



Ontario College of  
Social Workers and  
Social Service Workers

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## **Discipline Decision Summary**

These summaries of the Discipline Committee's Decisions and Reasons for Decision are published either pursuant to the Discipline Committee's penalty order or with the agreement of the College member who is the subject of the Decisions.

By publishing such summaries, the College endeavours to:

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

### **DISGRACEFUL, DISHONOURABLE AND UNPROFESSIONAL CONDUCT Member, RSW**

#### **Agreed Statement of Facts**

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

1. The Member was, at all relevant times, employed at a hospital in Ontario.
2. A Client began outpatient therapy with a Hospital psychologist and intern, initially concerning depression related to chronic pain and generalized anxiety. The Client's case was transferred to the Member.
3. The Member provided professional counselling and/or psychotherapy services to the Client for approximately eight months. During that period of time (for approximately a month) the Client was voluntarily admitted to the Hospital under the care of a psychiatrist, due to depression, anxiety and an inability to manage day-to-day. The Member also provided counselling and psychotherapy services to the Client during this admission.
4. In the approximate eight-month period of time during which the Member provided psychotherapy and counselling to the Client, the Member engaged in a series of boundary violations, including the following:
  - The Member lost objectivity regarding the Client's possible involuntary admission to the Hospital in the Fall of 2003, because the Member felt guilty for what the Member viewed as the lack of appropriate treatment the Client had previously received and felt that it was the Member's responsibility to make up the time the Client had spent at the Hospital without proper treatment. The Member acknowledged that as a result, the Member "crossed

all kinds of boundaries – even boundaries [the Member] never [crosses] – to make this happen.”

- The Member spent much more time with the Client than was appropriate and inappropriately shared a significant amount of personal information with the Client.
  - The Member failed to transfer the Client’s care to someone else where advised to do so by the Member’s Clinical Manager due to the boundary issues in the Member’s treatment of the Client.
  - During therapy sessions, the Member spoke with the Client frequently about the Client’s desire to pursue a relationship with the Member, and responded to the Client’s questions about the Member’s sexuality.
  - The Member experienced countertransference in the Member’s work with the Client, feeling that the Member and the Client had a great deal in common, would get along well as friends, shared similar ideas and interests and worked in the same field.
  - The Member failed to appropriately and sufficiently document in the Member’s clinical notes the transference and countertransference issues which arose regarding the Client. The Member also failed to appropriately document in the clinical notes the consultation and supervision the Member received in the Client’s case, the personal disclosures the Member made to the Client or the Member’s attempts to transfer the Client to another therapist.
5. The Member ignored warnings from the Client’s treating psychiatrist, the Member’s Clinical Manager and other Hospital staff who raised concerns about the amount of time the Member was spending with the Client and about the Member’s relationship with the Client.
  6. In or about November/December 2002, the Member spoke with the Clinical Manager about countertransference in the Member’s therapeutic relationship with the Client and the Member acknowledged that too much time was being spent with the Client and that the Member was getting too close to the Client and needed to “let go.”
  7. The Clinical Manager encouraged the Member to find a way to discharge the Client and the Member agreed to do so, stating the Member would also speak to the Member’s own therapist about the Member’s concerns. Although the Member advised the Clinical Manager a number of months later that the Client had been discharged, the Member did not have any further discussions with the Clinical Manager (either before or after the discharge) regarding the Client and the Member’s relationship with the Client.
  8. The Client’s psychiatrist also cautioned the Member to be aware of the Member’s relationship with the Client, especially in light of the psychiatrist’s concerns about the Client’s possible personality traits. The psychiatrist has no recollection of the Member seeking further advice after their initial discussion, or that the Member asked to discharge the Client.
  9. The above-outlined boundary violations and transference and countertransference issues eroded the professional relationship between the Member and the Client and contributed to the Member pursuing and establishing a dual professional and personal relationship with the Client.

10. The Member collaborated with the Client in an early termination of therapy, based primarily on the Client's report that the Client was asymptomatic and functioning, thereby giving the Client, and not the social worker the responsibility for the clinical decision to terminate therapy. There is no indication that the Member questioned the possibility that the Member or the Client may have been inappropriately motivated to terminate therapy (i.e. so as to allow a personal relationship between them to proceed), or that the Member sought consultation or supervision in regard to the possible early termination of therapy or anything else, to ensure that the Client's best interests were served.
11. Immediately after the termination of the therapeutic relationship, the Member entered into a personal relationship with the Client, during which the Member,
  - Received twice weekly telephone calls from the Client, asking to meet with the Member socially;
  - Met with the Client for dinner;
  - Allowed the Client to stay overnight at the Member's home, and in the Member's bedroom;
  - Invited the Client to vacation with the Member for a few days at a rental cottage in the countryside in the summer of 2003, and did vacation with the Client at that cottage, despite the Client's prior disclosure to the Member of the Client's sexual interest in the Member;
  - Continued to socialize with the Client throughout the Fall of 2003;
  - Exchanged correspondence with the Client by mail and e-mail;
  - Made disclosures to the Client of highly personal information, including expressions of the Member's personal and intimate feelings about the Client; and
  - Vacated with the Client out of the country during the week of December 6, 2003, following which the extra-therapeutic relationship was terminated by the Member.
12. While vacationing together in the country side in the summer of 2003, a sexual encounter occurred between the Member and the Client. Immediately after that encounter, the Member wrote a letter to the Client, referring to the encounter. The Member stated that the Member did not feel pressured by the Client and stated that "[a]s for the sexual piece, I'm glad I explored it, and in all honesty, I feel pretty relieved that it didn't feel right to me".
13. The Client and the Member continued to maintain a personal relationship and to see each other socially throughout the summer, fall and winter of 2003. They vacationed together out of the country in December 2003. Upon returning from their trip, the Member ended the relationship with the Client.
14. The Member admits that the Member's relationship with the Client was inappropriate and that the Member was aware of that inappropriateness prior to and throughout the relationship. The Member specifically discussed with the Client, during therapy sessions, that having any kind of post therapeutic relationship with the Client was professionally wrong and that it might be emotionally unhealthy for the Client.
15. Although the Member knew that the Member's relationship with the Client had been inappropriate and "professionally wrong", the Member used the Member's

- professional position and knowledge of the Client's emotional health to try to intimidate the Client and prevent the Client from reporting their relationship to the Hospital or the College. The Member sent the Client e-mail messages warning that if the Client made any public allegations against the Member, the Client's mental health record would be subpoenaed and reviewed and that the content of the record would have the effect of discrediting the Client and the Client's interpretation of their relationship. The e-mail message also stated that the Member could get financial backing to take the matter "all the way" in court and suggested that such litigation would cause the Client to "go broke", expose the Client's mental health record and lead to the Client's employer being advised of the Client 'enjoying treats' very frequently while on call, and of the Client's criminal record.
16. The Member falsely advised the Client that the Member made a report to the Member's "employer and to the College (whom [the Member meets] with regularly now for supervision)" and that "they've told [the Member that the Member's] job isn't in jeopardy unless there's a report against [the Member]." The College has no record of any such self-report, nor does the College meet with its members in the manner described by the Member.
  17. Despite the Member's e-mail messages (which the Client viewed as threatening and designed to prevent the Client from complaining to the College or the Hospital), the Client filed a complaint with the College.
  18. The Hospital terminated the Member's employment, after conducting an investigation which determined that the Member's behaviour demonstrated a serious lack of judgment and constituted a breach of the Member's professional obligations both to the Client and to the Hospital. In reporting the termination of the Member's employment to the College, the Hospital informed the College that the Member admitted to having a personal relationship with the Client as well as a sexual encounter. The Member also admitted to sending threatening e-mail messages to the Client in order to coerce the Client into not coming forward with a complaint.

### **Allegations and Plea**

The Discipline Committee accepted the Member's plea, admitting the truth of the facts set out in the Agreed Statement of Fact and that the Member is guilty of the following acts of professional misconduct as set out in Section 26(2)(a) and (c) of the *Social Work and Social Service Work Act* (the "Act"), and as set out in the Amended Notice of Hearing:

1. That the Member violated section 2.2 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act, and Principle VIII of the First Edition of the College's Standards of Practice (as commented on in Interpretations 8.1 and 8.7) by engaging in a sexual relationship or behaviour of a sexual nature with the Client when the Member established a personal relationship with the Client, to whom the Member had provided counselling services and/or psychotherapy services and, on one occasion, engaged in touching of a sexual nature and behaviour of a sexual nature towards the Client.

2. That the Member violated section 2.2 of the Professional Misconduct Regulation and Section 1 of the Code of Ethics and (or in the alternative) Principle I of the First Edition of the College's Standards of Practice (commented on in Interpretations 1.5 and 1.6) by failing to regard the well-being of the Member's Client as the Member's primary professional obligation when the Member established and pursued a personal relationship with the Client and, on one occasion engaged in touching of a sexual nature and behaviour of a sexual nature towards the Client. In doing so the Member failed to distinguish the Member's own needs from those of the Client, failed to appreciate how the Member's needs might impact on the Member's professional relationship with the Client, placed the Member's own needs before those of the Client and failed to ensure that the Client's interests were paramount.
3. That the Member violated Principle II (Interpretation 2.2) of the First Edition of the College's Standards of Practice (commented on in Interpretations 2.2.1, 2.2.2, 2.2.3 and 2.2.8) by failing to maintain clear and appropriate boundaries in the Member's professional relationship with the Client when the Member established a personal relationship with the Client, to whom the Member provided counselling services and/or psychotherapy services and on one occasion engaged in touching of a sexual nature and behaviour of a sexual nature towards the Client. In doing so, the Member placed herself in a conflict of interest situation in which the Member ought reasonably to have known that the Client would be at risk and (or in the alternative) the Member used the Member's professional position of authority to abuse or exploit the Client.
4. That the Member violated Principle III (as commented upon in Interpretations 3.7 and 3.8) and Principle II (as commented upon in Interpretation 2.1.5) of the First Edition of the College's Standards of Practice, by failing to ensure that professional services were provided responsibly to the Client, and by failing to maintain competence and integrity in the Member's practice when the Member established a personal relationship with the Client to whom the Member provided counselling services and/or psychotherapy services and, on one occasion, engaged in touching of a sexual nature and behaviour of a sexual nature towards the Client. In doing so, the Member:
  - (a) was in a conflict of interest situation and/or the Member established a dual relationship with the Client which may have impaired the Member's professional judgement or increased the risk of exploitation or harm to the Client, and
  - (b) failed to appropriately seek consultation and evaluate whether the dual relationship with the Client might impair the Member's professional judgment or increase the risk of exploitation or harm to the Client.
5. That the Member violated Section 2.2 of the Professional Misconduct Regulation and Principle II of the First Edition of the College's Standards of Practice (commented on in Interpretations 2.2, 2.2.3 and 2.2.4) by using information obtained during the Member's professional relationship with the Client, and the Member's professional position of authority to:
  - (i) establish a personal relationship with the Client;

- (ii) coerce or improperly influence the Client in the Client's communications with the Member's former employer and the College regarding the Member's professional misconduct; and
  - (iii) discredit the Client in respect of those communications with the Member's former employer and the College for the Member's own advantage, namely: to protect the Member from employment or professional consequences which might ensue from those communications.
6. That the Member 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 the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional when the Member:
- (i) established a personal relationship with the Client, to whom the Member provided counselling services and/or psychotherapy services and, on one occasion, engaged in touching of a sexual nature and behaviour of a sexual nature towards the Client; and/or
  - (ii) used information obtained during the Member's professional relationship with the Client, and the Member's professional position of authority to coerce or improperly influence the Client in the Member's communications with the Member's former employer and the College regarding the Member's professional misconduct, to discredit the Client in respect of those communications and to induce the Client to change or withdraw the Client's allegations concerning the Member's conduct.

### **Penalty Order**

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by counsel for the College and counsel for the Member, and in doing so, made an order in accordance with the terms of the Joint Submission as to Penalty.

The panel concluded that the proposed penalty order is reasonable, serves and protects the public interest, meets the objectives of general and specific deterrence, and will remediate/rehabilitate the Member. The panel noted that the Member cooperated with the College, agreed to the facts and the proposed penalty, and accepted responsibility for the Member's actions. The panel ordered that:

1. the Member be reprimanded and the reprimand be recorded on the Register.
2. the Registrar suspend the Member's Certificate of Registration for a period of 24 months, which suspension shall be suspended and not be imposed if the Member provides evidence, satisfactory to the Registrar, of compliance with the terms and conditions imposed on the Member's certificate of registration pursuant to paragraph 3 below.
3. that the Registrar impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register,
  - (a) requiring the Member to restrict the Member's professional practice to the Member's current employment and to the Member's existing private practice (the particulars of which have been provided to the Registrar) for a period of two (2) years from the date of the Discipline Committee's Order and not to

- (b) requiring the Member to, at the Member's own expense, engage in intensive insight oriented psychotherapy with a therapist who is a regulated professional approved by the Registrar of the College (and who has been provided with a copy of the Discipline Committee's Order) for a period of two (2) years from the date of the Order, with quarterly written reports as to the substance of the psychotherapy and the progress of the Member to be provided to the Registrar by the therapist.
  - (c) requiring the Member to, at the Member's own expense, participate in and successfully complete boundary prescriptive and/or social work ethics training, 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.
  - (d) requiring the Member to received supervision of the Member's social work practice for a period of two (2) years from the date of the Discipline Committee's Order from a named registered professional (in respect of the Member's current employment) and from the therapist approved under subparagraph 2(b) (in respect of the Member's private practice), or from such other person or persons as may be approved, in advance, by the Registrar. The Member must forthwith provide each supervisor with a copy of the Discipline Committee's Order and each supervisor shall make quarterly written reports to the Registrar (or reports at such lesser frequency as the Registrar may from time to time determine) as to the substance of that supervision and the progress of the Member; and
  - (e) prohibiting the Member from applying under Section 29 of the *Social Work and Social Service Work Act* for the removal or modification of the terms, conditions or limitations imposed on the Member's Certificate of Registration for a period of two (2) years from the date on which those terms, conditions and limitations are recorded on the Register.
4. that the Discipline Committee's finding and Order (or a summary thereof) be published, with identifying information removed, in the College's official publication and on the College's website and the results of the hearing be recorded on the Register.