COLLEGE OF PSYCHOLOGISTS OF ONTARIO

HEADLINES

OCTOBER 2021
VOLUME: 2 | ISSUE: 2

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PRESIDENT'S MESSAGE

It's October in Ontario and my mind turns to Thanksgiving. Whether you formally celebrate this holiday or not, I believe that a thankful or grateful mindset is valuable. The field of positive psychology has done much to confirm ways that an attitude of gratitude is associated with many desired outcomes, such as more positive emotional experiences, satisfying relationships, and the ability to deal with adversity. So, I pause to consider some things I am grateful for as President of the College Council.

As the leaves turn red, orange and yellow around me, I am reminded of the seasons and how I appreciate and welcome this naturally occurring change. It is a changing landscape that I can be grateful for. The College too, is undergoing change and I hope that the movement underway toward our new College composition can be welcomed in a similar manner. Efforts to collaboratively work with the Ministries of Health (MOH) and Children, Community and Social Services (MCCSS) to identify and implement a plan for regulatory oversight of Behaviour Analysts in Ontario are underway. An image of what the College will look like as a self-regulatory, governing body that includes Psychologists, Psychological Associates and Behaviour Analysts is forming with the passage of *Advancing Oversight and Planning in Ontario's Health System Act, 2021* with Schedule 4, the *Psychology and Applied Behaviour Analysis Act (2021)* applying to our

College. I am thankful that our College Council members, the Registrar and staff are in a position to provide capable oversight of this change process.

I appreciate that change and unknowns can foster uncertainty and tension, yet what we aspire to as our vision at the College remains unchanged. ***The College strives for excellence in self-regulation in service of the public interest.*** This statement serves as a framework for our strategic planning and actions. It is an inspirational statement for our future that helps to bring focus and direction. I share the College's vision and seek to forge a plan with Council members, the Registrar and staff that will continue to move us toward this goal. At times, this plan may include advocacy initiatives. And with this possibility, I am reminded to be grateful for the opportunity to advocate for the College.

As President, I am a member of the Equity, Diversity and Inclusion Working Group. This dedicated group of professionals developed their Terms of Reference/Role document this quarter. As a member of this group I can advocate for review and change (where required) in College structures and processes as part of our College's vision to strive for excellence. I am thankful for this group of professionals who are willing to give a substantial amount of their time to this important issue.

The College's external auditor presented the Audited Financial Statements to the Council meeting on September 10, 2021. The College continues to operate on a sound financial basis. Council members agreed with the recommendation from the Finance and Audit Committee that membership fees should, once again. remain at their current level. Remarkably, the membership will enter their 20th year without a fee increase. Perhaps, this is an outcome that we can all be thankful for!

I believe that the College's ability to move through the uncertainty of change processes is facilitated by the stabilizing leadership of our College Registrar & Executive Director, Dr. Rick Morris. We were pleased to celebrate his 25 years of employment with the College at our last Council meeting. As a group, Council and staff expressed their thankfulness for his contributions to the regulation of Psychologists and Psychological Associates in Ontario, his excellent leadership of College staff, and his adeptness at working collaboratively with the Ontario Ministry of Health, as well as other provincial and state regulators. Thank you, Dr. Morris, for your wise advice and excellent oversight at the College over the past 25 years.

As I close, I encourage you to stop and consider something you are thankful for as you read the College's Publication of ***Headlines*** today. A grateful attitude can have many good returns.

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

EDI UPDATE

The College remains committed to reviewing its processes related to Equity, Diversity, and Inclusion (EDI) with a view toward incorporating EDI into all aspects of College work and its regulatory processes.

The EDI Working Group has continued to focus on the goals it established. This has included initiating a review of diversity practices across the various College Committees. Direction has been provided to some Committees with a view to assisting all Committees to implement EDI in their work. Suggestions have been made to the Quality Assurance Committee to consider incorporating EDI as a required component in the Continued Professional Development program. The Jurisprudence and Ethics Examination (JEE) Committee will be asked to review the (JEE) test items to ensure they are written with an EDI lens. The Working Group is also reaching out to the Directors of Clinical Training and Internship Directors to ask questions about the representation of culture and diversity in the graduate school programs. In order to have equity, diversity and inclusion represented across the College membership, attention must be turned to the students in graduate programs who will become the future members of the College.

A diversity training workshop for the College Council, Committee members and senior College staff is scheduled for December 3, 2021. It is recognized that a 'one-time' workshop is only a beginning, but we are looking forward to learning as a group and following where this training leads. The Working Group is pleased to note the creation of an EDI webpage which contains a variety of regularly updated resources and recommends that members take advantage of these materials.

The next meeting is scheduled for the end of October.

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

QUALITY ASSURANCE NEWS

Working within the statutory requirements for all Ontario Health Regulatory Colleges, the College views it's Quality Assurance Programs as a means of supporting members in maintaining their knowledge, skills and experience throughout their careers. The Programs are intended to be supportive rather than investigative. Whenever participation in Quality Assurance leads to identification of the need for remediation, this information remains confidential within the College. Member specific information about Quality Assurance involvement is not publicly available.

Members are required to declare completion of the quality assurance program requirements on a regular basis. The timing of this is dependent upon their certificate/class of registration and registration number.

SELF-ASSESSMENT

On June 30, 2021, **2182** members of the College, including those with odd numbered Certificates of Registration for Autonomous Practice, or a Certificate of Registration for Supervised Practice or Interim Autonomous Practice were required to make an on-line Declaration of Completion of the College's Self-Assessment Guide (SAG). A total of **2137** members made the declaration by the deadline. **Two** members that had not submitted their Declarations were found to have resigned from the College. The Quality Assurance Committee granted **19** members extensions to the deadline because of exceptional circumstances and has notified the remaining **24** members that they must provide their completed SAG to the Committee for review.

CONTINUING PROFESSIONAL DEVELOPMENT

On June 30th, 2021, **2050** members of the College with odd registration numbers were required to make an on-line Declaration of Completion of the requirements of the College's Mandatory Continuing Professional Development Program (CPD). A total of **29** members did not meet this

deadline. One of these members has resigned from the College. Extensions to the deadline were granted to **14** members because of exceptional circumstances and the remaining **14** members have been informed that they must submit their full set of CPD materials to the Committee for review.

It was recognized that the COVID-19 pandemic may have limited some opportunities to participate in CPD activities. To accommodate this, a special Declaration was created to allow members to attest that they had made best efforts to meet the required number of credits but were unable to do so, for this reason. While most members were able to meet the full requirements, **221** members utilized the alternate Declaration.

PEER ASSISTED REVIEWS

Physical distancing measures necessary to decrease the spread of COVID-19 led to the postponement of many in-person Peer Assisted Reviews. Members who had begun the Peer Assisted Review (PAR) process prior to the pandemic in 2020, but did not completed it, were offered the opportunity to participate in the PAR via technology. Most have opted to defer completion of the review until it can be conducted safely in-person. To date, six PARs have been conducted successfully via secure technology. It is hoped that the PAR program will be operating in full force as soon as safely possible.

While the PAR is a requirement for those selected for participation by the College, the Quality Assurance Committee has suggested that members may wish to voluntarily use the structured Peer Assisted Review materials as an aid to self-reflection and identification of any areas they may wish to address. Members wishing to involve a peer/colleague in examining their professional activities are eligible to claim up to 10 CPD credits.

INFORMATION FROM THE PRACTICE ADVICE SERVICE

The Practice Advice Service provides information to College members and members of the public regarding relevant Legislation, Regulations, *Standards of Professional Conduct, 2017*, 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.

FAQ'S - A NEW RESOURCE FOR MEMBERS

The College's Practice Advice Service has launched a Professional Practice FAQ page and this is can be found in the Members section of the College website. It is a place for members to quickly and easily search for answers to questions about a variety of practice issues commonly asked of the Practice Advice Service

NATURE OF INQUIRIES between June 1 and August 31, 2021:

Between June 1, 2021 and August 31, 2021, the College received and responded to 401. During this period, a small number (16) of these queries were related to practicing during the COVID-19 pandemic.

RECENT Q AND A'S RELATED TO VACCINATIONS

Q: May I require that clients provide proof of vaccination before providing in-person services?

A: Ontario has recently mandated that individuals must be vaccinated before entering many specific settings. These settings are listed in O. Reg. 364/20: Rules for Areas at Step 3 and at the Roadmap Exit Step under the *Reopening Ontario Act, 2020*. It appears that this requirement does not apply with respect to entering a place for the purpose of health care.

The Ontario Human Rights Commission recently published a policy statement which provides guidance with respect to COVID-19 vaccine mandates and proof of vaccine certificates. It states, among other important things, that:

> *While receiving a COVID-19 vaccine remains voluntary, the OHRC takes the position that mandating and requiring proof of vaccination to protect people at work or when receiving services is generally permissible under the Human Rights Code (Code) as long as protections are put in place to make sure people who are unable to be vaccinated for Code-related reasons are reasonably accommodated. This applies to all organizations.*

Members considering implementing such policies may find useful information about how to proceed in the Ministry of Health's Proof of Vaccination Guidance for Businesses and Organizations under the Reopening Ontario Act, Version 2, September 27, 2021. If additional information is required, members may wish to seek independent legal advice.

Q: May I provide a client with a letter recommending an exemption to vaccination requirements?

A: It is our understanding that the criteria for an official "medical vaccination exemption" are very narrow and that these do not include psychological reasons. As well, only a physician, registered nurse or nurse practitioner may certify such an exemption for settings mandated to require proof of vaccination. It does not appear that members of the College of Psychologists are authorized to provide such certification. It is important that a client making a request of this type be aware of the limits of the member's authority. Further information may be found in the Ministry of Health's *Questions and Answers, Version 2, September 28, 2021*.

If the business or organization is not covered by the mandatory vaccination legislation, members could provide a professional opinion concerning a client's need for accommodation. In doing so, as with any professional opinion given, they must be prepared to present a rationale for such an opinion.

Should a member proceed to provide a letter related to a vaccination exemption, members should clearly indicate that it is for psychological reasons and that, in keeping with Principle 10.3 of the Standards, "must render only those professional opinions that are based on current, reliable, adequate, and appropriate information." As well, it is important that members recognize they could be held accountable should an employer or other party mistakenly accept their letter as a valid official "medical exemption", and remember that making a record, or issuing or sign a certificate, report or similar document that they know or ought to know is false misleading or otherwise improper, is an act of professional misconduct.

There are answers to a variety of questions concerning practice during the pandemic available on the College website.

NON-PANDEMIC INQUIRIES

Between June 1 and August 31, 2021, member most frequently sought advice on the following five topics:

1. Mobility of psychological services across jurisdictions;
2. Records (most often about file contents, Health Information Custodians and retention and destruction of records);
3. Supervision (most often about supervision of non-regulated individuals and individuals who are members of other regulated professions);
4. Fees and billing (most often about issuing receipts, setting of fees and Harmonized Sales Tax); and
5. Release of and access to personal health information (most often about authority to give substitute consent, particularly with respect to children of separated parents and release of raw test data).

Answers to most of the questions asked can be found on the College's Professional Practice FAQ page.

The following questions and answers have recently been added and provide information with broad application that members may find helpful.

COMPENSATION MODELS AND CONFLICT OF INTEREST:

Q: Can members who employ other practitioners offer financial or other incentives based upon clinical productivity and performance?

A: It is appropriate for private practitioners, including contractors, to be compensated based on time spent and the complexity of services provided. If providing additional incentives to treatment providers could be reasonably expected to lead to decisions about service planning that are motivated by factors beyond client needs this could be problematic. For example, this could be problematic if compensation rather than client needs lead to practicing the profession while in a conflict of interest and/or providing services which are not likely to benefit the client; both of which are considered acts of Professional Misconduct. Members are advised to support their staff and contractors in ensuring that client need is the primary consideration in service planning.

SUPERVISORS CO-SIGNING DOCUMENTS

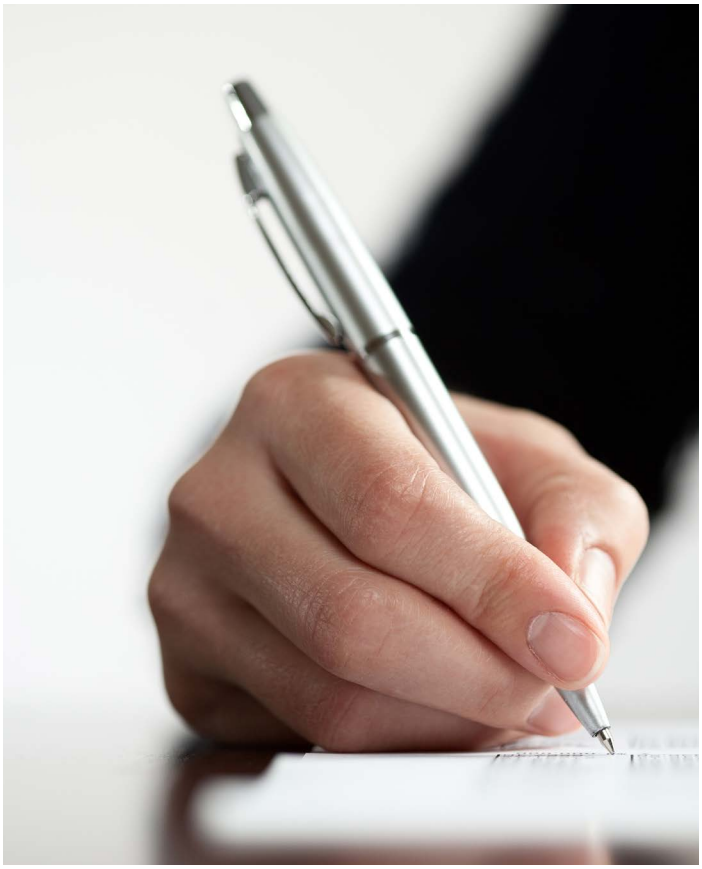
Q: I am aware of the requirement for supervisors to co-sign "all psychological reports and formal correspondence related to psychological services". Does this mean they should co-sign all clinical notes, like progress notes in the client's chart?

A: As required by Standard 4 of the Standards of Professional Conduct, 2017, members supervising anyone who is not a member of the College and any member with a Certificate of Registration Authorizing Supervised Practice must co-sign all psychological reports and formal correspondence related to psychological services prepared by their supervisee.

The term "formal" has not been officially defined so members must use their professional judgment based upon the particular circumstances of each situation.

In generally, formal documents would likely include printed or electronic communications which ordinarily require the person responsible for the information to provide their endorsement of the information in the form of a signature. This might include letters, reports, official memos, and emails about a client which would reasonably be expected to provide information about a client to anyone outside of the organization in which the supervision is occurring.

When in doubt about whether to co-sign a document, it may help to consider that a supervisor's signature is meant to provide an assurance to readers of the information it has been endorsed by the professional responsible the service. Even if not strictly required to co-sign a document, supervising members may do so if they wish to inform readers that they endorse the contents.



AUTHORIZATION TO PROVIDE THERAPY INVOLVING FAMILY MEMBERS VS. FAMILY THERAPY

Q: Can a person authorized to work with individuals but not families involve family members in the individual's therapy. In other words, where is the line between family therapy and involving family members to support interventions with an individual?

A: The answer to this question depends upon the reason for involving family members in the treatment of an individual.

Individual therapists appropriately may involve a client's family member(s) for the purpose of facilitating support for intervention with the individual. For example, a person's family member(s) might be asked to become involved in making changes in the client's environment to facilitate change or to be trained to provide reinforcement for desirable behaviours as part of a behavioural intervention program. A family member could also be asked to attend sessions with a person who, for some reason, may not be able to successfully participate in individual therapy without support. In such a scenario, the family member(s) attending would not be the object of the intervention themselves but would instead be there to help the client obtain optimal benefit from the individual therapy.

If the purpose of involving family members is to facilitate any changes in the family dynamics or the way in which family members interact with one another, this would be viewed as a family intervention. For example, this would be the case when it is the therapist's intention to address an individual's symptoms or behaviours of concern by addressing the patterns of interaction between family members which precipitate or maintain the difficulties. In order to provide such intervention to families, one must have specialized knowledge and training and the specific authorization of the College.

COUNCIL HIGHLIGHTS – SEPTEMBER 10, 2021

The College Council met virtually on September 10, 2021. Information provided to members of Council for their review in anticipation of their deliberations and decision-making was posted on the homepage of College website a week in advance of meeting. Following the meeting, this information was archived on the website in the Council Meeting Materials Reference Library.

POLICY ISSUES

Council approved revisions to the following policy:

- *Policy I-14: Complaints and Indemnification – College Agents and Staff*

BUSINESS ISSUES

Membership Fees

The financial statements for the year ending May 31, 2021 indicated an operating deficit for the 2020-2021 year of $180,233. Council considered the need to review membership fees as a result of the deficit and noted that the College maintains a Fee Stabilization Fund which "is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees".

The Council approved the use of the Fee Stabilization Fund to cover the operating deficit and agreed that membership fees will remain at their current level for the upcoming 2022-2023 year. It was noted that College membership fees have not increased since 2002. Over the past 20 years the College has built up the Fee Stabilization Fund to be used to offset the need for a fee increase. This is the first time that funds will be transferred out of this reserve to cover the previous year's deficit.

Annual Financial Audit

Council received and approved the Audited Financial Statements for the fiscal year ending May 31, 2021. The complete Audited Financial Statements will be included in the 2020-2021 Annual Report.

OTHER BUSINESS

The next meeting of Council will be held virtually on December 17, 2021.

ORAL EXAMINER THANK YOU

Patricia Behnke, Ph.D., C.Psych.
Kofi Belfon, Ph.D., C.Psych.
Linda Bream, Ph.D., C.Psych.
Ian D.R. Brown, Ph.D., C.Psych.
Laura Brown, Ph.D., C.Psych.
Mary Caravias, Ph.D., C.Psych.
Jim Cheston, Ph.D., C.Psych.
Mark Coates, Ph.D., C.Psych.
Audrey Cooley, M.A., C.Psych.Assoc.
Dorothy Cotton, Ph.D., C.Psych.
Mary Susan Crawford, Ph.D., C.Psych.
Janice Currie, Ph.D., C.Psych.
Janine Cutler, Ph.D., C.Psych.
Elizabeth Dettmer, Ph.D., C.Psych.
Angela Digout Erhardt, Ph.D., C.Psych.
Deanna Drahovzal, Ph.D., C.Psych.
Donna Ferguson, Psy.D., C.Psych.
Jennifer Gaddes, M.A., C.Psych.Assoc.
Robert Gauthier, M.Sc., M.Ed., C.Psych.
Michael Grand, Ph.D., C.Psych.
Sara Hagstrom, Ph.D., C.Psych.
Allyson Harrison, Ph.D., C.Psych.
Tae Hart, Ph.D., C.Psych.
Joyce Isbitsky, Ph.D., C.Psych.
Jennifer Karp, Ph.D., C.Psych.
Marilyn Keyes, Ph.D., C.Psych.

Jane Ledingham, Ph.D., C.Psych.
Bruno Losier, Ph.D., C.Psych.
Maggie Mamen, Ph.D., C.Psych.
Karin Mertins, M.A., C.Psych.Assoc.
Delyana Miller, Ph.D., C.Psych.
Michael M. Minden, Ph.D., C.Psych.
Melanie Morrow, M.A., C.Psych.Assoc.
Mary Ann Mountain, Ph.D., C.Psych.
Ian Nicholson, Ph.D., C.Psych.
Adrienne Perry, Ph.D., C.Psych.
Marjory Phillips, Ph.D., C.Psych.
Milan Pomichalek, Ph.D., C.Psych.
Janet Quintal, M.A., C.Psych.
Linda Reinstein, Ph.D., C.Psych.
Mary L. Stewart, Ph.D., C.Psych.
Sheila Tervit, Ph.D., C.Psych.
Wanda Towers, Ph.D., C.Psych.
Tammy Whitlock, Ph.D., C.Psych.

Nadia Mocan was the Public Member attending the June 2021 oral exams.

CONTINUING PROFESSIONAL DEVELOPMENT OPPORTUNITY: *EXPERT OPINIONS* WEBINAR

NOVEMBER 10, 2021

Noon – 1:00 PM

The College would like to invite all members to learn more about the role of Expert Opinions in the context of Investigations and Discipline proceedings. At times, the investigation of a complaint requires the College to seek an 'expert opinion' in relation to a matter under review. This webinar will be of interest to anyone who may be interested in learning more about the College's use of expert opinions, and more generally, to those interested in learning more about professional self-regulation.

Please indicate your interest in attending by registering here.

This webinar is eligible for CPD credits in categories A8 and B2 and may be used to satisfy Ethics and Jurisprudence requirements, subject to the overall conditions of the CPD program.

The virtual lunch-hour session will be presented by Mr. Robin McKechney of McCarthy Tetrault, the College's prosecuting legal counsel, and Ms. Zimra Yetnikoff, Director of Investigations & Hearings.

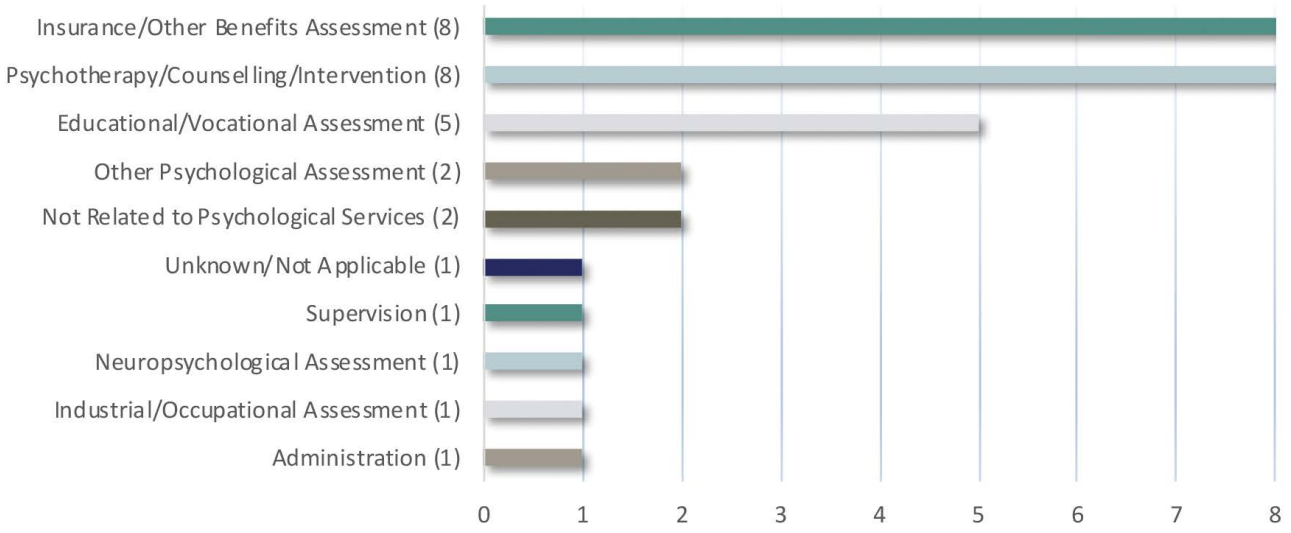
INVESTIGATIONS, COMPLAINTS AND REPORTS COMMITTEE

FIRST QUARTER, JUNE 1, 2021 – AUGUST 31, 2021

COMMITTEE ACTIVITIES

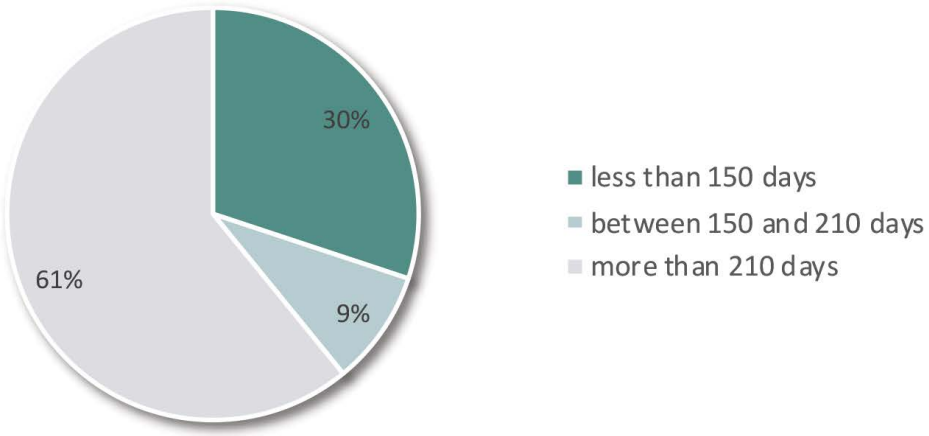
New Complaints and Reports

In the 1st Quarter, the College received 28 new complaints and opened one Registrar's Investigation and one Health Inquiry, for a total of 30 new matters. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 133 Complaints and Registrar's Investigations being actively investigated.

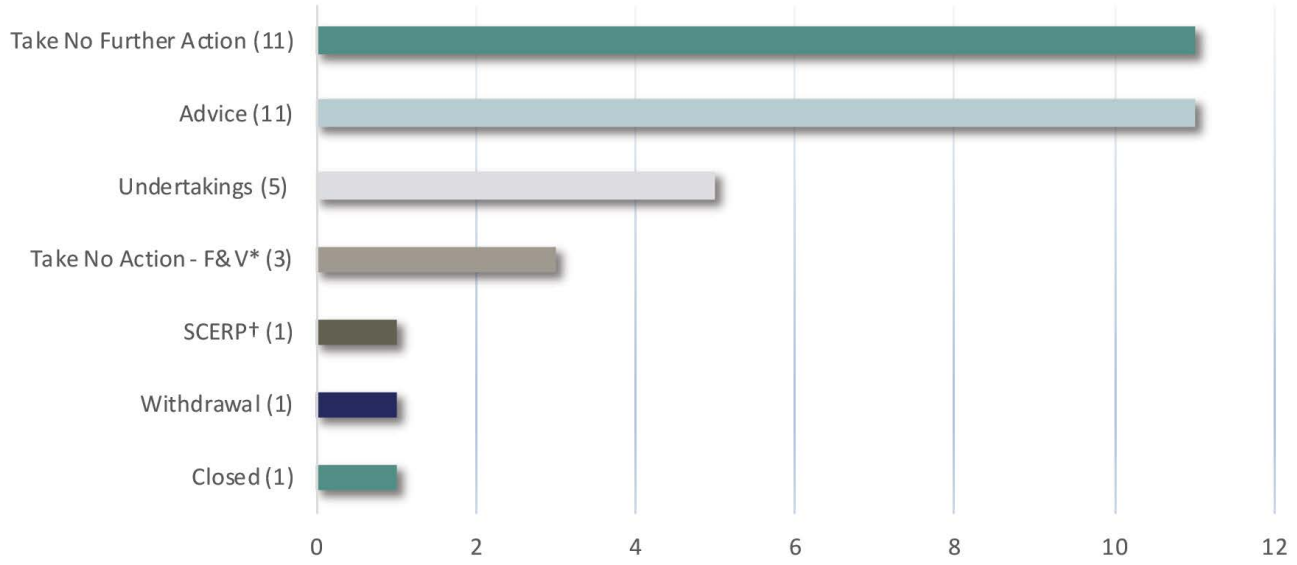


ICRC Meetings

The ICRC met twice in the first quarter and considered a total of 17 cases. Fourteen teleconferences were also held to consider 18 cases.

ICRC Dispositions

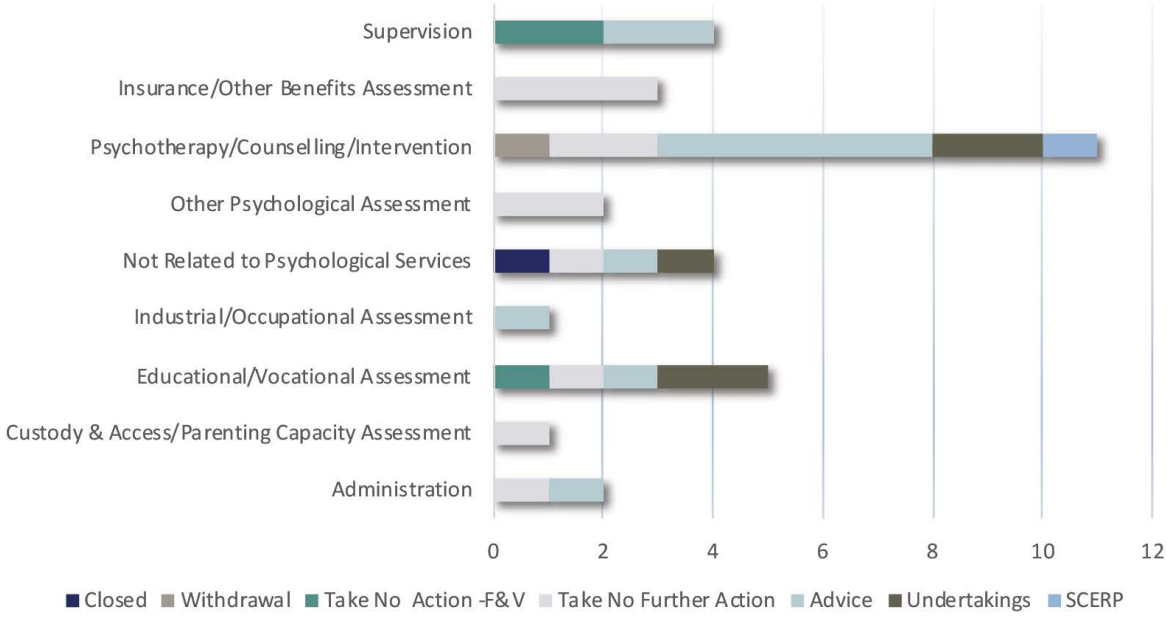
The ICRC disposed of 33 cases during the 1st Quarter, as follows:



**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 33 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 33 cases disposed of included the consideration of 82 allegations. The ICRC took remedial action with respect to 26 (32%) of these allegations.

Health Professions Appeal and Review Board (HPARB)

In the 1st Quarter, three HPARB reviews of ICRC decisions were requested. The College received one HPARB decision which confirmed the ICRC decision. Another request for review was withdrawn by the individual requesting the review.

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.

APPOINTMENT CANCELLATION DUE TO COVID-19 SYMPTOMS: DECISION – *TAKE NO FURTHER ACTION*

The complainant alleged that a member inappropriately cancelled his appointment after he disclosed that he had tested positive for COVID-19 three weeks prior and was still experiencing some fatigue and loss of smell. The complainant indicated that he been cleared of COVID-19 by his health care provider.

The panel of the ICRC considering this matter appreciated the member's acknowledgement of the frustration the client experienced at having his appointment cancelled. The panel noted however, that it was appropriate, and in keeping with public health policy, to cancel the appointment due to the presence of ongoing COVID-19 symptoms and in the absence of a current negative test. The panel decided to take no further action with respect to the matter.

DELAYED FEEDBACK: DECISION - *ADVICE*

The complainant alleged that the member did not provide him with adequate and appropriate feedback after a psychological assessment. The complainant stated that he only learned of his diagnosis several years after the assessment.

The panel of the ICRC considering this matter noted that the psychological assessment was in the context of a hospital's Mental Health Team approach. Feedback appeared to have been provided during a joint session with multiple health professionals, several months after the psychological assessment. The panel believed that the context and timing of this feedback may have contributed to the complainant's misunderstanding of the scope and purpose of that feedback. The panel therefore decided to provide the member with advice regarding the importance of ensuring that clients receive clear and timely feedback, even if this goes beyond the scope of what may be required or expected by a given workplace.

OBTAINING ADEQUATE INFORMATION TO SUPPORT CONCLUSIONS: *DECISION – UNDERTAKINGS*

The complainant alleged that the member did not conduct an adequate psychoeducational assessment of her daughter since the member did not review any medical records or reports. The member indicated that he normally only reviews the information provided by the school board, since the main purpose of the assessment is to provide an opinion of the child's current cognitive abilities in an educational setting.

The panel of the ICRC considering this matter was concerned that the member's approach to the assessment may have been inappropriately narrow. The panel believed that past medical history, assessments and treatment reports could provide relevant information, including information about possible regression or improvement, or whether psychological factors might be affecting current functioning. The panel also believed this information could be important in identifying possible reasons for the student's ongoing school difficulties and in making professional recommendations for appropriate interventions and supports. The panel therefore requested that the member enter into an Acknowledgement and Undertaking, comprised of a Coaching program, to assist him to better understand the type of information he should obtain for these assessments.

DISCIPLINE COMMITTEE

FIRST QUARTER, JUNE 1, 2021 – AUGUST 31, 2021

REFERRALS TO DISCIPLINE

There were no referrals to the Discipline Committee in the first quarter.

HEARINGS

Hearings were held in the following matters in the first quarter:

Dr. Martin Rovers: https://members.cpo.on.ca/public_register/show/3067

A referral was made to the Discipline Committee on June 29, 2020. The Pre-Hearing Conference for this matter took place on December 7, 2020 and the Hearing took place on June 29, 2021.

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 on February 1, 2021. The Hearing was initially scheduled for June 21-23, 2021 but was postponed to August 25-27 and 30, 2021. The Hearing took place and was completed on August 25.

ONGOING MATTERS

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.

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.

REPORT OF THE DOMESTIC VIOLENCE DEATH REVIEW COMMITTEE

The College receives information from the Office of the Chief Coroner reporting on the results of reviews conducted by the Domestic Violence Death Review Committee (DVDRC) when the review makes recommendations relevant to members of the College of Psychologists. The letter accompanying the Report states that:

The purpose of this Committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances.

By conducting a thorough and detailed examination and analysis of facts within individual cases, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented. Information considered within this examination includes the history, circumstances and conduct of the abusers/perpetrators, the victims and their respective families. Community and systemic responses are examined to determine primary risk factors and to identify possible points of intervention that could assist in the prevention of similar deaths in the future.

On August 30, 2021 the College received a Report on the matter of the death of (name redacted) which occurred in April 2018. A copy of this Report is reproduced below.

The Report contains four recommendations directed to the Canadian Society of Addiction Medicine, Canadian Addiction Counsellor Certification Federation, Ontario College of Social Workers and Social Service Workers, College of Registered Psychotherapists of Ontario and College of Psychologists of Ontario. The recommendations state that:

2. Given the high co-occurrence between addictions and intimate partner violence, it is recommended that there be more education and training for counsellors who work with clients with addiction problems and who may disclose intimate partner violence.

3. It is recommended that there be routine screening in every case where there are indicators of intimate partner violence. This would include a thorough assessment of risk and risk management of the case.

Committee comments: The perpetrator regularly saw a counsellor who was aware of his addiction issues and his disclosures of intimate partner violence. The perpetrator also had involvement with a substance abuse treatment

program. No risk assessment was completed with the perpetrator which may have helped to identify risk of lethality and a risk management plan.

4. When a counsellor is not trained in risk assessment or does not have the time to complete a thorough risk assessment due to high caseload or lack of resources, the counsellor should refer the client to agencies that specialize in intimate partner violence risk assessment and risk management (e.g., victim services).

Committee comments: Addiction counsellors are not expected to become experts in intimate partner violence work, but it is recommended that they collaborate closely with the violence against women (VAW) and the victim services sector in their community.

5. Counsellors are encouraged to speak with couples separately to assess risk for intimate partner violence prior to seeing the couple together for couples' therapy. This ensures that an appropriate and thorough risk assessment can be conducted where the individuals can be honest and open and where safety is a priority.

Committee comments: The victim was encouraged to seek counselling for anger management after she was arrested for intimate partner violence. The victim saw a counsellor and spoke about her anger and resentment towards the perpetrator specifically around his drinking. The counsellor saw the couple together on a few occasions without assessing for intimate partner violence and risk with both parties. Information shared or discussed in therapy with the couple together may put the victim at more risk from the perpetrator and/or both parties may not be open and honest about the violence because the other partner is present.

In keeping with these recommendations, and the *Committee Comments*, the College of Psychologists is providing a copy of the Report to all members. In doing so, we wish to remind members of their obligation to provide services only within their authorized areas of practice and within the boundaries of their competence. As well, it is necessary for members to ensure ongoing maintenance of competence and continuing professional development in areas in which they provide services.

Members working in the areas addressed by the attached Report especially should ensure they are familiar with and up to date on relevant and recent information related risk assessments, risk management and safety planning.

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

Domestic Violence Death Review Committee

Office of the Chief Coroner

Report on the matter of the death of:

OCC File: 2018-4989
(DVDRC 2021-04)

This document was produced by the DVDRC pursuant to section 15(4) of the Coroner's Act. R.S.O. 1990 c. 37, on the basis that it is to be used for the sole purpose of a coroner's investigation, and not for any litigation or other proceedings unrelated to the coroner's investigation. Moreover, the opinions expressed herein by the Committee do not necessarily take into account all of the facts and circumstances surrounding the death. The final conclusions of the coroner's investigation may differ significantly from the opinions expressed herein.

Details of deceased:

Date of death: April 5, 2018
Age: 61 years
Sex: female

Overview:

The case involves the death of a 61-year-old Indigenous woman by her 62-year-old non-Indigenous male common-law partner. The couple had been in a relationship for 13 years. The perpetrator was alcohol dependent and there was a history of intimate partner violence perpetuated by both individuals. There were 11 risk factors for intimate partner homicide identified.

History of victim:

The victim was a 61-year-old Indigenous woman from northern Ontario. She married and moved to another province, then returned to Ontario when the marriage ended. The victim reportedly harassed her ex-husband's new partner and controlled the visits that he could have with their grandchild.

The victim worked full-time and provided care for her mother, her son, his partner, and their child. The victim was diagnosed with Raynaud's Disease, Meniere's Disease and scleroderma and would travel to

southern Ontario once a year for medical appointments. In 2017, she attended counselling after taking a three-week leave from her employment. She did not appear to have many friends.

History of perpetrator:

The perpetrator was the 62-year-old common-law partner of the victim. The perpetrator's father reportedly abused his mother and the perpetrator played a key role in raising his six younger siblings.

In 1994, the perpetrator was diagnosed with a benign brain tumour and stopped working. He was unable to drive and his license was suspended. He was losing his eyesight and couldn't paint or read anymore. The perpetrator's inability to work led to depression and alcoholism. He was diagnosed with major depressive disorder, alcohol dependence, some obsessive-compulsive traits, anxiety, and post traumatic stress disorder (PTSD).

The perpetrator was previously married and had two children. There were reports of emotional and verbal abuse by the perpetrator towards his family. The perpetrator had been estranged from his children and was in the process of re-establishing a relationship with them.

The perpetrator was seeing a counsellor regularly for depression and suicidal ideation. He had a few admissions to the hospital for suicidal ideation and had attempted suicide by overdose on two occasions. In the two years prior to the homicide, he had seizures from alcohol withdrawal and from his brain tumour. The perpetrator disclosed to his counsellor that the victim had been violent to him several times.

The perpetrator drank daily and was described as arrogant and smug. The perpetrator owned two firearms and his firearms license had expired in July 2017. He had attempted to give his 7mm Mauser firearm to a local historical society, but they declined his offer.

Issues involving children:

The victim and perpetrator each had adult children from previous relationships.

The couple would often spend time with the victim's grandchild on the weekends.

History of relationship:

The victim and perpetrator had known each other since they were teenagers. When their respective marriages ended, they re-connected and began a relationship. In 2005, they moved in together, but after a short time, the perpetrator asked the victim to move out and they lived in the same apartment building but in separate units. The couple had been in a relationship for 13 years.

In 2009, the perpetrator took several pills and drank alcohol; he was sent to hospital but denied a suicide attempt.

In 2012, the perpetrator called police because the victim was harassing him. There was no physical violence and the couple agreed to work things out. Police completed a Domestic Violence Supplementary Report (DVSR) with the perpetrator.

In 2013, the perpetrator called police because the victim would not give him his bank cards, had shoved him and had disconnected the phone. The victim left but was later arrested at her mother's house. A DVSR was completed, charges were dropped and the victim entered into a peace bond. The victim was referred to counselling to deal with "her anger and the perpetrator's drinking." The victim told her counsellor that when the perpetrator was drunk, he would threaten to call police on the victim and her family. She also disclosed that that she struggled with the perpetrator's drinking and that she would be verbally aggressive towards him. She indicated that she had been subjected to a great deal of verbal and emotional abuse over the years; there was no mention of physical violence. There was no formal risk assessment or safety plan completed. The counsellor also saw the couple together on a few occasions and they discussed the perpetrator's venting and lashing out at the victim and the victim's emotional needs.

In 2014, the perpetrator agreed to go into a treatment program.

In 2016, the perpetrator sustained a head injury after falling when drunk.

In 2017, the perpetrator was taken to hospital after experiencing a seizure due to his drinking.

The victim's family did not like the perpetrator. They often saw the victim with black eyes and bruises, but she always had an excuse for the injuries. She disclosed to her son that the perpetrator had caused the injuries, but explained that his actions were the result of his drinking and previous trauma. The victim's co-workers knew about the perpetrator's alcohol problems and saw injuries on the victim.

In November 2017, a coworker confronted the victim regarding the bruises and the victim stopped talking to the co-worker. A month later, the victim took a 10-day leave from her employment to deal with stress associated with the perpetrator's drinking. The employer also provided information to the victim on the Employee Assistance Program (EAP).

The perpetrator had told a female friend that the victim was very controlling. The victim did not like that the perpetrator had a female friend.

The victim saw her grandson every day and he would spend every weekend with the couple. The perpetrator would not drink on the days the victim's grandson was at the house, however there were times the victim cancelled the visit because of the perpetrator's drinking.

Synopsis of events leading up to death:

On March 12, 2018, the perpetrator told the victim that he couldn't stand her controlling behavior. The victim's behavior appeared to become less controlling for a short time.

On April 5, 2018, the victim went to work while the perpetrator was at home drinking alcohol. The perpetrator went to the basement where his rifle and shotgun were stored in a locked case. When the victim returned home, the perpetrator was going to scare her with a gun, then take his own life.

The perpetrator went upstairs and shot the victim in the leg. She retreated and the perpetrator noticed that she was in pain, so he shot her again. The victim died from her injuries.

After shooting the victim, the perpetrator went to a local bar to eat and drink. He returned home and thought about suicide, but decided to "do the right thing" and contact 911.

Risk factors identified:

There were 11 risk factors for intimate partner homicide identified:

- Perpetrator was abused and/or witnessed DV as a child
- Victim and perpetrator living common-law
- Perpetrator unemployed
- Excessive alcohol and/or drug use by perpetrator
- Depression – professionally diagnosed*
- Other mental health or psychiatric problems – perpetrator
- Prior suicide attempts by perpetrator
- History of domestic violence - Previous partners
- History of domestic violence - Current partner/victim
- Access to or possession of any firearms
- Victim vulnerability

Recommendations:

To the Royal Canadian Mounted Police:

1. It is recommended that the RCMP develop a system that alerts them when individuals with a current Possession and Acquisition License (PAL) become known to any police service for alcohol abuse/poor judgement and/or mental health issues and impulsivity/suicidality and that when alerted, an investigation occur with the potential of revoking the PAL. It is recommended that individuals with current mental health and/or substance abuse issues not be eligible to obtain a PAL.

   Committee comments: The perpetrator had a history of suicidality and diagnosed depression and he had substance abuse issues. There were a few occasions where the perpetrator was approached by police due to intoxication and on one occasion, he was found drinking in his car and had a blood alcohol level over the legal limit. The perpetrator had an expired PAL and used his firearm to kill the victim.

To the Canadian Society of Addiction Medicine, Canadian Addiction Counsellor Certification Federation, Ontario College of Social Workers and Social Service Workers, College of Registered Psychotherapists of Ontario and College of Psychologists of Ontario:

2. Given the high co-occurrence between addictions and intimate partner violence, it is recommended that there be more education and training for counsellors who work with clients with addiction problems and who may disclose intimate partner violence.

3. It is recommended that there be routine screening in every case where there are indicators of intimate partner violence. This would include a thorough assessment of risk and risk management of the case.

   Committee comments: The perpetrator regularly saw a counsellor who was aware of his addiction issues and his disclosures of intimate partner violence. The perpetrator also had involvement with a substance abuse treatment program. No risk assessment was completed with the perpetrator which may have helped to identify risk of lethality and a risk management plan.

4. When a counsellor is not trained in risk assessment or does not have the time to complete a thorough risk assessment due to high caseload or lack of resources, the counsellor should refer the client to agencies that specialize in intimate partner violence risk assessment and risk management (e.g., victim services).

Committee comments: Addiction counsellors are not expected to become experts in intimate partner violence work, but it is recommended that they collaborate closely with the violence against women (VAW) and the victim services sector in their community.

5. Counsellors are encouraged to speak with couples separately to assess risk for intimate partner violence prior to seeing the couple together for couples' therapy. This ensures that an appropriate and thorough risk assessment can be conducted where the individuals can be honest and open and where safety is a priority.

   Committee comments: The victim was encouraged to seek counselling for anger management after she was arrested for intimate partner violence. The victim saw a counsellor and spoke about her anger and resentment towards the perpetrator specifically around his drinking. The counsellor saw the couple together on a few occasions without assessing for intimate partner violence and risk with both parties. Information shared or discussed in therapy with the couple together may put the victim at more risk from the perpetrator and/or both parties may not be open and honest about the violence because the other partner is present.

To the Office of Women's issues:

6. It is recommended that the Office of Women's Issues develop a professional education campaign across ministries involved in front-line services for intimate partner violence to raise awareness about historical oppression of Indigenous peoples and how it affects help-seeking with victims. During the development of this educational campaign, reference should be made to the 2019 Report from the National Inquiry into Missing and Murdered Indigenous Women and Girls. [1]

   Committee comments: It is important to highlight the identities of both the victim, an Indigenous woman, and the perpetrator, a white man, in this case and how these social locations may have had an impact on the systemic response and engagement with this couple. The existence of systemic racism and discrimination towards Indigenous peoples creates oppressive differential justice responses and mistrust and fear within the Indigenous communities that greatly affect systemic engagement. Systemic anti-Indigenous racism and discrimination is rooted in the history of colonization where Indigenous peoples lost their identities, culture, security, health, and governance through acts of attempted assimilation in residential schools, the child welfare system, and depriving Indigenous peoples of basic opportunities in education, employment, and standards of living. The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (June 2019) acknowledges that "colonialism relies on the widespread dehumanization of all Indigenous people; however, this dehumanization more severely impacts women, girls, two-spirit and transgender people through acts of persistent

[1] National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). (2019). Reclaiming Power and Place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. (Volume 1a). ISBN: 978-0-660-29274-8. https://www.mmiwg-ffada.ca/final-report/.

physical and sexual violence that is condoned by all systems." (MMIWG, 2019, Vol. 1a, pg. 230) This history of gendered colonization may have had an impact on the Indigenous victim in this case including her fear and mistrust of the justice system and determining the primary aggressor and potential risk for lethality with this couple.

Previous relevant recommendations:

It is recommended that family members, friends, and community professionals be educated to contact police immediately and report their concerns when they are aware of individuals who have potential access to firearms and who are in a relationship where domestic violence is suspected. This is particularly important when the couple is through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts.
(2005)

It is recommended that every effort be made by family members, friends, and community professionals to have firearms removed from individuals who are going through a separation in their relationships and showing signs of depression or suicidal or homicidal ideation.
(2003)

It is recommended to the federal Minister of Public Safety that applications for a firearm Possession Acquisition Licence (PAL) should include a medical waiver signed by the applicant. This would allow investigators access to information pertaining to the mental health of the applicant. There should also be higher standards and more restrictions for individuals applying for a firearms PAL when they have had previous licenses revoked or removed.
(2009)

It is recommended that family members, friends, and community professionals be educated to contact police immediately and report their concerns when they are aware of individuals who have potential access to firearms and who are in a relationship where domestic violence is suspected. This is particularly important when the couple is going through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts.
(2014)

Screening of individuals applying for, or renewing, Possession and Acquisition Licenses (PALs) should be improved to include: interviewing of applicants and their references, particularly those applicants who have been previously convicted of a crime against a person or convicted of a firearms offence;
(2016)

Mental health professionals supporting clients with depression, alcoholism, and/or IPV should inquire about access to firearms and inform police of risk if firearms are present and client is experiencing any of these issues? Is this possible to have firearms removed if client is experiencing these issues?

Mental health professionals are encouraged to review the common risk factors for intimate partner homicide that have been identified in the annual reports of the Domestic Violence Death Review Committee. The presence of risk factors such as access to firearms and depression should trigger efforts for risk assessment, safety planning and risk management with patients as potential perpetrators/victims.
(2018)

When an individual is diagnosed with depression, efforts should made by the mental health professionals to encourage families to remove the individual's access to firearms.
(2018)

Healthcare providers should emphasize or discuss the importance of care options or mechanisms for couples experiencing declining health or disabilities and work with their families to identify appropriate mechanisms when one partner is being treated for depression or other related mental health issues and, in particular, if there is evidence of depression, suicidal ideation, previous suicide attempts and access to firearms.
(2018)

It is recommended that family members, friends, and community professionals be educated to contact police immediately and report their concerns when they are aware of individuals who have potential access to firearms and who are in a relationship where domestic violence is suspected. This is particularly important when the couple is through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts.
(2005)

It is recommended that every effort be made by family members, friends, and community professionals to have firearms removed from individuals who are going through a separation in their relationships and showing signs of depression or suicidal or homicidal ideation.
(2003)

All employers in Ontario should be required to develop policies on measures they can take in their workplace(s) to prevent and/or provide effective responses to workplace domestic violence. Employers should also be required to provide training to all employees on recognizing the warning signs of domestic violence, as well as initiating the appropriate responses when they do recognize warning signs or witness incidents. Managers and supervisors should receive additional training in providing appropriate assistance to victims or co-workers who report concerns.
(2010)

Review compliance in Ontario workplaces with the provisions in the Occupational Health & Safety Act that require employers to have a program for preventing and responding to domestic violence that could cause harm to an employee at work, and that require instruction on that program.
(2014)

It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace.

CHANGES TO THE REGISTER

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

PSYCHOLOGISTS – CERTIFICATE OF REGISTRATION AUTHORIZING AUTONOMOUS PRACTICE

Jennifer Simone Bernier
Julie Gosselin
Tamara Eva Kornacki
Leslie Langdon
Jenna Dee Ellen Malone
Ilicia Simmons

PSYCHOLOGICAL ASSOCIATES – CERTIFICATE OF REGISTRATION AUTHORIZING AUTONOMOUS PRACTICE

No certificates authorizing autonomous practice for Psychological Associates were issued during this period.

PSYCHOLOGISTS – CERTIFICATE OF REGISTRATION AUTHORIZING INTERIM AUTONOMOUS PRACTICE.

Barbara Beach
Chloe Beaudin
Denise Bernier
Faiza EL Rhandouri
Leehen Farkas
Reagan Gale
Melinda Keenan
Sophia Koukoui
Nora MacQuarrie Umscheid
Amélie Morinville
Marie Paquette
Danielle Petricone-Westwood
Gary Saulnier
Dana Sheshko
Sinéad Unsworth

PSYCHOLOGICAL ASSOCIATES – CERTIFICATE OF REGISTRATION AUTHORIZING INTERIM AUTONOMOUS PRACTICE

No certificates authorizing interim autonomous practice for Psychological Associates were issued during this period.

PSYCHOLOGISTS – CERTIFICATE OF REGISTRATION AUTHORIZING SUPERVISED PRACTICE

Adi Aviram
Marc Andre Bedard
Jessica Campoli
Kamaria Chisolm
Alexis Nicole Clarke
Jessica Dalley
Jennifer Fernie
Daria Kolmogorova
Angela Massey-Garrison
Mirmahmoud Mirnasab Ghazani
Rebecca Nicole Shine
Busisiwe Zapparoli

PSYCHOLOGICAL ASSOCIATES – CERTIFICATE OF REGISTRATION AUTHORIZING SUPERVISED PRACTICE

Tessa Isabell Alexander
Jordan Adam Benrubi
Erica Stephanie Chu
Paul Evans
Sasa Mudrinic
Abana Milcah Nathaniel-Deb
Rahab Hafza Renié-Townsend
Kayla Christine Sapardanis
Yik Pui Peony Shek
Banupriya Shimoga Balachandra

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 Certificate

Jack Ben Albin
Elizabeth Marie Michalska
Paul Hunter Stirling
Henry Joseph Svec

Resigned

John Albert Farragher
Paul Hunter Stirling

Deceased

Kelly Anne Boyko
Siobhan Lynda May McEwan
George Henry Phills
Lynne Sinclair
Marcia Weiner