

Clinical Social Work Association Code of Ethics

February 2024

PREAMBLE

The principal objective of the clinical social work profession is enhancing the mental health and well-being of the individuals and families who seek services from its practitioners. Clinical social work practice encompasses four major areas: biopsychosocial assessment and diagnosis, case management, counseling, and psychotherapy. Biopsychosocial Assessment and Diagnosis is the ability to understand the client holistically and use the most current edition of the Diagnostic and Statistical Manual (DSM)¹ to conceptualize the client's symptoms and challenges.

As such, 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; a commitment to client privacy and confidentiality; and a commitment to a society that offers opportunities to all its members in a just and non-discriminatory manner.

The Clinical Social Work Association (CSWA) code of ethics presented here is designed to build upon and supplement the core values, principles, and standards in the National Association of Social Workers (NASW) Code of Ethics, specifically focusing on clinical social work. By no means is the CSWA code of ethics designed to replace or supplant the NASW code, but rather to enhance it. CSWA supports the NASW values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

Clinical social workers must 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-maleficence (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 their professional responsibilities and to inspire their will to act consistently with

those tenets. The clinical social worker is expected to consider 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 and the letter of the code.

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

¹Current version: American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

I. GENERAL RESPONSIBILITIES OF CLINICAL SOCIAL WORKERS

Clinical social workers support high standards in their professional roles and value professional competence, objectivity, and integrity. They are accountable, accept responsibility for their work's consequences, and ensure that their services are used appropriately.

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 scope 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 inadequate service provision.

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 in private practice and on managed care and other insurance panels. In these positions, they are responsible for identifying and modifying policies or procedures that may conflict with their profession's

standards. If such a conflict arises, the primary responsibility of the clinical social worker is to uphold the profession's ethical standards. These standards require that commitment to the well-being of the client(s) is the primary obligation.

d) Clinical social workers have an added responsibility to the profession and to those entering that profession. In their professional activities, they consistently attempt to examine and expand the knowledge base on which professional practice is centered.

II. RESPONSIBILITY TO CLIENTS

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

1. INFORMED CONSENT TO TREATMENT

a) Clinical social work treatment occurs within the 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 regardless of whether the services are mandated or voluntary or delivered in person or via electronic media (such as computer, telephone (including landline or smartphone), telehealth media devices, television or radio). When utilizing AI clinical social workers have a responsibility to obtain informed consent from clients and inform clients of the benefits and risks and respect the client's decision about whether or not to accept or decline the use of AI. For the consent to be valid, the client(s) must be informed in a manner that is clear to them, choose freely and without undue influence, and have the capacity to make an informed choice. In instances where clients are not of legal age or competent to give meaningful consent, they will be informed in a manner that 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 should obtain informed consent before audiotaping, videotaping, or permitting observation of services to clients by a third party.

c) Clinical social workers must understand the potential impact on all aspects of treatment resulting from participation in various third-party payment

mechanisms and fully disclose 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 and/or continue professional relationships based on their ability to appropriately meet clients' needs. 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 must not abandon clients by withdrawing services abruptly except under extraordinary circumstances. Clinical social workers carefully consider all factors involved in termination and take care to minimize its possible adverse effects on the client(s). When interruption or termination of service is anticipated, the clinical social worker should give appropriate notification and provide for transfer, referral, or continuation of service as consistent as possible with the client's needs and preferences.

b) Clinical social workers providing services 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 ensure necessary treatment if this is in the client's best interests. When benefits are ended, the clinical social worker has several 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 include advocacy or 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 must keep records for everyone, couple, family, or group 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. Clinical social workers who use AI have a responsibility to ensure that all data obtained using AI is properly encrypted and protected from data breaches to the extent possible and take measures to prevent inappropriate access by third parties. 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 be 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 statutes, and the information contained therein. Clinical social workers have a plan or “professional will” 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 must 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 must not, under any circumstances, engage in romantic or sexual contact with either current or former clients. Clinical social workers must be mindful of how their relationship with the family and/or friends of their clients might affect their work with the client. Consequently, they must not engage in 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 must not engage in any activity that will abuse their professional relationships or exploit others for personal, sexual, 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) Clinical social workers embrace the core principles of “individual self-determination” and “do no harm” when providing clinical services. As such, clinical social workers should not provide treatment interventions such as conversion therapies (also known as reorientation therapy, sexual orientation change efforts, ex-gay or reparative therapy or gender identity change efforts), or any other interventions that may conflict with these values.

e) 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. (Such interactions can occur with family members, social service agencies, other clinical service/health providers, probation, parole, attorneys, etc.)

f) 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.

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

4. PROFESSIONAL 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 authorization; 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 referring

clients to appropriate professionals in areas in which they are not qualified to practice. Clinical social workers who use AI should have the appropriate knowledge and skills to ensure competency in their 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 must 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 they are unfamiliar.

d) Clinical social workers recognize the need to practice self-care strategies to maintain optimal health and well-being and to prevent personal problems, psychosocial distress, vicarious trauma, compassion fatigue or burnout to interfere with their professional judgment and ability to provide for the needs of their clients.

e) Clinical social workers who experience personal problems or psychosocial distress should take appropriate remedial action by seeking consultation, supervision, and professional care and follow all interventions such as adjusting workload, terminating practice, or taking any other steps necessary to protect clients and others.

5. CULTURAL HUMILITY

- a) The social work profession strongly commits to social justice, anti-racist, and decolonized clinical practice. As such, clinical social workers must maintain culturally humble awareness, up-to-date knowledge, and skills.
- b) Clinical social workers must maintain an openness and curiosity about intersectional identities and ways these identities impact the client's reason(s) for seeking help.
- c) Clinical social workers shall strive for cultural humility and understand the impact of trauma caused by white supremacy, institutionalized and individual oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical abilities.

Specifically, culturally aware clinical social workers should:

1. explore their own preconceived limitations and notions about culturally or sexually diverse people.
2. not profess color blindness or negate the existence of social norms in behavior, attitudes, cultural norms, beliefs, etc., among different groups.
3. accept responsibility for their own privilege, which may include racism, sexism, biases, etc., and attempt to deal with them in a non-defensive, guilt-free manner.
4. learn the history, cultural values, and life experiences of various socio-demographic groups in our society.
5. understand the impact and operation of individual and systemic oppressive, racist, sexist, transphobic and homophobic concepts that have continuously permeated institutions.
6. be aware of institutionalized barriers that prevent historically marginalized individuals, families, and groups from accessing services.
7. be able to exercise a variety of relationship building skills with colleagues and co-workers of varying backgrounds.
8. be aware of helping style and recognize implicit and explicit biases and limitations they may possess, and regardless of intent, should be able to seek

and receive constructive feedback on ways these biases impact historically marginalized clients and colleagues.

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).

1. **GENERAL PRINCIPLES**

a) Clinical social workers should discuss fully with clients both the nature of confidentiality, and potential limits to confidentiality which may arise during their work. Confidential information should only be released, whenever possible, with the written consent of the client(s). As part of the process of obtaining such consent, 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 their consent, and the length of time that the consent will be in effect.

b) Clinical social workers must 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); the duty to protect a client from self-harm; and the 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, subpoenas and court orders, 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 everyone'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 consent is obtained, every effort will be made to protect the 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) Clinical social workers ensure that any transfer or disposal of clients' records is conducted in a manner that protects clients' confidentiality and is consistent with state and federal statutes governing health care records.

f) Clinical social workers must take necessary steps to protect and secure the confidentiality of clients' records in the event of the clinical social worker's relocation or termination of practice.

g) Clinical social workers must protect the confidentiality of clients' records in accordance with the state and federal statutes in the event of the death of a client.

h) Clinical social workers must take necessary steps to protect and secure the confidentiality of clients' records and address their business practices in the event of the clinical social worker's incapacitation or death. This is done by creating a "professional will" or similar document that identifies an executor, proxy or other responsible person who can manage the affairs of the professional practice and outlines how to address, at a minimum, the following:

- Client information and notification.
- Client records access and storage.
- Office space access, keys to filing cabinets, desks, etc.
- E-mail, voice mail and computer access passwords.
- Billing, managed care/insurance contracts, banking and other financial information.

- Notification of malpractice/liability insurance carrier and state licensing board.
- Other important practice information and instructions, as needed.

i) Clinical social workers take precautions to prevent disclosure of unnecessary or identifying information when consulting with colleagues or supervisors and when working in interdisciplinary teams. The clinician should disclose only information necessary to achieve the purpose of the consultation.

j) Clinical social workers provide clients reasonable access to their records in accordance with state and federal law, and only restrict access all or a portion of their record if there is compelling evidence that granting access would result in serious harm to the client or another person mentioned in the record.

2. TECHNOLOGY AND TECHNOLOGY-ASSISTED SERVICES, SUPERVISION AND SOCIAL MEDIA*

a) Clinical social workers must ensure that they are compliant with all relevant federal and state laws for the delivery of services or supervision through electronic means (including but not limited to cell phone, internet, compressed video) prior to delivery of such service.

Pursuant to this, clinical social workers must:

- Determine the appropriateness of the technologically assisted service or supervision in terms of:
 - The intellectual, functional, emotional and linguistic capabilities of the client/supervisee.
 - The type of therapy or supervision that will ensue.
- Be appropriately trained and/or supervised in the use of the chosen technology.
- Assess client on individual basis to determine their appropriateness for the use of technologically assisted services. *(Please note that this bullet point is a new one that committee added during revision.)*
- Be licensed and/or in compliance with the state regulations in which the client resides.
- Provide web accessible licensure information, credentials and/or certifications.
- Inform the client or supervisee of the potential risks and benefits of technology assisted services.

- Inform the client of the limitations of maintaining confidentiality in accordance with technologically assisted services.
- Take reasonable precautions to ensure confidentiality of information transmitted through electronic means.
- Discuss with client the importance of maintaining appropriate boundaries regarding use and application of the technology.
- Take steps to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations.
- Discuss with client possibility of electronic failure/delayed response time/unavailability, time zones differences.
- Discuss potential emergency/crisis situations, strategies to resolve them, and geographical/physical location of client.

b) Clinical social workers do not engage in personal virtual relationships through social media or other media types with individuals with whom they currently have or have had a therapeutic relationship. If the clinical social worker wishes to maintain a professional presence for social media, a separate personal web page and profile should be used to clearly distinguish between the two types of media presence, being mindful of the risks related to dual relationships.

IV. RELATIONSHIPS WITH COLLEAGUES

Clinical social workers act with integrity in their relationships with colleagues and members of other professions. They know and consider 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 to be 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 other person and can reasonably be interpreted as pressuring or intimidating the other person.

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 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, expertise or scope of practice.

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 consent from the client(s) if this is needed; a report, if appropriate or 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 consider 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 discussed and clarified. This discussion and clarification should also include 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. This includes modifying or waiving of copays, if prohibited. 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 only involve provision of goods, as opposed to services, in exchange for treatment. Such arrangements may only be entered into in rare situations 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 engaged in private practice, must conform to contractual agreements with the employing agency or clinic. 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 agency or clinic.

VI. CLINICAL SOCIAL WORKERS' RESPONSIBILITIES TO THE COMMUNITY

Clinical social workers are aware of the social norms 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 based on race, religion, color, national origin, gender, sexual orientation, gender identity,

gender expression, age, socioeconomic status, or physical or emotional ability.

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 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 proactively towards conditions and resources that give all people equal access to the services and opportunities required to meet basic needs and to develop to their 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 considering the following additional principles for research with human subjects. The investigator has a serious obligation to observe stringent safeguards to protect the rights and well-being of research participants and will not compromise any principles or ethics standards and will adhere to all Institutional Review Board (IRB) policies and procedures.

a) In conducting research in institutions or organizations, clinical social workers must obtain appropriate approval to carry out their work. This includes full participation in the Institutional Review Board (IRB) protocol process, when applicable. Host organizations should be given proper credit for their contributions to the project.

b) Ethically acceptable research begins with the establishment of a clear and detailed consent process between the investigator and the research participant that details and clarifies the responsibilities of each. The investigator has the responsibility to develop a Consent Form that includes a Researcher's Statement to inform participants that they are being asked to be in a research study, the purpose of the consent form (to give them the information they will need to decide whether or not to be in the study), request them to read the form and ask questions about the purpose of the research, things they will be asked to do, possible risks and benefits, their rights as a volunteer participant, and anything else about the research or the consent

form that is not clear. After all their questions have been answered they can decide if they want to be in the study. This process is called “informed consent.” Other information on the consent form is the following: purpose of the study, study procedures, risks, stress or discomfort including investigator’s plan if any participant experiences stress or discomfort as well as plan for debriefing after study, and other information (right to refuse to participate in study and freedom to withdraw from the study any time without penalty or loss of benefits to which they are otherwise entitled, whether or not they will receive an honorarium for their time as study participants), and a Subject’s statement that includes the study has been explained to them and they volunteer to participate in the research, all of their questions have been answered and the name and contact information of the researcher and the contact information for the Institutional Review Board (IRB).

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 must adhere to Institutional Review Board (IRB) protocol.

d) 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.

e) Ethical investigators ensure that participants in research studies have appropriate access to debriefings and other supportive services in the event distress occurs due to the research becoming problematic for the 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 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 may take credit only for work done in scholarly and research projects and must 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 report.

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

l) Investigators engaged in research and evaluation should avoid conflicts of interest and dual relationships with participants, and outside institutions and corporations. Potential conflicts should be disclosed to participants during the consent process and in any written work that comes out of the research or evaluation.

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 regarding 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 clinical 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 professional issues. However, diagnostic and therapeutic services for clients 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, podcasts, 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 statements are personal opinions, and which are authorized statements on behalf of the organization.

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