



PERSPECTIVE

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Psychotherapy Update -Where Do Things Stand?

As a result of changes to the *Regulated Health Professions Act (RHPA)* and the *Social Work and Social Service Work Act (SWSSWA)*, members of the College will be permitted to perform the controlled act of psychotherapy and use the title “psychotherapist,” provided they do so in compliance with the SWSSWA, the regulations and the by-laws. These provisions are not yet in force, however, the College has been busy preparing for this to occur.

The consultation regarding the *Practice Guidelines for Performing the Controlled Act of Psychotherapy*, which concluded in the fall of 2012, yielded helpful feedback. All members and twenty-three stakeholder groups were invited to participate. Over 900 members took part, which

represents 6% of College members, and is in the expected range for a consultation of this type. Stakeholder groups who provided feedback included the Ontario Association of Social Workers, the Ontario Deans and Directors of Social Work Programs, the College of Nurses of Ontario and the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario. Rather than aiming to be a “how to” manual for psychotherapy, the guidelines focus on the essential elements required for competent psychotherapy practice and are intended to assist members in determining whether they are sufficiently prepared to perform the controlled act of psychotherapy. Overall, the guidelines were found by members and other stakeholders to be clear, easy to understand and helpful in understanding the controlled act of psychotherapy. Suggestions included

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elaborating on the purpose of the guidelines and emphasizing the importance of the standards of practice. These suggestions have guided revisions to the guidelines. Next steps include review and approval of the guidelines by Council, before they are made available to members. This will occur at the time the RHPA and SWSSWA amendments are proclaimed in force. Until then, watch for updates and information in this newsletter.

Members are now required to inform the College if they use the title “psychotherapist”, and were asked to provide this information on their 2013 Annual Renewal of Registration. If the information changes during the year, members must contact the College with updated information.

The College continues to discuss issues related to the regulation of psychotherapy with the regulatory bodies whose members are also authorized to perform the controlled act of psychotherapy. This ensures that the College is well-informed about any new developments, and that our requirements and guidelines are in line with the other regulatory bodies.

Proclamation of the *Psychotherapy Act*, which establishes the College of Registered Psychotherapists and Registered Mental Health Therapists, is not anticipated until sometime in 2014. The good news for College members who practise psychotherapy is that they will not need to become a member of this new regulatory body, since College members have access to the controlled act of psychotherapy and may use the title “psychotherapist”. Also, as a registered social worker or registered social service worker, a member may use the restricted titles and/or hold out to be a social worker or social service worker, as well as perform the functions in the Scope of Practice for Social Work or the Scope of Practice for Social Service Work. In addition, College members may perform specific activities permitted in other pieces of legislation. For example, under the *Ontario Vital Statistics Act*, social work and social service work members of the College may serve as a guarantor on an application for an Ontario birth certificate, and under the *Ontario Disability Support Program Act*, social work members may complete the Activities of Daily Living Index in the Disability Determination Package.

2013 Annual Meeting and Education Day: Maximizing Professional Effectiveness in Turbulent Times



Maximizing Professional Effectiveness in Turbulent Times

AMED | JUNE 13, 2013
Annual Meeting & Education Day

The theme for this year's Annual Meeting and Education Day is *Maximizing Professional Effectiveness in Turbulent Times*. As registered social workers and social service workers, there are many variables affecting your personal and professional lives, as well as those of your clients. This year's AMED is focusing on providing members with tools, connections and inspiration to maximize professional effectiveness during these turbulent times.

The event will take place on **Thursday, June 13, 2013** at the Metro Toronto Convention Centre, North building. Registration starts at 8:30 a.m., and please do not forget to bring the confirmation number you will receive upon registering. The Annual Meeting will begin at 9 a.m. and will be followed by the keynote address. Lunch will be served at noon followed by breakout sessions in the afternoon. Eight breakouts will be held with delegates choosing to attend two. The breakout topics will include: ethics and technology, palliative care with the elderly, motivational interviewing, and harm reduction, to name a few.

This year's keynote speaker is David Rivard, M.S.W., RSW, CEO of the Children's Aid Society of Toronto (CAST). David will be talking about his organization's journey to being named one of the GTA's Top Employers for 2013. David has published on healthy personal and organizational growth, and CAST is an example of a healthy workplace success story.

To enhance networking opportunities over lunch, we are providing the option of sitting at a table designated for specific interests or practice areas. If you would like to participate, please be sure to indicate your preference on the registration form. The networking lunch was launched at last year's AMED and received an overwhelmingly positive response. We encourage you to participate!

This successful event increases in popularity every year and space fills up quickly, so be sure to sign up as soon as possible. Enclosed with this issue of *Perspective* you will find a detailed brochure and registration form.

However, to ensure immediate confirmation, we encourage you to register online through the College's website at www.ocswssw.org.



If you are unable to attend the event, the Annual Meeting and the keynote address will be made available via webcast. Additionally, a recorded audio of the annual meeting and slides from the breakout sessions will be available on the website following the event.

In whichever way you are able to take part in this event, we look forward to connecting with you on June 13, 2013!

If you have any questions regarding the event, please contact Jolinne Kearns, Communications Coordinator, at 416-972-9882 or 1-877-828-9380 ext 415 or e-mail jkearns@ocswssw.org.

Communications Update

– Maximizing Efficiency with the Help of Technology

NEW! Member **RESOURCE USB**



The College recognizes the importance of making our services more convenient and accessible. Throughout this last year, we have reviewed our resources and services to determine how we can incorporate technology to improve our efficiency. Technology continues to evolve and transform the way we do our day-to-day tasks, and the College believes it is important to use these tools to enhance the delivery of services to our members. Here are a few ways we have enhanced our services with the use of technology:

ELECTIONS PROCESS

Voting and participating in your district election have never been easier! The College's complete election process is now available online, including web access to the nomination package, candidate biographies and summaries. Most importantly, you will be able to cast your vote online. Now electing a representative from your district is just a click away. Online voting improves efficiency by streamlining the tabulation process, as well as reducing paper, printing and mailing costs. The voting system is designed to be secure and to protect the confidentiality of members' votes.

This year's election will be held in electoral districts 1, 2 and 5. If you are a member in one of these districts, don't forget to vote on May 30, 2013.

MEMBER RESOURCE USB

Although the Member Resource Binder helps members consolidate critical College documents in one place, members have told us that they find the binder to be bulky and hard to carry or refer to on the job. The College

has decided to put the important resources found in the binder onto a USB key. The Member Resource USB is lightweight, compact, cost-effective and provides members with the most up-to-date versions of the *Code of Ethics and Standards of Practice*, *PHIPA Toolkit*, *CCP Documents* and *Practice Guidelines*. When amendments are made to these documents, your Member Resource USB will be notified and you will be able to update them with the click of a button. For more information on the Member Resource USB, please visit the following link: www.ocswssw.org/en/MemberUSB.htm.



ONLINE PUBLIC REGISTER

The College is pleased to report that work is underway to put the Public Register online. We are aiming to have it in place in 2013. We are confident that the online Register will mean easier access and greater efficiencies for both the public and the College. To have our Register accessible online is consistent with the practices of other regulatory bodies in Ontario and across Canada.

With these tools, and others to come, we are expecting an increase in our productivity, and your participation, with an overall improvement in the quality of information sharing.

If you have any questions about the elections process, the Member Resource USB or the online Register, please contact Jolinne Kearns, Communications Coordinator, by telephone at (416) 972-9882 or 1-877-828-9380 ext. 415 or by e-mail at jkearns@ocswssw.org.

What Does “Evidence” Mean?

Tracking Your Accomplishments Through the CCP

The Continuing Competence Program (CCP) promotes excellence in practice by ensuring that all members of the College enhance their practice in an ongoing way. It is one of the ways that the College fulfills its mandate of public protection. In addition to being a professional obligation, your CCP is a reflection of your ongoing professional development, your goals and your accomplishments. As part of the program, you are required to keep evidence of having completed your goals - usually in a separate folder that is kept with your CCP documents. Many members find that keeping an electronic folder of evidence gives them greater flexibility, but you can keep a paper folder if you prefer.

By keeping a folder containing evidence of your professional achievements as part of your CCP, you will be able to update your professional information easily and keep track of your learning and development. All your evidence will be in one place. Reflecting on the evidence you gather can also help you in evaluating your strengths and setting goals for your CCP in the following year. You may want to consider including a narrative about your experience in your folder.

HOW CAN YOU ENSURE THAT YOUR FOLDER OF EVIDENCE CAPTURES YOUR PROFESSIONAL ACHIEVEMENTS?

One way is to review and update your CCP documents regularly throughout the year, and to add any evidence of having completed your goals to your folder of evidence at the same time. If you're keeping an electronic folder, you can create sub-folders related to each goal in your Professional Development Plan. You may also want to keep evidence of learning achievements that occurred that are unrelated to your goals. Here are some things you might include:

- Your current job description (or one that you are preparing for)
- Samples of your written work (articles published, pamphlets, newsletters, reports etc.)
- Certificates of participation in workshops, courses, or online learning (if you are keeping an electronic folder, these may be scanned and kept in your digital file)
- A list of publications you have read, or links to the documents themselves
- A list of presentations you have given (which may include your slide decks, if your folder is electronic)
- A list of projects you have collaborated on, perhaps with a brief description of the nature of meetings, other activities, and their outcome
- Evaluations and other materials attesting to your strengths
- A list of, or links to, podcasts you have listened to
- Websites and other online resources that you have reviewed
- A list of supervision or study group meetings
- A journal or other personal reflection about your practice
- Intervention plans (individuals, couple, groups, communities) that demonstrate new learning

(Note: In order to protect confidentiality, be sure to remove names and other identifying information about clients in your CCP documents.)

Remember, your CCP can be much more than a professional obligation. Your **folder of evidence** is one more way you can be sure to get the most out of the CCP.

For more information, please contact the Professional Practice Department at ccp@ocswws.org.

Council Highlights – December 13-14, 2012

DECEMBER 13, 2012

- Council welcomed new public member, David Hodgson and congratulated public members Anita Gupta and Sophia Ruddock on their reappointments
- Council approved the 2013 Draft Budget
- The Registrar provided an update on the 2012-2015 Strategic Plan
- Council reviewed the *Summary of the Assessment of Registration Practices and Recommendations* conducted by the Office of the Fairness Commissioner and the Action Plans submitted by the College
- The Registrar updated Council on the activities of the Canadian Council of Social Work Regulators
- Council discussed the evaluations from the 2012 Educational Forums in Kingston and North Bay
- Council reviewed the Professional Development Reports submitted by Council members Lily Oddie, Mukesh Kowlessar, Ann-Marie O'Brien, Norman MacLeod and Diane Dumais
- Council passed a motion regarding the appointment of auditors for the year ending December 31, 2012
- Council reviewed and discussed correspondence between the College and the Canadian Association for Social Work Education
- Council approved By-Law No. 83, amending Election By-Law No. 36
- Council approved the Financial Statements as of September 2012
- The Registrar reported to Council on membership, member education and stakeholder engagement
- The Deputy Registrar updated Council on the activities and accomplishments of the Membership, Communication and Professional Practice departments
- Reports were received from the following statutory and non-statutory committees: Complaints, Discipline, Fitness to Practise, Registration Appeals, Election, Nominating, Finance, Corporations, Titles and Designations, the LeSage Report task group and the Annual Meeting and Education Day task group

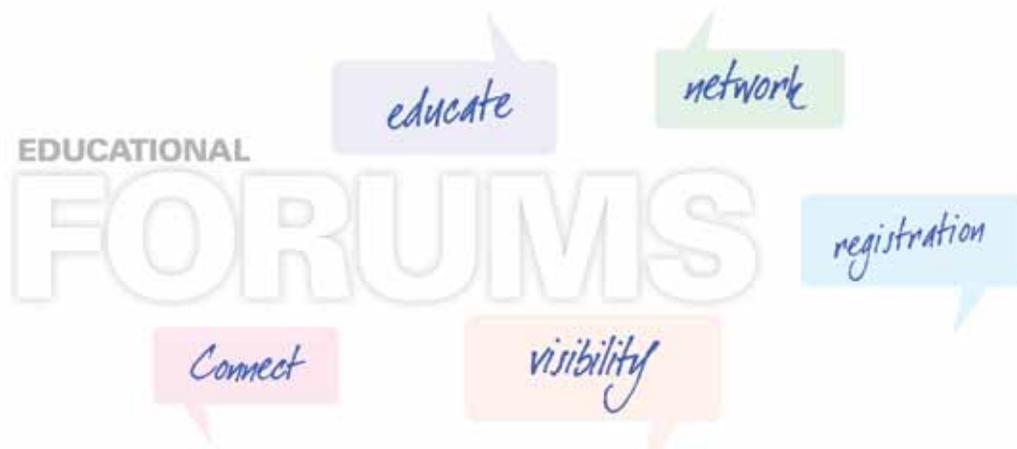
DECEMBER 14, 2012

- Council reviewed the Process for the Registrar's Performance Review
- Council discussed in-person meeting frequency
- Argyle Communications presented public awareness campaign next steps
- Rachel Birnbaum, president of the Canadian Council of Social Work Regulators, and the Registrar presented the *Entry -Level Competency Profile for the Social Work Profession in Canada*
- Reports were received from the following non-statutory committees: Governance and Standards of Practice

Council Highlights – March 1, 2013

- The Registrar provided an update on the 2012-2015 Strategic Plan
- Council reviewed and discussed the Video Conferencing Report
- Council approved the Canadian Council of Social Work Regulators' report *Entry-Level Competency Profile for the Social Work Profession in Canada*
- Council discussed the College's regulatory cautions
- Council reviewed and discussed modifications to the Mentorship Program
- Council reviewed the Finance Committee Budget Process Recommendations
- Council approved the Response to the Stakeholder Consultation of the transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario
- Council reviewed the Financial Statements as of December 2012
- The Registrar reported to Council regarding strengthening stakeholder and public awareness; government relations; and regulatory leadership
- The Deputy Registrar updated Council on the activities and accomplishments of the Membership, Communication and Professional Practice departments
- Reports were received from the following statutory and non-statutory committees: Complaints, Discipline, Fitness to Practise, Registration Appeals, Standards of Practice, Election, Nominating, Finance, Corporations, Titles and Designations, and the Annual Meeting and Education Day task group

Fall 2012 Educational Forums – Kingston and North Bay



In the fall of 2012, the College ran its third series of Educational Forums. The Educational Forums aim to provide opportunities:

- To educate;
- To provide a tangible benefit of registration;
- For members to network with colleagues and make new contacts; and
- For the College to increase its visibility and connect with the membership.

This initiative is in response to members who want to stay connected to the College but are unable to attend the Annual Meeting and Education Day (AMED) in Toronto.

Hosted in Kingston and North Bay, Ontario, the Forums provided learning and networking opportunities for members and local social service work students. The Forums, which are free for members and are a benefit of College membership, included a buffet lunch, College update and keynote address.

Based on the positive feedback from his presentation at AMED 2012, the College invited Bill Gayner, M.S.W, RSW, to be the keynote speaker. Bill is a registered social worker at the Clinic for HIV-Related Concerns in Psychiatry at Mount Sinai Hospital where he integrates meditation into both individual and group psychotherapy and leads a research program into meditation for HIV+ gay, bisexual and other men-who-have-sex-with-men. He also provides meditation training for mental health professionals through Mount Sinai Hospital's

Mindfulness-Based Interventions Clinic and the Mount Sinai Psychotherapy Institute.

Bill's presentation entitled *Emotion-Focused Meditation, Self-Care and Therapeutic Presence*, introduced an emotion-focused meditation (EFM) perspective to highlight how professionals can use meditation to improve self-care, prepare to meet clients, and enhance awareness of our own and our clients' emotional and interpersonal processes. EFM has emerged out of a search for more emotionally-friendly approaches to meditation with specificity for difficult emotional issues such as internalized HIV stigma in clients as well as applicability for enhancing helping professionals' therapeutic presence. Participants briefly experienced a gentle awareness practice called recollective awareness meditation. Below is a summary of the Kingston and North Bay Forums.

KINGSTON

Members from as far as Sudbury and Ottawa came to participate in the Kingston Educational Forum which was held on October 18, 2012 at St. Lawrence College. The participants included over 50 members and social service work students from St. Lawrence College who were invited to take advantage of the learning opportunity.

The feedback from the Kingston Forum was positive and in particular members enjoyed Bill Gayner's presentation. One member stated that the "afternoon was very well done. It was a nice summary of the College, its mandate and an excellent speaker." Another member stated that "the topic

Fall 2012 Educational Forums – Kingston and North Bay

of this Educational Forum was very impressive and I would look forward to seeing more presentations of this nature. It is valuable to me as a member to keep my education and knowledge current.”

NORTH BAY

Approximately 45 attendees, including social service work students from Canadore College, attended the North Bay Educational Forum which was held on October 23, 2012 at the Davedi Club.

Members were happy to have the College host an event in Northern Ontario, with one member stating “thank you for travelling to North Bay. It is truly appreciated and has strengthened my sense of connection to, and appreciation of, the College.” Another member shared with us that “the Forum was educational, as the name implies, and it was also quite enjoyable. Thank-you for coming to North Bay.”

The feedback we received will be very helpful when planning the next series of Educational Forums. The College would like to thank all those who participated in North Bay and Kingston, and we look forward to connecting with members in new locations in the coming year.

Members, take note! If you live in the Ottawa or Sault Ste. Marie regions, The College aims to host the fall 2013 Educational Forums near you! In mid-summer, you will receive an eBulletin with more information regarding the 2013 Educational Forums. To sign up for eBulletins, please visit the College website at www.ocswssw.org

Election to Council in Districts 1, 2, and 5 – Don't Forget to Vote!

We are pleased to announce that the 2013 election package is now available online. Read on for more information!

The election for districts 1, 2 and 5 will be held on **May 30, 2013**. All College members who practise in these electoral districts were eligible to stand for election. Members in districts one, two and five are encouraged to participate in this important process by casting a vote in the election.

This year, **members will be able to vote online**. The voting system is designed to be secure and to protect the confidentiality of members' votes. An online election process improves efficiency and reduces paper, printing and mailing costs associated with the election.

POSITIONS IN THIS YEAR'S ELECTION

Electoral districts 1, 2 and 5 each elect one social work councillor and one social service work councillor.

NEW CHANGES TO THE ELECTORAL PROCESS

To cut costs, waste and time, the nomination packages, candidate summaries and biographical information are available online. For more information on the College's use of technology, please refer to the Communications Update in this issue of *Perspective* on page 4.

If you have any questions, please contact Pat Lieberman at 416-972-9882 or 1-877-828-9380 ext. 207 or e-mail elections@ocswssw.org.

Discipline Decision Summary



This summary of the Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order dated November 12, 2012.

BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

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

PROFESSIONAL MISCONDUCT

MARK JOHN BERGEN, RSW

ALLEGATIONS

The College's allegations relate to Mr. Bergen's conduct or actions, in regard to two clients to whom he provided counselling and/or psychotherapy services, and to his subsequent convictions under section 271 of the *Criminal Code*, for having sexually assaulted both of the clients.

PLEA

As Mr. Bergen was neither present nor represented at the hearing (although notified of the allegations and the hearing), he was deemed to have denied the allegations.

EVIDENCE

The Evidence consisted of a Book of Documents which, in particular, included Mr. Bergen's Indictment, the Court's Reasons for Judgement and Reasons for Sentence in the criminal proceedings, and the Court of Appeal's endorsement dismissing Mr. Bergen's appeal from his convictions.

FINDINGS

The panel concluded that all of the allegations of Mr. Bergen's professional misconduct were established by the evidence, especially having regard to the convictions entered and the facts found by the trial Judge.

Specifically, the Discipline Committee found that Mr. Bergen is guilty of professional misconduct as set out in Section 26(2)(a) and (c) of the *Social Work and Social Service Work Act* (the "Act"), in that the Member:

1. Violated section 2.29 of the Professional Misconduct Regulation by contravening a federal, provincial or territorial law, the contravention of which is relevant to Mr. Bergen's suitability to practice, namely section 271 of the *Criminal Code*, R.S.C. 1985, c. C-46 when he was convicted of sexual assault in respect of two clients, to whom he provided counselling services and/or psychotherapy services;
2. Violated section 2.5 of the Professional Misconduct Regulation by abusing both clients physically, sexually, verbally, psychologically or emotionally when he established personal and/or sexual relationships with both clients to whom he provided counselling services and/or psychotherapy services;
3. Violated section 2.2 of the Professional Misconduct Regulation and Principle VIII of the Handbook (as commented on in Interpretations 8.1, 8.2, 8.6 and 8.7) by engaging in behaviour of a sexual nature with both clients when he established a personal and/or sexual relationship with both clients, to whom he provided counselling services and/or psychotherapy services;
4. Violated Section 2.6 of the Professional Misconduct

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Regulation by using information obtained during his professional relationship with both clients, and using his professional position of authority to coerce, improperly influence, harass or exploit both clients, when he established a personal and/or sexual relationship with both clients to whom he provided counselling services and/or psychotherapy services;

5. Violated section 2.2 of the Professional Misconduct Regulation and Section 1 of the Code of Ethics and Principle I of the Handbook (commented on in Interpretations 1.5 and 1.6) by failing to regard the well-being of both clients, as his primary professional obligation when he established and pursued a personal and/or sexual relationship with them. In doing so Mr. Bergen failed to distinguish his own needs from those of the clients, failed to appreciate how his needs might impact on his professional relationship with the clients, placed his own needs before those of the clients and failed to ensure that the clients' interests were paramount;
6. Violated Principle II (2.2) of the Handbook (commented on in Interpretations 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.6, 2.2.8 and 2.2.9) by failing to maintain clear and appropriate boundaries in his professional relationship with both clients when he established a personal relationship and attempted to establish a sexual relationship or to engage in sexual contact with the clients, to whom Mr. Bergen provided counselling services and/or psychotherapy services. In doing so, Mr. Bergen placed himself in a conflict of interest situation in which he ought reasonably to have known that the clients would be at risk and used his professional position of authority to abuse or exploit the clients.
7. Violated Principle III of the Handbook (commented on in Interpretation 3.7 and 3.8) by failing to ensure that professional services were provided responsibly to both clients when he established and/or pursued a personal and/or sexual relationship with the clients to whom he provided counselling services and/or psychotherapy services. In doing so, Mr. Bergen placed himself in a conflict of interest situation and established

a dual relationship with the clients which impaired Mr. Bergen's professional judgment and increased the risk of exploitation or harm to the clients;

8. Violated Section 2.2 of the Professional Misconduct Regulation and Principle II (2.2) of the Handbook (2.2.3 and 2.2.4) by using information obtained during his professional relationship with one of the clients and using his professional position of authority to coerce or improperly influence the client in the client's communications with Mr. Bergen's former employer, with another facility and with the client's parents regarding the client's treatment, the client's relationship with Mr. Bergen and Mr. Bergen's professional conduct; and
9. Violated Section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional when Mr. Bergen: established personal and sexual relationships with both clients to whom the Member provided counselling services and/or psychotherapy services; and used information obtained during his professional relationship with one of the clients, and his professional position of authority to coerce or improperly influence the client in the client's communications with his former employer, another facility and the client's parents regarding the client's treatment, the client's relationship with him and his professional conduct.

PENALTY

The Discipline Committee ordered that:

1. Mr. Bergen's certificate of registration be revoked and that a notification of the revocation be recorded on the Register;
2. Mr. Bergen shall not apply to the Registrar of the College for a new certificate of registration for a period of 5 years from the date of the Discipline Committee's Order, and that at the time of such application Mr. Bergen should be subject to Fitness to Practise assessment;

Discipline Decision Summary

3. Mr. Bergen be reprimanded by the Committee in writing and that the reprimand be recorded on the register for an unlimited period of time;
4. The finding and Order of the Discipline Committee be published, in detail, with Mr. Bergen's name (but without information which could identify the affected clients) in the official publication of the College, on the College's website and on any other media-related document that is provided to the public and is deemed appropriate by the College; and that
5. Mr. Bergen pay costs in the amount of \$5000.00 to the College.

The Discipline Committee's Decision included the following reasons for its Penalty Order:

- Mr. Bergen's conduct is "so egregious" that any order other than revocation would not specifically deter or rehabilitate Mr. Bergen.
- Mr. Bergen's behaviour was "especially despicable" because it involved young and vulnerable clients, involved a lack of care and professionalism, and was characterized by the trial judge in the criminal matter as "the grossest abuse of a position of trust and flagrantly unethical conduct."
- Mr. Bergen's refusal to participate in the hearing and his lack of insight into his behaviour, even after the criminal convictions were upheld by the Court of Appeal, make it unlikely that he would be deterred or rehabilitated.

- Mr. Bergen has shown no insight into the fact that his sexual and/or personal relationships with the clients were highly improper and damaging to them.
- The revocation of Mr. Bergen's certificate of registration is necessary to protect the public, to serve as a specific and general deterrent and to recognize the seriousness of the misconduct.
- Publication of the Discipline Committee's Order is necessary to ensure protection of the public. Broadly publishing Mr. Bergen's name and the Discipline Committee's Order with his name may be the only effective way of ensuring that the public or future employers are aware of Mr. Bergen's past actions.
- With respect to costs, Mr. Bergen refused to participate in the discipline hearing, including admitting the conduct underlying the criminal convictions, thereby forcing the College to prove its case.
- This matter caused the College considerable expense and the costs incurred by the College to investigate and prosecute the matter are only a fraction of the amount of costs Mr. Bergen is ordered to pay to the College. The costs reflect the fact that Mr. Bergen's involvement in the proceedings could have reduced College expenses which are borne by the general College membership. The amount of the cost award is "reasonable, defensible, and fair" to all parties affected by the costs involved in prosecuting Mr. Bergen.

Discipline Decision Summary



This summary of the Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order.

BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

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

PROFESSIONAL MISCONDUCT GAIL T. FLINTOFT (FORMER MEMBER)

AGREED STATEMENT OF FACT

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

1. Ms. Flintoft was, at all times relevant to the allegations, registered as a social work member of the College. She subsequently resigned her Certificate of Registration as a College member, which resignation became effective on November 30, 2010.
2. From on or about January 1990, until on or about April 2010, Ms. Flintoft was employed as a social worker with a specialty hospital (the "Hospital") that provides health care to people living with HIV/AIDS and offers a residential program, home care and a community outreach program which includes nursing, counselling and complementary therapies.
3. While employed at the Hospital, Ms. Flintoft had a Master of Social Work student under her supervision, for whom she had agreed to act as preceptor. Ms. Flintoft failed to fulfil her responsibilities as a supervisor with respect to this student in that she:
 - a) Left the student without any identified supervisor or identified support during Ms. Flintoft's absences;
 - b) Failed to sufficiently assist the student to integrate into the inter-professional team with which the student was expected to work at the Hospital;
 - c) Allowed the student to perform a difficult funeral planning meeting without appropriate support or supervision and without preparing the student sufficiently;
 - d) Allowed the student to engage in unsupervised clinical activity;
 - e) Failed to provide appropriate mentorship or scholarly preceptorship by failing to properly analyze, discuss and provide feedback on her own activities or those of the student, and to link them to principles of social work research, theory or practice;
 - f) Failed to properly address the power imbalance in the student/teacher (i.e. student/preceptor) relationship which inhibited the student from raising concerns with Ms. Flintoft directly, even after those issues were raised with Ms. Flintoft by her supervisors at the Hospital;
 - g) Failed to recognize the need for the student to discuss termination with clients when the student's placement was coming to an end and to provide guidance to the student in that regard.
4. While employed at the Hospital, Ms. Flintoft was the

Discipline Decision Summary

assigned social worker for and was responsible for providing social work services to clients admitted to the Hospital's Residential Program and/or Community Program, including 25 identified clients.

5. One of the identified clients was admitted to the Hospital's Community Program in July 2009, and subsequently to its Residential Program, and then discharged to the Community Program in January of 2010 where the client died in March 2010. With respect to this client, Ms. Flintoft:
 - a) Failed to make contact and to follow up with the client on a timely and sufficient basis after the client's discharge from the Hospital's Residential Program to its Community Program;
 - b) Disregarded and/or failed to adequately respond to information from other members of the client's treatment team indicating that the client was struggling with physical and mental health and addiction issues, was at high risk for crisis and required prompt and in person contact from Ms. Flintoft;
 - c) Failed to adequately document information regarding a critical incident affecting the client (namely the death of the client's friend in the client's home) in a timely fashion;
 - d) Failed to convey information about that critical incident to other members of the Hospital treatment team until a date 17 days after she learned of the incident, and failed to develop a crisis care plan for the client, despite her knowledge that the client was vulnerable and at high risk for crisis;
 - e) Failed to arrange for another social worker to follow up with the client while Ms. Flintoft went on holidays for 10 days (commencing in the week following the death of the client's friend); and
 - f) Failed to make direct contact with the client for 19 days following the death of the client's friend. On the 19th day, Ms. Flintoft attended at the client's apartment building and discovered, later that day, that the client had been found dead in his apartment and was thought to have been dead for at least 12 hours.
6. Another of the identified clients was admitted to the Hospital's Residential Program in February 2008, for approximately three weeks. With respect to this client, Ms. Flintoft used a translator to communicate with the client, but failed to have the translator execute the Hospital's standard External Consultant Confidentiality Form, and demonstrated a lack of awareness of and familiarity with the Hospital's policies and procedures in that regard.
7. Another identified client was admitted to the Hospital's Residential Program in December 2009 for approximately two months. Ms. Flintoft provided counselling to both the client and the client's partner. In respect to these clients, Ms. Flintoft:
 - a) Provided counselling to both the client and the client's partner concerning end of life planning and bereavement issues arising from the client's impending death, in circumstances where the client and the client's partner had conflicting issues and needs;
 - b) Failed to consider the best interests of the client in arranging a meeting with the client's partner to arrange the client's funeral, in anticipation of the client's death, without informing the client of the meeting or inviting the client to attend;
 - c) Failed to acknowledge or take steps to address the conflict between the needs and interests of the client and the client's partner, although that conflict was repeatedly identified for Ms. Flintoft by her superiors at the Hospital; and
 - d) Repeatedly ignored her supervisors' recommendations that the client and the client's partner be seen by separate clinicians, before eventually agreeing to that approach.
8. Another identified client was admitted to the Hospital's Residential Program in December 2009, for three months, while awaiting long-term placement. Ms. Flintoft felt the client was having difficulty accessing and managing the client's monthly allowance paid to the client through the Public Guardian and Trustee's Office.

Discipline Decision Summary

In December 2009, Ms. Flintoft arranged to have the client's personal spending money sent to the Hospital in trust, for an approximate two month period, during which period Ms. Flintoft was involved in disbursing the funds directly to the client. Ms. Flintoft failed to appropriately consult with her supervisors at the Hospital (either with respect to the original arrangements or with respect to later evidence that the client was spending the client's money irresponsibly), failed to consider issues of potential personal liability or the liability of the Hospital and failed to consider and develop a plan to deal with the client spending the client's money irresponsibly.

9. In the case of two other identified clients, one client was admitted to the Hospital's Residential Program in December 2008 and remained at the Hospital until the client died approximately seven months later. The second client had previously received services from the Hospital until the client's death in 2008. Ms. Flintoft had money belonging to these clients in her possession, which she failed to return in a timely manner. If called to testify at the Discipline Committee hearing, Ms. Flintoft would have stated that the first client's money was found in a locked medicine cabinet (approximately 17 months after the client's death) and that the second client's monies were given to Ms. Flintoft in March 2010, more than two years after that client's death. Those funds were retained by Ms. Flintoft for approximately one month (until Ms. Flintoft's employment ended in April 2010). Ms. Flintoft acknowledges that she did not document her receipt or retention of the funds and that the money was found in two bags of documents returned to the Hospital by Ms. Flintoft's union representative following Ms. Flintoft's resignation in or about April, 2010.
10. With respect to the 19 remaining identified clients, Ms. Flintoft failed to appropriately document her client contacts and to properly maintain the clinical record, despite repeated chart audits regarding her clients, being required to complete (and completing) a documentation course in 2008 and despite the provision of further training and supervision to Ms. Flintoft by superiors at the Hospital regarding social work documentation. In

particular, Ms. Flintoft failed to:

- a) Perform and/or record social work assessment(s);
 - b) Prepare and/or record a treatment plan and/or goals;
 - c) Consistently document all of her contacts with the clients by means of clinical notes in the clients' files;
 - d) Prepare documentation of client contacts and/or services at or around the times those services were provided;
 - e) Appropriately file and maintain documents, notes and records relating to clients in the relevant client files on a timely and consistent basis.
11. Ms. Flintoft acknowledges that by reason of engaging in some or all of the above-described conduct, she is guilty of professional misconduct as set out in subsections 26(2) (a) and (c) of the *Social Work and Social Service Work Act* (the "Act") and of unprofessional conduct as set out paragraph 2.36 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act.

DECISION

The Discipline Committee found that the agreed facts support a finding of professional misconduct in regard to all of the allegations in the Notice of Hearing, and in particular, that Ms. Flintoft:

1. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act,, and Principle I of the Standards of Practice (commented on in Interpretations 1.1 and 1.1.1) by failing to participate together with clients in setting and evaluating goals and identifying a purpose for her professional relationship with clients, including the enhancement of clients' functioning and the strengthening of the capacity of clients to adapt and make changes.
2. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle I of the Standards of Practice (commented on in Interpretation 1.2) by failing to observe, clarify and inquire about information presented to her by clients.

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3. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle I of the Standards of Practice (commented on in Interpretation 1.7) by failing to maintain an awareness and consideration of the purpose, mandate and function of the organization in which she was employed and how those impacted on and limited her professional relationships with clients.
4. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (commented on in Interpretation 2.1.1) by failing to be aware of the extent and parameters of her competence and professional scope of practice and to limit her practice accordingly.
5. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (commented on in Interpretation 2.1.2) by failing to remain current with emerging social work or social service work knowledge and practice relevant to her areas of professional practice and failing to maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in her areas of practice.
6. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (commented on in Interpretation 2.1.5) by failing to engage in the process of self-review and evaluation and seek consultation when appropriate as part of maintaining competence and acquiring skills in social work practice. In particular Ms. Flintoft failed to appropriately engage in the process of self-review, evaluation and consultation in order to address issues of concern in her social work practice, despite consultation, supervision and training opportunities provided by her employer.
7. Violated Sections 2.2, 2.10 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (as commented on in Interpretations 2.2 and 2.2.1) by engaging in professional relationships that constituted a conflict of interest or in situations in which she ought reasonably to have known that the client would be at risk and providing a professional service to a client when she was in a conflict of interest.
8. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (commented on in Interpretations 2.2 and 2.2.9) by failing to strive to enhance the capacity of clients to address their own needs; assist clients to access necessary information, services and resources wherever possible and promote and facilitate client participation in decision making.
9. Violated Section 2.2 of Ontario Regulation 384/00 (Professional Misconduct), and Principle II of the Standards of Practice (commented on in Interpretation 2.2.8) by failing to avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work.
10. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle III of the Standards of Practice (commented on in Interpretation 3.2) by failing to deliver client services and respond to client queries, concerns and/or complaints in a timely and reasonable manner;
11. Violated Sections 2.2 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle IV of the Standards of Practice (commented on in Interpretations 4.1.1, 4.1.3 and 4.1.6) by failing to keep systematic, dated and legible records for each client or client system served, failing to record information when the event occurs or as soon as possible thereafter, failing to record information in a manner that conforms with accepted service or intervention standards and protocols and in a format that facilitates the monitoring and evaluation of the effects of the service or intervention and meets the minimum requirements for information to be contained in the social work record with respect to each client.

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12. Violated Sections 2.2, 2.20 and 2.28 of Ontario Regulation 384/00 (Professional Misconduct), and Principle IV and V of the Standards of Practice (commented on in Interpretations 4.2.1, 4.2.2 and 5.2) by failing to maintain records in a manner that reflected a thorough understanding of her employer's policies with regard to the retention, storage, preservation and security of records and appropriately protected the confidentiality and security of the clients' files, and failed to acquire and maintain a thorough understanding of the policies and practices of the organization by which Ms. Flintoft was employed relating to the management of client information.
13. Violated Sections 2.4 and 2.2.8 of Ontario Regulation 384/00 (Professional Misconduct) by failing to supervise adequately a person who was under her professional responsibility and who was providing a social work service.
14. Violated Section 2.36 of Ontario Regulation 384/00 (Professional Misconduct) 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 unprofessional.

PENALTY ORDER

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and by Ms. Flintoft and made an order in accordance with the terms of the Joint Submission as to Penalty. The Discipline Committee ordered that,

1. Ms. Flintoft be reprimanded in person and the fact and nature of the reprimand be recorded on the College Register.
2. The findings and order of the Discipline Committee (or a summary thereof) be published, with identifying information concerning Ms. Flintoft included, in the College's official publication, on the College's website, on the general newswire, and additionally in any other manner necessary to alert regulators in the other

provinces, and that the results of the hearing be recorded on the Register.

The Discipline Committee concluded that:

- Although Ms. Flintoft's acts of professional misconduct were not isolated and were pervasive over a two year span, and Ms. Flintoft was a senior practitioner and member of the Hospital's treatment team, there was no dishonesty.
- There were mitigating factors in that Ms. Flintoft admitted to engaging in professional misconduct and agreed to the joint submissions and penalty, thereby sparing the Hospital's clients the emotional turmoil of attending the hearing to testify, and sparing the College the cost and time of extensive investigation.
- Remediation and rehabilitation are not applicable to this case as Ms. Flintoft has resigned from membership in the College.
- College members should know that if they engage in similar misconduct to that of Ms. Flintoft, they will be punished in a similar way.
- Publishing Ms. Flintoft's name and the details of her misconduct is necessary to deter other members of the College from the same type of misconduct and is necessary to protect the public interest and to maintain public confidence in the integrity of the College's discipline process.
- By including every revocation, cancellation and suspension of a College member's certificate of registration on the College Register, as well as other information as directed by Discipline Committee panels, future employers and the public are further protected. In addition, this emphasizes the importance of transparency and public participation in the College's complaints and discipline processes.
- In this case publication of the Discipline Committee's order is necessary to ensure protection of the public. Membership in the College is not a prerequisite for accepting employment in the field of counselling, therapy

Discipline Decision Summary

or in establishing a private practice. There is no assurance that prospective employers or clients will contact the College to inquire about an individual's membership status. Broadly publishing Ms. Flintoft's name and the Discipline Committee's decision may be the only effective way of ensuring that the public or future employers are aware of Ms. Flintoft past actions.

- Reprimanding Ms. Flintoft in person serves as a specific deterrent to her in the event she should work in a social work setting in the future. The intent of the reprimand is to impress on Ms. Flintoft the consequences of her actions, not only to herself but also to her clients, her former clients, the College and the public.

At the conclusion of the hearing, Ms. Flintoft waived her right of appeal and the Discipline Committee administered an oral reprimand to her.

Discipline Decision Summary



This summary of the Discipline Committee's Decision and Reason for Decision is published pursuant to the Discipline Committee's penalty order.

BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

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

PROFESSIONAL MISCONDUCT

THOMAS VENEMA, RSW

AGREED STATEMENT OF FACT

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

1. From on or about 1979, the Member engaged in the private practice of social work.
2. For a period of approximately three years, the Member provided counselling services and/or psychotherapy services to a client, consisting of couples counselling (provided to the client and the client's first spouse) and individual counselling (provided to the client in relation to issues of depression, anxiety and low self-esteem).
3. Following an approximate 13 year break in service, and for a period of approximately four years, the Member again provided counselling services and/or psychotherapy services to the client, in relation to issues of depression, anxiety, low self-esteem, gambling and alcohol addiction and marital difficulties with the client's second spouse.
4. Throughout the periods during which the Member provided counselling services and/or psychotherapy services to the client, the Member was aware that the client was a vulnerable client. The client presented with a history of childhood sexual abuse, long-standing drug and alcohol abuse/addiction, gambling addiction and relationship difficulties.
5. During the Member's individual sessions with the client, at the time of the first period of service, the Member would hug the client and stroke the client's hair.
6. During the Member's individual sessions with the client, at the time of the second period of service, the Member engaged in touching, behaviour or remarks of a sexual (and non-clinical) nature, including:
 - a) Complimenting the client on the client's body and appearance;
 - b) Stroking the client's hair and massaging the client's back;
 - c) Engaging in touching and behaviour of a sexual nature during sessions in the Member's office;
 - d) Inappropriately disclosing personal details about his private life to the client and making comments of a sexual (and non-clinical) nature;
 - e) Meeting with the client outside of the Member's office; and
 - f) Failing to record all meetings with the client in the Member's appointment books or records, or in the client's clinical file.

Discipline Decision Summary

7. If called to testify as a witness at the hearing of this matter, the client would testify that during some of the Member's individual sessions with the client, at the time of the second period of service, the Member instructed the client to lie on top of him on the couch in his office and (while he and the client were fully clothed) put his leg between the client's legs, and attempted (sometimes successfully) to bring the client to orgasm and (on at least two occasions) ejaculated.
8. While the Member denies the above allegations in paragraph 7, he admits that he engaged in touching and behaviour of a sexual (and non-clinical) nature with the client during individual sessions with the client in his office.
9. During the second period of service, while he was still providing individual counselling to the client, the Member referred the client to a 12-week therapy group (at a regional sexual assault centre) for persons who had experienced childhood sexual abuse and/or sexual assault. Participants were encouraged to share with the group their experiences of childhood sexual abuse and/or sexual assault. The client attended the group sessions. Though the Member does not know what the client discussed at this group, the client indicates (and the Member believes) that the client discussed the client's childhood sexual abuse, but did not discuss the client's therapeutic relationship with the Member or raise concerns in that regard.
10. If called as a witness, the client would testify that during the client's therapy with the Member, the client did not identify the counselling relationship with the Member as abusive but later came to recognize, after the termination of the client's therapy, that the Member's conduct towards the client (as described in paragraphs 5 and 6) constituted boundary violations and sexual abuse.
11. The Member admits the truth of the above facts. Based upon those facts, the Member admits that he is guilty of professional misconduct.

DECISION

The Discipline Committee found that the facts support a finding of professional misconduct, and in particular, that the Member:

1. Violated section 2.2, 2.5 and 2.28 of Ontario Regulation 384/00 (the "Professional Misconduct Regulation") made under the *Social Work and Social Service Work Act* (the "Act"), and Principle VIII of the Handbook (as commented on in Interpretations 8.1, 8.2, 8.2.1, 8.2.2, 8.2.3, 8.6 and 8.7) by engaging in sexual relations and/or touching, behaviour or remarks of a sexual nature with a client, to whom the Member provided counselling services and/or psychotherapy services;
2. Violated sections 2.2 and 2.28 of the Professional Misconduct Regulation and Principle VIII (2.2) of the Handbook (commented on in Interpretation 8.3) by failing to seek consultation and/or supervision and failing to develop an appropriate clinical plan when the Member developed sexual feelings towards the client, to whom the Member had provided counselling services and/or psychotherapy services.
3. Violated sections 2.2 and 2.28 of the Professional Misconduct Regulation and Principle II (2.2) of the Handbook (commented on in Interpretations 2.2, 2.2.2, and 2.2.8) by failing to maintain clear and appropriate boundaries in his professional relationship with the client when the Member engaged in sexual relations and/or touching, behaviour or remarks of a sexual nature with the said client, to whom the Member had provided counselling services and/or psychotherapy services; and
4. Violated section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional when he engaged in sexual relations and/or touching, behaviour or remarks of a sexual nature with the client, to whom the Member provided counselling services and/or psychotherapy services.

Discipline Decision Summary

PENALTY ORDER

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

1. The Member be reprimanded in person and the fact and nature of the reprimand be recorded on the College Register.
2. The Registrar suspend the Member's Certificate of Registration for a period of 24 months, which suspension shall be suspended for a period of two years, commencing on the date of the Discipline Committee's Order. The suspension shall be remitted on the expiry of that two year period if (on or before the second anniversary of the Discipline Committee's order) the Member provides evidence, satisfactory to the Registrar of the College, of compliance with the terms and conditions imposed under paragraph 3 below. If the Member fails to comply with those terms and conditions, the Member shall serve his full twenty four month suspension, commencing two years from the date of the Discipline Committee's Order. 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 impose a term, condition and limitation on the Member's Certificate of Registration, to be recorded on the Register:
 - a) Requiring that the Member, at the Member's own expense, participate in and successfully complete boundary prescriptive and/or social work ethics training, as prescribed by and acceptable to the College within six (6) months from the date of the Discipline Committee's Order;
 - b) Requiring that the Member, at the Member's own expense, engage in intensive insight-oriented psychotherapy with a therapist approved by the Registrar of the College for a period of two (2) years from the date of the Order, with quarterly written reports as to the substance of the psychotherapy and the progress of the Member to be provided to the Registrar by the therapist. The Registrar may, if satisfied that the purpose of the therapy has been accomplished, at any time before the expiry of the two year period, direct that the psychotherapy be discontinued;
 - c) Prohibiting the Member from applying under section 29 of the *Social Work and Social Service Work Act* for the removal or modification of the terms, conditions or limitations imposed on his Certificate of Registration for a period of (2) years from the date on which those terms, conditions and limitations are recorded on the Register, except with the prior written consent of the Registrar.
4. The Member pay a fine in the amount of \$2,000 to the Minister of Finance;
5. The results of the hearing be recorded on the College Register; and
6. The Discipline Committee's finding and Order (or a summary thereof) be published, with all identifying information regarding the client removed, in the College's official publication (including on the College's website).

The College and the Member were in disagreement about whether identifying information concerning the Member should be included in any publication of the Discipline

Discipline Decision Summary

Committee's Decision and Order. The Discipline Committee ordered that the Member's name appear in College publications and on the College website.

The Discipline Committee concluded that:

- the Penalty Order will protect the public interest, is appropriate to the particular facts of the case, and is consistent with the penalties imposed by the Discipline Committee in other cases involving sexual abuse of clients by College members;
- in view of the nature of the misconduct and the Member's circumstances of practice, it was important to send a strong message that such conduct is unacceptable;
- publication of the Decision with the Member's name would achieve this goal and is consistent with the intent of the *Social Work and Social Service Work Act*, which

emphasizes the importance of transparency and public participation in the College's disciplinary process;

- "the notion" of "the importance of transparency and the public's right to know supersede any concern of stress, embarrassment or financial difficulty to the Member arising from full publication";
- "the Member must be held accountable by being named and must live with the consequence of his misconduct"; and
- the Member "failed to demonstrate sufficient compelling evidence to not publish the Member's name."

At the conclusion of the hearing, the Member waived his right of appeal and the Discipline Committee administered an oral reprimand to the Member.

Member Profile: Mukesh Kowlessar, RSSW

Elected in 2000 to the first College Council and president of Council for the last three years, Mukesh Kowlessar, RSSW, has been a dedicated member of the College since its inception. To celebrate his achievements and last year on Council, we would like to highlight Mukesh in this issue's Member Profile.

Mukesh has been in the social service work field for over 30 years, however he originally had plans to become an architect. After volunteering at a home for the aged and a children's treatment centre, Mukesh revised his career path to effect positive changes in people's lives.

Mukesh decided to enroll in the social service work program at Fanshawe College of Applied Arts and Technology, though his practical and theoretical learning did not stop there. Over the years, Mukesh successfully completed the Alternate Dispute Resolution certification and the Executive Management Program from the University of Western Ontario.

Currently, Mukesh is the Senior Manager with the City of London, Community Services Department. He is also on a secondment with the provincial Ministry of Community and Social Services, working on the Social Services Modernization project which is tasked with building a foundation to support the evolution of client-centred human services delivery in Ontario.

When asked what part of his job he enjoyed the most, Mukesh responded that "the ability to contribute towards the effective and efficient delivery of services to the people of the city and at the same time lead change in the province of Ontario is most rewarding. I value the special expertise and



opinions of everyone I am in contact with. This, I believe, leads to creative and innovative approaches." Though no position is free of challenges, Mukesh finds a few things difficult about his job: "I am always mindful of the fast-paced environment that I am exposed to. As a result, there are competing interests and deadlines, and I hate to say no to someone or have to place an important matter on the back burner." Nevertheless Mukesh does look at the bright side, adding "I try to look at challenges as opportunities waiting to be discovered."

While reflecting on why he decided to become involved in College Council, Mukesh underlines his interest in being involved. Be it coaching his son's soccer team or volunteering on neighbourhood committees, he believes it is always important to take part. "I recall when it was decided that the social work and social service work professions would

be regulated through the introduction of the College; I followed the progress of the legislation closely. I knew that the introduction of the legislation and the College would create excellent opportunities to recognize both professions, but especially social service work. Although social service work existed before the existence of the College, I don't believe that social service workers' many contributions to communities throughout Ontario were being recognized." When it was time, Mukesh decided to stand for election to College Council. "I was fortunate to be elected to the first Council, which has created opportunities for me to contribute in elevating both professions and at the same time ensuring accountability with the professions in the interest of public protection."

Mukesh is pleased with the many achievements accomplished by Council, and he is especially proud of the dedicated Council members and professional staff who are involved with the business of running the College. "Having an

Member Profile: Mukesh Kowlessar, RSSW

environment of mutual respect and collaboration, while building on special expertise, has allowed us to focus on excellence in governance. I am also really proud of our growing membership base, especially from our new graduates, which is a direct result of our public awareness campaign and a reflection of the collaborative efforts between Council and staff.”

Being a member of a regulated profession is important to Mukesh, as it means the public can have confidence in the services provided throughout Ontario by members. It is also important to Mukesh that the public understands what a RSSW does, adding “It is imperative that the public is aware that when they receive services provided by a RSSW, they can rest assured that the RSSW is a qualified professional bound by a code of ethics and standards of practice.”

When asked what the four keywords, *Professional*, *Ethical*, *Qualified* and *Accountable* mean to him, Mukesh answered “I am very proud to be recognized by my colleagues and others as a RSSW, and the four words epitomize my standards in my profession and in everyday life no matter where I am.”

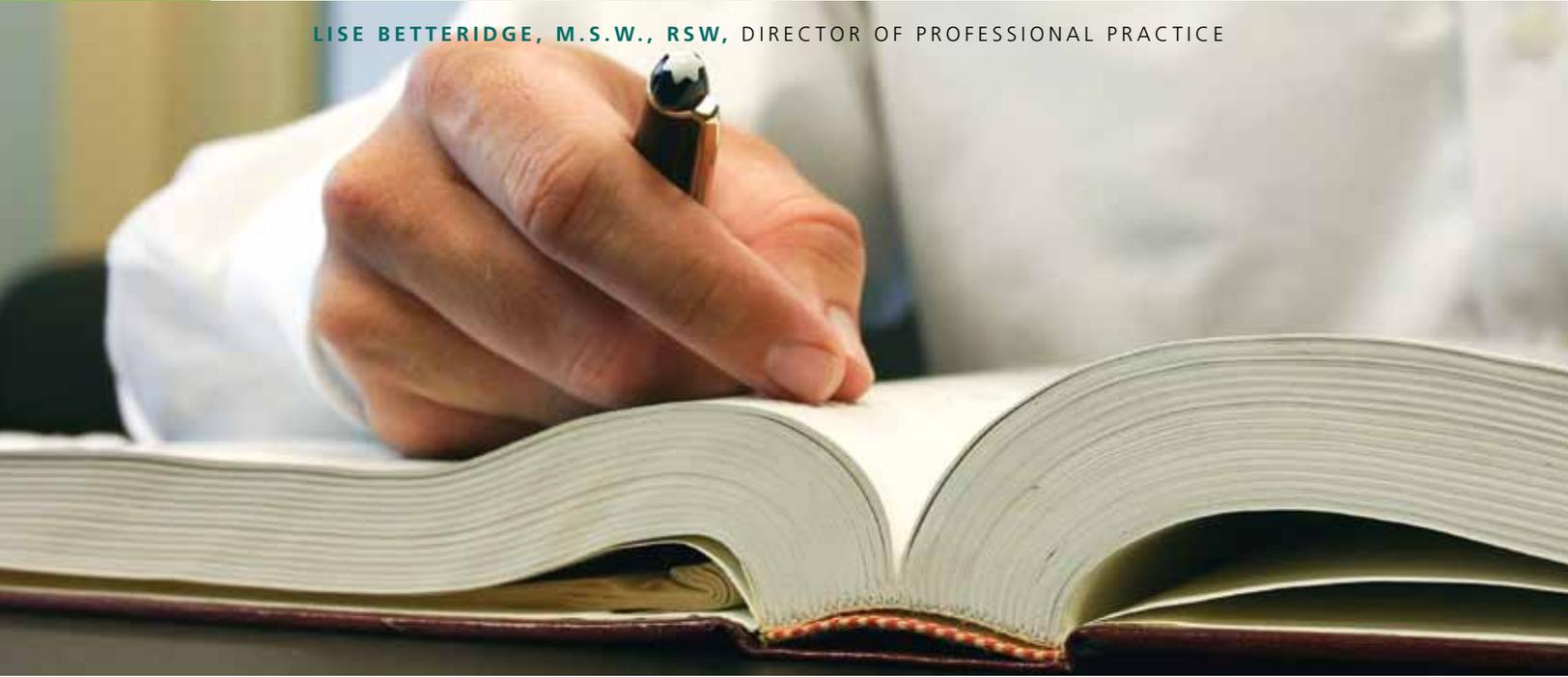
Lastly, as an accomplished RSSW, Mukesh was asked to give advice and a note of encouragement to new social service work graduates: “Continue to be passionate about what you do as a social service worker, get involved and ensure your opinion is heard. Stay focused on your goals and remember that the public you serve are dependent on your expertise and wisdom. Always operate with integrity and register as a social service worker with the College.”

Thank you Mukesh for your devotion to the College, our members, the professions and the public.

For more information about the public awareness campaign, please contact Jolinne Kearns, Communications Coordinator, at (416) 972-9882 or 1-877-828-9380 ext. 415 or by e-mail at jkearns@ocswssw.org

Practice Notes: Meeting Professional Obligations and Protecting Clients' Privacy: Disclosure of Information Without Consent

LISE BETTERIDGE, M.S.W., RSW, DIRECTOR OF PROFESSIONAL PRACTICE



Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the professional practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

Protecting the confidentiality of clients' information is a professional, ethical, and legal obligation, and a central value in social work and social service work practice. Although College members recognize that they must maintain the confidentiality of client information, they are sometimes confused by the various exceptions that apply to their practice. They may wonder how much they should disclose, under which circumstances, to whom and for what purpose. They may also be uncertain about what is meant by their "duty to warn" or "duty to report", and thus lack clarity when communicating the limits of confidentiality of information to clients.

Situations involving the disclosure of information without consent are among the most challenging, complex and sensitive faced by members. This article discusses some common practice scenarios related to confidentiality and the disclosure of information. All such scenarios require consideration, based not only on case-specific details, but also on the requirements of legislation and other law relevant

to the case. For this reason, members seeking direction may require an opinion from an appropriately-qualified lawyer.

While this article cannot provide members with a comprehensive outline of all reporting obligations, it is intended to help members understand relevant principles in the standards of practice and some of the applicable legislation, and to understand the steps involved in making a decision, even (or especially) when under pressure. These Practice Notes are not, however, intended as legal advice, and members should always consider obtaining a legal opinion to help them sort through the legal complexities related to the dilemmas they face. Members may also wish to refer to earlier Practice Notes called "Confidentiality and Disclosure of Client Information Without Client Consent", available under the Resource Room tab on the College website at www.ocswssw.org.

DUTY TO REPORT

The standards of practice require members to hold "in strict

Practice Notes: Meeting Professional Obligations and Protecting Clients' Privacy: Disclosure of Information Without Consent

LISE BETTERIDGE, M.S.W., RSW, DIRECTOR OF PROFESSIONAL PRACTICE

confidence all information about clients".¹ The College's Professional Misconduct Regulation also prohibits the disclosure of client information without consent, subject to certain exceptions. In particular, it provides that it is an act of professional misconduct for a member to :

11. [Give] information about a client to a person other than the client or his or her authorized representative except,
 - i. with the consent of the client or his or her authorized representative,
 - ii. as required or allowed by law, or
 - iii. in a review, investigation or proceeding under the Act in which the professional conduct, competency or capacity of the member is in issue and only to the extent reasonably required by the member or the College for the purposes of the review, investigation or proceeding.²

When considering whether to disclose client information on the basis that such disclosure is "required or allowed by law", it is necessary for members to assess whether there is any duty to disclose or report under legislation (i.e. statute law). Members may have a **duty to report** (an obligation to disclose certain confidential client information without consent) under various pieces of legislation, such as (for example) the *Child and Family Services Act, 1990* (CFSA).³ Members may also have a common law duty to disclose in some circumstances, as discussed further below. Consider the following scenario:

A member working in a community agency providing home visits contacted the Professional Practice Department about an elderly client who disclosed financial and physical abuse by her son. The member

was very concerned because the client, who lived with her son and his wife, was afraid to call the police as she feared retaliation. Because of the risk to his client, the member wanted to contact the police despite the client's reluctance to do so. He wondered if he had a "duty to report".

The member was aware that as a member of the College, he must "comply with any applicable privacy and other legislation ... (and) obtain consent to the ... disclosure of client information ... unless otherwise permitted or required by law."⁴ Similarly, he could not "disclose the identity of and/or information about a person who has consulted or retained [him] unless the person consents ... (or unless)... the disclosure is required or allowed by law".⁵ The member was also required to "inform clients early in their relationship of the limits of confidentiality of information."⁶

In this case, the member had been unable to be fully transparent with the client about his reporting obligations because he himself was uncertain. In consultation with the Professional Practice Department, the member discussed the standards above. He was advised to obtain a legal opinion and/or to consult with a risk manager (or someone in a similar position) within his agency to determine if any legislation applied under the circumstances. For example, it was necessary to consider whether there were any statutory reporting requirements which might apply and also whether any other legislation (such as, for example, the *Personal Health Information Protection Act* ("PHIPA")) might affect or limit disclosure of personal health information.

Whether or not a member has a duty to report, there may be ongoing clinical obligations toward the client. For example, in the above scenario, even if the member determined (after obtaining legal advice) that there was no duty to report, the

1 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle V: Confidentiality

2 Ontario Regulation 384/00, s. 2.11

3 The CFSA requires anyone, including someone who "performs professional or official duties with respect to children" to report to a Children's Aid Society if they have reasonable grounds to suspect that a child has suffered, or is at risk of suffering, physical or emotional harm (including neglect), or has suffered, or is likely to suffer, sexual molestation or exploitation. The *Long Term Care Homes Act, 2004* (LTCHA) and the *Retirement Homes Act, 2010* (RHA) are examples of other statutes which contain various statutory reporting obligations. Members, particularly those working with the elderly, should familiarize themselves with recent changes to these pieces of legislation, which can be accessed at www.e-laws.gov.on.ca.

4 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle V: Confidentiality, interpretation 5.1

5 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle V: Confidentiality, interpretation 5.3.6

6 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle V: Confidentiality, interpretation 5.4

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member would still have an obligation to work clinically with the client in her best interests, facilitating self-determination and respecting her choices, while communicating his concerns about the risks she faced. The member would need to carefully consider various clinical approaches to this challenging situation to ensure that he intervened competently by consulting with other community resources (including those specializing in working with elder abuse), seeking supervision within or outside his agency, and working with his client and with her support system to develop a safety plan among other interventions. He realized that these interventions included “acting as (a) resource(s) for ... (her so that she could)... decide which problems ... to address as well as how to address them.”⁷ In evaluating reporting obligations and appropriate clinical approaches, members are encouraged to document their decisions and course of action, including the fact of having consulted with the College and their supervisor, and having obtained legal advice.

All members must ensure that they “maintain current knowledge of policies, legislation, programs and issues related to ... their areas of practice”,⁸ yet meeting this professional and ethical obligation can be extremely challenging. As discussed in the scenario above, obtaining legal advice is key to making sound decisions. Because it can be difficult for some members to obtain a legal opinion through their agency (or because at times their individual professional obligations might differ from the duties of the agency), it is advisable for members to consider how they might access a legal opinion before they are faced with an urgent dilemma. Members are also encouraged to review relevant legislation at www.e-laws.gov.on.ca.

In addition to consulting with the College and obtaining a legal opinion, members may also expand their knowledge by consulting with colleagues, supervisors and/or managers regarding relevant legislation and policies. Members may also want to look for educational opportunities within agencies or sectors which may be provided when new legislation is introduced or when existing legislation is amended. All of these strategies can assist members in keeping abreast of

relevant legislative changes both within and outside their areas of practice.

ILLEGAL ACTIVITY AND THE DUTY TO WARN

Members may also be faced with situations in which clients are engaged in illegal activity or are behaving in a manner that puts others at risk. Consider the following scenario:

A member of the College working in an outpatient mental health setting in a hospital called the College because a client had disclosed to her during a session that he had been driving with a suspended license. The member also learned that the client had lost his license due to a conviction for impaired driving. The member wondered if she was required to inform the police.

As in the previous scenario, this member would not be allowed to disclose information about the client unless permitted or required to do so by law. Therefore, the member would have to consider and obtain legal advice regarding whether there were any applicable statutory reporting obligations, or other legal duties to report client information. The existence of such duties might be affected by the particular circumstances of the client and the context in which the member works. For example, in this scenario, the member would need to consider whether the client was impaired or using alcohol at the time of the session with the member, and whether he was planning to drive upon leaving the hospital. If this was the case, and the member believed that the client posed an immediate risk, she would need to consider (and obtain legal advice regarding) whether she had a common law “duty to warn” or whether provisions in the *Personal Health Information Protection Act, 2004* (PHIPA) applied to the case and permitted the disclosure of personal health information without consent.

During her consultation with the Professional Practice Department, the member was encouraged to consider the possibility that others on her interprofessional team might have a duty to report as a result of information she shared

⁷ Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle I: Relationship with Clients, interpretation 1.3

⁸ Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle II: Competence and Integrity, interpretation 2.1.3

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with them. The physician on that team, for example, could have different reporting obligations than the member under legislation (e.g. *Highway Traffic Act*). As highlighted in the previous scenario, "when social work service or social service work service is delivered in the context of supervision or multi-disciplinary professional teams, College members (should) explain to clients the need for sharing pertinent information with supervisors, allied professionals and paraprofessionals" and others on the team early in the relationship.⁹

Members may in some circumstances have a common law "duty to warn" or a "duty to protect". The "common law" refers to the law developed by judges on a case-by-case basis, through legal precedents or decisions, rather than requirements arising from statutes or legislation.¹⁰ A **duty to warn** or a **duty to protect** may exist when there is information suggesting that: the client poses a risk to an identifiable person (including him or herself) or group of people; the risk of harm includes bodily injury, death or serious psychological harm; and the risk is imminent.¹¹ In order to meet this threshold, the risk must be real, severe, and imminent. Again, this is a determination that a member would have to make with legal advice, since the existence of a duty to warn is a question of law.

PHIPA provides that personal health information **may** be disclosed without consent by a health information custodian (HIC) (as defined under PHIPA) if the HIC "believes on reasonable grounds (that) the information is needed to eliminate or reduce a significant risk of serious bodily harm to the client, another individual or a group of persons".¹² Members must determine if PHIPA applies to their practice, and then assess the client and the situation carefully to ensure that they do not disclose a client's personal health information without consent unless permitted or required by law.

Neither the common law duty to warn nor PHIPA specifies to whom information may be disclosed. This should be determined on a case-by-case basis, depending on the circumstances. It may be appropriate to disclose the information to more than one person. It is also critical for members to be aware that if they do decide that there is a need to disclose information without consent, their obligations do not necessarily end after the initial report or disclosure. Rather, members should continue to monitor the situation to determine if further intervention is required.¹³

DISCLOSING INFORMATION FROM THE RECORD

Even experienced members can feel intimidated when faced with pressure from someone in a position of authority to disclose information from a client's record. Consider the following:

A member in private practice called the College to say that the police had contacted her asking for a client's record. The member had just become aware through a telephone call from a family member that the client had been murdered. The member was unsure whether she could share the client's file. The member understood that she needed specific documentation before sharing information with the police, but felt under pressure given the urgency of the investigation and the tone of the police contact. The member also wondered whether deceased clients had the same right to privacy as those who are living.

According to the standards of practice, members may only "disclose information from the record to third parties without the client's consent ... if disclosure is required or allowed by law."¹⁴ Although she may feel pressured by the police, the issue which must be addressed by the member is whether

9 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle V: Confidentiality, interpretation 5.4

10 Regehr, C. and K. Kanani, *Essential Law for Social Work Practice in Canada. Second Edition*. Don Mills, ON: Oxford University Press, 2010, page 155. The authors refer to Carlisle's 1996 article, which discussed the fact that there are no provincial or federal statutes, except in Quebec, which require or permit therapists to report clients who threaten to seriously harm a member of the public (Carlisle, J. "Duty to Warn: Report from Council", *Members' Dialogue, Canadian Medical Association*, 1996)

11 Regehr and Kanani, p. 154-155. The authors explain that in Canada, the common law duty to warn has a much shorter history than in the United States. Members may have learned about the 1976 *Tarasoff* case while completing their social work/social service work education.

12 *Privacy Toolkit for Social Workers and Social Service Workers, Guide to the Personal Health Information Protection Act, 2004 (PHIPA)*, Ontario College of Social Workers and Social Service Workers, 2005, page 30

13 Regehr and Kanani, p. 155, refer to Appelbaum's approach (Appelbaum, P. "Tarasoff and the Clinician: Problems in Fulfilling the Duty to Protect", *American Journal of Psychiatry*, 52 (6):397-402, 1985)

14 *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle IV: The Social Work and Social Service Work Record, interpretation 4.4.1

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disclosure of the information to the police is “required by law” in the circumstances of the particular case. This may depend, in turn, on whether the police provide a warrant, subpoena or court order.¹⁵ Under PHIPA, personal health information can be disclosed without consent by a HIC to a “person carrying out an inspection, investigation or similar procedure that is authorized by a warrant or by or under [PHIPA] or any other Act of Ontario or an Act of Canada for the purpose of complying with the warrant or for the purpose of facilitating the inspection, investigation or similar procedure.”¹⁶

As with the other scenarios, the member will need to obtain legal advice to determine whether the requested information must be supplied to the police and whether the documentation supplied (if any) is sufficient. In this scenario, the member decided to seek a legal opinion immediately. She also decided to inform the police that she wanted to cooperate with their investigation, but was first required to ensure that she met her professional and legal obligations by seeking legal advice and/or consultation before responding.

When there is no legislation which requires or allows a member to disclose information from the record without the client's consent, and when none of the other exceptions in that regard apply, the member must obtain written consent from “clients or their authorized representatives” in order to “disclose information from the record to third parties”.¹⁷ Under PHIPA, “where a client is deceased, the deceased estate's trustee or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an estate trustee, may give consent for the ... disclosure of personal health information.”¹⁸

This article has discussed some specific scenarios related to members' duty to report and duty to warn, as well as the standards of practice which relate to the disclosure of information without consent. Keeping current and informed

about this vast and complex aspect of practice is challenging. In order to meet their ethical, professional and legal obligations, members are strongly encouraged to identify readily-accessible resources for information, consultation and legal advice, while continually striving to maintain and expand their own knowledge in this area. Any disclosure of client information without consent must come only after members have carefully considered all relevant issues, standards and legislation, have consulted appropriately and have documented the process and rationale for their decision.

For more information, contact Lise Betteridge, M.S.W., RSW, Director of Professional Practice, at 416-972-9882 or 1-877-828-9380, ext. 225 or e-mail: lbetteridge@ocswws.org.

CHECKLIST:

DISCLOSING CLIENT INFORMATION WITHOUT CONSENT

- Have I reviewed relevant standards in the Code of Ethics and Standards of Practice Handbook, 2nd Edition? (Principles IV: The Social Work and Social Service Work Record and V: Confidentiality are especially relevant)
- Have I considered relevant legislation, including PHIPA? (Ontario legislation can be accessed at www.e-laws.gov.on.ca)
- Have I consulted appropriately? (Colleagues, supervisors, managers, risk managers and the College are all useful resources)
- Should I get a legal opinion? (It's important to consider where a legal opinion might be obtained **before** being faced with an urgent situation. This approach is key when obligations aren't clear, or when served with a court order, warrant or subpoena)
- Have I documented appropriately? (Any actions taken -including consultation - as well as a rationale for decisions, should be documented)

15 Members are advised to have court orders, subpoenas or warrants reviewed by legal counsel to determine what (if any) information can be released.

For example, a subpoena does not provide legal authority to disclose information, but instead requires members to appear in court with the required documents.

16 PHIPA Toolkit, p. 28. As in the previous scenarios, the member must ensure that PHIPA applies to her practice.

17 Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle IV: The Social Work and Social Service Work Record, interpretation 4.4.1

18 PHIPA Toolkit, p. 34

Q & A



Q & A is a feature appearing in *Perspective* that answers members' questions on various topics relating to the College and the practice of social work and social service work. If you have any questions you would like answered, please send them via e-mail to Jolinne Kearns, Communications Coordinator at jkearns@ocswssw.org. Although not all questions will be published in subsequent issues of *Perspective*, all will be answered.

Q. I just completed my Annual Renewal of Registration for 2013 online. I wasn't sure what to answer for Section 2 A, which asked whether I use the title psychotherapist. I don't use the title now. Will answering "no" affect my ability to practise the controlled act of psychotherapy in the future?

A. Changes to the *Regulated Health Professions Act, 1991* (the "RHPA") which are not yet in force make psychotherapy a "controlled act", the performance of which is restricted to members of certain professions, due to the risk of harm that it poses to the public. The controlled act of psychotherapy is defined in the RHPA as follows:

Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behavior, communication or social functioning.

The RHPA stipulates that a member of the Ontario College of Social Workers and Social Service Workers (OCSWSSW) is authorized to perform the controlled act of psychotherapy in compliance with the *Social Work and Social Service Work Act, 1998* (the "SWSSWA"), its regulations and by-laws.

The SWSSWA provides that a member of the OCSWSSW who is authorized to perform the controlled act of psychotherapy may use the title "**psychotherapist**" if the member complies with the following conditions, as applicable:

1. When describing himself or herself orally as a psychotherapist, the member must also mention that he or she is a member of the Ontario College of Social Workers and Social Service Workers, or identify himself or herself using the title restricted to him or her as a member of the College.
2. When identifying himself or herself in writing as a psychotherapist on a name tag, business card or any document, the member must set out his or her full name,

immediately followed by at least one of the following, followed in turn by "psychotherapist".

- i. Ontario College of Social Workers and Social Service Workers,
 - ii. the title that the member may use under this Act
3. The member may only use the title "psychotherapist" in compliance with this Act, the regulations and the by-laws.

When the aforementioned provisions in the RHPA and the SWSSWA come into force, members of OCSWSSW may practise the controlled act of psychotherapy and use the title "psychotherapist", provided they do so in compliance with the SWSSWA, the regulations and by-laws. Please

see the psychotherapy update in this newsletter for further information about the draft *Practice Guidelines for Performing the Controlled Act of Psychotherapy*. These Practice Guidelines, once approved by Council, will augment the existing standards of practice which set out the minimum standards for all members. They cover issues pertaining to the practice of psychotherapy, and include such things as the need for ongoing education and training to maintain competence and the importance of supervision and consultation.

It is a new requirement that members indicate on their renewal form whether they currently use the title "psychotherapist".

If you are not currently using the title "psychotherapist", it is appropriate to respond "no" to this question on the renewal form, as you did. Answering "no" now would not restrict your ability to practise the controlled act of psychotherapy and use the title "psychotherapist" in the future, provided that you complied with the SWSSWA, regulations and by-laws. You must ensure that you keep the College informed if any of your practice information (including use of the title "psychotherapist") changes. It is also important that you ensure that you are well-informed about developments related to the regulation of psychotherapy by checking the College website regularly for updates.

Bulletin Board

CHANGE OF INFORMATION NOTIFICATION

If you **change employers or move**, please advise the College in writing within 30 days. The College is required to have the current business address of its members available to the public. Notification of change of address can be done through the website at www.ocswssw.org, e-mailed to info@ocswssw.org, faxed to 416-972-1512 or mailed to the College office address. In addition to providing your new address, please also provide your old address and College registration number.

If you **change your name**, you must advise the College of both your former name(s) and your new name(s) in writing and include a copy of the change of name certificate or marriage certificate for our records. The information may be sent by fax to 416-972-1512 or by mail to the College office address.

If you wish to **update your education**, you must ask your academic institution to forward an official transcript with the institution seal and/or stamp directly to the OCSWSSW.

PARTICIPATION IN THE WORK OF THE COLLEGE

If you are interested in volunteering for one of the College's committees or task groups, please e-mail Trudy Langas at tlangas@ocswssw.org to receive an application form. The College welcomes all applications, however, the number of available positions for non-Council members is limited by the statutory committee requirements in the *Social Work and Social Service Work Act* as well as the by-laws and policies of the College.

COUNCIL MEETINGS

College Council meetings are open to the public and are held at the College office in Toronto. Visitors attend as observers only. Seating at Council meetings is limited. To reserve a seat, please fax your request to the College at 416-972-1512 or e-mail Trudy Langas at tlangas@ocswssw.org. Please visit the College's website for the dates and times of upcoming meetings.





Ontario College of
Social Workers and
Social Service Workers

Mission Statement:

The Ontario College of Social Workers and Social Service Workers protects the interest of the public by regulating the practice of Social Workers and Social Service Workers and promoting excellence in practice.

Vision Statement:

The Ontario College of Social Workers and Social Service Workers strives for organizational excellence in its mandate in order to:
Serve the public interest; regulate its members; and be accountable and accessible to the community.

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HOW TO REACH US:

The College is open Monday to Friday from 9 a.m. to 5 p.m.

250 Bloor Street East
Suite 1000
Toronto, Ontario M4W 1E6

Telephone: 416-972-9882
Toll-Free: 1-877-828-9380
Fax: 416-972-1512
E-mail: info@ocswssw.org
www.ocswssw.org

WHO TO CONTACT AT THE COLLEGE:

OFFICE OF THE REGISTRAR

Glenda McDonald
Registrar
Ext. 201 or e-mail:
registrar@ocswssw.org

Pamela Blake
Deputy Registrar
Ext. 205 or e-mail:
pblake@ocswssw.org

Trudy Langas
Executive Assistant
Ext. 219 or e-mail:
tlangas@ocswssw.org

Pat Lieberman
Manager, Council & Employee Relations
Ext. 207 or e-mail:
plieberman@ocswssw.org

Contact Pat for Council information.

REGISTRATION

Edwina McGroddy
Director
Ext. 203 or e-mail:
emcgroddy@ocswssw.org

Susanne Pacheco
Registration Coordinator
Ext. 213 or e-mail:
spacheco@ocswssw.org

Tracy Raso
Registration Coordinator
Ext. 408 or e-mail:
traso@ocswssw.org

Ema Sevdina
Registration Administrator
Ext. 204 or e-mail:
esevdina@ocswssw.org

Elaine Hall
Registration Administrator
Ext. 214 or e-mail:
ehall@ocswssw.org

Phil Walsh
Registration Analyst
Ext. 414 or e-mail:
pwalsh@ocswssw.org

Bea Bindman
Credential Evaluator
Ext. 417 or e-mail:
bbindman@ocswssw.org

Contact Susanne, Tracy, Ema or Elaine when inquiring about the registration process.

Frances Ma
Registration Assistant

For general registration inquiries, please e-mail:
registration@ocswssw.org

MEMBERSHIP/ADMINISTRATION

Lynda Belouin
Office Manager (bilingual)
Ext. 212 or e-mail:
lbelouin@ocswssw.org

Anne Vezina
Membership Administrator (bilingual)
Ext. 211 or e-mail:
avezina@ocswssw.org

Paul Cucci
Membership Coordinator
Ext. 202 or e-mail:
pcucci@ocswssw.org

Dolores Bautista
Elaine Lew
Information Assistant

Contact Lynda, Anne, Paul, Dolores and Elaine for general information, status of application inquiries, register requests, as well as fees information and address changes. For general inquiries, please e-mail:
info@ocswssw.org

Contact Lynda for information and inquiries about professional incorporation.

COMPLAINTS & DISCIPLINE

Marlene Zagdanski
Director
Ext. 208 or e-mail:
mzagdanski@ocswssw.org

Lisa Loiselle
Case Manager/Investigator
Ext. 221 or e-mail:
lloiselle@ocswssw.org

Anastasia Kokolakis
Coordinator, Complaints and Discipline

Ext. 210 or e-mail:
akokolakis@ocswssw.org

Contact Marlene, Lisa or Anastasia for information on complaints, discipline and mandatory reporting.

FINANCE

Eva Yueh
Financial Manager
Ext. 209 or e-mail:
eyueh@ocswssw.org

COMMUNICATIONS

Jolanne Kearns
Communications Coordinator (bilingual)
Ext. 415 or e-mail:
jkearns@ocswssw.org

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

PROFESSIONAL PRACTICE

Lise Betteridge
Director
Ext. 225 or e-mail:
lbetteridge@ocswssw.org

Ellen Kampf
Professional Practice Associate
Ext. 224 or e-mail:
ekampf@ocswssw.org

Karen Pinto
Administrator, Communications and Professional Practice
Ext. 421 or e-mail:
kpinto@ocswssw.org

Contact Lise or Ellen with professional practice questions.

INFORMATION TECHNOLOGY

Cristian Sandu
IT Support Specialist
Ext. 115 or e-mail:
csandu@ocswssw.org

Angella Rose
Office Clerk