



PERSPECTIVE

PROFESSIONAL • ETHICAL • QUALIFIED • ACCOUNTABLE

Resilience: At the Root of Practice



From left to right: Lise Betteridge, RSW, Registrar; Dr. Helena Jaczek, Minister, Ontario Ministry of Community and Social Services; Bob Thompson, RSW, 2015/16 President.

May 31st was the date of this year's Annual Meeting and Education Day (AMED), in-person at the Metro Toronto Convention Centre and, for the first time, **webcast live** all day. With the addition of online participants, nearly 700 members and guests took part in AMED, which was part of the Glenda McDonald Educational Series.

MINISTER JACZEK DELIVERS OPENING REMARKS

Ontario's Minister of Community and Social Services, Dr. Helena Jaczek, delivered the opening remarks at the Annual Meeting. The Minister's remarks were followed by reports from College 2015/16 President Bob Thompson, MSW, RSW; Registrar Lise Betteridge, MSW, RSW; and the auditor.

KEYNOTE SPEAKER DISCUSSES RESILIENCE

The theme of the day was resilience. Participants were invited by keynote speaker Lt.-Col. Suzanne Bailey to contemplate the impact that our professions might have on each of us. Lt.-Col. Bailey discussed strategies to build resilience in ourselves, our clients and our environment in her presentation, *Resilience and Well-Being*.

One attendee commented: "I thought it was a great conference. I came mainly for the keynote address, which was excellent, and stayed beyond my original intentions for the technology and the writing workshops ... left on a real high!"

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resilience at the root of practice

ANNUAL MEETING & EDUCATION DAY
Part of the Glenda McDonald Educational Series

ENRICHING AFTERNOON PRESENTATIONS AND WORKSHOPS

The afternoon breakout sessions covered many aspects of practice and included the following presentations:

- **Cheryle Partridge, MSW, RSW**
Residential Schools of the 19th and 20th Centuries: Impacting the 21st Century ... or Not?
- **Shelley Hale, RSSW**
Weaving in the Web: Using Technology in Social Work and Social Service Work Practice
- **Kenta Asakura, MSW, PhD, LICSW, RSW**
Promoting the Social Ecologies of Resilience Among LGBTQ Youth
- **Susan Blacker, MSW, RSW**
Family Caregiver Resilience and the Important Role of Palliative Care
- **Kathleen Lanoue, MSW, RSW, and Jennifer Burt-Yanoff, MSW, RSW**
The Code of Ethics and Standards of Practice: A Tool to Guide and Assist You
- **Megan Potestio, RSW**
Resiliency in Practice: What Is It and How Do We Build It Using a Strengths-Based Approach?
- **Andrew Eaton, MSW, RSW, Jocelyn Watchorn, RSSW, and Robert Wallace, MSW, RSW**
HIV, Aging and Cognition: Implications for Social Workers and Social Service Workers
- **Karen Gold, MSW, RSW**
In Our Own Words: Writing about Practice

We thank all of our speakers and participants for taking part in the webcasts.

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AN ACCESSIBLE EDUCATIONAL OPPORTUNITY

This was the most accessible AMED we have offered to date, allowing members to join us for the whole day from their office, home or travel.

One member who joined us by webcast wrote, "I am on maternity leave and ... I think it is absolutely wonderful that the college provided the live webcast option. This option made the information not only accessible for someone in my circumstance, but also more engaging than just enabling access after the event. I quite enjoyed being part of this while it was live."

AMED 2016 was also an opportunity for members to use the learning opportunity of the afternoon educational sessions towards the completion of their Continuing Competence Program (CCP).

"I was very pleased the College had the session on Aboriginal issues, especially as it related to my CCP learning plan for 2016," wrote a webcast participant.

Another participant commented, "We are about to be posted overseas again and I look forward to continuing using this professional practice while we are out of the country."

One hundred per cent of webcast participants who responded to our survey indicated that they would participate in a webcast again.

MISSED AMED 2016? NO PROBLEM!

We invite you to continue to participate in AMED 2016. All of our sessions are available online in either archived webcast or presentation, or both. To access these sessions, visit our website at:

<http://www.ocswssw.org/members/amed/resilience2016/>



NOTICE AMED Cancellation Policy

The College is pleased to offer the Annual Meeting and Education Day (AMED) as a benefit of membership. Each year, the event fills up very quickly and there is a lengthy waiting list of members wishing to attend. When members give insufficient notice or do not show up for the event, they prevent other members from filling their spot. There is also a significant budgetary impact (e.g. paying for unused meals) when members register but fail to attend. For these reasons, the College adheres to its 72-hour cancellation policy: those members who do not provide notice of their cancellation will not be registered in the following year's AMED. Thank you for helping us to maximize attendance at this important event.

College Fees for 2017

Annual renewals are almost upon us, and it's time to confirm fees. College fees for 2017 are set out in the table below:

FEES FOR 2017	
Annual renewal fee for College members	\$300
Registration fee for new members	\$300
New graduate registration fee	\$200 (\$100 less than the regular fee)
Registration fee for members in the Inactive category of membership	\$150
Application fee	\$100

HAVE COLLEGE FEES INCREASED?

At its May 2016 meeting, the College Council made a carefully considered decision to increase the registration and renewal fees for 2017. As part of its business plan, the College has been intentionally operating with a deficit budget for several years, in order to draw down on an accumulated reserve. During this time, all members have benefited from lower fees. These fees did not reflect the College's actual operating costs.

Council has always been aware that being in this position was time-limited. In order to maintain an appropriate reserve, operate effectively and fulfill its important public protection mandate, the College must increase fees. This reality is heightened by the fact that the College has begun to experience some flattening in registration numbers and a slightly lower renewal rate.

THE COST OF SELF-REGULATION

Fee increases are rarely popular, but the College is committed to keeping members informed. Self-regulation is a privilege, the cost of which must be covered entirely through member fees. Many of the costs associated with the operations of a self-regulatory body are fixed. To fulfill its critical public protection mandate, the College must maintain a sufficient reserve to cover:

- The significant costs of regulating over 18,000 members.

- Unanticipated legal fees (including those which can arise in a contested discipline hearing, for example).
- Capital expenditures (such as database upgrades associated with leveraging technology).
- Other unforeseen expenses.

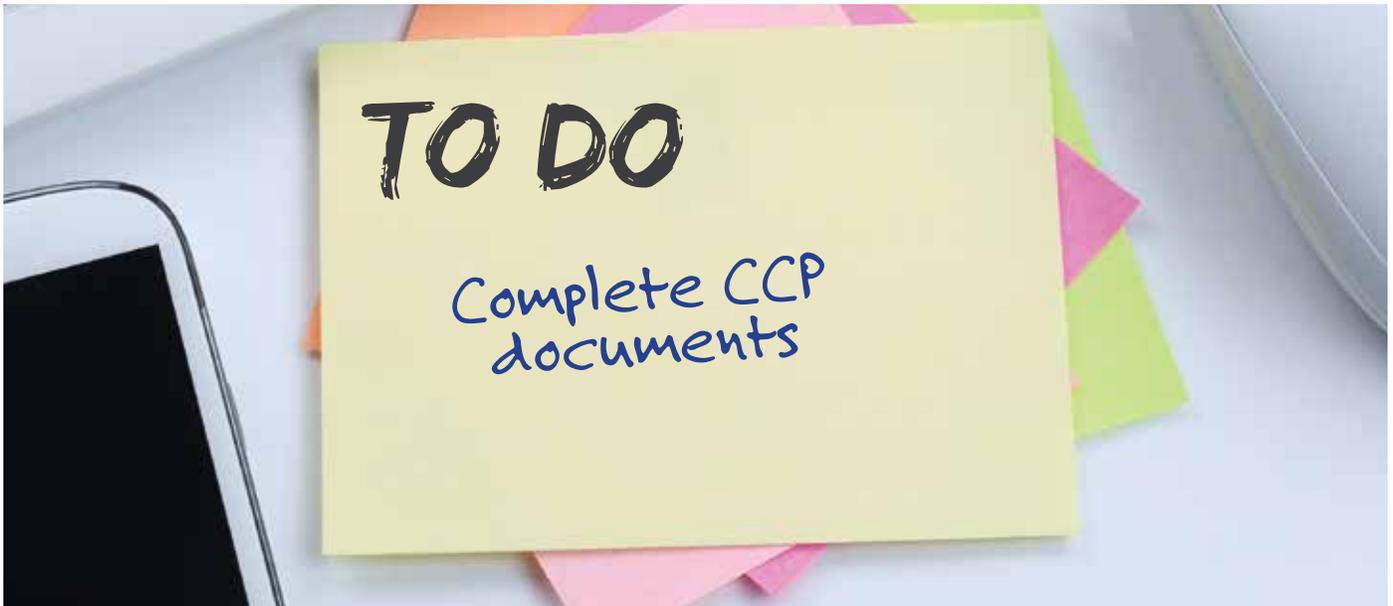
FEES REMAIN LOWER THAN MOST OTHER COMPARABLE REGULATORY BODIES

Members can be assured that the College monitors its fees in relation to those of other regulators. The College has been in the fortunate position to be able to reduce its fees twice since it began operations in 2000, and there were no fee increases prior to 2015. Even after this year's increase, the College's registration, renewal and application fees will remain lower than those of most other regulatory bodies of comparable size.

The College takes its mandate and responsibilities seriously, and is committed to continuous improvement and the prudent use of resources. We hope this explanation will provide members with the information they need to understand the change in fees.

For further information on fees or the fee increase, please contact Membership Services by email at info@ocswws.org or by phone at 1-877-828-9380 or 416-972-9882.

The 2016 CCP Deadline Is Approaching



With membership renewals set to begin this fall, the College would like to remind all members of the requirement to participate in the Continuing Competence Program (CCP). If you haven't done so already, now is the time to complete your CCP documents.

THE CCP PROTECTS THE PUBLIC INTEREST

The CCP promotes quality assurance in social work and social service work practice, and encourages members to enhance their practice in an ongoing way. Participation in the CCP demonstrates to the public that you are **professional, ethical, qualified and accountable**.

All College members are required to complete the CCP in order to maintain their membership in the College. This includes those members who are not currently practising, Inactive, on maternity/parental or sick leave, or who registered late in the year. The Registration Regulation made under the *Social Work and Social Service Work Act, 1998* gives the College the authority to suspend the certificate of registration of a member for non-compliance with the CCP.

THE CCP IS SELF-DIRECTED

You can fulfill the CCP requirements and meet your learning goals through a wide variety of learning activities.

In addition to courses and workshops, your learning activities can include attending lectures and in-service training, conducting research, reading journal articles, supervising students, serving as a board member of a professional association or other organization, and more.

For examples of how College members have completed their CCP, please read the stories of our CCP Ambassadors by visiting the CCP section of the College website.

COMPLETE THE CCP ONLINE

To complete the CCP, please access your CCP documents on your Member Resource USB key or download the documents from the College website. Please be sure to save the documents on your computer. If you prefer, you can complete your CCP on paper by printing out the CCP documents and filling them out by hand.

You will be required to complete an Annual Declaration of Participation in the Continuing Competence Program as part of the renewal process.

If you have any questions about the CCP, please contact the Professional Practice Department at practice@ocswww.org or visit the College website at www.ocswww.org.

The College Welcomes New Directors

Director of Complaints and Discipline

The Ontario College of Social Workers and Social Service Workers is delighted to welcome Richelle Samuel as its new Director, Complaints and Discipline.

Richelle brings over 10 years of regulatory experience to her new role, having previously worked at a large regulatory college. In addition to her regulatory expertise, Richelle practised law for a number of years in the area of administrative law and brings the requisite experience and expertise necessary to meet the needs of the College's complaints and discipline processes.

"I am excited by the opportunity to build upon the many regulatory achievements the College has made in moving from a small regulatory college to one with over 18,000 members," said Richelle. "I am looking forward to applying my skills to this new role and being guided by the principles of public protection and public confidence in the professions of social work and social service work through the promotion of ethical and professional practice."

Please join us in welcoming Richelle to her new role as Director, Complaints and Discipline.

Director of Professional Practice

The College is very pleased to welcome Christina Van Sickle as its new Director of Professional Practice.

Christina brings a wealth of clinical, management, educational and policy experience to her new role. Most recently, she was Professional Practice Chief of Social Work at Baycrest, where she held previous positions as Assistant Manager of Medical Ambulatory Clinics and Unit Director at the Jewish Home for the Aged.

Christina is enthusiastic about the opportunities that lie ahead:

"I am thrilled to be joining the College in the Professional Practice Department," she said. "I look forward to developing resources to support members in their competent and ethical practice. I am excited to be able to reach out to stakeholders, including members and prospective members, to talk about how belonging to the College or hiring College members contributes to a culture of excellence in the workplace. In my new role, I am most enthusiastic about being able to support the College's mandate of protecting the public."

Please join us in welcoming Christina to her new role as Director of Professional Practice.

Social Media: Year-to-Date Report



What a difference a year makes!

Since launching its social media plan in 2015, the College has witnessed plenty of growth and engagement on Twitter and LinkedIn. Most importantly, social media is helping the College to spread awareness about its mandate of protecting and serving the public interest.

As of August 18th, 2016, the College had 478 Twitter followers and 1,764 followers on LinkedIn. (These numbers represent a 101% and 26% increase, respectively, since August 2015.) In addition, the College's public awareness videos on YouTube have been viewed an additional 5,187 times since August 2015 – largely a result of the College's enhanced social media presence.

INFORM, CONNECT AND ENGAGE

Social media allows the College to better inform, connect with and engage the general public, members, educators and students, and employers. Twitter, in particular, has been invaluable in helping the College to communicate its mandate to the general public.

We were very pleased to have the participation of members and stakeholders during our live-tweeting of the 2016 Annual Meeting and Education Day and Educational Forums, posting short videos on the College's YouTube and Twitter channels throughout the events.

CONNECT WITH US!

We will continue to seek better and more accessible ways to communicate with members and the general public. We encourage all members to follow the College on Twitter (@ocswssw) and follow its LinkedIn company page. As always, we look forward to your feedback!

For more information on the College's social media communications, please contact John Gilson, Communications Coordinator, at jgilson@ocswssw.org.



The College was pleased to publish its 2016 – 2019 Strategic Plan summary and strategy map in July of this year.

The input of members and other stakeholders during the planning process has enabled Council to be certain that the new plan truly addresses the important issues and reflects what the College's priorities should be moving forward.

Council has begun work on the objectives which fall under the four strategic priorities:

- 1. Strengthen Stakeholder and Public Awareness**
- 2. Uphold Ethical and Professional Practice**
- 3. Maintain Effective Governance**
- 4. Achieve Regulatory Effectiveness**

Interest in the Strategic Plan has been substantial. For example, the College website received its third highest number of daily visitors since the beginning of the decade directly following our announcement of the plan on July 25th.

Some of the work currently underway includes upgrading the College's database and leveraging technology in other ways to enhance the work of the College, continuing outreach efforts to various stakeholders, and implementing some of the recommendations from the Continuing Competence Program (CCP) evaluation.

To access a summary of the plan and a strategy map showing key areas "at a glance," please go to the following link: <http://www.ocswssw.org/ocswssw-strategy/>.

OCSWSSW Strategic Plan 2016 – 2019

MISSION

The OCSWSSW protects the interest of the public by regulating the practice of social workers and social service workers and promoting ethical and professional practice.

CORE VALUES

Respect
Fairness and Transparency
Efficiency and Effectiveness
Leadership and Accountability
Ethical Conduct
Caring Communities

VISION

The OCSWSSW 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.

We have achieved this vision when:

- Everyone eligible is registered with the College.
- All stakeholders have a clear understanding of the role and importance of the College and the value of registration.
- Social workers and social service workers have an enforceable scope of practice.
- We have a strong and engaged Council.
- We are a recognized opinion leader in the sector and the larger regulatory community.
- There is a standardized exam for entry to practice for social service work and social work.
- There is a fully integrated technological platform to increase transparency of College business and processes to promote public protection.
- Only registered members use the protected titles.

PRIORITIES FOR 2016-2019

PRIORITY

1

Strengthen Stakeholder and Public Awareness

- 1.1 Develop communications strategy.
- 1.2 Improve employer outreach.
- 1.3 Improve education outreach.
- 1.4 Build government advocacy campaign.

PRIORITY

2

Uphold Ethical and Professional Practice

- 2.1 Deploy revisions to the Continuing Competence Program.
- 2.2 Review and revise standards of practice.
- 2.3 Develop next steps for implementation of entry-to-practice exam.

PRIORITY

3

Maintain Effective Governance

- 3.1 Review, revise and clarify roles.
- 3.2 Leverage technology to enhance work of Council and committees.
- 3.3 Promote a culture of diversity, inquiry and accessibility at the College.

PRIORITY

4

Achieve Regulatory Effectiveness

- 4.1 Improve strategies for enforcement of title protection and holding out.
- 4.2 Maximize technology in College's work.
- 4.3 Ensure timely effective complaints and discipline processes.
- 4.4 Respond to public and government expectations for increased transparency.
- 4.5 Work with other regulators across Canada to explore regulatory initiatives to consider the need for possible harmonization.

2016 Election Results for Electoral Districts 1, 2 and 5

The following are the results of the election of members of the College to the Council, which took place on May 26, 2016 in Electoral Districts 1, 2 and 5. The results of this election process are now final as the College did not receive a request for a recount prior to June 10, 2016. The candidates below are declared elected by the Election Committee.

SOCIAL SERVICE WORKERS

The following members of the College are the candidates who received the greatest number of votes in the election in the social service work category:

- Shelley Hale, Electoral District No. 2
- Mukesh Kowlessar, Electoral District No. 5

As the number of candidates nominated for the following social service work category was equal to the number of candidates to be elected in that category, the following member of the College in the social service work category was elected by acclamation:

- Angèle Desormeau, Electoral District No. 1

SOCIAL WORKERS

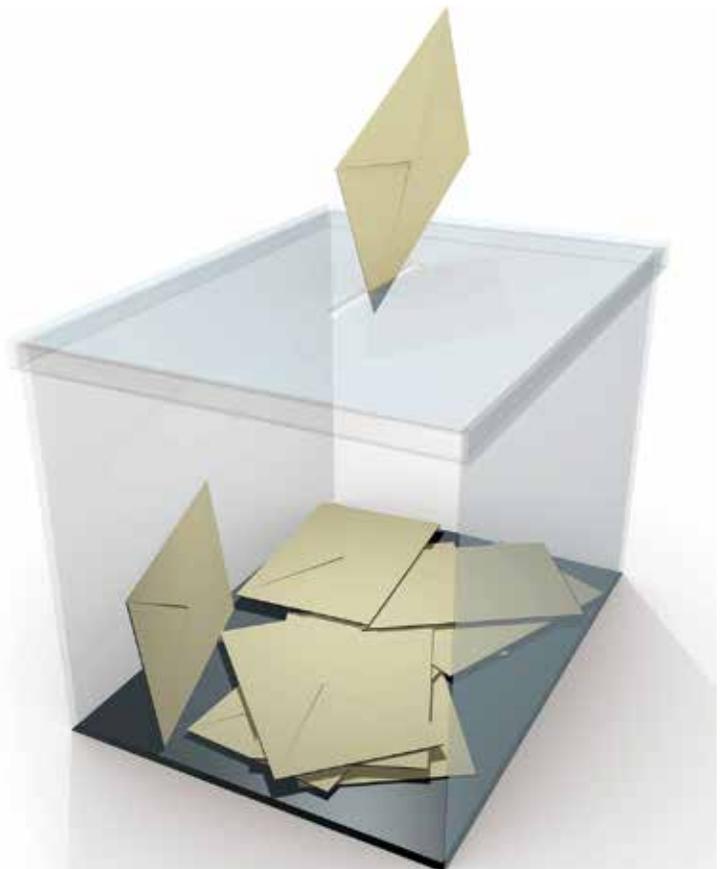
The following members of the College are the candidates who received the greatest number of votes in the election in the social work category:

- Lisa Seburn, Electoral District No. 1
- Linda Danson Smyth, Electoral District No. 2

As the number of candidates nominated for the following social work category was equal to the number of candidates to be elected in that category, the following member of the College in the social work category was elected by acclamation:

- Frances Keogh, Electoral District No. 5

The College thanks all members who stood for election and congratulates those members who received the greatest number of votes or who were acclaimed in each membership category.



Council Highlights for May 5-6, 2016

MAY 5, 2016

- Bob Thompson, RSW, President, presented his report to Council. The report addressed a variety of matters including Council vacancies and future meetings with College stakeholders.
- Lise Betteridge, RSW, Registrar, and Laura Sheehan, Deputy Registrar, presented their report to Council. The report provided updates on registration renewals; the 2016 Annual Meeting and Education Day (AMED); upcoming Council elections in Electoral District Nos. 1, 2 and 5; College operations; the controlled act of psychotherapy; media relations and recent developments; and recent meetings with the Ontario Ministry of Community and Social Services (MCSS) to discuss concerns related to Bill 119 (*Health Information Protection Act, 2016*).
- The Registrar announced that Dr. Helena Jacek, Minister of the MCSS, will deliver opening remarks at AMED 2016.
- Guest Erik Lockhart presented the OCSWSSW strategic planning report. Council approved the report's recommendations with revisions and discussed a communication plan.
- Council reviewed the financial statements as of March 31, 2016.
- Council reviewed the statement of operations as of March 31, 2016.
- Council reviewed the 2015 audited financial statements approved by the Executive Committee.
- The Registrar provided an update on proposed amendments to the Registration Regulation.
- Council reviewed recommendations by the Finance Committee to set membership fees for 2017, which were approved by Council.
- Council reviewed and approved an application from the Native Child and Family Services Program at Confederation College to be regarded as equivalent to a social service work program offered in an Ontario college of applied arts and technology.

- Council reviewed legal comments made to the French translation of the Registration Regulation and the Professional Misconduct Regulation. Council agreed to forward these comments to the Ministry of Health and Long-Term Care.
- Reports were received from the following statutory committees: Executive; Complaints; Discipline; Registration Appeals; and Fitness to Practise.
- Council reviewed and approved revisions made to Policy B-009 and Policy B-015, proposed by the Governance Committee.
- The Registrar discussed the College's procurement policy, with respect to ongoing service relationships.

MAY 6, 2016

- Council participated in an educational session presented by Alexandra Wilbee from WeirFoulds, LLP, which covered the topic of title protection.
- Lise Betteridge, RSW, Registrar, informed Council of the resignations of Council members Jennifer Hamilton, RSSW, and Mary Long, RSSW. Elections will be held in Electoral District No. 4 to fill these vacancies.
- The Registrar informed Council of upcoming Council member evaluations.
- Reports were received from the following non-statutory committees: Standards of Practice; Election; Nominating; Finance; Governance; Corporations; and Titles and Designations.
- Professional development reports were received from Bob Thompson, RSW, President, who attended a WeirFoulds, LLP educational event; and Shelley Hale, RSSW, and Donald Panton, RSW, who attended an Association of Social Work Boards (ASWB) board member training event.

Council Highlights for September 8-9, 2016

SEPTEMBER 8, 2016

- The following Council members were elected by Council to the Executive Committee:
 - Beatrice Traub-Werner, RSW – President
 - Greg Clarke, RSSW – Vice-President
 - David Hodgson, Public Member – Vice-President
 - Shelley Hale, RSSW – Executive Member
 - Thomas Horn, RSW – Executive Member
 - Déirdre Smith, Public Member – Executive Member
- Council reviewed a report from past President Bob Thompson, RSW.
- Council received training from Crowe Soberman LLP regarding financial reports and Council responsibilities.

SEPTEMBER 9, 2016

- Council approved the recommendations of the Nominating Committee respecting the composition and chairmanship of statutory and non-statutory committees.
- Lise Betteridge, RSW, Registrar, and Laura Sheehan, Deputy Registrar, presented their report to Council. The report provided updates on registration and membership statistics; the 2015 Annual Report; the upcoming Educational Forums; public awareness and stakeholder outreach; the 2016-19 Strategic Plan; the database upgrade; staff changes; and College priorities.
- The Registrar announced the hiring of new Director of Professional Practice Christina Van Sickle, RSW.

- Council reviewed the Statement of Financial Position as of July 2016.
- Council reviewed the Statement of Operations for July 2016.
- Council reviewed and approved in principle the 2017 Budget and Workplan.
- Council reviewed and approved Bylaw 98, amending Bylaw 1.
- Council reviewed and approved Bylaw 99, amending Bylaw 2.
- The Registrar provided an update on Bill 119.
- Council reviewed and approved in principle a consensus document regarding the controlled act of psychotherapy.
- Council reviewed the evaluation results from the 2016 Annual Meeting and Education Day.
- Jim Dunsdon presented his Council Evaluation Report to Council.
- Reports were received from the following statutory committees: Executive; Complaints; Discipline; Registration Appeals; and Fitness to Practise.
- Council reviewed and approved a motion to create a plan for the development and implementation of a risk management strategy at the College.
- The Registrar provided an update on Council vacancies.
- Reports were received from the following non-statutory committees: Standards of Practice; Election; Nominating; Finance; Governance; Corporations; and Titles and Designations.

New Council Roster for 2016/17

SHARMAARKE ABDULLAHI – PUBLIC MEMBER

Sharmaarke Abdullahi has over 12 years of work experience in the policy, youth and community development field. He currently works for the City of Ottawa as a business consultant with Crime Prevention Ottawa. Prior to joining the City of Ottawa, Mr. Abdullahi worked for seven years at Pinecrest Queensway Community Health Centre as a program coordinator and a community house coordinator. He has also worked as a part-time lecturer in the Social Service Worker Program at Algonquin College. Mr. Abdullahi has served on various community boards and advisory committees in Ottawa including the Board of Directors of the Friends of University of Hargeisa School of Social Work Committee, which is a partnership with Carleton University School of Social Work and is a member of the United Way Ottawa Strong Neighbourhoods priorities goals committee, to name a few. Mr. Abdullahi holds a bachelor of arts degree from Carleton University and a master of research degree in public policy from the Queen Mary University, London. Mr. Abdullahi is committed to community-based work, believing that this is how and where real change happens.

GREG CLARKE – ELECTED SOCIAL SERVICE WORKER

Greg Clarke, RSSW, has worked in community mental health and addictions for over 25 years. He is the Past President of the Crisis Workers Society of Ontario. Greg is currently the Mental Health/Addictions Case Manager for the Scarborough Academic Family Health Team as well as a coordinator for the Responsible Gambling Council of Ontario. Greg provides training sessions, seminars and workshops for various agencies and organizations including the Bridge Program that provides training for foreign-trained mental health professionals. He has served two terms as Vice-President and was elected to Council in May 2008.

LINDA DANSON SMYTH – ELECTED SOCIAL WORKER

Linda Danson Smyth holds a master's of social work from McGill University, and she has been a social worker for over 30 years. In Montreal she worked in family services, child protection and supervised social work students from McGill. Linda also taught courses at Concordia and McGill Universities, and she has had a private practice.

Linda currently works part time for The Ottawa/ Pembroke Champlain Community Care Access as a staff therapist. She has been a guest lecturer at Algonquin College. She is the Vice-President of the Renfrew and District Food Bank. She has two adult sons and lives in the Ottawa Valley with her husband.

ANGÈLE DESORMEAU – ELECTED SOCIAL SERVICE WORKER

Angèle Desormeau graduated with a BA in psychology from the University of Ottawa in 1985 and also received a diploma in addictions studies from McMaster University in 1993. From 1986 to 1990 she worked in child protection at North Cochrane Family Services in Cochrane (including child protection, youth group programs and foster care). From 1990 until 2006 she worked as an addictions counsellor at South Cochrane Addictions Services in assessment, case management and community treatment. Starting in 2000 she added the roles Problem Gambling Community Awareness Coordinator and Clinical Supervisor to her work. She worked in a supervisory capacity for a period of five years. On April 1, 2006 she accepted the position of Executive Director at South Cochrane Addictions Services. Angèle is an active member with many community/district/regional working groups and committees including, but not limited to: Cochrane District Addiction and Mental Health Systems Group (co-chair position since the fall of 2015), Cochrane District Human Services and Justice Coordinating Committee, Timmins Health Link, Community Mobilization Timmins (co-chair position), and the North East LHIN Housing Expert Panel.

LISA FOSTER – PUBLIC MEMBER

Lisa Foster is the Executive Director of Community Living, Thunder Bay. Ms. Foster is also the Director of Organizational Development and Innovation, Adult Services and was the former Director of Organizational Development and Innovation with Community Living Algoma in Sault Ste. Marie. She holds a developmental services worker diploma from Sault College of Applied Arts and Technology as well as a bachelor of arts degree in English from Algoma University.

New Council Roster for 2016/17

ROSE-MARIE FRASER – ELECTED SOCIAL WORKER

Rose-Marie Fraser is a social worker who is currently a practice leader at The University Health Network. She is the Research Chair for the Ontario Caregiver Coalition. She has diverse experience in research, forensics, mental health, family resources, community and policy at the Ministry of Community and Social Services. She is cross appointed with Factor-Inwentash Faculty of Social Work at the University of Toronto and prides herself on remaining involved with many grassroots organizations to advocate for social justice. Rose-Marie was first elected to Council in 2011.

JUDY GARDNER – ELECTED SOCIAL SERVICE WORKER

Judy Gardner graduated with honours from the Social Service Work Diploma Program at Centennial College in 2013, and is currently an Addictions and Community Service Work Diploma Program instructor. Judy has over 10 years of frontline professional experience supporting adults with developmental disabilities. Her diverse educational background includes administration, criminology and early childhood studies. Judy was first elected to Council in 2013.

SHELLEY HALE – ELECTED SOCIAL SERVICE WORKER

Shelley is a registered social worker with over 20 years of experience in the field of mental health. She holds dual certificates of registration as a social service worker and as a social worker. She is currently the Director of Patient Care Services for the Royal Ottawa Operational Stress Injury Clinic at the Royal Ottawa Mental Health Centre. Shelley's previous clinical work experiences were all community based and her administrative career at The Royal has led her to complete a certificate in program management through the University of British Columbia and a Green Belt in addition to her social work studies.

DAVID HODGSON – PUBLIC MEMBER

David Hodgson is a senior associate with SEG Management Consultants and President of Regulation Dynamics. He specializes in regulatory affairs and has provided consulting services to several regulatory bodies in Ontario and other provinces in the areas of strategic planning, governance, organization restructuring and

government relations. Prior to his consulting career, he was the Registrar and CEO of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) for 10 years. During this time he served a term as President of the Federation of Health Regulatory Colleges of Ontario and the Canadian Alliance of Regulators of Audiology and Speech-Language Pathology. Also, David was Registrar and CEO of the Ontario Architects Association, the regulatory body for architects. He came to the regulatory field after holding several senior positions in the Ontario Ministry of Housing, including Executive Director of Building Programs.

THOMAS HORN – ELECTED SOCIAL WORKER

Thomas Horn is currently employed as a social worker in a forensic psychiatry program and maintains a part-time private practice. He is a graduate member of the British Psychological Society and a member of the Academy of Certified Social Workers (ACSW) through NASW. He holds an undergraduate degree in psychology and sociology, a master's degree in social work, and he has just completed the dissertation requirement for the degree master of science in criminology and criminal justice. With several publications to his name, Tom is an assistant professor (p/t) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and an academic instructor in the School of Social Work at the University of Windsor.

FRANCES KEOGH – ELECTED SOCIAL WORKER

Frances Keogh is currently employed on a part-time basis as a counsellor with Family Service Thames Valley Employee Assistance Program, in London. She has worked in employment assistance programs for the past 16 years. Her previous clinical experience has been in child welfare, in/outpatient mental health services and community work and outreach. She has been employed by not-for-profit organizations, health and welfare departments, and community agencies. She has worked in Ireland, Britain and Canada during the past 30 years.

MUKESH KOWLESSAR – ELECTED SOCIAL SERVICE WORKER

Mukesh Kowlessar previously served on the Ontario

New Council Roster for 2016/17

College of Social Workers and Social Service Workers (OCSWSSW) Council from its inception until 2013. During this time he served on the Executive Committee and as College President for four years. Mr. Kowlessar recently retired as a program manager for the City of London. He has over 30 years of leadership experience in the municipal and provincial sectors in social services. Mr. Kowlessar is currently an adjudicator with the Landlord and Tenant Board and is also a consultant in strategic planning. Prior to his retirement, Mr. Kowlessar worked within the Ministry of Community and Social Services (MCSS) on the Social Services Solution Modernization Project in leading change management to Ontario Works and Ontario Disability Support Program offices. He holds certificates in mediation - alternate dispute resolution and executive management from Western University; certification in crisis and critical incident stress management and a social service worker diploma from Fanshawe College.

LILY ODDIE – PUBLIC MEMBER

Prior to becoming a member of the Canada Immigration and Refugee Board, Dr. Lily Oddie was Coordinator of Employee Services at Orlick Industries, Hamilton, an elected member of the Ontario Provincial Legislature, Executive Director with YWCA of St. Catharines, Manager of Direct Services with the Hamilton-Wentworth John Howard Society, Director of McMaster University's Centre for Continuing Education, and Coordinator, Institutional Research and Evaluation, Athabasca University. She earned her honours bachelor of arts in psychology from Dalhousie University and her master's and doctorate in educational psychology from the University of Alberta. Lily was appointed to Council in September 2008.

DONALD PANTON – ELECTED SOCIAL WORKER

Donald Panton, RSW, obtained a combined bachelor in gerontology and religious studies, and a bachelor of social work from McMaster University. He has certificates in palliative care, disaster chaplaincy, and spiritual care. Donald has been working as a health care aide at Hamilton Health Sciences since 1994, and was recently appointed as a casual part-time social worker in the Nursing Resource Team. Prior to this position, he worked

as a health care aide at Brantwood Life Care and was a part-time lecturer (fashion/clothing and textiles) at the University of West Indies in Jamaica. Donald currently volunteers as a church elder, adult Sabbath School teacher and treasurer at Hamilton East SDA Church, and as a disaster preparedness chaplain for Ontario Conference SDA Church. Donald has also served in various positions on the Unit Council of the Oncology unit, Grandview Adventist Academy school board, to name a few.

SOPHIA RUDDOCK – PUBLIC MEMBER

Sophia Ruddock was called to the Ontario bar in 1995 and has over 18 years of experience appearing before various administrative tribunals and agencies. She has practised in the areas of human rights, administrative law, health law and labour law. Currently, she acts as in-house counsel for an association, focusing on professional regulation.

LISA SEBURN – ELECTED SOCIAL WORKER

Lisa Seburn is a graduate of the Honours Bachelor of Social Work Program (University of Western Ontario 2000), as well as the Master of Social Work Program (Lakehead University 2004). She has been employed as a social worker/team leader at St. Joseph's Care Group (SJCG) in Thunder Bay for 15 years in adult mental health. She also was the SJCG Professional Practice Leader for Social Work for three years. Prior to this, Lisa worked as a social worker in children's mental health in London. While completing her social work training, Lisa was employed as a health record manager.

DÉIRDRE SMITH – PUBLIC MEMBER

Déirdre Smith is the Manager of the Standards of Practice and Education unit of the Ontario College of Teachers where she has led the collaborative development of the Ethical Standards for the Teaching Profession and the Standards of Practice for the Teaching Profession. Smith has also coordinated the policy development of over 350 Additional Qualification (AQ) course guidelines and programs for teacher and leadership education. Smith has presented nationally and internationally on many topics including educational leadership, ethical practice, ethical standards and standards of practice. She has been published in the areas of cases, teacher

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education, leadership, inclusive education and ethics. Her experience as a professional facilitator, school principal, education consultant, special education administrator, teacher educator, youth counsellor and classroom teacher inform her work in policy development, teacher education, leadership formation, professional learning and organizational development.

BEATRICE TRAUB-WERNER – ELECTED SOCIAL WORKER

Beatrice Traub-Werner was Director of Education at TAPE for 12 years, a position from which she resigned in the summer of 2012. Currently, she is Dean of Continuing

Studies at the Adler Professional School and the Academic Instructor for the Bridge Training Program for Internationally Trained Psychologists and Allied Mental Health Professionals, a CIC-funded program provided by the Mennonite New Life Centre of Toronto. Upon completion of her master of social work at the University of Toronto, Beatrice worked as a clinical social worker before becoming Admissions Coordinator and Adjunct Professor at the Faculty of Social Work, University of Toronto. Beatrice was elected to Council in May 2008.

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INTRODUCTION

In February 2015, the Supreme Court of Canada found that the prohibition against physician-assisted dying in the Criminal Code of Canada was unconstitutional. In response to the Supreme Court's decision, Parliament passed legislation on medical assistance in dying ("MAID") on June 17, 2016. This means that doctors and nurse practitioners in Canada can now provide medical assistance in dying, where this is done in accordance with the federal legislation as well as any applicable provincial laws, rules or standards.¹

This historic and controversial event has evoked strong and opposing views, ranging from those who welcome the new law, seeing it as a compassionate means to allow individuals to die with dignity, to those who have strong adverse feelings about assisting a person to die, usually rooted in moral and/or religious beliefs. Regardless of one's personal feelings, those working in the health care field are now confronted with carrying out this new law. Although the law does not compel an individual to provide or assist in providing medical assistance in dying²,

social workers and social service workers must nevertheless be mindful of their professional obligations.

Not surprisingly, the new law has aroused uncertainty and anxiety for many College members who have questions such as:

- What role would I play with MAID?
- What if I don't want to be involved?
- If I assist in providing MAID, am I vulnerable to legal action?

This paper will guide College members in understanding their professional obligations in relation to MAID. As with any new legislation, there are many fine points that will be worked out as health care professionals apply the legislation to their day-to-day work. The College will keep close watch on this issue as it evolves over the coming months.

ELIGIBILITY CRITERIA AND PROCESS FOR MAID

A person may receive medical assistance in dying if they meet all of the following criteria:

1. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (7).
2. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (9).

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- They are eligible for health services funded by a government in Canada;
- They are at least 18 years of age and capable of making health care decisions;
- They have a grievous and irremediable medical condition;
- They have made a voluntary request for MAID that was not a result of external pressure; and
- They give informed consent to receive MAID after having been informed of the means that are available to relieve their suffering, including palliative care.³

The law requires that a patient make a written, signed and dated request for MAID before two independent witnesses,⁴ who also sign and date the request. An assessment by a doctor or nurse practitioner is carried out to determine eligibility for MAID and, if the patient meets the criteria, the law requires a second assessment by a doctor or nurse practitioner, to confirm eligibility.⁵ The first and second assessors must be independent of each other and the patient, for example, they must not have a supervisor-supervisee relationship.⁶ There must be a period of 10 clear days between the date the patient signs the request and when MAID is provided, unless their death or loss of capacity to provide informed consent is imminent.⁷ A patient found to be ineligible for MAID may seek an assessment from another doctor or nurse practitioner. A doctor who has a conscientious objection to providing medical assistance in dying should not abandon the patient and should refer the patient to a non-objecting, available and accessible physician, nurse practitioner or agency.⁸ The same applies to nurse practitioners.⁹

PROFESSIONAL OBLIGATIONS

Although social workers and social service workers are confronted daily by emotionally charged situations,

for many, there is perhaps no greater challenge than considering MAID. Reviewing the College's standards of practice is a good place to begin in sorting out the issue. Members are reminded that they are required to "maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice."¹⁰ The Ministry of Health and Long-Term Care (MOHLTC) has established an email address for general questions about MAID (endoflifedecisions@ontario.ca) and is developing tools and supports for clinicians engaged in the provision of MAID. Many health care facilities have also developed educational tools for employees, or are in the process of doing so. Members are urged to take the steps necessary to ensure they have a solid understanding of this issue.

Given the highly controversial nature of the new law, and its potential for polarizing people, members must also ensure they are "aware of their values, attitudes and needs and how these impact on their professional relationships with clients."¹¹ Members must also "distinguish their needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount."¹² Although the law states that doctors and nurse practitioners may provide MAID, and are identified as those who conduct the eligibility assessment, some health care facilities are establishing teams or panels, including other disciplines, to assist in this assessment. Participating in such a team is voluntary and College members may choose to be involved or not.

A more common scenario, however, is that a College member, as a member of a clinical team, will encounter a patient who wishes to talk about MAID. In this situation, the member may provide information to the patient, and refer them to the appropriate doctor or nurse practitioner

3. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (1).

4. For the definition of independent witness, refer to Bill C-14, Section 241.2 (5).

5. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (3).

6. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (6).

7. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241.2 (3)(g).

8. College of Physicians and Surgeons of Ontario, *Policy Statement #4-16, Medical Assistance in Dying*, page 5.

9. College of Nurses of Ontario, *Guidance on Nurses' Roles in Medical Assistance in Dying*, page 3.

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

11. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.5.

12. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.6.

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regarding next steps.¹³ However, it remains a crime to counsel a person to die by suicide.

Regardless of their specific role, members are reminded of the critical requirement of ensuring one's 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.¹⁴ 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.

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."

Members who work in a setting other than a hospital may also encounter clients who are seeking MAID. The MOHLTC has established a toll-free referral support line to help Ontario clinicians to arrange for assessment

referrals and consultations for patients requesting MAID.¹⁵ It is possible that a member is not comfortable, for moral or religious reasons, to assist the client with this. In this situation, "College members assist potential clients to obtain other services if members are unable or unwilling, for appropriate reasons, to provide the requested professional help."¹⁶ Appropriate reasons for refusing to provide service include that "complying with the potential client's request would violate the member's values, beliefs and traditions to the extent that the member would not be able to provide appropriate professional service."¹⁷ In any situation, members must "provide clients with accurate and complete information regarding the extent, nature, and limitations of any services available to them."¹⁸ In addition, "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."¹⁹

Members who are asked about MAID, regardless of their specific role or setting, may be fearful of legal action against them. It is important to note the following excerpts from Bill C-14:

"For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying."²⁰

"No person is a party to culpable homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2."²¹

13. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241 (5.1).

14. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 1, pertaining to scope of practice.

15. Email to register or ask any questions about the service: maidregistration@ontario.ca or call 1-844-243-5880.

16. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, Interpretation 3.5.

17. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, footnote 4. ii).

18. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, Interpretation 3.1.

19. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.3.

20. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241 (5.1).

21. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 227(2).

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“No person is a party to an offence under paragraph (1) (b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.”²²

However, if you have any questions or concerns about your role, please seek legal advice before proceeding.

Many members will be employed by organizations engaged in the provision of MAID while others may work in organizations that choose not to provide MAID or have limitations on how they provide it. Accordingly, “members employed by organizations maintain an awareness and consideration of the purpose, mandate and function of those organizations and how these impact on and limit professional relationships with clients.”²³

MAID is an intense and sensitive issue, which undoubtedly will have a profound impact on those who are involved with it. Members are encouraged to “engage in the process of self-review and evaluation of their practice and seek consultation when appropriate.”²⁴ Some organizations are developing resources to support staff engaged in the provision of MAID. Members are encouraged to avail themselves of such supports when needed, or to consult a manager or trusted colleague, to ensure they are appropriately addressing their own needs.

CONCLUSION

The law permitting MAID is controversial and may arouse intense feelings and anxieties. Members are urged to ensure their competence, which includes:

- Gaining knowledge about the legislation as well as their roles and responsibilities.
- Identifying their own values and attitudes to ensure they do not adversely affect clients.
- Seeking consultation when needed.

As with all social work and social service work practice, the best interest of the client is the primary professional obligation.

FOR MORE INFORMATION

Please contact the Professional Practice Department at practice@ocswssw.org.

Code of Ethics and Standards of Practice, Second Edition, 2008: <http://www.ocswssw.org/professional-practice/code-of-ethics/>

Ontario.ca webpage: <https://www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions>

Bill C-14, an Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying): <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

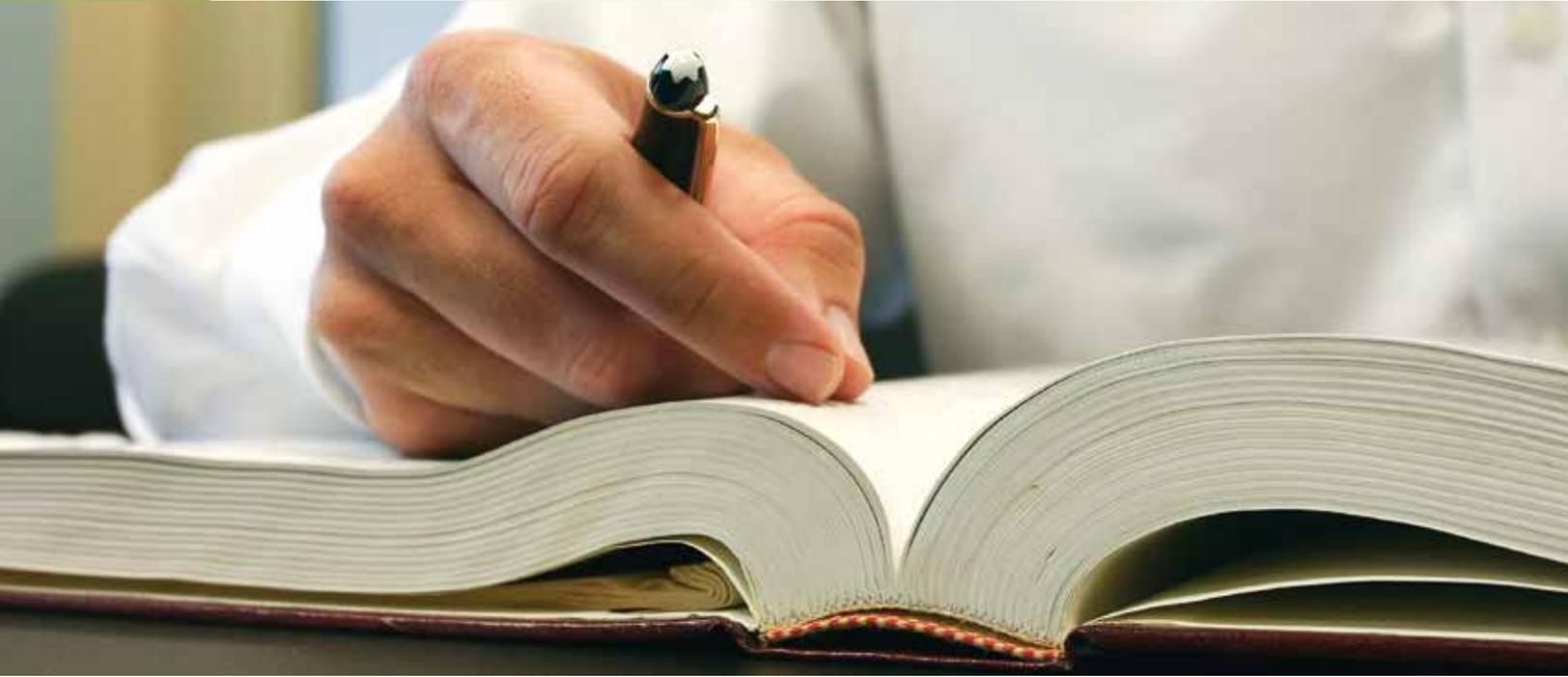
22. Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, Section 241 (3).

23. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.7.

24. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.5.

Practice Notes: The Slippery Slope to Sexual Misconduct: Be Informed, Be Aware

PAMELA BLAKE, MSW, RSW



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.

SEXUAL MISCONDUCT

An alarming number of cases in which there are allegations of sexual abuse by a member against a client are coming before the College. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008* clearly states that "behaviour of a sexual nature by a College member toward a client represents an abuse of power in the professional relationship. College members do not engage in behaviour of a sexual nature with clients."¹ In addition, the Professional Misconduct regulation, made under the *Social Work and Social Service Work Act, 1998* defines the sexual abuse of a client, and the contravention of the standards of practice, as acts of professional misconduct. It is disturbing that individuals who elected to work in a helping profession would engage in the sexual abuse of clients, an egregious violation of boundaries. It is imagined that most, if not all of these individuals did not set out to sexually abuse a client and,

indeed, sexual misconduct is frequently preceded by other forms of boundary violations. A significant number of members have engaged in sexual relationships with clients or former clients, unaware of or ignoring the warning signs that preceded the conduct. How do we understand members putting themselves on this slippery slope? While there is no justification for their conduct, contributing factors may be that members are ill-informed about the standards of practice and/or heedless of their own needs and the feelings that lead them to violate boundaries. This article will illustrate how a series of boundary violations can lead to sexual misconduct and will identify members' responsibilities in ensuring that sexual abuse of clients does not occur.

SCENARIO 1

A social worker, whose well-established practice focuses on couples and families, begins to see a couple regarding their

1. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct.

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longstanding conflicts surrounding their differing parenting styles and attitudes towards money. The husband, a special needs educator, and wife, an accountant, contract with the social worker for eight sessions. At the end of the sessions, which are frequently turbulent, the couple, not having made progress in resolving their conflicts, decides to separate. Some 18 months later, the social worker and her former client, the educator, are invited by the local school board to co-lead a group for parents of youths with behavioural problems. The social worker believes that sufficient time has elapsed since the conjoint therapy ended and agrees to conduct the group with her former client. The group sessions are often demanding and the two begin to go out for coffee following the group sessions to debrief. They derive support from each other and soon their conversations turn to their own challenges as parents and their shared interests in cooking and gardening. They continue socializing together, going to concerts and out for dinner, cooking at each other's homes. Subsequently they become involved in a sexual relationship. The social worker's employer is alerted to the situation by the wife of the couple. The social worker's employment is terminated, and a report is made to the College.

In this situation, the social worker erroneously concluded that since some time had passed since therapy had concluded, it was acceptable to pursue a relationship with her former client. In fact, "[s]exual relations between College members and clients to whom the members have provided psychotherapy and/or counselling services are prohibited at any time following termination of the professional relationship."² The member also viewed her former client as a peer, and therefore not vulnerable, and thought that there was no risk of harm to him by engaging in a romantic and sexual relationship. This is a faulty belief. "College members are in a position of power and responsibility to all clients. This necessitates that care be taken to ensure that these clients are protected from the abuse of such power during and after the provision of professional services."³

In initially agreeing to co-lead the group with her former client, the social worker did not take into account that she was engaging in a dual relationship and potentially a conflict of interest in regard to both of her former clients. Members are reminded that they "do not engage in professional relationships that constitute a conflict of interest or in situations in which members ought reasonably to have known that the client would be at risk in any way."⁴ This is achieved by:

- "[E]valuating professional relationships and other situations involving clients or former clients for potential conflicts of interest and seeking consultation to assist in identifying and dealing with such potential conflicts of interest."⁵
- "[A]voiding conflicts of interest and/or dual relationships with clients or former clients ... that could impair members' professional judgement or increase the risk of exploitation or harm to clients."⁶

In reviewing this scenario, there are a number of red flags that preceded the sexual misconduct. These include:

- When the social worker decided to co-lead a group with a former client, she did not recognize that this would mean a dual relationship with him.
- Furthermore, she did not identify that she had two former clients and needed to assess her conflict of interest and possible risks in relation to both former clients, in order to make a sound decision about whether she should accept the invitation to co-lead the group.
- She did not maintain professional boundaries; e.g. in the post-group debriefings with her former client she disclosed personal information, which led to the development of a social and, subsequently, a sexual relationship with her former client.
- When faced with ethical dilemmas, she did not review the standards of practice to ensure she had an accurate understanding of her obligations as a College member.

2. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct, Interpretation 8.7

3. *Ibid.*, Principle II: Competence and Integrity, Interpretation 2.2.

4. *Ibid.*, Interpretation 2.2.1

5. *Ibid.*, Interpretation 2.2.1, i)

6. *Ibid.*, Interpretation 2.2.1, ii)

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- She did not seek consultation with a supervisor or the College.

SCENARIO 2

A social service worker is employed in a community centre which offers a range of services, including housing and employment support, information and referral, a food bank and a drop-in. Over time, she becomes familiar with the clients who regularly use the services of the centre. One such client suggests that they have coffee together, which they do on several occasions in the lounge of the community centre. There appears to be a mutual attraction and they discover they are both sports enthusiasts. The client invites the member to attend a hockey game with him at the local arena. She would like to accept his invitation, and would be interested in pursuing a relationship with him. She believes that because the client initiated the relationship, and not her, that she would not be acting in an unethical way. She also believes that her professional contact with the client was not significant and, therefore, that she would not be crossing any boundaries in establishing a romantic relationship with him.

Simply because the client initiated a relationship with the social service worker does not mean that she is relieved of her professional responsibility. The standards of practice state that “[i]f a client initiates behaviour of a sexual nature, the member states clearly that this behaviour is inappropriate by virtue of the professional relationship.”⁷ Further, “College members are solely responsible for ensuring that sexual misconduct does not occur.”⁸

As noted in Scenario 1, sexual relations between College members and clients to whom they have provided psychotherapy and/or counselling services are prohibited at any time. In addition, Principle VIII, Interpretation 8.8 states: “Sexual relations between College members and clients to whom the members have provided social work or social service work services, other than psychotherapy or counselling services, are prohibited for a period of

one year following termination of the professional relationship.” Although the social service worker believes that her professional contact with the client was “insignificant”, she would need to consider the definitions of psychotherapy and counselling to determine the nature of the social service work services she provided to the client:

“Psychotherapy services” are defined as any form of treatment for psycho-social or emotional difficulties, behavioural maladaptations and/or other problems that are assumed to be of an emotional nature, in which a social worker establishes a professional relationship with a client for the purposes of promoting positive personal growth and development.⁹

“Counselling services” are defined as services provided within the context of a professional relationship with the goal of assisting clients in addressing issues in their lives by such activities as helping clients to find solutions and make choices through exploration of options, identification of strengths and needs, locating information and providing resources, and promoting a variety of coping strategies, but do not include psychotherapy services.¹⁰

Although the social service worker may correctly conclude that she did not provide psychotherapy services, she would still need to carefully consider her role vis-à-vis the client, to determine if it falls within the definition of counselling services. Even if she determines she did not provide counselling services, she would be required to wait a year after her relationship with the client has terminated, before considering entering a sexual relationship; however, “even after the expiry of the one-year period ... sexual relations between a member and a former client will give rise to a dual relationship and create the potential for a conflict of interest.... Prior to engaging in sexual relations with a former client, a member must evaluate not only whether such relations are permitted under Principle VIII

7. The Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle VIII: Sexual Misconduct, Interpretation 8.4

8. Ibid., Interpretation 8.1

9. Ibid., Footnote 6

10. Ibid., Footnote 7

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and Interpretation 8.8, but also whether they give rise to a dual relationship and/or conflict of interest, or may contravene any other Standard of Practice of the College.”^{11 12}

As in Scenario 1, the member was not clear on what the standards of practice require, nor did she consult a supervisor or the College. Reviewing the standards of practice and seeking consultation would have assisted her in making an ethical decision with a sound rationale.

SCENARIO 3

A young woman with a history of trauma, unstable relationships and self-harm begins to see a social worker in weekly psychotherapy. The client has had several previous unsuccessful attempts in psychotherapy, but seems to establish a good working relationship with the social worker. She tells the social worker that she feels at last she has found someone who understands her. The client struggles when they start to delve into painful material and appreciates when the social worker gives her a hug after particularly difficult sessions. The social worker is gratified that the client is making progress and when the client feels she needs more frequent contact, the social worker agrees to see her outside their weekly appointments, sometimes on weekends. When the client feels she needs contact when she's in crisis, she and the social worker begin texting each other, often in the evenings and on weekends. The social worker feels this additional contact helps the client cope until their next session.

The social worker has been experiencing a difficult time in her personal life, having recently dealt with a health scare and the loss of a beloved pet, with little support. She cares deeply about the client and begins to look forward to their contact. She raises her upcoming planned vacation with the client, concerned about the interruption in therapy. When the client learns that the social worker will vacation at a resort near the client's family cottage, the client suggests

that they meet at the cottage during the social worker's vacation. The social worker feels that ongoing contact would be beneficial to the client, but when she mentions this to a colleague, the colleague expresses concern about the social worker's inappropriate boundaries. The social worker feels her colleague is overreacting and decides not to mention the matter again, as in her view the optics don't reflect the reality of the positive therapeutic work the client and she are doing.

This scenario is fraught with warning signals. Of grave concern is the social worker's apparent lack of self-awareness. She is experiencing anxiety and loss in her personal life and has little support, which likely contribute to a feeling of vulnerability. Her gratification when the client tells the social worker she is the only one who understands her, in addition to the social worker's looking forward to seeing the client, are red flags that her own feelings are clouding the therapeutic relationship. It is imperative that "College members are aware of their values, attitudes and needs and how these impact on their professional relationships with clients."¹³ Additionally, members must "distinguish their needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount."¹⁴ In this scenario, it appears that the member's own needs are impacting her decisions in the therapeutic process, leading her to violate boundaries. It is vital that members "establish and maintain clear and appropriate boundaries in professional relationships for the protection of clients.... Members are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships."¹⁵

Setting appropriate boundaries in the helping relationship establishes the ground rules for working together, and is essential in a psychotherapeutic relationship. Although the social worker's task was to maintain those boundaries, she frequently violated them by, among other things,

11. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct, Footnote 8.

12. The standards of practice should be reviewed in their entirety, however, Principle II: Competence and Integrity, Interpretations 2.2, and 2.2.1 to 2.2.4 are particularly relevant to conflict of interest and dual relationships.

13. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.5

14. *Ibid.*, Interpretation 1.6

15. *Ibid.*, Principle II: Competence and Integrity, Interpretation 2.2

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scheduling extra sessions with the client, and having contact on weekends and after hours. The social worker also began to hug the client after difficult sessions. Members are reminded that they do not engage in “[t]ouching, of a sexual nature, of the client by the member,”¹⁶ 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.”¹⁷ Although the social worker may not have felt the hugs were sexual in nature, they could certainly be construed as a boundary violation. Their meaning to the client was unclear, and therefore open to misinterpretation. The same can be said regarding the member’s disclosure to the client of her vacation plans. Non-sexual touch and self-disclosure are both highly risky, particularly in the context of other boundary violations; they should not be undertaken without careful thought and, ideally, discussion with a supervisor or experienced colleague.

It is disturbing that the social worker dismissed her colleague’s feedback regarding the inappropriate boundaries with her client, and decided not to discuss the matter again. It is crucial that “[a]s part of maintaining competence and acquiring skills in social work or social service work practice, College members engage in the process of self review and evaluation of their practice and seek consultation when appropriate.”¹⁸ Members may also find engaging in their own personal psychotherapy necessary and helpful.

In summary, the social worker in this scenario was experiencing stress in her personal life and was unaware of her own feelings and needs and how these impacted on her relationship with her client. She repeatedly missed red flags concerning the relationship and committed numerous boundary violations. Seeking consultation and/or engaging in her own therapy could have provided her with a safe place to explore issues and help her identify the slippery slope she was on.

SUMMARY

Despite clear statements in the Code of Ethics and Standards of Practice that sexual behaviour by a College member toward a client represents an abuse of power, some members do sexually abuse their clients. There often appears to be a slippery slope of behaviour that precedes the sexual abuse, in the form of other boundary violations, which those members ignore. Members should be aware that “[b]oundary 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.”¹⁹

Members are urged to ensure that they understand and apply the standards of practice, that they are aware of their own feelings and needs and how these may impact on their professional relationships, and that they consult with a supervisor, trusted colleague or the College. Doing so will assist them in avoiding the slippery slope and fulfilling their professional obligation to ensure that their client’s needs and interests remain paramount.

Pamela Blake was on staff at the College for 13 years, as Director of Professional Practice from 2001 to 2007 and Deputy Registrar from 2008 to 2013. For more information, contact the Professional Practice Department at practice@ocswssw.org.

16. Ibid., Principle VIII: Sexual Misconduct, Interpretation 8.2.2.

17. Ibid., Footnote 2.

18. Ibid., Principle II: Competence and Integrity, Interpretation 2.1.5

19. *The Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle II: Competence and Integrity, Interpretation 2.2

Discipline Decision Summary



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PROFESSIONAL MISCONDUCT LINDSAY LAPEER

FORMER MEMBER # 821757

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. Between August of 2011 and February 25, 2014, the Member was employed by the [place of employment], a shelter for men with substance abuse issues and/or mental illness. The Member was first employed as an administrative assistant and subsequently, as of January 2013, as a housing support worker.
2. In June of 2013, the Member provided housing support worker services to a client (the "Client") at her place of employment who was known to her to be recovering from drug and alcohol addictions. He had difficulty maintaining a stable lifestyle due to his addiction issues.
3. In late June of 2013, the Client found housing outside of the [place of employment]. The Member coordinated and assisted the moving of his items, but also agreed to personally assist him with his move and offered him items such as furniture and bedding. After completing the move but before departing, the Client kissed her on the cheek. The Member later told the Client that she was concerned about his physical state subsequent to the move.
4. In October of 2013, the client lost his housing and returned to the [place of employment] as a resident. He had recently been diagnosed with [a medical condition] and as a result, had a panic attack and relapsed. The Member provided support to the Client about his state of mind since being diagnosed with [a medical condition] and his fears arising out of the diagnosis.
5. Beginning in November 2013, the Member engaged in an ongoing inappropriate personal and sexual relationship which included engaging in the following conduct or actions:
 - a. In or about November 2013, the Member told the Client that she had feelings for him. She additionally told the Client that she wanted him to get clean and sober so that she could commence a personal relationship with him.
 - b. In December 2013, she met the Client for coffee outside of the [place of employment]. Instead of going for coffee, they went to a bar where they consumed alcohol together. While at the bar, the Member asked the Client personal questions, kissed and caressed him, and gave him her

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- personal cell phone number.
- c. In December 2013 and January 2014, the Member invited the Client to her personal residence on two occasions. On both occasions, they engaged in consensual sexual relations.
 - d. The Member texted with the Client (often daily) and the texting included highly sexualized comments and innuendos, sharing her personal daily activities and telling him she wished to “hang out” with him.
6. Subsequently, the Member requested the Client to delete the text messages between them and asked that he keep their relationship a secret. If this matter were to proceed to a contested hearing, the Member would explain that she asked the client to delete the messages and to keep their relationship a secret as she realized that she had made a mistake, was feeling guilty for having broken the rules of the [place of employment] and professional standards and wanted to distance herself from the Client and what had happened.
 7. In February 2014, the Member’s employment was terminated after an internal investigation revealed she had engaged in an “ongoing, inappropriate relationship” with the Client and that she failed to disclose the nature of the relationship, even after confronted by management at the [place of employment]. In particular:
 - a. She failed to disclose that she had a prior personal and sexual relationship with the Client while employed at the [place of employment].
 - b. She advised the [place of employment] that she knew the Client prior to her employment at the [place of employment], which was not true.
 - c. She failed to disclose that she was engaging in an ongoing personal texting relationship with the Client.
 8. On May 5, 2014, the Member began weekly counselling with a psychologist to determine why she failed to distinguish her own needs from those of the Client, why she failed to appreciate how her needs might impact on her professional relationship with an individual such as the Client and why she had a failure in judgment.
 9. The Member admitted 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 *Social Work and Social Service Work 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:

- a. Section 2.5 of the Professional Misconduct Regulation by abusing a client physically, sexually, verbally, psychologically or emotionally when she established a personal and/or sexual relationship with the Client to whom she provided social service work services;
- b. Section 2.2 of the Professional Misconduct Regulation and Principle VIII of the Handbook (as commented on in Interpretations 8.1, 8.2, 8.3, 8.4, 8.8 and Footnote 8) by failing to ensure that sexual misconduct did not occur, by failing to seek consultation/supervision and develop an appropriate plan when she developed sexual feelings towards the Client that could put the Client at risk, by failing to state clearly to the Client if he initiated behavior of a sexual nature that such behaviour is inappropriate by virtue of the professional relationship and by engaging in sexual relations with a client to whom she provided social service work services;
- c. Sections 2.2 and 2.28 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.5, 1.6 and 1.7) by failing to maintain awareness of her own values, attitudes and needs and how these impact on her professional relationship with the Client, by failing to distinguish her needs and interests from those of the Client to ensure that the Client’s needs and interests remain paramount and by failing to maintain an awareness and consideration of the purpose, mandate and function of the organization by which

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- she was employed and how these impact on and limit professional relationships with clients;
- d. Sections 2.2, 2.10 and 2.28 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.5, 2.2.1, 2.2.2, 2.2.8 and Footnote 7) by failing to engage in the process of self-review and evaluation of her practice and seek consultation when appropriate, by engaging in a dual relationship that increased the risk of exploitation or harm to her Client, by having sexual relations with her Client in a manner that could create a conflict of interest, and by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social service work;
 - e. Section 2.2 of the Professional Misconduct Regulation and Principle III of the Handbook (as commented on in Interpretation 3.7) by failing to assume responsibility for demonstrating that the Client had not been exploited, coerced or manipulated, intentionally or unintentionally, in a situation where a personal relationship occurred between the member and a client;
 - f. 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 ordered that:

1. The Member shall be reprimanded in writing 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 revoke the Member's Certificate of Registration.

3. The Discipline Committee's finding and Order (or a summary thereof) shall be published, with the name and identifying information of the Member included, but with identifying information relating to the Member's client or former client removed, in the College's official publication and on the College's website.
4. The results of the hearing shall be recorded on the Register.
5. The Member shall pay costs to the College in the amount of \$1,500.

REASONS FOR PENALTY ORDER

The Discipline Committee concluded that:

- The penalty is reasonable and serves to protect the public interest.
- The Member has co-operated with the College, and by agreeing to the facts and a proposed penalty, has accepted some responsibility for her actions.
- The penalty is also intended to maintain high professional standards and preserve public confidence in the College's ability to regulate its members.
- The penalty should provide specific deterrence to this Member and general deterrence to deter members of the profession from engaging in similar misconduct.

Discipline Decision Summary



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KIM FREELAND

FORMER MEMBER # 821182

On June 27, 2016, the College brought a motion before a Panel of the Discipline Committee to stay allegations of professional misconduct against the Member. The allegation(s) are as follows:

1. The Member breached the terms of an Undertaking entered into with the College's Executive Committee by failing to complete prescribed remedial activities.

In particular, it is alleged that the Member:

2. Violated section 2.32 of Ontario Regulation 384/00 (the "Professional Misconduct Regulation") by failing to comply with a written undertaking given to the College or to carry out an agreement entered into with the College; and,
3. Violated 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, dishonorable or unprofessional by failing to comply with a written undertaking given to the College or to carry out an agreement entered into with the College.

The College brought the motion before the Discipline Committee in light of the fact that the Member entered into an Agreement, Undertaking and Acknowledgment with the College whereby she resigned permanently as a member of the College and irrevocably surrendered her certificate of registration, and will no longer engage in the practice of social work in Ontario or hold herself out as a social worker, or use any of the other restricted titles in the *Social Work and Social Service Work Act, 1998*.

Accordingly, the parties made a joint submission to the Discipline Committee to issue an Order for a stay of the allegations of professional misconduct against the Member. Having regard to the Agreement, Undertaking and Acknowledgment the Member entered into with the College, the Discipline Committee accepted the joint submission of the parties and:

1. Issued an Order staying the allegations of professional misconduct against the Member in accordance with the terms of the Agreement, Undertaking and Acknowledgment the Member entered into which terms include that:
 - a. A summary of the disposition of the matter will be posted on the College website and published in the official publication of the College and may

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be published in any other medium at the sole discretion of the College.

2. Further ordered that the public register maintained by the Registrar shall contain a notation of this matter, including a summary of the allegations, a notation that the Member has entered into an Agreement, Undertaking and Acknowledgement to resign from the College and to not reapply, and a notation that the allegations have been stayed.



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PROFESSIONAL MISCONDUCT

SUSAN NEWMAN (WOOD)

MEMBER # 819523

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, the Member was a registered social work member of the College.

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2. On April 18, 2011 the Member began employment with the [Community Health Centre] as a social worker on the [XX Team].
3. On December 13, 2011, the Member conducted a first counselling session with [the Client], an individual who was seeking assistance from the [Community Health Centre] in respect of personal issues relating to depression. The Member subsequently provided one-on-one counselling services to [the Client] until August 30, 2012. During the last counselling session, the Member discussed with [the Client] his feelings of “social isolation”, a recent romantic relationship that ended abruptly, “boundaries and relationship” issues and “enabling behaviours” in the context of his relationships.
4. In December of 2012, the Member and [the former Client] met at a social event, separate and apart from the counselling relationship. The meeting was not planned though the Member was aware that [the former Client] was going to be working at the event.
5. In April of 2013, the Member and [the former Client] began a personal relationship. The personal relationship developed into a romantic and sexual relationship and they subsequently began cohabitating. In January of 2014, the Member and [the former Client] were engaged.
6. In September of 2013, the Member informed a colleague who was the primary care nurse practitioner for [the former Client] about the relationship. When the colleague expressed concern about the relationship, the Member indicated that she had discussed the relationship with [the Community Health Centre] management and with the College who both indicated that it was okay. Both [the Community Health Centre] management and the College deny that they indicated to the Member that engaging in a personal relationship with [the former Client] was okay.
7. The Member subsequently disclosed the relationship with [the former Client] to [the Community Health Centre] management. During subsequent investigation, it was uncovered that the Member had indicated on an insurance form that she had been cohabitating with [the former Client] at a time when she was still providing social work services to [him] for the purpose of getting him benefits under her plan.
8. On May 29, 2014, the Member was terminated from [the Community Health Centre] for violations of the College’s Code of Ethics and Standards of Practice, her lack of honesty when questioned about her relationship with [the former Client] and the resulting breach of trust that is fundamental to the employment relationship. Upon termination, she indicated to [the Community Health Centre] management that she “never meant to fall in love with a client”.
9. 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:

- a. Section 2.2 of the Professional Misconduct Regulation and Principle VIII of the Handbook (as commented on in Interpretations 8.1, 8.3, 8.7 and Footnote 7) by engaging in sexual relations with [XX], a former client to whom she provided counselling services, failing to ensure that sexual misconduct did not occur and failing to seek consultation/supervision and develop an appropriate plan when she developed sexual feelings towards [XX];
- b. Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretation 1.5, 1.6 and 1.7) by failing to be aware of her own values, attitudes and needs and how those impacted on her professional relationships with [XX];

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failing to distinguish her needs and interests from those of her client to ensure that her clients' needs and interests remain paramount and failing to maintain awareness and consideration of the purpose, mandate and function of her employer when she established a personal and sexual relationship with [XX], a former client;

- c. Sections 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.2.1(ii), 2.2.2, 2.2.8 and Footnote 7) by entering into a conflict of interest situation with [XX], a former client to whom she provided counselling services and with whom she engaged in a sexual relationship. In doing so, she engaged in conduct which could reasonably be perceived as reflecting negatively on the profession of social work.
- d. Section 2.2 of the Professional Misconduct Regulation and Principle III of the Handbook (as commented on in Interpretation 3.7) by engaging in a personal relationship with a former client, [XX], without demonstrating that [XX] has not been exploited, coerced or manipulated, intentionally or unintentionally;
- 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 disgraceful, 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 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 twelve (12) months, the first three (3) months

of which shall be served commencing on the date of the Discipline Committee's Order herein. Upon completion of those first three (3) months of the suspension, the remaining nine (9) 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 nine (9) 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) as set out below. If the Member fails to comply with those terms and conditions, the Member shall serve the remaining nine (9) months of the suspension, commencing two (2) years from the date of the Discipline Committee's Order.

- 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 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 within two (2) years from the date of the Order of the Discipline Committee herein;
 - b. at her own expense, engage in intensive insight-oriented psychotherapy with a regulated professional approved by the Registrar of the College for a period of two (2) years from the date of the Discipline Committee's 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 Registrar may, if satisfied that the purpose of the therapy has been accomplished, at any time before the expiry of the two year period, direct that the psychotherapy be discontinued;

Discipline Decision Summary

c. receive supervision of her social work practice within her place(s) of employment, at her own expense, from a regulated professional (or regulated professionals) approved in advance by the Registrar for a total of two (2) years from the date of the Order of the Discipline Committee herein, as follows:

- (i) the Member shall advise the Registrar, forthwith, of the name and professional qualifications of her proposed social work supervisor(s) within her place(s) of employment and obtain the Registrar's prior approval of such supervisor(s). The Registrar shall provide the approved supervisor(s) with a copy of the decision of the Discipline Committee in respect of this matter;
- (ii) the Member shall receive supervision of her social work practice within her place(s) of employment, from the approved supervisor(s), for a period of 2 years from the date of the Discipline Committee's Order herein;
- (iii) if the Member's employment ends, or the Member changes employers and/or supervisors, she shall forthwith advise the Registrar of the termination of or change in her employment and/or the name of her new supervisor, pending which the Member's 2-year supervision period shall be suspended. The procedure set out in subparagraphs 3(c)(i) and (ii) shall be followed in respect of any new employer(s) and/or supervisor(s), at which point the 2 year supervision period shall resume;
- (iv) the Member shall provide to the Registrar written confirmation from her supervisor(s), acceptable to the Registrar, of the satisfactory completion of a total of two (2) years supervision of her social work practice within her place(s) of employment.

d. and 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 two (2) years from the date on which those terms, conditions and limitations are recorded on the Register, except with the prior written consent of the Registrar.

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 \$2000 based on the following schedule:
 - a. \$500 to be paid no later than April 18, 2016;
 - b. \$500 to be paid no later than September 18, 2016;
 - c. \$500 to be paid no later than November 18, 2016;
 - d. \$500 to be paid no later than January 18, 2017.

In the event that any of the payments are not made in accordance with the above schedule, the entire amount outstanding shall become immediately due.

REASONS FOR PENALTY ORDER

- The panel recognized 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, maintains high standards, and protects the public interest. The panel considered the circumstances submitted by both counsel. In addition, the panel considered the fact the member has cooperated with the College, has agreed to the facts and the proposed penalty, and has accepted responsibility for her actions. She has also begun rehabilitation measures by seeking intensive psychotherapy.
- The penalty provides both specific deterrence and general deterrence to deter members of the profession from engaging in similar misconduct.

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PROFESSIONAL MISCONDUCT

GREG MICHELL

FORMER MEMBER # 812852

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, Mr. Michell ("Member") was a registered social worker under the *Social Work and Social Service Work Act* (the

"Act") with the Ontario College of Social Workers and Social Service Workers (the "College").

EVIDENCE REGARDING THE MEMBER'S EMPLOYMENT

2. The Member was employed as a social worker with [Agency A] (the "Agency") from in or about 2009 until November of 2014. As a social worker at the Agency, the Member provided services within the scope of the Act ("services") to clients of the Agency.
3. On November 4th, 2014, the Member was suspended with pay by the Agency pending its investigation of the Member's conduct with respect to a client ("Client A"). On November 6th, 2014, the Member resigned from the Agency after additional concerns were raised with respect to the Member's conduct with two other clients who are described hereinafter as:
 - a. "Client B" (mother of Client C); and,
 - b. "Client C" (daughter of Client B).
4. While employed at the Agency, and subsequent to his resignation, the Member carried on a private practice wherein he provided social work services to clients.

EVIDENCE REGARDING CLIENT A PRIOR TO RESIGNATION FROM THE AGENCY

5. Client A presented as a vulnerable client suffering from a complicated history and various medical disorders.
6. During his employment with the Agency, the Member provided counselling and/or psychotherapy services to Client A on approximately 47 occasions between March 2013 and November 2014.
7. While providing services during his period of employment with the Agency:
 - a. The Member did not adequately conduct an assessment or set treatment goals, evaluate those

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- goals, and/or revise those goals during the course of providing social work services;
- b. The Member provided his personal contact information to Client A, contrary to the policies of the Agency and contrary to relevant College Standards. The Member engaged in telephone, email, and in-person contact with Client A, contrary to the policies and directions of the Agency;
 - c. The Member attended to Client A at her home, and drove Client A in his vehicle from time to time;
 - d. The Member engaged in physical contact of a non-sexual nature with Client A, including embracing;
 - e. The Member assisted Client A in administering her medication;
 - f. The Member did not consistently document or bill for services to Client A that occurred outside of the Agency between October 27 and November 3, 2014; and,
 - g. The Member made only 10 entries into Client A's Agency electronic record, notwithstanding that he met with her on approximately 47 occasions at the Agency. The Member's entries were deficient in that they did not include an assessment or goal setting and could not be understood by a third party.
8. The Member self-reported to his Agency supervisor on October 30, 2014 regarding the above-noted conduct, and expressed his view that such conduct may have created liability implications for the Agency. Accordingly, the Agency supervisor directed the Member to cease contact with Client A outside of the Agency and to address boundary concerns with Client A within the scope of his practice at the Agency.
 9. Despite these instructions, the Member was in contact with Client A outside of the Agency from November 1-3, 2014, at a time when Client A presented to the Member as being in a state of crisis. The Member did not document or bill for his services to Client A for the services provided outside of the Agency during that time.

EVIDENCE REGARDING CLIENT A SUBSEQUENT TO THE MEMBER'S RESIGNATION FROM THE AGENCY

10. Subsequent to the Member's resignation from the Agency, he continued to provide social work services to Client A in his private practice.
11. In February of 2015, Client A was brought by ambulance to the emergency department of [Hospital X] after the Member called Emergency Medical Services ("EMS").
12. At that time, the Member spoke with [Hospital X] staff about the events leading up to Client A's attendance at [Hospital X]. The Member stated that Client A had spent the previous night at his home. He initially advised [Hospital X] staff that it was a court order for Client A to be out of her home, though he subsequently advised that it was a directive from the Crown Attorney. Both of those representations were false.
13. If the Member were to testify, he would state that it was his understanding at the time that Client A was required to not return to her home the previous evening which he subsequently discovered was incorrect. He would additionally testify that his wife was present throughout.
14. The Member admits the following facts which he reported to [Hospital X] staff:
 - a. during the preceding evening while at the Member's home, Client A presented to the Member as exhibiting symptoms of decreased consciousness, slurred speech, and possible diabetic shock. The Member attempted to administer or assist with the administration of Client A's medicines, however, he did not seek emergency medical assistance at that time; and,
 - b. in the morning, while the Member was driving Client A to her home, she expressed upset and appeared to attempt to exit the vehicle while it was moving.

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15. In April of 2015, Client A was readmitted to [Hospital X] as a result of an attempted suicide. After Client A's admission to [Hospital X], the Member visited Client A. At the time of his attendance at [Hospital X], the Member:
 - a. Falsely advised [Hospital X] staff that he was Client A's "court appointed therapist." If the Member were to testify, he would state that he subsequently clarified that he was not Client A's "court appointed therapist", but rather her "therapist appointed by the court";
 - b. physically assisted Client A from her wheelchair to the hospital bed in a manner that required of him to wrap his arms around Client A;
 - c. sat on the bed beside her and touched her head, hair and hand; and,
 - d. embraced Client A in a non-sexual manner, while remaining at her bedside, as Client A lay on the hospital bed.
 16. A [Hospital X] staff member witnessed the interactions with Client A, interjected and offered the Member a chair, although he indicated that it was not necessary and departed shortly thereafter.
 17. The Member subsequently visited Client A on a second occasion at [Hospital X], stood by the hospital bed and held her hand. A [Hospital X] staff member witnessed the Member holding Client A's hand, interjected and offered him a chair, although he indicated that it was not necessary.
- EVIDENCE REGARDING THE MEMBER'S CONDUCT WITH RESPECT TO CLIENT B AND CLIENT C**
18. The Member provided social work services to both Client B and Client C. Client B is the mother of Client C. Client C was a teenage client with a history of self-harm, drugs and suicide attempts. Social work services to Client C were provided through the Member's private practice while services to Client B were provided as an employee of the Agency.
 19. The history of the counselling relationship is as follows:
 - January 2012 to November 2012 & April 2013 to May 2013: The Member provided social work services to Client C at the Agency in group counselling focusing on violence in family and other relationships;
 - January 2013 to October 2014: The Member provided social work services to Client B at the Agency; and
 - Fall of 2014: The Member provided social work services to Client C as part of his private practice at Client C's home.
 20. The Member did not disclose to the Agency that he provided independent counselling services to Client C in the Fall of 2014, contrary to Agency policy.
 21. With respect to Client C:
 - a. The Member did not adequately conduct an assessment or set treatment goals, evaluate those goals, and/or revise those goals during the course of providing social work services. As reported to the Agency by an outside party, the Member was also unclear as to whether he was providing social work services as part of his private practice or whether he was acting in his capacity as an employee of the Agency in the Fall of 2014. The Member also required cash payment for his private services which, as reported to the agency by an outside party, presented financial hardship;
 - b. The Member entered electronic records with respect to only 10 of 22 meetings, all of which were submitted in August 2014, notwithstanding that the counselling and/or psychotherapy relationship ended in November of 2012. The Member also entered electronic records with respect to group counselling in August 2014, notwithstanding that the group counselling occurred in April and May of 2013.

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22. With respect to Client B:
- The Member did not adequately conduct an assessment or set treatment goals, evaluate those goals, and/or revise those goals during the course of providing social work services. The Member counselled Client B regarding personal matters affecting Client C, including issues of self-harm, drug use and suicidal gestures or attempts; and,
 - The Member entered electronic records with respect to only 7 of approximately 41 counselling sessions which were all submitted between June and October 2014, notwithstanding that the counselling relationship ended in October of 2014.

EVIDENCE REGARDING THE MEMBER'S RECORDKEEPING

23. The Agency conducted a review of 33 of the Member's clinical files following his resignation from the Agency. According to the Agency's review:
- 20 of the Member's files had no electronic assessment report. Of the 13 files with an assessment report, many were recorded late (and some as late as 2 years after initiation of the counselling relationship); and,
 - 8 of the Member's files had no electronic clinical records at all, notwithstanding that he had met with these clients between 1 and 22 times.
24. The Agency conducted a chart audit of the Member's files following his resignation from the Agency. According to the Agency's audit:
- of 17 "active" clients as of the date of resignation, 14 clients had no electronic documentation at all;
 - of 9 clients last seen between 3 and 12 months prior to resignation, 6 clients had no electronic documentation at all, notwithstanding that the Member had seen some of these clients as many as 10 times; and,
 - of 22 clients last seen between 1 and 2 years prior to resignation, 20 had no electronic

documentation at all, notwithstanding that the Member had seen some of these clients as many as 22 times.

25. According to the Agency's audit, between September 22, 2009 and June 17, 2014, the Member did not complete 491 electronic documents relating to his client records.

DECISION

The Discipline Committee accepted the Member's Plea and the Agreed Statement of Facts 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:

- Sections 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.1, 1.1.1, 1.3, 1.5, 1.6 and 1.7) by failing to set and evaluate goals with the clients 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 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, by failing to maintain awareness of the Member's own values, attitudes and needs and how these affect the Member's professional relationship with the client, by failing to distinguish the Member's needs and interests from those of his client to ensure that his clients' needs and interests remain paramount and by failing to maintain an awareness and consideration of your employer's purpose, mandate and function as an organization and how these impact on and limit professional relationships with clients;
- Sections 2.2 and 2.10 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.1, 2.1.5, 2.2, 2.2.1 and 2.2.8) by failing to be aware of the extent and parameters of his competence and professional scope of practice and limiting his practice accordingly, by failing to engage in the process of self-review and

Discipline Decision Summary

evaluation of his 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 the Member ought reasonably to have known that the client would be at risk in any way and by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work;

- c. Sections 2.2 and 2.10 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretations 3.1, 3.2, 3.3, 3.7 and 3.8) by failing to provide clients with accurate and complete information regarding the extent, nature and limitations of any services provided to them, by failing to deliver client services and respond to client queries, concerns and/or complaints in a timely and reasonable manner, by soliciting the Member's employers' clients for private practice, by failing to ensure no personal relationship occurs with the client and by providing services that are not relevant and do not conform to College standards or providing services the Member knew or ought reasonably to have known is not likely to benefit the client;
- d. Sections 2.2, 2.20 and 2.28 of the Professional Misconduct Regulation and Principle IV of the Handbook (commented on in Interpretations 4.1.1, 4.1.3 and 4.1.6) by failing to record information to an accepted standard and in a format that facilitates the monitoring and evaluation of the effects of the service, by failing to keep systematic, dated and legible records for each client and by failing to record when the event occurs or as soon as possible thereafter; 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 is directed to suspend the Member's Certificate of Registration for a period of twelve (12) months, the first six (6) months of which shall be served commencing on the date of the Discipline Committee's Order herein. Upon completion of those first six (6) months of the suspension, the remaining six (6) months of the suspension shall be suspended for a period of three (3) years, commencing on the date of the Member's return to social work practice. Those remaining six (6) months of the suspension shall be remitted on the expiry of that three-year period if 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 is 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 is 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. Boundaries and Ethics Course: at his own expense, participate in and successfully complete a boundaries and ethics training course, as

Discipline Decision Summary

prescribed by and acceptable to the College, and provide proof of such completion to the Registrar within six (6) months from the date of the Discipline Committee's Order herein;

- b. Insight Oriented Psychotherapy: 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 two (2) years commencing on or before the date that the Member returns to social work practice, 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 business 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 two-year period, direct that the psychotherapy be discontinued.

- c. Supervision: at his own expense, receive supervision of his social work practice with an approved member of a Regulated Health Profession for a period of two (2) years from the date that the Member returns to practice.

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 business days of returning to practice under supervision (and within 15 business 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.

- d. Notice to the College Regarding Employment: in the event that the Member obtains future employment engaging in activities that fall within 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 2 years;
- 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.

Discipline Decision Summary

5. The Member shall pay costs to the College in the amount of \$5,000 to be paid in accordance with the following schedule:
 - a. \$1,667 to be paid within 60 days of the completion of the mandatory six (6) month period of suspension;
 - b. \$1,667 to be paid within 120 days of the completion of the mandatory six (6) month period of suspension; and,
 - c. \$1,666 to be paid within 180 days of the completion of the mandatory six (6) month period of suspension.

In the event that either of the first two payments are not made in accordance with this schedule, the entire amount outstanding becomes immediately due.

REASONS FOR PENALTY ORDER

The Discipline Panel concluded that:

- Having regard to the aggravating and mitigating circumstances submitted by both counsel as well as the fact that the member has cooperated with the College, has admitted to the facts and has accepted responsibility for his actions, the joint penalty proposed was reasonable, maintains high professional standards, and serves to protect the public interest.
- The penalty provides both specific deterrence and general deterrence to deter members of the profession from engaging in similar misconduct and the publication of this decision will send a clear message to the membership that this conduct is unacceptable.

FAQs: Membership Renewals

With 2016 coming to an end and the renewal period quickly approaching, the College would like to use these FAQs to inform College members about the membership renewal process. Below are answers to some commonly asked questions:

HOW DO I RENEW MY MEMBERSHIP FOR 2017?

This year's renewal period will begin on November 1, 2016. Please note some changes regarding the upcoming annual renewal of registration process.

In order to save trees and reduce costs, the College will no longer be mailing hard copy renewal forms. Members are required to complete the renewal for 2017 **online**. Online renewals are secure and easy, and take less than five minutes to complete. Remember, if you do not want to pay your renewal fees online, you have the option of mailing your cheque or money order after completing the online renewal form. If you do not have internet access and can only complete a paper renewal form, please contact the College during the renewal season for assistance.

HOW DOES THE COLLEGE COMMUNICATE WITH ITS MEMBERS?

The College communicates with members primarily by email. To ensure you receive timely updates and important information, please ensure that the email address on your profile is up to date.

HOW DO I UPDATE MY CONTACT INFORMATION?

It is very important (and also a requirement of College membership) to ensure that your contact information is up to date. You can update your contact information (home/employer address and email address[es]) by logging into your online profile with your user ID or password, or you may contact the College with your updated contact changes. If you need assistance with your login, please contact the College.

WHY HAVEN'T I RECEIVED MY MEMBERSHIP CARD AND TAX RECEIPT THIS YEAR?

The College is no longer mailing hard copy membership cards and receipts to members.

Instead, tax receipts and member cards are now available online following payment of the annual renewal fee. To access your tax receipt and member card, please follow the steps below:

1. Login to your online member services.
2. Click on the "Send My Receipt/Card" button located on the top of the online page.
3. Select the home or business email address.
4. Select the membership year.
5. Click on the "Send My Receipt/Card" button at the bottom of the online page.

For more information about the membership renewal process, please contact Paul Cucci, Membership Manager, at pcucci@ocswssw.org.

CALL FOR NOMINATIONS

IN ELECTORAL DISTRICT NO. 3

Interested in being elected to the College Council?
Here's how to get involved:

The College invites all eligible members in Electoral District No. 3 to stand for election to the College Council. Two social work members and two social service work members will be elected in 2017. (An election is held in a different district each year.)

Electoral District No. 3 is composed of the geographic area within the territorial boundaries of the Counties of Haliburton, Peterborough, Northumberland and Simcoe, the Regional Municipalities of Durham, York and Peel, the City of Kawartha Lakes, and the City of Toronto.

Eligibility for Election - To access information on eligibility, please go to: <http://www.ocswssw.org/members/elections/>

Look for an email in January 2017 inviting you to send in your nomination forms, or contact Pat Lieberman at the College for more information at 416-972-9882 ext. 207 or toll free 1-877-828-9380 ext. 207 or at plieberman@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, emailed to 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 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. 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:

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www.ocswssw.org

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

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Bea Bindman
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For general registration inquiries, please email: registration@ocswssw.org.

COMPLAINTS AND DISCIPLINE

For information on complaints, discipline and mandatory reporting, please email: investigations@ocswssw.org.

FSC LOGO