

September 2, 2020

Dianne Heath, MSW, RSW
402-1755 West Broadway
Vancouver, BC V6J4S5

Dear Dianne Heath, MSW, RSW,

I write on behalf of the BC College of Social Workers (the “College”) in response to your question regarding s. 42(1)(b) of the College Bylaws (the “Bylaws”) and its implications for the scope of practice for a registered clinical social worker (“RCSW”).

To begin, let me make clear that it is the responsibility of each individual registrant to ensure that any activity he or she undertakes in the course of practice is within the scope of practice accorded his or her class of registration. With that said, I can provide some commentary regarding the interpretation of s. 42(1)(b) of the Bylaws which should assist you in determining whether the assessments and DSM diagnosis that one may undertake fall within the RCSW scope of practice.

Section 42(1)(b) of the Bylaws reads as follows:

42 (1) A registered clinical social worker may practice social work as defined in the Act, and may undertake “clinical social work” which means the application of

...

(b) the independent use of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in the assessment, diagnosis, treatment and prevention of mental, emotional and behavioural disorders and conditions, for the sole purpose of providing psychosocial intervention to enhance personal, interpersonal and social functioning

Your inquiry focused on how the words “for the sole purpose of providing psychosocial intervention to enhance personal, interpersonal and social functioning” might constrain RCSW use of the Diagnostic and Statistical Manual of Mental Disorders (the “DSM”). In the College’s view, these words allow RCSWs to use the DSM to diagnose mental, emotional, and behavioural disorders and conditions so long as they are doing so for a social work purpose.

Put another way, the wording of s. 42(1)(b) is meant to limit use of the DSM by RCSWs to diagnose further to the practice of social work, as opposed to diagnosing for other purposes, including, in particular, for a medical purpose.

In construing the wording of s. 42(1)(b), it is instructive to look at the definition of “social work” found in s. 1 of the *Social Workers Act*, SBC 2008, c. 31 (“SWA”):

“social work” means the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups,

organizations and communities to achieve optimum psychological and social functioning;

The phrase “for the sole purpose of providing psychosocial intervention to enhance personal, interpersonal and social functioning” in s. 42(1)(b) echoes the words “to achieve optimum psychological and social functioning” from the definition of “social work” in s. 1 of the SWA. Both emphasize that when social workers, including RCSWs, engage in the assessment or diagnosis of a client, they must do so for a social work purpose. In fact, use of the DSM can be seen as a special “knowledge” or “skill” that RCSWs are able to apply when diagnosing people to “achieve optimum psychological and social functioning”. From this perspective, if a DSM diagnosis by a RCSW is being used to support a social work intervention rather than a medical intervention, then it should not run afoul of the wording of s. 42(1)(b).

In regards to the use of a DSM-based diagnosis of disability to support a client’s eligibility to obtain a pension, the College notes that this is at least consistent with registered social workers being granted statutory authority to provide functional assessments under the *Health Care (Consent) and Care Facility Admissions Act*, the *Adult Guardianship Act*, the *Employment and Assistance for Persons with Disabilities Act* and *Child, Family and Community Services Act*. For example, under the *Employment and Assistance for Persons with Disabilities Act*, social workers may provide functional assessments, which may in turn lead to financial benefit to an applicant.

Again, as stated at the outset of this letter, it is the responsibility of College registrants to ensure that practice activities fall within the scope of practice for their class of registration. I trust that the explanation of s. 42(1)(b) of the Bylaws in this letter will assist you in ensuring that the use of the DSM to diagnose and assess clients falls within the scope of practice for RCSWs.

Sincerely,



Mark J. Hillenbrand, MSW, RCSW

Registrar – CEO