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PRESIDENT'S MESSAGE

As the new President of the College, I am mindful of the privilege it is to be in this position. I anticipate that my first year will be a busy one as the College pursues multiple initiatives. As I work to fulfill the demands of the role, I have quickly learned the benefits of being surrounded by a competent and supportive team of individuals including our Registrar, Dr. Rick Morris, the Deputy Registrar, Mr. Barry Gang, College staff and fellow members of Council and Committees. The College is always responding and adapting to change as Council and staff work to fulfill our public protection mandate. Working for positive change will remain a priority and I believe we will have a collaborative and productive year together.

I heard a quote by Etienne de Grellet (1773-1855) voiced by a family member, a friend, a colleague and a client in the past month. He wrote the now popular quote hundreds of years ago, yet its sentiment is valued to this day. "I shall pass this way but once; any good that I can do or any kindness I can show to any human being; let me do it now". It was a reminder for me as an individual, a Psychologist and as President, to capture life's moments; to be mindfully aware of who is in front of me; and make choices to be kind and act for good in my interactions with others.

I am impressed by how you, the College membership, have captured the moment and found ways to “do good” in just such a manner over the many months that we have been burdened by COVID-19 related illness and restrictions. In the face of uncertainty and change you have worked to fulfill the ethical mandate of doing good, avoiding harm and being aware of and sensitive to the needs of those you interact with. You have pivoted to provide psychological services in new ways; developing new competencies in the process and meeting growing public needs for mental health support.

The College can also consider this moment in time and any “good” it can do as it interacts with its membership and the public it serves. This is the legacy of Dr. Barbara Wand who passed away on July 13, 2021. Her considerable achievements as Registrar of the Ontario Board of Examiners in Psychology (later the College) for 15 years and chair of the CPA Task Force on Women (1975-76) contributed to the “elevation of the regulation of psychology” and the status of women in the profession of psychology provincially and nationally. Today, our College can continue this work of change via focusing on the tenets of equity, diversity and inclusion and collaboration with Behaviour Analysts as we expand our regulatory oversight.

Preparatory work for the expansion of the College to include regulation of Behaviour Analysts as a separate and distinct profession is beginning. This follows from news in June, that the *Advancing Oversight and Planning in Ontario’s Health System Act, 2021* passed third reading in the Legislative Assembly and received Royal Assent from the Lieutenant Governor of Ontario with Schedule 4 of the *Act*, the *Psychology and Applied Behaviour Analysis Act, 2021* applying to our College, when it is proclaimed.

I anticipate that many College initiatives will be topics of interest in the next year, so I encourage you to stay informed as the College makes efforts to ensure this is possible. Review this online publication of *HeadLines*. Explore the interactive College website. Watch on-line streaming of Council meetings on the College’s YouTube channel. Monitor for College email updates. And, sign

up for social media posts through Facebook, Twitter and LinkedIn. Electronically based College updates can provide useful practice guidance and contacting the College’s Practice Advice Service with practice questions that arise as you seek to “do good” is always an option.



I am impressed by how you, the College membership, have captured the moment and found ways to “do good”

So, as I start this year as President, I trust that each of you will join me in the goal to mindfully pause and see what good we can do.

I wish you all the opportunity to give and receive kindness in the days ahead.

Wanda Towers, Ph.D., C.Psych.
President

EQUITY, DIVERSITY AND INCLUSION (EDI) WORKING GROUP UPDATE

The College remains committed to incorporating principles of Equity, Diversity, and Inclusion (EDI) into all aspects of the work of College, its regulatory processes and, as appropriate, the profession at large.

The EDI Working Group has continued to address a variety of actions. These have included a discussion of the processes of the College Committees and how diversity practices can be introduced. The Jurisprudence and Ethics Examination Committee will be asked to review the exam to ensure questions being asked of registration candidates respect diversity and inclusion. The Quality Assurance Committee will be asked to consider incorporating EDI training as a requirement for Continued

Professional Development. The Working Group is in the process of scheduling diversity training for the College leadership to include the College Council, Committees, and senior staff. At its upcoming meeting, the EDI Working Group will be reviewing a draft for the creation of a specific EDI webpage where we can provide appropriate EDI resources and regular EDI updates.

The next meeting is scheduled for the beginning of August.

Donna Ferguson, Psy.D., C.Psych.
Chair, EDI Working Group

IN MEMORIAM – DR. BARBARA WAND

I have sadly learned of the passing of Dr. Barbara Wand. Dr. Wand holds a very important place in the history of the College of Psychologists of Ontario as she played an integral role in the regulation of Psychology in Ontario and across North America.

In 1974, Dr. Wand was appointed to the Ontario Board of Examiners in Psychology (OBEP), the predecessor to the College of Psychologists. After serving two years as a member of the Board, she became the first woman to be named Registrar of OBEP, a position she held until her retirement in 1991.

Dr. Wand was the first Canadian to be elected President (1983-1984) of what is now the Association of State and Provincial Psychology Boards (ASPPB); the alliance of state, provincial, and territorial psychology regulatory agencies responsible for psychology licensure and certification throughout the United States and Canada. In 1975, International Women's Year, Dr. Wand chaired the Canadian Psychological Association Task Force on the Status of Women.

Some of us were fortunate to have had the privilege of meeting Dr. Wand on various occasions but for many Dr. Barbara Wand is best remembered for the Barbara Wand Seminar in Professional Ethics, Standards and Conduct. The Seminar was established by the Board of Examiners, upon her retirement as Registrar, to recognize her achievements in the regulation of the practice of Psychology. Her significant contributions were also recognized by the Ontario Psychological Association which established the Barbara Wand Award for Excellence in the Area of Professional Ethics and Standards.

On behalf of the College of Psychologists, I want to extend our sincerest condolences to Dr. Wand's family, her friends, and many colleagues. A copy of the obituary prepared by Dr. Wand's family can be found by clicking [here](#).

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

QUALITY ASSURANCE (QA) NEWS



The need for safe and competent psychological services has continued throughout the COVID-19 pandemic and the legislated requirements for Quality Assurance activities by the College remain as relevant as ever. Members, other than those with a Retired Certificate of Registration, must ensure that they are keeping up with developments in their areas of practice and that their knowledge and skills are up to date.

SELF-ASSESSMENT AND CONTINUING PROFESSIONAL DEVELOPMENT

Members with “odd” Registration numbers, as well as those members with Certificates of Registration Authorizing Supervised Practice or Interim Autonomous Practice were required to submit their online Declarations of Completion indicating completion of the Self-Assessment Guide (SAG) and their Continuing Professional Development (CPD) requirements, by June 30, 2021. An unfortunate problem beyond the College’s control caused the Quality Assurance section of the member portal to malfunction on June 30th. The system was fully functional again on July 6th. Members who submitted their Declarations by July 6th were considered to be “on time”. Those whose Declarations have NOT been received have been contacted by College staff.

A small number of members appeared to have misunderstood that two Declarations were required, and College staff are working with them to ensure that both the SAG and CPD Declarations are completed before the Committee imposes any related penalties.

In following up with some members, they expressed the concern that they were unable to meet the CPD credit requirements due to the COVID-19 pandemic. These members were reminded of the alternate Declaration, available along with the regular CPD Declaration, specifically intended to address this issue.

Members required to complete the [Self-Assessment Guide \(SAG\)](#) this year will have noticed some changes to the length and format of the document. These changes were made in response to the many comments and suggestions received from members who completed the survey conducted by the Quality Assurance Committee last year. The Committee continues to discuss other enhancements to the Quality Assurance program following review of the survey data and wishes to thank the many members who participated and offered helpful information.

Reminder: Members with “even” Registration numbers are now more than half-way through the 2020-2022 CPD cycle and those with “odd” numbers began the 2021-2023 cycle on July 1, 2021.

PEER ASSISTED REVIEWS (PAR)

Physical distancing necessary to decrease the spread of COVID-19 has led to the postponement of in-person PARs. Members selected to engage in the PAR process during the past year were asked whether they wished

to participate via technology or to defer the review until it could be conducted safely in-person. Six PARs were conducted successfully via secure technology. It is hoped that the program soon will be operating in full force.

INFORMATION FROM THE PRACTICE ADVICE SERVICE

The Practice Advice Service of the College of Psychologists provides information to members of the College and members of the public regarding relevant Legislation, Regulations, Standards of Professional Conduct and other Guidelines. Answers are provided in response to specific inquiries and may not be applicable or generalize to all circumstances. Information is provided to support College members in exercising their professional judgement and is not an appropriate substitute for advice from a qualified legal professional.

NATURE OF INQUIRIES

Between April 1, 2021 and June 30, 2021, the College received and responded to 530 inquiries. During this period, 11 of these queries were related to practicing during the COVID-19 pandemic.

COVID-19 INQUIRIES

Almost all of the pandemic related inquiries pertained to how to appropriately return to in-person services and whether it was permissible to require that clients to be seen in person show proof of vaccination.

Q: Now that things are “opening up” in Ontario, may we return to in-person services in non-emergency and non-urgent circumstances and if so, may we require proof of vaccination?

A: In-Person Services:

Throughout the pandemic, members have been permitted to use their professional judgment to decide when it was necessary to see clients in-person. The College wishes to

advise members that Ontario’s Chief Medical Officer of Health recently rescinded *Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)*. This Directive had been amended and re-issued in mid-April due to the increasing COVID-19 case counts, hospitalizations, and ICU admissions. Rescinding of Directive #2 means that **non-urgent** and **non-emergent** procedures may be gradually resumed by health care providers and health care entities who were subject to that *Directive*. This includes in-person services that are non-essential or non-emergent.

In making this decision, the Chief Medical Officer of Health advised that all health care providers should continue to follow the guidance issued by the Ministry of Health in the [COVID-19 Operational Requirements: Health Sector Restart](#). College members are advised to review this document to ensure an understanding of relevant requirements to return to in-person service provision appropriately and gradually.

In returning to the provision of in-person services, the College urges members to take a conservative approach to minimize the risk of community spread as much as reasonably possible, particularly with the emergence of new variants of the virus and localized outbreaks.

Proof of Vaccination:

Some members have asked whether they may require clients wishing to receive in-person services to demonstrate that they have been vaccinated. The Ontario Human Rights Commission has published a document entitled [COVID-19 and Ontario's Human Rights Code – Questions and Answers](#) to provide some guidance to individuals, practitioners and employers. The following section from this document may be of assistance.

Please note that this is the published position of the Ontario Human Rights Commission and the College is not qualified or authorized to offer interpretation of the [Ontario Human Rights Code](#). Members seeking specific guidance or further clarity on how to interpret their own responsibilities under the Code are encouraged to seek independent legal advice.

Ontario Human Rights Commission

21. Can my employer or any service or housing provider require proof that I've received a COVID-19 vaccine?

- *Receiving a COVID-19 vaccine is voluntary.*
- *At the same time, the government of Ontario has said they plan to issue proof-of-vaccination cards to people who receive a COVID-19 vaccine who may be required to take part in some activities.*
- *Requiring proof of vaccination to ensure fitness to safely perform work, or protect people receiving services or living in congregate housing, **may be permissible under the Code if the requirement is made in good faith and is reasonably necessary for reasons related to safety.***
- *The Code grounds of disability and / or creed may be engaged when employers, housing or other service*

providers impose medical testing or treatment requirements, including proof of vaccination.

- *Under the Code, organizations have a duty to accommodate people who may be unable to receive a COVID-19 vaccine, for reasons related to disability or creed, unless it would amount to undue hardship based on cost or health and safety.*
- ***The right to be free from discrimination can be limited under the Code, where, for example, broader health and safety risks are serious, like in a pandemic, and would amount to undue hardship.** The OHRC and relevant human rights laws like the Code recognize the importance of balancing people's right to non-discrimination and civil liberties with public health and safety, including the need to address evidence-based risks and treatment associated with COVID-19.*
- ***Everyone involved should be flexible in exploring whether accommodation is possible, including alternative ways a person might continue to safely work, receive a service or live in congregate housing without being vaccinated.***
- *Organizations should make clear the reasons why proof of vaccination is needed in the circumstances, and ensure prior, informed consent.*
- ***Organizations should only request and share medical information, including proof of vaccination, in a way that intrudes as little as possible on a person's privacy, and does not go beyond what is necessary to ensure fitness to safely perform work, or protect people receiving services or living in congregate housing, and accommodate any individual needs.***
- *No one should experience harassment or other discriminatory treatment based on a Code ground because they are unable to receive a vaccine.*
- *In addition, workers have rights and employers have obligations for workers' health and safety under the Occupational Health and Safety Act. Visit the [Ontario Ministry of Labour, Training and Skills Development](#)*

[website](#) for more information, including how to contact the Ministry.

The College will continue to provide updates to members as further information becomes available.

NON-PANDEMIC INQUIRIES

Between April 1, 2021 and June 30, 2021, the top five areas about which members and others sought advice are listed below, in order of frequency.

Provision of Services Across Jurisdictions, Unrelated to the Pandemic; queries were almost equally divided between those from members of the College wishing to provide services in other jurisdictions and those registered in other jurisdictions seeking to provide services in Ontario.

Guidance was provided to members by referring them to Section 15 of the [Standards of Professional Conduct, 2017](#). This Standard specifically addresses telepsychology services; however, the same principles apply regardless of the medium of service delivery. Those considering providing services to an individual located outside of Ontario are advised to review this Standard before agreeing to do so.

Member Authorized Practice: queries included those about authorized areas of practice and/or authorized client populations, as well as competence to provide specific services within one's authorized areas of practice and client populations.

Members who were unsure whether they were authorized to provide a specific service to a particular individual were often assisted by the answers to the following [Frequently Asked Questions](#) which are published on the College website in addition to many others:

- [May a member authorized in Clinical Neuropsychology conduct a psychoeducational assessment, or must they be authorized in School Psychology?](#)
- [My authorized area of practice includes Clinical Psychology with adults. I recently received a referral to provide service to an 18-year-old. Would it be outside](#)

[of my area of competence to see this person although she could be considered an adolescent?](#)

Termination of Services; queries received were related to planning for leaving or closing a practice and designation of a successor health information custodian. Hopefully, in most cases, the termination or transfer of services is a cooperative process between the member and client. Where this is not the case, guidance about how to terminate services in a permissible manner is contained in section 1.8 of the [Professional Misconduct Regulation](#). Members may also find guidance with respect to the appropriate transfer of records in the [April 2018 e-Bulletin](#).

Substitute Consent and Right of Access to Information; these queries were related to separated parents' right to information about children. Information about this is provided in a detailed Q&A below.

Supervision; specific queries related to the supervision of the controlled act of psychotherapy, non-regulated individuals and of members of other regulated professions. The information needed to answer most of these queries is available in the [Frequently Asked Questions](#) section of the College website, including:

- [Is it necessary for me to have a supervisory agreement with a psychometrist in the workplace?](#)
- [Why can services which are within the scope of practice of psychology be provided by unregulated practitioners without supervision, but if provided under my supervision, be subject to such rigorous standards?](#)
- [Is it necessary to have supervision agreements when a supervisee is not providing health services, as would be the case if the supervisee were exclusively conducting research under supervision?](#)
- [In our setting we have agreements with educational institutions regarding the students they provide to us for supervision. These agreements are analogous to those used in employment contexts in which agreements are made between the supervisor and employer and between the supervisee and](#)

[employer but not directly between the supervisor and supervisee. Would such arrangements be considered sufficient for the purposes of the Standards or would it also be necessary to have supervision agreements directly between supervisors and supervisees?](#)

- [Would you please provide templates of supervision and consultation agreements that we may modify for use in our own practices?](#)
- [The Standards require information that will permit identification of each client discussed at each supervision meeting. What about client confidentiality?](#)
- [My supervision notes include personal health information about clients my supervisee is working with. Am I required to provide supervision notes containing client information when a request for client records is made?](#)
- [Does a non-member who is a member of another professional regulatory College, or who is not a member of any regulated profession, have to be seeking registration in a College to provide counselling under my supervision?](#)
- [I train and have some input into the administration of tests and counselling by members of other regulated health professions. These people are not, however, accountable to me and they are approved by the test publishers to use any test they administer. What are my obligations with respect to these activities?](#)
- [Training within a consultation relationship can be highly structured and lengthy and can feel like direction. Would a relationship which includes intensive training with respect to client care be considered a form of supervision?](#)
- [I work alongside Behavior Therapists and I am a resource in the agency to them. In some cases, I provide case specific recommendations. In other cases, I discuss general issues that come up without referring to specific clients and advise on processes for](#)

[the therapists to follow. I do not evaluate their work and they are not accountable to me. Am I correct in believing that I am not in a supervisory relationship with them?](#)

The following composite Questions & Answers illustrate principles from recent queries that have wide application.

Consent to Services and Access to Information by Separated Parents

Q: Who has the right to authorize services or access to information about a child when parents are separated?

A: In the practices of most members, the answer to this question can be found in the [Health Care Consent Act, 1996 \(HCCA\)](#) and the [Personal Health Information Privacy Act, 2004 \(PHIPA\)](#).

One must first establish whether the child has the capacity to make their own independent decisions in these situations. The *HCCA* and the *PHIPA* do not specify chronological ages of consent but instead set out the test for determining whether any individual, including a child, is capable of making their own health care decisions. The determination of capacity must be made by the Health Care Provider or the Health Information Custodian, as the case may be. The analogous tests for capacity to be applied are set out in section 4 of the *HCCA* and section 21 of *PHIPA*, respectively.

If the child is not believed to be capable, a substitute decision-maker for the purpose of the *HCCA* is generally deemed to play the same role with respect to *PHIPA*.

Section 20 of the *HCCA* and Section 26 of *PHIPA* provide specific advice with respect to the hierarchy of potential decision-makers when a child is not believed to be capable of making their own decisions. It also sets out the mechanisms for deciding what must happen when a person with the right to make decisions is not available or willing to assume decision-making responsibility. The legislation also addresses what to do if there is conflict between two individuals having equal ranking in the hierarchy.

Generally, a parent can give or refuse consent on behalf of an incapable child unless this authority has been lawfully granted to a children's aid society or other person. If both parents do not have the same rights under an Agreement or Order, a parent with custodial rights prevails over a parent who has only a right of access. In situations where the statute does not spell out clearly which parent is entitled to make the decision, statutory interpretation is necessary. Given the high stakes for all individuals involved, the most prudent course of action is to obtain independent legal advice.

The College's [August 2005 Bulletin](#) provides additional guidance with respect to this issue.

Who "Owns" the Clinical Record?

Q: In a group practice comprised of members authorized for autonomous practice, who can access, contribute to, and hold copies of the clinical record?

A: The answer to this question depends upon various decisions made by the organization, including who is the Health Information Custodian (HIC), a term which is used and defined in the [Personal Health Information Protection Act, 2004](#). For the purposes of answering this question, either a health care practitioner or a person who operates a group practice of health care practitioners *may* be a HIC. There may only be one HIC and it should be the person who will have ultimate responsibility for the collection, use, disclosure, security, and retention of the information.

The HIC must ensure that their identity is made clear to all concerned, including the client. A client must provide informed consent for a specified individual or organization to collect information about them.

A Health Information Custodian may have an "agent". This is defined in *PHIPA* as a person that, with the authorization of the custodian, acts for or on behalf of the custodian. The HIC may, for example, appoint the service provider working in the HIC's organization to be their agent.

Copies of information may be shared with those with a need to have the information in their possession but may only be provided to anyone other than the HIC or agent with client consent. The number of copies of the same information is directly correlated to the risk of loss or unauthorized access to the information. The fewer number of copies there are of a document, the lower the risk of loss or unauthorized disclosure.

There is no prohibition against storing information in more than one file/location. Standard 9.1 of the *Standards of Professional Conduct, 2017* requires that *a member must make best efforts to ensure that the member's records are complete and accessible; this applies whether the record is kept in a single file or in several files and whether the record is housed in one location or at several locations*. It is suggested that when records are not maintained in one file or location that a note is placed in each location indicating the location(s) of any other information.

This information is applicable to all records, whether they are kept in paper or electronic format.

Members may find additional information relevant to these issues in an [Frequently Asked Questions document published by the Office of the Information and Privacy Commissioner of Ontario](#).

Supervised Services and The Controlled Act of Diagnosis

Q: Is it permissible for the Supervisor of a non-member to co-sign an assessment report which includes a diagnosis, without providing the diagnosis to the person or their authorized personal representative in 'real time', but instead provide it to the person's lawyer or an insurer and permit the supervisee to discuss the report directly with the client?

A: The [Regulated Health Professions Act, 1991 \(RHPA\)](#) lists a number of Controlled Acts that the legislature has deemed to carry sufficient risk of harm that they may only be performed by specified regulated health professionals.

The controlled act of communicating a diagnosis, is set out in section 27 of the *RHPA* and has the following essential components:

1. the communication must be to the individual or their personal representative;
2. it must identify a disease or disorder;
3. the disease or disorder must be the cause of symptoms of the individual; and
4. it must be reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

All four of these elements must present for the Controlled Act to have been performed.

In the case of supervised services provided by non-members, section 4.3.2 of the *Standards of Professional Conduct, 2017* requires that only the *supervising member may perform the controlled act of communication of a diagnosis, either in person or through 'real time' communication such as by telephone, teleconferencing or videoconferencing.*

The Controlled Act of Communicating a Diagnosis, either in writing or orally, must be performed by a member and not by a non-member under their supervision. If the diagnosis is communicated orally, it may be done by a member, either in person or through 'real time' communication such as by telephone, teleconferencing or videoconferencing. The communication of a diagnosis may not necessarily be completed at one point in time. Those receiving a diagnosis must be provided an opportunity to

ask questions to, and have them answered directly to by, a member of the College.

In the situation described in the question, depending upon the circumstances, it could be argued that the first element of the definition is not present.

The Controlled Act of Communicating a Diagnosis applies to anyone who communicates the relevant information to the individual or their authorized representative, in circumstances where it is reasonably foreseeable that the individual or his or her personal representative will rely it. Some may say that performance of the Controlled Act by someone independent of the supervising member is not the supervising member's concern. Supervising members who do not communicate a diagnosis themselves, but instead have a reasonable expectation that someone unauthorized to perform it will, may not be operating in the spirit of the legislation.

Even in cases where one is not in technical breach of the *Standards*, one should consider if one's course of action represents "best practice". Receiving a diagnosis, that is, being told that one has a disease or disorder, is a significant event in a person's life. Ideally, the communication of a diagnosis of a disease or disorder, should be done by a practitioner who has been deemed to have the knowledge, training and experience to autonomously provide further explanatory information, answer any questions and provide appropriate professional support. The requirement for "real time" provision of a diagnosis by the supervisor of a non-member, where the communication meets all the criteria of the controlled act, is based upon this belief.

COUNCIL HIGHLIGHTS – JUNE 18, 2021



The College Council met virtually on June 18, 2021. Information provided to members of Council for their review in anticipation of their deliberations and decision-making is posted on the homepage of College website a week in advance of meetings. Following the meeting, this information is archived on the website in the Council [Meeting Materials](#) Reference Library

CHANGES TO THE COLLEGE COUNCIL

Since the March meeting there have been several changes to the College Council. Dr. Janice Currie (District 5, GTA East), Dr. Denise Milovan (District 6, GTA West) and Dr. Michael Grand (District 8, Academic) have completed their terms of office. We gratefully acknowledge their involvement and contributions for their many years of service. We are pleased to welcome new Council members, Dr. David Kurzman and Dr. Archie Kwan representing District 5 and District 6, respectively and returning member Ms. Melanie Morrow (Psychological Associates - Non-Voting). In addition, we are pleased to be joined by a new public member recently appointed by the Lieutenant Governor in Council, Mr. Ilia Maor.

EXECUTIVE COMMITTEE

As a first order of business, the Council elected the Executive Committee for the 2021-2022 year. We are pleased to congratulate:

Dr. Wanda Towers – President
Dr. Marjory Phillips – Vice-President
Ms. Paula Conforti – Professional Member
Dr. Philip Ricciardi – Professional Member
Mr. Paul Stopciati – Public Member
Mr. Scott Warnock – Public Member

POLICY ISSUES

Policies

Council approved the following new policy:

- Policy II – 7(ii): Funding for Therapy and Counselling for Clients of Members Alleged to have been Sexually Abused while Receiving Supervised Psychological Services
- Council approved revisions to the following policies:
- Policy II-3(i) ICRC Terms of Reference/Role
- Policy II-3(ii) Release of Member’s Response to Complainant
- Policy II-3(iv) Responding to Requests for Extensions to Make Written Submissions

OTHER BUSINESS

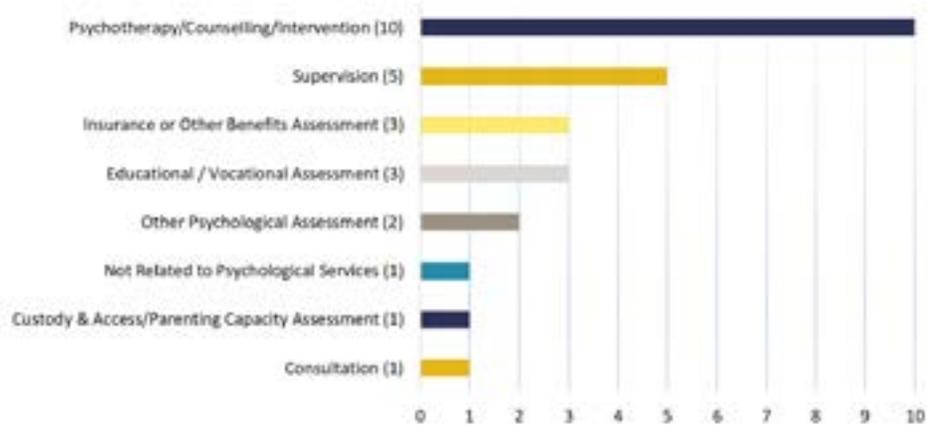
The next meeting of Council will be held virtually on September 10, 2021.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

FOURTH QUARTER, MARCH 1, 2021 – MAY 31, 2021

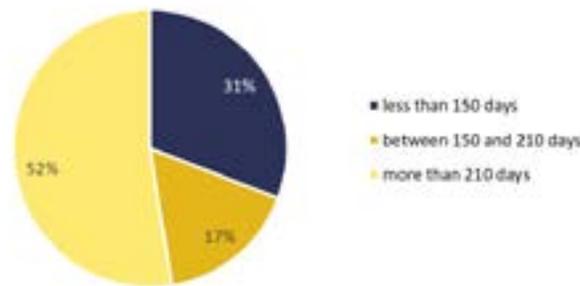
New Complaints and Reports

In the 4th Quarter, the College received 25 new complaints and opened 1 new Registrar’s Investigation, for a total of 26 new matters. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 120 open Complaints and Registrar’s Investigations that are being actively investigated. A little under half of these cases are under 210 days old.

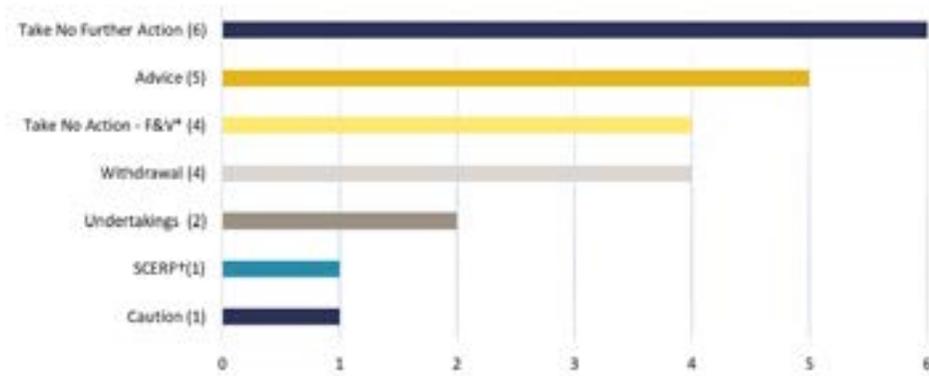


ICRC Meetings

The ICRC met on March 23, April 21, and May 25, 2021 to consider a total of 36 cases. The ICRC also held 16 teleconferences to consider 28 cases. The next meeting is scheduled for June 17, 2021, where 7 cases are scheduled to be discussed. An ICRC Plenary session was also held on April 14, 2021, to discuss various policy issues related to the Committee.

ICRC DISPOSITIONS

The ICRC disposed of 23 cases during the 3rd Quarter, as follows:



*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

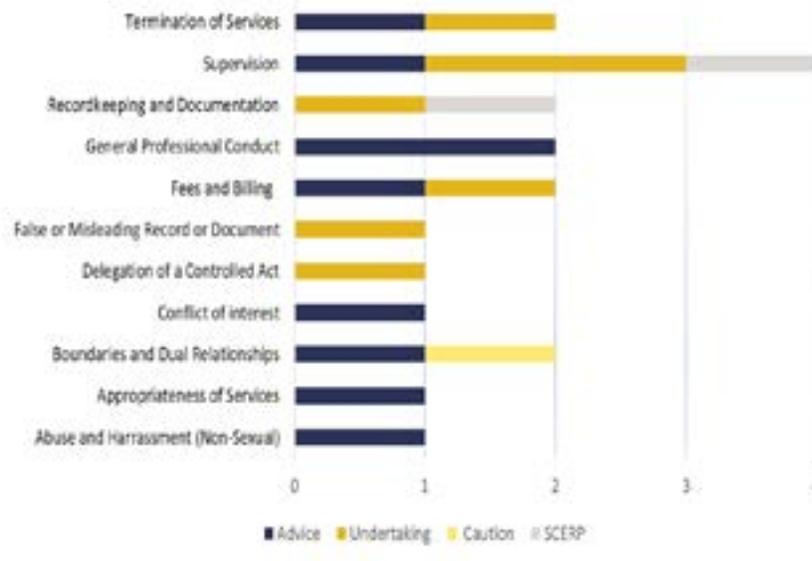
†SCERP: Specified Continuing Education or Remediation Program.

The dispositions of these 23 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 23 cases disposed of included the consideration of 66 allegations. The ICRC took some remedial action with respect to 19, or 29%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 4th Quarter, two HPARB reviews of ICRC decisions were requested. The College received the results of four HPARB reviews of ICRC decisions. All four ICRC decisions were confirmed.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC) DECISIONS

The following are summaries of some recent decisions of the Inquiries, Complaints and Reports Committee reflecting three different dispositions. They are provided for educational purposes. Information in these summaries has been altered to protect the privacy of both members and complainants, and to protect the confidentiality of the investigation process. The relevant substance of the allegations and outcomes remain unchanged.

Typographical Error on Website: Decision – *Not to Investigate the Allegations (F&V)*

The complainant alleged that a member's name was misspelled on a website advertising his services. The complainant indicated this was of concern since clients

need to accurately verify the identity of their psychological service provider.

The panel of the ICRC considering this matter noted that while it is important for members to identify themselves correctly, this error was minor and typographical in

nature. There was nothing to suggest that the incorrect spelling would compromise the quality of the member's psychological services or otherwise amount to conduct that fell below the standards of the profession. The panel did not believe the typographical error was a public protection issue as the error was noted and would be corrected. The panel considered the complaint to be *frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process*, and decided to take no further action.

Seeking Collateral Information: *Decision - Advice*

During a joint therapy session with her son, the complainant disclosed that the son's teacher was encouraging him to be assessed for ADHD. The complainant alleged that the member requested that she obtain collateral information from the child's father, in a way that indicated the member did not trust her perspective.

The panel of the ICRC considering this matter noted that the client's marital dissolution had been acrimonious, and the client had alleged domestic abuse by her ex-spouse, the child's father. In this context, the manner of the member's request for collateral information from the father may have negatively affected the client. The

panel noted that in her response to the complaint, the member acknowledged and reflected on the impact felt by the client. This led the panel to believe that there was little ongoing risk to the member's alleged conduct. The panel therefore decided to provide *Advice* to the member, that in future, it may be helpful to provide clients with an explanation as to why collateral information is being requested. This may assist clients to better understand the context and scope of the information being sought.

Maintaining Appropriate Boundaries: *Decision – Caution*

The member requested that her client, a proficient musician, meet and provide mentorship to the member's young daughter, who was an aspiring musician.

The panel noted that the member made considerable attempts to mitigate the possibility of exploitation or undue influence in the therapeutic relationship. They believed nevertheless that a dual relationship appears to have been formed, which posed high impact risks to the client and to public trust in the profession. The panel therefore decided it would be appropriate and in the public interest to provide the member with a *Caution* in this regard.

DISCIPLINE COMMITTEE

REFERRALS TO DISCIPLINE

There were no referrals to the Discipline Committee to May 31, 2021.

HEARINGS

1. Dr. Martin Rovers: <https://members.cpo.on.ca/public/register/show/3067>

A Hearing was held on June 29, 2021. The Discipline Committee Panel made findings of professional misconduct in that Dr. Rovers failed to maintain the standards of the profession, contrary to subsection 1(2) of the Professional Misconduct Regulation (O.Reg. 80/93)



made under the *Psychology Act, 1991*. In particular, Dr. Rovers failed to maintain Standards of Professional Conduct (September 1, 2017):

- 2.1 (General Conduct);
- 3.1.1 (Meeting Client Needs);

- 4.1.1(1), (3) and (8) (Supervision);
- 5.1 (Competence); and
- 9.5 (Billing Records);

The Panel also found that Dr. Rovers failed to supervise adequately a person who was under his professional responsibility and who was providing a psychological service; and that he engaged in conduct or performed an act, in the course of practicing the profession, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

The Panel imposed an Order, which included that the Registrar impose terms, conditions and limitations on Dr. Rovers' Certificate of Registration, in particular, that for a period of 12 months from June 29, 2021, Dr. Rovers may only supervise a supervisee while Dr. Rovers participates in a Coaching Program. The Panel also ordered Dr. Rovers to pay Discipline Hearing costs in the amount of \$3,500 within 90 days of the order.

ONGOING MATTERS

1. Dr. Darren Schmidt: https://members.cpo.on.ca/public_register/show/21702

A referral was made to the Discipline Committee on July 14, 2020. A Pre-hearing Conference was held regarding this matter on February 1, 2021 and the Hearing is scheduled for August 25, 26, 27 and 30, 2021.

2. Dr. Augustine Meier: https://members.cpo.on.ca/public_register/show/1032

A referral was made to the Discipline Committee on November 30, 2020. This matter is currently at the Pre-hearing Conference stage and a Hearing has not yet been scheduled.

3. Dr. André Dessaulles: https://members.cpo.on.ca/public_register/show/2530

A referral was made to the Discipline Committee on January 21, 2021. This matter is currently at the Pre-hearing Conference stage and a Hearing has not yet been scheduled.

CHANGES TO THE REGISTER

CERTIFICATES OF REGISTRATION

The College would like to congratulate those **Psychologist** and **Psychological Associate** members who have received Certificates of Registration since April 2021.

Psychologists - Certificate of Registration Authorizing Autonomous Practice

Areeba Adnan	Lisa Do Couto	Jessica Kichler
Alex Auerbach	Alexandra Sarah Drawson	Adam Kingsbury
Sheena Bance	Luis Enrique Flores	Jody Kircher
Michael Scott Borouhgs	Justin Thomas Gates	Daniella Ladowski
Chantal Marie Boucher	Andrew Gentile	Jonathan Hart Leef
Valeriya Bravo	Zohrah Haqanee	Stephanie Lucille Leon
Brenda Chiang	Susan Henriques-Decotiis	Nadia Brittany Maiolino
Jasmine Alicia Evelyn Dean	Katherine Anne Herdman	Michelle Monette
Stephen Gerard Denner-Stewart	Ashley Elizabeth Hyatt	Sarah Mossad

Brent Sylvester Mulrooney
Nicole Murray
Amanda Marion O'Brien
Preeyam Parikh
Sharon Pauker
Larissa Katherine Pipe
Erika Lauren Portt
Lana Ryan Rappaport

Lily Michelle Repa
Jesse Samuel Roberts
Octavio Andres Santos Solano
Jeremy Stewart
Maisha Musarrat Syeda
Jessica Ann Tanner
Whitney Dawn Taylor
Elizabeth Ann Thornley

Amanda Tobe
Leah Tobin
Gursharan Kaur Virdee
Kelly May Weegar
Joshua David Wyman
Julia Mary Young

Psychological Associates - Certificate of Registration Authorizing Autonomous Practice

Nicole Azizli
Daniel Balk
Ching Kong Cheung
Elizabeth Eve Francoeur
Nichola Jayne Hoffman

Sau Ching Lo
Wai-Meng Florence Mak
Jennifer Leigh Post
Shona Karen Robb
Jay Paul Shanker

Divya Thethron Nambiar
Fariba Touyeh
Cheryl Young

Psychologists - Certificate of Registration Authorizing Interim Autonomous Practice

Ernesto Juan Carlos Andrade
Sharon Batstone
Kayleigh-Ann Clegg
Kelly Costain
Jackson Dobbs
Carol Fredrek
Annie Gagné
Julie Gosselin
Grant Grobman
Cheryl Guest
Aditi Gulati

Karin Klassen
Behnam Kohandel
Sonia Krol
Daphné Laurin-Landry
Claude Jay Lautman
Dayna Lee-Baggley
Susanne Martin
Carolyn Mirotnick
Chérie Moody
Nadine Mourad
Jennifer Mullane

Kathleen Anne O'Connor
Sarah Pakzad
Bradley Peters
Charles Pierson
Cheryl Placsko
Gabrielle Poon Stroud
Elizabeth Quon
Lisa-Marie Salas
Leila Salem
Marie-Eve Turpin

Psychological Associates - Certificates of Registration Authorizing Interim Autonomous Practice

No Certificates were issued in this period

Psychologists - Certificate of Registration Authorizing Supervised Practice

Satvinder Kaur Chauhan
Alexander Crenshaw
Samantha Daniel
Sarah Dermody
Sophia Durisko
Aliza Friedman
Samantha Helmeczi
Irene Hong

Iana Ianakieva
Heather Jaksic
Chantelle Lloyd
Joyce Yan Lok Mak
Julia Marinos
Tamara Meixner
Kathryn Elizabeth Miller
Seamus Nicholas O'Byrne

Monica Claire O'Neill
Timothy Vaughn Salomons
Hugo Schielke
Fiona Carina Thomas
Elaine Catherine Toombs
Akanksha Tripathi Dubey
Na Zhu

Psychological Associate - Certificate of Registration Authorizing Supervised Practice

Patricia Aria Bellantone
Angela Diane Cole
Heather Kathleen Hargraves
Chelsea Amy Heron

Monique Lynn Francine Janssen
Stennis Joseph
Gagan Kaur

Cheron Elizabeth Martin
Sarah Joan Ouellette
Karl Storbeck

The College wishes to thank those members who generously provided their time and expertise to act as primary and alternate supervisors for new members issued Certificates Authorizing Autonomous Practice.

Retired

Barbara Armstrong
Jacqueline Isabelle Aston
Ruth Berman
Lise Marie-Claude Bisnaire
Rosalind Maureen Callard
Phyllis Sau Lin Chee
Cindy Jane Chiasson
Mark Randall Cole
Mary Ann Lorraine Collins-Williams
Albert Andrew Cota
Lesley Covington
Darlene Judith Elliott-Faust
Carol Marie Fick
Erica Gold
David William Hallman
Leonard S Harris
Donaleen Hawes Beth Ann Hayes
Olga Henderson

Sharon Horlick
Judith Maria Johnson
Sophia Kahill
Ursula Erna Kasperowski
Janice King
Eva Gajdos Klein
Ruth Groome Kurtz
Joel Myron Landau
Robert Leclerc
Mary Catherine Lees
Michel Lefebvre
Paul Raymond Legzdins
Judith Lorna Lewis
Maureen Winnifred Lovett
Michael Gerald Luther
Helen Martin
Susan Elizabeth Meyers
Jonathan K. Mills

Carol Louise Musselman
Sandra Nandi
Patrice Oligny
Witold Poplawski
Terryll Leslie Portigal
Christine Ruth Rattenbury
Marsha Miriam Rothstein
David Patrick Ryan
Francine Fleur-Ange Sarazin
Rosa Spricer
Marlene Voyer
William Douglas Walker
Fredric Weizmann
Sharon Mona Williams
W. Lawrence Williams
Trudi Anne Yeger

Resigned

Eric Robert Davis
Eleanor Donegan
Barbara Joyce Dydyk
John (Jack) Remo Ferrari
Tina Immacolata Ferrari-Oryshak
Mary-Ellen Francoeur
Catherine Franko
Sandra Lee Frayne
Marie F.G Gingras
Edward Jay Glassman

Doreen Charlotte Gough
Cheryl Lynne Hoevenaars
John David Jackson
Anne Marie Johnson
Sue Johnson-Douglas
Deborah Kerr
Verner J Knott
Nira Kolers
Margaret Yiu-Ki Kong Lam
Glen Maxine Allen Lawson

Sally Mintz Levy
Jo-Anne Lewicki
Rena Joan Lipsey
Nonie Lyon
Lyle MacDonald
John Alexander Machry
Laureen Jeana MacIntyre
Thomas William Managhan
Dorothy Markiewicz
Denis Roger Martel

Donald Robert Martin
Mary Anne McDowell
Diane Lee McGregor
Janet Ann Mullally
Erin Kimberley Mullings
Ronald Peder Myhr
William Newby
Sandra Joan Newman
Keith Andrew Nicholson
Anne Parent
Edward Joseph Peacock

Divna Peric-Todorovic
Colin Phillip Kevin Perrier
Joseph Persi
Nathan Lionel Pollock
Mary Rees-Nishio
Wayne Donald Richardson
Anna Claire Rooney
Stuart Ross
Francois Sallafranque St-Louis
James P Sofia
Karen Solomon

Stephen Eric Southmayd
Doris Jane Swan
John Paul Sweetland
Eva Aniko Szekely
Lori Denise Szwarcz
Elizabeth Jean Thompson
Douglas James Torney
Jo-Anne Margaret Trigg
Helen P Valerio

Deceased

The College has learned with regret of the death of the following member and extend condolences to the family, friends and professional colleagues of:

Yvonne Lorraine Shaker
John Paul Sweetland

Douglas James Torney
Barbara I M Wand

EMAIL ADDRESS FOR COLLEGE COMMUNICATIONS

The College uses email as its main method of communication in reaching out to members. Your College contact email address is used to notify you of upcoming important events such as membership renewal dates and processes and Quality Assurance deadlines. It is also used for routine notices regarding items such as the new issue of HeadLines, the next Barbara Wand Seminar, pandemic updates, and other messages of interest to the full membership. In addition, this address is used to contact individual members to provide personalized information regarding matters such as overdue QA requirements or missed fee deadlines.

It is each member's responsibility to ensure that the email address provided to the College is valid and that you are receiving our emails. If you are not receiving College emails, the most recent one sent on July 23, 2021, the email address you have provided may not be reliable or may be subject to your organization's filtering. Please ensure that your College contact email address is up to date and reliable. If you are not sure you are receiving our emails, please contact the College.