

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

Indexed as: Ontario College of Social Workers and Social Service Workers v Natalie Dickinson, 2024 ONCSWSSW 7

Date: 20240507

**BETWEEN:**

THE ONTARIO COLLEGE OF SOCIAL WORKERS  
AND SOCIAL SERVICE WORKERS

- and -

NATALIE DICKINSON

PANEL: Amanda Bettencourt, Chair, Professional Member  
Chisanga Chekwe, Public Member  
Sana Imran, Professional Member

Appearances: Kelsey Ivory and Gavin Fior, counsel for the College  
Nida Sohani, counsel for the Registrant  
Andrea Gonsalves, Independent Legal Counsel to the Panel

Heard: January 12, 2024

**DECISION AND REASONS FOR DECISION**

[1] This matter came on for hearing in writing on January 10, 2024, before a panel of the Discipline Committee (the “**Panel**”) of the Ontario College of Social Workers and Social Service Workers (the “**College**”).

[2] Prior to the hearing, the parties jointly brought a motion for an order that the hearing proceed in writing. The Chair of the Discipline Committee granted the order.

**Publication ban**

[3] The parties jointly requested that the Panel make an order that no person publish the identity of, or any person that could disclose the identity of, the client in this matter, [C1] (the “**Client**”). The parties relied on s 28(7)(b) of the *Social Work and Social Service Work Act*, 1998,

SO 1998, c 31 (the “**Act**”) and based the request on the grounds that personal details about [C1], including information with respect to her health, are discussed in the hearing materials and the parties’ written submissions.

[4] The Panel was satisfied that it is in the public interest that the order be made as requested. This case involves allegations of sexual misconduct. Prohibiting publication of the Client’s identity ensures that members of the public (and clients of registrants) are not deterred from raising complaints and participating in College proceedings due to a fear that their personal or health information will be made publicly available. Banning publication of the Client’s identity and information that could disclose the Client’s identity has a minimal impact on the openness of this proceeding. Protecting the Client’s personal and health information outweighs any public interest in disclosure of her identity.

### **The allegations**

[5] In the Notice of Hearing dated April 19, 2022, Natalie Dickinson (the “**Registrant**”) is alleged to be guilty of professional misconduct pursuant to the Act in that she 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**”).

[6] The allegations set out in the Notice of Hearing and the particulars of those allegations are as follows:

1. You have been registered as a social worker with the Ontario College of Social Workers and Social Service Workers (the “College”) since before 2017.
2. Between October 2017 and May 2021, you were self-employed as a Social Worker in private practice.
3. Between in or about October 2017 and September 2018, you provided professional services to [C1] (the “Client”) in relation to the Client’s anxiety, substance use and/or abuse and/or dependence, marital issues, and past experiences of trauma.
4. During that time, the professional services you provided to the Client included counselling services.
5. To your knowledge, the Client was in a vulnerable state because of her previous traumatic experiences. She experienced suicidal ideation and substance abuse issues. She was also experiencing marital and familial issues.
6. Between in or about June 2018 and September 2018, you began a personal relationship with the Client.
7. You also developed feelings of a sexual nature towards the Client and began a sexual relationship with the Client, during the time that you were providing professional services (including counselling services) to the Client and/or after the termination of your professional relationship with the Client.

8. Between in or about February 2021 and April 2021, the Client terminated your personal/sexual relationship, stating that this relationship had a negative impact on her.
9. Your relationship with the Client negatively affected her mental health, sobriety, and marriage.
10. You engaged in boundary violations and provided professional services (including counselling services) to the Client while you were in a conflict of interest and/or a dual relationship, beginning in or about January 2018. These violations include, but are not limited to the fact that you:
  - (a) gave the Client extra attention;
  - (b) had on-going client relationships consisting of simultaneous individual and joint sessions with the Client and her spouse;
  - (c) exchanged text messages with the Client, including after regular business hours and/or without a clinical purpose;
  - (d) requested that your husband join a session with the Client without the Client's informed consent;
  - (e) arranged for your husband, a family physician, to prescribe anti-anxiety medication to the Client;
  - (f) provided your husband's contact information to the Client for the purposes of obtaining a prescription for the Client's spouse;
  - (g) told the Client that it would be good not to talk about the fact that your husband prescribed medication to her;
  - (h) permitted the Client to attend at your home for non-clinical and/or personal and/or social purposes;
  - (i) attended health and medical appointments with the Client;
  - (j) acted "more like a friend than a therapist";
  - (k) stopped charging the Client for services in June 2018;
  - (l) drank alcohol with the Client;
  - (m) engaged in behaviours, such as the above, that led the Client to ask if you were "into her";
  - (n) allowed the Client in your home for social and/or personal purposes;
  - (o) allowed the Client to go to the beach with you and your children;
  - (p) had the Client take care of your children;
  - (q) visited the Client while she attended for residential treatment services;

- (r) spoke with the Client by telephone and texted the Client;
  - (s) went running together and/or ran a half marathon together;
  - (t) went swimming together;
  - (u) watched TV together;
  - (v) initiated and/or engaged in a personal and/or romantic and/or sexual relationship with the Client;
  - (w) engaged in touching of a sexual nature, such as kissing, hugging and sex;
  - (x) told the Client something to the effect of, “this can’t come out or else I could lose my job”; and
  - (y) discussed with the Client the potential need for her to get a new family doctor after you perceived a personal conflict between yourself and the family doctor;
11. You also breached confidentiality in or between September 2018 and May 2021. This included, but is not limited to the fact that you:
- (a) disclosed personal client information about [C2] (“Client A”) and [C3] (“Client B”), including their first names, to the Client;
  - (b) disclosed Client A’s sexual orientation to the Client;
  - (c) disclosed to the Client that you went on walks with Client A and went with Client A to the hospital;
  - (d) disclosed Client B’s diagnosis to the Client;
  - (e) disclosed details of Client B’s previous traumatic experiences to the Client;
  - (f) disclosed to the Client that Client B would text you at night when in crisis.
12. You failed to meet the standards of the profession and/or displayed poor clinical judgment including (among other things) that you:
- (a) failed to accurately portray your husband’s involvement in the Client’s care;
  - (b) failed to assume full responsibility for demonstrating that the Client has not been exploited, coerced or manipulated, intentionally or unintentionally;
  - (c) facilitated a treatment session between the Client and your husband;
  - (d) facilitated a treatment session between the Client’s spouse and your husband;

- (e) continued to provide the Client with services despite recognizing that you did not have the necessary skills to do so;
- (f) acted “more like a friend than a therapist” in providing services to the Client;
- (g) failed to adequately document your text communications with the Client in your clinical record;
- (h) failed to adequately record the Client’s history and/or failed to adequately canvas the Client’s history;
- (i) failed to accurately describe the Client’s session with your husband in your clinical record;
- (j) failed to document information provided by the Client in the clinical record and failed to document interventions, assessments, and/or your formulation and plan;
- (k) failed to be knowledgeable and sensitive to imbalances of power that affected the Client; and/or used your position of authority to improperly influence the Client.

**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 **sections 2.2, 2.9 and 2.10 of the Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.5 and 1.6)** 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 clients and to ensure that, within professional relationships, your clients’ needs and interests remained paramount;
- (b) In that you violated **sections 2.2, 2.5, 2.6, 2.9 and 2.10 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretation 2.1.5, 2.2, 2.2.1, 2.2.2, 2.2.3, 2.2.5, 2.2.8, 2.2.9)** by failing to maintain clear and appropriate boundaries in a professional relationship; by failing to engage in the process of self-review and evaluation of your practice and seeking consultation when appropriate; by having sexual relations with a former client; by using your professional position of authority to coerce, improperly influence, harass, abuse or exploit a client; by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work; by engaging in professional relationships that constitute a conflict of interest or situations in which members ought reasonably to have known that the client would be at risk in any way and providing professional service to the client while you were in a conflict of interest. You failed to:
  - (i) evaluate professional relationships and other situations involving clients or former clients for potential conflicts of

interest and seek consultation to assist in identifying and dealing with such potential conflicts of interest;

- (ii) avoid conflicts of interest and/or dual relationships with clients or former clients, or with students, employees and supervisees, that could impair members' professional judgement or increase the risk of exploitation or harm to clients; and
  - (iii) declare the conflict of interest and take steps to address it and to eliminate the conflict when a conflict of interest did arise;
- (c) In that you violated **sections 2.2 and 2.6 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretation 3.7)** by failing to assume full responsibility for demonstrating that your former client was not exploited, coerced or manipulated, intentionally or unintentionally, in a situation where a personal relationship occurred between you and a client or former client;
- (d) In that you violated **sections 2.2 and 2.5 of the Professional Misconduct Regulation and Principle VIII of the Handbook (as commented on in Interpretations 8.1, 8.2, 8.3, 8.4, 8.6, 8.7 and 8.8)** by failing to ensure that sexual misconduct did not occur; by engaging in sexual intercourse or another form of physical sexual relations between yourself and your client and/or former client, by engaging in touching, of a sexual nature, of your client and/or former client, and by engaging in behaviour of a sexual nature towards your client and/or former client; by developing sexual feelings towards your client and/or former client that could put the client and/or former client at risk, and failing to seek consultation/supervision or develop an appropriate plan; by failing to clearly state to the client and/or former client that behaviour of a sexual nature is inappropriate by virtue of the professional relationship and/or former professional relationship; by engaging in sexual relations with your former client after having provided counselling services to that client;
- (e) In that you violated **sections 2.2, 2.3, 2.9, 2.10, and 2.34 of the Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretation 2.1, 2.1.1, 2.1.5, 2.2, 2.2.5)** by failing to be aware of the extent and parameters of your competence and your professional scope of practice and limit their practice accordingly; by failing to inform a client of the option to be referred to another professional when a client's needs fall outside the your usual area of practice; by failing to engage in the process of self-review and evaluation of your practice and failing to seek consultation when appropriate, as part of maintaining competence and acquiring skills in social work or social service work practice;
- (f) In that you violated **sections 2.2, 2.9 and 2.10 of the Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretation 3.1, 3.2, 3.6, 3.8 and 3.12)** by failing to notify your client of the extent, nature and limitations of services available; by failing to respond to client queries, concerns and/or complaints in a timely and reasonable manner; by failing to inform your

clients of foreseeable risks as well as rights, opportunities and obligations associated with the provision of services; by providing services as a courtesy without remuneration without adhering to College standards and while acting in a conflict of interest; by failing to provide services that are relevant and conform to College standards, and/or by providing a service that you knew or ought reasonably to have known was not likely to benefit the client;

- (g) In that you violated **sections 2.2, 2.20 and 2.21 of the Professional Misconduct Regulation and Principle IV of the Handbook (commented on in Interpretation 4.1.1 and 4.1.2)** by failing to accurately record information and failing to record information in a format that facilitates monitoring and evaluation of the effects of the service/intervention; by making a statement in the record in the course of practicing the profession that you knew or ought reasonably to have known was false, misleading, inaccurate or otherwise improper;
- (h) In that you violated **sections 2.2 and 2.11 of the Professional Misconduct Regulation and Principle V of the Handbook (commented on in Interpretation 5.1, 5.3, and 5.3.6)** by failing to comply with applicable privacy and other legislation and/or failing to obtain consent to collect, use or disclose client information including personal information, unless otherwise permitted or required by law; by disclosing information concerning or received from clients that was not subject to any exceptions contained in interpretations 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.3.5, 5.3.6, or 5.3.7; and,
- (i) 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 or unprofessional.

### **Registrant's position**

[7] The parties filed as evidence a written plea signed by the Registrant in which she admitted that she committed all the acts of professional misconduct alleged in paragraphs (a) through (i) of Part II of the Notice of Hearing. The parties also filed a plea inquiry signed by the Registrant in which she confirmed her understanding of the nature of the allegations against her and the consequences of admitting to the misconduct, and that she made the admissions voluntarily. Based on that evidence, the Panel was satisfied that the Registrant's admission was voluntary, informed and unequivocal.

### **The evidence**

[8] The evidence was tendered by way of an Agreed Statement of Facts, which provided in relevant part as follows.

1. Natalie Dickinson (the "**Registrant**") obtained a Master's Degree in Social Work from the University of Toronto in 2004. She has been a member of the Ontario College of Social Workers and Social Service Workers (the "**College**") since

January 19, 2010. At all relevant times, the Registrant was registered as a social worker with the College.

2. Between October 2017 and May 2021, the Registrant was self-employed as a Social Worker in private practice. The Registrant provided counselling services out of a designated space at her home, including counselling services to the client [C1] (the “**Client**”). Between October 2017 and September 2018, the Registrant provided counselling services to the Client.
3. The College received a report from [AA] the Client’s subsequent counsellor, on May 7, 2021, regarding the Registrant’s relationship with the Client. [AA] reported that during her counselling sessions with the Client, the Client disclosed that she had a romantic relationship with the Registrant, her previous therapist.
4. The Registrant also filed a self-report with the College on May 7, 2021 regarding her relationship with the Client.
5. At the time that the Client sought out the Registrant’s services, the Client was a [age] woman who was married. The Registrant is significantly older than the Client. The Client was and continues to be in a vulnerable state. The Client’s vulnerability was known to the Registrant as of October 2017.
6. The Registrant developed feelings of a sexual nature towards the Client and began a sexual relationship with the Client after the termination of the counsellor-client relationship. The Registrant engaged in touching of a sexual nature with the Client, including kissing, hugging, and sex, after the termination of the counsellor-client relationship. The Registrant acknowledges that she engaged in boundary violations during the counsellor-client relationship, and acknowledges that her conduct resulted in a conflict of interest and dual relationship with the Client.

#### **A. The Counsellor-Client Relationship**

7. The Client was referred to the Registrant in 2017 by her employee assistance program (“**EAP**”) therapist for specialized trauma therapy and to address the Client’s anxiety, including in relation to the Client’s past infidelity, and the Client’s past experiences of trauma from her work in the military. The Client also wanted to work on her relationship with her spouse. During the course of the professional relationship, the Registrant became aware that the Client had developed an addiction which eventually required in-patient treatment, was dealing with symptoms of undiagnosed Post-Traumatic Stress Disorder, and became suicidal.
8. Between October 23, 2017 and September 20, 2018, the Registrant engaged in individual counselling with the Client in her private practice, which the Registrant ran out of a designated space in the Registrant’s home. The Client took a break from individual counselling between March 27, 2018 and May 1, 2018.
9. The Registrant failed to adequately canvass and record the Client’s history. Throughout the counselling relationship, the Registrant failed to document information provided by the Client in the clinical record and failed to document interventions, assessments and/or her formulation and plan in the clinical record. The Registrant failed to adequately document her communications with the Client, including text and phone communications. The Registrant knew or ought



reasonably to have known that her clinical record was false, misleading, inaccurate or otherwise improper.

10. In May 2018, the Registrant recognized that she did not have the skills necessary to provide the Client with the services the Client needed, but nonetheless continued to provide the Client with services, often without charging her for services, until September 2018.
11. On May 21, 2018, the Registrant attended at the hospital with the Client.
12. In or around June 21, 2018, the Registrant saw the Client's spouse for one (1) individual session. The Registrant did not document this session and no records of this session were maintained.
13. On June 21, 2018, the Registrant met with the Client and the Client's spouse at which time the Client disclosed her drug addiction to the Client's spouse.
14. On June 22, 2018, the Registrant also met with the Client, the Client's spouse and the Client's parents to discuss the Client's drug addiction with her parents and to discuss and develop a plan to help the Client with her addiction. If the Client were to testify, she would indicate that she thought the June 22, 2018 session was an "intervention".
15. Between in or around late June 2018 and September 2018, the Client began transitioning her care away from the Registrant. However, the Registrant continued to provide the client with counselling services until September 20, 2018.
16. On August 21, 2018, the Registrant attended a psychiatric appointment with Client. Shortly after, the Client began receiving addiction treatment through the Canadian Forces.
17. On September 5, 2018, the Client advised the Registrant that she would soon begin trauma therapy with a trauma therapist through the Canadian Forces.
18. On September 7, 2018, the Registrant held a counselling session to discuss the Client's transition to services through the Canadian Forces. The Registrant's final session with the Client took place on September 20, 2018. It was ultimately the Client who terminated the counsellor-client relationship, not the Registrant.
19. If the Registrant were to testify she would state that she continued to support the Client without charging for her services until the Client was fully connected with the multidisciplinary services she needed through the Canadian Forces, due to the Client's increasingly vulnerable state and financial stressors. The Registrant acknowledges, however, that her continued support was inappropriate in the circumstances and amounts to professional misconduct. The Registrant acknowledges that she should have terminated the counsellor-client relationship as soon as she realized that she did not have the skills necessary to provide the Client with the services she needed.

#### **B. The Registrant's Boundary Violations, Sexual Misconduct & Sexual Abuse**

20. The Registrant failed to be knowledgeable and sensitive to imbalances of power that affected the Client. The Registrant failed to recognize that, in a position of

power and authority, she was exerting improper influence over the Client. In hindsight, the Registrant acknowledges that she used her position of authority to improperly influence the Client. The Registrant acknowledges that her conduct created confusion for the Client with respect to her relationship with the Registrant. Given her personal relationship with the Client, the Registrant had full responsibility for demonstrating that her former client was not exploited, coerced or manipulated. The Registrant acknowledges that she did not fulfill that responsibility.

21. The Registrant failed to maintain clear and appropriate boundaries. The Registrant's conduct resulted in a conflict of interest and dual relationship, in which she reasonably ought to have known that the Client would be at risk. The Registrant did so, during the counsellor-client relationship and thereafter, by engaging in the following:
  - (a) the Registrant gave the Client extra attention, including by engaging in repeated phone calls and text messages, and made her feel important;
  - (b) the Registrant had on-going client relationships consisting of simultaneous individual and joint sessions with the Client and her spouse;
  - (c) between May 2018 and September 2018, the Registrant and Client repeatedly called and texted one another, including after hours and without a clinical purpose;
  - (d) the Registrant arranged for her husband, an emergency room physician, Dr. [BB], to prescribe anti-anxiety medication to the Client;
  - (e) the Registrant provided Dr. [BB]'s contact information to the Client for the purposes of obtaining a prescription for the Client's spouse;
  - (f) the Registrant allowed the Client come into her home after showing up unannounced, outside of their sessions, for non-clinical, personal and social purposes;
  - (g) the Registrant attended health and medical appointments with the Client, including attending with the Client at the hospital on May 21, 2018 and attending at the Client's psychiatric appointment on August 21, 2018;
  - (h) the Registrant stopped charging the Client for services in June 2018;
  - (i) the Registrant engaged in behaviours, such as the above, that led the Client to ask whether the Registrant was "into her";
  - (j) the Registrant acted more like a friend than a therapist, including by engaging in the above-noted behaviours;
  - (k) the Registrant allowed the Client to go to the beach with her and her children;
  - (l) the Registrant had the Client take care of her children;
  - (m) the Registrant visited the Client while she attended for residential treatment services;

- (n) the Registrant went running with the Client and ran a half marathon with her;
- (o) the Registrant and the Client went swimming together;
- (p) the Registrant and the Client watched TV together;
- (q) the Registrant engaged in a personal, romantic and sexual relationship with the Client;
- (r) the Registrant engaged in touching of a sexual nature, including kissing, hugging and sex; and,
- (s) the Registrant discussed with the Client the potential need for her to get a new family doctor, Dr. [CC], after she perceived a personal conflict between herself and the family doctor.

a) *Calls and Text Messages*

22. Between June and September 2018, the Registrant and the Client exchanged frequent text messages and spoke by phone, including after hours. Some of the texts and phone discussions were without any clinical purpose, including:
- (a) On June 4, 2018, the Registrant and the Client had a telephone call lasting approximately 40 minutes, beginning at around 10:00pm.
  - (b) On July 2, 2018, the Registrant and the Client had telephone call lasting approximately 2.5 hours, beginning at approximately 11:30pm.
  - (c) Further, in July and August 2018, many text messages were exchanged, including between the hours of 11pm and 2am.
23. These communications were not documented in the Registrant's clinical record.

b) *Sessions with Dr. [BB] and Referral to Dr. [CC]*

24. On January 17, 2018, the Registrant engaged in a treatment session with the Client at the Registrant's home. The Client was experiencing anxiety during the session. The Client did not have a family doctor at the time. The Registrant told the Client that her husband, Dr. [BB], was an emergency room physician and suggested that he could consult with the Client. Dr. [BB] was upstairs in the Registrant's home at the time of the session. Initially, the Client did not want Dr. [BB] to join their session, but eventually agreed. The Registrant called Dr. [BB] to come downstairs to consult with the Client. Dr. [BB] consulted with the Client and prescribed an anti-anxiety medication, Clonazepam. This session was not accurately described in the Registrant's clinical record.
25. Approximately two weeks later, the Client called the Registrant because her spouse was "in shambles" and "panicky" and asked the Registrant if Dr. [BB] could prescribe something for her spouse. The Registrant provided Dr. [BB]'s contact information to the Client. Dr. [BB] consulted with the Client's spouse over the phone and prescribed antianxiety medication to the Client's spouse. The Registrant failed to document or accurately describe this call in her clinical record.

26. Shortly after the January 17, 2018 appointment, the Registrant arranged for her friend, Dr. [CC], to take on the Client as a patient, as the Client did not have a family doctor.

c) Feelings that Developed During the Counsellor-Client Relationship

27. The Registrant developed feelings of friendship towards the Client during the course of the counsellor-client relationship in the Summer of 2018.

28. The Client developed feelings of an intimate nature towards the Registrant during the Summer of 2018. During this time, the Client asked the Registrant if she was “into her”. If the Registrant were to testify, she would state that she was not aware that the Client had developed feelings of an intimate nature towards the Registrant until mid Summer of 2019.

d) The Client went to the Registrant’s Home for Non-Clinical Purposes

29. The Registrant began acting like a friend towards the Client during the Summer of 2018.

30. During the Summer of 2018, the Registrant permitted the Client to attend at her home for non-clinical, personal and social purposes, including on the weekends.

31. In or around August 2018, the Client went to the Registrant’s house under the influence of drugs and alcohol. The Registrant allowed the Client to enter her home while under the influence of drugs and alcohol, for a non-clinical purpose.

e) Termination of the Counsellor-Client Relationship and Continuance of the Personal Relationship

32. The Client terminated the counsellor-client relationship with the Registrant in September 2018, due to the blurring of boundaries, after her care was fully transitioned to Canadian Forces’ therapists.

33. Following the termination of the counsellor-client relationship in September 2018, the Registrant and the Client continued their friendship. They spent time together watching TV, swimming, running, and training for a half-marathon. They ran a half-marathon together in May 2019. They also went to the beach together along with the Registrant’s children. The Registrant had the Client take care of her children.

34. Between in or about December 2018 and February 2019, the Client attended for residential addiction treatment services. The Registrant visited the Client while she was there.

35. In or about late August 2020, the relationship between the Registrant and the Client became romantic and sexual. The Registrant engaged in touching of a sexual nature with the Client, including kissing, hugging, and sex.

36. The Registrant acknowledges that a power imbalance persisted in their sexual relationship due to their previous counsellor-client relationship, and acknowledges that she failed to recognize and be sensitive to the fact of the power imbalance.

37. The Registrant knew that their relationship would not be viewed positively by those around them. They were both married. Further, the Registrant was aware that entering a romantic relationship had potential serious consequences for the Registrant's career. The Registrant was aware that she engaged in acts of professional misconduct and takes responsibility for this decision.
38. The Registrant was also aware that that the Client felt a responsibility throughout their sexual relationship to protect the Registrant and the secrecy of the relationship, but nonetheless continued to engage in this sexual relationship. The Registrant was aware that their relationship weighed on the Client.
39. The Client told the Registrant early on in their romantic relationship that, if the College investigated, she would not say anything. If the Client were to testify, she would indicate that she and the Registrant researched together on the College's website the consequences of engaging in a sexual relationship. She would also state that she understood from the Registrant that the Registrant was encouraging her to keep their sexual relationship, and how they met, a secret. The Client would also testify that the Registrant told the Client that the fact of their sexual relationship could not "come out or else I could lose my job".
40. If the Registrant were to testify, she would indicate that she did not encourage the Client to keep their sexual relationship and how they met a secret, and she would state that they did not research the consequences of engaging in a sexual relationship together. She would further state that she did not tell the Client that the fact of their sexual relationship could not "come out or else I could lose my job".
41. The Client terminated her sexual relationship with the Registrant in approximately February 2021, stating that the relationship had a negative impact on her.

### **C. Breach of Confidentiality**

42. The Registrant spoke with the Client about her other clients, [C2] ("Client A") and [C3] ("Client B"). The Registrant disclosed personal client information about Client A and Client B, including their first names, to the Client.
43. The Registrant disclosed Client A's sexual orientation to the Client, and disclosed that she went on walks with Client A and went to the hospital with Client A.
44. The Registrant disclosed Client B's diagnosis to the Client, and disclosed details of Client B's previous traumatic experiences to the Client. The Registrant disclosed to the Client that Client B would text her at night when in crisis.

### **D. Circumstances Surrounding the Registrant's Report to the College**

45. In or about April 2021, the Registrant suggested to the Client that she should obtain a new family physician, because the Registrant perceived a personal conflict between the Registrant and Dr. [CC] After the Client expressed concerns about switching doctors, the Registrant apologized to the Client for pressuring her to switch doctors.
46. The Client texted the Registrant on May 6, 2021, indicating that she was going to tell her therapist the truth about their relationship and how they met, and that the College might therefore be notified.

47. On May 7, 2021, the Client's therapist, [AA], made a report to the College regarding the Registrant's relationship with the Client.
48. The Registrant reported herself to the College on May 7, 2021.

**E. Consequences of the Registrant's Conduct**

49. The consequences of the Client's relationship with the Registrant were monumental, placing the Client's marriage and sobriety in jeopardy. The relationship negatively affected the Client's mental health.
50. In June 2021, the Client's new therapist began helping her realize the harm caused to her by her relationship with the Registrant. She began to recognize the power imbalance that existed between herself and the Registrant due to the Registrant's status as her counsellor and because she was much older than the Client.

**F. Failure to Accurately Portray Dr. [BB]'s Involvement in the Client's Care**

51. On June 4, 2021, the College interviewed the Client. During that interview, the Client stated that, in the middle of one of her counselling sessions the Registrant insisted that she speak to a doctor who was known to the Registrant so that he could prescribe medication to the Client to regulate her anxiety. The Client reported that she spoke with the physician by phone, and he prescribed Clonazepam for her. The Client reported that this doctor was not the Client's family physician and did not know the Client's medical history.
52. On October 28, 2021, the Client advised that she had not been honest in her June 4, 2021 interview with the College. She advised that the Registrant had not facilitated a phone call with a doctor, but rather that the Registrant held an unplanned in-person session with the Registrant, the Client, and the Registrant's husband, Dr. [BB], at which time Dr. [BB] prescribed the Client Clonazepam. The Client further advised that the Registrant told the Client that it would be best not to talk about the fact that her husband prescribed medication to her. This session was not accurately described in the Registrant's clinical record.
53. The Registrant provided written submissions to the College in August 2021, before her husband's involvement in the Client's care was known to the College. In those submissions, the Registrant failed to accurately portray Dr. [BB]'s involvement in the Client's care, referring to him as a physician that she "reached out to" in order to help the Client "connect with a physician". The Registrant only acknowledged that the "physician" was indeed her husband, whom she brought into her office during her session with the Client, when the information received by the College from the Client was disclosed to the Registrant.

[9] The Agreed Statement of Facts also confirmed the Registrant's agreement that the relevant Principles of the Handbook are standards of the profession and her admission to the professional misconduct allegations in part II, paragraphs (a) through (i) of the Notice of Hearing. With respect to allegation (i), the Registrant agreed that her conduct was disgraceful, dishonourable and unprofessional.

## **Decision of the panel**

[10] Having considered the admissions of the Registrant, the evidence contained in the Agreed Statement of Facts, and the submissions of counsel, the Panel found that the Registrant committed the acts of professional misconduct alleged in the Notice of Hearing. With respect to allegation (i), the Panel found that the Registrant's conduct would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

## **Reasons for decision**

[11] The Panel found that the evidence in the Agreed Statement of Facts, together with the Registrant's admission of professional misconduct, proved on a balance of probabilities, each of the allegation against the Registrant.

[12] With respect to allegation (a), the Panel found that the Registrant violated section 2.2, 2.9, and 2.10 of Professional Misconduct Regulation and Principle I of the Handbook (commented on in Interpretations 1.5 and 1.6) by failing to be aware of the her own values attitudes, and needs, and how they have an impact on her professional relationship with clients.

[13] The Registrant failed to be knowledgeable and sensitive to imbalances of power that affected the Client. The Registrant failed to recognize that she was in a position of power and authority, and was exerting improper influence over the Client. The Registrant acknowledges that her conduct created confusion for the Client with respect to her relationship with the Registrant. Given her personal relationship with the Client, the Registrant had full responsibility for demonstrating that the Client was not exploited, coerced or manipulated. The Registrant did not fulfill that responsibility. The Registrant provided counselling services to the Client from October 2017 to September 2018. In May 2018, the Registrant recognized that she did not have the skills necessary to provide the Client with the services that the Client needed, yet she continued to provide the Client with services for several more months, until September 2018.

[14] On this basis, the Panel was satisfied that the College proved allegation (a) on a balance of probabilities.

[15] With respect to allegation (b) in the Notice of Hearing, the Panel found that the Registrant violated section 2.2, 2.5, 2.6, 2.9, and 2.10 of Professional misconduct Regulation and Principle II of the Handbook (commented on in Interpretations 2.1.5, 2.2, 2.2.1, 2.2.2, 2.2.3, 2.2.5, 2.2.8, and 2.2.9.) in that she engaged in boundary violations during the counsellor-client relationship. The Registrant's conduct resulted in a conflict of interest and dual relationship with the Client.

[16] Specifically, the Registrant gave the Client extra attention, including by engaging in repeated phone calls and text messages, and "made her feel important". After beginning a personal relationship with the Client, the Registrant maintained the Client relationship, engaging in individual and joint sessions with the Client and her spouse. Between May 2018 and September 2018:

- a. the Registrant and Client repeatedly called and texted one another, including after hours and without a clinical purpose;

- b. the Registrant arranged for her husband, an emergency room physician, Dr. [BB], to prescribe anti-anxiety medication to the Client;
- c. the Registrant provided Dr. [BB]'s contact information to the Client for the purposes of obtaining a prescription for the Client's spouse;
- d. the Registrant allowed the Client to come into her home after showing up unannounced, outside of their session times, for non-clinical, personal and social purposes;
- e. the Registrant attended health and medical appointments with the Client, including attending with the Client at the hospital on May 21, 2018 and attending at the Client's psychiatric appointment on August 21, 2018;
- f. the Registrant stopped charging the Client for services in June 2018;
- g. the Registrant engaged in behaviours, such as those outlined above, that led the Client to ask whether the Registrant was "into her";
- h. the Registrant acted more like a friend than a therapist, including by engaging in the above-noted behaviours;
- i. the Registrant allowed the Client to go to the beach with her and her children;
- j. the Registrant had the Client take care of her children;
- k. the Registrant visited the Client while she attended for residential treatment services;
- l. the Registrant went running with the Client and ran a half marathon with her;
- m. the Registrant and the Client went swimming together;
- n. the Registrant and the Client watched TV together; and
- o. the Registrant insisted that she speak to a doctor who was known to the Registrant so that he could prescribe medication to the Client to regulate her anxiety.

[17] All those behaviours crossed boundaries that the Registrant was obligated to uphold in the professional relationship. The Registrant was in a conflict of interest with the Client's needs and interests, and ought to have known her conduct put the Client at risk.

[18] Allegation (b) is made out on a balance of probabilities.

[19] With respect to allegation (c), the Panel found that the Registrant violated section 2.2 and 2.6 of Professional Misconduct Regulation and Principle III of the Handbook (commented on in interpretation 3.7) by failing to assume responsibility for demonstrating that the Client was not exploited, coerced, or manipulated, intentionally or unintentionally, in a situation where a personal relationship occurred between her and the Client. The Registrant acknowledges that, in view of her personal relationship with the Client, she did not fulfill this responsibility.



[20] Regarding allegation (d), the Panel found that the Registrant violated section 2.2 and 2.5 of Professional Misconduct Regulation and Principle VIII of the Handbook (commented on in Interpretation 8.1, 8.2, 8.3, 8.4, 8.6, 8.7 and 8.8) by engaging in a personal, romantic and sexual relationship with the Client after termination of the professional relationship. The Registrant engaged in touching of a sexual nature, including kissing, hugging and sex with her former client, as described in the Agreed Statement of Facts.

[21] For allegation (e) the Panel found that the Registrant violated section 2.2, 2.3, 2.9, 2.10 and 2.34 of Professional Misconduct Regulation and Principle II of the Handbook (commented on in Interpretation 2.1, 2.1.1, 2.1.5, 2.2., 2.2.5) because she failed to terminate the counsellor-client relationship as soon as she realized in May 2018 that she did not have the skills necessary to provide the Client with the services she needed. In addition, with respect to section 2.34 of the Professional Misconduct Regulation and Interpretation 2.2.5, the Registrant failed to accurately portray her husband's involvement in the Client's care in her communications to the College during the investigation of this matter.

[22] With respect to allegation (f), the Panel found that the Registrant violated section 2.2, 2.9, and 2.10 of Professional Misconduct Regulation and Principle III of the Handbook (commented on in Interpretations 3.1, 3.2, 3.6, 3.8, and 3.12) by failing to notify the Client of the extent, nature, and limitations of services available, failing to respond to the Client's queries, concerns and/or complaints in a timely and reasonable manner, failing to inform the Client of foreseeable risks as well as rights, opportunities, and obligations associated with the provision of services, providing services as a courtesy without remuneration and not adhering to College standards while acting in a conflict of interest, and failing to provide services that conformed with College standards and/or providing services that she knew or ought to reasonably have known were not likely to benefit the Client. Specifically, in May of 2018 she recognized that she did not have the skills necessary to provide the Client with the services that the Client needed, but nonetheless continued to provide the Client with services, often without charging her for services, up until September 2018.

[23] In respect of allegation (g), the Panel found that the Registrant violated section 2.2, 2.20, and 2.21 of Professional Misconduct Regulation and Principle IV of the Handbook (commented on in Interpretations 4.1.1 and 4.1.2) by having made false statements on the record and failing to accurately record information including assessments and interventions and communication with the Client. In particular, she failed to accurately portray Dr. [BB]'s involvement in the Client's care as evidenced by the Client's testimony that she was pressured by the Registrant to speak with Dr. [BB] initially, and then her recanted statement and subsequent admission of dishonesty around her interactions with Dr. [BB] who did in fact attend an unplanned session with the Registrant, the Client, and the Client's husband. During that session, Dr. [BB] gave the Client a prescription for Lorazepam. Furthermore, the Registrant acknowledged that the "physician" (Dr. [BB]) was indeed her husband, whom she brought into her office during her session with the Client, only after the College disclosed to the Registrant that it had received the information from the Client.

[24] With respect to allegation (h), the Panel found that the Registrant violated section 2.2 and 2.11 of Professional Misconduct Regulation and Principle V of the Handbook (commented on in Interpretations 5.1, 5.3, and 5.3.6) by disclosing to the Client personal client information about the Registrant's other clients (Client A and Client B), including their first names. The Registrant also disclosed Client A's sexual orientation and Client B's diagnosis and history of trauma.

[25] Finally, with respect to allegation (i), the Panel found that the Registrant violated section 2.36 of Professional Misconduct Regulation by having engaged in 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. The Registrant failed to maintain clear and appropriate boundaries and her conduct resulted in a conflict on interest and a dual relationship, in which she ought to have reasonable have known that the Client would be at risk. As the Registrant failed to be knowledgeable and sensitive to power imbalances that affected the Client, she failed to acknowledge her power and authority and that she was exerting improper influence over the Client. The Registrant knew that her relationship with the Client would not be viewed positively by those around them. The Registrant was aware that entering into a romantic relationship had potential serious consequences for her career, yet engaged in this behaviour anyway. The Registrant was also aware that the Client felt a responsibility to maintain the secrecy of their relationship to protect the Registrant, and that this weighed on the Client. It was not the Registrant who terminated the sexual relationship but rather it was the Client who initiated the ending of that relationship in February of 2021 due to its negative impact on her. Lastly, the Registrant breached confidentiality of her other clients by sharing personal information about them with the Client.

[26] The Registrant's misconduct is properly regarded as disgraceful, dishonourable, and unprofessional due to the elements of moral failing woven throughout the evidence in this case. She knew that her conduct was wrong. Her actions have the effect of shaming the Registrant and by extension, the profession.

### **Penalty submissions**

[27] The parties were in agreement on the issue of penalty. They presented to the Panel a Joint Submission on Penalty and Costs ("**Joint Submission**") asking this Panel to make the following order.

1. The Registrant is to be reprimanded by the Discipline Committee, via electronic hearing or in writing, and the reprimand shall be recorded on the College's register for an unlimited period of time.
2. The Registrar is directed to revoke the Registrant's certificate of registration.
3. The period of time during which the Registrant may not re-apply to the College for a new certificate of registration or seek reinstatement shall be fixed at five (5) years from the date of the Discipline Committee's order.
4. The finding and the order of the Discipline Committee shall be published, in detail or in summary with the Registrant's name, online and/or in print, including, but not limited to, in the official member publication of the College, on the College's website, and on the College's public register.
5. The Registrant shall pay costs to the College in the amount of five thousand dollars (\$5,000.00), which amount will be paid within seven (7) days of the Discipline Committee's order.

[28] The Joint Submission also set out the parties' agreement that if the Panel accepts the Joint Submission, unconditionally and in full, the Order will become effective immediately, and there will be no appeal or judicial review of the decision.

[29] In support of the Joint Submission, the College submitted that the proposed penalty is appropriate having regard to the findings of professional misconduct, the individual circumstances of the Registrant, and the duty of the College to protect the public. The jointly proposed penalty reflects considerations of public protection, maintaining public confidence in the reputation and integrity of the profession, and effective self-governance. The Joint Submission meets the objectives of general and specific deterrence, and the potential for the Registrant's rehabilitation, as well proportionality. The College argued that the penalty is proportionate to the egregious misconduct of the Registrant. The Registrant engaged in a number of boundary violating behaviours including but not limited to entering into a personal relationship with the Client; exacerbating the power imbalance between the Registrant and the Client. The Registrant used her position of authority to improperly influence the Client and provided services to the Client that went beyond her scope of practice. Furthermore, the Registrant's record-keeping practices failed to meet College standards. The Registrant breached confidentiality of her other clients by sharing their private information with the Client. The Registrant was not immediately forthcoming about her misconduct and only self-reported to the College when she knew that another registered professional was going to report her.

[30] Additionally, the College emphasized in its penalty submissions that it was not the Registrant that terminated the sexual relationship with the Client, it was the Client who initiated the ending of that relationship. The Registrant's misconduct involved elements of dishonesty and significant moral and ethical failings.

[31] Furthermore, the proposed penalty is in the public's interest, is within an appropriate range of penalties, and is consistent with previous College penalties for similar misconduct.

[32] The College argued that a reprimand is appropriate in these circumstances as it allows the Panel to convey its disapproval and concerns directly to the Registrant. Revocation of the Registrant's certificate of registration, with a five-year ban on the Registrant's ability to apply for reinstatement, is proportionate to the seriousness of the nature of this misconduct and serves as a powerful general deterrent. Revocation also serves as a specific deterrent for the Registrant. Publication of the decision and order serve as a reminder to the membership as a whole that professional misconduct of this nature is not tolerated.

[33] The Registrant submitted that the jointly proposed penalty is appropriate to the Registrant's misconduct and is in line with previous decisions from the College and other comparable professional misconduct cases.

### **Penalty decision**

[34] Having considered the findings of professional misconduct, the evidence and the submissions of the parties, the Panel accepted the Joint Submission and orders the following.

1. The Registrant shall be reprimanded by the Discipline Committee, via electronic hearing or in writing, and the reprimand shall be recorded on the College's register for an unlimited period of time.

2. The Registrar is directed to revoke the Registrant's certificate of registration.
3. The period of time during which the Registrant may not re-apply to the College for a new certificate of registration or seek reinstatement shall be fixed at five (5) years from the date of the Discipline Committee's order.
4. The finding and the order of the Discipline Committee shall be published, in detail or in summary with the Registrant's name, online and/or in print, including, but not limited to, in the official member publication of the College, on the College's website, and on the College's public register.
5. The Registrant shall pay costs to the College in the amount of five thousand dollars (\$5,000.00), which will be paid within seven (7) days of the Discipline Committee's order.

### **Reasons for penalty decision**

[35] The Panel recognized that the penalty should maintain high professional standards, preserve public confidence in the ability of the College to regulate its Registrants, and, above all, protect the public. This is achieved through a penalty that considers the principles of general deterrence, specific deterrence and, where appropriate, rehabilitation and remediation of the Registrant's practice. The Panel also considered the principle that the Panel should accept a joint submission on penalty unless it is contrary to the public interest and would bring the administration of justice into disrepute.

[36] A clear message must be sent to the profession that engaging in sexual abuse and crossing professional boundaries will not be tolerated.

[37] An appropriate penalty must maintain high professional standards, preserve public confidence in the ability of the College to regulate its Registrants, and, above all, protect the public. This is achieved through a penalty that considers principles of general and specific deterrence, and, where appropriate, remediation and rehabilitation of the Registrant's practice. The Panel also acknowledges the well-established legal principle that a panel should accept a joint submission on order unless doing so would be contrary to the public interest and bring the administration of justice into disrepute.

[38] That high threshold is clearly not met in this case. The Joint Submission reflects the principles of penalty. It achieves the paramount goal of public protection. The reprimand, revocation and publication are both general and specific deterrents. The penalty is proportionate to the serious misconduct in this case. An appropriate order on penalty must be tailored to the circumstances of each particular case. The Panel is satisfied that the Joint Submission is appropriately tailored to the particulars of this case.

[39] In terms of mitigating factors, the Panel notes that the Registrant has no prior history of professional misconduct. The Panel also acknowledges the Registrant's willingness to take responsibility for her actions, and to cooperate with the College to reach a resolution which prevented the need for a contested and costly hearing. The Registrant voluntarily entered into the Agreed Statement of Facts.

[40] The Panel considered a number of similar cases with penalty orders that establish a range consistent with the order sought in this case, including *Ontario College of Social Workers and Social Service Workers v Vaz* (Misconduct: July 21, 2017; Penalty: September 12, 2017), *Ontario College of Social Workers and Social Service Workers v Beauchamp-Brown* (January 13, 2017), *Ontario College of Social Workers and Social Service Workers v Ongena*, 2021 ONCSWSSW 11, *Ontario College of Social Workers and Social Service Workers v Boulay*, 2022 ONCSWSSW 1, and *Ontario College of Social Workers and Social Service Workers v Beloshesky*, 2020 ONCSWSSW 9, among others. Each of these matters involved boundary violations and professional misconduct with elements of sexual misconduct and resulted in an order of revocation, with a five-year prohibition on applying for reinstatement.

[41] In the Joint Submission on order, the parties agreed that the Registrant should be ordered to pay costs to the College in the amount of \$5000.00, payable within seven days following the release of this decision. That amount is in line with recent decisions of the Discipline Committee involving uncontested matters. The cost order is appropriate as the Registrant should bear some of the costs of the investigation in this matter so that the membership of the College at large does not have to bear the full costs arising from the Registrant's professional misconduct.

I, Amanda Bettencourt, sign this decision as chairperson of the Panel and on behalf of the Panel members listed below.

Date:

Signed:

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Amanda Bettencourt, Chair  
Chisanga Chekwe  
Sana Imran