



Practice Notes:

Incorporating Adjunct Techniques – What Are The Considerations?

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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 members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

In the Spring 2009 issue of *Perspective*, a Discipline Decision Summary was published regarding a member who offered clients a choice between secular counselling and faith-based counselling, that is, Pastoral Care Prayer Healing. The Member stated that when the Member's overall counselling approach included the provision of Prayer Healing or faith-based counselling, the Member incorporated counselling techniques learned in the Member's social work training when necessary. The Member admitted that the Member had violated the Professional Misconduct Regulation and certain College Standards in providing faith-based counseling to a particular client who was a victim of traumatic childhood sexual abuse by, among other things:

- 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 her;
- failing to ensure that the Member sought the additional education required to provide counselling services to a client who was a victim of traumatic childhood sexual abuse,
- 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
- failing to be aware of the extent and parameters of the Member's competence to treat a client with clinically

complex mental health issues and failing to seek the additional supervision and consultation required to ensure that the services were competently provided.

The Discipline Committee Panel ordered that the Registrar impose a term, condition and limitation on the Member's Certificate of Registration to be recorded on the Register requiring, among other things, that the Member be prohibited from providing psychotherapy services or counselling services to persons who present with histories of abuse and trauma, except under supervision in accordance with other specified requirements.

Among other matters, this Decision draws attention to the issue of members whose practice incorporates or draws upon treatment techniques or interventions outside the conventional practice of social work or social service work. While a registered social worker's provision of counselling services to a client may include a faith-based component, or incorporate other adjunct techniques (provided that the client gives appropriate and informed consent), such counselling must comply with the standards of the Ontario College of Social Workers and Social Service Workers regarding the provision of social work services. This article suggests what members should consider prior to conducting practice of this nature, to ensure that the best interest of the client remains paramount.

Clients with a history of abuse and trauma

Working with clients with a history of abuse and trauma is one of the most challenging and complex areas of practice and members should note interpretation 2.1.1 from the Standards of Practice, Principle II, Competence and Integrity:

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 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. This 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.

Specific techniques may be used within a helping relationship to explore past traumatic experiences and address a client's responses, such as anxiety, guilt, depression and flashbacks.¹ Members must ensure they have the necessary knowledge, skills and judgement to work with clients who have experienced trauma in general and in specific approaches, such as EMDR, in particular. It is essential that members conduct a comprehensive assessment of client needs and develop a treatment plan. Members participate with clients in setting and evaluating goals and a purpose for the relationship is identified.²

Also of relevance is interpretation 1.3 of Principle I, Relationship with Clients:

College members respect and facilitate self-determination in a number of ways including acting as resources for clients and encouraging them to decide which problems they want to address as well as how to address them.

In the case of working with a client with a history of abuse and trauma, a member should ensure that treatment options are discussed, for example using EMDR as one facet of the treatment plan, so that clients have sufficient information and reasonable expectations of the proposed treatment and can make their decisions on this basis.

Clients with chronic diseases

Current trends suggest there is growing evidence and credibility for the use of adjunct techniques to help clients with chronic disease cope with their illness and reduce stress. Members who work in the oncology field, for example, may incorporate such activities as relaxation exercises and guided imagery into their practice to promote inner harmony, restore a sense of control and improve the quality of life of their clients.

In addition to ensuring one is competent to offer such techniques, it is critical to "provide clients with accurate and complete information regarding the extent, nature and limitations of services available to them"³ as well as inform clients of "foreseeable risks as well as rights, opportunities, and obligations associated with the provision of professional services".⁴ Members should clearly identify to clients that such techniques are outside the realm of social work or social service work practice and provide clients with information about the body of knowledge on which the techniques are based, the training that the member has undertaken, the accepted approach or program for this approach, and any information regarding an oversight body or accepted standards for the approach that is proposed. Members are also required to "engage in the process of self review and evaluation of their practice and seek consultation when appropriate".⁵ It is necessary to ensure that supervision or consultation is available for one's social work or social service work practice, in addition to the practice of the adjunct techniques the member is employing.

Members should also consider the appropriateness of an intervention for each client and the technique should not be applied without a careful assessment of the individual client's needs, taking into account vulnerabilities or other risk factors. Note the following:

Recommendations for particular services, referrals to other professionals or a continuation of the professional relationship are guided by the client's interests as well as the College member's judgement and knowledge.⁶

Maintaining boundaries

Complementary therapies abound and one that arises with some frequency is Therapeutic Touch, an approach that aims to assist the client's healing by redirecting or rebalancing energy fields within the client's body. The technique involves the client sitting or lying down while the practitioner moves his or her hands over the client's body to redistribute the client's energy or transmit his or her own energy. This process is not without controversy with critics attesting that there is no scientific evidence to support the approach and that it could in fact pose a danger for clients who rely on it to the exclusion of other established, credible approaches to treatment.

Apart from the issue of scientific legitimacy, though equally important, is that of boundaries. Members are reminded of the Standards of Practice, Principle II, Competence and Integrity, interpretation 2.2:

College members establish and maintain clear and appropriate boundaries in professional relationships for the protection of clients. Boundary violations include sexual misconduct and other misuse and abuse of the member's

power. Non-sexual boundary violations may include emotional, physical, social and financial violations. Members are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships.

Although Therapeutic Touch does not necessarily require the practitioner to touch the client, the approach does stray from the boundaries ordinarily established in a social work or social service work helping relationship. Members should take note of the following excerpt from the Standards of Practice, Principle VIII, Sexual Misconduct, interpretation 8.2:

College members do not engage in the following actions with clients:

8.2.1 Sexual intercourse or another form of physical sexual relations between the member and the client;

8.2.2 Touching, of a sexual nature, of the client by the member; and

8.2.3 Behaviour or remarks of a sexual nature by the member towards the client, other than behaviour or remarks of a clinical nature appropriate to the service provided.

Members should be aware that “touching is defined as physical contact of a sexual nature. It includes hugging, holding, patting, stroking, rubbing and any form of contact which is unnecessary to the helping process.⁷ Members who use any approach which crosses the boundaries of a conventional helping relationship should be aware that clients may perceive this as a boundary violation and should take exceptional care to ensure the client has provided informed consent for the intervention. Due to the complexities and the potential for misunderstanding, it would likely be advisable not to combine these approaches with social work and social service work and to offer them through a separate practice or refer to another practitioner who can offer the approach.

Conclusion

When introducing particular techniques or approaches into one’s work with clients that go beyond conventional social work and social service work practice, members should consider a number of issues, which include:

- Is there a credible body of knowledge to support this approach?
- Can I demonstrate my competence to provide such a technique?
- Do I have appropriate supervision and consultation, both

for my social work or social service work practice and for the use of the particular technique?

- Have I conducted a comprehensive assessment to determine client needs?
- Have I assessed the client for suitability for the technique, including risk factors and contraindications?
- Does the technique raise issues in regard to maintaining appropriate boundaries with the client that I must address?
- Have I discussed with the client the goals of service and treatment options, including providing complete information about the approaches under consideration, and clarifying that these approaches are not social work or social service work practice, so that the client is equipped to provide informed consent?
- Would the technique be better performed by another competent professional?

Incorporating treatment approaches outside conventional social work or social service work practice may produce enhanced outcomes with clients, however, members should be aware of and address potential risks before doing so to ensure that clients are served in a sound and ethical manner. This article identifies a number of issues for members’ consideration, however, there may be other factors and issues that members will need to consider on a case by case basis.

For more information, please contact the College's Professional Practice Department at practice@ocswssw.org

¹ *One such technique is Eye Movement Desensitization Reprocessing (EMDR). The underlying theory of EMDR is that those who have experienced trauma have stored their memories without adequately processing them. Side-to-side stimulation, induced by the therapist by hand movements for example, appears to restore balance by processing the traumatic memory which had been previously “locked” in one side of the brain. (Women, Abuse and Trauma Therapy, An Information Guide for Women and Their Families, Lori Haskell, Ed.D., C.Psych. Centre for Addiction and Mental Health 2004) While positive results have been observed and reported by the use of EMDR, it is not without potential risks to clients, particularly as it focuses on acutely stressful events and disturbing emotions. EMDR, when used with clients who have a trauma history, can only be done by a person who has received adequate and creditable training and when it is a component of a larger treatment plan.*

² *Code of Ethics and Standards of Practice, Second Edition 2008, Principle I, Relationship With Clients, interpretation 1.1.*

³ *Code of Ethics and Standards of Practice, Second Edition 2008, Principle III, Responsibility to Clients, interpretation 3.1.*

⁴ *Code of Ethics and Standards of Practice, Second Edition 2008, Principle III, Responsibility to Clients, interpretation 3.6*

⁵ *Code of Ethics and Standards of Practice, Second Edition 2008, Principle II, Competence and Integrity, interpretation 2.1.5.*

⁶ *Code of Ethics and Standards of Practice, Second Edition 2008, Principle II, Competence and Integrity, interpretation 2.1.1.*

⁷ *Code of Ethics and Standards of Practice, Second Edition 2008, Principle VII, Sexual Misconduct, Footnote 2.*