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Clinical Social Work Association Code of Ethics

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Clinical Social Work Association
Code of Ethics

PREAMBLE

The principal objective of the profession of clinical social work is the enhancement of the mental health and the well-being of the individuals and families who seek services from its practitioners. The professional practice of clinical social workers is shaped by ethical principles which are rooted in the basic values of the social work profession. These core values include a commitment to the dignity, well-being, and self-determination of the individual; a commitment to professional practice characterized by competence and integrity, and a commitment to a society which offers opportunities to all its members in a just and non-discriminatory manner.

Clinical social workers examine practice situations in terms of the ethical dilemmas that they present, with a critical analysis of how the formulation of a solution fulfills the core requirements of ethical practice; non-malfeasance, (doing no harm to clients); beneficence, (helping clients), and autonomy (enhancing the self-determination of clients).

The following represents a specific codification of those ethical principles. It is intended to serve as a standard for clinical social workers in all of their professional functions, and to inspire their will to act in a manner consistent with those tenets. The clinical social worker is expected to take into consideration all principles in this code that have a bearing upon any situation in which ethical judgment is to be exercised, and to select a course of action consistent with the spirit, as well as the letter of the code.

Individual members of the Clinical Social Work Association and of the various State Societies for Clinical Social Work agree to adhere to the precepts expressed in this Code, and to practice in a manner which is consistent with them. When the practice of a member is alleged to deviate from the Code of Ethics, the Code is to be used as a standard for the evaluation of the nature and seriousness of the deviation.

I. GENERAL RESPONSIBILITIES OF CLINICAL SOCIAL WORKERS

Clinical social workers maintain high standards in all of their professional roles, and value professional competence, objectivity, and integrity. They accept responsibility for the consequences of their work, and ensure that their services are used in an appropriate manner.

a) Clinical social workers bear a heavy professional responsibility because their actions and recommendations may significantly affect the lives of others. They practice only within their sphere of competence, and maintain and enhance that competence through participation in continuing professional development throughout their careers. They refrain from undertaking or continuing any professional activity in which their personal difficulties, or any other limitations, might lead to the inadequate provision of service.

b) Clinical social workers do not exploit professional relationships sexually, financially, or for any other professional and/or personal advantage. They maintain this standard of conduct toward all those who may be professionally associated with them.

c) Clinical social workers often function as employees in clinics, hospitals, and agencies, or, as providers on managed care and other insurance panels. In these positions, they are responsible for identifying and actively working to modify policies or procedures which may come into conflict with the standards of their profession. If such a conflict arises, the primary responsibility of the clinical social worker is to uphold the ethical standards of the profession. These standards require that commitment to the welfare of the client(s) is the primary obligation.

d) Clinical social workers have an additional responsibility, both to the profession which provides the basis of their practice, and to those who are entering that profession. As teachers, supervisors, and mentors, they are responsible for maintaining high standards of objectivity and scholarship. In all of their professional activities they consistently examine, and attempt to expand, the knowledge base on which practice in the profession is centered.

II. RESPONSIBILITY TO CLIENTS

The primary responsibility of the clinical social worker is to the individual client, the family or the group with whom he or she has a professional relationship. Clinical social workers respect the dignity, protect the welfare, and maximize the self-determination of the clients with whom they work.

1. INFORMED CONSENT TO TREATMENT

a) Clinical social work treatment takes place within a context of informed consent. This requires that the client(s) be informed of the extent and nature of the services being offered as well as the mutual limits, rights, opportunities, and obligations associated with the provision of and payment for those services. In order for the consent to be valid, the client(s) must be informed in a manner which is clear to them, must choose freely and without undue influence, and must have the capacity to make an informed choice. In instances where clients are not of legal age or competent to give a meaningful consent, they will be informed in a manner which is consistent with their level of understanding. In such situations, authorization for treatment will be obtained from an appropriate third party, such as a parent or other legal guardian.

b) Clinical social workers have a duty to understand the potential impact on all aspects of treatment resulting from participation in various third party payment mechanisms, and to disclose fully their knowledge of these features to the client. Such features might include, but are not limited to; limitations of confidentiality; payment limitations related to provider choice; a summary of the treatment review process required by the plan; the comparative treatment orientations of the plan and of the clinical social worker; the possibility that benefits may be limited under the plan; the clinical social worker's relationship to the plan and any incentives to limit or deny care; and, the availability of alternative treatment options.

2. PRACTICE MANAGEMENT AND TERMINATION

a) Clinical social workers enter into and/or continue professional relationships based on their ability to meet the needs of clients appropriately. The clinical social worker terminates services and relationships with clients when such services and relationships are no longer in the client's best interest. Clinical social workers do not abandon clients by withdrawing services precipitously, except under extraordinary circumstances.

Clinical social workers give careful consideration to all factors involved in termination and take care to minimize the possible adverse effects it might have on the client(s). When interruption or termination of service is anticipated, the clinical social worker gives reasonable notification and provides for transfer, referral, or continuation of service in a manner as consistent as possible with the client's needs and preferences.

b) Clinical social workers providing services which are reimbursed by third party payers continue to have primary responsibility for the welfare of the client(s). The failure of the third party to authorize continued benefits does not remove the obligation of the clinical social worker to assure necessary treatment, if this is in the client's best interests. When benefits are ended, the clinical social worker has a number of options including; acceptance of private payment for continued services, at either regular or reduced rates; provision of services on an unpaid basis; and, referral to appropriate alternative treatment sources.

c) A clinical social worker who disagrees with the denial of continued benefits by a third party payer is responsible for discussing this action with the client(s), and for devising a clinically appropriate plan, which may or may not include appeal of the decision. Further pursuit of the appeals process will be based on such factors as; the degree to which the clinical social worker believes that further treatment is necessary for the client's well-being; the degree to which the client(s) wishes to pursue the appeals process, and; the degree to which there are alternative means available for the client(s) to continue treatment.

d) Clinical social workers keep records for each individual and family they treat which reflect relevant administrative rules, contractual obligations, and local and federal statutes. They are required to be knowledgeable about

statutes relating to client access to records, and to fulfill their responsibility as required by law. When access to records is permitted, the clinical social worker will take appropriate, legally permitted steps to protect the privacy of all third parties who may be named in the records.

e) All requirements regarding the establishment, maintenance, and disposal of records relate equally to written and to electronic records.

Clinical social workers establish a policy on record retention and disposal that is consistent with state and federal laws, or are aware of agency policies regarding these issues, and communicate it to the client. In the event of the death or incapacity of a client, they safeguard the record, within existing statues, and the information contained therein. Clinical social workers have a plan or procedure for the proper handling of client records in the event of their own death or disability which both protects privacy, and ensures that legitimate access functions can be properly carried out.

3. RELATIONSHIPS WITH CLIENTS

a) Clinical social workers are responsible for setting clear and appropriate professional boundaries, especially in those instances in which dual or multiple relationships are unavoidable. They do not engage in dual or multiple relationships in which there is any risk of their professional judgment being compromised, or of the client being harmed or exploited. When clinical social workers provide services to two or more persons who have a relationship with each other, they clarify with all parties the nature of the professional responsibilities to each of them, and the ways in which appropriate boundaries will be maintained.

b) Clinical social workers do not, under any circumstances, engage in romantic or sexual contact with either current or former clients. Clinical social workers are also mindful of how their relationship with the family and/or friends of their clients might affect their work with the client. Consequently, they also avoid romantic or sexual involvements with members of the client's family, or with others with whom the client has a close, personal relationship.

c) Clinical social workers are aware of the authority which is inherent in their professional role. They do not engage in any activity that will abuse their professional relationships or exploit others for personal, political, or business interests. As practitioners, supervisors, teachers, administrators, and researchers their primary professional responsibility is always the welfare of the client(s) with whom they work.

d) When the clinical social worker must act on behalf of a client, that action should always safeguard the interests and concerns of that client. When another person has been authorized to act on behalf of a client, the clinical social worker should deal with that person in a manner which will safeguard the interests and concerns of the client.

e) Clinical social workers recognize and support the right to self-determination of clients who may choose not to relinquish their privacy by pursuing third party reimbursement for treatment, even when they are eligible for such reimbursement. In such instances, the clinical social worker makes every effort to assist the client in making alternative financial arrangements so that treatment can proceed.

f) When a clinical social worker determines that a conflict potentially detrimental to the treatment process has arisen, he or she should inform the individual(s) to whom he or she has a professional responsibility of the nature of the conflict and the way in which it might affect the provision of service.

4. COMPETENCE

a) Clinical social workers are aware of the scope in which they are entitled to practice. This scope is defined by their areas of personal competence; by their license or other legal recognition; and by their training and/or experience. They are responsible for confining their practice to those areas in which they are legally authorized and in which they are qualified to practice. When necessary, they utilize the knowledge and experience of members of other professions. In using such consultants or supervisors, the clinical social worker is responsible for ensuring that they are recognized members of their own profession, and are qualified and competent to carry out the service required.

b) Clinical social workers recognize that the privacy and intimacy of the therapeutic relationship may unrealistically intensify the client's feelings for them. The maintenance of professional boundaries and objectivity is crucial to effective and responsible treatment. Clinical social workers maintain self awareness and take care to prevent the possible harmful intrusion of their own unresolved personal issues into the therapeutic relationship. They take appropriate steps to resolve the situation when there is a danger of this occurring. Such steps could include, but are not limited to; seeking additional supervision or consultation; seeking additional personal treatment; and, if necessary, making alternative arrangements for the treatment of the client(s).

c) Clinical social workers recognize the responsibility to remain abreast of knowledge and developments in the field which may benefit their client(s). Ongoing involvement in supervision, consultation, and continuing education are some of the ways in which this responsibility can be fulfilled. It is particularly important for the clinical social worker to secure appropriate training, supervision, or consultation when attempting to use a treatment technique with which he or she is unfamiliar.

III. CONFIDENTIALITY

Clinical social workers have a primary obligation to maintain the privacy of both current and former clients, whether living or deceased, and to maintain the confidentiality of material that has been transmitted to them in any of their professional roles. Exceptions to this responsibility will occur only when there are overriding legal or professional reasons and, whenever possible, with the written informed consent of the client(s).

a) Clinical social workers discuss fully with clients both the nature of confidentiality, and potential limits to confidentiality which may arise during the course of their work. Confidential information should only be released, whenever possible, with the written permission of the client(s). As part of the process of obtaining such a release, the clinical social worker should inform the client(s) about the nature of the information being sought, the purpose(s) for which it is being sought, to whom the information will be released, how the client(s) may withdraw permission for its release, and, the length of time that the release will be in effect.

b) Clinical social workers know and observe both legal and professional standards for maintaining the privacy of records, and mandatory reporting obligations. Mandatory reporting obligations may include, but are not limited to; the reporting of the abuse or neglect of children or of vulnerable adults; the duty to take steps to protect or warn a third party who may be endangered by the client(s); and, any duty to report the misconduct or impairment of another professional. Additional limits to confidentiality may occur because of parental access to the records of a minor, the access of legal guardians to the records of some adults, access by the courts to mandated reports, and access by third party payers to information for the purpose of treatment authorization or audit. When confidential information is released to a third party, the clinical social worker will ensure that the information divulged is limited to the minimum amount required to accomplish the purpose for which the release is being made.

c) Clinical social workers treating couples, families, and groups seek agreement among the parties involved regarding each individual's right to confidentiality, and the mutual obligation to protect the confidentiality of information shared by other parties to the treatment. Clients involved in this type of treatment should, however, be informed that the clinical social worker cannot guarantee that all participants will honor their agreement to maintain confidentiality.

d) When confidential information is used for purposes of professional education, research, or publication, the primary responsibility of the clinical social worker is the protection of the client(s) from possible harm, embarrassment, or exploitation. When extensive material is used for any of these purposes the clinical social worker makes every effort to obtain the informed consent of the client(s) for such use, and will not

proceed if the client(s) denies this consent. Whether or not a consent is obtained, every effort will be made to protect the true identity of the client. Any such presentation will be limited to the amount necessary for the professional purpose, and will be shared only with other responsible individuals.

e) Technologies for the storage and transmission of protected health information poses great danger to the privacy of individuals. Clinical social workers take special precautions to protect the confidentiality of material stored or transmitted through computers, electronic mail, facsimile machines, telephones, cellular telephones, telephone answering machines, and all other electronic or computer technology. Clinical social workers are responsible for understanding and applying all applicable state and federal laws that regulate the storage and transmission of electronic, written, and verbal information. When using these technologies, disclosure of identifying information regarding client(s) should be avoided whenever possible.

IV. RELATIONSHIPS WITH COLLEAGUES

Clinical social workers act with integrity in their relationships with colleagues and members of other professions. They know and take into account the traditions, practices, and areas of competence of other professionals and cooperate with them fully for the welfare of clients.

a) Clinical social workers represent accurately the views, qualifications, and findings of colleagues. When expressing judgment on these matters they do so in a manner that is sensitive to the best interests of both colleagues and clients.

b) If a clinical social worker's services are sought by an individual who is already receiving similar services from another professional, consideration for the client's welfare is the primary concern. This concern requires that the clinical social worker proceed with great caution, carefully considering the existing professional relationship, the therapeutic issues involved, and whether it is therapeutically and ethically appropriate to be involved in the situation.

c) As supervisors, consultants, or employers, clinical social workers are responsible for providing competent professional guidance and a role model to colleagues, employees, and students. They foster working conditions that assure consistency, respect, privacy, and protection from physical or mental harm. Clinical social workers do not abuse the authority of their position by harassing or pressuring colleagues, employees, or students for sexual reasons, financial gain, or any other purpose. They refrain from actions that are unwanted by the recipient, and can reasonably be interpreted as pressuring or intimidating the recipient.

d) Clinical social workers carry out their responsibility to both clients and the profession by maintaining high standards of practice within the professional community. They take appropriate measures to discourage, prevent, expose, and correct unethical or incompetent behavior by colleagues, and also assist and defend colleagues believed to be unjustly charged with such conduct. They discourage the practice of clinical social work by those who fail to meet accepted standards of training and experience, or who are practicing outside of their area of competence.

e) Clinical social workers who have knowledge of a colleague's impairment, misconduct, or incompetence attempt to bring about remediation through whatever means is appropriate. Such actions may include, but are not limited to; direct discussion with the colleague, with permission from the client(s) if this is needed; a report, if mandatory, to a regulatory body, professional organization, or employer; a report to a supervisor, or other agency administrator.

V. FEE ARRANGEMENTS

When setting fees, clinical social workers should give consideration to the client's ability to pay and make every effort to establish fees that are fair, reasonable, and commensurate with the value of the service performed.

a) In the initial contact with the client(s) fees for services and policies regarding fee collection should be clarified. This clarification should also take into account any financial constraint which may affect the treatment process.

b) It is unethical for a clinical social worker to offer, give, solicit, or receive any fee or other consideration to or from a third party for the referral of a client. They accept reimbursement from clients and from third party payers only for services directly rendered to the client(s). Clinical social workers may, however, participate in contractual arrangements in which they agree to discount their fees.

c) A clinical social worker who contracts with a third party payer agrees to abide by the conditions of the contract. If, however, the clinical social worker believes the contract contains elements which violate the ethics of the profession, the Clinical social worker seeks to redress this situation through appropriate courses of action which may include; obtaining the other party's agreement to delete the clause; or, refusing to sign the contract.

d) Barter arrangements, in which goods or services are accepted from clients as payment for professional services, should be avoided as much as possible. Such plans, especially when they involve provision of services by the client(s), have the potential to constitute dual relationships which will damage the treatment. Barter arrangements may be entered into only in rare situations, and may only involve provision of goods, as opposed to services, in exchange for treatment. Such arrangements can only be entered into upon the specific request of the client, and when the following additional criteria are met; traditional payment methods are not possible; the client(s) is not coerced or exploited in any way, and; the arrangement is not detrimental to the client(s) or to the professional relationship.

e) Clinical social workers employed by an agency or clinic, and also engaged in private practice, conform to contractual agreements with the employing facility. They do not solicit or accept a private fee or consideration of any kind for providing a service to which the client is entitled through the employing facility.

VI. CLINICAL SOCIAL WORKERS' RESPONSIBILITIES TO THE COMMUNITY

Clinical social workers are aware of the social codes and ethical Clinical Clinical social workers are aware of the social codes and ethical expectations in their communities, and recognize that violation of accepted societal, ethical, legal, and moral standards on their part may compromise the fulfillment of their professional responsibilities and/or reduce public trust in the profession.

a) Clinical social workers do not, in any of their capacities, practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, religion, color, national origin, gender, sexual orientation, age, socioeconomic status, or physical or emotional disability.

b) Clinical social workers practice their profession in compliance with legal standards, and do not participate in arrangements or activities which undermine or violate the law. When they believe, however, that laws or community standards are in conflict with the principles and ethics of the profession, they make known the conflict and work responsibly toward change that is in the public interest.

c) Clinical social workers recognize a responsibility to participate in activities leading toward improved social conditions. They should advocate and work for conditions and resources that give all persons equal access to the services and opportunities required to meet basic needs and to develop to the fullest potential.

VII. RESEARCH AND SCHOLARLY ACTIVITIES

In planning, conducting, and reporting a study, the investigator has the responsibility to make a careful evaluation of its ethical acceptability, taking into account the following additional principles for research with human subjects. To the extent that this appraisal, weighing scientific and humane values, suggests a compromise of any principle, the investigator incurs an increasingly serious obligation to observe stringent safeguards to protect the rights and well-being of research participants.

a) In conducting research in institutions or organizations, clinical social workers obtain appropriate authority to carry out their work. Host organizations are given proper credit for their contributions to the project.

b) Ethically acceptable research begins with the establishment of a clear and fair agreement between the investigator and the research participant that clarifies the responsibilities of each. The investigator has the obligation to honor all commitments included in that agreement.

c) Responsibility for the establishment and maintenance of acceptable ethical practice in research always remains with the investigator. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom incur parallel obligations.

d) Ethical practice requires the investigator to inform the participant of all features of the research that might reasonably be expected to influence willingness to participate, and to explain all other aspects of the research about which the participant inquires. After the data are collected, the investigator provides the participant with information about the nature of the study in order to remove any misconceptions that may have arisen.

e) The ethical investigator protects participants from physical and mental discomfort, harm, and danger. If a risk of such consequences exists, the investigator is required to inform the participant of that fact, secure consent before proceeding, and take all possible measures to minimize distress. A research procedure must not be used if it is likely to cause serious or lasting harm to a participant.

f) The methodological requirements of the study may necessitate concealment, deception, or minimal risk to participants. In such cases, the investigator must be able to justify the use of these techniques and to ensure, as soon as possible, the participant's understanding of the reasons and sufficient justification for the procedure in question.

g) Ethical practice requires the investigator to respect the individual's freedom to decline to participate in, or withdraw from, research and to so inform prospective participants. The obligation to protect this freedom requires special vigilance when the investigator is, in any manner, in a position of authority over the participant. It is unethical to penalize a participant in any way for withdrawing from or refusing to participate in a research project.

h) Information obtained about the individual research participants during the course of an investigation is confidential unless otherwise agreed to in advance.

i) Investigation of human subjects in studies which use drugs, are conducted only in conjunction with licensed physicians.

j) Clinical social workers take credit only for work actually done in scholarly and research projects, and give appropriate credit to the contributions of others in a manner which is proportional to the degree to which those contributions are represented in the final product.

k) Research findings must be presented accurately and completely, with full discussion of both their usefulness and their limitations. Clinical social workers are responsible for attempting to prevent any distortion or misuse of their findings.

VIII. PUBLIC STATEMENTS

Public statements, announcements of services, and promotional activities of clinical social workers serve the purpose of providing sufficient information to aid consumers in making informed judgments and choices. Clinical social workers state accurately, objectively, and without misrepresentation their professional qualifications, affiliations, and functions as well as those of the institutions or organizations with which they or their statements may be associated. In addition, they should correct the misrepresentations of others with respect to these matters.

a) In announcing availability for professional services, protection of the public is the primary concern. A clinical social worker may use any information so long as it describes his or her credentials and the services provided accurately and without misrepresentation. Information usually found helpful by the public includes the name of the professional; highest relevant academic degree from an accredited institution; specialized post-graduate training; type and level of state certification or license; any advanced certifications held; address and telephone number; office hours; type of service provided; languages spoken; and, policy with regard to third party payments.

b) In announcements of available professional services, information regarding fees and fee policies may also be found helpful by prospective clients. Appropriate announcements of this type could include such general terms as "moderate fees." It is unethical to make statements regarding fees or fee policies which are deceptive, or misrepresent the actual fee arrangements.

c) The clinical social worker is responsible for assuring that all advertising is in conformity with the ethical standards of the profession. Publications announcing any type of clinic social work service describe those services accurately. They do not falsely or deceptively claim or imply superior personal or professional competence.

d) Clinical social workers are free to make public appearances and engage in public discussion regarding issues such as, for example, the relative value of alternative treatment approaches. Diagnostic and therapeutic services for clients, however, are rendered only in the context of a professional relationship. Such services are not given by means of public lectures, newspaper or magazine articles, radio or television programs, or anything of a similar nature. Professional use of the media or of other public forums is appropriate when the purpose is to educate the public about professional matters regarding which the clinical social worker has special knowledge or expertise.

e) Clinical social workers respect the rights and reputation of any professional organization with which they are affiliated, and do not falsely imply sponsorship or certification by any organization. When making public statements, the clinical social worker will make clear which are personal opinions, and which are authorized statements on behalf of the organization.

Clincal Social Work Federation
Revised 1997

This Code of Ethics was prepared by the Professional Standards Committee of the Clinical Social Work Federation and adopted by the Board of the Federation in 1997. The Code was reviewed by the Professional Standards Committee of the Clinical Social Work Association in July of 2006 and found to still be an accurate statement of the ethical principles governing the clinical social work profession and the professional conduct of the members of that profession.