

Newfoundland & Labrador
**College of
Social Workers**

**Social Workers and Diagnosis Using the DSM-5.
Practice Guideline**

Adopted February 7, 2020, Updated October 2025

INTRODUCTION

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is a manual used by health care professionals to diagnose mental disorders. According to the American Psychiatric Association (n.d.) “DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in the research of mental disorders.”

Social workers bring extensive knowledge and expertise in their interventions with clients. Through the completion of comprehensive biopsychosocial assessments, social workers work with clients to enhance health and social well-being. As one of the largest providers of mental health services, social workers are an integral part of health care service delivery.

Registered Social Workers (RSWs) in Newfoundland and Labrador who use the DSM-5 and other diagnostic classification systems in the assessment, diagnosis and treatment of mental disorders must ensure they have the appropriate level of education, knowledge, skill, and competency in the use of the DSM-5.

The purpose of this document is to assist RSWs in understanding their professional responsibilities to ensure safe, ethical, and competent practice in relation to the use of the DSM-5 in practice and highlight areas for consideration.

PROFESSIONAL RESPONSIBILITIES

Social workers in Newfoundland and Labrador (NL) must be aware of and adhere to the [Canadian Association of Social Workers \(CASW\) \(2024\) Code of Ethics, Values and Guiding Principles](#) and the [Newfoundland and Labrador College of Social Workers \(NLCSW\) \(2024\) Standards of Practice for Social Workers in NL](#).

In relation to the use of the DSM-5 in practice, the following values and standards are important.

Competence

As outlined in the CASW (2024) Code of Ethics, Values and Guiding Principles, value 7: Providing competent professional services:

Guiding Principle 7.1 – “Social workers continuously develop their professional knowledge and skill at the level required to provide competent professional services” (p. 24).

7.1.1 “Social workers provide competent professional services by offering the best possible standards of service provision and being accountable for their practice” (p. 24).

7.2 “Social workers in all roles and settings demonstrate due care for the interests and safety of service users by restricting professional practice to areas of proven competence” (p.25).

The NLCSW (2024) Standards of Practice for Social Workers in NL also addresses competence and states:

“Social workers are committed to offering the highest quality professional services to the public. Social workers have a professional responsibility to maintain proficiency in social work knowledge, theory, and practice, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice commensurate with their level of education, skill and competency” (p.4).

- Social workers demonstrate commitment to maintaining and enhancing their knowledge, skills and expertise and engage in continuing professional education.
- Social workers ensure they have the appropriate knowledge of and can articulate their use of social work theory, practice methods, and intervention techniques.
- Social workers ensure they have the necessary skills to carry out their work efficiently and effectively. These skills include, but are not limited to, communication, assessment, interviewing, and documentation.
- Social workers provide clients with information pertaining to their education and area of expertise and competence.
- Social workers provide an intervention or therapeutic approach that is new to them only after engaging in appropriate education, training, or supervision.
- Social workers do not claim formal social work education in an area of expertise or training solely by attending lectures, demonstrations, conferences, workshops, or similar teaching presentations.

Social workers using the DSM-5 in practice must be able to demonstrate that they have the necessary education, knowledge, and skill to effectively use the DSM-5 and engage in continuing professional education on its’ use to ensure that clients continue to receive the highest quality services. This education should consist of coursework, certificate programs, and/or comprehensive training workshops. Practice supervision in the use of the DSM-5 is also a key component of continuous learning.

Informed Consent

“Social workers respect the rights of service users to make decisions based on voluntary consent when possible” (CASW, 2024, Code of Ethics, p. 8). The NLCSW (2024) Standards of Practice for Social Workers addresses informed consent as noted in the following standards:

- Social workers seek informed consent from clients prior to the delivery of social work services and throughout the duration of the social worker-client relationship, as necessary.
- Social workers document client informed consent in the client record and update, as necessary.
- Social workers evaluate a client’s capacity to give informed consent as early in the relationship as possible and throughout the duration of the social work relationship.
- Social workers provide clients with information on the social work services being provided, the therapeutic approach being used by the social worker, risks and benefits of the proposed intervention, limitations, and alternate options that exist.
- Social workers provide information in a manner that is easily understood by the client and is culturally appropriate. Where language barriers exist, social workers take steps to ensure client comprehension (e.g., use of interpreter or cultural consultant).

Social workers using the DSM-5 in practice must seek the informed consent of clients prior to offering a diagnosis. Clients must be given information on the social workers’ competence in using the DSM-5, the rationale for providing a diagnosis and how a diagnosis will be in the treatment plan for the client. Information regarding any potential concerns with whom may accept a diagnosis by a social worker (ex. Insurance, other healthcare professionals) must also be built into the informed consent discussion with clients.

AREAS FOR FUTHER CONSIDERATION

Education and Supervision

It is recommended that social workers diagnosing using the DSM-5 in practice have a Master of Social Work degree (clinical focus), at least 5 years of current experience in mental health, and have had access to clinical supervision regarding the use of the DSM-5.

Diagnosing using the DSM-5 is not an entry level competency. However, consideration may be given for social workers with a Bachelor of Social Work with significant education and training, experience, and supervision in using the DSM-5 in their practice.

Collegial Relationships and Interdisciplinary Practice

As noted in the CASW (2024) Code of Ethics, Values and Guiding Principles “social workers provide competent professional services by: collaborating with professional colleagues and other disciplines to promote and expand ideas, knowledge, theory and skills, experience and opportunities that improve professional expertise and service provision” (p. 24). The NLCSW (2024) Standards of Practice references that social workers may seek advice and the “expertise of social work colleagues and colleagues from other professions” in the best interests of clients (p. 10). When using the DSM-5, there may be times when a social worker would need to consult with another social work colleague or professional regarding a client diagnosis. This should be done with the informed consent of clients. A physician referral would also be necessary if the client is seeking medical treatment (i.e., prescription medication), given a social worker cannot prescribe medication. Social workers may also link with other colleagues/ health care professionals as appropriate.

Documentation

As with any social work assessment, social workers using the DSM-5 to diagnose must document their diagnosis and how they arrived at this diagnosis in the client file. A diagnosis must be followed with an intervention plan.

Professional Liability Insurance

Social workers engaged in private practice are required to have professional liability insurance. It is recommended that social workers in clinical settings, outside of private practice, and those who are using the DSM-5 to diagnose also have professional liability insurance.

GUIDING QUESTIONS

- 1) Do I have the appropriate education and training to diagnose using the DSM-5?
- 2) Do I have a thorough understanding of how to use the DSM-5 to diagnose?
- 3) For what purpose would I need to diagnose using the DSM-5 in my practice?
- 4) Am I using the DSM-5 to understand symptomology and guide interventions or am I using it to provide a diagnosis? How am I communicating this to my clients?
- 5) How would a ‘diagnosis’ impact my work with clients?
- 6) How am I documenting the use of the DSM-5 in my practice?
- 7) Do I have access to supervision and/or consultation on the DSM-5?
- 8) How do I incorporate this as part of my informed consent process with clients?
- 9) Is the client aware of any potential limitations with regards to who will accept diagnosis from a social worker? Has this been built into my informed consent process?

REFERENCES

American Psychiatric Association (APA). (n.d.). *DSM-5: Frequently asked questions*.

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