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Ethics in Private Practice

by [Allan Barsky](#)

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by Allan Barsky

A number of students entering the field of social work express interest in pursuing private practice. Perhaps, these students enjoy the thought of independent practice—being one’s own boss, being able to set one’s own policies and expectations, being accountable to nobody but oneself, and perhaps being able to earn more than one might expect in an agency-based position. There may also be tax advantages to private practice, including the ability to write off expenses that one cannot write off regarding employment income. So, given the allure of private practice, what does the NASW Code of Ethics (2008) say about private practice, and what are the main ethical concerns?

The NASW Code of Ethics does not mention private practice, per se...it does not specifically condone or support private practice, and it does not reject or warn against private practice. It does, however, include a number of relevant ethical standards, including competence (s.1.04), abandonment of clients (s.1.16(b)), supervision and consultation (s. 3.01), and fees (1.13(a)).

In most jurisdictions, social workers need licensure to provide independent, clinical services. Licensure, however, does not ensure competence to provide clinical services. Although clinical licensure typically requires completion of an MSW and two years of supervised, post-MSW experience, a social worker may or may not be ready for private practice—particularly if the social worker is not using appropriate supervision or peer consultation. Thus, just because one possesses the minimum legal prerequisite to engage in private clinical practice, this does not mean one is actually competent and ready for such practice.

Before engaging in private practice, consider the knowledge and skills you will need. Consider the

challenges that may arise in practice, including issues of safety for suicidal, homicidal, mentally ill, and other vulnerable clients you may be serving. Consider what sort of legal liability you may be incurring.

Even if you do decide to enter private practice, consider restricting your areas of practice to those within your areas of competence, and consider which types of services may require further training, education, and supervision. Two years after completing an MSW, for instance, you may be ready to provide cognitive-behavioral counseling to clients dealing with parenting issues and child discipline. At the same time, you may not be ready to provide forensic assessments or parenting coordination for high conflict cases referred by the courts.

Supervision or consultation need not stop when one goes into private practice. In fact, it is generally good social work practice to continue supervision or consultation throughout one's career, regardless of the context of practice. For some social workers, cost may seem like a barrier to securing ongoing supervision or consultation. Consider, however, the cost of supervision in relation to one malpractice lawsuit that might be avoided. Also, consider ways to reduce costs of supervision or consultation. Some supervisors offer group supervision or supervision over the telephone to reduce costs. Some social workers meet periodically with a group of peer consultants to offer each other guidance and support. Still, note that you may need individualized, face-to-face supervision for particularly challenging situations. Private practice can feel isolating. Social work is all about human relationships...not just with clients, but with professional peers.

If one is a sole practitioner, an important consideration is how to ensure continuity of services if you are not able to serve clients—for instance, when you go on vacation, when you are sick, if you have an accident, and if you become incapacitated or die. All social workers should have a back-up plan for clients. In agencies, the back-up plan may be easy because other workers are available. For sole practitioners, finding a colleague to provide back-up is also very important.

Some social workers eschew private practice because it goes against social work's historic mission of serving the most vulnerable in society (See Specht and Courtney's book, *Unfaithful Angels: How Social Work Has Abandoned its Mission*, for a thoughtful analysis of this issue). In private practice, clinicians may tend toward working with the more advantaged people in society. It makes sense—financially: people with money or with mental health insurance provide the clinician with a valued source of income. If one is in private practice, one's pay depends on the fees one earns.

So, does private practice go against the social work value of social justice? Perhaps not. Social workers are not obligated to promote social justice or serve the most vulnerable in society at all times. However, ethically, they should do so at least some of the time. The NASW Code of Ethics suggests that fees should be fair and reasonable. Perhaps a social worker in private practice could offer some services to people in need on a sliding scale, reduced rate, or even for free. Perhaps the social worker could help the client find a sponsor or scholarship to pay for services. Further, the social worker in private practice could donate some of his or her time to volunteer at a social agency or charitable organization. Supervising BSW or MSW students during their field placements is also a way of giving back—or paying forward—the help that the social worker has received earlier in his or her career.

Private practice is not necessarily an either/or decision. One could have a job with a social agency and also have a part-time private practice. Of course, the worker should advise the employer and discuss any potential conflicts of interest (e.g., to make sure the worker is not taking clients from the agency, and to make sure the worker's private practice obligations do not conflict with the worker's agency obligations). A private practice social worker may also engage in social advocacy—promoting social justice, advancing social policy, or redressing concerns related to the worker's own clinical practice. One challenge for the

private practitioner is time. How does one balance time needed to provide service to clients (and bring in a source of income) with time to participate in social advocacy, policy, or charity work (which does not come with income)? Although it is a challenge, it is certainly a challenge that social workers in private practice should accept. Advancing social justice and serving those in need are the core aspects of who we are as social workers.

If you decide to pursue private practice, make sure you do so in an ethically-minded manner. You may want to develop your knowledge and skills in an agency setting, beyond two years post-MSW. And finally, when you develop a strategic plan for private practice, make sure you consider how you can implement the values of service, competence, social justice, respect for the dignity of worth of all people, integrity, and human relationships. These values apply whether one is in private or agency-based practice.

Dr. Allan Barsky is Professor of Social Work at Florida Atlantic University and Chair of the National Ethics Committee of the National Association of Social Workers. He is the author of Ethics and Values in Social Work (Oxford University Press), Conflict Resolution for the Helping Professions (Brooks/Cole), and Clinicians in Court (Guilford Press). The views expressed in this article do not necessarily reflect the view of any of the organizations with which Dr. Barsky is affiliated.

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Codes of Ethics

If the social worker is a member of NASW, he or she is bound by the NASW Code of Ethics, which can be found at <http://www.socialworkers.org/pubs/code/code.asp>

If the social worker is licensed, you can also check with the state licensing board about its code of ethics and any provisions in it that relate to your question.

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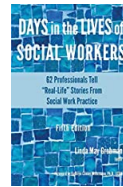
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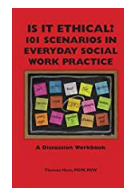


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