Public Comments for NASW Standards for Clinical Social Workers in Social Work Practice

NASW’s Task Force for Clinical Social Work Practice Standards is seeking public comments on the attached document, *NASW Standards for Clinical Social Workers in Social Work Practice*. The draft standards provide guidance to clinical social workers across all clinical settings and serve as benchmarks that describe the professional services clinical social workers perform.

Your comments are important to us and will help the task force to create a model set of standards. All comments are confidential. NASW appreciates your comments, and the task force looks forward to reviewing them. The public comment period begins on **July 28** and ends on **September 15**.

Your comments are important to us and will determine how the task force moves forward. Comments should include the following:

- Name
- Professional Background
- Page number of the information on which you are commenting

Edits are not necessary and will be performed after all comments are received. When evaluating the guidelines, please respond to the following questions and statements by email:

- Is the content clear and understandable?
- Are there additional topics that should be added? If so, state them and share why.
- Are there topics that should be deleted? If so, state them and share why.
- Describe main strength(s) of the guidelines.
- Describe any weaknesses of the guidelines.
- List other comments.

NASW values your feedback. All comments must be submitted no later than **September 15, 2023**. Should you have any questions please contact [cswstandards@socialworkers.org](mailto:cswstandards@socialworkers.org).
NASW Standards for Clinical Social Workers in Social Work Practice
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About the Association
The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the nation. Members include over 110,000 social workers from 50 states, the District of Columbia, New York City, the U.S. Virgin Islands, Guam, Puerto Rico, and American social workers practicing abroad. NASW’s primary functions are promoting the professional development of its members, establishing, and maintaining professional standards of practice, advancing sound social policies, and providing services that protect its members and enhance their professional status.

Acknowledgement
NASW would like to thank the Clinical Social Work Association (CSWA) for the participation of Laura Groshong, LICSW, director of policy and practice, in the revision of the NASW Standards for Clinical Social Work in Social Work Practice.

Introduction
Clinical social workers represent one of the largest groups of mental and behavioral health practitioners in the United States and its territories. They are often the first to diagnose and treat people with mental disorders and various emotional and behavioral disturbances. Clinical social workers are essential to a variety of client-centered settings, including community mental health centers, hospitals and hospices, substance use treatment and recovery programs, courts and other criminal justice settings, schools, primary healthcare centers, child welfare agencies, businesses, aging and rehabilitation services, employee assistance programs, nonprofit organization, religious institutions, private practice, and the uniformed services.

Clinical social work has a primary focus on the mental, emotional, and behavioral well-being of individuals, couples, families, groups, organizations, and communities. It centers on a holistic and systematic approach to psychotherapy and the client’s relationship to their environment. Clinical social work views the client’s relationship with their environment as essential to treatment/care planning—from assessment and diagnosis to treatment and follow-up.

Clinical social work is a state-regulated professional practice. Clinical social workers must meet and maintain the minimum requirements of practice in their state and jurisdiction.

Clinical social work is broadly based and addresses the needs of individuals, families, couples, groups, and communities affected by life changes and challenges in various areas of functioning, including mental, behavioral, and physical health conditions. Clinical social workers seek to provide essential services in the environments, communities, and social systems that affect the lives of the people they serve.

Goals of the Standards
Clinical social workers are committed to the delivery of culturally competent services to individuals, families, couples, groups, and communities. Therefore, in practicing cultural humility, they should recognize the client’s role in treatment/care planning and the client’s right to have a knowledgeable,
skilled, caring, responsive, and compassionate practitioner who is guided by sound ethical, evidence-based research; comprehensive clinical assessment; client-focused treatment; and holistic practice.

These standards for clinical social work practice set forth by NASW are intended to guide clinical social workers in all areas of specialization and clinical settings. Specifically, the goals of the standards are to

■ maintain and improve the quality of services provided by clinical social workers.
■ establish professional expectations and guidelines to assist social workers in monitoring and evaluating their clinical practice.
■ provide a framework for clinical social workers to assess responsible and ethically sound professional behavior.
■ inform consumers, government regulatory bodies, and others about the professional standards for clinical social work practice.
■ encourage engagement in lifelong learning to continually improve and update social work theory, knowledge, methods, and skills to remain relevant, effective, and responsive to clients’ needs in a rapidly changing society.

The scope of clinical social work extends across many geographic regions, practice settings, and populations. It is anticipated that these standards will inform, reinforce, enhance, and support current and future evidence-based research and client-centered clinical practice in all settings, while affirming the value of clinical social work services as a discrete and efficacious practice area.

Standards for Clinical Social Work in Social Work Practice

Standard 1. Ethics and Values
Clinical social workers shall adhere to the values and ethics of the social work profession, utilizing the NASW (2021) Code of Ethics as a guide to ethical decision making.

Standard 2. Specialized Practice Skills and Interventions
Clinical social workers shall demonstrate the knowledge, skill, and ability to effectively intervene with the population and client configuration that they are providing clinical social work services to.

Standard 3. Referrals
Clinical social workers shall be knowledgeable about community services and make appropriate referrals, as needed.

Standard 4. Accessibility to Clients
Clinical social workers shall be accessible to their clients.

Standard 5. Privacy and Confidentiality
Clinical social workers shall maintain adequate safeguards for the private nature of the treatment relationship.
Standard 6. Supervision and Consultation
Clinical social workers shall maintain access to professional supervision and/or consultation in accordance with standards 2.05 and 3.01 of the NASW (2021) Code of Ethics.

Standard 7. Professional Environment and Procedures
Clinical social workers shall maintain professional workspaces, policies, and procedures.

Standard 8. Documentation
Documentation of services provided to, or on behalf of, the client shall be recorded in the client’s file or record of services.

Standard 9. Independent Practice
Clinical social workers, when licensed to do so by state laws, shall have the right to establish an independent practice.

Standard 10. Cultural Competence
Clinical social workers shall demonstrate culturally inclusive service delivery in accordance with the NASW (2015) Standards and Indicators for Cultural Competence in Social Work Practice. An increasingly growing diverse population seeking clinical supports requires that clinical social workers optimize and commit to diversity, equity, and inclusion to ensure individuals, families, groups, and communities are provided an opportunity to grow, contribute, and develop.

Standard 11. Professional Development
Clinical social workers shall assume personal responsibility for and are obligated to engage in continuing professional development across the entirety of their career. This shall be in accordance with the NASW Standards for Continuing Professional Education (2003) as well as state requirements for continuing education.

Standard 12. Technology
Clinical social workers shall have access to computer technology and the internet, as the need to communicate via email and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive clinical practice. Those who provide telehealth services shall be knowledgeable of all rules and regulations that govern the jurisdiction in which the social worker and client are located.

Standard 13. Termination
Clinical social workers shall appropriately prepare clients for termination of services.
**Standard 1. Ethics and Values**

Clinical social workers shall adhere to the values and ethics of the social work profession, utilizing the NASW (2021) *Code of Ethics* as a guide to ethical decision making.

**Interpretation**

The social work mission is rooted in six core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2021). All social workers have a responsibility to embrace these values as a service to clients, the profession, self, colleagues, and society.

In delivering clinical social work services, the social worker’s primary responsibility is to their client. It is also important to note the clinical social worker may see clients who are mandated for treatment and need to meet the demands of the institution that mandates the treatment. An example of this would be a clinical social worker who is contracted to provide services for a criminal justice agency.

Clinical social workers shall acknowledge the right of clients to receive competent psychosocial services and demonstrate a commitment to act on professional judgement and convictions, which are informed by the NASW (2021) *Code of Ethics*.

Clinical social workers shall be prepared for the challenges that encompass the assessment and treatment of people with mental disorders and behavioral or emotional disturbances. This includes maintaining a commitment to the client while simultaneously demonstrating responsibility to the practice setting, society, and local state and federal policies and regulations governing the social worker’s practice. In the event that conflicts arise among competing interests, social workers are directed to the *Code of Ethics* as one of the reference points for decision making. Services should only be provided in a setting in which the professional relationship can be maintained. Clinical social workers should adhere to the *Code of Ethics* with regard to limits on private and/or dual relationships with clients.

**Standard 2. Specialized Practice Skills and Interventions**

Clinical social workers shall demonstrate the knowledge, skill, and ability to effectively intervene with the population and client configuration that they are providing clinical social work services to.

**Interpretation**

Drawing on knowledge of evidence-based practices and community standards of care, clinical social workers shall be familiar with psychosocial, cultural, and health factors that influence the mental, emotional, and behavioral functioning of the client configuration with whom they are working.

Additionally, clinical social workers shall have the ability to

- establish and maintain a relationship of mutual respect, acceptance, and trust.
- gather and interpret social, personal, environmental, and health information.
- evaluate and treat problems within their scope of practice.
- establish achievable treatment goals with the client.
- facilitate cognitive, affective, and behavioral changes consistent with treatment goals.
- evaluate the effectiveness of treatment services provided to the client.
- identify appropriate resources and use assessment instruments, as needed.
- advocate for client services.
- collaborate and work effectively with social work and other professionals, when appropriate.

When additional knowledge and skills are required to address clients’ needs, the clinical social worker shall seek appropriate training, supervision, or consultation, or refer the client to a professional with the appropriate expertise. Clinical social workers shall limit the scope of their practice to those clients for whom they have the knowledge, skill, and resources to serve.

**Standard 3. Referrals**

Clinical social workers shall be knowledgeable about community services and make appropriate referrals, as needed.

**Interpretation**

To ensure that clients receive optimal psychosocial services, it may be beneficial to collaborate or coordinate services with appropriate community programs to strengthen or improve the continuity of care. Clinical social workers shall be knowledgeable about available community resources. When appropriate, clinical social workers shall advocate on behalf of the client for appropriate services. The clinical social worker shall maintain collaborative contacts with social work or other related professionals and make appropriate referrals, as needed. They should not share information about the client without the client’s informed consent or as otherwise indicated in Standard 5.

When services are provided to a client who resides in another community (for instance, telehealth services), a clinical social worker shall advise client of a restricted knowledge of community services base so that the client can give informed consent for care with these restrictions (or decline the care). A clinical social worker must be knowledgeable about resources where the client resides.

**Standard 4. Accessibility to Clients**

Clinical social workers shall be accessible to their clients.

**Interpretation**

Social workers have an ethical responsibility to help people in need and address social issues (NASW, 2021). People face many challenges in accessing healthcare services and use of technology. Realizing that medical emergencies can occur at any given moment, it is important that clinical social workers be available to provide clinical services to clients during regularly scheduled appointment times or sessions. Equally important is that clients should know how they can gain access to their social work provider when an emergency arises.
Levesque et al. (2013) identified five dimensions of accessibility: approachability, acceptability, availability and accommodation, affordability, and appropriateness. The first step in accessing the healthcare system is the identification of needs. Seeking services, reaching services, obtaining services, and actually having that need fulfilled are also central to the process (Levesque et al., 2013). The healthcare setting shall therefore be physically accessible and have helping/assistive devices for persons who may be physically challenged.

The physical accessibility standards issued under the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Protection and Affordable Care Act of 2010 all prohibit discrimination based on disability. These statutes together require healthcare providers to make reasonable modifications in policies and practices and provide auxiliary aids and services when necessary to facilitate effective communication.

In addition to providing physical and digital access to clients, the clinical social worker shall develop emergency plans or be available to the client for emergency coverage during vacations, pandemics, natural disasters, inclement weather, holidays, illnesses, and at other times when the office may be closed. Arrangements or plans and procedures for emergency, virtual clinics, or telehealth coverage shall be made in partnership with competent mental health professionals or reputable institutions and should be discussed with the client at the initial in person or telehealth interview. All office policies should be discussed with the client prior to scheduling appointments.

Last, the office setting shall be physically accessible and provide a safe environment. When providing services virtually, clinical social workers shall ensure that clients have guidance on what to expect, as well as the capability and resources to access the telehealth platform. In accordance with the ADA (1990), any office limitations should be discussed prior to scheduling appointments.

**Standard 5. Privacy and Confidentiality**

Clinical social workers shall maintain adequate safeguards for the private nature of the treatment relationship.

**Interpretation**

Confidentiality is a basic principle of social work intervention and is a cornerstone of creating safe therapeutic relationships because it ensures the client that what is shared with the social worker will remain confidential. Information related to or obtained from the client by the clinical social worker is viewed as private and confidential. Clinical social workers are mandatory reporters and shall be familiar and comply with local, state, tribal, and federal mandates governing privacy and confidentiality, such as the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and state medical records laws. The NASW (2021) *Code of Ethics* standard 1.07 also requires social workers to respect clients’ right to privacy and to protect the confidentiality of all information obtained while providing professional services.
Clinical social workers explain the ethical and/or legal limitations of confidentiality at the beginning of treatment and during the course of treatment so the client has a clear understanding. There may be other exceptions to confidentiality as required by law or professional ethics, such as mandates to report when the client is a danger to self or others and for reporting child or elder abuse and neglect. The client may choose to give informed consent for the clinical social worker to release or discuss the information with another party to facilitate support, treatment, and collaboration of care. This release of information is documented and stored in the client’s chart. It is important to note that because a release of information has been granted by the client, the clinical social worker should have a legal justification or a health insurance purpose for disclosing client information of any kind.

Professional judgment in the use of confidential information shall be based on best practice, as well as legal and ethical considerations.

**Standard 6. Supervision and Consultation**

Clinical social workers shall maintain access to professional supervision and/or consultation in accordance with standards 2.05 and 3.01 of the NASW (2021) *Code of Ethics*.

**Interpretation**

Clinical social workers receive guidance through supervision and/or consultation. The purpose of supervision is to provide education, accountability, and direction to supervisees. Board-certified supervisors are responsible for the work of their supervisees, whereas consultants are not responsible for the work of their consultees. The consulting relationship is not hierarchical. Clinical social workers may provide consultation to colleagues who are seeking recommendations on specific issues. Both supervisors and consultants provide guidance to those who seek supervision or consultation. Clinical social workers should ensure that professional social work supervision is available to them in a clinical setting for the first five years of their professional experience (NASW, 2004, as cited in NASW, 2005). If a supervisor is not available or accessible, case consultation may be obtained from qualified professionals of other related disciplines. Clinical social workers with more than five years of clinical experience use consultation on an as-needed, self-determined basis. In addition, clinical social workers shall adhere to state and federal statutes and regulations regarding supervision and consultation in their states of practice, as well as the *Best Practice Standards in Social Work Supervision* (NASW & Association of Social Work Boards [ASWB], 2013) relating to supervisor and supervisee responsibilities and accountability.

When appropriate, clinical social workers should offer their expertise to individuals, groups, and organizations, as well as offer training and mentoring opportunities to beginning social workers or those making the transition into clinical social work. Supervisors should abide by any state or jurisdiction standards for approved supervision.

**Standard 7. Professional Environment and Procedures**

Clinical social workers shall maintain professional workspaces, policies, and procedures.
**Interpretation**

Agencies providing clinical social work services and clinical social workers in private practice shall develop and implement written policies that describe their office or work space procedures, such as the client’s rights, including the right to privacy and confidentiality, limits to confidentiality, required notices and authorizations, procedures for release of information, fee agreements, procedures for payment, cancellation policy, termination procedures, telehealth policies, coverage of services during emergency situations or when the clinical social worker is not available, and contact information for the appropriate licensing board. These policies shall be made available to and reviewed with each client prior to beginning services. Clinical social workers should maintain appropriate professional liability insurance and have a current working knowledge of risk management issues.

Additionally, the workspace shall be properly maintained to ensure a reasonable degree of comfort, privacy, and security for the social worker and the client. In-person settings shall meet all federal, state, tribal, and local requirements regarding posting notices and professional licenses. If services are provided via telehealth, clinical social workers must meet any licensure requirements of the jurisdiction where they are licensed and any licensure requirements of the jurisdiction where the client is physically located. Clinical social workers also need to verify the rules and regulations of their professional liability insurance and third-party payers to ensure that telehealth services are covered.

**Standard 8. Documentation**

Documentation of services provided to, or on behalf of, the client shall be recorded in the client’s file or record of services.

**Interpretation**

Clinical social workers must document all services rendered to clients and keep the records in a secure location, maintaining them as private and confidential records. Documentation may include assessment and diagnosis, interventions, and clients progress toward treatment plan goals. Progress notes should be recorded after each session and be consistent with all applicable local, tribal, state, and federal statutory, regulatory, or policy requirements.

**Standard 9. Independent Practice**

Clinical social workers, when licensed to do so by state laws, shall have the right to establish an independent practice.

**Interpretation**

Clinical social workers may establish an independent solo or group practice. When doing so, they shall ensure that all services, including diagnostics and treatment planning, meet professional standards. When clinical social workers employ staff, they, as employers, bear responsibility for the competency of all services provided; maintaining clinical and ethical standards; and upholding all local, state, tribal, and federal regulations.
To avoid conflicts of interest, clinical social workers who are both employed by agencies and have independent practices shall not refer agency clients to themselves without prior agreement with the agency and informed consent of the client. As part of informed consent, clinical social workers should provide clients with all available options, including but not limited to, transferring the client to another treatment provider within or outside of the agency, referrals to other appropriate treatment providers, and/or terminating services and supporting the client in choosing the option most appropriate for them.

Clinical social workers in private practice may bill third-party payers or their clients for services rendered. Clients shall be provided with all invoices and receipts in a timely manner. When a client can no longer afford services—or a third-party payer or an agency terminates services—an alternative mutually agreed upon with the client may be instituted. For example, a referral, termination of services, a sliding scale, or pro bono services could be offered. If services continue, consideration must be given to any applicable federal, state, tribal, or local laws and regulations as well as insurance or managed care contracts that may limit the type of continuing care.

**Standard 10. Cultural Diversity, Equity, and Inclusion**

Clinical social workers shall demonstrate culturally inclusive service delivery in accordance with the NASW (2015) *Standards and Indicators for Cultural Competence in Social Work Practice*. An increasingly growing diverse population seeking clinical supports requires that clinical social workers optimize and commit to diversity, equity, and inclusion to ensure individuals, families, groups, and communities are provided an opportunity to grow, contribute, and develop.

**Interpretation**

*Cultural Diversity*

Clinical social workers shall have, and continue to enhance, cross-cultural knowledge, understanding, and application of differences in race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, disability, religion, history, traditions, beliefs, values, worldviews, and family systems as they relate to clinical practice with individuals, families, groups, and communities.

*Equity*

Clinical social workers shall be knowledgeable about social determinants and disparities to further promote justice and fairness within systematic procedures. They shall have and continue to enhance knowledge and awareness of historical and intergenerational adverse effects and their outcomes among individuals, families, groups, and communities. Clinical social workers shall be knowledgeable and skilled in practice about oppression as reinforced by societal norms and institutional biases.

*Inclusion*

Clinical social workers shall foster inclusion and belonging through creating inviting environments based on policies and practices. They must also be self-aware of personal biases that may be interpreted as a barrier to treatment. Clinical social workers shall be knowledgeable about diverse groups and apply practice skills consistent with the NASW *Standards and Indicators for Cultural Competence in Social Work Practice*. 
Antiracism

Antiracism is a commitment to actively resisting and dismantling the system of racism to obtain racial equity. It involves acknowledgment of the existence of racism throughout history including in the social work profession. In accordance with our Code of Ethics, social workers will take a stance against racial hatred, bias, violence, systemic racism, and the oppression of specific groups on an individual, interpersonal, institutional, and structural level. In clinical practice, social workers should demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies. Clinical social workers shall acknowledge clients as experts of their own lived experiences.

Standard 11. Professional Development

Clinical social workers shall assume personal responsibility for and are obligated to engage in continuing professional development across the entirety of their career. This shall be in accordance with the NASW Standards for Continuing Professional Education (2003) as well as state requirements for continuing education.

Interpretation

Competent, ethical, science-based, and effective practice is actuated through the clinical social worker’s continuing professional development efforts. Clinical social workers are obligated to routinely engage in approved continuing education opportunities. These professional development opportunities shall reinforce foundational knowledge, ethics, and skills for social work practice—and they shall provide comprehensive professional development related to emerging theories and interventions, enhancing cultural competence and humility, endorsing compliance with existing and new standards of care in the social work profession, as well as confirming changes to policies and regulatory reforms. Clinical social workers must stay abreast of research in social work and their related areas of specialization to ensure that their practice aligns with evidence-based knowledge, skills, and interventions. Clinical social workers are additionally obligated to maintain currency with state (and other relevant authorities’) regulations around the definition and scope of clinical social work practice. Areas in which clinical social workers should maintain currency in their continuing education efforts include the following:

- Reporting requirements related to vulnerable populations
- HIPAA
- Technology, telehealth, and electronic health records
- Risk management and liabilities
- Interprofessional and emerging science in specialized areas of practice
- Implicit personal biases, knowledge of social and health inequities across populations, and best practice standards in working with cultural differences and diverse clients

Reliable and valid opportunities for professional development are available through NASW as well as other professional organizations, institutions, and agencies. Clinical social workers shall verify certification of continuing education for alignment with local, state, tribal, and national standards, policies, and laws. Clinical social workers should regularly engage with advancing the profession. This can include attending, providing, and participating in professional conferences or continuing education.
trainings, and contributing to social work education (e.g., as faculty), field education (e.g., as a field instructor), or professional or scholarly publications.

**Standard 12. Technology**

Clinical social workers shall have access to computer technology and the internet, as the need to communicate via email and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive clinical practice. Those who provide telehealth services shall be knowledgeable of all rules and regulations that govern the jurisdiction in which the social worker and client are located.

**Interpretation**


The major areas covered in the standards include provision of information to the public; designing and delivering services; gathering, managing, and delivering information; and social work education and supervision through videoconferencing. Use of technology to provide treatment also requires an informed consent form that outlines the limits of communication to include email, texting, and social media. A videoconferencing platform that is HIPAA compliant, i.e., provides a Business Associate Agreement, should be used. Payment for services should include a platform that is encrypted and password protected.

Clinical social workers should also be aware of the benefits and risks associated with using technology. For instance, when providing telehealth, clinical social workers shall educate clients on the benefits and risks while assessing appropriateness for services. It is imperative that clinical social workers have a clear understanding of the way matters of diversity, equity, and inclusion are impacted in the use of technology. Some clients are not skilled in the use of technology in ways that maintain confidentiality and do not have access to a computer or smartphone with video capacity. Alternative options such as in-person visits or provider referrals should be offered to clients when virtual services are not appropriate. Audio-only treatment is another option for clinical social workers, though there is some debate about the value of working with only audio services.

Finally, new ways of receiving treatment from clinical social workers through technology are in need of evaluation and should be approached with caution, carefully evaluating the needs of each patient. Clinical social workers who use technology to provide services should be aware of the ethical guidelines, standards of care within their professional community, and any federal, state, tribal, or local regulations that impact the use of technology-based services.
Standard 13. Termination

Clinical social workers shall appropriately prepare clients for termination of services.

Interpretation

Clinical social workers shall consider termination of services an ethical and necessary procedure of clinical work with clients. Termination can occur for a variety of reasons.

If a client has met all treatment goals and is no longer in need of services, the clinical social worker shall prepare client for termination of services.

If a client’s treatment ends prior to obtaining their treatment goals, the clinical social worker will follow policies and best practices regarding engagement for follow-up. When appropriate, the clinical social worker shall refer the client to another qualified treatment provider.

If a clinical social worker leaves a role, agency, or private practice prior to achieving treatment goals, the clinical social worker will provide both the agency (if treatment setting) and their clients with reasonable notice, when possible. Clinical social worker will discuss issues surrounding termination within the therapeutic setting as appropriate and provide clients with information regarding the process (the transfer of the client to another treatment provider within the agency or referrals to providers outside of the agency).

Glossary

Client/Patient/Consumer

Social workers generally use the term “client” to refer to the individual, group, family, or community that seeks or is provided with professional services. The client is often seen as both the individual and the client system or those in the client’s environment. The term “consumer” is also used in settings that view the client as the consumer, that is, one capable of deciding what is best for them and encourages self-advocacy and self-judgment in negotiating the social services and welfare system. The term “patient” is more commonly used by social workers employed in healthcare settings (Barker, 2014), and may also be used for insurance reimbursement purposes in health, mental health, and substance use settings.

Clinical Social Work

The professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders (Barker, 2014).

Counseling

A procedure that is often used in clinical social work and other professions to guide individuals, families, couples, groups, and communities by such activities as delineating alternatives, helping to articulate goals, and providing needed information (Barker, 2014).
Person-in-Environment Perspective
This orientation views the client as part of an environmental system. It encompasses reciprocal relationships and other influences between an individual, relevant others, and the physical and social environment (Barker, 2014).

Psychodynamic
This term pertains to the cognitive, emotional, and volitional mental processes that consciously and unconsciously motivate an individual’s behavior. These processes are the product of the interplay among a person’s genetic and biological heritage, the sociocultural milieu, past and current realities, perceptual abilities and distortions, and a person’s unique experiences and memories (Barker, 2014).

Psychotherapy
A specialized, formal interaction between a social worker or other mental health professional and a client (either individual, couple, family, or group) in which a therapeutic relationship is established to help resolve symptoms of mental disorder, psychosocial stress, relationship problems, or difficulties in coping in the social environment. Types of psychotherapy include, but are not limited to, family therapy, group therapy, cognitive–behavioral therapy, psychosocial therapy, and psychodrama (Barker, 2014).

Telehealth
The practice of delivering clinical healthcare services via technology-assisted media or other electronic means between a practitioner and a client who are located in two different locations. Also sometimes referred to as telemental health.

Therapy
A systematic process designed to remedy, cure, or abate some disease, disability, or problem. This term is often used by social workers as a synonym for psychotherapy, psychosocial therapy, or group therapy (Barker, 2014).
References


