: Lessons from political philosophy. *Proceedings of the 2018 Conference on Fairness, Accountability, and Transparency*, 149–159.
- [3]. Chiu, C.-M., Huang, H.-Y., Hui, Y. T., & Lai, H.-T. (2018). User acceptance of AI-driven healthcare services: Extending TAM. *Information & Management*, 55(5), 545–557.
- [4]. Clarke, R., Shim, S., Mettler, T., et al. (2021). The role of data protection in machine learning in healthcare. *Ethics, Medicine, and Public Health*, 18, 100693.
- [5]. Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *MIS Quarterly*, 13(3), 319–340.
- [6]. Dwivedi, Y. K., et al. (2021). Artificial intelligence (AI): Multidisciplinary perspectives on emerging



- challenges, opportunities, and agenda for research, practice, and policy. *International Journal of Information Management*, 57, 101994.
- [7]. Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavioral therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. *JMIR Mental Health*, 4(2), e19.
- [8]. Floridi, L., & Taddeo, M. (2016). What is data ethics? *Philosophical Transactions of the Royal Society A: Mathematical, Physical and Engineering Sciences*, 374(2083), 20160361.
- [9]. Floridi, L., et al. (2018). AI4People—An ethical framework for a good AI society: Opportunities, risks, principles, and recommendations. *Minds and Machines*, 28(4), 689–707.
- [10]. Galea, S., & Tracy, M. (2020). Mental health and AI: Technology that could improve diagnosis, treatment, and prevention. *Psychological Medicine*, 50(1), 28–34.
- [11]. Goodman, B., & Flaxman, S. (2017). European Union regulations on algorithmic decision-making and a “right to explanation”. *AI Magazine*, 38(3), 50–57.
- [12]. Inkster, B., Sarda, S., & Subramanian, V. (2018). An empathy-driven, conversational artificial intelligence agent (Wysa) for digital mental well-being: Real-world data evaluation. *Journal of Medical Internet Research*, 20(11), e12106.
- [13]. Karcher, N. R., & Allen, D. N. (2019). AI applications for mental health assessment: Challenges and opportunities. *Psychological Assessment*, 31(4), 516–528.
- [14]. Leavy, S. (2020). Gender bias in artificial intelligence: The need for diversity and inclusion. *Journal of the International Association for Computing and Philosophy*, 17(1), 15–28.
- [15]. Lin, P., Abbass, H., & Reed, C. (2020). Ethics of AI and the future of mental health. *IEEE Transactions on Technology and Society*, 1(3), 112–123.
- [16]. McCorduck, P. (2019). *Machines who think: A personal inquiry into the history and prospects of artificial intelligence*. A.K. Peters, Ltd.
- [17]. Miner, A. S., Milstein, A., & Hancock, J. T. (2020). Talking to machines about personal mental health: Ethical considerations and policy recommendations. *Journal of Medical Internet Research*, 22(6), e16298.
- [18]. Mittelstadt, B. D., Allo, P., Taddeo, M., Wachter, S., & Floridi, L. (2016). The ethics of algorithms: Mapping the debate. *Big Data & Society*, 3(2), 1–21.
- [19]. Nissenbaum, H. (2010). *Privacy in context: Technology, policy, and the integrity of social life*. Stanford University Press.
- [20]. Obermeyer, Z., & Emanuel, E. J. (2016). Predicting the future—Big data, machine learning, and clinical medicine. *The New England Journal of Medicine*, 375(13), 1216–1219.
- [21]. Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447–453.
- [22]. Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903.
- [23]. Powles, J., & Hodson, H. (2017). Google DeepMind and healthcare in an age of algorithms. *Health and Technology*, 7, 351–367.
- [24]. Rana, N. P., et al. (2015). Factors influencing adoption of e-government services in Saudi Arabia: A model comparison approach. *Information Systems Frontiers*, 17(1), 143–157.
- [25]. Reddy, S., Fox, J., & Purohit, M. P. (2021). Artificial intelligence-enabled healthcare delivery. *Journal of the Royal Society of Medicine*, 114(8), 379–385.