



Ontario College of  
Social Workers and  
Social Service Workers

Ordre des travailleurs  
sociaux et des techniciens  
en travail social de l'Ontario

250 Bloor Street E.  
Suite 1000  
Toronto, ON M4W 1E6

Phone: 416-972-9882  
Fax: 416-972-1512  
www.ocswww.org

## **Discipline Decision Summary**

This summary of the Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order.

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 to the College's discipline process.

### **PROFESSIONAL MISCONDUCT**

#### **Member, RSW**

#### **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. The Member obtained a Master of Social Work Degree in the Fall of 2001.
2. In the Spring of 2002, the Member began working on a contract basis as a therapist at two different Christian counselling agencies, and also commenced a private practice.
3. In the Member's private practice, the Member offered clients a choice between faith-based and secular counselling. The Member's faith-based counselling approach, offered to clients in the Member's private practice, was Pastoral Care Prayer Healing ("Prayer Healing").
4. The Member states that when the Member's overall counselling approach includes the provision of Prayer Healing or faith-based counselling, the Member incorporates counselling techniques learned in the Member's social work training, when necessary. The Member's case notes in this case, however, rarely refer to the use of any recognized social work counselling techniques in providing counselling to the client.
5. The Member acknowledges that while a Registered Social Worker's provision of counselling services to a client may include a faith-based component (provided that the client gives appropriate and informed consent), such counselling must comply with the College's standards regarding the provision of social work services.
6. Commencing in the Spring of 2002, and for approximately eighteen months thereafter, the Member provided counselling to the client through the Member's private practice. The focus of the counselling was to address psychological and

emotional issues arising out of the client's childhood abuse and the client's perspective of marital issues with the client's spouse.

7. The client and the client's spouse were referred to the Member by a friend who had undergone this type of counselling with the Member. The referral was for faith-based counselling, which they knew would make it different from traditional secular counselling the client had previously received. There is a dispute between the client and the client's spouse and the Member as to whether, at the beginning of the therapeutic relationship, the Member ever fully explained to the client what Prayer Healing would involve or how it differed from traditional secular social work counselling. The Member's Assessment Form and clinical record do not document that such an explanation was given or that Prayer Healing was part of the agreed upon treatment plan. The Member did not obtain the client's written consent for Prayer Healing.
8. In the course of the first three sessions (also attended by the client's spouse), the client revealed that as a child the client had been sexually abused by the client's father, that the client had brought (and obtained a settlement in) in a civil suit against the client's father, and that the client had received other forms of counselling and psychiatric treatment over the previous 20 years.
9. At the Member's suggestion at the commencement of therapy, the client identified two support persons who could attend the sessions with the client or provide support outside of the sessions. One was the Member's friend who had referred the client to the Member. The other support person was the client's spouse.
10. The client's spouse was present throughout the initial three sessions (during which the Member conducted an assessment of the client), and also during 12 additional sessions referred to as individual counselling for issues related to family of origin and inner child work. The client's spouse was included in those sessions as a support person for the client, consistent with the Member's approach in providing Prayer Healing, despite the history of marital conflict and the focus of the therapy being on the client's childhood abuse.
11. In early Summer 2002, the Member completed an "Assessment Form" indicating that the client's presenting problem was "fear of emotional and sexual intimacy within the marital relationship" and an "eating disorder." The form indicated that the client reported that the client's "family of origin was extremely dysfunctional" and that the client's marriage was "both dysfunctional and very conflictual." The Member's clinical impressions included "low self-esteem, lack of self-confidence, and an anxious ambivalent attachment style." The "Treatment Plan and Goals" were stated to be "individual counselling, family of origin work, identification of feelings, inner child work, cognitive restructuring."
12. The Member's "Assessment Form" did not describe the details of the client's personal and social history, prior psychiatric treatment and counselling or the nature and seriousness of the eating disorder reported by the client. In preparing the Assessment Form, formulating the treatment plan and goals and in providing counselling services to the client, the Member did not request or obtain information or clinical records from any of the professionals who had previously treated the client, although the Member was aware on intake that the client had previously been

diagnosed with Bulimia and possible Borderline Personality Disorder by a registered psychiatrist.

13. During the second session, the client presented with a small child demeanour. The Member states the Member asked the client, "What is your name?" When the client responded that the client did not know the name, the Member asked, "How old are you?" When the client said "I don't know, I'm really little", the Member asked "What do I call you?" and the Client is said to have replied with a name other than the client's own name.
14. During the second session, the Member stated that the client's behaviour appeared to be consistent with some form of dissociation. The Member states the client was informed that the Member did not have previous experience working with people with dissociation, and suggested that the Member could seek consultation with a supervisor. The client agreed. There is a dispute as to whether the Member offered to refer the client to another professional with experience treating persons with dissociation or asked the client to see a psychiatrist, at this point or later, for the purpose of diagnosis and consultation regarding treatment of any potential dissociative disorder.
15. The only reference in the Member's notes to the client seeing a psychiatrist is in the Member's case note for a Spring 2003 session, which indicates that the client's spouse strongly recommended to the client that the client see a psychiatrist and the client stated that the client did not wish to do this. There is nothing in the Member's notes to document that the Member tried to refer the client to a psychiatrist for diagnosis and consultation and both the client and the client's spouse indicated that the Member did not do this.
16. The Member sought consultation and supervision from a member of the clergy, stated to be a Doctor of Christian Counselling and a Certified Pastoral Counsellor. The member of the clergy reportedly agreed that the client appeared to have experienced some form of dissociation, told the Member that the Member had responded appropriately and encouraged the Member to continue to use Prayer Healing to deal with the client.
17. The accepted social work approach (substantiated by a credible body of social work knowledge) for treating individuals who report a history of childhood sexual abuse or other trauma is a sequenced or phase-oriented approach. That approach involves a comprehensive assessment and formulation of a treatment plan that focuses on stabilizing the client and ensuring their safety before focusing on memories of abuse. The Member's case notes do not indicate that the Member followed this sequenced or phase-oriented approach in the treatment of the client, although the Member states the approach was consistent with it.
18. There is no reference in the Member's case notes for the early sessions to an assessment of the client's abilities to maintain a sense of emotional safety, the client's ability to self-soothe in a non-destructive way or to regulate affect, or to develop healthy interpersonal relationships. The Member maintains, however, that the Member encouraged and worked with the client to integrate and mobilize the client's spiritual resources (including prayer, meditation, and journaling), which the Member viewed as a method of self-soothing and regulation of affect.

19. There is no reference in the Member's case notes to educating the client about common sequelae of experiences of childhood sexual abuse or teaching the client coping and self-management skills as a first step prior to a focus on the resolution of traumatic memories. In the fourth session, when the client reported "overwhelming sadness" and "eating was out of control", and talked about past suicidal ideation, there is no indication that the Member considered that this might mean that a focus on stabilizing the client's mood and eating behaviour was needed prior to the focus on "family of origin" or "inner child work."
20. The case notes suggest that, at times, the Member responded to the client in appropriate ways. For example, a case note for a Fall 2002 session refers to discussion of coping strategies to deal with stresses in the client's marriage. Notes for a later session indicated discussion of practical issues and problem solving associated with the client's statement about moving out of the marital home. Notes from three sessions in the Summer of 2003 include the Member's recommendation that the client talk to the client's doctor about an apparent weight loss, that the client see the family doctor and the Member's support for the client's desire to join an eating disorder group. All of these interventions appear to be based on credible social work knowledge and constitute usual social work responses to relevant situations.
21. However, the Member's case notes, the information supplied by the client and the client's spouse, the Member's Assessment Form, and an expert opinion obtained by the College, all indicate that there were a number of ways in which the Member did not follow well-supported guidelines for the assessment and treatment of individuals with histories of abuse/trauma as outlined above. Credible social work knowledge maintains that intervention should be guided by a comprehensive assessment. Such assessment includes obtaining information about prior treatment and referring to a psychiatrist when a psychiatric diagnosis is suspected. There is nothing to document that the Member performed an adequate assessment or referred the client for a psychiatric diagnosis or sought supervision from someone who follows the principles of the phase-oriented approach to the treatment of trauma.
22. During the period that the Member provided counselling, the Member:
  - a) permitted the client and the client's spouse to remain at the Member's residence, (after the Member had cancelled the client's planned appointment there) while the Member met unexpectedly with a real estate agent in connection with a real estate transaction;
  - b) asked the client to perform a personal errand for the Member, namely: picking up x-rays for the Member in the place where the client was employed. The Member later called to apologize to the client for making this request, as it was a boundary violation, and the Member then picked up the x-ray;
  - c) accepted the client's offer to pray with the Member about the Member's real estate matter;
  - d) on two occasions, held counselling sessions in private homes because the usual counselling office was unavailable. In one instance, it was at the Member's residence and on another occasion it was in the home office of another individual in whose house the Member was temporarily residing;

- e) held 2-hour counselling sessions on a bi-weekly basis and on one occasion the duration of the session extended about 1.5 hours beyond the time that was scheduled
23. In the Spring of 2004, following the Winter 2003 termination of the client's therapy with the Member, the client's psychiatrist's office sent a Form 14 requesting "the disclosure or transmittal or the examination" of the client's clinical record.
24. The Member responded by telephoning the psychiatrist's office almost two weeks later, to clarify what was being sought. The Member offered a written evaluation of the client's file for a fee, or a verbal summary without a fee. The psychiatrist's office did not ask for a copy of the file, and it was agreed the Member's verbal summary would suffice.
25. About two weeks later, the client requested the release of the client's clinical record, as required by the client's psychiatrist, and stated that the client would attend to pick it up. The Member states that no action was taken in regard to the client's request because the Member was awaiting a further Form 14.
26. About two further weeks later, and as the client continued to press for release of the file directly to the client instead of having it sent to the psychiatrist, the Member consulted the College and was directed to the College's Standards of Practice relating to access to records and disclosure of confidential information. The Member then determined that the correct procedure was to release a photocopy of the complete file to the client, as requested. The Member prepared the copy of the file and notified the client that it was available for pick up. The client picked it up approximately one week later.
27. The Member did not prepare the clinical record until after receiving the client's Spring 2004 request for it. The Member states that at that time, the Member transcribed the personal notes (or rough notes) the Member had maintained of the Member's sessions with the client and then destroyed those rough notes. The Member acknowledges that the preparation of the clinical record was not done in a timely fashion after each session, but was delayed until after receipt of a request to provide the file for the client's psychiatrist.
28. The clinical record prepared by the Member contains no detailed client history, no notation of the consultation or supervision the Member states the Member sought, and limited information about the issues with which the client presented. The Member acknowledges that the Member failed to maintain a current and adequate record of the counselling with the client and that the Member's records failed to meet the relevant College standards.

### **Allegations and Plea**

The Discipline Committee accepted The Member's plea, admitting the truth of the facts set out in the Agreed Statement of Fact and that the Member is guilty of professional misconduct within the meaning of subsections 26(2)(a) and (c) of the *Social Work and Social Service Work Act* (the "Act"), in that the Member violated sections 2.2 , 2.14, and 2.20 of Ontario Regulation 384/00 (Professional Misconduct) and Principles II, III, and IV of the First Edition of the College's Standards of Practice (as commented on by Interpretations 2.1.1, 2.1.4, 2.1.5, 3.1, 3.2, and 3.6 by:

- a) failing to establish clear policies regarding access to and disclosure of confidential client information;
- b) failing to release information from the client's social work record to a third party within a reasonable time, when properly authorized by the client to do so;
- c) failing to keep records as required by the regulations and standards of the profession in respect of the Member's counselling of the client;
- d) failing to provide the client with accurate and complete information regarding the extent, nature and limitations of the counselling services the Member proposed to provide to the client;
- e) failing to ensure that the Member sought the additional education required to provide counselling services to a client such as the client in this case, who was a victim of traumatic childhood sexual abuse, and failing to ensure that the professional recommendations or opinions the Member provided to the client were appropriately substantiated by evidence and supported by a credible body of professional social work knowledge; and
- f) The Member failed to be aware of the extent and parameters of the Member's competence to treat a client with clinically complex mental health issues such as the client and failing to seek the additional supervision and consultation required to ensure that the services the Member provided to the client were competently provided.

The panel considered the Agreed Statement of Facts and found that those facts supported a finding of professional misconduct against the Member.

### **Penalty Order**

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the Member, concluded that the proposed penalty was reasonable and served to protect the public interest and made an order in accordance with the terms of the Joint Submission as to Penalty. The panel noted that the Member co-operated with the College and that, by agreeing to the facts and a proposed penalty, the Member has accepted responsibility for the Member's actions. Moreover, the Committee concluded that its order meets the objectives of:

- General deterrence (i.e. a message to the profession to deter members of the profession from engaging in similar misconduct) and specific deterrence to the Member; and,
- Remediation/rehabilitation of the Member and the Member's practice.

The panel ordered that:

1. The Member be reprimanded in person by the Discipline Committee and the reprimand be recorded on the Register.

2. The Registrar impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register,
  - a) Requiring the Member to receive supervision of the Member's social work practice on a monthly basis, at the Member's expense, from a Registered Social Worker acceptable to the Registrar of the College, or from such other regulated professional as may be approved in advance by the Registrar of the College (the "Supervisor") for a minimum period of two (2) years from the date of the Discipline Committee's Order, and to complete a directed reading course about the phenomenon of suggestibility, as prescribed by and acceptable to the Supervisor, with the Supervisor to provide to the Registrar of the College:
    - i. quarterly written reports as to the substance of that supervision and the progress of the Member, and
    - ii. a written report at the end of that minimum two-year period, setting out the Supervisor's opinion as to whether the Member is competent to independently provide psychotherapy services or counselling services to persons who present with histories of abuse and trauma;
  - b) Prohibiting the Member from providing psychotherapy services or counselling services (as defined in Principle VII, footnote 5 and 6 of the First Edition of the College's Standards of Practice), to persons who present with histories of abuse and trauma, except under supervision in accordance with paragraph 2(a) above, until the earlier of:
    - i. the Supervisor providing to the Registrar of the College a written report, acceptable to the Registrar, confirming that in the Supervisor's opinion, the Member is competent to independently provide psychotherapy services or counselling services to persons who present with histories of abuse and trauma; or
    - ii. the Discipline Committee directing that the term, condition or limitation in paragraph 2 be removed or varied, pursuant to s. 29 of the *Social Work and Social Service Work Act, 1998*;
  - c) Requiring the Member to, at the Member's own expense, participate in and successfully complete courses in the application of the phase-oriented approach to post-trauma treatment acceptable to the College Registrar; and
  - d) Prohibiting the Member (except with the prior written consent of the Registrar of the College) from applying under s. 29 of the *Social Work and Social Service Work Act, 1998*; for the removal or modification of the terms, conditions or limitations imposed on the Member's Certificate of Registration for a period of two (2) years 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, with identifying information removed, in *Perspective* and on the College's website and the results of the hearing be recorded on the Register.