



Ontario College of
Social Workers and
Social Service Workers

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

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DISCIPLINE COMMITTEE OF THE ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS

PANEL:

Judy Gardner, RSSW (chair)
Angele Desormeau, RSSW
Rick Lamb, Public Member

BETWEEN:

ONTARIO COLLEGE OF SOCIAL WORKERS
AND SOCIAL SERVICE WORKERS

-and-

CALVIN McCONNELL

)
) Priya Morley and Jordan Glick for
) Ontario College of Social Workers
) and Social Service Workers
)
)
)
) Lisa Hamilton for the Member
)
)
) Aaron Dantowitz,
) Independent Legal Counsel

Heard: August 31, 2017

DECISION AND REASONS FOR DECISION

This matter, which concerns allegations of professional misconduct against Calvin McConnell (the “Member”), came on for hearing before a panel of the Discipline Committee (the “Panel”) on August 31, 2017 at the Ontario College of Social Workers and Social Service Workers (the “College”).

The Allegations

At the outset of the hearing, College Counsel sought leave to withdraw certain allegations of professional misconduct contained in the Notice of Hearing. The Panel granted this request. The remaining allegations of professional misconduct made against the Member are as follows.

In the Notice of Hearing dated April 7, 2017, the Member is alleged to be guilty of professional misconduct within the meaning of section 26(2) of the Act in that he is alleged to have engaged in conduct that contravenes the Act, Ontario Regulation 384/00 (the "**Professional Misconduct Regulation**"), Schedule "A" to By-law No. 66 of the Ontario College of Social Workers and Social Service Workers, being the Ontario College of Social Workers and Social Service Workers Code of Ethics (the "**Code of Ethics**"), and Schedule "B" to By-law No. 66 of the Ontario College of Social Workers and Social Service Workers, being the Ontario College of Social Workers and Social Service Workers Standards of Practice Handbook (the "**Handbook**")

I. The following are the particulars of the said allegations:

1. Now, and at all times relevant to the allegations, you were a registered social worker with the Ontario College of Social Workers and Social Service Workers (the "**College**").
2. On or about November 17, 1997, you commenced employment at the [the "Facility"].
3. From 2005, you worked as a social worker in the [redacted] Program. Your duties included: group facilitation; family, couples, and individual therapy; provision of educational workshops; and work with a multi-disciplinary team.
4. You additionally maintained a private clinical practice where you provided counseling and/or psychotherapy services.
5. In or about 2008, you independently developed the "sexual interference model" ("**SIM**") which you used and applied in both your practice at [the "Facility"] and in your private practice.
6. At all times material to these allegations, the SIM was not appropriately substantiated by evidence or supported by a credible body of professional social work knowledge.
7. At all times material to these allegations, you used the SIM in providing counseling and/or psychotherapy to Clients A and B, as outlined below, notwithstanding that [the "Facility"] was not aware of and/or did not approve of its use.
8. On or about July 17, 2015, your employment with [the "Facility"] was terminated as a result of two client complaints and the resulting investigation.

A. ALLEGATIONS WITH RESPECT TO CLIENT A BETWEEN DECEMBER 2014 AND FEBRUARY 2015

9. Client A was a vulnerable client, suffering from Post-Traumatic Stress Disorder ("**PTSD**"), depression, and a past history of sexual abuse.

10. Client A participated in the [redacted] Program from approximately December 17, 2014 to February 11, 2015. While employed at [the “Facility”], you provided counselling and/or psychotherapy services to her as a group facilitator of the [redacted] Program.
11. You also provided individual counselling and/or psychotherapy services to Client A on approximately two occasions in January 2015.
12. While providing counseling and/or psychotherapy services to Client A involving the SIM, in both a group and individual setting, you engaged in a series of boundary crossing violations including:
 - a) instructing Client A to stand in the corner of the room and face away from the group, causing her to cry and to feel targeted and humiliated. When she expressed these feelings, you told her not to move but to feel the humiliation;
 - b) sitting close to Client A with loose posture and open legs which was inappropriate in the context of discussing Client A’s history of trauma and sexual abuse;
 - c) inappropriately using overly direct, graphic, and colloquial language, as well as humour, while discussing Client A’s history of trauma and sexual abuse, which included specific questions such as:
 - (i) did you get wet?
 - (ii) did he make you cum?
 - (iii) did he ejaculate on you? and,
 - (iv) did your nipples get hard?
 - (d) inappropriately using overly direct, graphic, and colloquial language while asking questions about Client A’s current sexual habits including questions about masturbation and violent sex;
 - (e) smiling during the course of asking inappropriate questions as identified in subparagraphs 12(c) and (d) above;
 - (f) encouraging Client A to “get in touch with her body” and “get in touch with what feels good”;
 - (g) telling Client A that she was “still a 12 year old child” and also that she was “a woman now” and “should be able to do things like wear tops that show her cleavage”;
 - (h) telling Client A to “prepare herself” because you intended to “keep going”, in response to her statement that she was uncomfortable with your line of questioning; and

- (i) advising Client A that you would not be taking notes while engaging in an inappropriate line of questioning, including discussion of a “trauma timeline” which you asked Client A to create as part of the SIM.
13. As a result of the allegations contained at paragraph 12, Client A felt re-victimized and as though she was complicit in her childhood sexual trauma.
- B. ALLEGATIONS WITH RESPECT TO CLIENT B BETWEEN DECEMBER 2010 AND MAY 2015**
14. Client B was a vulnerable client, suffering from depression, substance abuse issues, and a history of abuse, neglect, and abandonment.
15. Client B participated in the [redacted] Program from approximately December 29, 2010 to February 23, 2011 and then again from March 12 to May 7, 2014. While employed at [the “Facility”], you provided counselling and/or psychotherapy services to her as a group facilitator of the [redacted] Program.
16. You also provided individual counselling and/or psychotherapy services to Client A on at least one occasion while an employee of [the “Facility”] and, on multiple occasions from on or after May 7, 2014 to May 2015, as part of your private practice.
17. In violation of [the “Facility”] policy, you did not disclose to the [the “Facility”] treatment team, in advance of Client B’s discharge on May 7, 2014, your intention to treat Client B in your private clinical practice.
18. While providing counseling and/or psychotherapy services to Client B involving the SIM, you engaged in a series of boundary crossing violations including:
- a) hugging Client B at the end of sessions;
 - b) looking at Client B in a sexually suggestive manner that made Client B uncomfortable;
 - c) inappropriately using overly direct, graphic, and colloquial language, as well as humour, while discussing Client B’s history of trauma and sexual abuse;
 - d) ridiculing Client B about her answers to inappropriate questions such as about how often she masturbated;
 - e) referring to a session as a “date”;
 - f) referring to Client B as a “special” client;

- g) disclosing to Client B information arising from your treatment of another client;
 - h) disclosing personal information about yourself to Client B;
 - i) providing to Client B your personal email and asking her to use it to communicate with you;
 - j) corresponding with Client B using your personal email; and
 - k) sending a photograph of yourself with your dog to Client B.
19. In or before May 2015, you advised Client B that you were closing your private clinical practice for medical reasons. You gave her your home telephone number and encouraged her to communicate with you, provided that she did not disclose this information to anyone. You advised Client B that another [“Facility”] employee was dismissed for similar conduct.

C. RECORD KEEPING ISSUES

20. While providing counseling and/or psychotherapy services at [the “Facility”] and in your private clinical practice, you declined to take notes and failed to adequately document and chart discussions that have been identified above as inappropriate.
21. You additionally declined to keep clients’ “trauma timelines” in their documentary record and maintained no record of how the “trauma timeline” was disposed of.

II. It is alleged that by reason of engaging in some or all of the conduct outlined above, you are guilty of professional misconduct as set out in section 26(2)(a) and (c) of the Act:

- (a) In that you violated Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.2, 1.3, 1.5, 1.6, and 1.7) by failing to observe, clarify, and inquire about information presented to you by you client; by failing to respect and facilitate your client’s self-determination; by failing to be aware of your values, attitudes, and needs and how these impact on your professional relationship with your client; by failing to distinguish your needs and interests from those of your client to ensure that, within your professional relationship, your 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 you were employed and how these impact.
- (b) In that you violated Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.2, 2.2.3, and 2.2.8) by failing to remain current with

emerging social work knowledge and practice relevant to your areas of professional practice; by failing to maintain current knowledge of policies, legislation, programs, and issues related to the community, its institutions and services in your areas of practice; by failing to ensure that any professional recommendations or opinions you provided were appropriately substantiated by evidence and supported by a credible body of professional social work knowledge; by failing to engage in the process of self-review and evaluation of your practice and seek consultation where appropriate; by failing to establish and maintain clear and appropriate boundaries in professional relationships for the protection of your client; by using information obtained in the course of a professional relationship, and/or by using your professional position of authority, to coerce, improperly influence, harass, abuse, or exploit a client; and by engaging in conduct which could reasonably be perceived as reflecting negatively on the profession of social work.

- (c) In that you violated Sections 2.2, 2.6, and 2.9 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretations 3.2, 3.7, and 3.8) by failing to deliver client services and respond to client queries, concerns, and/or complaints in a reasonable manner; by failing to assume full responsibility for demonstrating that your client has not been exploited, coerced, or manipulated, intentionally or unintentionally, in the context of your personal relationship with the client; and by providing services and/or products that are not relevant and/or do not conform to College standards, and/or that you knew or ought reasonably to have known was not likely to benefit the client;
- (d) [withdrawn].
- (e) [withdrawn].
- (f) In that you 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, dishonourable, and/or unprofessional.

Member's Position

The Member admitted allegations (a), (b), (c) and (f) of section II of the Notice of Hearing. The Panel conducted an oral plea inquiry and was satisfied that the Member's admissions were voluntary, informed and unequivocal.

The Evidence

Evidence was tendered by way of an Agreed Statement of Facts, which set out as follows.

FACTS:

1. Calvin McConnell (the “**Member**”) was employed with [the “Facility”] as a social worker from 1997 to 2015. As of 2005, he worked in the [redacted] Program, which entailed group facilitation, family, couples and individual therapy, provision of educational workshops and work with a multi-disciplinary team. Additionally, he maintained a private clinical practice where he provided counseling and/or psychotherapy services. The office of his private practice was located in the [“Facility”] premises, with private practice appointments booked outside his [“Facility”] work hours.

2. In or about 2008, the Member independently developed the “sexual interference model” (“**SIM**”), to address sexual abuse dynamics for patients who have been diagnosed with PTSD as a result of direct or comorbid sexual abuse factors resulting from sexual abuse they experienced as children, adolescents or as adults. The SIM invited clients/patients to examine specifics of their abuse narratives in a format that allows for introspection, reflection and possible dialogue to explore these dynamics and the impact on present day functioning. The SIM also entailed inviting clients, if they so choose, to create a trauma timeline document, which would then be discussed in individual sessions. Brief notes were made of the discussion of the trauma timeline, but the trauma timeline itself was not maintained in the file. Rather, the client was invited to either keep or destroy the trauma timeline, or the Member would destroy it on the client’s behalf, and the manner that the timeline was disposed of was not documented.

3. The Member relied on anecdotal feedback from many clients and clinical staff who reported that they found the SIM to be helpful and effective. However, the model was not independently substantiated by evidence or otherwise supported by a credible body of professional social work knowledge. The Member did not engage in any formal process of review or consultation regarding the appropriate use of the SIM.

4. Client A participated in the [redacted] program at [the “Facility”] between December 2014 and February 2015. While employed at [the “Facility”], the Member provided counseling and/or psychotherapy services to Client A as a group facilitator of the [redacted] Program, and in two individual sessions. Client A was a vulnerable client, suffering from Post-Traumatic Stress Disorder, depression and a past history of sexual abuse. During the course of Client A’s treatment at [the “Facility”], the Member asked overly direct and graphic questions of Client A based on the SIM. When Client A later returned to [the “Facility”] in May 2015 to participate in another program, she complained that the actions of the Member had caused her to feel re-victimized and complicit in her childhood sexual trauma.

5. Client B participated in the [redacted] Program at [the “Facility”] between December 2010 and February 2011, and then again from March 2014 to May 2014. While employed at [the “Facility”], the Member provided counseling and/or psychotherapy services to Client B as a group facilitator of the [redacted] Program, and one individual session. Client B was a vulnerable client, suffering from depression, substance abuse issues and a history of abuse, neglect and abandonment. Following her discharge from [the “Facility”], the Member then saw Client B in his private practice. During the course of treatment of Client B in his private practice, the Member asked overly direct and graphic questions of Client B. The Member communicated with her using his personal email during this period, which he acknowledges was an erosion of professional boundaries. In or about May 2015, he informed her that he would be taking sick leave from [the “Facility”] and therefore could no longer see her for visits in his private practice, but invited her to continue to contact him by email as an interim support measure. This course of conduct led Client B to feel that she was receiving inappropriate “special” treatment.

6. The Member’s employment with [the “Facility”] was terminated on July 17, 2015 as a result of complaints by Clients A and B and the resulting investigation. [The “Facility”] then made a report to the College.

ADMISSIONS OF MISCONDUCT:

7. The Member admits that by reason of the conduct identified in paragraphs 2-5 above, he committed professional misconduct as set out in section 26(2)(a) and (c) of the *Act* as further particularized at paragraphs II a, b, c and f of the Notice of Hearing.

8. The College seeks leave to withdraw the allegations particularized at paragraph II d and e of the Notice of Hearing.

ACKNOWLEDGMENTS:

9. The Member understands the nature of the allegations that have been made against him.

10. The Member understands that by voluntarily admitting to these allegations, he waives his right to require the College to otherwise prove the case against him.

11. The Member understands that the Discipline Committee can accept that the facts herein constitute Professional Misconduct.

12. The Member understands that the Panel's decision and reasons may be published, including the facts contained herein along with his name.

13. The Member understands that any agreement between him and the College does not bind the Discipline Committee.

14. The Member and the College consent to the Panel viewing the Notice of Hearing, this Agreed Statement of Facts and the Joint Submission as to Penalty prior to the start of the hearing.

15. The Member acknowledges that he retained and consulted with counsel prior to signing this Agreed Statement of Fact.

Regarding allegation (f), College counsel clarified that in the College' submission, the Member's conduct, having regard to all circumstances, would reasonably be regarded by members as dishonourable and unprofessional. Member's counsel did not take issue with this characterization.

Decision

Having considered the admissions of the Member, the evidence contained in the Agreed Statement of Fact and the submissions of counsel, the Panel finds that the Member committed professional misconduct as alleged in paragraphs (a), (b), (c) and (f) of section II of the Notice of Hearing.

Regarding allegation (f), the panel found that the Member's conduct, having regard to all circumstances, would reasonably be regarded by members as dishonourable and unprofessional.

Reasons for Decision

Having considered the Agreed Statement of Facts, the Panel finds that the Member's engagement in the conduct described in the Agreed Statement of Facts and admitted by the Member supports a finding of professional misconduct as follows:

Allegation a): Mr. McConnell violated Section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.2, 1.3, 1.5, 1.6, and 1.7) in that he failed to observe, clarify, and inquire about information presented to him by his clients. He also failed to respect and facilitate his client's self determination, by failing to be aware of his values, attitudes, and needs and how these would impact his professional relationship with them. Mr. McConnell failed to distinguish his needs and interests from those of his clients and thus did not ensure that his client's needs and interests remained paramount, The failure to be aware of,

maintain and consider the purpose, mandate and function of the organization by which he was employed further reflects the violation of this Principle and its impact; in particular the re-victimization of his client(s).

Allegation (b): Mr. McConnell violated Section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.2, 2.2.3, and 2.2.8) by failing to remain current with emerging social work knowledge and practice relevant to his area of professional practice and by failing to maintain current knowledge of policies, legislation, programs, and issues related to the community, its institutions and services in his areas of practice. Mr. McConnell's independently developed treatment model lacked support in the form of credible sources, along with substantiated research. This reflected a failure of self-review and evaluation of his practice. He also used his position of authority to coerce, improperly influence, harass, abuse and exploit his clients by engaging in his unsubstantiated therapeutic practices which reflected negatively on the profession of social work.

Allegation (c): Mr. McConnell violated Sections 2.2, 2.6, and 2.9 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretations 3.2, 3.7, and 3.8) by failing to deliver client services and respond to client queries, concerns, and/or complaints in a reasonable manner. His conduct and use of clients' personal information while in a position of authority demonstrates a lack of judgement and self-reflection. His exchange of personal email addresses indicates that he failed to assume full responsibility for demonstrating that he was not using his position of authority to improperly influence his client and/or former client. He ought to have reasonably have known that the services he provided to his clients would have affected them in a negative way.

Allegation (f): All of Mr. McConnell's conduct in this matter violated Section 2.36 of the Professional Misconduct Regulation having regard to all circumstances and would reasonably be regarded by members as dishonourable and unprofessional. Had this been a contested hearing the Panel members agree that Mr. McConnell's overall conduct could have been found to have been reasonably regarded by members as disgraceful, but the Panel took the agreement of the parties into serious consideration, and therefore limited its findings under this allegation to "dishonourable" and "unprofessional".

Penalty and Costs - Joint Submission

The parties jointly proposed that this panel make an order as follows:

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 of the College shall be directed to suspend the Member's Certificate of Registration for a period of six (6) 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 three (3) 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 three (3) months of the suspension shall be remitted on the expiry of that two (2) 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 compliance with the terms and conditions imposed under paragraph 3(a) and (b) below.¹

For greater clarity, the terms and conditions imposed under paragraph 3 below will be binding on the Member regardless of the length of suspension served, and the Member may not elect to serve the full suspension in place of performing those terms and conditions. If the Member fails to comply with the terms and conditions, the Registrar may refer the matter to the Executive Committee of the College. The Executive Committee, pursuant to its authority, may take such action as it deems appropriate, which may include referring to the Discipline Committee allegations of professional misconduct arising from any failure to comply with the terms and conditions.

3. The Registrar shall be directed to impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register, requiring the Member to:
 - (a) at his own expense, participate in and successfully complete a boundaries and ethics training course, as prescribed by and acceptable to the College, and provide proof of such completion to the Registrar within three (3) months from the date of the Order;
 - (b) at his own expense², engage in psychotherapy as directed by a therapist approved by the Registrar of the College, which must include a minimum of 14 sessions³ that must be completed within two (2) years of the Order herein, with written reports as to the substance of the psychotherapy and the progress of the Member to be provided to the College by the therapist after sessions 7 and 14. Before session 1, the Member must provide to the therapist the Notice of Hearing as well as the Agreed Statement of Fact and Joint Submission as to Penalty and provide written confirmation, signed by the therapist, of receipt of these documents to the Registrar within 15 days of the beginning of the psychotherapy. The Member must subsequently provide the final decision of the Discipline Committee to the therapist within 72 hours of receiving it. The Registrar may, if satisfied that the purpose of the therapy has been accomplished, at any time before

¹ If the Member fails to comply with condition 3(a), the Member shall serve one and a half (1.5) of the remaining three (3) months of the suspension, commencing immediately after the end of the mandatory three (3) month suspension. If the Member fails to comply with condition 3(b), the Member shall serve one and a half (1.5) of the remaining three (3) months of the suspension, commencing two years after the end of the mandatory three (3) month suspension.

² For clarity, all aspects of the psychotherapy, including the obligation of the psychotherapist to review College materials and to provide reports to the College, are at the expense of the Member.

³ For clarity, of the 14 sessions, at least half must be conducted in person. The remainder of the sessions may be conducted by electronic means.

the expiry of the two (2) year period and/or prior to the completion of 14 sessions direct that the psychotherapy be discontinued.

- (c) at his own expense⁴, 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 at which the Member returns to practice from the mandatory three (3) month suspension. The approved supervisor must provide two written reports to the Registrar, at months 12 and 24, providing details of the supervision with a specific focus on ensuring professional boundaries are being maintained in the Member's practice. The Member must provide to the approved supervisor (and any other approved supervisor pursuant to sections (c) or (d) of the Joint Submission as to Penalty) the final decision of the Discipline Committee and must provide written confirmation, signed by the supervisor, of receipt of the documents to the Registrar within 15 days of returning to practice under supervision (and within 15 days of the approval of any subsequent supervisor). In the event that the Member operates a private practice, the Member must seek consent from prospective clients to share personal health information with his supervisor in order to allow the supervisor to review client files and engage in review.⁵

- (d) 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 two (2) years;
 - (iv) If the Member's employment ends, or the Member changes employers and/or supervisors, he shall forthwith advise the

⁴ For clarity, all expenses relating to supervision, including the obligation to review College materials and to communicate with the College where necessary, are at the expense of the Member.

⁵ For greater clarity, while a client may refuse to sign a consent for the release of personal health information, the Member must maintain documentation, signed by the client, indicating that the request for consent was made and refused, for review by the supervisor.

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.^{6, 7}
 - (e) Restrict his practice such that when he resumes practice, the Member shall not use the “Sexual Interference Model” or any iteration thereof (together, “SIM”) until such time as the SIM is substantiated by evidence or by a credible body of social work knowledge and the Registrar has endorsed the use of SIM by the Member.⁸
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 and in any other media related format that is provided to the public and is deemed appropriate by the College.
 5. The Member shall pay costs to the College in the amount of \$2,500 to be paid in accordance with the following schedule:
 - (a) \$500 to be paid within 120 days of the completion of the mandatory three (3) month period of suspension;
 - (b) \$500 to be paid within 180 days of the completion of the mandatory three (3) month period of suspension;
 - (c) \$500 to be paid within 240 days of the completion of the mandatory three (3) month period of suspension;
 - (d) \$500 to be paid within 300 days of the completion of the mandatory three (3) month period of suspension.
 - (e) \$500 to be paid within 360 days of the completion of the mandatory three (3) month period of suspension.

⁶ For greater clarity, the Member must receive a total of two (2) years of supervision in either private practice or in a workplace environment to be in compliance with the provisions of subparagraph 3(c) and 3(d). If at any time the Member ceases to practice in either private practice or in a workplace, the supervision period will stop running and will resume when his new employment or private practice supervision commences. The member cannot fulfill the supervision requirement by refraining from engaging in the practice of social work for a two (2) year period. The supervision condition will run continuously until a total of two (2) years of supervision has been completed and the Member cannot practice without supervision until the term is completed.

⁷ If the Member is unable to meet the terms, conditions, and limitations hereby imposed upon him, then he is to contact the Registrar of the College within 14 days of discovering that the terms, conditions and limitations cannot be satisfied and advise the Registrar of the same.

⁸ For clarity, all expenses relating to peer-review and any other material pre-requisite to the Registrar’s endorsement of SIM are at the expense of the Member.

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

Penalty and Costs Decision

The panel accepts the joint submission, and makes an order in the terms of the joint submission.

Reasons for Penalty and Costs Decision

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. This decision and penalty have achieved this by considering the principles of general deterrence, specific deterrence and, where appropriate, rehabilitation and remediation of the Member’s practice. The Panel took Case Law, the Member’s willingness to cooperate, and joint submissions on penalty into serious consideration. The panel found that the agreed penalty was within the acceptable range for these types of professional misconduct and Principle violations. Mr. McConnell’s willingness to participate in psychotherapy, ethics training, supervision, and suspension at his own expense, reflects the possibility that specific deterrence will occur. The panel was also satisfied that the publication of the decision and the limitation restrictions recorded on Mr. McConnell’s Certificate of Registration would further protect the public and deter other members from in engaging in similar behavior.

The Panel wants to caution members who may be considering developing independent models of therapy treatment to engage in much planning, necessary research, and effect analysis. This is required along with reviews of controlled trial literature, studies to evaluate the effectiveness of the treatment model, and credible therapeutic comparisons that do not engage in the demoralization of clients. These practices must always be substantiated and supported by a credible body of professional social work knowledge and consultation for validity. This process must always follow the legislative guidelines of Canada. This must be done in order to continue to maintain the high professional standards of the College and preserve public confidence in the Social Work profession incontrovertibly, ultimately protecting the public.

I, Judy Gardner, sign this Decision as Chairperson of the panel and on behalf of the panel members listed below.

Date: _____

Signed: _____

Judy Gardner
Angele Desormeau, RSSW
Rick Lamb, Public Member