Ethical Service Delivery

Association of Social Work Boards (ASWB) social work licensing examinations

11 knowledge statements · ASWB 2026 content outline

This competency turns ethics into daily conduct: boundaries, self-determination, mandatory reporting and the duty to protect, records, the policies that shape services, end-of-life issues, supervision and management, billing, electronic practice, termination and, on the Advanced Generalist and Clinical exams, research ethics. Questions are almost always vignettes: identify the duty, then pick the action that protects the client and the public while keeping the client as informed and involved as possible.

You should be able to: You should be able to set and explain boundaries, decide when self-determination yields to safety, make and document a mandated report, handle records, billing and telehealth ethically, and end services without abandoning the client.

Every knowledge statement and its key point

Professional boundaries in the social worker-client/client system relationship (e.g., power differences, influence, privilege, conflicts of interest, self-disclosure, dual relationships)

The worker, never the client, is responsible for setting clear, appropriate and culturally sensitive boundaries, because the worker holds more power and influence.

Protecting and enhancing client/client system self-determination (e.g., medication, medical treatment, counseling, placement, right to refuse services)

Clients have the right to self-determination, limited only when their actions or potential actions pose a serious, foreseeable and imminent risk to themselves or others (NASW 1.02).

Legal and ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, duty to warn)

Child abuse and neglect reports require reasonable suspicion or reasonable grounds to believe, not proof. You report promptly and directly to child protection or police yourself; telling a supervisor does not discharge your duty in most jurisdictions.

Legal and ethical issues regarding documentation (e.g., maintaining client records)

Records must be accurate, timely and reflect the services provided; include only information relevant to service delivery, which protects the client's privacy (NASW 3.04).

Impact of governmental policies on service delivery (e.g., local, state, federal legislation and policy)

Policy decides who is eligible, what is funded, which services are mandated and how much time workers have; social workers implement policy and advocate to change it (NASW 6.04).

Legal and ethical issues related to death and dying

Advance care planning documents include the living will (or advance medical directives), the health care proxy or durable power of attorney for health care, and physician orders such as POLST or MOLST; names and forms vary by state and province.

Ethical issues in supervision and management

Supervisors must have the knowledge and skill to supervise, set clear and culturally sensitive boundaries, avoid dual relationships with supervisees, and evaluate performance fairly (NASW 3.01, 3.03).

Responsible billing practices (e.g., managed care, insurance reimbursement, incident to billing)

Bills must accurately reflect the nature and extent of services and who provided them (NASW 3.05). Billing for services not given, upcoding, or billing under another provider's credentials is fraud.

Ethical issues related to electronic practice

The NASW, ASWB, CSWE and CSWA Standards for Technology in Social Work Practice (2017) and the 2017 code revisions guide electronic practice: consent, competence, privacy and boundaries apply online as in person.

Legal and ethical issues regarding termination

Terminate when services are no longer required or no longer serve the client's needs or interests (NASW 1.17); continuing only for the worker's income or comfort is unethical.

Research ethics (e.g., institutional review boards, use of human subjects, informed consent)

The Belmont Report (1979) sets three principles: respect for persons (informed consent, protection of those with diminished autonomy), beneficence (maximize benefit, minimize harm) and justice (fair selection and distribution of burdens).

Common pitfalls

- Investigating or waiting for proof before reporting suspected abuse, or thinking that telling a supervisor fulfills your duty to report.
- Assuming duty to warn works the same everywhere; the exam rewards the principle (serious threat, identifiable victim, minimum necessary disclosure) and following local law.

- Overriding a capable client's choice because it seems unwise; risk alone does not end self-determination unless it is serious, foreseeable and imminent.
- Ending services the day insurance coverage ends instead of planning the transition.
- Editing a record to fix an error rather than adding a dated amendment.

Key terms

Dual relationship: Any second role with a client (social, business, professional) beyond the helping relationship.

Boundary crossing: A departure from usual practice that may be harmless or helpful if it serves the client.

Boundary violation: A departure that exploits or harms the client.

Duty to protect: The obligation, defined differently by each jurisdiction, to act when a client poses a serious threat to an identifiable person.

Reasonable suspicion: The threshold for a mandated report: grounds a reasonable professional would act on, not proof.

Advance directive: A document stating a person's health care wishes or naming a decision-maker for when they lack capacity.

Vicarious liability: A supervisor's or employer's legal responsibility for the acts of supervisees or employees.

Abandonment: Ending services abruptly without notice, planning or referral when the client still needs help.

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