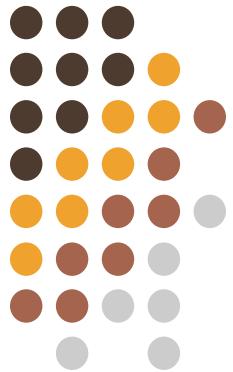


Reference guide for  
Social Workers,  
Human Relations  
Officers and  
Community Workers

of  
Cree Board of Health and  
Social Services of James  
Bay.

*This document has been prepared for information purposes only.  
For more information or any interpretation, please refer to the "Guide explicatif" distributed  
by the Professional Orders, as well as the PL-21 legislation.*



## **Abbreviations:**

**AQESSS:** Association Québécoise d'établissements de santé et de services sociaux

**CBHSSJB:** Cree Board of Health and Social Services of James Bay

**CW:** Community Worker

**DYP:** Department of Youth Protection

**HRO:** Human Relations Officer

**MHSSQ:** Ministry of Health and Social Services of Québec

**OTSTCFQ:** Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec

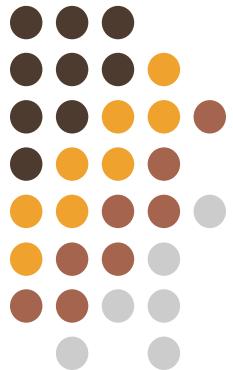
**SW:** Social Worker

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2014



This law aims to ensure that the guarantees of **competence, accountability and integrity** of professionals are present in the area of mental health and human relations as they are already in the field of health.

(ref: Ordre des professions)

## The Basis and Objectives of Bill-21 are:

### Basis:

- # Modernization/re-definition of the field of practice of 10 professions in the area of mental health and human relations
- # 13 potentially harmful activities become “reserved”
- # Supervision of the practice of “psychotherapy”
- # Obligation to adhere to the professional system for admissible employees
- # Focus on the sharing of competencies in inter and multidisciplinary teams

### Objectives:

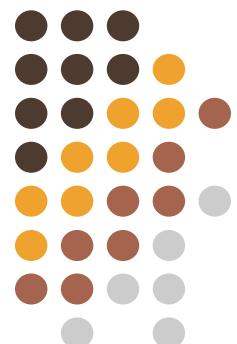
- # Protect the public
- # Place the individual in the centre of preoccupations
- # Provide guarantees of competence and professional integrity
- # Make optimal use of professional skills for the benefit of the individual
- # Promote interprofessional collaboration and interdisciplinary work
- # Integrate guidelines on professional practices in environments where it is not present
- # Regulate the practice of psychotherapy
- # Support continuity in the delivery of services and avoid service interruptions

## The clinical evaluation:

The definition of the term 'Evaluation' is retained from Law 90:

*"The evaluation implies passing a clinical judgement on the situation of the person based on information the professional has and communicating the conclusions of this judgement. The professionals carry out evaluations within the framework of their respective field of practice*

*The reserved evaluations can only be performed by authorized professionals."*



## **The reserved activity of evaluation is based on:**

- # The risk of harm from the conclusion of such evaluations
- # The clinical judgement required to analyze the situation
- # The communication of the conclusions of the evaluation
- # The permanent consequences of the information
- # The professional responsibility attributed to these acts

These evaluations, including their results, have **a status of authority** on a professional level. **Communication** of these conclusions comprises **prejudicial risks, consequences that may be irremediable and for which the professional is accountable.**

## **What is not reserved:** (ref: appendix 1, lexicon)

### **Detection**

This activity consists in observing indicators of a problem not yet identified or risk factors within the frame of interventions with various goals. Detection is not based on a systematized process, but on the workers awareness of the said indicators.

### **Screening**

This activity aims to distinguish between the persons probably affected by a problem not diagnosed or a risk factor for a problem, from the persons who probably are not.

The screening intervention in itself does not bring about a diagnosis or a proof of a problem or an illness. The persons for whom the screening result is positive are referred in order to perform a complementary investigation.

### **Assessment**

This activity is defined by considering indicators (symptoms, clinical manifestations, difficulties or other) obtained through clinical observations, tests or instruments.

### **Contribution**

This activity refers to the assistance provided by various workers to perform the activity reserved for the professional

The idea of contribution does not allow taking the initiative of the said activity nor exercise it autonomously, but rather act in cooperation with the professional to whom this activity is reserved. The range of the contribution or cooperation is set by this same professional.



**The following activities are  
Reserved for Professional Social Workers  
(member in good standing of the OTSTCFQ),  
in collaboration with other professionals**

**To be able to perform any reserved activities, HRO and CW must be registered under "liste des droits acquis" and have the attestation of the respective order for the current year.**

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**Your role is to evaluate the social functioning  
of the person for the following 9 acts:**

**(ref: reserved activities table, acts # 4, 5, 6, 7, 8, 9, 10, 12, 13)**

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**4. Evaluate a person affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation done by an authorized professional**

**What is not reserved:**

- # Use of the multi-clientele evaluation tool for a request for homecare support services
- # The interventions for implementing intervention plans

**Case Study:**

**A 34 year old woman with a history of bipolar disorder is referred to you because she is having difficulties with family members. She has nowhere to go to escape the difficult family situation and few friends to talk to about her problems.**

The evaluation of her social functioning, her social network and social roles is a reserved activity because she is affected by a mental disorder attested by a diagnosis. Once an intervention plan is elaborated, other employees can also participate in the interventions, provide support, look for resources, help with her integration in social groups, look for a foster placement, etc... The application of the intervention plan is not reserved.

## **5. Evaluate an individual within a decision of the DYP or the Court in application of the Youth Protection Act.**

The social services technician will be authorized by the OTSTCFQ to receive the reporting, to carry out a summary analysis of the reporting and to decide if it has to be retained for evaluation.

### **What is not reserved:**

- ‡ The activities done within the framework of the application of measures, such as:
  - \* Determination, actualization and review of the intervention plan (Except determining the intervention plan for a person affected by mental disorder or exhibiting a suicidal risk who is sheltered in an installation of an institution exploiting a rehabilitation centre for youths with social maladjustment),
  - \* the evaluations deemed relevant,
  - \* the documentation of observations collected within the framework of the child and his parents' follow-up
  - \* the development of the review report can be achieved by all the persons designated by the DYP or the institution.
- ‡ The same goes for the various evaluations and development of reports produced by the staff of the rehabilitation sector when a child is sheltered in an installation of a rehabilitation centre for youths with social maladjustment within the framework of the application of the measures.
- ‡ The evaluation of a foster family when recruiting family type resources as well as its re-evaluation are not reserved.

### **Case Study:**

#### Not reserved activities:

- \* Detection of potential abuse
- \* Meeting the victim and suggesting alternative measures to the judge
- \* Meeting with justice committee

## **6. Evaluate a teenager within the decision of the Court in application of the Youth Criminal Justice Act**

This activity is within two contexts:

1. The evaluation leading to the pre-decision report;
2. The examination of the failure of the imposed measures.

The evaluation in each of these two contexts is reserved.

### **What is not reserved:**

- ⌘ The evaluation of the teenager's participation to an extra-judicial sanction program is not reserved. This is an interview made with the teenager and the parents in order to determine if it is appropriate to use extrajudicial sanctions to fulfill the provision of the law provided for that purpose (Articles 10, 11, and 12 of the *Youth Criminal Justice Act*).
- ⌘ When actualizing the agreement made with the delegate, the follow-up of the extrajudicial sanctions, and the follow-up of the sentences allowing support, supervision and assistance of a teenager in actualizing the measures ordered by the Court continue to be performed by any worker.

### **Case Study:**

- \* Anyone can contribute to justice committee for court suggestion, it is not reserved

## **7. Determine the intervention plan for an individual affected by a mental disorder or exhibiting a suicidal risk who is sheltered in an installation of an institution exploiting a Rehabilitation Centre for youths with social maladjustment**

### **What is not reserved:**

- ⌘ The determination of an intervention plan is not reserved, except in the situation of youths affected by a mental disorder or exhibiting a suicidal risk and who are sheltered in an installation of the rehabilitation centre for youths with social maladjustment. The implementation is never reserved and can be carried out by any worker designated by the institutions.
- ⌘ The determination of an intervention plan is not reserved when the mental disorder is not proved, i.e., in the absence of temporary or final conclusions
- ⌘ The identification of the presence of a suicidal risk is not a reserved activity.
- ⌘ The supervised apartments, the family type resources (FTR) and the foster families are not targeted by this activity as they are not considered by law as installations of an institution exploiting a rehabilitation centre for youths with social maladjustment.

### **Case Study:**

**John is a 14 years old boy who has a diagnosis of ADHD.** He is now living in a group home. The staff realizes that he is difficult to handle, does not listen to instructions and has a difficult time following the routine of the home. It is decided that interventions are necessary to help with his social functioning in this new setting. One of the staff members is registered on the 'liste des droits acquis' for this reserved act. She proceeds to elaborate an intervention plan for John to help him participate in the group home activities. The other staff members can participate by giving her their observations and ideas about different measures that can help. But only the employee who is registered can sign off on the intervention plan. Once it is completed, all staff members can apply the measures, such as modeling appropriate social behaviors, providing a clear written schedule or suggesting moments of rest to help manage the stimulation.

## **8. Evaluate an individual regarding the custody of children and access rights**

The evaluation requires distinct knowledge and know-how, notably regarding the legal field, as it is exercised in a context subject to legal control, in dispute, and that its purpose is to inform the Court in the child's best interest.

## **9. Evaluate a person who wishes to adopt a child**

It aims to evaluate the applicants' motivations and present or potential parental skills to meet the physical, emotional and social needs of a child. It requires distinct knowledge and know-how, notably regarding the associated legal provisions, the authorities involved and the conditions imposed by the various countries of origin in case of an international adoption.

## **10. Perform the psychosocial evaluation of an individual within the framework of the person of full age protection plan or a mandate given in anticipation of the mandator incapacity**

The psychosocial evaluation within the framework of protection plans for a person of full age or the mandate given in anticipation of the mandator incapacity in order to formulate a recommendation to the Court is reserved for the social worker.

The doctor is responsible for the medical evaluation.

### **What is not reserved:**

- ‡ The collection of objective data (including the observations) on the person in his/her environment such as the financial, legal situation or his/her eligibility to social programs is not reserved

### **Case Study:**

**Sam is 45 year old and has schizophrenia.** He is always poorly dressed and has lost a lot of weight recently because he does not eat properly. Upon evaluation, you notice that he has no money in his bank account, even though he is receiving regular payments from income security. He is referred to be evaluated by a social worker (or someone listed under this activity) to determine if he needs legal protection against financial abuse and neglect. Other members of the treatment team can provide information, such as his ability to manage money, his medical status, or his ability to learn new skills. After looking at all the information, the social worker has the final say on whether Sam needs the legal protection of a mandate.

**12. Evaluating a child who is not yet eligible for preschool education and who exhibits indicators of developmental delay, in order to determine the rehabilitation and adaptation services meeting his needs.**

**What is not reserved:**

- ‡ The detection and the screening are not reserved activities, therefore they can be performed by all the professionals and the interveners.
- ‡ The assessment of the global development of the preschool age child is not reserved

**Case Study:**

**Caroline is 3 years old. She is going to daycare.** The Special Needs Educator did a screening of her development and noticed some areas of concern. She has difficulty interacting with other children her age, does not express herself verbally and plays all day in the corner by herself in spite of the efforts of the daycare workers to include her in the activities. The occupational therapist, physiotherapist, speech-language pathologist, psychoeducator and social worker are asked to carry out their evaluations according to their fields of competence. They come up with the different needs of the child and the family, such as the need for a personal attendant at daycare, visual modes of communication, and financial and emotional support for the family.

**13. Deciding the use of restraint or isolation measures within the application of the Act Respecting Health Services and Social Services and the Act Respecting Health Services and Social Services for Cree and Inuit Native persons.**

- ‡ **Refer to the CBHSSJB policy and procedure for details on the application of this activity**

Activity by which a professional decides it is necessary to use a control measures in a context of mental health therapeutic or planned intervention, including in the institutions exploiting a rehabilitation centre for youths with social maladjustment or in long term care units.

**What is not reserved:**

- ‡ During an emergency, the decision to use restraint or isolation methods are not the object of the reserve provided by these legal changes; for example, when unpredictable behaviour endangering the safety of the individual or others occurs.
- ‡ As soon as the emergency is controlled, the intervention of an authorized professional is required.

- ‡ The police services, the correctional services officers, and ambulance services outside the institution can use restraint or isolation measures.
  - ‡ The application of a restraint or isolation measure is not reserved. The planned intervention has to be considered in the intervention plan and can be applied by any worker trained for that purpose. In an institution, these measures are applied according to the protocol adopted by the board of directors.
- 

## **About the right of access to confidential documents**

### **- Archives -**

**Not everyone can have or should have access to confidential file, as medical or psychosocial file.**

**Here is some information on the subject:**

- ‡ Employees who are members of professional orders, whether with full membership or on the list for reserved acts (*liste des droits acquis*), will have access to the clinical file to fulfill the requirements of the evaluations they are requested to do.

*This means that you will have access only to the information that you need to complete your request for evaluation of the client.*

*The completed evaluation should be placed in the clinical file.*

- ‡ As a member of an Order and an employee of the CBHSSJB, employees are bound to confidentiality as outlined in the Order's code of deontology and the CBHSSJB Code of Ethics\*. All information contained in the clinical file of a client is confidential.
- ‡ If you read information in the clinical file that you do not understand or that you cannot interpret, you must contact a professional who will be able to explain the information.

\* <http://www.creehealth.org/about-us/users-rights>

## Appendix 1—Lexicon of definitions useful to understand Bill 21

<b>Terms and definitions</b>	<b>Explanations</b>
<b>Assessment</b> is taking into consideration the indicators (symptoms, clinical manifestations, difficulties or others) obtained thanks to clinical observations, test or tools.	Assessment is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
<b>Restraints</b> is a control measure consisting in preventing or limiting the freedom of movement of an individual by the use of human force, a mechanical means, or by depriving the individual from a means he/she can use to make up for a handicap. <small>(Ministry of Health &amp; Social Services, 2002)</small>	
<b>Contribution</b> refers to the assistance provided a professional for performing the reserved activity	The contribution is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
<b>Screening</b> aims to distinguish the individuals who are probably affected by an undiagnosed disorder or a risk factor of a disorder, from individuals who probably are not affected.  The screening intervention in itself does not allow making a diagnosis or attest of a disorder or disease. The individuals for which the screening result is positive are referred in order to get a complete investigation.	Screening is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
<b>Detection</b> consists in noting indicators of disorders not yet identified or of risk factors within the frame of an intervention with various goals. Detection is not based on a systematic process, but it is based on the sensitivity of the workers to the said indicators.	Detection is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
<b>Diagnosis</b> is the medical evaluation that may require a complete examination of all set of organs, tracts and systems of the human body's.	The doctor is the only health professional who holds the knowledge to do so. He/she receives for that purpose a training integrating the fundamental and the clinical sciences. The doctor's unique expertise justifies the exclusive attribution of this activity. It does not prevent other professionals to proceed with evaluations within the framework of their respective field of practice and to communicate the conclusions of their evaluations.

Terms and definitions	Explanations
<p><b>Evaluation</b> such as defined already within the framework of the implementation of the <i>Act amending the Professional Code and other legal provisions</i> in the health field (Bill 90):</p> <p><i>The evaluation involves to pass a clinical judgement on the situation of an individual based on information that the professional has and to communicate the conclusions of this judgement. The professionals perform evaluations within the framework of their respective field of expertise. The reserved evaluations can only be performed by authorised professionals.</i></p>	<p>The reserved evaluation is the one involving the exercise of a clinical judgement by a professional member of his/her order, as well as the communication of this judgement.</p> <p>The evaluations that do not have as goal to lead to a conclusion or a diagnosis and that are not specifically reserved by law are allowed.</p>
<p>In an <b>interdisciplinary team</b>, the results of the evaluations, observations and interventions realized by the various professionals and other workers are considered collectively in order to share a global understanding of the situation and to agree on common intervention objectives. The members of the interdisciplinary team work together.</p>	
<p>In a <b>multidisciplinary team</b> the various mobilized professionals and workers are not necessarily grouped in the same work location. These teams may be "virtual", meaning that various independent professionals can be solicited as expert or experienced consultants in a more or less concerted manner. It is important to emphasize that in several situations the work of one single of these professionals can be enough to conclude.</p>	
<p>The <b>temporary evaluation</b>: it is possible to use the temporary specification when one has strong reasons to believe that all the criteria of a disorder will end up being completed and that the available information is insufficient to make a diagnosis (conclude) with certainty (...). Another use of the word temporary is the case where the differential diagnosis depends only on the duration of the sickness. (ref: DSM-IV TR Section: Use of the manual )</p>	
<p>The notion of <b>installation of an institution exploiting a rehabilitation centre for children with social maladjustment</b> includes the intermediate resources of the "foster home" type and of the "group home" type, except for supervised apartments and foster families.</p>	<p>These installations are targeted in section 3.6.7. of the present guide and are specified in the <i>Act respecting health services and social services</i>.</p> <p>The family type resources (FTR) are notably not targeted by the reserve.</p>

<b>Terms and definitions</b>	<b>Explanations</b>
<p>The word “<b>isolation</b>” is used to describe a control measure consisting in confining an individual for an undetermined time in a location from where he/she cannot get out freely.</p>	<p>It does not refer to closed units or prosthetic units</p> <p>Refer to the ministerial orientations (<a href="http://www.mss.gouv.qc.ca">www.mss.gouv.qc.ca</a>)</p>
<p><b>Psychotherapy</b> is psychological treatment for a mental disorder, for behavioural alterations or another problem leading to psychological suffering or distress.</p> <p>Its goal is to encourage in the client significant changes in his/her cognitive, emotional, behavioural functioning, in his/her personality, and health condition. It is a process that goes beyond the help aiming to face common problems or a relationship providing advices and support.</p>	
<p><b>Mental disorder:</b> “A clinically significant disorder characterised by the change of the mode of thought, the mood, and behaviour associated to a psychic distress or an alteration of the mental functions”.</p>	<p>The evaluation of a mental disorder is done according to a recognized classification of the mental disorders, notably the two classifications the mostly used in North America, i.e., ICD and DSM.</p>
<p><b>Neuropsychological disorder:</b> “Condition clinically significant characterized by neurobehavioral functioning (of cognitive, emotional and behavioural nature) related to the dysfunction of the upper mental functions following ailments of the central nervous system”.</p>	
<p><b>Sexual Health</b> (information to come)</p> <p>World Health Organization website:  <a href="http://www.who.int/topics/sexual_health/en/">http://www.who.int/topics/sexual_health/en/</a></p>	

## **Appendix 2—Bill 21: Act amending the Professional Code and other provisions in the field of mental health and human relations / Modernization of the professional field of practice**

<b>Psychologist</b> <p>Practicing psychology consists in evaluating the psychological and mental functioning, as well as determining, recommending and providing interventions and treatments in order to prefer psychological health and restore the mental health of the human being in interaction with his environment.</p>	<b>Social Worker</b> <p>Practicing social work consists in evaluating the social functioning, to determine an intervention plan and to ensure its implementation as well as support and re-establish the individual's social functioning in reciprocity with his environment in order to prefer the optimum development of the human being in interaction with his environment.</p>	<b>Marriage and family therapist</b> <p>Practicing the dynamics of the marriages and families relational systems, to determine a treatment and intervention plan and to restore and improve the communication modes in order to encourage better spousal and family relations for the human being in interaction with his environment.</p>
<b>Guidance counsellor</b> <p>Practicing guidance counseling consists in the evaluation of the psychological functioning, the personal resources and the conditions of the environment, to intervene on the identity as well as to develop and maintain active adaptation strategies in order to make personal and professional choices throughout life, to re-establish socio-professional autonomy and achieve carrier projects for the human being in interaction with his environment.</p>	<b>Psychoeducator</b> <p>Practicing psychoeducation consists in evaluating maladjustment problems and adaptative capabilities, to determine an intervention plan and to ensure its implementation, to re-establish and develop the adaptative capabilities of the individual as well as to contribute to the development of the conditions in the environment in order to encourage the optimum adaptation of the human being in interaction with his environment.</p>	<b>Occupational Therapist</b> <p>Practicing occupational therapy consists in evaluating the functional capabilities, to determine and implement a treatment and intervention plan, to develop, restore and maintain the capabilities, to make up for the deficiencies, decrease the handicap situations and adapt the environment in order to encourage optimum autonomy of the human being in interaction with his environment.</p>
<b>Nurse</b> <p>The nursing practice consists in evaluating the health condition, determining and ensuring the realization of the nursing and medical care and treatment plans in order to maintain and restore the health of the human being in interaction with his environment, to prevent disease as well as to provide palliative care.</p>	<b>Doctor</b> <p>Practicing medicine consists in evaluating and diagnosing any health deficiency, to prevent and treat diseases in order to maintain or re-establish the health of the human being in interaction with his environment.</p>	<b>Speech pathologist and audiologist</b> <p>Practicing speech therapy and audiology consists in evaluating the hearing, language, voice and speech functions, to determine the treatment and intervention plan and ensure its implementation in order to improve or re-establish the communication of the human being in interaction with his environment.</p>
Information, health promotion, and the prevention of suicide, disease, accidents and social problems are also part of practicing the profession among individuals, families and communities.(1)		

(1) This paragraph is part of all the fields of practice in the mental health and human relations sector.

## Appendix 3 – Bill 21 Act amending the Professional Code and other legal provisions in the field of mental health and human relations

<b>Reserved evaluation: Evaluation involving passing a clinical judgement on the situation of a person based on the information the professional has and to communicate the conclusions of this judgement</b>											
Reserved activities	Psychol.	SW	CFT	GC	Psychoed	Occ	Nurse	MD	Speech / audio	Sexol.	Criminal. (will follow)
1. Evaluate mental disorders	X			X[1]			X[2]	X		X[4]	
2. Evaluate intellectual disability	X			X				X			
3. Evaluate neuropsychological disorders	X[3]							X		-	
4. Evaluate a person affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation done by an authorized professional	X	X	X	X	X	X	X	X	X	X	
5. Evaluate an individual within a decision of the DYP or the Court in application of the <i>Youth Protection Act</i> .		X			X						
6. Evaluate a teenager within the decision of the Court in application of the <i>Youth Criminal Justice Act</i>	X	X			X					X	
7. Determine the intervention plan for an individual affected by a mental disorder or exhibiting a suicidal risk who is sheltered in an installation of an institution exploiting a Rehabilitation Centre for youths with social maladjustment		X			X						
8. Evaluate an individual regarding the custody of children and access rights	X	X	X								
9. Evaluate a person who wishes to adopt a child	X	X	X								
10. Perform the psychosocial evaluation of an individual within the framework of the person of full age protection plan or a mandate given in anticipation of the mandator incapacity		X									
11. Evaluate a handicapped student or with social maladjustment within the framework of determining an intervention plan to apply the <i>Education Act</i>	X			X	X	X		X	X		
12. Evaluate a child not yet eligible to preschool education and who exhibits indicators of developmental delay in order to determine rehabilitation or adaptation services meeting his/her	X	X			X	X	X	X	X		
13. Decide of the use of restraint or isolation measures within the framework of the application of the <i>Act respecting health services and social services and the Act respecting health services and social services for Cree and Inuit Native Persons</i> .	X	X			X	X	X	X			

[1]

Shall have to be the holder of an attestation from his/her order or additional training

[2]

Shall have to hold the training and experience required by regulation of his/her order.

[3]

Shall have to be the holder of a training attestation from his/her order.

[4]

Shall have to be the holder of an attestation from his/her Order to be entitled to evaluate/assess sexual disorders

## Tools and references:

### Tools:

- # Guide explaining Bill 21 – updated in December 2013
- # Awareness session in eLearning by MHSSQ (guide, glossary, monitoring tools and references)  
French & English version: <http://pl21msss.teluq.ca>
- # Youth protection Act : “Your child’s situations has been reported to the DYP”
- # L’ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (OTSTCFQ) <http://www.otstcfq.org/>
- # Publications: “*Lignes Directrices*” from OTSTCFQ (documents on reserved activities) - in French only
- # An Act respecting access to documents held by public bodies and the Protection of personal information, CQLR c A-2.1 (<http://www.canlii.org/en/qc/laws/stat/cqlr-c-a-2.1/latest/cqlr-c-a-2.1.html>)

### References:

- # AQESSS: Présentation dans le cadre du colloque des conseils multidisciplinaires – Monick Coupal, conseillère en organisation de services, Levis, 15 novembre 2012
- # Guide explaining Bill 21 – updated in December 2013