



# PERSPECTIVE

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## College Launches Revised Continuing Competence Program



**T**he College is pleased to announce the launch of the revised Continuing Competence Program (CCP). The revised CCP is now in effect.

Introduced in 2009 and mandatory for all College members, the CCP is one way that the College assures quality with respect to the practice of the professions of social work and social service work and promotes ethical and professional practice. An important goal of the program is to encourage College members to strive for excellence in their practice while adhering to the Standards of Practice.

### EVALUATING THE CCP

The College completed an evaluation of the CCP in 2014, the results of which informed changes to the program which were approved by Council in December 2016.

The CCP evaluation results suggested that members highly

value ongoing professional development and believe that the CCP assists them in maintaining their competence. The feedback also indicated that some members are unclear about the kinds of learning activities that they may engage in as part of the program. Some were unclear that experiential and self-directed learning activities (as well as conferences, workshops and online learning) are accepted.

The evaluation results showed that, on average, members are spending 105 hours annually participating in learning activities such as attending workshops or courses, reading journals and supervising students. Some members also indicated that they felt that the CCP documents themselves could be made more user-friendly.

### WHAT HAS CHANGED?

The revised CCP is easier to complete and requires fewer steps. It continues to take a self-directed, adult learning approach.

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As regulated professionals, all College members are accountable for their practice and their ongoing professional development. Under the revised CCP, all members of the College – including those who are not currently practising, are Inactive members, are on maternity, parental or sick leave, or who registered late in the year – are still required to participate in the program.

### THE FOLLOWING FOUR STEPS ARE REQUIRED TO COMPLETE THE CCP:

**Step 1** – Review *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008* and any other documents posted for review this year, reflect on the Standards of Practice, and complete the checklist.

**Step 2** – Complete the Self-Assessment Tool (SAT), identify your strengths, consider learning needs, seek feedback and develop learning goals.

**Step 3** – Transfer your learning goals to the Professional Development Plan (PDP), identify and complete the learning activities, and retain all CCP documentation in your portfolio as proof of completion.

**Step 4** – Complete the Declaration of Participation and think about the goals and learning activities you will undertake next year.

Complete the above steps each year.

The revised CCP responds to feedback received in the course of the evaluation. The CCP is a valuable tool to assist members in identifying learning needs and goals, tracking learning activities, and ensuring that they remain competent and current in their practice. We hope that the changes to the CCP will assist members in understanding and making better use of this key College program.

### LEARN MORE ABOUT THE REVISED CCP

Professional Practice Department staff is pleased to assist members who have questions about their CCP.

*For further information, please visit the CCP tab on the College website [www.ocswww.org](http://www.ocswww.org), or contact the Professional Practice Department at [ccp@ocswww.org](mailto:ccp@ocswww.org).*

# College Launches Revised Continuing Competence Program

## The Steps Involved in Completing the Continuing Competence Program (CCP)

### STEP 1

- **Review *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*** and any other documents posted for review in this CCP year.
- **Reflect on the standards** as they relate to your practice or your readiness
- **Complete the checklist** to indicate that you have completed the review

### STEP 2

- Complete the **Self-Assessment Tool (SAT)** by:
  - Identifying **your strengths**
  - Asking a **peer, colleague, supervisor and/or client for feedback** (if applicable)
  - **Considering** your learning needs and interests
  - Developing **learning goal(s)**

### STEP 3

- Transfer your learning goal(s) to the **Professional Development Plan (PDP)**
- Determine the **learning activities/experiences** you will complete to meet your learning goal(s)
- **Complete each learning activity/experience and record it on the PDP**
- **Retain all documentation** (receipts, certificates, slides, etc.) as proof of completion of your learning activities

### STEP 4

- Complete the **Declaration of Participation in the CCP** as part of the Annual Renewal of Registration process
- Retain all CCP documents in your **CCP Portfolio**<sup>1</sup> for seven years
- Begin to **think about goals and learning activities** you will undertake as part of the CCP in the year to come
- **Complete these steps each year** in order to comply with the College's CCP requirements

1. Your CCP Portfolio includes the Standards of Practice Checklist, the Self-Assessment Tool (SAT), and the Professional Development Plan (PDP), as well as documentation as proof of completion of your learning activities.

## Educational Forums Bring College to Thunder Bay, Dryden and Windsor



At the Windsor Educational Forum, from left to right: Susan Blacker, RSW; College Registrar Lise Betteridge, RSW; College President Beatrice Traub-Werner, RSW.

In the fall of 2016, the College successfully ran its seventh series of Educational Forums in Thunder Bay, Dryden and Windsor.

The Educational Forums included a College update, keynote address and buffet lunch. The events provided learning and networking opportunities for members as well as local social work and social service work students.

Part of the Glenda McDonald Educational Series, the Educational Forums began in response to members who wanted to stay connected to the College but were unable to attend the Annual Meeting and Education Day (AMED) in Toronto. The objectives of the Forums are to:

- Educate.
- Provide a tangible benefit of registration.
- Offer opportunities for members to network with colleagues and make new contacts.
- Increase the College's visibility with, and connection to, its membership.

### THUNDER BAY AND DRYDEN EDUCATIONAL FORUMS

Members from across northern Ontario came to

participate in the Thunder Bay Educational Forum, held on October 4th, and the Dryden Educational Forum, which was held on October 5th. The Thunder Bay Forum attracted approximately 90 members and students, while 21 members participated in the Dryden event.

Lt.-Col. Suzanne Bailey, MSM, CD, MSW, RSW, was the keynote speaker in both Thunder Bay and Dryden. Participants found Suzanne's presentation, *Resilience and Well-Being*, to be very engaging.

"Suzanne's presentation style is clear, informative and approachable," said one member. "The content was on point and resonated with me and a colleague, sparking much conversation afterwards."

Members also appreciated having the College host the Educational Forums in northern Ontario. One member stated: "I was very happy to learn the College would be coming to a northern location! We often feel out of the loop in our area so it was wonderful to have this opportunity locally."

# Educational Forums Bring College to Thunder Bay, Dryden and Windsor

## WINDSOR EDUCATIONAL FORUM

The Windsor Educational Forum was held on October 27, 2016. The event was very popular for both members and students, with a total of 78 attendees.

Susan Blacker, MSW, RSW gave the keynote address. Her presentation, *Understanding the Role of Palliative Care: What Social Workers and Social Service Workers Need to Know*, explored the palliative care approach, with a focus on supporting family caregivers. Susan shared information about helping families navigate the system of palliative care, and practical tools for identifying caregiver risk factors. Those who responded to the post-event survey agreed that Susan's presentation was both relevant and valuable.

"The information was helpful for future use when dealing with clients who may be diagnosed with a terminal illness. It also may be relevant to use the material for caregiver support."

## EDUCATIONAL FORUMS HELPFUL IN FULFILLING CCP LEARNING GOALS

The post-event survey results showed that 85% of

members found the Forums to be helpful in fulfilling their Continuing Competence Program (CCP) learning goals.

A member wrote: "I was unexpectedly involved in a palliative care case last year and felt somewhat unprepared. I realized I needed more education in this area. I was thrilled that OCSWSSW offered this educational opportunity. Ms. Blacker was so informative and compassionate. I gained so much knowledge and validation of feelings I had experienced, and I now know where to find the best resources available."

The feedback the College received will be very helpful when planning the next series of Educational Forums in 2017.

The College would like to thank all those who participated in the Thunder Bay, Dryden and Windsor events, and to extend a special thank you to our keynote speakers Suzanne Bailey and Susan Blacker.

We look forward to connecting with members at new locations in 2017.



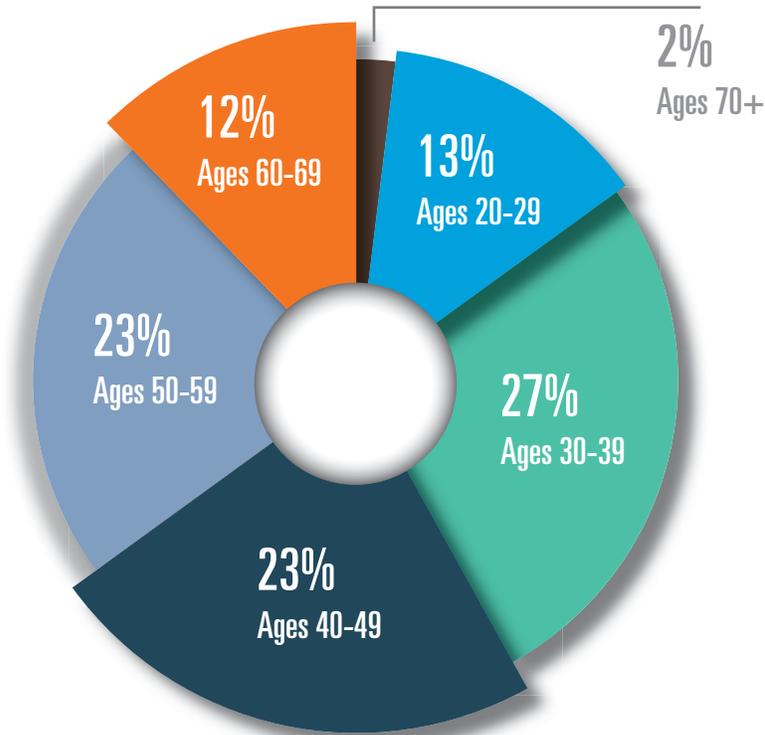
Lt.-Col. Suzanne Bailey, RSW, keynote speaker for the Dryden and Thunder Bay Educational Forums.



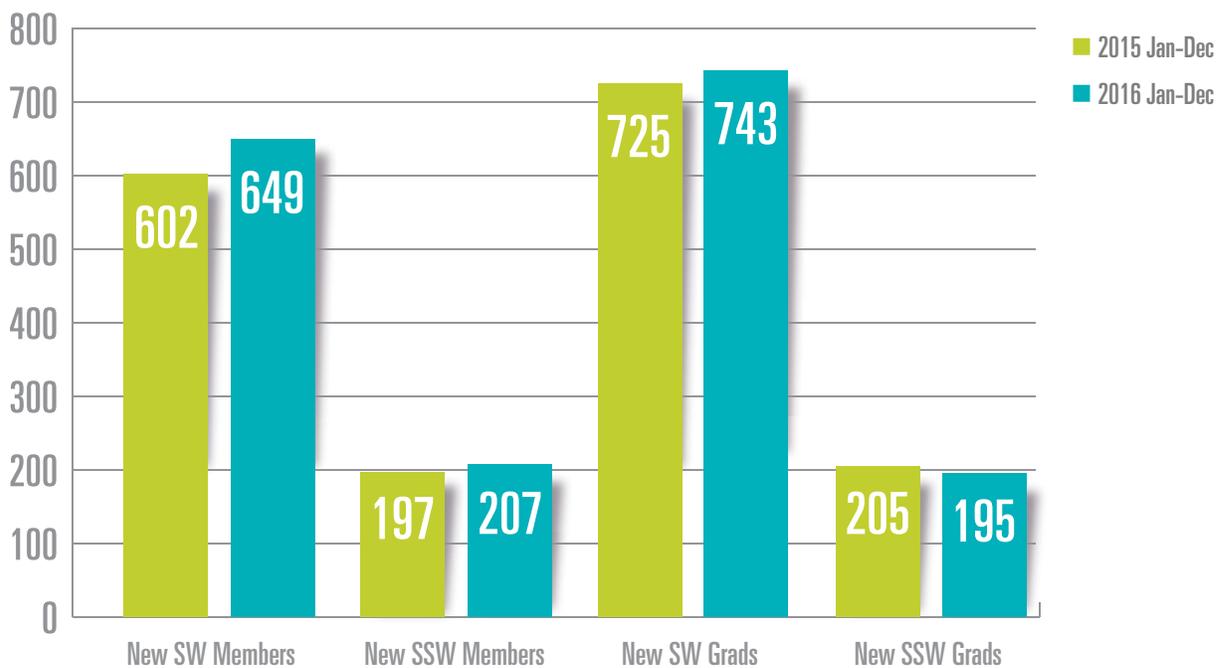
College Registrar Lise Betteridge, RSW delivering opening remarks.

# A Snapshot of College Members

## AGES OF MEMBERS – REGISTERED & INACTIVE



## NEW MEMBERS (2015 AND 2016)



# Rethinking Social Justice at AMED 2017



## ANNUAL MEETING AND EDUCATION DAY

Part of the Glenda McDonald Educational Series

College members are invited to the 2017 Annual Meeting and Education Day (AMED) for a thought-provoking day of sharing and learning. AMED is part of the Glenda McDonald Educational Series.

This year's event will take place on June 7, 2017 at the Metro Toronto Convention Centre in Toronto, and will be webcast live to members throughout the province. The theme is *Rethinking Social Justice: On the Path to Change*.

The morning will begin with the Annual Meeting, featuring a keynote presentation and remarks from College President Beatrice Traub-Werner, MSW, RSW, and College Registrar Lise Betteridge, MSW, RSW. This is your chance to hear an update about the College and participate in a question-and-answer session.

### KEYNOTE BY PETER MENZIES – DRAWING ON WORK WITH FIRST NATIONS COMMUNITIES

#### *Pathways to Practice in a Changing Social Context*

Peter Menzies, PhD, RSW, is a member of Sagamok Anishnawbek First Nation. He currently works with communities in the Robinson-Huron Treaty area, his ancestral lands. Before establishing his private practice, Peter spent 14 years building culturally congruent programs as Director of Northern Aboriginal Outreach at the Centre for Addiction and Mental Health. In his keynote address, Peter will build on the AMED theme *Rethinking Social Justice: On the Path to Change*, drawing on his extensive work with First Nations communities in Ontario. Using a historical lens, Peter will share how

social work interventions have been used to address social policy gaps. Peter will discuss the importance of helping professionals in mitigating these gaps by supporting individuals, families and communities in developing resiliency in the midst of the changing political and social relationships between Indigenous peoples and governments in Canada.

### EVEN MORE AMED!

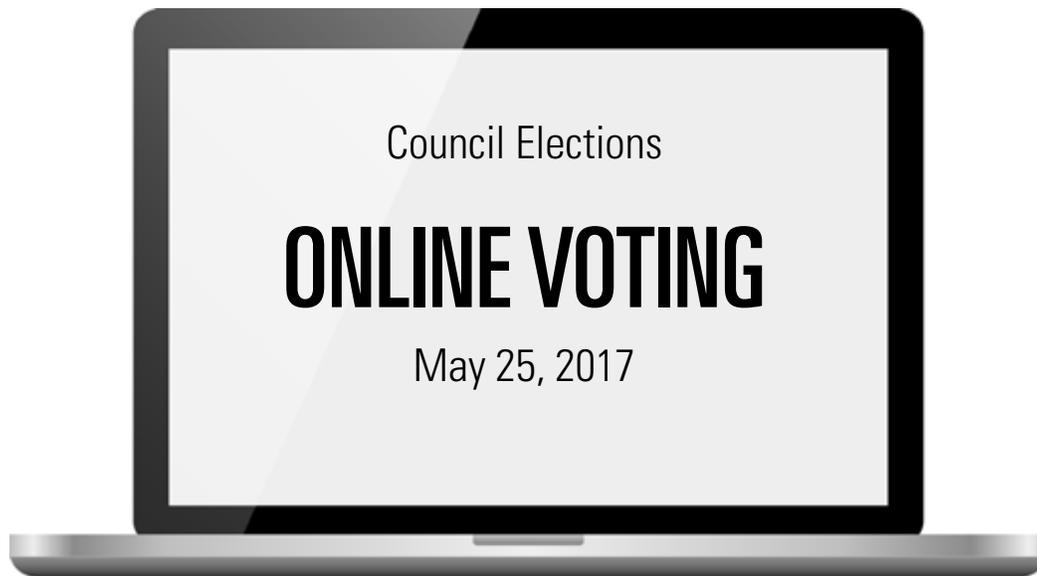
The hardest part about AMED has sometimes been choosing just two afternoon sessions from amongst the eight breakouts. Now you can participate in two sessions live at the event, or by live webcast, and catch up on the others in our archives. The lineup for this year's afternoon breakout sessions is available on our website at [www.ocswssw.org](http://www.ocswssw.org). Check out the sessions you missed last year at <http://www.ocswssw.org/members/amed/resilience2016/>. Click on the green button labeled "Webcast Archives."

You can also participate in the event on Twitter by using and following the #AMED2017 hashtag.

*If you are interested in attending AMED 2017, please visit [www.ocswssw.org](http://www.ocswssw.org) to find information and registration details. If you have any questions regarding the event, please contact John Gilson, Communications Officer, at [jgilson@ocswssw.org](mailto:jgilson@ocswssw.org).*

**We look forward to seeing you at AMED 2017!**

# 2017 College Council Elections



On Thursday, May 25, 2017, the College will hold an election for social work members and social service work members in Electoral District No. 3 to stand for election to the College Council. Information on voting will be sent to members in District No. 3 by eBulletin.

## KEY FACTS – ELECTORAL DISTRICT NO. 3

- Members from District No. 3 elect two social work councillors and two social service work councillors for three-year terms.
- Composed of the geographic area within the territorial boundaries of the Counties of Haliburton, Victoria, Peterborough, Northumberland and Simcoe, the Regional Municipalities of Durham, York and Peel and the City of Toronto.

## ONLINE VOTING

Members will be able to vote online. The voting system is designed to be secure and to protect the confidentiality of members' votes. It is one that has been used successfully by other Ontario regulatory colleges. An online election process improves efficiency and reduces the paper, printing and mailing costs associated with the election.

## MORE INFORMATION ABOUT COUNCIL

The Council is the governing body and board of directors

that manages and administers College affairs. The Council is composed of:

- Seven social workers who are members of the College and who are elected by the members of the College in accordance with the bylaws.
- Seven social service workers who are members of the College and who are elected by the members of the College in accordance with the bylaws.
- Seven persons who are appointed by the Ontario Government.

## PROTECTION OF THE PUBLIC

The College's primary duty is to serve and protect the public interest while promoting the ethical and professional practice of the professions. At the same time, the College encourages a robust interactive relationship with members, stakeholders and the public. To steer and guide these processes, Council's primary governance function is policy development. The policies developed by Council provide direction to the College and to staff.

*For more information or if you have any questions, please contact Pat Lieberman at 416-972-9882 or 1-877-828-9380 ext. 207 or email [elections@ocsww.org](mailto:elections@ocsww.org).*

# Council Meeting Highlights

## DECEMBER 9, 2016

- Council welcomed new Council members, Amanda Bettencourt, RSSW, and Sue-Ellen Merritt, RSSW.
- Lise Betteridge, RSW, Registrar, and Laura Sheehan, Deputy Registrar, presented their report to Council. The report provided updates on registration and membership statistics; upcoming changes to the format of the *Perspective* newsletter; the Educational Forums; the website and social media; employer outreach; Professional Practice; status of proposed amendments to the Registration Regulation; the meeting of Canadian Social Work Registrars; and College operations, including staffing updates, the Complaints and Discipline satisfaction survey and the database upgrade.
- Council reviewed the Statement of Financial Position for October 2016.
- Council reviewed the Statement of Operations for October 2016.
- Council reviewed and approved proposed revisions to the Continuing Competence Program (CCP), which were developed by the Standards of Practice Committee following consideration of the CCP Evaluation Report. Council approved a motion to post the new CCP documents and Evaluation Report on the College website.
- Reports were received from the following statutory committees: Executive; Complaints; Discipline; Registration Appeals; and Fitness to Practise.
- The Registrar provided an update regarding the controlled act of psychotherapy.
- Council reviewed and approved five appointments to fill committee vacancies.
- Council reviewed and approved a proposed definition for the term “culture of diversity.”
- Reports were received from the following non-statutory committees: Standards of Practice; Election; Nominating; Finance; Governance; Corporations; and Titles and Designations.
- Council member Sharmaarke Abdullahi presented his professional development report on board member training provided by ASWB.

## MARCH 10, 2017

- Council participated in an educational session presented by Debbie Tarshis from WeirFoulds, which covered transparency in the regulatory sector.
- Beatrice Traub-Werner, RSW, President, presented her report to Council.
- Lise Betteridge, RSW, Registrar, and Laura Sheehan, Deputy Registrar, presented their report to Council. The report provided updates on registration and membership; communications and social media; stakeholder outreach and member recruitment; the revised Continuing Competence Program (CCP); upcoming elections; the posting of the Registration Regulation; the database upgrade; and College operations.
- Council reviewed the Statement of Financial Position as of January 2017.
- Council reviewed the Statement of Operations as of January 2017.
- Council reviewed and approved draft Bylaw No. 100, which revokes Bylaw No. 44 (“Rules of Practice and Procedure of the Discipline Committee”).
- The Registrar provided an update on proclamation of the controlled act of psychotherapy.
- Reports were received from the following statutory committees: Executive; Complaints; Discipline; Registration Appeals; and Fitness to Practise.
- Council approved a motion to amend Bylaw No. 21 (“Statutory Committees”), Schedule 1.
- Reports were received from the following non-statutory committees: Standards of Practice; Election; Nominating; Finance; Governance; Corporations; and Titles and Designations.

**NOTE:** The information in this article is accurate at the time of publishing. Given the evolving nature of the regulation of psychotherapy, members are advised to visit the College website at [www.ocswww.org](http://www.ocswww.org) for the most up-to-date information.

As members will know, on April 1, 2015, most of the balance of the provisions of the *Psychotherapy Act* were proclaimed into force. These provisions:

- Created the new College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPO).
- Restricted the use of the titles “psychotherapist”, “registered psychotherapist” and “registered mental health therapist” to members of CRPO (among other things).

However, the government **did not proclaim** into force certain other provisions related to psychotherapy. These are:

- The provisions in the *Regulated Health Professions Act, 1991* (the “RHPA”) setting out the **controlled act of psychotherapy** and authorizing members of OCSWSSW to perform the controlled act of psychotherapy in compliance with the *Social Work and Social Service Work Act, 1998* (the “SWSSWA”), its regulations and bylaws.
- The provision in the SWSSWA permitting OCSWSSW members who are authorized to perform the controlled act of psychotherapy to use the title “psychotherapist.”

Given the delay in proclamation of these provisions, members of OCSWSSW should note the following:

- OCSWSSW members **may continue to provide psychotherapy services** provided they are competent to do so.
- Psychotherapy is not an entry-to-practice competency. Competent practice requires ongoing education and training, as well as regular supervision and consultation.
- Only members of the CRPO are permitted to use the

title “psychotherapist”, “registered psychotherapist” or “registered mental health therapist.”

## WHAT HAPPENS NEXT?

The College is committed to moving this issue forward. The College has continued to work collaboratively with the five other colleges whose members will have access to the controlled act of psychotherapy (once it is proclaimed) and with representatives from the Ministry of Health and Long-Term Care (MOHLTC) to further clarify the definition of the controlled act of psychotherapy. At the request of the MOHLTC, the group produced a clarification document intended to ensure consistent understanding of the controlled act among practitioners and the public prior to proclamation. This document was approved in principle by the College Council at its September meeting. All of the colleges who worked on the clarification document, with the exception of the College of Physicians and Surgeons (CPSO), also sought and obtained approval in principle of the clarification document by their respective councils last fall.

Early in 2017, members of the College (along with members of the other colleges whose members will also have access to the controlled act once it is proclaimed), the public and other stakeholders were asked to provide comments on the clarification document as part of a consultation requested by the MOHLTC. The College thanks members and stakeholders for their feedback. The MOHLTC has told the colleges involved that feedback from the consultation will assist the government in moving forward towards proclamation of the controlled act of psychotherapy.

*For further information and updates, please visit the College website at [www.ocswww.org](http://www.ocswww.org) or contact the Professional Practice Department at [practice@ocswww.org](mailto:practice@ocswww.org).*

# College Response to the Domestic Violence Death Review Committee Report



## DVDRC REPORT

The Office of the Chief Coroner has notified the College of the results of a review by the Domestic Violence Death Review Committee (“DVDRC”) and sought the College’s support in implementing one of its recommendations. This article, which was previously sent as an eBulletin, seeks to assist in implementing the DVDRC’s recommendation by:

- Sharing the findings of the DVDRC with members.
- Reminding members of their professional obligations with respect to competence, currency and scope of practice, particularly in the areas of depression, suicidal ideation and domestic homicide.

### THE DVDRC REPORT

The DVDRC’s findings are published in the *Report on the Matter of the Deaths of (names removed)* (“DVDRC’s Report”). The deaths referred to in the DVDRC’s Report occurred on January 12, 2012.

In a letter accompanying the DVDRC Report, the DVDRC states its primary goals for the review:

The purpose of this Committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances.

By conducting a thorough and detailed examination and analysis of facts within individual cases, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented. Information considered within this examination includes the history, circumstances and conduct of the abusers/perpetrators, the victims and their respective families. Community and systemic responses are examined to determine primary risk factors and to identify possible points of intervention that could assist in the prevention of similar deaths in the future.

Recommendation #3 of the DVDRC Report is directed at a number of regulatory colleges and associations, specifically, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, the College of Psychologists of Ontario, the College of Nurses of Ontario, and the Ontario Association of Marriage and Family Therapists. This recommendation suggests:

Professional Colleges for these professional groups should share information on the links between depression, suicidal ideation and domestic homicide.

### MEMBERS’ PROFESSIONAL OBLIGATIONS

In keeping with this recommendation, the College is providing the DVDRC’s Report to all members. Members

# College Response to the Domestic Violence Death Review Committee Report

are reminded of their obligation, in accordance with *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, to provide services only within the boundaries of their competence. Principle II: Competence and Integrity, Interpretation 2.1.1 states:

College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. When a client's needs fall outside the College member's usual area of practice, the member informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the College member and have the member provide the service, the member may do so provided that:

- i. he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education and
- ii. the services are not beyond the member's professional scope of practice.

The Standards of Practice also require members to ensure ongoing maintenance of competence and continuing professional development in the areas in which they provide services. This can be achieved by:

- Participating in ongoing continuing education and the Continuing Competence Program (CCP) in order to remain current with emerging practice knowledge.
- Maintaining current knowledge of policies, legislation, community programs and issues related to practice.
- Ensuring professional recommendations or opinions are based on current, credible sources and evidence.
- Engaging in the process of self-review and evaluation of practice, and seeking consultation when required.

All areas of social work and social service work practice require a comprehensive knowledge base, effective and

professional use of self, and mastery of specific skills. Members' knowledge and self-awareness are critical to ethical and professional practice. When assessing their competence, members should:

- Consider their levels of education, training, and experience.
- Explore practice challenges within the context of supervision.
- Participate in the CCP.
- Use the CCP to focus on the skills and knowledge required for new activities or areas of practice.

Members working in the areas addressed by the DVDRC Report should ensure that they are current with respect to relevant and recent information related to the links between depression, suicidal ideation and domestic homicide, and the assessment of risk in these domains.

## FOR MORE INFORMATION:

- Practice Notes: "But How Do I Know If I'm Competent" – Issues to Consider <http://ocswssw.org/wp-content/uploads/2015/01/PN-How-Do-I-Know.pdf>
- Continuing Competence Program <http://www.ocswssw.org/the-continuing-competence-program/general-information-ccp/>
- *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008* <http://www.ocswssw.org/wp-content/uploads/2017/03/Code-of-Ethics-and-Standards-of-Practice-March-2017.pdf>
- Domestic Violence Risk Assessment: Informing Safety Planning & Risk Management Domestic Homicide Brief 2 <http://www.ocswssw.org/wp-content/uploads/2017/02/Domestic-Violence-Risk-Assessment.pdf>

For further information, please contact the Professional Practice Department at [practice@ocswssw.org](mailto:practice@ocswssw.org).

# New Notification and Reporting Requirements under the *Personal Health Information Protection Act (PHIPA)*: What You Need to Know

## DATA PRIVACY



### BACKGROUND

Bill 119 introduced amendments to the *Personal Health Information Protection Act, 2004* (PHIPA) which took effect in June 2016. Among other changes, the amendments:

- Introduce new reporting requirements affecting members of the Ontario College of Social Workers and Social Service Workers (College).
- Serve to increase patient privacy through enhanced notification protocols in the event of a privacy breach.

In the context of PHIPA, a breach of privacy occurs when the personal health information of an individual is stolen, lost or collected, used or disclosed without authority. The amendments also introduce stiffer penalties for non-compliance and enhanced abilities to prosecute offences under PHIPA. Members of the College should be alert to these changes to ensure compliance with respect to their obligations to comply with applicable privacy legislation. This article highlights some of the key provisions that are relevant for College members.

### NOTIFICATION REQUIREMENTS

In the event of a health privacy breach, a health information custodian (HIC) is required, with limited exception, to notify the individual(s) affected at “the first reasonable opportunity” of the theft or loss or of the unauthorized use or disclosure of their personal health information. The amendments create the

additional requirement that HICs must advise the affected individual(s) of the right to file a complaint with the Information and Privacy Commissioner of Ontario (Privacy Commissioner).

Agents of HICs (who are those persons handling personal health information on behalf of HICs) are required to notify the HIC at “the first reasonable opportunity” if personal health information collected, used, disclosed, retained or disposed of by the agent on behalf of the HIC is lost, stolen or used or disclosed without authority.

The amendments will require HICs, in certain prescribed circumstances, to report health privacy breaches to the Privacy Commissioner, whereas previously there was no requirement that HICs do so. The government has not yet passed regulations with respect to this amendment, however, so until such time as those regulations come into force, reporting to the Privacy Commissioner is not mandatory but may be done on a voluntary basis.

### NEW REQUIREMENTS: REPORTING TO REGULATORY COLLEGES

A change which is especially significant to HICs who employ social workers or social service workers is the requirement that they must now file a report with the Ontario College of Social Workers and Social Service Workers<sup>1</sup> in certain instances, regarding health privacy breaches by social workers and social service workers. For

1. In the case of a member of a health profession regulated under the *Regulated Health Professions Act, 1991*, the report must be filed with the respective health college.

# New Notification and Reporting Requirements under the *Personal Health Information Protection Act (PHIPA)*: What You Need to Know

example, if a HIC who employs a social worker or social service worker terminates, suspends or disciplines the social worker or social service worker for reasons relating to the employee's unauthorized collection, use, disclosure, retention or disposal of personal health information, the HIC is required to file a written report to the College within 30 days of the termination, suspension or discipline. This reporting requirement also exists where an employee resigns and the HIC has reasonable grounds to believe that the resignation is related to an investigation or other action by the HIC with respect to an alleged health privacy breach by the employee.

**Note:** These new reporting requirements under PHIPA do not replace the current mandatory reporting obligations imposed on employers of social workers and social service workers under the *Social Work and Social Service Work Act, 1998* to file a written report with the College where the employer terminates, or intends to terminate, the employment of a social worker or social worker for reasons of professional misconduct, incompetence or incapacity.

## OTHER CHANGES

The amendments to PHIPA have also introduced the following changes:

- PHIPA now creates a positive obligation on HICs to protect against the unauthorized collection of personal health information. HICs are now required to "take steps that are reasonable in the circumstances to ensure that personal health information is not collected

without authority." HICs should be alert to ensuring that policies and administrative, technical and physical safeguards (e.g. restrictions on access to the electronic health record), are revised accordingly and are up to date.

- The maximum fines for privacy offences have doubled from \$50,000 to \$100,000 for individuals and from \$250,000 to \$500,000 for organizations.
- The 6-month limitation period on commencing prosecutions for offences under PHIPA has been removed.
- The responsibilities of HICs and agents have been clarified.
- The definition of the term "use" in PHIPA has been revised so that "use" now means "to view, handle or otherwise deal with the information."
- Those provisions in PHIPA relating to the provincial electronic health record system are not yet in force.

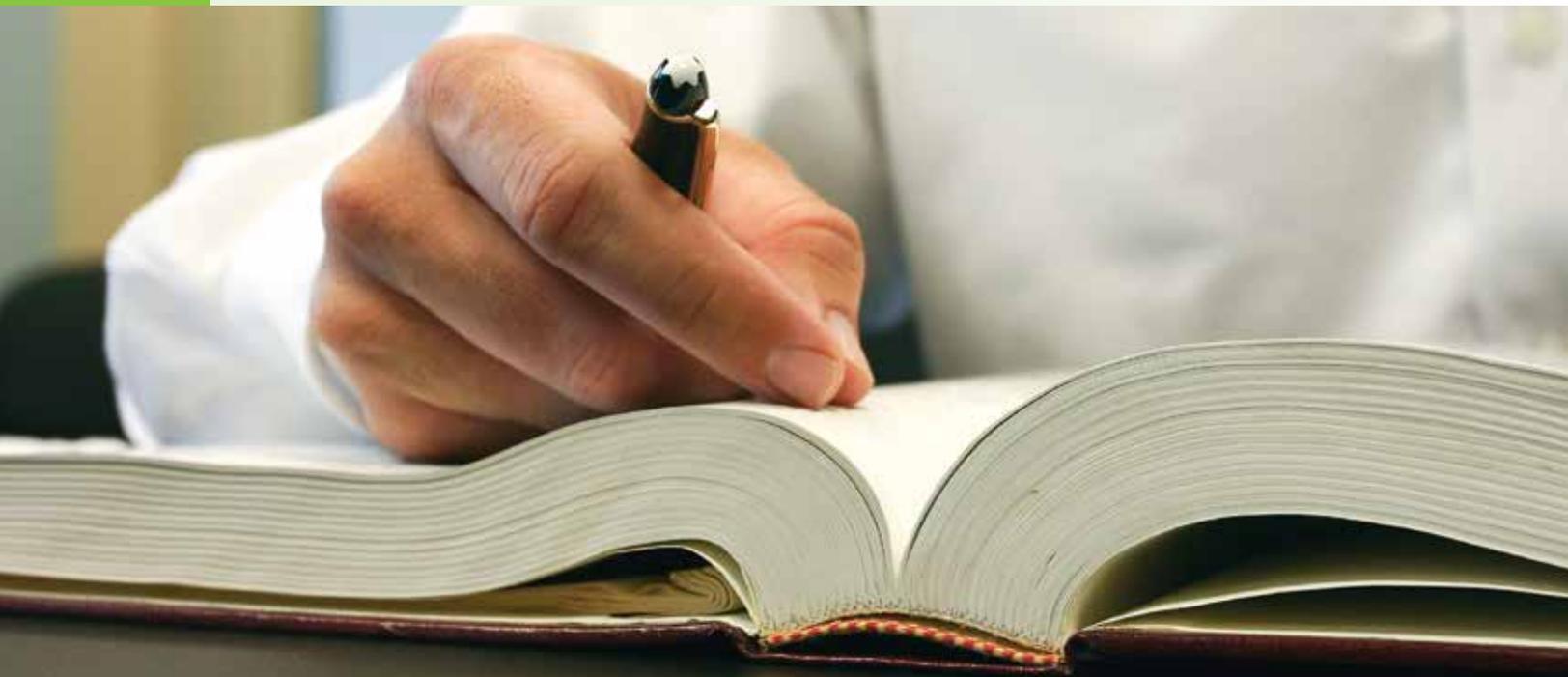
## RESOURCES FOR ADDITIONAL INFORMATION

College members may wish to consult these resources for additional information:

- *Personal Health Information Protection Act, 2004* ([www.ontario.ca/laws](http://www.ontario.ca/laws))
- Information and Privacy Commissioner of Ontario ([www.ipc.on.ca](http://www.ipc.on.ca))

# Practice Notes: “Setting the Table” – Issues to Consider When Initiating Client Conversations

CHRISTINA VAN SICKLE, BSW, MSW, RSW, DIRECTOR, PROFESSIONAL PRACTICE



**Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Professional Practice Department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and College members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.**

**A**n introductory conversation with clients, which sets the parameters of the relationship and the services to be provided, is an essential element of sound and ethical social work and social service work practice. While this opening conversation may happen once, at the beginning of the professional relationship, it is often revisited repeatedly throughout the therapeutic relationship. Whether working with individuals, families, couples or groups, members of the College must ensure that they discuss boundaries, limits and expectations of the professional relationship with their clients in an upfront and transparent fashion. Members who later encounter misunderstandings with their clients and/or find that their clients have concerns about their actions or decisions in the course of the therapeutic relationship may find that these situations can be avoided when these essential, early conversations take place and are properly documented.

The College’s Standards of Practice require College members to “provide clients with accurate and complete information regarding the extent, nature, and limitations of any services available to them.”<sup>1</sup> As part of this initial conversation, members should discuss the issues of consent and the limits of confidentiality, and inform clients of the foreseeable risks and rights, opportunities and obligations associated with receiving professional services.<sup>2</sup> This conversation is also an appropriate time to discuss the policies of the organization or their own practice, and client expectations of the therapeutic relationship. These conversations may be different depending on the context of where the member works.

When engaging in these conversations, members must always consider the legislation that applies in their workplace and clinical context as well as any relevant

1. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, interpretation 3.1.  
2. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, interpretation 3.6.

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organizational policies. Members are reminded that in cases where a workplace policy conflicts with the College’s Standards of Practice, the member’s obligation is to the Standards of Practice.<sup>3</sup> In instances where there is a conflict between the Standards of Practice and workplace policy, members advocate for workplace conditions and policies that are consistent with the Standards of Practice.<sup>4</sup>

## CONSENT

It is very important for members to determine at the outset of the professional relationship whether the client can consent to service and/or treatment. Members should make every effort to resolve this issue before the therapeutic relationship begins, and this assessment should be part of the initial conversation. However, there may be times when issues of consent aren’t clear or come up later, during the course of professional services. This can be particularly true for members who are working with youth and vulnerable populations.

Members should be aware that their practice setting impacts the issue of consent, as different legislation may apply to different workplace and clinical settings.

For example, many members have obligations under the *Health Care Consent Act (HCCA)* and the *Personal Health and Information Protection Act (PHIPA)*<sup>5</sup>. Under the HCCA, a capable individual may consent to health care treatment. An individual is assumed to be capable so long as there are no reasonable grounds to assume they are incapable. An individual is considered capable if they are able to understand the information that is relevant to making a decision, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.<sup>6</sup> There is no age limit attached to capacity. Under PHIPA, a capable person can consent to the collection, use or disclosure of personal health information. Members may wish to consult the College resource: [Privacy Toolkit for Social Workers and Social Service Workers](#) for more information.

## CONSIDER THE FOLLOWING SCENARIO:

A social worker in private practice contacted the College’s Professional Practice Department unsure about how to respond to the concerns of a father who had just found out that his son had been seeing the member for low mood and behavioural outbursts, at the request of his mother. According to the social worker, the couple had ended their relationship and their young child, the member’s client, was now living with (and was in the custody of) his mother. The mother sought the services of the member as she felt that her son could benefit from counselling to process the feelings surrounding his parents’ divorce. The member explained that she had developed a therapeutic relationship which appeared to be benefiting the child. The father’s concerns arose when his son revealed to him that he had been seeing a social worker for counselling. According to the social worker, the father was incensed as he did not give his consent for his son to attend counselling. He contacted the social worker to inform her that he did not consent for his child to meet with her any longer. The father also insisted that he be given access to his son’s case notes.

In this scenario the social worker should consider:

- What does the applicable legislation say regarding consent to service/treatment in this context?
- Who is consenting to service/ treatment?
- What principles in the Standards of Practice (including Principle IV: The Social Work and Social Service Work Record and Principle V: Confidentiality) are relevant?
- What is the applicable legislation regarding the release of client information?
- Who is permitted to consent to the release of client information?
- What custody arrangements and order are in place?

Staff in the Professional Practice Department assisted the social worker in identifying the issues to consider with respect to the situation she faced, and encouraged her to seek legal advice. After her call to the College the

3. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, interpretation 2.2.10.

4. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 10.

5. *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A

6. *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A

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member decided to seek a legal opinion, after which she determined that the HCCA applied to her clinical work. She recognized that she was a health practitioner who was providing treatment to her client. She used her clinical judgment to determine that her client was able to consent to treatment independently, despite his age. She was careful to document in the record that the client was able to articulate to her in an age-appropriate way that he understood: why he was meeting with her; the purpose and goals of their work; that the topics they discussed could be emotionally difficult; and that he would be able to stop meeting with her at any time if he chose to do so.

The member then reflected on the father’s request for copies of the client’s chart. Principle V: Confidentiality, interpretation 5.1 in the Standards of Practice states that “College members comply with any applicable privacy and other legislation ... (and) obtain consent to the collection, use or disclosure of client information including personal information, unless otherwise permitted or required by law.”

The member’s consultation with the Professional Practice Department, as well as the legal consult she obtained and her personal reflection, assisted her in determining that she was a Health Information Custodian (HIC) under PHIPA<sup>7</sup>. She decided that consent from the client would be required to disclose client information.

This scenario illustrates that it is essential for members to discuss consent and confidentiality with clients from the outset of treatment, in order to ensure that clients are not confused, uncertain or perceive that there has been a breach of trust. Upon reflection, the social worker recognized that it would have been advisable to have discussed with the client’s mother when she initially contacted the member to retain the member’s services, that it would be her child who would be consenting to service/treatment. Had she done this, the member would

have been able to explain to the client’s father that under the relevant legislation, it was his child who must give his consent to treatment and to the release of his records.

The scenario above makes it clear that legislation has a significant impact on the delivery of service, and members are therefore obliged to understand what legislation is relevant to their practice. Principle II: Competence and Integrity states that “College members (must) maintain current knowledge of policies, legislation, programs and issues ... in their areas of practice.”<sup>8</sup> If a member is unclear about what legislation applies to their work, they should speak to their supervisor and/or consider obtaining a legal consult. Members may also wish to use the Continuing Competence Program (CCP) to identify areas in which they need to gain further knowledge.

## CONFIDENTIALITY

Confidentiality must also be discussed with clients in an initial conversation or early in the relationship.<sup>9</sup> The limits of confidentiality are understood as the reasonable limits in which some client information may not be kept confidential, despite the restrictions that generally apply to the therapeutic relationship between the social worker or social service worker and their client(s). Members must share information about the limits of confidentiality at the outset of their work with clients, so that they may choose what information to share in the therapeutic setting.

Members are typically familiar with their obligation to discuss with clients the limits of confidentiality with respect to mandatory reporting obligations under the *Child and Family Services Act*, and the fact that they must breach confidentiality and have a duty to report if they have reasonable grounds to suspect that a child is in need of protection.<sup>10</sup>

Similarly, members must recognize the need to discuss with clients the fact that in some circumstances they may

7. *Privacy Toolkit for Social Workers and Social Service Workers, Guide to the Personal Health Information Protection Act, 2004 (PHIPA)*, Ontario College of Social Workers and Social Service Workers, 2005, page 11.

8. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, interpretation 2.1.3

9. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle V: Confidentiality, interpretation 5.4.

10. “The Duty to Report under the Child and Family Services Act”, OCSWSSW Article, <http://www.ocswssw.org/wp-content/uploads/2014/11/The-Duty-to-Report-under-the-Child-and-Family-Services-Act.pdf>

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have a common law “duty to warn” or “duty to protect.” There is a legal threshold that would need to be met in order to trigger this obligation, based on their assessment of whether there is a real, severe and imminent risk to an identifiable person, including the client or others.<sup>11</sup> This is a determination that a member would have to make with legal advice, since the existence of a duty to warn is a question of law. For further information on this common law duty to report, members may wish to review the College’s [Practice Notes on Meeting Professional Obligations](#).

Principle V: Confidentiality, interpretation 5.4 in the Standards of Practice states that:

College members inform clients early in their relationship of the limits of confidentiality of information. In clinical practice, for example, when social work service or social service work service is delivered in the context of supervision or multi-disciplinary professional teams, College members explain to clients the need for sharing pertinent information with supervisors, allied professionals and paraprofessionals, administrative co-workers, social work or social service work students, volunteers and appropriate accreditation bodies. College members respect their clients’ right to withhold or withdraw consent to, or place conditions on, the disclosure of their information.

It is important for members to note that they are required to respect clients’ right to withhold or place conditions on the disclosure of their information. This requirement can pose some challenges in practice, particularly for those members who work on interdisciplinary teams in which all members of the team share in client care. In these workplaces, client information is often shared in team rounds, or accessed by team members in the client record, for the purpose of providing care. However, some clients may not want to have all information shared with the team, and College members must be aware that clients have the right to place conditions on the disclosure of their information.

## CONSIDER THE FOLLOWING SCENARIO:

The client of a College member contacted the College’s Professional Practice Department to report that her social service worker was sharing information about her with his colleagues at the community services organization where she attends an adult day program for seniors. The client stated that she speaks to her social service worker in individual sessions about the stresses and difficulties that she is having coping at home on her own. At a recent visit to the day program, the client’s social service worker informed her that he was going to share some details about her care with his interprofessional team, in order to get some ideas about other supports and resources that might assist her with living independently in the community. The client felt that this was a breach of confidentiality and did not want intimate details of her life shared with other staff members. She stated she had worked hard to build up trust with her social service worker, and that she considered what she shared with her worker to be private. The client told Professional Practice staff that when she voiced this concern to her worker, he had told her that he had implied consent to share details about her with his team members. The client was upset by his response, stating that she did not give consent to the social service worker to share this personal information with the rest of the team. She did not want the social service worker to talk about her with his colleagues.

In this scenario it is important for the member to consider:

- Were the limits of confidentiality clearly explained early in the therapeutic relationship?
- What does the applicable legislation say regarding confidentiality in this context?
- What is implied consent?
- What do the Standards of Practice require of College members?

The client told the Professional Practice staff that her social service worker had explained to her in their first session that he shares information with his colleagues regarding his clients. She said that he explained that he does this in order to get guidance on how best to serve his clients.

11. Betteridge, Lise, “Practice Notes: “Meeting Professional Obligations and Protecting Clients’ Privacy: Disclosure of Information Without Consent””, *Perspective*, Spring 2013. <http://ocswssw.org/wp-content/uploads/2015/01/PN-Meeting-Professional-Obligations.pdf>

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The client stated that she was initially comfortable with this sharing of information, but after a recent, negative experience with one of the other staff members at the day program, decided that she does not want her private information shared with this other staff member.

Professional Practice staff discussed with the client the fact that the social service worker is bound by the College’s Standards of Practice. The client was also informed that some legislation may permit workers to share information about clients with their colleagues, if those colleagues are also involved in providing care to those clients.<sup>12</sup> In this context, consent to share information about the client may be implied, not explicit, in part because the information may be needed by all members of the team in order to provide service.

Professional Practice staff also explained to the client that the consultation with the interdisciplinary team may also improve the quality of care they receive because it contributes to the member’s learning and professional development. The client was told that the Standards of Practice state that members must be aware of the extent of their competence and that a client may be referred elsewhere if the client’s needs fall outside the worker’s usual area of practice. However, if a client wishes to continue the therapeutic relationship, the worker must ensure that they enhance their competence by seeking additional supervision, consultation and/or education.<sup>13</sup>

In the course of the discussion, the client was informed that the Standards of Practice permit members to discuss client information in certain situations including but not limited to supervision, team meetings and student placements, but give clients the right to place conditions and limit what information is shared with which colleagues.<sup>14</sup>

The client was also informed that under PHIPA, clients may restrict the use and disclosure of some or all of their personal health information - a provision known as a “lockbox.”<sup>15</sup> It was suggested to the client that if her worker felt that sharing information in the lockbox with his colleague was important to providing her health care, he would be obliged to tell his colleague that there was additional information he could not share that was relevant to her care.<sup>16</sup>

As a result of her discussion with Professional Practice staff, the client better understood why in some circumstances her social service worker might share her personal information with his colleagues. She also understood that she was empowered to determine what information would be shared with the team. The client felt better because she understood some of the reasons that the social service worker might share information. She stated that she was going to have a conversation with her worker about whether or not to place conditions on certain information.

Although the social service worker had had a conversation with the client in which he explained the limits of confidentiality of information, it may be advisable for him to consider in his future practice a more detailed discussion in order to enhance his practice and decrease the likelihood that clients may be concerned about his practice. Ethical and professional practice requires members to explain to their clients the limits of confidentiality, including the meaning of implied consent, and how this can impact the care they receive. It’s through this clear and direct communication that members can ensure that they promote client empowerment and self-determination.

12. *Privacy Toolkit for Social Workers and Social Service Workers, Guide to the Personal Health Information Protection Act, 2004* (PHIPA), Ontario College of Social Workers and Social Service Workers, 2005, page 24.

13. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, interpretation 2.2.1

14. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle V: Confidentiality, interpretation 5.4

15. *Privacy Toolkit for Social Workers and Social Service Workers, Guide to the Personal Health Information Protection Act, 2004* (PHIPA), Ontario College of Social Workers and Social Service Workers, 2005, page 32.

16. *Ibid.*

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## CONCLUSION

This article has discussed the importance of initial and early conversations between a member and their client.

By being clear and transparent with clients, members can ensure that they provide ethical and effective services while promoting client autonomy.

## CHECKLIST FOR INITIATING CLIENT CONVERSATIONS

Members may wish to seek supervision and ensure that they are familiar with workplace policies when completing the check list below:

- I have identified the relevant legislation applicable to my practice. (Ontario legislation can be accessed at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca))
- I have identified the client(s).
- I have identified who is able to give consent to service/ treatment.
- I have identified what (if any) custody order is in place.
- I have explained the limits of confidentiality - including but not limited to the need to share pertinent information with colleagues and mandatory reporting requirements.
- I have informed my client of their right to withhold or withdraw consent to, or place conditions on the disclosure of their information, and any potential impact on care or service delivery.
- I have reviewed the *The Code of Ethics and Standards of Practice Handbook* and have considered the standards and interpretations relevant to my area of practice.
- I have considered legal issues related to the issue and my area of practice, and have obtained a legal opinion if necessary.

# Discipline Decision Summary



**T**he Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order. The College publishes summaries of decisions and/or provides links to full-text, neutralized versions of its decisions. Information that is subject to a publication ban or that could reveal the identity of witnesses or clients, including the name of the facility, has been removed or has been anonymized.

## BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

## CHERYL WALTHER

FORMER MEMBER # 525066

## AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. Now, and at all times relevant to the allegations, Cheryl Walther (the "Member") was a registered social worker with the Ontario College of Social Workers and Social Service Workers (the "College"). At all times relevant to the allegations, the Member was self-employed in a clinical practice, providing counselling and/or psychotherapy services to clients.
2. In May of 2012, the Member met [the Client]. They initially met in the community as the Client lived in an apartment close to the Member's office. The Client was a woman who had suffered torture and other significant physical and mental trauma before arriving in Canada, in or around 2004, as a refugee. The Client was vulnerable, suffering from post-traumatic stress disorder, physical issues, language and cultural barriers. These disclosures were made to the Member prior to the formation of a professional relationship. Prior to the formation of a professional relationship, the Member told the Client that she was a social worker and explained to her what her work entailed.
3. In July of 2013, the Client approached the Member and advised that her boyfriend had been taken into custody following a dispute between them and expressed worry about attending court and housing issues. The Client clarified that she was seeking social work services at which point the Member arranged to have the Client attend at her office to discuss the matter further. However, due to the Client's mobility issues, the Member subsequently agreed to meet the Client at her home.
4. At the first meeting, the Client mentioned that she was already accessing services through the [Community Mental Health Agency] but was seeking additional social work support with regard to the court proceedings and housing issues. The Client did not have access to funding for private social work services and so the Member agreed to provide these services to her free of charge.
5. The Member then reviewed the definition of CBT, the risks and benefits of treatment and the terms of

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confidentiality and the client signed an agreement to participate in counselling. The Client subsequently spoke about her past for several hours.

6. From July 2013 until March 2014, the Member provided social work services to the Client which included:
  - a. individual counselling;
  - b. individual meetings to discuss the court proceedings and housing issues;
  - c. support services with respect to the court proceeding;
  - d. assistance and stabilizing support with respect to the Client's housing issues when she was evicted from her apartment in order to assist her to address her housing issues and manage her stress; and,
  - e. assistance to access various community based resources including [Community Agency A],[Community Agency B], and the [Community Mental Health Agency].
7. If the Member were to testify, she would state that over the course of providing social work services, she clarified with the client that she could not provide long-term psychotherapy services due to her inexperience with the Client's culture, the difficulty in fully understanding her without an interpreter, and in view of the complexity of her presenting mental health issues.
8. The Member did not at any time set specific treatment goals with the Client, nor did the Member discuss with her the extent, nature and limitations of the social work services that she was providing to her. Consequently, the Client came to rely upon the Member for a broader range of services than the Member was able to provide.
9. While providing social work services to the Client,

the Member engaged in conduct that eroded the appropriate boundaries between a professional and personal relationship as follows:

- a. at the Client's request, assisted her in acquiring a computer as hers had been stolen and then subsequently arranged for a family member ("Family Member A"), and then another family member ("Family Member B") to assist her in making the computer operational, troubleshooting and training which involved several visits. The assistance was provided at the Client's home, thereby revealing to the Member's family members where the Client lived and that she was a client who received social work services;
- b. the Member shared personal information about the Client with Family Member B including detailed information about the Client's experience prior to arriving in Canada. If the Member were to testify, she would state that she provided that information in order to persuade Family Member B to assist the Client free of charge and that some of the information that was shared was publicly available;
- c. the Member encouraged a personal relationship between the Client and Family Member B when she:
  - i. on one occasion, attended at the Client's home with Family Member B who worked on the computer in one room while she provided counselling in another. The Member and the Client subsequently went for coffee, leaving Family Member B alone in the Client's apartment. When they returned, Family Member B was asleep in the Client's bed which upset the Client, though the Member told her that there was nothing to worry about;
  - ii. on another occasion, attended at the Client's home with Family Member B. After the counselling session, the Member left Family Member B with the Client alone in her

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- apartment. If the Member were to testify, she would state that the Client and Family Member B proposed to run an errand together and she did not object;
- iii. knowingly permitted Family Member B to attend at the Client's home alone on more than one occasion;
  - iv. knowingly permitted Family Member B to be in regular contact with the Client by telephone and through texting; and,
- d. shared personal information about Family Member B with the Client.
10. The Member did not engage in the process of self-review, seek consultation or take any steps to address the evolving boundary erosion at the material times.
11. On February 7, 2014, the Member arranged for Family Member B to drive the Client to the hospital when she reported that she had tooth and jaw pain. Later that evening, Family Member B and the Client returned to the Member's home. The Member did not take adequate steps to ensure that the Client returned to her home safely, and the Client ultimately spent the night in Family Member B's room where they had sexual relations. When the Member discovered that the Client had spent the night at her home the next morning, the Member failed to take immediate steps to ensure the Client was returned home safely and did not address boundary concerns at that time. The Client subsequently reported to police that Family Member B had sexually assaulted her, though after an investigation, no charges were laid.
12. It was not until the next session on February 21, 2014 that the Member addressed with the Client for the first time her concern about the inappropriate blurring of personal and professional boundaries. In so doing, the Member failed to take responsibility for the erosion of professional boundaries. The Member also informed the Client that the professional relationship would have to be terminated if the personal relationship between the Client and Family Member B continued.
13. The Client terminated the professional relationship shortly thereafter. If the Member were to testify, she would state that the Client had been assigned a new worker at the [Community Mental Health Agency], and she also agreed to connect with the [Community Agency C] for employment counselling and skill development services. The Member attended with the Client at the first [Community Agency C] appointment on February 27, 2014. Then next arranged to meet on March 14, 2014 to discuss termination and supports. At that visit, the Client noted that her stolen laptop had been found and returned to her, and that her current focus was school and her future, with which [Community Agency C] could assist her.
14. The Member admits that by reason of engaging in the conduct outlined above, she is guilty of professional misconduct as set out in section 26(2)(a) and (c) of the *Social Work and Social Service Work Act*.
15. The following additional facts were jointly submitted by the parties for the purpose of a proposed penalty:
- a. The Member ceased to practice as a social worker in October 2014 due to illness and has been unable to work since that date and continues to be unable to work until further notice.
  - b. The Member's only income has been a small pension.
  - c. The Member desires to resign from the College and to not engage in conduct that falls within the scope of practice of social work.
  - d. Provided the proposed penalty is accepted by the panel, the Registrar will forthwith accept the resignation of the Member pursuant to section 13(2) of the *Social Work and Social Service Work Act*, 1998 (the "Act").

# Discipline Decision Summary

## DECISION

The Discipline Committee accepted the Member's Plea and the Agreed Statement of Fact and found that the agreed facts support a finding that the Member committed acts of professional misconduct, and in particular, that the Member's conduct violated:

- a. Sections 2.2 and 2.10 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.5 and 1.6) by failing to maintain awareness of her own values, attitudes and needs and how these impact on her professional relationship with the client and by failing to distinguish her needs and interests from those of her client to ensure that her clients' needs and interests remain paramount;
- b. Sections 2.2 and 2.10 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.5, 2.2, 2.2.1, 2.2.8 and 2.2.9) by failing to engage in the process of self-review and evaluation of her practice and seek consultation when appropriate, by engaging in boundary violations, by engaging in professional relationships that constitute a conflict of interest or in situations in which she ought reasonably to have known that the client would be at risk in any way, by failing to declare a conflict of interest and to take appropriate steps to address it and eliminate it, by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work and by not being sensitive to cultural and ethnic vulnerabilities of the client;
- c. Sections 2.2 and 2.10 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretations 3.1 and 3.7) by failing to provide the client with accurate and complete information regarding the extent, nature and limitations of any services provided, and by failing to assume full responsibility for demonstrating that the client has not been exploited, coerced or manipulated intentionally or unintentionally;

- d. Sections 2.2, 2.10 of the Professional Misconduct Regulation and Principle V of the Handbook (commented on in Interpretations 5.1, 5.3 and 5.3.6) by failing to comply with applicable privacy legislation and by disclosing personal information about the client without consent and where no exception that would permit disclosure applies; and,
- e. Section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as dishonourable and unprofessional.

## PENALTY ORDER

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the Member and made an order in accordance with the terms of the Joint Submission as to Penalty. The Discipline Committee ordered that:

1. The Member shall be reprimanded in person by the Discipline Committee and the fact and nature of the reprimand shall be recorded on the College's Register.
2. The Registrar shall be directed to suspend the Member's Certificate of Registration for a period of four (4) months which shall be suspended and shall not be served until such time as the Member is reissued a certificate of registration.
3. Prior to issuing a certification of registration, the Member shall:
  - a. at her own expense, participate in and successfully complete a boundaries and ethics training course, as prescribed by and acceptable to the College, and provide proof of such completion to the Registrar;
  - b. at her own expense, engage in insight oriented psychotherapy as directed by a regulated health professional, approved by the Registrar of the College, for a period of two (2) years. Prior

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to engaging in psychotherapy, the Member must provide to the approved regulated health professional the final decision of the Discipline Committee and must retain written confirmation, signed by the regulated health professional, that the final decision was provided and reviewed. The psychotherapy must be completed to the satisfaction of the Registrar based on a report from the regulated health professional which outlines the substance of the psychotherapy and the progress of the Member. The report must indicate that the regulated health professional reviewed at the outset the final decision of the Discipline Committee and that the focus of the psychotherapy was on concerns raised by the Member's conduct which gave rise to this matter.

The Member acknowledges that her failure to complete the requirements of sections 3(a) and (b) would provide the Registrar sufficient grounds to refuse to issue to her a certificate of registration pursuant to section 18(3)(a) of the Act should she reapply for registration with the College in the future.

4. The Registrar shall be directed to impose a term, condition and limitation on the Member's certificate of registration, which order shall be suspended until such time as the Member is issued a new certificate of registration and will commence upon completion of the Member's mandatory four (4) month suspension as indicated in paragraph 2 above.
5. The Discipline Committee's finding and Order (or a summary thereof) shall be published, with identifying information concerning the Member included, in the College's official publication and on the College's website, and the results of the hearing shall be recorded on the Register.
6. The Member shall pay costs to the College in the amount of \$1,000 to be paid in accordance with the following schedule:

- a. \$250 to be paid immediately upon acceptance by the panel of this penalty;
- b. \$250 to be paid within 90 days of the acceptance by the panel of this penalty;
- c. \$250 to be paid within 180 days of the acceptance by the panel of this penalty; and,
- d. \$250 to be paid within 270 days of the acceptance by the panel of this penalty.

## THE DISCIPLINE COMMITTEE CONCLUDED THAT:

- The joint penalty proposed was reasonable, maintains high professional standards, and serves to protect the interest of the public. The penalty provides both specific and general deterrence to demonstrate to members of the profession that engaging in similar misconduct is unacceptable.
- It considered the aggravating and mitigating circumstances submitted by both counsel. In addition, the panel considered that the Member has cooperated with the College, has admitted to the facts and accepted responsibility for her actions.
- The publication of this decision will communicate a clear message to the membership that conduct of this nature is intolerable.
- The penalty also has a rehabilitative function, including the need for the Member to participate in insight-oriented psychotherapy and to complete a boundaries and ethics training course prior to being reissued a certificate of registration.

# Discipline Decision Summary



The Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order. The College publishes summaries of decisions and/or provides links to full-text, neutralized versions of its decisions. Information that is subject to a publication ban or that could reveal the identity of witnesses or clients, including the name of the facility, has been removed or has been anonymized.

## BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

## RAYMOND CARERE

MEMBER # 521174

## AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. Now and at all times relevant to the allegations, Raymond Carere (the "Member") was a registered social work member of the Ontario College of Social Workers and Social Service Workers (the "College").
2. From 1992 to 2000, the Member worked as a social worker with [Health Centre], [Hospital A], and [Hospital B].
3. In or around August 2000, the Member was hired with the [School Board] as an itinerant social worker. In this role, the Member provided social work services to students at various elementary and secondary schools. If the Member were to testify, he would say that in this role he reported abuse and neglect of students to Family and Children's Services.
4. In the fall of 2013, the Member first conducted a counselling session with a student (the "Student"), who was then a fourteen-year-old student in grade nine at [High School].
5. If the Member were to testify, he would say that he mistakenly believed that the Student was fifteen years old in the fall of 2013. However, he did not confirm the age of the Student directly with her, with [High School] or otherwise.
6. The Member continued to provide counselling to the Student during her grade nine year, and during the first semester of her grade 10 year. During the course of the Member's professional duties, the Student made a disclosure to the Member whereby she intimated that there had been an incident involving her father when she was ten years old.
7. If the Member were to testify, he would say that the Student did not disclose further details of what had actually happened, but he proceeded on the basis that the Student had disclosed sexual abuse. As a result of his belief that the Student was sixteen years old at the time of the disclosure, he would say that while he provided the Student with options to deal with the issue, he did not report the disclosure to any of

# Discipline Decision Summary

[High School], [School Board], Family and Children's Services, or the police.

8. If the Member were to testify, he would say that he did not report because he mistakenly believed that the Student was sixteen years old at the time of the disclosure.
9. At all relevant times, the Student was a child under the age of sixteen years, having been born in June 1999.
10. At all relevant times, the Student was a child, as defined in sections 3(1), 15(3)(a), and 37 of the *Child and Family Services Act*, R.S.O. 1990, c. C.11.
11. Contrary to section 72 of the *Child and Family Services Act*, R.S.O. 1990, c. C.11, the Member failed to report that he had reasonable grounds to suspect that the Student had been sexually molested by a person having charge of her or by another person where the person having charge of her knew or should have known of the possibility of sexual molestation and failed to protect the child.
12. The Member failed to follow the [School Board] Protocol for Youth Worker/Social Worker Services, the [School Board's] Child Abuse and Protection Policy, and the Board Regulation under the Child Abuse and Protection Policy.
13. The sexual abuse of the Student was not reported to Family and Children's Services until in or around January 2015, when the Student disclosed additional information to other adults. The Student indicated at that time that she had made disclosure to the Member in or around January 2014. If the Member were to testify, he would say that she had first made disclosure to him in October 2014.
14. Effective on or about January 15, 2015, the Member was suspended from his duties as a social worker at [School Board], as a result of his failure to report the Student's disclosure to either Family and Children's Services or the police.
15. If the Member were to testify, he would say that he only learned during the investigation in January 2015 that the Student was then 15 ½ years old.
16. The Member acknowledged to [School Board] that he made a mistake in not verifying the student's age in order to determine if reporting was required by law.
17. Effective on or about February 9, 2015, the Member resigned from his employment with [School Board].

## DECISION

The Discipline Committee accepted the Member's Plea and the Agreed Statement of Fact and found that the agreed facts support a finding that the Member committed acts of professional misconduct, and in particular, that the Member's conduct violated:

1. Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (as commented on in Interpretation 1.2) by failing to observe, clarify and inquire about information presented to the Member by his client;
2. Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (as commented on in Interpretation 2.1.3) by failing to maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in the Member's areas of practice;
3. Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (as commented on in Interpretation 2.1.4) by failing to ensure that any professional recommendations or opinions the Member provides are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge;
4. Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (as commented on in Interpretation 2.1.5) by failing to, as part of maintaining competence and acquiring skills in social work practice, engage in the process of self-review

# Discipline Decision Summary

and evaluation of the Member's practice and seek consultation when appropriate;

5. Section 2.2 of the Professional Misconduct Regulation and Principle III of the Handbook (as commented on in Interpretation 3.2) by failing to deliver client services and respond to client queries, concerns, and/or complaints in a timely and reasonable manner;
6. Section 2.2 of the Professional Misconduct Regulation and Principle IV of the Handbook (as commented on in Interpretation 4.4.1) by failing to disclose information from the record to third parties without the client's consent only if disclosure is required or allowed by law;
7. Section 2.2 of the Professional Misconduct Regulation and Principle V of the Handbook (as commented on in Interpretation 5.2) by failing to acquire and maintain a thorough understanding of the organization policies and practices relating to the management of client information;
8. Section 2.28 of the Professional Misconduct Regulation by contravening the Act, regulations, or by-laws;
9. Section 2.29 of the Professional Misconduct Regulation by contravening a federal, provincial or territorial law or a municipal by-law in circumstances in which the purpose of the law or by-law is to protect public health and/or the contravention is relevant to the Member's suitability to practise; and
10. Section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

## PENALTY ORDER

The Panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the

Member and made an order in accordance with the terms of the Joint Submission as to Penalty. The Discipline Committee made an order:

1. Requiring that the Member be reprimanded by the Discipline Committee and the fact of the reprimand be recorded on the register.
2. Directing the Registrar to suspend the Member's certificate of registration for a period of three (3) months, the first two (2) months of which shall be served commencing on the date of the Discipline Committee's Order herein. Upon completion of those first two (2) months of the suspension, the remaining one (1) month of the suspension shall be suspended for a period of six (6) months from the date of the Discipline Committee's Order herein. The remaining one (1) month of the suspension shall be remitted on the expiry of that six (6) month period if the Member has provided evidence, satisfactory to the Registrar of the College, of compliance with the terms and conditions imposed under paragraph 3(a) below. If the Member fails to comply with those terms and conditions, the Member shall serve the remaining one (1) month of the suspension, commencing on the date that is six (6) months after the date of the Discipline Committee's Order herein. For greater clarity, the terms and conditions imposed under paragraph 3 below will be binding on the Member regardless of the length of suspension served, and the Member may not elect to serve the full suspension in place of performing those terms and conditions. If the Member fails to comply with the terms and conditions, the Registrar may report the matter to the Executive Committee of the College. The Executive Committee, pursuant to its authority, may take such action as it deems appropriate, which may include referring allegations of professional misconduct to the Discipline Committee arising from any failure to comply with the terms and conditions.
3. Directing the Registrar to impose the following terms, conditions or limitations on the Member's certificate of registration:

## Discipline Decision Summary

- a. Prior to returning to or commencing any activities that fall within the scope of practice of social work, and in any event no later than six (6) months following the date of the Discipline Committee's Order herein, the Member shall review with a representative of the Ontario Secondary School Teacher's Federation ("OSSTF") the reporting requirements pursuant to the Child and Family Services Act, including but not limited to review of the following documents: [School Board] Protocol for Youth Worker/Social Worker Services; [School Board] Child Abuse and Protection Policy; the Board Regulation under the Child Abuse and Protection Policy; and "The Duty to Report Under the Child and Family Services Act" published by the Ontario College of Social Workers and Social Service Workers. The Member shall, following such review and within thirty (30) days thereof, provide to the Registrar a letter obtained by the Member from the OSSTF representative, verifying the date on which such review took place and confirming the Member's acknowledgment of his understanding of these reporting requirements; and
  - b. For a period of eight (8) months following the date upon which the Member returns to or commences any activities that fall within the scope of practice of social work, the Member shall:
    - i. in advance of returning to or commencing any activities that fall within the scope of practice of social work, advise the Registrar, in writing, of the nature and particulars of the employment or professional practice in which the Member proposes to engage, including but not limited to the name, address and telephone number of his practice and his employer, if any, the position or other capacity in which he will be working, and the proposed start date;
    - ii. require supervision of his social work practice, whether in private practice or in the context of employment, and shall advise the Registrar of the name of the person who will be providing supervision of his social work practice, who shall be approved in advance by the Registrar, which approval shall not be unreasonably denied, and who shall make a written report to the Registrar at such frequency as the Registrar may request, with any fees associated with the Member's supervision being paid at the expense of the Member;
    - iii. provide his approved supervisor with a copy of the Discipline Committee's Order herein, the Notice of Hearing, Agreed Statement of Facts, Joint Submission as to Penalty, and the Decision and Reasons of the Discipline Committee, if available, and provide confirmation in writing signed by the supervisor to the Registrar that the supervisor has received a copy of these documents, within fourteen (14) days of the commencement of his employment or practice;
    - iv. if the Member's employment ends, or the Member changes employers and/or supervisors, he shall forthwith advise the Registrar of the termination of or change in his employment and/or the name of his proposed new supervisor and shall provide confirmation in writing signed by the supervisor to the Registrar that the supervisor has received a copy of the documents listed in the previous paragraph within fourteen (14) days of the approval of any new supervisor; and
    - v. in the event that the Member operates a private practice, the Member shall seek consent from prospective clients to share personal health information with his supervisor in order to allow the supervisor to review client files and engage in supervision.
4. Directing that the finding and the order of the Discipline Committee be published, in detail or in summary, with the name of the Member, in the official publication of the College, on the College's website, and on the College's public register.

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5. Directing that the Member pay costs to the College in the amount of two thousand dollars (\$2,000.00), payable in ten (10) equal instalments of two hundred dollars (\$200.00) each, payable on the first day of the month for ten (10) consecutive months, beginning with the first instalment on the first day of the next month after the month in which the Member returns to work as a social worker pursuant to paragraph 3(b) above.

## THE DISCIPLINE COMMITTEE CONCLUDED THAT:

- The penalty should maintain high professional standards, preserve public confidence in the ability of the College to regulate its members, and, above all, protect the public.
- The incident involved a child and that the child communicated information to the Member that was serious in nature. The Member's failure to report and put important safeguards in place for a vulnerable member of society, are of special concern.
- Consideration should be given to the fact that the Member co-operated with the College, has agreed to the proposed penalty, and has no prior complaints during his long professional social work career. By agreeing to the facts and proposed penalty, the Member has accepted responsibility for his actions.
- The elements of the jointly proposed penalty achieve both specific deterrence and general deterrence, deterring the Member as well as other members of the profession from engaging in similar conduct. The proposed penalty is reasonable in the light of the goals and principles of maintaining high professional standards, preserving public confidence in the College's ability to regulate its members and above all, protecting the public.



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## SARA RAHMANI-AZAD

Member # 817631

## AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. Now, and all times relevant to this matter, Sara Rahmani-Azad ("S.R.A" or "the Member") was a

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registered social work member of the Ontario College of Social Workers and Social Service Workers (the "College").

2. From on or about February 1, 2010 until on or about June 6, 2012, S.R.A. was employed as a social worker with [Hospital] ("The Hospital") and worked, for some or all of that time, in the Child and Adolescent In-Patient unit ("CAIP") after it was created in the fall of 2011. CAIP is a secure mental health unit that provides multi-disciplinary assessment and treatment planning for patients up to their nineteenth birthday.
3. During that period, S.R.A. was part of a multi-disciplinary team that provided services to KI and his sister ("HI"), two adolescents who were admitted to the Hospital for in-patient treatment with respect to significant mental health issues.
4. According to KI and HI, prior to their admissions to the Hospital, they had lived at home with their parents and two foster children who had resided with the family for periods of between 1.5 and 6 years.
5. With respect to client KI, who was admitted to the Hospital following a suicide attempt, S.R.A. contacted and met with a [Children's Aid Society or "CAS"] worker between March 12 and March 20, 2012 to report child protection concerns relating to KI. In reporting concerns to the [CAS] worker, S.R.A. conveyed false and/or distorted and/or misleading information, including that:
  - i KI's treating psychiatrist, Dr. M., had authorized and/or instructed S.R.A. to contact [CAS] to report protection concerns;
  - ii both KI and his sister HI have bipolar disorder and suffer from mental health issues including social anxieties, depression and obsessive compulsive disorder;
  - iii RI's parenting abilities (and, in particular, her control of the family's living environment in a manner that teaches children anxiety avoidance as opposed to resilient behaviors) are a concern;
- iv KI's treating psychiatrist suspects that RI has a personality disorder and obsessive compulsive tendencies; and
- v KI's mother had undiagnosed and/or untreated anxiety disorders and that an assessment of both parents is necessary in order to adequately diagnose the level of their depression and/or anxiety disorder [reference to document omitted].
6. S.R.A. had spoken with the "I" family by phone before making the report to [CAS]. S.R.A. indicated that the report was being made on behalf of Dr. M., S.R.A.'s disclosures to the [CAS] worker were made without appropriate consultation with the Hospital staff and presented opinions that were contrary to the views held by Dr. M. and the rest of KI's multidisciplinary team. The disclosures (which were purportedly based upon information in the clinical record) were, in several respects, inconsistent with or not supported by the information in KI's clinical record.
7. Members of the multidisciplinary team deny having had children protection concerns regarding KI or HI. Dr. M. denies having instructed S.R.A. to report such concerns on his behalf. Rather, Dr. M., and other team members had noted the stress that RI and the family were under and commented on the need for RI to obtain support and assistance with respect to the family's foster children from the CAS's responsible for those foster children. However, RI had confirmed to members of the multidisciplinary team that she was making those arrangements herself (and she in fact did so).
8. If she were to testify at a hearing in this case, S.R.A. would testify that when she made the report to the [CAS], she acted in good faith and was operating on the misunderstanding that Dr. M. wanted her to make the report on his behalf, given that he had asked her to do so in other cases. However, S.R.A.

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acknowledges that before making the report on behalf of Dr. M., she ought to have confirmed with Dr. M. that he wished her to do so and should have consulted with the members of the multidisciplinary team and carefully reviewed the clinical file to ensure that the information she was conveying about the views of team members and/or the information contained in the clinical file was an accurate reflection of those views and/or that information.

9. Neither KI nor HI signed consents for the release of their personal health information.
10. S.R.A.'s disclosures to [CAS] led to significant adverse effects for RI, her husband and children under their care. In particular, RI and her husband were stripped of their foster parent status by [CAS] and two other children living under their care were permanently moved to different foster homes.
11. A number of families to whom S.R.A. provided social work services while their children were in-patients of and/or receiving treatment at the Hospital, as well as a number of Hospital staff (including some who worked on multidisciplinary teams with S.R.A.), complained to the Hospital about their interactions with S.R.A. and, in particular, about her communication style. The common themes of those complaints included that S.R.A. spoke and/or dealt with them in a manner that was rude, abrasive, confrontational and/or condescending, and showed a lack of courtesy, empathy and/or respect.
12. The Hospital investigated and took a number of disciplinary and remedial measures in response to those complaints. However, those measures did not prove to be effective to resolve the difficulties with S.R.A.'s communication style.
13. The Member admits that by reason of engaging in some or all of the conduct outlined above, she is guilty of professional misconduct as set out in section 26(2) (a) and (c) of the Act.

## DECISION

The Discipline Committee accepted the Member's Plea and the Agreed Statement of Fact and found that the agreed facts support a finding that the Member committed acts of professional misconduct, and in particular, that the Member's conduct violated:

1. Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretation 1.5) by failing to maintain an awareness of her values, attitudes and needs and how those impact on her professional relationships with clients;
2. Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.4, 2.1.5 and 2.2.8) by failing to ensure that professional opinions S.R.A. provided were appropriately substantiated by evidence and supported by a credible body of professional social work knowledge, failing to engage in the process of self-review and evaluation of her practice, failing to seek consultation when appropriate, and by engaging in conduct which could reasonably be perceived as reflecting negatively on the professions of social work or social service work;
3. Section 2.2 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretation 3.2) by failing to deliver client services and respond to client queries, concerns or complaints in a timely and reasonable manner;
4. Section 2.2 of the Professional Misconduct Regulation and Principle IV of the Handbook (commented on in Interpretations 4.1.2 and 4.4.1) by making a statement in the record, or in reports based on the record, or by issuing or signing a certificate, report or other document in the course of practice that S.R.A. knew or ought to have known was false, misleading, inaccurate or otherwise improper and by failing to inform clients early of any limits to client confidentiality with respect to client records and by failing to make reasonable efforts to inform her client(s) of the possible harm and/or consequence of making the disclosure

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and seeking to clarify the client's consent to such disclosure;

5. Section 2.2 of the Professional Misconduct Regulation and Principle V of the Handbook (commented on in Interpretations 5.1, 5.3, 5.3.3, 5.3.5, 5.3.6 and 5.3.8) by failing to comply with applicable privacy and other legislation, failing to obtain consent to disclosure of client information including personal information, disclosing information received from a client that is not required or allowed by law or by order of a court and without making reasonable efforts to inform her client of the parameters of information to be disclosed and to advise them of the possible outcomes of disclosure, disclosing information without consent and failing to make reasonable efforts to ensure that the information disclosed is accurate, complete and up-to-date as is necessary for the purpose of the disclosure or clearly set out the limitations, if any, on the accuracy, completeness or up-to-date character of the information; and
6. Section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances would reasonably be regarded by members as unprofessional.

## EVIDENCE ON PENALTY

The Member testified to give additional evidence on the issue of penalty. The Member verified that her job at [Hospital] was her first employment as a RSW. The Member also testified about her insight and understanding of her reporting obligations. The Panel found that the Member's oral evidence on the reporting issue was brief, vague and general. Despite her admissions of guilt and statements of remorse, the Member could not articulate in detail the repercussions from her employer for her actions, causing the Panel concerns about whether the proposed penalty would be sufficient to ensure specific deterrence.

## JOINT SUBMISSION ON PENALTY

The parties jointly proposed that the Panel of the Discipline Committee make an order that:

1. The Member be reprimanded and the reprimand be recorded on the Register.
2. The Registrar be directed to impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register,
  - a. requiring the Member to immediately notify the College Registrar, in writing, of any termination of, or proposed change in, her current employment or professional practice and to advise the College Registrar, in advance, of the nature and particulars of any future professional employment or practice in which the Member proposes to engage within the twelve (12) month period immediately following the date of the Order of the Discipline Committee herein (the "Order");
  - b. requiring the Member to, at her own expense, engage in intensive insight-oriented psychotherapy with a therapist who is a regulated professional approved by the Registrar of the College (and who has been provided with a copy of the Discipline Committee's Order) for a period of twelve (12) months from the date of the Order, with quarterly written reports as to the substance of that psychotherapy and the progress of the Member to be provided to the Registrar of the College by the therapist. The Member must attend for appointments at a frequency as directed by the therapist and must provide to the therapist the decision of the Discipline Committee, receipt of which must be confirmed in writing to the Registrar.
  - c. requiring the Member to, at her own expense, participate in and successfully complete social work training and/or continuing education with respect to (1) ethical practice, including confidentiality and inter-professional practice and (2) clinical documentation and file management as prescribed by and acceptable to the College and provide proof of such completion to the Registrar within twelve (12) months from the date of the Order;

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- d. requiring the Member to receive supervision of her social work practice in any capacity, whether as an employee or in private practice, for a period of twelve (12) months from the date of the Order from such person or persons as may be approved, in advance, by the Registrar of the College (hereinafter referred to as “supervisor(s)”). The supervisor(s) shall make quarterly written reports to the Registrar of the College (or reports at such lesser frequency as the Registrar may from time to time determine) as to the substance of that supervision and the progress of the Member. Any fees associated with the Member’s supervision shall be paid at the expense of the Member; and
  - e. prohibiting the Member from applying under Section 29 of the *Social Work and Social Service Work Act, 1998, S.O. 1998, Ch. 31*, as amended, for the removal or modification of the terms, conditions or limitations imposed on her Certificate of Registration for a period of twelve (12) months from the date on which those terms, conditions and limitations are recorded on the Register.
3. The Discipline Committee’s finding and Order (or a summary thereof) be published in the College’s official publication on the College’s website, and the results of the hearing be recorded on the Register.

The parties did not agree on whether publication of this matter should include the Member’s name or not. The College asked for publication with the Member’s name, in order to ensure transparency and accountability. The Member asked publication be without her name, as she said it would be overly punitive and was not necessary to ensure the goals of penalty were achieved.

## PENALTY CONCERNS

The Panel had serious concerns about the joint submission and communicated those concerns to the parties. In summary, the Panel was concerned that:

- The Member admitted that she conveyed false and/or distorted and/or misleading information about a client and a client’s family to the [CAS].
  - The Member improperly represented that her report was being made on behalf of Dr. M., which was not correct.
  - These disclosures were serious allegations about the mental health status of the client and the client’s family and led to significant adverse effects for the family.
  - The Member had previously worked as a Child Protection Worker for another CAS and must have known the importance of making accurate reports and about the serious consequences that can come from inaccurate reports.
  - The disclosures were made without appropriate consultation with hospital staff and were contrary to the views of the interdisciplinary team.
  - In her oral evidence during the penalty phase, the Member revealed that there was a two week window between her initial call to the CAS and her disclosures to the case worker which should have given her an opportunity to confirm her opinions and understandings and to pause and reflect before making a serious report.
  - The Panel was not given any information as to how the Member came to engage in this serious misconduct, other than as set out in the Agreed Statement of Fact. Only after accepting the Agreed Statement of Fact did the Panel learn that the Member had previously worked as a child protection worker, and that there were two weeks between her initial call to the [CAS] and her eventual disclosures with the case worker. The Panel finds it hard to understand how the Member could have made such a significant, profound mistake in good faith, or how this could be a matter of a misunderstanding.
  - There are no similar cases from which the Panel can assess the range of penalties generally applicable to cases where members make disclosures to a children’s aid society that include opinions about mental health diagnoses that the member is not qualified to make; misrepresentations about who has formed those opinions; and information presented as facts that includes multiple pieces of false, distorted and/or misleading information.
- The Member admitted that she conveyed false and/or

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- The Panel considered the cases submitted by counsel but did not believe the cases were of assistance, as they are too different in their facts.
- The Panel believes that the Member's oral evidence on the reporting issue (as opposed to the issue of the more general complaints from staff and clients about the Member's communication abilities) was brief, vague and general and while she gave evidence specifically to testify about her remorse, insight and remediation, the Member did not give details or specifics about what she has learned and why the Panel should have confidence in her ability to practice safely.
- The Panel was also concerned that the penalty is insufficient to ensure general deterrence and notes that the penalty must reflect the seriousness of this misconduct, deter other members of the profession, and send a message to the membership and the public that members of the College will not abuse their power and place of privilege.
- The penalty does not reflect that the Member has admitted two types of misconduct: the improper reporting to the [CAS], and a failure to communicate appropriately and professionally with staff and clients more generally.
- The penalty does not address the possibility that the remedial measures ordered will not have their desired effect of remediating this Member.

As a result of these concerns, the panel indicated that it was inclined to make an order that involved a term of suspension. The parties were invited to make further submissions to address the Panel's concerns before the Panel made its final decision. On November 22, 2016, the parties appeared before the Panel to give additional information.

Both parties presented additional case law and submissions in order to address the Panel's concerns pertaining to the joint submission on penalty. These included but are not limited to:

- The case of *R. v Anthony-Cook*, 2016 SCC 43, a recent case of the Supreme Court of Canada which spoke to the importance of accepting joint submissions on

penalty. The Panel was asked to consider whether counsel for the parties met their obligation to amply justify their positions on the facts of the case. The Panel was also given information to provide a much more informed basis for understanding how the joint submission was coalesced.

- Various cases from the Discipline Committee of the College of Teachers of Ontario where the Discipline Committee accepted joint submissions on penalty where there was no suspension imposed even for matters of serious misconduct.
- The evidence of motive and/or lack thereof behind the Member's actions, and submissions about what inferences the Panel could draw from the Agreed Statement of Facts. The Panel was advised that nothing would indicate bad faith pertaining to the Member's actions.
- Importantly, the Panel was advised that the Member has continued to work as a social worker since these events, and that there have been no concerns raised regarding her conduct during those years.
- The parties addressed the abrupt cessation of the Member's oral testimony, and advised that the testimony was only intended to address the Member's actions since the misconduct occurred, and not the facts of the misconduct itself.
- The parties acknowledged the possible appearance of leniency in light of the seriousness and significant negative consequences of the Member's actions. The parties submitted that there was an important public interest in encouraging prompt reporting, especially by social workers, of suspected abuse. A heavier penalty could have an unintended deterrent and possibility impede proper reporting.

## PENALTY ORDER

The Panel orders as follows.

1. The Member shall be reprimanded and the reprimand be recorded on the Register.
2. The Registrar is directed to impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register,

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- a. requiring the Member to immediately notify the College Registrar, in writing, of any termination of, or proposed change in, her current employment or professional practice and to advise the College Registrar, in advance, of the nature and particulars of any future professional employment or practice in which the Member proposes to engage within the twelve (12) month period immediately following the date of the Order of the Discipline Committee herein (the “Order”);
  - b. requiring the Member to, at her own expense, engage in intensive insight-oriented psychotherapy with a therapist who is a regulated professional approved by the Registrar of the College (and who has been provided with a copy of the Discipline Committee’s Order) for a period of twelve (12) months from the date of the Order, with quarterly written reports as to the substance of that psychotherapy and the progress of the Member to be provided to the Registrar of the College by the therapist. The Member must attend for appointments at a frequency as directed by the therapist and must provide to the therapist the decision of the Discipline Committee, receipt of which must be confirmed in writing to the Registrar.
  - c. requiring the Member to, at her own expense, participate in and successfully complete social work training and/or continuing education with respect to (1) ethical practice, including confidentiality and inter-professional practice and (2) clinical documentation and file management as prescribed by and acceptable to the College and provide proof of such completion to the Registrar within twelve (12) months from the date of the Order;
  - d. requiring the Member to receive supervision of her social work practice in any capacity, whether as an employee or in private practice, for a period of twelve (12) months from the date of the Order from such person or persons as may be approved, in advance, by the Registrar of the College (hereinafter referred to as “supervisor(s)”). The supervisor(s) shall make quarterly written reports to the Registrar of the College (or reports at such lesser frequency as the Registrar may from time to time determine) as to the substance of that supervision and the progress of the Member. Any fees associated with the Member’s supervision shall be paid at the expense of the Member; and
  - e. prohibiting the Member from applying under Section 29 of the *Social Work and Social Service Work Act, 1998*, S.O. 1998, Ch. 31, as amended, for the removal or modification of the terms, conditions or limitations imposed on her Certificate of Registration for a period of twelve (12) months from the date on which those terms, conditions and limitations are recorded on the Register.
3. The Discipline Committee’s finding and Order (or a summary thereof), shall be published in the College’s official publication on the College’s website, and the results of the hearing be recorded on the Register. Publication shall be with the Member’s name
- THE DISCIPLINE COMMITTEE CONCLUDED THAT:**
- The penalty should maintain high professional standards, preserve public confidence in the ability of the College to regulate its members, and, above all, protect the public.
  - This is achieved through a penalty that considers the principles of general deterrence, specific deterrence and, where appropriate, rehabilitation and remediation of the Member’s practice.
  - For the portion of the penalty that was made by way of joint submission, the Panel considered the principle that joint submissions should not be interfered with lightly, and that the Panel should only depart from a joint submission if it was satisfied that the joint submission would bring the administration of justice into disrepute and was contrary to the public interest.
- On the issue of publication where the parties did not agree, the Panel considered the submissions of the parties including the Member’s submission that publication of

# Discipline Decision Summary

her name could have a chilling effect on other members who are mandated child abuse reporters, and might prevent the reporting of child abuse concerns. The Panel did not think this was a reason to withhold the Member's name from publication given that publication is typically part of an appropriate penalty. The panel agreed with the College in that:

- Publishing the Member's name is consistent with the statutory mandate of the Discipline Committee and is a way to show the membership and public the panel's response to this misconduct.
- Membership in a profession is a privilege not a right and members who engage in professional misconduct should generally expect that a consequence of that is the publication of their names in the interest of fairness and transparency.
- Publication of the Member's name reflects openness and access to the public and ensures public protection and accountability.
- The findings and order of this Panel must be published in a manner that facilitates notification of the decision to other regulators

Despite its previous concerns that the penalty did not adequately reflect the seriousness of the Member's admitted misconduct, after clarification and deliberation the Panel decided to accept the joint submission. In summary, the panel concluded that:

- While the motive behind the Member's actions was unclear, given the facts, the panel was able to draw inferences and conclusions from what was presented.
- Given the fact that there had not been an example of previous cases with these unique circumstances for the panel to draw upon, the Panel relied heavily on the evidence, submissions, and testimony provided.

- The Panel agreed that in this case, the joint submission appeared lenient due to competing and important public concerns, including ensuring that mandated reporters were not discouraged from making proper reports. As a whole, the submission was not so far outside the range of appropriate penalties that it would be contrary to public interest and indicate a breakdown in the proper functioning of the discipline system at the College.

The Panel reiterated a strong message, delivered during the reprimand, that the Member should likely expect a much more severe penalty should she ever be found guilty of professional misconduct again.

# Discipline Decision Summary



**T**he Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order. The College publishes summaries of decisions and/or provides links to full-text, neutralized versions of its decisions. Information that is subject to a publication ban or that could reveal the identity of witnesses or clients, including the name of the facility, has been removed or has been anonymized.

## BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process

## DAVID CORBETT

Member # 813624

## AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. Since August of 2007, (Mr. David Corbett the "Member") has been a registered social worker under the *Social Work and Social Service Work Act, 1998, S.O. 1988, Chapter 31* (the "Act") with the Ontario College of Social Workers and Social Service Workers (the "College").
2. The Member is also licensed with the Canadian Fellowship of Churches and Ministers (CFCM) as a minister since 1997 and he was ordained with the CFCM in March of 2003. The Member also has performed and continues to perform Pastoral Counselling, which includes Prayer Ministry or Prayer Counselling and he has been doing this on a part-time basis since 1987 within the context of his local church fellowship and within his Christian community and he has been a full-time Pastoral Counsellor since 1999.
3. If the Member were to testify, he would say that prior to being notified of this complaint, he believed that the applicable boundaries as a Pastoral Counsellor were separate and distinct from the boundaries of a Registered Social Worker ("RSW") and as a result, he was not aware that the College and its guidelines would apply to his work as a pastoral counsellor while he was registered as a social worker. By virtue of this complaint, the Member is now aware that any work he performs as a pastoral counsellor which comes under the scope of practice of a social worker must adhere to the Act and College guidelines.
4. From October 2006 to October 2013 the Member provided counselling services to [Client], a vulnerable client, with symptoms of mental disorder and a past history of physical, emotional and sexual abuse. At the time that the counselling relationship formed, the Member was not a RSW and he was therefore not subject to the rules of the College. At the outset, the services provided by the Member were Pastoral Counselling services. However, the Member acknowledges that once he became registered with the College he became subject to College standards with respect to his counselling relationship with [Client];

# Discipline Decision Summary

5. Since becoming a registered member of the College, and while providing counselling services to [Client], the Member engaged in a series of boundary crossing violations including:
- a. Engaging in telephone conversations, texts and email with [Client] during and outside of normal business hours, as often as two or three times a day and on weekends. If the Member were to testify, he would state that [Client's] needs and requests for help were communicated by [Client] to be urgent situations and that it was [Client] who repeatedly texted and called him at unscheduled times and requested counselling;
  - b. Inviting and permitting [Client] to stay at his family home in February 2012 where she slept in the marital bed with his wife. If the Member were to testify he would state that this occurred due to pressing (i.e. crisis) circumstances in [Client's] life, a concern for her safety and in the context of also providing pastoral counselling, i.e. opening up his home as a pastor to someone in need. However, the Member acknowledges in hindsight that this was inappropriate and ill-advised;
  - c. Inviting [Client] to share meals, alone at times and at other times with the Member and his family at his home. If the Member were to testify, he would say that in sum total, these meals included 2 meals out at a restaurant with [Client] and 2 -3 meals with [Client] and the Member's family over the course of 7 years;
  - d. Attending at [Client's] home for meals. If the Member were to testify, he would state that there were 2 meals, one with the Member's wife also present and another with the Member's wife and another member from a group which [Client] attended also present;
  - e. Meeting with [Client] at various places outside of his office including coffee shops, restaurants and in her car. If the Member were to testify, he would state that the reason he met with [Client] at these places outside of the office was as a result of a heightened state of distress which [Client] communicated to the Member at the time;
  - f. Engaging in various social activities with [Client] including hiking and skiing;
  - g. Attending one birthday party of [Client].;
  - h. Attending a pool party with his wife present and with [Client], in the summer of 2011;
  - i. Assisting [Client] with moving on one occasion and assisting [Client] with home repairs on one occasion;
  - j. Engaging in close physical contact with [Client] while providing counselling and/or psychotherapy services including as listed below. If the Member were to testify he would explain that the close physical contact with [Client] described below arose as a result of the Member's attempt to counsel [Client's] dissociated "child" parts. That said, the Member acknowledges in hindsight that such closeness/contact was inappropriate and ill-advised;
    - i. Holding hands;
    - ii. Hugging;
    - iii. Stroking her hair and face;
    - iv. Permitting her to sit in his lap on 2 - 3 occasions. If the Member were to testify, he would testify that these interactions were brief in duration;
    - v. Permitting her to listen to his heartbeat and fall asleep while the Member held her; and,
    - vi. Engaging in close facial contact wherein the Member's face would rub against hers.

# Discipline Decision Summary

- k. Sharing personal information with [Client] about his home, marriage, family, church and friends. If the Member were to testify, he would explain that his relationship with [Client] was also as her Pastoral Counselor and therefore, in this context, it was permissible to share some of his personal details with her. However, the Member now realizes in hindsight that he should have maintained professional boundaries and not shared such information;
  - l. Becoming drowsy during the course of two counselling sessions where [Client] believed that he had fallen asleep. If the Member were to testify, he would state that he did not fall asleep;
  - m. Hiring [Client] to complete the Member and his wife's personal tax returns; and
  - n. Placing an ad for a roommate for [Client] and screening applications.
- 6. During the course of providing counselling to [Client], the frequency and duration of contact increased and she became increasingly emotionally dependent on the Member.
  - 7. If he were to testify, the Member would state that in April of 2013, he made a professional judgment decision to increase the boundaries of his professional relationship with [Client] from those of pastoral counselling to those more in line with RSW like boundaries. This was seen as rejection by [Client] despite thorough explanations and even mediation with [Client] and another counsellor and this change in boundaries lead to emotional confusion and despair on her part.

## DECISION

The Discipline Committee accepted the Member's Plea and the Agreed Statement of Fact and found that the agreed facts support a finding that the Member committed acts of professional misconduct, and in particular, that the Member's conduct violated:

- 1. Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.1.1, 1.5, and 1.6) by failing to set and evaluate goals with the client including the enhancement of a client's functioning and the strengthening of the capacity of the client to adapt and make changes, by failing to maintain awareness of the Member's own values, attitudes and needs and how these impact on his professional relationship with the client, and by failing to distinguish his needs and interests from those of his client to ensure that his clients' needs and interests remained paramount;
- 2. Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.5, 2.2, 2.2.1 2.2.3 and 2.2.8) by failing to engage in the process of self-review and evaluation of his practice and seek consultation where appropriate, failing to maintain clear and appropriate boundaries and engaging in boundary violations, by engaging in professional relationships that constitute a conflict of interest or in situations in which he ought reasonably to have known that the client would be at risk in any way, by using information obtained in the course of his professional relationship with the client to coerce or improperly influence his client and by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work; and
- 3. Section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as unprofessional.

## PENALTY ORDER

The Panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the Member and made an order in accordance with the terms of the Joint Submission as to Penalty. The Discipline Committee made an order that:

- 1. The Member shall be reprimanded in person by the

## Discipline Decision Summary

Discipline Committee and the fact and nature of the reprimand shall be recorded on the College's Register.

2. Registrar shall be directed to suspend the Member's Certificate of Registration for a period of eight (8) months, the first four (4) months of which shall be served commencing on the date of the Discipline Committee's Order herein. Upon completion of those first four (4) months of the suspension, the remaining four (4) months of the suspension shall be suspended for a period of two (2) years, commencing on the date of the Discipline Committee's Order herein. The remaining four (4) months of the suspension shall be remitted on the expiry of that two year period if (on or before the second anniversary of the Discipline Committee's Order herein) the Member provides evidence, satisfactory to the Registrar of the College, of compliance with the terms and conditions imposed under paragraph 3(a) and (b) below. For greater clarity, the terms and conditions imposed under paragraph 3 below will be binding on the Member regardless of the length of suspension served and the Member may not elect to serve the full suspension in place of performing those terms and conditions. If the Member fails to comply with the terms and conditions, the Registrar may refer the matter to the Executive Committee of the College. The Executive Committee, pursuant to its authority, may take such action as it deems appropriate, which may include referring to the Discipline Committee allegations of professional misconduct arising from any failure to comply with the terms and conditions.
3. The Registrar shall be directed to impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register, requiring the Member to:
  - a. at his own expense, participate in and successfully complete a boundaries and ethics training course, as prescribed by and acceptable to the College, and provide proof of such completion to the Registrar within four (4) months from the date of the Order;
  - b. at his own expense, engage in insight oriented psychotherapy as directed by a therapist, approved by the Registrar of the College, for a period of one (1) year to be completed no later than one (1) year from the date at which the Member returns to practice from the mandatory four (4) month suspension, with semi-annual written reports as to the substance of the psychotherapy and the progress of the Member to be provided to the College by the therapist. The Member must additionally provide to the approved therapist the Notice of Hearing as well as the final decision of the Discipline Committee and must provide written confirmation, signed by the therapist, of receipt of the documents to the Registrar within 15 days of the beginning of the psychotherapy. The Registrar may, if satisfied that the purpose of the therapy has been accomplished, at any time before the expiry of the one (1) year period, direct that the psychotherapy be discontinued;
  - c. at his own expense, receive supervision of his social work practice with an approved member of a Regulated Health Profession for a period of one (1) year from the date at which the Member returns to practice from the mandatory four (4) month suspension. The Member must additionally provide to the approved supervisor (and any other approved supervisor pursuant to section (c) or (d) of this Joint Submission as to Penalty) the final decision of the Discipline Committee and must provide written confirmation, signed by the supervisor, of receipt of the documents to the Registrar within 15 days of returning to practice under supervision (and within 15 days of the approval of any subsequent supervisor). In the event that the Member operates a private practice, the Member must seek consent from prospective clients to share personal health information with his supervisor in order to allow the supervisor to review client files and engage in review; and
  - d. in the event that the Member obtains future employment engaging in activities that fall within

# Discipline Decision Summary

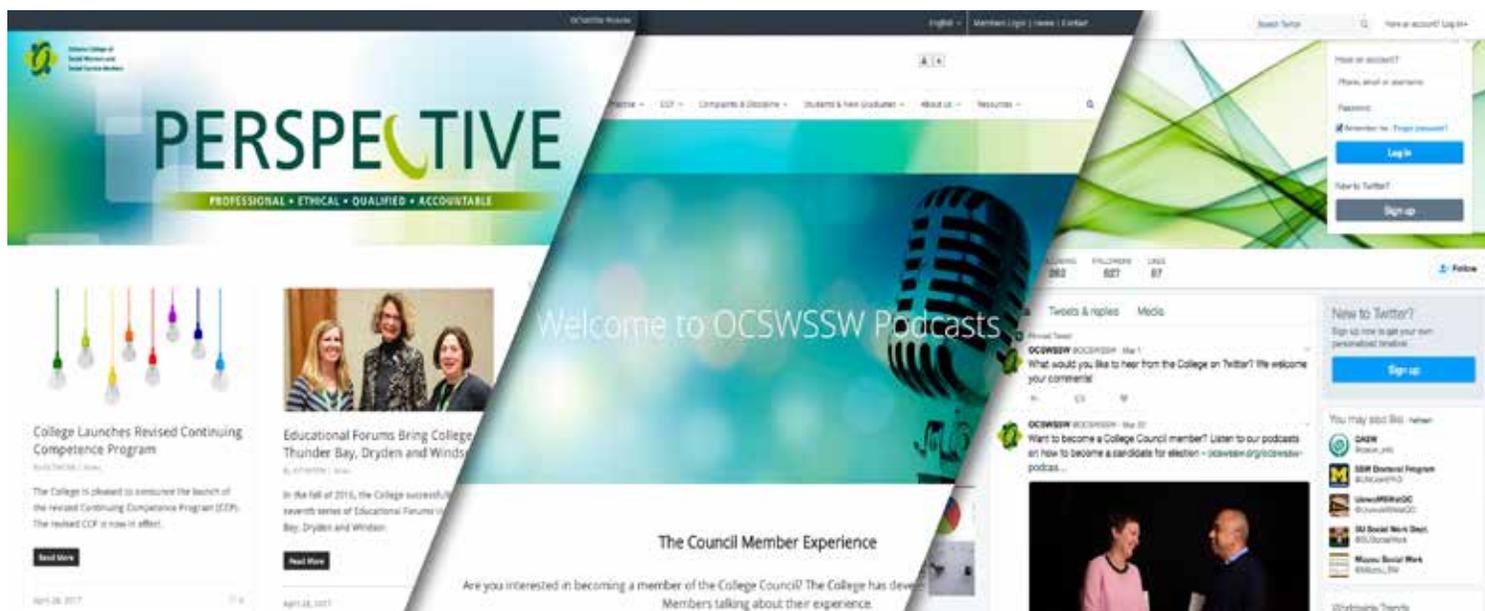
the social work scope of practice during the two (2) years following the date that the Member is able to return to practice after his mandatory suspension:

- i. at least 72 hours prior to resuming practice, the Member shall advise the Registrar of the name and address of his employer, the position in which he will be working and the start date;
  - ii. at least 72 hours prior to resuming practice, the Member shall advise the Registrar of the name of the person who will be providing supervision of his social work practice within his place of employment;
  - iii. the Member shall receive supervision of his social work practice within his place of employment, from the supervisor identified to the Registrar, for a period of 1 year;
  - iv. if the Member's employment ends, or the Member changes employers and/or supervisors, he shall forthwith advise the Registrar of the termination of or change in his employment and/or the name of his new supervisor;
  - v. Forthwith upon completion of the supervision referred to above, in subparagraphs 3(d)(i)-(iv), the Member shall provide to the Registrar written confirmation from his supervisor(s) of such completion
4. The Discipline Committee's finding and Order (or a summary thereof) shall be published, with identifying information concerning the Member included, in the College's official publication and on the College's website, and the results of the hearing shall be recorded on the Register.
  5. The Member shall pay costs to the College in the amount of \$2,500 to be paid in accordance with a fee schedule.

## THE DISCIPLINE COMMITTEE CONCLUDED THAT:

- The penalty should maintain high professional standards, preserve public confidence in the ability of the College to regulate its members, and, above all, protect the public.
- The joint penalty proposed was reasonable, ensures the maintenance of high professional standards, and serves and protects the interest of the public. The aggravating and mitigating circumstances submitted by both counsel were considered. In addition, the Committee also considered the fact that that the Member, understanding the nature of the allegations that have been made against him, cooperated with the College, agreed to the facts, voluntarily admitted to the allegations of misconduct, and accepted responsibility for his actions.
- The penalty provides both specific and general deterrence to demonstrate to the Member and members of the profession that engaging in similar misconduct is unacceptable. The publication of this decision (including a summary on the College website and the terms of the order on the College Register) will further communicate a clear message to the membership that conduct of this nature is intolerable. The verbal reprimand administered to the Member by his peers will be recorded on the Register.
- The penalty also has a rehabilitative function, including the need for the Member to participate in and successfully complete a boundaries and ethics training course, as prescribed by and acceptable to the College. Further the penalty requires the Member to engage in insight oriented psychotherapy and to receive supervision of his social work practice, as prescribed.

# Digital Communications Update



Over the last few months, the College has taken many steps to enhance its digital communications infrastructure. These improvements, which include the below initiatives, allow us to better engage and connect with our stakeholders, helping the College achieve its public protection mandate.

## PERSPECTIVE GOES DIGITAL

The College is now offering its *Perspective* newsletter in electronic-only format. Members can access *Perspective* online at [www.perspective.ocswww.org](http://www.perspective.ocswww.org).

The College's decision to move towards an electronic *Perspective* was based largely on the following factors:

- A desire to be responsive to feedback from members, obtained directly and through online surveys.
- Our commitment to increasing accessibility.
- A recognition of the need to be more friendly to the environment.
- Our continued efforts to reduce costs associated with printing and postage.

Members who still wish to print *Perspective* can do so manually by downloading the PDF version, which can be found in the right-hand column of the new *Perspective* website.

## PODCASTS

Are you interested in becoming a College Council member? The College recently created a new podcast series that highlights the experiences of Council members. These podcasts, which are available in French and English on the College website, were designed to encourage members to participate in College Council.

Podcasting serves as yet another means for the College to communicate with and engage members and other stakeholders.

## EMAIL AND SOCIAL MEDIA

In 2016, the College distributed over 50 eBulletins to its members and other stakeholders, covering topics such as Medical Assistance in Dying, the ASWB practice analysis survey, the 2016-2019 OCSWSSW Strategic Plan, and more. The College has also seen a dramatic increase in its total number of social media followers on Twitter, LinkedIn and YouTube, from 1,961 in 2015 to 2,545 in 2016 – a 29.78% increase.

*If you have any questions about the College's digital communications, please do not hesitate to contact John Gilson, Communications Officer, at [jgilson@ocswww.org](mailto:jgilson@ocswww.org).*

## Q&A: What Are the Benefits of Following the College on Twitter?



Following the College on Twitter is one of the more direct ways members can stay up to date on College and regulatory affairs.

The College encourages its members and the public to connect and engage with us on Twitter as well as our LinkedIn and YouTube accounts. The benefits of following the College's Twitter account include:

- Connecting and engaging with the College and its members.
- Receiving the latest College news updates, previews and alerts.
- Gaining access – in real-time – to College events, such as the Annual Meeting and Education Day (AMED) and Educational Forums.

For the upcoming AMED, members can join the event on Twitter by following and using the #AMED2017 hashtag.

### COMMUNITY GUIDELINES

The College has established community guidelines for its social media channels to encourage participants to engage in a way that is respectful of others. These guidelines are based on the College's key principles of being professional, ethical, qualified and accountable.

A PDF version of the College's [community guidelines](#) can be viewed online.

### SOCIAL MEDIA IN PRACTICE

The College has developed professional resources to help members navigate the waters of digital communications. We invite members to check out the following Practices Notes:

- ["New and Improved? Making the Shift to Electronic Records"](#)
- ["Social Media and Practice: Protecting Privacy and Professionalism in a Virtual World"](#)
- ["Communication Technology & Ethical Practice: Evolving Issues in a Changing Landscape"](#)

*For all practice-related inquiries, please contact the Professional Practice Department at [practice@ocswssw.org](mailto:practice@ocswssw.org).*

*For more information on the College's social media accounts, please contact John Gilson, Communications Officer, at [jgilson@ocswssw.org](mailto:jgilson@ocswssw.org).*

# Bulletin Board

## CHANGE OF INFORMATION NOTIFICATION

If you **change employers or move**, please advise the College in writing within 30 days. The College is required to have the current business address of its members available to the public. Notification of change of address can be done through the website at [www.ocswssw.org](http://www.ocswssw.org), emailed to [info@ocswssw.org](mailto:info@ocswssw.org), faxed to 416-972-1512 or mailed to the College office address. In addition to providing your new address, please also provide your old address and College registration number.

If you **change your name**, you must advise the College of both your former name(s) and your new name(s) in writing and include a copy of the change of name certificate or marriage certificate for our records. The information may be sent by fax to 416-972-1512 or by mail to the College office address.

If you wish to **update your education**, you must ask your academic institution to forward an official transcript with the institution seal and/or stamp directly to the OCSWSSW.

## PARTICIPATION IN THE WORK OF THE COLLEGE

If you are interested in volunteering for one of the College's committees or task groups, please email Monique Guibert at [mguibert@ocswssw.org](mailto:mguibert@ocswssw.org) to receive an application form. The College welcomes all applications, however, the number of available positions for non-Council members is limited by the statutory committee requirements in the *Social Work and Social Service Work Act* as well as the bylaws and policies of the College.

## COUNCIL MEETINGS

College Council meetings are open to the public and are held at the College office in Toronto. Visitors attend as observers only. Seating at Council meetings is limited. To reserve a seat, please fax your request to the College at 416-972-1512 or email [mguibert@ocswssw.org](mailto:mguibert@ocswssw.org). Please visit the College's website for the dates and times of upcoming meetings.

## MISSION STATEMENT

The Ontario College of Social Workers and Social Service Workers protects the interest of the public by regulating the practice of social workers and social service workers and promoting ethical and professional practice.

## VISION STATEMENT

The Ontario College of Social Workers and Social Service Workers strives for organizational excellence in its mandate in order to: serve the public interest; regulate its members; and be accountable and accessible to the community.





Ontario College of  
Social Workers and  
Social Service Workers

## HOW TO REACH US:

The College is open Monday to Friday from 9 a.m. to 5 p.m.

250 Bloor Street East  
Suite 1000  
Toronto, Ontario M4W 1E6

Telephone: 416-972-9882  
Toll-Free: 1-877-828-9380  
Fax: 416-972-1512  
Email: [info@ocswssw.org](mailto:info@ocswssw.org)  
[www.ocswssw.org](http://www.ocswssw.org)

## FOLLOW US ON:

**Twitter**  
[@ocswssw](https://twitter.com/ocswssw)

**YouTube**  
OCSWSSW / 1OTSTSO

**LinkedIn**  
Ontario College of Social Workers  
and Social Service Workers

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## WHO TO CONTACT AT THE COLLEGE:

### OFFICE OF THE REGISTRAR

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**Laura Sheehan**  
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**Monique Guibert**  
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**Pat Lieberman**  
*Manager, Human Resources and Council Relations*  
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**Contact Pat for Council information.**

### MEMBERSHIP/ADMINISTRATION

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*Membership Manager*  
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**Anne Vezina**  
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**For general inquiries please email:** [info@ocswssw.org](mailto:info@ocswssw.org).

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**Contact Christina, Jennifer or Aleiya with professional practice questions.**

### COMMUNICATIONS

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**John Gilson**  
*Communications Officer*  
Ext. 420 or email:  
[jgilson@ocswssw.org](mailto:jgilson@ocswssw.org)

**Contact Sarah or John regarding the College's website, newsletter, Annual Report and other publications.**

### REGISTRATION

**Susanne Pacheco**  
*Registration Manager*  
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**Bea Bindman**  
*Registration Coordinator*  
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[bbindman@ocswssw.org](mailto:bbindman@ocswssw.org)

**For general registration inquiries, please email:** [registration@ocswssw.org](mailto:registration@ocswssw.org).

### COMPLAINTS AND DISCIPLINE

**For information on complaints, discipline and mandatory reporting, please email:** [investigations@ocswssw.org](mailto:investigations@ocswssw.org).