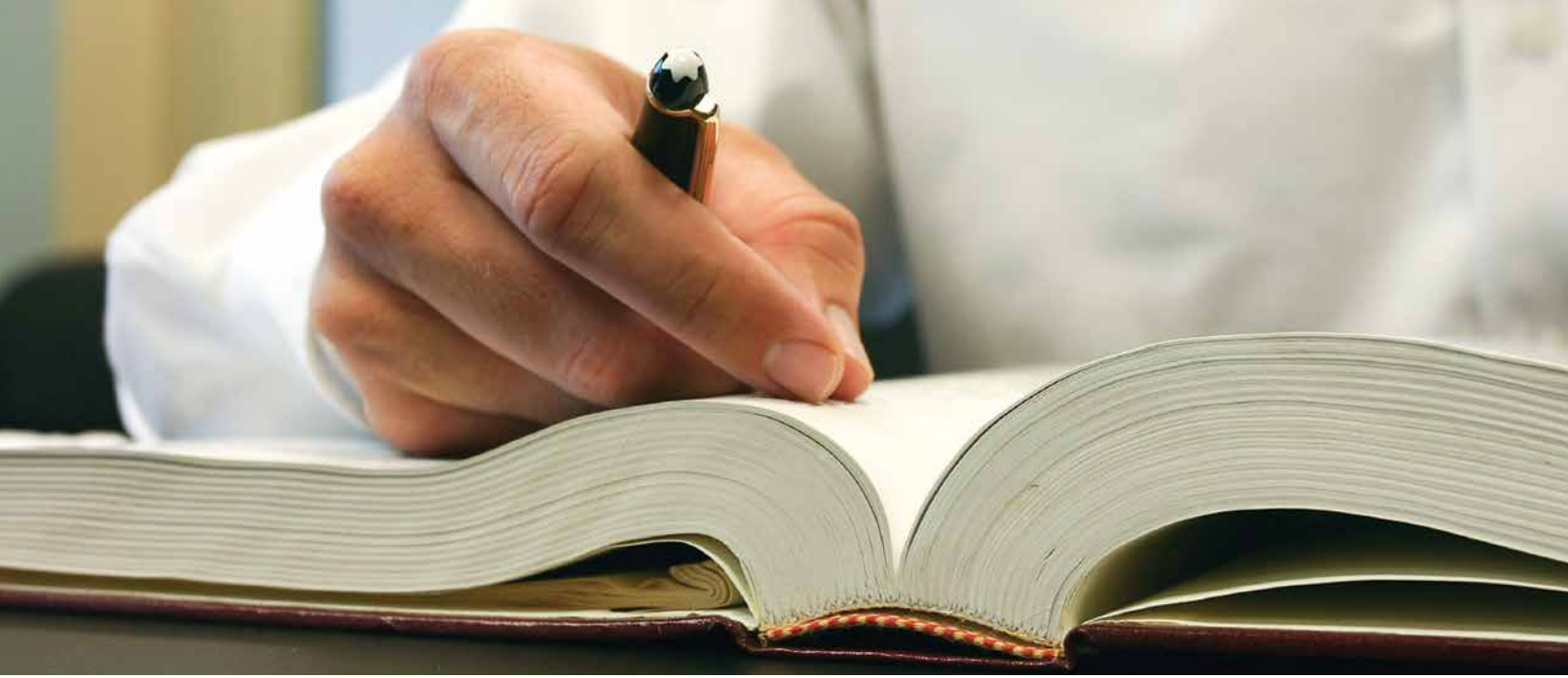


Practice Notes: But “They” Told Me To! Owning Your Professional Accountability

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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 College members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

When you join the College, you become a part of a dedicated community of peers who practise according to a code of ethics and professional standards. Through your registration, you demonstrate that you have met the threshold academic requirements, experience and other registration criteria to become a College member. By participating in the Continuing Competence Program (CCP) and committing to ongoing professional development, you work to remain competent to practise throughout your career. College members commit to delivering professional services ethically and competently, including providing recommendations and opinions that are appropriately substantiated by evidence and supported by credible professional knowledge.

Many members consult the College’s Professional Practice Department about situations in which their professional judgment and obligations may conflict with ideas, directions and policies sought to be imposed by employers or others. Members must remember that they are required

to follow the Standards of Practice and, as professionals and members of the College, are held accountable by the College for their practice and decision-making, which can have critical outcomes for clients.

Consider the following:

SCENARIO 1

A member works at an addiction services centre. The centre serves people in all stages of recovery, including clients who are still using substances. A member is meeting with a client and in the course of their session the client reveals that she is currently in possession of illegal substances. After the session the member debriefs with his colleagues at a regular team meeting and several colleagues feel strongly that the member has to report this incident to the police, for the protection of other clients and because the client had broken the law. There is no workplace policy that states clients will be reported if they are in possession of illegal substances

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and the client has not consented to such reporting as a condition of receiving services from the centre. The member feels under a lot of pressure to report but believes that this would be a violation of the client's trust.

In this scenario the member should consider:

- What principles in the Standards of Practice (including Principle I: Relationship with Clients and Principle V: Confidentiality) are relevant?
- What is the applicable legislation regarding the release of client information?

The member contacted the Professional Practice Department to consult as he felt conflicted. He thought that the values and judgments of his team members were driving them to apply pressure to him to contact the police. He was aware that he did not have the client's permission to disclose to the police the information revealed during the session. He determined that other clients were not at risk. The member stated that an uncomfortable working environment had resulted because of this situation, and that he was feeling stuck between two bad choices.

It was acknowledged during the consultation that members can often encounter challenging practice situations and that *The Code of Ethics and Standards of Practice Handbook* must be consulted to aid in decision-making as it sets out the minimum standards of professional practice and conduct. All professional practice consultations explore what standards of practice apply to the practice issues presented by members.

Principle I: Relationship with Clients, which indicates that members must be “aware of their values, attitudes and needs and how these impact on their professional relationships with clients”,¹ was reviewed. While the member felt that his values and attitudes were not

impacting client care, he identified that this standard may be relevant with respect to how he could be influenced by his colleague's values. Additionally, the member reflected on his own desire to resolve the conflict on his team. The member identified that he needed to distinguish between his “needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount.”²

It was further discussed with the member that the Standards of Practice require members to “comply with any applicable privacy and other legislation. College members obtain consent to the collection, use or disclosure of client information including personal information, unless otherwise permitted or required by law.”³ The member knew that he did not have consent to disclose client information to the police, but he was unsure if he was required under the law to report that his client had committed a crime.

After his call to the College, the member retained a lawyer and sought a legal consult, after which he determined that he did not have a reporting obligation. The member applied his clinical judgment and determined that he was not permitted to disclose client information, and that his team would benefit from reflection on and processing of the strong opinions and values that were expressed in regard to this scenario.

Consider the following:

SCENARIO 2

A member works on a community mental health team. Her client has been meeting with her regularly, keeping appointments with her psychiatrist, and following her recommended treatment. The client then experiences an unexpected loss and her mental health appears to deteriorate quickly. The client's young son lives with her, and on the member's home visits, there is evidence to suggest that the house is not being kept up and that there

1 The Ontario College of Social Workers and Social Service Workers (OCSWSSW), *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.5.

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

3 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle V: Confidentiality, Interpretation 5.1.

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is no food in the kitchen. Due to escalating concerns, the member does a subsequent home visit to the client with the team psychiatrist. While on the visit the client reveals that she has been leaving her son alone in the house at night while she has gone out with her friends. Her son has also been missing a lot of school. The client is tearful and remorseful and asks the member and the psychiatrist not to inform the Children’s Aid Society (CAS). The psychiatrist agrees as long as the client stays home at night, returns to her recommended treatment, and attends more frequent appointments at the office. Upon leaving the home visit the psychiatrist explains that he thinks a report to CAS would be detrimental to the therapeutic relationship, and could further exacerbate the client’s deterioration. The psychiatrist instructs the member to revisit the need to report to CAS in two weeks’ time.

In this scenario the member should consider:

- What principles in the Standards of Practice (including Principle II: Competence and Integrity and Principle V: Confidentiality) are relevant?
- What is the applicable legislation and what does that legislation require?

The member contacted the Professional Practice Department to consult. She stated that she felt compelled to follow the psychiatrist’s instructions due to the inherent power imbalance between their two positions on the team. She stated that the psychiatrist told her that he was ultimately responsible for the client’s care, and that he held responsibility for any treatment decision outcomes.

It was acknowledged that power imbalances do exist on teams and in organizations. Nonetheless, College members are accountable for their own conduct and professional judgment. The Standards of Practice prescribe the basis on which professional practice is conducted

in a sound and ethical manner⁴, and therefore must be consulted.

The Standards indicate that “College members maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice.”⁵ The member was aware that relevant legislation in this scenario was the *Child and Family Services Act* (CFSA), which outlined the member’s mandatory reporting obligations.⁶

The member stated that, as required in the Standards of Practice, the client had been informed of the limits of confidentiality early in the therapeutic relationship⁷, and was aware of the member’s reporting obligations under the CFSA. The member was reminded that, “College members respect the privacy of clients by holding in strict confidence all information about clients and by complying with any applicable privacy and other legislation. College members disclose such information only when required or allowed by law to do so or when clients have consented to disclosure.”⁸

The member reflected that the child was currently at risk and that if she were to wait two weeks before reporting as suggested by the psychiatrist, there was a greater risk of harm to the client’s child. Knowing this, the member could not justify a decision to not report. The member decided that she would need to make a report immediately under the requirements of the CFSA, and that she would have to reconcile this decision with the psychiatrist on her team.

Consider the following:

SCENARIO 3

A member works for a religious organization that provides support to people at the end of life. The organization has created a policy that they will not

4 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Explanatory Note.

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

6 *Child and Family Services Act, R.S.O. 1990*, c. C.11. The *Child and Family Services Act* will be repealed on April 30, 2018. Many of the provisions of the *Child, Youth and Family Services Act, 2017*, S.O. 2017, c. 14, Sched. 1 (including section 125 regarding the duty to report a child in need of protection) will come into force on April 30, 2018.

7 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle V: Confidentiality, Interpretation 5.4.

8 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle V: Confidentiality, explanatory paragraph.

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provide their clients with medical assistance in dying (MAID). A member is asked by a client about information on MAID. The member informs the client that this is not a treatment option at her organization, but provides the client with information on where they can find MAID resources. During supervision the member informs her manager about this client interaction, and the manager instructs the member not to document this intervention in the client’s chart as it goes against organizational policy.

In this scenario the member should consider:

- What principles in the Standards of Practice (including Principle II: Competence and Integrity, Principle III: Responsibility to Clients and Principle IV: The Social Work and Social Service Work Record) are relevant?
- What is the applicable legislation or policy?

The member contacted the Professional Practice Department unsure of how to proceed. She was confused as she had made it clear to the client that the organization’s policy was not to provide MAID treatment. She instead provided the client with the requested information, but was now being told not to document her actions. Understandably, the situation did not sit well with her.

The member had read the College article, [“Medical Assistance in Dying: What Are My Professional Obligations”](#) and was aware that Bill C-14 had been passed and changes had been made to the criminal code allowing for the legal provision of MAID.⁹ She understood that other regulated professionals had policies in which they were required to refer the patient to a non-objecting, available and accessible practitioner, if they objected to the provision of MAID.¹⁰

The member was aware of her responsibilities as outlined in the Standards of Practice, to “assist clients to access necessary information, services and resources wherever possible”¹¹ and “provide clients with accurate and complete information regarding the extent, nature, and limitations of any services available to them.”¹² She had discussed with her manager that she had an obligation to refer clients elsewhere if she was not able to provide the requested professional help.¹³

It was also clear to the member that in her documentation, she needed to account for and provide evidence of the services she had provided.¹⁴ She had reviewed the Standards of Practice and was able to cite that “an accurate record will document the client’s situation/problem exactly and contain only information that is appropriate and useful to the understanding of the situation and the management of the case”.¹⁵ The member shared that she felt torn between what she understood were her professional obligations, and what she was being told to do by her superior.

Principle II: Competence and Integrity, indicates “[i]f there is a conflict between College standards of practice and a College member’s work environment, the College member’s obligation is to the “Ontario College of Social Workers and Social Service Workers Code of Ethics” and the “Standards of Practice Handbook.””¹⁶ While the member stated that she was relieved to hear this, she also expressed the burden of having to present this information to her manager.

The member could equip herself with the relevant standards and practice resources to address this issue with her manager, in order to demonstrate her rationale for needing to document her actions and provide requested information to her client. In addition, the member was

9 OCSWSSW, “Medical Assistance in Dying: What Are My Professional Obligations”, Guidance for Members of the OCSWSSW, page 1.

10 OCSWSSW, “Medical Assistance in Dying: What Are My Professional Obligations”, Guidance for Members of the OCSWSSW, page 2.

11 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.2.9.

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

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

14 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle IV: The Social Work and Social Service Work Record, explanatory paragraph.

15 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle IV: The Social Work and Social Service Work Record, footnote 2.

16 OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.2.10.

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informed that the Professional Practice Department offers consultations with employers and the public to provide information on members’ professional obligations. At the end of the consultation the member felt better prepared to discuss with her manager what is required for her to practise in a way that is professional, ethical and accountable.

CONCLUSION

This article has discussed the challenges that members face when they feel conflicted between the demands of their workplace or pressure from their colleagues and their professional accountability. In these instances *The Code of Ethics and Standards of Practice Handbook* must be consulted to aid in decision making, as it sets out the minimum

standards of professional practice and conduct. The relevant legislation and policy that applies to a member’s workplace must also be explored.

The [Professional Practice page](#) on the College website has many resources that will support members in their decision making, and members may also consult with the Professional Practice Department. Additionally, when grappling with difficult practice issues, members should consider consulting more widely – with colleagues, a manager or supervisor, or a lawyer.

For more information about this or other practice issues, please contact the Professional Practice Department at practice@ocswssw.org.