



JANUARY 2024
VOLUME: 4 | ISSUE: 3



IN THIS ISSUE >

- President's Message
- Registrar's Message
- Zeitgeist - The Need for Diversity in Psychology
- Preparing for Applied Behaviour Analysis (ABA) Regulation Update
- Equity, Diversity and Inclusion Update
- Quality Assurance (QA) Update
- Information from the Practice Advice Service
- Election to Council 2024
- Administrative Monetary Penalties Under the Personal Health Information Protection Act
- Oral Examiner Thank you
- Council Highlights - December 15, 2023
- Inquiries, Complaints and Reports Committee (ICRC) Report
- Inquiries, Complaints and Reports Committee (ICRC) Decisions
- Discipline Committee Report
- Changes to the Register

PRESIDENT'S MESSAGE

It's the start of a new year and as I look to the future in 2024, I am filled with anticipation. I observe so many changes and challenges in our society right now that psychology researchers and practitioners are uniquely equipped to respond to in beneficial ways.



Earlier this month I watched virtual interviews conducted with leading psychologists at the Digital Health Summit in Las Vegas. These interviews focused on ways that psychologists are playing a role in shaping technology, and emphasized why their presence in this area of science and innovation was both beneficial and imperative. For example, psychologists described innovative ideas for creating greater access to mental health screening and interventions via digital therapeutics; they reported on rigorous research designs used to improve our understanding of the potentially beneficial and harmful impacts of social media on child development; and, their wisdom in the area of ethics was identified as a necessary guidepost for public protection in the rush to use artificial intelligence.

Yet, it is not a new phenomenon for psychologists to be at the forefront of innovative thought and research.

Their influence has been evident in such diverse areas as defining serious mental health disorders and improving performance in professional sports. Psychologists have taken the lead in creating assessment tools for more than a century now that have helped them to then assess and diagnose individuals across the life span. They have also offered the world many forms of psychotherapeutic interventions that are scientifically validated as beneficial



“Just as the profession has matured, the regulation of psychology has also changed to address the needs of the public over time...”

treatment modalities. For those of you who are treating professionals, it would be difficult to imagine providing beneficial interventions without access to therapies developed by psychologists, such as Dialectical Behaviour Therapy (c. 1970’s), Acceptance and Commitment Therapy (1982), Cognitive Processing Therapy (1988) and Prolonged Exposure Therapy (1990). One might even wonder if Cognitive Behaviour Therapy (c.1960’s) would be such a routinely used treatment without the well-known psychologist, Judith Beck, adding her expertise to the original work of her father, Dr. Aaron Beck, M.D., through the Beck Institute for Cognitive Behaviour Therapy (1994). Psychologists have been integral contributors to human health and wellness for many decades.

This timeline approach to mapping psychologists’ contributions to the public domain substantially overlaps

with that of the regulation of clinical psychology practice. For almost 65 years, psychology has been a self-regulating health profession in Ontario, first under the Ontario Board of Examiners in Psychology (1960), then via the College of Psychologists of Ontario. Just as the profession has matured, the regulation of psychology has also changed to address the needs of the public over time. I find myself feeling nostalgic as I read copies of the “Bulletin” published in the 1970’s and 1980’s, followed by the “e-Bulletin” from the 2010’s. I am reassured to read how the Board/College has worked to consistently apply regulatory requirements to the registration of applicants and the investigation of complaints, with at times, disciplinary action following afterward. All this to ensure that its core mandate to ensure the public receives excellent service that is ethical and safe is met. Yet, this historical review also revealed evidence of innovation. For example, over time, registrants identified their competence in more specialized areas of practice and, a structured approach to continuing professional development became a necessary requirement for licensure.

In 2023, Council members and staff worked together to develop and launch a new 5-year strategic plan. In doing so, we identified a commitment to modernize to continue to meet the needs of the public in Ontario. In 2024, we will continue to work on putting our strategic plan into action. For example, in keeping with our identified principle of applying innovative and proportionate approaches to regulation, the Council training this spring will focus on governance and “right touch regulation” principles that may be applied at the College. In an effort to keep pace with advancements in society, technology and the profession, members of the profession are working with College staff to update our Standards of Professional Practice. Also, a registration examination review has begun.

For each of us, the Psychologists and Psychological Associates in Ontario, it’s a new year.

It’s a renewed opportunity to embrace and benefit from all that the profession of psychology has contributed to society to date.

It's a new opportunity to apply our scientist-practitioner training in innovative ways, while promoting and engaging in ethical and rigorous, evidence-based services to the public.

These opportunities will be available for each of us this year, whether we are volunteer participants in the

regulatory work of the College, or engaged in professional endeavors in the community.

I wish each of you a healthy and prosperous 2024.

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

REGISTRAR'S MESSAGE



Psychology as the Behaviourist Views It, Redux, 2024

Over a hundred and ten years ago, John Watson wrote the seminal paper, "[Psychology as the Behaviorist Views It \(1913\)](#)" in the journal,

Psychological Review. From Watson's "Behaviorist Manifesto" came a movement centred on psychology being a science that was focused on the observable and the measurable. Behaviour, and its relationships to cognition, emotion, and the brain itself, continue to be topics of study in psychological science and are leading to therapeutic discoveries that are transforming lives.

Many of the psychotherapies with research evidence that would meet the highest criteria of Chambless and Hollon (1998) are of the behavioural tradition. Without behaviourism, society would not have benefitted from the power of these "behaviour therapies." Let us think for a moment about Cognitive Behaviour Therapy and the many evolutions of this model that have healed so many, such as Prolonged Exposure, Cognitive Processing Therapy, Exposure and Response Prevention, Behavioural Activation, Dialectical-Behaviour Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy, and on. When provided competently and ethically, these therapies improve lives. Through the healing power of behaviourism, human beings cope with

suffering, have meaningful experiences, and live lives they self-define as worth living.

Although psychology and applied behaviour analysis are two distinct professions in the province of Ontario, these professions inherently share common DNA. The people of Ontario will benefit from a College that regulates with a laser focus on public protection, not professional territoriality. The unity between psychology and applied behaviour analysis is an opportunity to further improve the quality and safety of care for Ontarians.

On July 1, 2024, the College of Psychologists of Ontario will undergo a historic transformation into the College of Psychologists and Behaviour Analysts of Ontario. The new College will continue to regulate the profession of psychology, while also welcoming the profession of applied behaviour analysis. In preparation for this monumental event, the College is busy working to get all preparatory work completed to regulate a new health profession. The College's By-Laws that include Behaviour Analysts are currently out for public consultation, and I encourage you to provide your [feedback](#). I look forward to sharing updates over the following months as we prepare for an exciting 2024!

Sincerely,

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar and Executive Director



THE NEED FOR DIVERSITY IN PSYCHOLOGY

Donna Ferguson, Psy.D., C.Psych.

The College is dedicated to treating all peoples with dignity and respect. As part of this commitment, it is important to highlight the factors that impact health equity, the diversity of our membership, and the experience of feeling a sense of belonging and inclusion. These issues impact us as a society, as human beings, and as psychology professionals.

I have always felt that there is a great need for more diversity in psychology. As a racialized psychologist, I receive calls on a daily basis from people asking to see a Black psychologist. There are not enough of us out there to provide services to those who are specifically seeking help. I am not suggesting that non-racialized members cannot provide services to racialized individuals but sometimes it really is a matter of preference, availability and understanding of our lived experience.

Ottawa Public Health published a research report in 2020 called, the “Mental Health of Ottawa’s Black Community.” I highly recommend you take some time to read it. You will learn about the experiences of some of the city’s Black residents, including access to mental healthcare and perceived prejudice experienced from mental health providers. This is a problem.

This issue has come up in the past and is one that continues among individuals trying to access services from professionals that look like them and can identify with them. Let’s be clear, this is not just a problem in the Black community. Other communities experience the same thing.

As psychology professionals, we need to continue our work to ensure that more racialized graduates are successful through their academic careers and supervision experiences and become members of the College so that services are available and accessible to racialized communities.

Recognizing that ‘Rome was not built in a day,’ there are alternatives. We could continue to ensure that those members who are non-racialized are trained to assist those who are looking for racialized psychology services. Sure, this is an option. But when an individual feels that they would benefit more from seeing someone that looks like them and can identify with them, it would be nice to provide them with options, wouldn’t it?

I also wonder about the value of informal communities of support for black psychology professionals. We do not practice in a vacuum and the anti-black racism that impacts our clients also impacts us, as human beings and as members of the communities we serve. Perhaps there is an untapped opportunity for Black psychology professionals to come together to support each other. In the new world of virtual conferencing capability, members from anywhere in the province could be connected. I have learned that some of these (non-College) groups are already meeting in this capacity and growing membership.

My hope is that we will continue this dialogue about representation in psychology. As a profession, we are dedicated to quality improvement, and efforts to increase representation to ensure that we find ways to improve our services, our profession and our health system to make it more accessible to ALL.

PREPARING FOR APPLIED BEHAVIOUR ANALYSIS (ABA) REGULATION UPDATE



As the days draw nearer to proclamation on July 1, 2024, the College is eagerly preparing to welcome Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario.

Pilot testing of the applications is currently underway, with pre-registration set to open in the Spring 2024. At that time, Behaviour Analysts currently in practice who meet the registration requirements will be able to apply to the College. The goal of the pre-registration period is to ensure that qualified Behaviour Analysts can continue to practice and provide services to their clients on the date of proclamation and after, ensuring continuity of care. The College will not be accepting applications for [Entry-Level](#) registration during the pre-registration period. These applications will open after the pre-registration period closes, on July 1, 2024.

The [public consultation](#) of the College's By-laws remains open for feedback until February 16, 2024. Current members, as well as future members of the profession of applied behaviour analysis and the general public, are invited to review the updated By-laws and provide their feedback before the closing date.

Prospective applicants are invited to visit the [ABA Portal](#) and the ABA section of the [FAQs](#) page for additional updates. If you are an employer of behavioural services, the College has recently added new [information for employers](#).

The College welcomes feedback and questions from the public and Behaviour Analysts. You can contact the College at aba@cpo.on.ca.

EQUITY, DIVERSITY, AND INCLUSION (EDI) UPDATE



The College remains committed to the principles of Equity, Diversity, and Inclusion (EDI) and to incorporating EDI into all aspects of the College's work and its regulatory processes and encouraging the same within the larger profession. The College has created an [Equity, Diversity, and Inclusion page](#) on which information and resources will be continually updated.

The EDI Working Group has continued to direct its efforts to the goals it established and remains focused on implementing diversity practices across the College Committees and imbedding EDI in the College framework. This has continued to include, EDI Working group Representatives supporting the JEE Committee in their efforts to guide the JEE exam item writing process and assist with incorporating EDI content and principles in the exam. The Working Group has continued to work

with the Quality Assurance Committee to ensure that EDI is considered when looking at CPD credits and in other initiatives related to the committee. The Working Group has also been continuing to work with the Registration Committee to ensure that EDI is incorporated in the oral examination process and other aspects of the registration process. We are also working with the Client Relations Committee on their various initiatives. We will continue to update you on these EDI committee initiatives.

In regard to more recent events, the EDI working group is focusing on the completion plan for the College's Equity Impact Assessment. This is a Ministry of Health expectation within the [College Performance Measurement Framework \(CPMF\)](#). We will keep you updated on these recent events.

QUALITY ASSURANCE (QA) UPDATE

Working within the statutory requirements established for all Health Regulatory Colleges in Ontario; the College views its [Quality Assurance Programs](#) as a means of supporting registrants in maintaining their knowledge and skills throughout their careers. While adhering to the rigorous legislative requirements, the components of the College’s Quality Assurance Program have been designed to be supportive rather than investigative. Whenever participation in Quality Assurance leads to the identification of the need for remediation; information about this remains confidential as registrant-specific information about Quality Assurance involvement is not publicly available.

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM (CPD)

All registrants of the College, except for those holding a Retired Certificate, are reminded that they must participate in continuing education and professional development activities to fulfill the requirements of the Continuing Professional Development Program every two years. The “Even” two-year cycle of July 1, 2022 – June 30, 2024, will be ending this year. Registrants are reminded that all two-year cycles which began on or after July 1, 2022, require participation in at least 5 hours/credits of activities that include content pertaining to Equity, Diversity and Inclusion (EDI), in the interest of avoiding practices that may unfairly discriminate against, or would be experienced as oppressive by, some individuals or groups. EDI credits may be fulfilled through the completion of activities from any of the CPD categories.

CPD Audits

The Quality Assurance Committee has begun its review of random audit submissions to verify registrant completion of the mandatory Continuing Professional Development Program requirements. Of the 49 registrants that have been notified to date, 32 files have been reviewed and disposed of without the need for further action. Additionally, 1 audit related to an overdue CPD Declaration of Completion was reviewed and addressed without the need for further action.

Panels of the Committee provided the following feedback to assist registrants in maintaining familiarity with the expectations of the CPD Program in future cycles:

- Please document completed CPD activities accurately and observe the permitted maximums per single activity and within each activity category to fulfill the minimum requirements.
 - » E.g., Review the current CPD activity requirements to ensure you are not including more than the maximum number of allowable credits.
- Please retain supporting documentation which demonstrates attendance or participation in CPD activities within personal records or devices for a minimum of five years to prevent losing access.
 - » E.g., store Quality Assurance materials on secure personal devices in the event they change organizations or employers and are unable to access them.
- Please review and revise current professional objectives created in the Self-Assessment Guide and Continuing Professional Development Plan using the S.M.A.R.T. Framework. Ensure objectives are specific enough to guide meaningful CPD participation throughout the two-year cycle and facilitate self-reflection on goal progress to monitor outcomes.
 - » E.g., Registrants should develop an adequate number of professional objectives in the Professional Development Plan portion of their Self-Assessment Guides, to ensure they are addressing the knowledge gaps or areas of professional development they have identified.

SELF-ASSESSMENT GUIDE AND CONTINUING PROFESSIONAL DEVELOPMENT PLAN (SAG)

The 2024 Self-Assessment Guide and Continuing Professional Development Plan is currently under revision and will be posted to the College website in May. Autonomous Practice, Academic, and Inactive **registrants with numerically even registration numbers**, as well as **all** Supervised Practice and Interim Autonomous Practice registrants, will be required to download and complete the 2024 SAG and submit a Declaration of Completion attesting to this.

Registrants are encouraged to participate in self-assessment as frequently as they wish outside of the required timelines and should revise their Professional Development Plans, as needed, to ensure they are addressing newly identified knowledge or skill gaps as they arise.

SAG Reviews

The Committee has conducted two reviews related to registrant compliance with the College's self-assessment requirements during the past quarter. In one case, the matter was referred to the Inquiries, Complaints and Reports Committee of the College for investigation, due to outstanding concerns which could not be addressed within the scope of the Quality Assurance Committee. In one case, the matter was concluded without the need for further action.

There are two matters related to compliance with the College's self-assessment requirements pending Committee review.

DECLARATIONS OF COMPLETION

The College's online system is under development. New information will be shared with registrants in the coming months on how to make electronic Declarations of Completion for the Quality Assurance Program in 2024.

Discontinuation of CPD COVID-19 Alternate Declaration of Completion

The Alternate Declaration option which was established at

the onset of the COVID-19 pandemic to allow registrants to attest to the partial completion of the program requirements will be **discontinued on July 1, 2024**. The Committee has noted that pandemic related restrictions have been lifted and continuing education and professional development activities can be completed through new and returning delivery methods. Registrants required to make a CPD Declaration of Completion this year for the "Even" July 1, 2022 – June 30, 2024, cycle will be the last to have access to this option.

The Committee remains dedicated to administering the Quality Assurance Program in an equitable manner. It will continue to respond to registrant-specific matters concerning ability to complete the CPD Program requirements while upholding its mandate to protect the public interest.

PEER ASSISTED REVIEWS (PAR)

PAR Status Update

The College continues to address a backlog of ongoing Peer Assisted Reviews created by past restrictions associated with the COVID-19 pandemic. For the most part, this is due to the number of reviews outstanding and the number of Assessors available to conduct reviews. This difficulty has been compounded because recently reviewed individuals, of whom there are now relatively few, often agree to serve as Assessors. Registrants who have an interest in conducting Reviews are encouraged to contact the [Quality Assurance Coordinator](#) for information about eligibility.

During the last quarter, three Peer Assisted Reviews were completed, with Assessor reports considered by a Panel of the Committee. In all cases, the Panel believed, based upon information detailed in reports, that the registrants demonstrated adherence to the Standards of the profession within their practices.

There are 19 remaining reviews to be scheduled or resumed following previous deferrals.

THE FUTURE OF QUALITY ASSURANCE

The Quality Assurance Committee has begun its review of the College's existing Quality Assurance Program and will propose long-term revisions that will better assist Psychologists, Psychological Associates, and Behaviour Analysts in maintaining their professional knowledge, skill and judgment. Long-term revisions made to the program will be in accordance with the governing legislation and aim to create a streamlined approach for registrant participation in self-assessment and continuing professional development.

The Committee has also begun collaborative work with members of the College's Applied Behaviour Analysis Working Group to prepare shorter-term revisions to the program before July 1, 2024, in order to facilitate ease of satisfaction of the mandatory Quality Assurance Program requirements for all registrants. One unified Quality Assurance Program will ensure that the requirements are applicable, beneficial, and achievable for practitioners of Psychology and/or Applied Behaviour Analysis.

INFORMATION FROM THE PRACTICE ADVICE SERVICE

The Practice Advice Service provides information to College members and members of the public about relevant Legislation, Regulations, Standards of Professional Conduct, 2017, and other practical considerations. Answers are provided by College staff in response to specific inquiries and may not be applicable or generalized to all circumstances. Information is provided to support College members in exercising their professional judgment and is not an appropriate substitute for advice from a qualified legal professional.

QUERIES

During the third quarter of this fiscal year (December 1, 2022- February 28, 2023), the College's Practice Advice Service addressed 411 queries. The five most common topics queried during this period, in descending order, were:

1. Mobility and practice in other jurisdictions, mostly relating to member practice outside of Ontario;
2. Release of and access to information, mostly relating to the client's right of access and consent to access or disclose information;
3. Supervision, primarily concerning the supervision of non-members;
4. Fees and billing, most frequently relating to the setting of fees and prepayment of fees;
5. Records, mostly focusing on file contents and file retention.

Answers to many of these queries can be found on the Professional Practice FAQ page of the College website which includes the following recent additions.

PSYCHOLOGICAL ASSESSMENTS WHEN NORM-BASED SCORES ARE NOT AVAILABLE FOR A CLIENT:

Q: When Scoring and Analyzing tests for which there are norm-based results, how should one proceed when the patient does not belong to the group upon which the norms are based?

A: This can be the case with respect to such factors as age, language, race, culture, or gender diversity and is a legitimate concern. In the absence of appropriate norms, one would need to use clinical judgment to interpret the client's response to items and, in accordance with the following Standards:

10.3 Rendering Opinions

A member must render only those professional opinions that are based on current, reliable, adequate, and appropriate information.

10.4 Identification of Limits of Certainty

A member must identify limits to the certainty with which diagnoses, opinions, or predictions can be made about individuals or groups.

An American Psychological Association [article](#) about assessing people who are transgender provides one example of how to conduct an assessment where no appropriate norms have been identified. In the absence of specific guidance concerning an identified group, registrants are advised to document their approach to interpreting test responses. This can be helpful in the event that assessment results are challenged and, of at least as much importance, the exercise of writing out a rationale can help make the activity as objective as possible.

WHEN A CLIENT DOES NOT WANT TO USE THEIR LEGAL NAME:

Q: I have been asked to identify a client in a report by a name different than their legal name and worry about whether this may be misleading and lead to confusion. How can I ethically honor the person's wishes in this situation.

A: Most of the queries we have received related to this problem have been asked in the context of an individual who is transgender, where a client may be capable of making their own decisions may not be in a position to effect a legal name change, due to age or an institutional or family situation. Ideally, such issues should be discussed as part of the informed consent process, as early as possible and preferably before beginning the assessment. If the client agrees to have both their legal and preferred names in the report, that would avoid any confusion to readers of the report with respect to who the report is about. If the client does not provide permission to note both names and there is a need to include the client's non-

preferred name, or to indicate that the name used in the report is not the same as the client's legal name, this will require careful navigation, in order to protect the client's dignity and to avoid making a potential misrepresentation. In such a case, it would be prudent to obtain independent legal advice before proceeding.

When addressing issues related to a trans person's identify, the Ontario Human Rights Commission provides the following guidance:

1. [Preventing discrimination because gender identity and gender expression - 9 reasonable bona fide requirements;](#)
2. [Preventing discrimination because gender identity and gender expression - 7 forms of discrimination;](#)
3. [Preventing discrimination because of gender identity and gender expression - preventing and responding to discrimination.](#)

This [article, by the APA](#) provides some guidance for how to determine when treating two 'related' individuals could become problematic.

In summary, the decision about whether or not to take on individual clients who are related either through family, friendship or are involved with each other in any other way will depend on a critical evaluation of the circumstances, nature of that relationship and the potential for cross involvement at any time.

WORKING WITH CLIENTS THAT ARE KNOWN TO KNOW EACH OTHER

Q: A client has referred a friend to see me and ask me whether I am available to treat them. From my review of our standards, there is nothing that prohibits seeing two clients that know each other. Is this correct?

A: We recognize that 'word of mouth' is often how clients find their therapists, so it is likely that many members have clients who know each other. Each situation will likely present different risks and degrees of risk. When separately treating individuals who are friends with each other, there is a possibility that one client may want to

discuss the other client for a variety of possible reasons. This could be problematic if the information they want to share is related to the issues you are treating the other person for and that information may be relevant to your formulation of the other case, regardless of whether or not it is verifiable information. In other words, this could be seen as a problem with respect to protection of both confidentiality and objectivity. Working with clients who you know to be friends with each other should be avoided whenever possible due to the complications that can arise and increase the possibility that you may contravene the following Standards of Professional Conduct:

8.1 Collection, Use and Disclosure

Members are responsible for ensuring that consent is obtained with respect to the collection, use and disclosure of personal information and personal health information in a manner required by legislation applicable to the relevant service.

10.5 Freedom from Bias

Members must provide professional opinions that are clear, fair and unbiased and must make best efforts to avoid the appearance of bias.

13.1 Compromised Objectivity, Competence or Effectiveness Due to Relational Factors

Members must not undertake or continue to provide psychological services with an individual client when their objectivity, competence or effectiveness is, or could reasonably be expected to be, impaired. This could be due to the members present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with the client. This prohibition does not apply if the services are delivered to an organizational client and the nature of the professional relationship is neither therapeutic nor vulnerable to exploitation.

This [article, published by the American Psychological Association](#) provides an example of the difficulties which could arise when treating two 'related' individuals could become problematic.

A decision about whether to take on individual clients who are related either through family, friendship or are involved with each other in any other way will depend on a critical evaluation of the circumstances, nature of that relationship and the potential for cross involvement at any time. While treating individuals who are associated with each other is not strictly prohibited, if the community is large enough, it would be better to find another practitioner who would not be in such a potentially challenging situation.

MULTIPLE SERVICE RELATIONSHIPS

Q: Would it be problematic if I were to conduct an assessment of a client I provided therapy to last year?

A: As you likely know, dual relationships are not strictly prohibited but should be avoided, unless the client is unable to find another competent and available service provider.

Before agreeing to provide the service, you may wish to think about whether your previous professional relationship could lead to any concerns that this assessment was anything less than highly objective. While you are likely to work hard to remain objective, this can be difficult if you do hope for a particular outcome for a client you have supported through their struggles. Even if you can be perfectly objective, if your findings were to be challenged, it could be alleged that you weren't, due to your previous alliance with the client.

It would also be important to consider whether there is any possibility that the client may seek intervention from you in the future, and whether your role as an assessor might prevent them from doing so. This could be the case if they were unhappy with the outcome of the assessment and this prevented them from returning to therapy with you, causing them to have to "start all over again" with another therapist.

Although multiple relationships are not strictly prohibited, the College has observed that members trying to be helpful by having multiple different service relationships with the same clients have inadvertently entered into challenging situations.

RETENTION OF RECORDS:

Q: I want to destroy some client files of mine and was looking through the Standards but didnt see anything about what, if any information, must be retained. I had thought we had to keep a list of the names, dates of birth and date of last contact for each client file destroyed. Is that correct?

A: While the College Standards set out the minimum length of time for record retention, there are no rules against keeping information indefinitely. It is not advisable though, to keep information which is not likely to be useful any longer than one needs to, due to the risks associated

with unauthorized access to any record.

It's our understanding that many members do keep a log of the files they have destroyed, with information such as you have outlined in your question. It is important to know that the information in such a record is considered Personal Health Information and that these lists themselves are subject to the same privacy legislation and Standards as the records themselves were, because they identify individuals who have received health care. If you do decide to keep such a record you might also consider including the date of destruction.

ELECTION TO COUNCIL 2024

The College of Psychologists of Ontario is the governing body for Psychologists and Psychological Associates in Ontario. The College's mandate is to protect the public interest by regulating the practice of psychology in Ontario. The College is governed by a Council comprised of seven elected professional members, two to three appointed academic members or the profession, and five to eight public members appointed by the Lieutenant Governor in Council. In addition, there is one elected, non-voting Psychological Associate member. All members of the College Council, whether elected or appointed, represent the public and not the constituency of the district or university from which they were elected or appointed.

ELECTIONS TO COUNCIL 2024

The election to Council for Electoral Districts 5 (GTA East), 6 (GTA West) and Psychological Associates (non-Voting) will take place on March 31, 2024.

Electoral District 5 (GTA East): This district is composed of the addresses within the City of Toronto which have postal codes beginning with M1, M2, M3, and M4, and the City of Vaughan, Town of Richmond Hill, Town of Markham, City of Pickering, City of Ajax, Town of Whitby and City of Oshawa.

Electoral District 6 (GTA West): This district is composed of the addresses within the City of Toronto which have postal codes beginning with M5, M6, M7, M8, and M9 and the City of Mississauga and the City of Brampton.

Psychological Associate (Non-Voting): This seat is elected from the constituency of all Psychological Associates. Please note this is a separate seat from District 7 (Psychological Associate) for which an election was held in March 2023.

For more information, please visit the College [website](#)

NOTICE: ADMINISTRATIVE MONETARY PENALTIES UNDER PHIPA / AVIS : LES PÉNALITÉS ADMINISTRATIVES PÉCUNIAIRES EN VERTU DE LA LPRPS

ADMINISTRATIVE MONETARY PENALTIES UNDER THE *PERSONAL HEALTH INFORMATION PROTECTION ACT*

The Office of the Information and Privacy Commissioner of Ontario (IPC) is committed to protecting personal health information using a flexible and balanced approach that addresses privacy violations while encouraging accountability, learning, and continuous improvement.

As of **January 1, 2024**, the IPC has the discretion to issue administrative monetary penalties (AMPs) as part of its enforcement powers for violations of the [*Personal Health Information Protection Act \(PHIPA\)*](#).

Penalties are up to a maximum of \$50,000 for individuals and \$500,000 for organizations. AMPs may be issued for the purposes of encouraging compliance with PHIPA or preventing a person from deriving — directly or indirectly — any economic benefit from contravening the law.

AMPs are just one of the options in the IPC's regulatory toolkit for ensuring compliance with PHIPA. Breaches of PHIPA can be addressed in proportion to their severity, enhancing public trust in the health care system.

A measured approach to enforcement

The IPC will not use AMPs as the default response to breaches. They will generally only be used as an enforcement option for more severe violations of PHIPA, not in cases involving unintentional errors or one-off mistakes.

Our office recognizes that the majority of Ontarians working in the health care system are deeply committed to the protection of personal health information. When mistakes occur, there is almost always a genuine willingness to take responsibility and remedy errors.

The IPC will take a measured approach in response to PHIPA violations, providing education, guidance, informal resolution, and recommendations when less severe violations occur.

Guidance on criteria for AMPs

In cases where AMPs are determined to be an appropriate measure, the IPC will use the criteria set out in regulation under PHIPA to determine the amount.

Learn more about the criteria for AMPs and how the IPC will determine penalty amounts in our [guidance](#).

If you have additional questions about AMPs, email us at info@ipc.on.ca.

LES PÉNALITÉS ADMINISTRATIVES PÉCUNIAIRES EN VERTU DE LA LOI DE 2004 SUR LA PROTECTION DES RENSEIGNEMENTS SUR LA SANTÉ

Le Bureau du commissaire à l'information et à la protection de la vie privée de l'Ontario (CIPVP) tient à protéger les renseignements sur la santé selon une approche flexible et équilibrée consistant à sanctionner les atteintes à la vie privée tout en favorisant la reddition de comptes, l'information et l'amélioration continue.

Depuis le **1er janvier 2024**, le CIPVP peut imposer des pénalités administratives pécuniaires (PAP), entre autres mesures, en cas de contravention à [la Loi de 2004 sur la protection des renseignements sur la santé](#) (LPRPS).

Ces pénalités peuvent atteindre au plus 50 000 \$ pour les particuliers et 500 000 \$ pour les organisations. Elles peuvent être imposées pour favoriser la conformité à la LPRPS ou pour éviter qu'une personne ne tire un bénéfice pécuniaire direct ou indirect d'une contravention à la loi.

Les PAP comptent parmi les différents outils réglementaires dont le CIPVP dispose afin d'assurer la conformité à la LPRPS. Les contraventions à la LPRPS peuvent faire l'objet de mesures correspondant à leur gravité, ce qui favorisera la confiance du public dans le système de santé.

Application mesurée de la loi

Le CIPVP n'imposera pas systématiquement de PAP chaque fois qu'il y a atteinte à la vie privée; cette mesure sera réservée généralement aux contraventions les plus graves à la LPRPS, et ne sera pas employée pour sanctionner les erreurs involontaires ou ponctuelles.

Notre bureau reconnaît que la plupart des Ontariennes et des Ontariens qui travaillent dans le système de santé sont profondément attachés à la protection des renseignements personnels sur la santé. Lorsque des erreurs sont commises, on constate presque toujours une réelle volonté d'en assumer la responsabilité et d'y remédier.

Le CIPVP maintiendra son approche mesurée en cas de contraventions de faible gravité à la LPRPS; ainsi, il fournira de l'information et une orientation, conclura des règlements à l'amiable et formulera des recommandations.

Critères d'application des PAP

Lorsqu'il est justifié d'imposer une PAP, le CIPVP suivra les critères énoncés dans le règlement pris en application de la LPRPS pour en établir le montant.

Lisez notre [document d'orientation](#) pour en savoir davantage sur ces critères et sur la façon dont le CIPVP établira le montant des PAP.

Si vous avez d'autres questions sur les PAP, écrivez-nous à info-fr@ipc.on.ca.

ORAL EXAMINER THANK YOU

The College would like to thank the following who acted as Oral Examiners in December 2023.

Carolyn Abramowitz, Ph.D., C.Psych.

Patricia Behnke, Ph.D., C.Psych.

Kofi-len Belfon, Ph.D., C.Psych.

Jared Berger, Psy. D., C.Psych.

Ian D.R. Brown, Ph.D., C.Psych.

Mary Caravias, 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.

Michele Foster, Ph.D., C.Psych.

Jennifer Gaddes, M.A., C.Psych.Assoc.

Robert Gauthier, M.Sc., M.Ed., C.Psych.

Sara Hagstrom, Ph.D., C.Psych.

Kimberly Harris, 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.

Madalyn Marcus, Ph.D., C.Psych.

Matias Mariani, Ph.D., C.Psych.

Yvonne Martinez, Ph.D., C.Psych.

Elaine McKinnon, Ph.D., C.Psych.

Samuel Mikail, Ph.D., C.Psych.

Shelley Moretti, Ph.D., C.Psych.

Melanie Morrow, M.A., C.Psych.Assoc.

Mary Ann Mountain, Ph.D., C.Psych.

Elissa Newby-Clark, Ph.D., C.Psych.

Ian Nicholson, Ph.D., C.Psych.

Sarah Jane Norwood, Ph.D., C.Psych.

Julie Paré, D.Psy., C.Psych.

Adrienne Perry, Ph.D., C.Psych.

Marjory Phillips, Ph.D., C.Psych.

Erin Picard, Ph.D., C.Psych.

Michelle Picard-Lessard, Ph.D., C.Psych.

Paulo Pires, Ph.D., C.Psych.

Lynn Rennison, Psy.D., C.Psych. |

Eduardo Roldan, Ph.D., C.Psych.

Sara Schleien, Ph.D., C.Psych.

Frederick Schmidt, Ph.D., C.Psych.

Mary L. Stewart, Ph.D., C.Psych.

Sheila Tervit, Ph.D., C.Psych.

Peter Voros, Ed.D., C.Psych.

Tammy Whitlock, Ph.D., C.Psych.

Pamela Wilansky, Ph.D., C.Psych.

Leah Zalan, Ph.D., C.Psych.

Public Members:

Pascale Gonthier

Nadia Mocan

Paul Stopciati

COUNCIL HIGHLIGHTS - DECEMBER 15, 2023



The College Council met virtually on December 15, 2023. Information provided to members of Council for their review in preparation for their deliberations and decision-making was posted on the homepage of the College website a week in advance of the meeting. Following the meeting, this information was archived and is available on the website in the [Council Meeting Materials](#) Reference Library.

POLICY ISSUES

Consultations:

To prepare for proclamation of the Psychology and Applied Behaviour Analysis Act, 2021, the College must amend its By-laws to now include the profession of applied behaviour analysis and the regulation of Behaviour Analysts. The Council approved circulation of the amended by-laws for [consultation](#).

Also approved for [circulation](#) are the regulations to expand the emergency class of registration to include Behaviour Analysts

ABA Updates

The Council approved the following in preparation for ABA regulation:

- the Ontario Examination for Professional Practice in Applied Behaviour Analysis (OEPPABA);
- the Jurisprudence and Ethics Course and Assessment in Applied Behaviour Analysis (JECAABA);
- Registration Guidelines for ABA;

- Two professional bodies were approved as certification boards: the Behaviour Analyst Certification Board (BACB) and the Association for Behaviour Analysis International (ABAI), and the Association of Professional Behaviour Analysts (APBA).

Committee Updates:

Council reviewed proposed amendments to Policy II-4(ii): Discipline Committee: Rules of Procedure.

BUSINESS ISSUES

Policy Reviews:

Policy III F-4: Per Diems and Council and Committee Compensation.

Election to Council was set for March 31, 2024

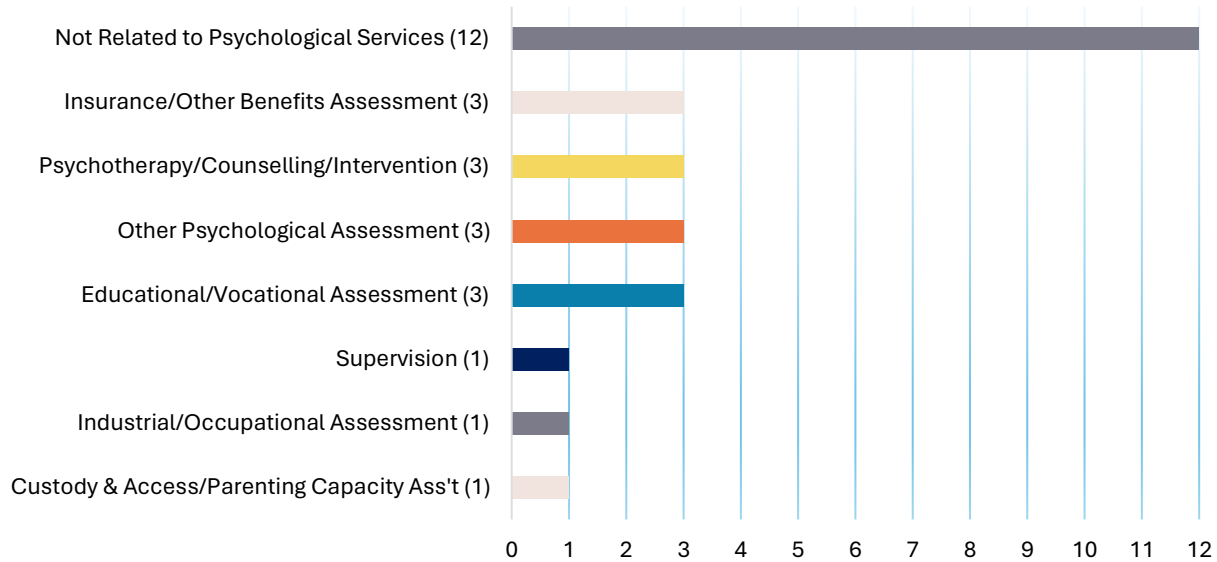
The next Council meeting will be held on March 1, 2024

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE (ICRC)

SEPTEMBER 1, 2023 – NOVEMBER 30, 2023

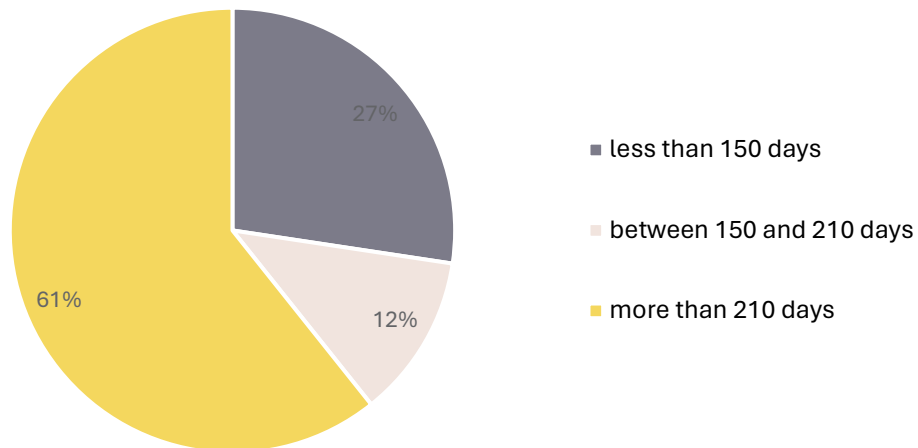
NEW COMPLAINTS AND REPORTS

In the 2nd Quarter, the College received 27 new complaints. The nature of service in relation to these matters is as follows:



TIMELINE SNAPSHOT

There are currently 168 open Complaints and Registrar’s Investigations being actively investigated.

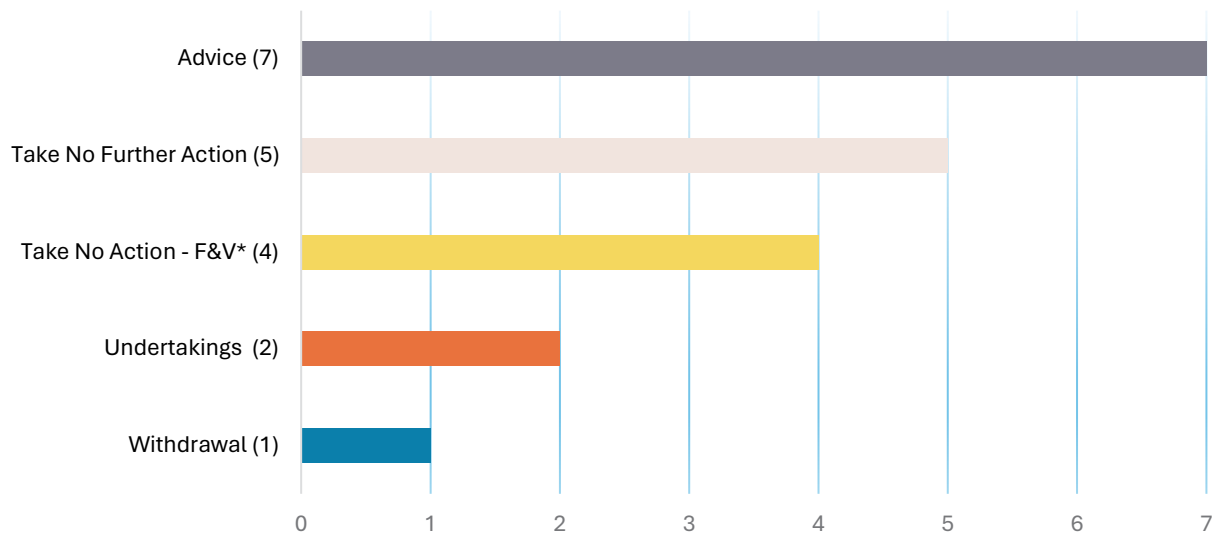


ICRC MEETINGS

The ICRC met four times to consider a total of 22 cases. In addition, the ICRC held 16 teleconferences to consider 26 cases.

ICRC DISPOSITIONS

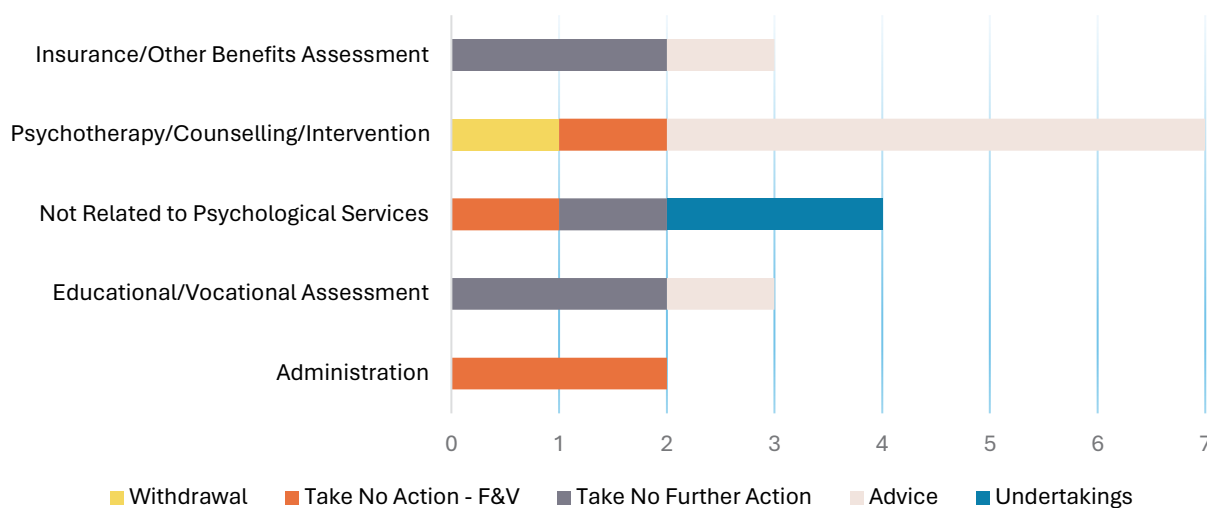
The ICRC disposed of 19 cases during the 1st quarter, as follows. The ICRC took some action, ranging from providing advice to a referral to the Discipline Committee, in 9, or 47%, of these cases:



*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.

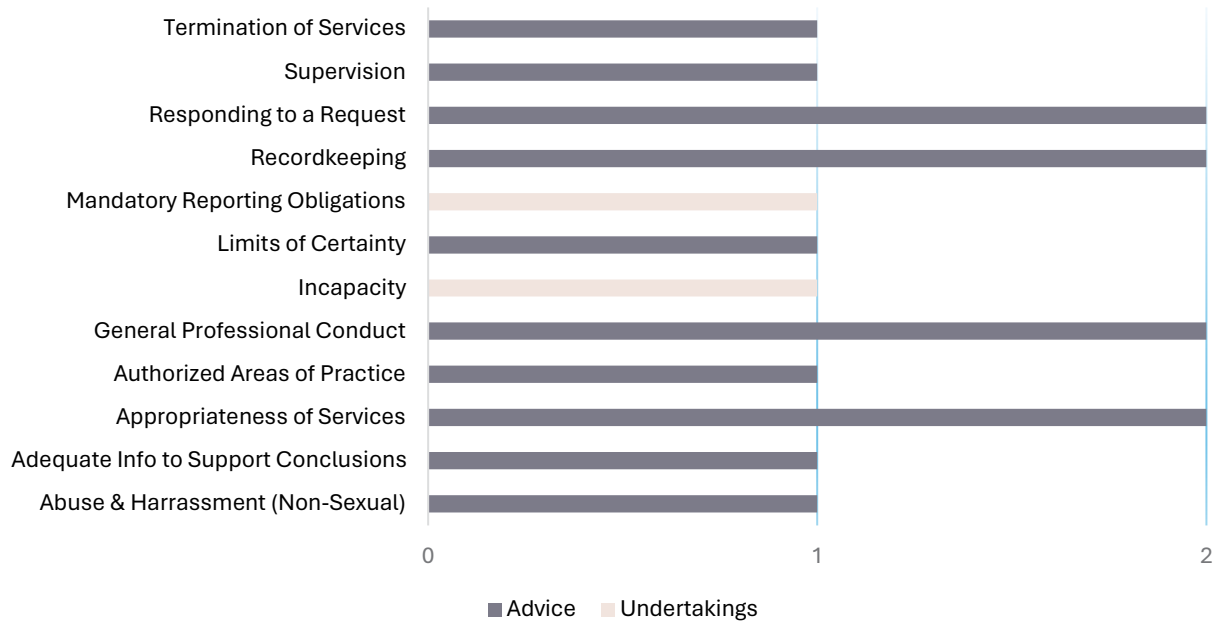
†SCERP: Specified Continuing Education or Remedial Program

The dispositions of the 19 cases, as they relate to nature of service, are as follows:



DISPOSITION OF ALLEGATIONS

The 19 cases disposed of included the consideration of 56 allegations. The ICRC took some action with respect to 16, or 29%, of these allegations.



HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

In the 2nd Quarter, one HPARB reviews of an ICRC decision was requested. The College received one HPARB decision, confirming the ICRC decision.

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.

SUITABILITY OF A GOVERNMENT-FUNDED PROGRAM: DECISION NOT TO INVESTIGATE THE ALLEGATIONS (F&V)

A complainant was referred to psychological services provider in relation to a government-funded program. The complainant indicated that it was inappropriate for a

contract to have been signed between the government and this psychological services provider without his knowledge or consent. He did not wish to receive services from this provider.

The panel of the ICRC considering this matter did not believe it was within the College's authority to examine

the validity of the contract between the member and the government. It also appeared that the complainant could seek services from a different provider by following a set process. Finally, the panel noted that the member had not in fact provided psychological services to the complainant. Altogether, the panel did not believe there was any risk to the public, and there was no practical purpose in proceeding with the investigation. The panel therefore 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.

ADEQUATE INFORMATION TO SUPPORT CONCLUSIONS: DECISION: TAKE NO FURTHER ACTION

The complainant alleged that the member did not gather as much relevant information as possible for a report, which was provided to an insurance company. In response, the member indicated that upon reviewing the psychometric testing, she noted that a substantial portion had not been completed. She told the complainant that it would be in her best interest to complete as much of the testing as possible. However, the complainant still did not provide that information.

The panel believed that the member’s conclusion that no clinical interpretations could be made was

not unreasonable, as this was in the context of a lack of information provided by the complainant, and the member’s apparent best efforts to obtain that information. The panel also noted that the member reported on the complainant’s symptoms in an objective manner. The panel therefore decided to *Take No Further Action* with respect to the complaint.

TIMELINESS OF REPORT: DECISION: ADVICE

The complainant alleged that she had requested a report be provided to a third party following the termination of services. The report was not provided until eight months after the request had been made. The member in his response indicated that he had been dealing with some health issues at the time, and that he continued to attend to current clients.

The panel of the ICRC considering this matter understood that the member was managing unfortunate personal circumstances, but believed that eight months was an excessive amount of time to wait for a report. The panel also believed that even though the client was no longer current, she could still expect a response to her request within a reasonable amount of time. The panel therefore decided that it would be appropriate and in the public interest to provide the member with *Advice* in this regard.

Term	Definition
Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process (F&V)	A panel may take no further action in this case.
No further action:	A panel may take no further action if it believes there is no risk to the public.
Advice	A panel may give advice if it identifies low risks. Advice is meant to help the member avoid future risks.

DISCIPLINE COMMITTEE REPORT



SEPTEMBER 1, 2023 – NOVEMBER 30, 2023

REFERRALS TO DISCIPLINE

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

PRE-HEARINGS

[Dr. Laura Brown](#): The pre-hearing for this matter was held on November 22, 2023.

HEARINGS

[Dr. Darren Schmidt](#): A written hearing was held on October 26, 2023, and the decision was received on November 22, 2023.

ONGOING MATTERS

[Dr. André Dessaulles](#): Dr. Dessaulles did not attend the scheduled reprimand.

[Dr. Douglas Misener](#): A pre-hearing conference was scheduled for December 6, 2023 and the Hearing was scheduled for January 15, 2024.

[Dr. Ian Shields](#): The Discipline Panel's Decision with respect to this matter was released on May 31, 2023.

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 October 2023

Psychologists - Certificate of Registration Authorizing Autonomous Practice

Arela Agako	Amanda Jubb	Sophia Lynn Roth
Betül Alaca	Yara Kadulina	Shumita Roy
Muhammad Ali	Leanne Kane	Lindsay Miriam Rubinfeld
Faisal Al-Yawer	Melinda Keenan	Amri Sabharwal
Devon Rose Andersen	Chantal Labonte	Sanya Sagar
Iris Antonopoulos	Marie-Christine Laferrière-Simard	Timothy Vaughn Salomons
Stevenson Walkley Baker	Sean Lafontaine	Vanessa Scarapicchia
Dionna Begg	Ayelet Lahat	Vanessa Emily Schell
Sophia Bourkas	Maude Lambert	Angela Sekely
Satinder Kaur Brar	Elodie Larose-Gregoire	Melvin Sert
Brittany Lauren Burek	Justine Maya Ledochowski	Noor Sharif
Melissa Ernestine Mary Card	Orianna Ledoux	Setareh Shayanfar
Albert Andrew Chan	Tanya Louise Lentz	Nikoo Shirazi
Natalie Charron	Ilana Emilia Lockwood	Alanna Singer
Kamaria Chisolm	Alyssa Louw	Juwairia Sohail
Simon Chung	Andrew Luceno	Shauna Taylar Solomon-Krakus
Stefanie Jane Ciszewski	Ting Chi Luk	Jennifer Bernice Sorochan
Angela Christine Deotto	Jessie Irene Lund	Angela Rosa St. Hillaire
Miranda Gabrielle Di Lorenzo-Klas	Tara Masseratagah	Kathleen Elizabeth Stewart
Addy Jean Dunkley-Smith	Annamaria Janice McAndrew	Karl Roy Christian Storbeck
Christopher Edmondstone	Elizabeth Georgia Ferrier McEwen	Katherine Aletha Worley Stover
Cody Eriksen	Eleanor McGroarty	Melanie Stubbing
Yvonne Nichole Faller	Beverly McLean	Sabrina Kaur Syan
Michelle Jacqueline Flynn	Matthew Daniel McPhee	Renee Elizabeth Taylor
Beverley Katherine Fredborg	Bethany Michel	Lindsey Torbit
Hannah Gabrielle Gennis	James Murch	Annabelle Simone Torsein
Abigail Sara Reid Graves	Christina Lynne Mutschler	Monique Tremblay
Lee-Anne Gray	Sandra Claire Newton	Mallory Trepanier
Isabelle Guertin	Angela Zahra Palangi	Muhammad Umar
Tasmia Hai	Lian Vanessa Parry	Matthew Richard John Vandermeer
Madiha Jiha Humayun	Alex Ignatius Porthukaran	Katherine Jessica Wincentak
Andrew Grant Hunter	Rachael Elizabeth Quickert	Cheri Woolsey
Rachel Marie Jackson	Danielle Brittany Rice	Jodi Zentner
Stephanie Jolin	Charlotte Rimmer	Ian Zikman
Hillary Jones	Andrea Rocha	

Psychological Associates - Certificate of Registration Authorizing Autonomous Practice

Kerrian Antolen Allison Baker	Sanaz Mehranvar	Susan Julia Schafer
Sarah Lynne Breckenridge	Christine Moser	Chelsea Amy Stevenson
Margaret Marie Brenzall Field	Marta Paszucka	Nida Yousuf
Anjani Goral		

Psychologists - Certificate of Registration Authorizing Interim Autonomous Practice

Sammir Abdelmegid	S. Gerald Hann	Ashley Pettigrew
Britta Boekamp	Noshaba Haq	Jeannette Henrietta Prenger
Melissa Callaci	Kartik Kaushik	Nadia Proano
Esha Chakraborti	Harjot Khakh	Angela Ribout
Cosmin Grigore Coltea	Marie-Eve Leclerc	Janani Sankar
Robyn Lee Combres	Melodie Lemay-Gaulin	Daniel Seddon
Meagan Daley	Erica Lundberg	Mercy Shambare
Sara Joy David	Leslie MacIntyre	Amy Sheffield
Shane Dutt	Michael MacLeod	Gerthein Swanepoel
Leehen Farkas	Sasha MacNeil	Karolina Sztajerowski
Fabiola Franco Fernandez	Jennifer Leah Mazur	Kirsten Timpany
Shanika Fridhandler	Katherine Stewart McKenney	Rene Weideman
Jordan Samantha Friedmann	Ali Mindel	Sandra Young
Mariana Grinman	Mariia Pavlova	Vanessa Kinda Zayed
Camille Guérin Marion	Marlena Pedersen	Erin Zelinski

Psychological Associates - Certificate of Registration Authorizing Interim Autonomous Practice

No Certificates were issued in this period.

Psychologists - Certificate of Registration Authorizing Supervised Practice

Shawna Allen	Jason Yaron Isaacs	Adam Taylor Newton
Nicole Atkinson	Charilaos Eric Karaoylas	Victoria Nieborowska
Alicia Bartlett	Rubina Kauser	Hee Jae Oh
Sahar Borairi	Jasmine Khattra	Vasilios Pallikaras
Diana Borrelli	Deanna Franca Klymkiw	Larissa Panetta
Sarah Cabecinha-Alati	Lillian Krantz	Brandi Person
Stephanie Campbell	Chastine Sonia Lamoureux	Sara Pishdadian
Evangeline Rosario Castronuevo Ruga	Tiffany Leung	Emily Pogue
Emma Clark	Shelby Lauren Levine	Lee Propp
Bri Susanna Darboh	Alessia Marie Lista	Jennifer Jane Robinson
Deanna Davis	Louisa Lok Yee Man	Gibran Omar Rodriguez de los Reyes
Joshua Doidge	Sarah McComb	Vincent Angelo Santiago
Jennifer Drummelsmith	Geneva Millett	Catalina Sarmiento
Krista Edwards	Ola Mohamed Ali	Lindsay Alexandra Starosta
Ryan Joseph Ferguson	Abolfazl Mohammadi	Janelle Steckley
Keisha Gobin	Chelsea Véronique Moran	Siobhan Sutherland
Clare Hinch	Brittany Elizabeth Mutsaers	Thulasi Thiruchselvam
Garri Hovhannisyan	Pooja Nagar	Jenna Elizabeth Thompson
Taylor Hudd	Maryam Nemati	Amy Tran

Rebecca Vendittelli
Sydney Waring
Jesse Lee Wilde

Elizabeth Wong
Emma Wookey

Iris Yusupov
Syeda Khush-Bakht Zaidi

Psychological Associates - Certificate of Registration Authorizing Supervised Practice

Parisa Akhlaghi
Saima Akram
Christal Castagnozzi
Sarah Gardiner
Stefanie Lise Ann Gobin

Yunshi Huang
Laura Christine Kennedy
Noga Lutzky-Cohen
Aleksei Panov
Patience Leah Paradis

Naomi Peleg
Annalie Pelot
Shankari Sharma

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

Ronald Michael Clavier

Mark Olioff

Margaret Weiser

Resigned

Lynn Elizabeth Douglas

Deceased

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

Alison Claire Lee

Ralph Charles Serin

COMMUNICATION REMINDER

The College uses e-mail to communicate as this is a quick and efficient method to bring important information to registrant's attention. Registrants are reminded that it is important to keep their College contact email address up to date and ensure that the College is included in the list of safe senders. Protocols are often updated, and this can result in College emails being directed away from your

inbox. Please forward cpo@cpo.ccsend.com to your IT department to ensure it is included on the safe sender list.

If you unsubscribe you will not receive these important, often time-sensitive, notices as the College does not distribute similar information by regular mail. If you have any questions, please contact the College