

## **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).

NATIONAL ASSOCIATION OF SOCIAL WORKERS

**NASW Standards for Clinical Social Workers in Social Work Practice**



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1 **About the Association**

2 **The National Association of Social Workers (NASW)** is the largest membership organization of  
3 professional social workers in the nation. Members include over 110,000 social workers from 50 states,  
4 the District of Columbia, New York City, the U.S. Virgin Islands, Guam, Puerto Rico, and American social  
5 workers practicing abroad. NASW’s primary functions are promoting the professional development of its  
6 members, establishing, and maintaining professional standards of practice, advancing sound social  
7 policies, and providing services that protect its members and enhance their professional status.

8  
9 **Acknowledgement**

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

13  
14 **Introduction**

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

23  
24 Clinical social work has a primary focus on the mental, emotional, and behavioral well-being of  
25 individuals, couples, families, groups, organizations, and communities. It centers on a holistic and  
26 systematic approach to psychotherapy and the client’s relationship to their environment. Clinical social  
27 work views the client’s relationship with their environment as essential to treatment/care planning—  
28 from assessment and diagnosis to treatment and follow-up.

29  
30 Clinical social work is a state-regulated professional practice. Clinical social workers must meet and  
31 maintain the minimum requirements of practice in their state and jurisdiction.

32  
33 Clinical social work is broadly based and addresses the needs of individuals, families, couples, groups,  
34 and communities affected by life changes and challenges in various areas of functioning, including  
35 mental, behavioral, and physical health conditions. Clinical social workers seek to provide essential  
36 services in the environments, communities, and social systems that affect the lives of the people they  
37 serve.

38  
39 **Goals of the Standards**

40 Clinical social workers are committed to the delivery of culturally competent services to individuals,  
41 families, couples, groups, and communities. Therefore, in practicing cultural humility, they should  
42 recognize the client’s role in treatment/care planning and the client’s right to have a knowledgeable,

43 skilled, caring, responsive, and compassionate practitioner who is guided by sound ethical, evidence-  
44 based research; comprehensive clinical assessment; client-focused treatment; and holistic practice.

45  
46 These standards for clinical social work practice set forth by NASW are intended to guide clinical social  
47 workers in all areas of specialization and clinical settings. Specifically, the goals of the standards are to

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

58  
59 The scope of clinical social work extends across many geographic regions, practice settings, and  
60 populations. It is anticipated that these standards will inform, reinforce, enhance, and support current  
61 and future evidence-based research and client-centered clinical practice in all settings, while affirming  
62 the value of clinical social work services as a discrete and efficacious practice area.

## 63 64 **Standards for Clinical Social Work in Social Work Practice**

### 65 **Standard 1. Ethics and Values**

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

### 68 69 **Standard 2. Specialized Practice Skills and Interventions**

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

### 72 73 **Standard 3. Referrals**

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

### 76 77 **Standard 4. Accessibility to Clients**

78 Clinical social workers shall be accessible to their clients.

### 79 80 **Standard 5. Privacy and Confidentiality**

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

83  
84

85 **Standard 6. Supervision and Consultation**

86 Clinical social workers shall maintain access to professional supervision and/or consultation in  
87 accordance with standards 2.05 and 3.01 of the NASW (2021) *Code of Ethics*.  
88

89 **Standard 7. Professional Environment and Procedures**

90 Clinical social workers shall maintain professional workspaces, policies, and procedures.  
91

92 **Standard 8. Documentation**

93 Documentation of services provided to, or on behalf of, the client shall be recorded in the client's file or  
94 record of services.  
95

96 **Standard 9. Independent Practice**

97 Clinical social workers, when licensed to do so by state laws, shall have the right to establish an  
98 independent practice.  
99

100 **Standard 10. Cultural Competence**

101 Clinical social workers shall demonstrate culturally inclusive service delivery in accordance with the  
102 NASW (2015) *Standards and Indicators for Cultural Competence in Social Work Practice*. An increasingly  
103 growing diverse population seeking clinical supports requires that clinical social workers optimize and  
104 commit to diversity, equity, and inclusion to ensure individuals, families, groups, and communities are  
105 provided an opportunity to grow, contribute, and develop.  
106

107 **Standard 11. Professional Development**

108 Clinical social workers shall assume personal responsibility for and are obligated to engage in continuing  
109 professional development across the entirety of their career. This shall be in accordance with the NASW  
110 Standards for Continuing Professional Education (2003) as well as state requirements for continuing  
111 education.  
112

113 **Standard 12. Technology**

114 Clinical social workers shall have access to computer technology and the internet, as the need to  
115 communicate via email and to seek information on the Web for purposes of education, networking, and  
116 resources is essential for efficient and productive clinical practice. Those who provide telehealth services  
117 shall be knowledgeable of all rules and regulations that govern the jurisdiction in which the social  
118 worker and client are located.  
119

120 **Standard 13. Termination**

121 Clinical social workers shall appropriately prepare clients for termination of services.  
122  
123  
124  
125  
126

127 **Standard 1. Ethics and Values**

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

130

131 **Interpretation**

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

136

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

141

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

145

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

155

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

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

159

160 **Interpretation**

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

164

165 Additionally, clinical social workers shall have the ability to

- 166 ■ establish and maintain a relationship of mutual respect, acceptance, and trust.
- 167 ■ gather and interpret social, personal, environmental, and health information.
- 168 ■ evaluate and treat problems within their scope of practice.



- 169 ■ establish achievable treatment goals with the client.
- 170 ■ facilitate cognitive, affective, and behavioral changes consistent with treatment goals.
- 171 ■ evaluate the effectiveness of treatment services provided to the client.
- 172 ■ identify appropriate resources and use assessment instruments, as needed.
- 173 ■ advocate for client services.
- 174 ■ collaborate and work effectively with social work and other professionals, when appropriate.

175  
176 When additional knowledge and skills are required to address clients' needs, the clinical social worker  
177 shall seek appropriate training, supervision, or consultation, or refer the client to a professional with the  
178 appropriate expertise. Clinical social workers shall limit the scope of their practice to those clients for  
179 whom they have the knowledge, skill, and resources to serve.

180  
181 **Standard 3. Referrals**

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

184  
185 **Interpretation**

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

193  
194 When services are provided to a client who resides in another community (for instance, telehealth  
195 services), a clinical social worker shall advise client of a restricted knowledge of community services base  
196 so that the client can give informed consent for care with these restrictions (or decline the care). A  
197 clinical social worker must be knowledgeable about resources where the client resides.

198  
199 **Standard 4. Accessibility to Clients**

200 Clinical social workers shall be accessible to their clients.

201  
202 **Interpretation**

203 Social workers have an ethical responsibility to help people in need and address social issues (NASW,  
204 2021). People face many challenges in accessing healthcare services and use of technology. Realizing  
205 that medical emergencies can occur at any given moment, it is important that clinical social workers be  
206 available to provide clinical services to clients during regularly scheduled appointment times or sessions.  
207 Equally important is that clients should know how they can gain access to their social work provider  
208 when an emergency arises.

209

210 Levesque et al. (2013) identified five dimensions of accessibility: approachability, acceptability,  
211 availability and accommodation, affordability, and appropriateness. The first step in accessing the  
212 healthcare system is the identification of needs. Seeking services, reaching services, obtaining services,  
213 and actually having that need fulfilled are also central to the process (Levesque et al., 2013). The  
214 healthcare setting shall therefore be physically accessible and have helping/assistive devices for persons  
215 who may be physically challenged.

216  
217 The physical accessibility standards issued under the Americans with Disabilities Act of 1990 (ADA),  
218 Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Protection and Affordable  
219 Care Act of 2010 all prohibit discrimination based on disability. These statutes together require  
220 healthcare providers to make reasonable modifications in policies and practices and provide auxiliary  
221 aids and services when necessary to facilitate effective communication.

222  
223 In addition to providing physical and digital access to clients, the clinical social worker shall develop  
224 emergency plans or be available to the client for emergency coverage during vacations, pandemics,  
225 natural disasters, inclement weather, holidays, illnesses, and at other times when the office may be  
226 closed. Arrangements or plans and procedures for emergency, virtual clinics, or telehealth coverage  
227 shall be made in partnership with competent mental health professionals or reputable institutions and  
228 should be discussed with the client at the initial in person or telehealth interview. All office policies  
229 should be discussed with the client prior to scheduling appointments.

230  
231 Last, the office setting shall be physically accessible and provide a safe environment. When providing  
232 services virtually, clinical social workers shall ensure that clients have guidance on what to expect, as  
233 well as the capability and resources to access the telehealth platform. In accordance with the ADA  
234 (1990), any office limitations should be discussed prior to scheduling appointments.

#### 235 236 **Standard 5. Privacy and Confidentiality**

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

#### 239 240 **Interpretation**

241 Confidentiality is a basic principle of social work intervention and is a cornerstone of creating safe  
242 therapeutic relationships because it ensures the client that what is shared with the social worker will  
243 remain confidential. Information related to or obtained from the client by the clinical social worker is  
244 viewed as private and confidential. Clinical social workers are mandatory reporters and shall be familiar  
245 and comply with local, state, tribal, and federal mandates governing privacy and confidentiality, such as  
246 the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and state medical  
247 records laws. The NASW (2021) *Code of Ethics* standard 1.07 also requires social workers to respect  
248 clients' right to privacy and to protect the confidentiality of all information obtained while providing  
249 professional services.

250

251 Clinical social workers explain the ethical and/or legal limitations of confidentiality at the beginning of  
252 treatment and during the course of treatment so the client has a clear understanding. There may be  
253 other exceptions to confidentiality as required by law or professional ethics, such as mandates to report  
254 when the client is a danger to self or others and for reporting child or elder abuse and neglect. The client  
255 may choose to give informed consent for the clinical social worker to release or discuss the information  
256 with another party to facilitate support, treatment, and collaboration of care. This release of  
257 information is documented and stored in the client's chart. It is important to note that because a release  
258 of information has been granted by the client, the clinical social worker should have a legal justification  
259 or a health insurance purpose for disclosing client information of any kind.

260  
261 Professional judgment in the use of confidential information shall be based on best practice, as well as  
262 legal and ethical considerations.

263  
264 **Standard 6. Supervision and Consultation**

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

267  
268 **Interpretation**

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

283  
284 When appropriate, clinical social workers should offer their expertise to individuals, groups, and  
285 organizations, as well as offer training and mentoring opportunities to beginning social workers or those  
286 making the transition into clinical social work. Supervisors should abide by any state or jurisdiction  
287 standards for approved supervision.

288  
289 **Standard 7. Professional Environment and Procedures**

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

291  
292

293 **Interpretation**

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

303  
304 Additionally, the workspace shall be properly maintained to ensure a reasonable degree of comfort,  
305 privacy, and security for the social worker and the client. In-person settings shall meet all federal, state,  
306 tribal, and local requirements regarding posting notices and professional licenses. If services are  
307 provided via telehealth, clinical social workers must meet any licensure requirements of the jurisdiction  
308 where they are licensed and any licensure requirements of the jurisdiction where the client is physically  
309 located. Clinical social workers also need to verify the rules and regulations of their professional liability  
310 insurance and third-party payers to ensure that telehealth services are covered.

311

312 **Standard 8. Documentation**

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

315

316 **Interpretation**

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

322

323 **Standard 9. Independent Practice**

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

326

327 **Interpretation**

328 Clinical social workers may establish an independent solo or group practice. When doing so, they shall  
329 ensure that all services, including diagnostics and treatment planning, meet professional standards.  
330 When clinical social workers employ staff, they, as employers, bear responsibility for the competency of  
331 all services provided; maintaining clinical and ethical standards; and upholding all local, state, tribal, and  
332 federal regulations.

333

334 To avoid conflicts of interest, clinical social workers who are both employed by agencies and have  
335 independent practices shall not refer agency clients to themselves without prior agreement with the  
336 agency and informed consent of the client. As part of informed consent, clinical social workers should  
337 provide clients with all available options, including but not limited to, transferring the client to another  
338 treatment provider within or outside of the agency, referrals to other appropriate treatment providers,  
339 and/or terminating services and supporting the client in choosing the option most appropriate for them.

340  
341 Clinical social workers in private practice may bill third-party payers or their clients for services  
342 rendered. Clients shall be provided with all invoices and receipts in a timely manner. When a client can  
343 no longer afford services—or a third-party payer or an agency terminates services—an alternative  
344 mutually agreed upon with the client may be instituted. For example, a referral, termination of services,  
345 a sliding scale, or pro bono services could be offered. If services continue, consideration must be given  
346 to any applicable federal, state, tribal, or local laws and regulations as well as insurance or managed care  
347 contracts that may limit the type of continuing care.

348  
349 **Standard 10. Cultural Diversity, Equity, and Inclusion**

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

355  
356 **Interpretation**

357 *Cultural Diversity*

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

362  
363 *Equity*

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

369  
370 *Inclusion*

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

376 *Antiracism*

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

385

386 **Standard 11. Professional Development**

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

391

392 **Interpretation**

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

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

412

413 Reliable and valid opportunities for professional development are available through NASW as well as  
414 other professional organizations, institutions, and agencies. Clinical social workers shall verify  
415 certification of continuing education for alignment with local, state, tribal, and national standards,  
416 policies, and laws. Clinical social workers should regularly engage with advancing the profession. This  
417 can include attending, providing, and participating in professional conferences or continuing education

418 trainings, and contributing to social work education (e.g., as faculty), field education (e.g., as a field  
419 instructor), or professional or scholarly publications.

420

421 **Standard 12. Technology**

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

427

428 **Interpretation**

429 The *NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice* (NASW, ASWB,  
430 Council on Social Work Education, & Clinical Social Work Association, 2017) has become the standard for  
431 how technology is used in social work practice.

432

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

440

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

450

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

456

457

458

459

460 **Standard 13. Termination**

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

462

463 **Interpretation**

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

466

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

469

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

473

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

480

481 **Glossary**

482 **Client/Patient/Consumer**

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

491

492 **Clinical Social Work**

493 The professional application of social work theory and methods to the treatment and prevention of  
494 psychosocial dysfunction, disability, or impairment, including emotional and mental disorders (Barker,  
495 2014).

496

497 **Counseling**

498 A procedure that is often used in clinical social work and other professions to guide individuals, families,  
499 couples, groups, and communities by such activities as delineating alternatives, helping to articulate  
500 goals, and providing needed information (Barker, 2014).

501



502 **Person-in-Environment Perspective**

503 This orientation views the client as part of an environmental system. It encompasses reciprocal  
504 relationships and other influences between an individual, relevant others, and the physical and social  
505 environment (Barker, 2014).

506

507 **Psychodynamic**

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

512

513 **Psychotherapy**

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

519

520 **Telehealth**

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

524

525 **Therapy**

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

## **References**

Americans With Disabilities Act of 1990, P.L. 101-336, 104 Stat. 327 (July 26, 1990).

Barker, R. L. (2014). *The social work dictionary* (6th ed.). NASW Press.

Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, 110 Stat. 1936 (August 31, 1996).

Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-Centered access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12, Article 18. <https://doi.org/10.1186/1475-9276-12-18>

National Association of Social Workers. (2005). *NASW standards for clinical social work in social work practice*. <https://www.socialworkers.org/LinkClick.aspx?fileticket=YOG4qdefLBE%3d&portalid=0>

National Association of Social Workers. (2015). *NASW standards and indicators for cultural competence in social work practice*. Author.

National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers*. Author.

National Association of Social Workers & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. Author.

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, & Clinical Social Work Association. (2017). *NASW, ASWB, CSWE, & CSWA standards for Technology in Social Work Practice*. Author.

Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119 (March 30, 2010).

Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 355 (September 26, 1973).