

*Regulating Psychologists and Psychological Associates*

**NEW EXECUTIVE COMMITTEE FOR 2005 - 2006**

The first order of business at the May 27, 2005 meeting of Council was the election of the College President and Executive Committee for the 2005 – 2006 term. We wish to congratulate:

- Maggie Gibson, Ph.D., C.Psych. - President
- Clarissa Bush, Ph.D., C.Psych. - Vice-President
- Dalia Slonim, Psy.D., C.Psych. - Professional Member
- Glenn Webster, M.Ed., C.Psych.Assoc. - Professional Member
- Mr. Mark Lawrence - Public Member
- Ms. Susan Nicholson- Public Member

**Here’s what health professionals are asking about Ontario’s new health privacy legislation**

By Ann Cavoukian, Ph.D.  
 Information and Privacy Commissioner/Ontario

Since the *Personal Health Information Protection Act (PHIPA)*, came into effect on November 1, 2004, my office has received more than 3,000 calls and e-mails from professionals in the health sector with questions regarding the implications and implementation of *PHIPA*.

One of the most common questions over the past few months has been: “*Why is PHIPA necessary when we already have the federal Personal Information Protection and Electronic Documents Act (PIPEDA)?*”

While the federal *Act* was designed to regulate the collection, use and disclosure of personal information within the commercial sector, *PHIPA* establishes a comprehensive set of rules about the manner in which personal health information may be collected, used, or disclosed across Ontario’s health care system. *PIPEDA* was never designed to address the intricacies of personal health information.

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**INSERT**

- Barbara Wand Seminar 2005 CD-ROM Order Form



In the near future, I anticipate seeing a final exemption order recognizing the substantial similarity of Ontario's *PHIPA* to the federal *PIPEDA*, so that health information custodians covered by *PHIPA* will **not** also be subject to *PIPEDA*.

We have received queries that cover a wide range of scenarios under *PHIPA* – issues that range from the extent of patient information being shared between *health information custodians* to whether a parent can obtain information about what prescriptions his daughter is obtaining from a pharmacy. Here is a short sampling of the questions we have received since *PHIPA* came into effect.

**One caller was a physiotherapist who works at a health club and who shares patient information with non-regulated health professionals. He wanted to know if staff, such as personal trainers and fitness instructors, would be considered *health information custodians* and if he would need to get written consent from patients to share their information with such staff members.**

Our response was that, generally, the non-medical staff of a health club would not be considered to be *health information custodians*. The *Act* requires that consent to the disclosure of personal information by a *health information custodian* to a *non-custodian* must be express, and not implied. The physiotherapist would need express consent to pass on personal health information to staff such as personal trainers and fitness instructors. (As well, a *non-custodian* who receives personal health information from a *custodian* may, in general, only use that information for the purpose for which the *custodian* was authorized to disclose the information.) Obtaining consent at the beginning of the process would enable the physiotherapist to share information as needed, with his co-workers.

The manager of a long-term health care facility wrote us to ask if physicians who have admission privileges and are contracted for medical services – but who are not staff – should be asked to sign confidentiality agreements the same as staff, volunteers and other agents.

While *PHIPA* does not contain any provisions that relate specifically to a requirement to sign confidentiality agreements, it does state that *health information custodians* are required to take steps that are reasonable to protect the personal health information in their custody. Additionally, *PHIPA* also states that a *custodian* is required to handle records in a secure manner, so having confidentiality agreements in place is just one of the steps that *custodians* could take to help protect the information in their custody.

In this specific instance, the physicians that are contracted to provide services in the facility would likely be considered agents of the facility. Under *PHIPA*, the *custodian's* contact person is required to ensure that all agents of the *custodian* are appropriately informed of their duties under the law, which may include the signing of confidentiality forms.

**One of the more challenging questions was from a pharmacist who wanted to know what his responsibilities were in a case where the cardholder of a prescription drug plan wanted to know the details of drug usage by a family member covered under the drug plan. Would the family member need to give permission or sign a consent form?**

This would be a case of disclosure of personal health information by a *health information custodian* to a *non-health information custodian*, which, generally, can only be done on the basis of express consent. Accordingly, a best practice would be to seek consent from the other family member or members who are covered under the cardholder's health plan. This is definitely the case if the information to be disclosed is that of an adult, such as a spouse, or children 16 or older. In the case of children under 16, information may be released without consent to the custodial parent, with *certain exceptions*. For example if the child is capable and disagrees, then the child's decision prevails.

If you, or your office, have a question regarding the *Personal Health Information Protection Act, 2004*, please do not hesitate to contact us at [info@ipc.on.ca](mailto:info@ipc.on.ca). You can also find many useful publications about *PHIPA* on our website, [www.ipc.on.ca](http://www.ipc.on.ca).

**E**ach supervised practice member is obliged to take the Examination for Professional Practice in Psychology (EPPP) within one year of being issued with a Certificate of Registration for Supervised Practice.

The EPPP is a computer administered examination that may be taken throughout the year during the business hours of the various Thompson Prometric testing centres. In order to book a testing date and time, the supervised practice member must first submit an EPPP application to the College. This application is forwarded by the College to the Professional Examination Service (PES) in New York. After processing, PES issues an 'authorization-to-test' letter directly to the applicant. The applicant has a period of 60 days from receipt of the letter within which to book a testing date and take the examination. Processing, from the time the College initially receives the application until PES issues the 'authorization-to-test' letter can take several weeks.

Supervised practice members require, among other things, a passing score on the EPPP to qualify to attend an oral examination. The oral examinations are held each June and December. EPPP scores are reported by PES to the College only once a month. The supervised practice member's score must reach the College by the second week of May, at the very latest, if a June oral examination is intended, or by the second week of November, for a December oral examination.

Perhaps because of the great degree of flexibility in choosing a date to write the EPPP, many supervised practice members appear to be waiting until the very last minute to do this exam. The ramifications of waiting this long to sign up can be quite considerable! These include:

- 1) the possibility that there will not be a testing time available at the Thompson Prometric centre of choice. One of the Toronto area testing centres has stopped accepting bookings until renovations are completed and candidates have had to book elsewhere;
- 2) a candidate might not get a passing score on the exam. No one wants to contemplate failing an examination, but not everyone passes on the first attempt. One needs at least 60 days to prepare to write again, sign up and take the exam again. In the meantime, the desired oral examination session may have passed;
- 3) if one hasn't taken the EPPP, or if a passing score is not achieved, and the oral examination session is missed, one's Certificate of Registration for Supervised Practice may be close to expiring. In that case, one must apply to the Registration Committee for an extension of the Certificate. The Committee must be assured that the supervisors are willing to continue supervision for an extended period of time, and that there is a definite plan to take the EPPP as soon as possible. There are many circumstances to consider and therefore the granting of an extension is not automatic;
- 4) according to the Registration Regulation, a Certificate of Registration for Supervised Practice is not to be issued for more than two years. If the Certificate of Registration for Supervised Practice is suspended after two years for failure to pass the EPPP, one is no longer a member of the College, and cannot use the professional title or hold oneself out as qualified for the practice of psychology. Any further work falling within the scope of practice of psychology could only take place under supervision as a non-registered provider.

The EPPP may be attempted a maximum of four times. After suspension, once one presents a passing score, the Certificate of Registration for Supervised Practice may be re-issued for a period of not less than three months nor more than nine months to enable attendance at an oral examination with current ratings of readiness for autonomous practice from the supervisors.

Supervisors can assist by encouraging the supervised practice member to take the EPPP as soon as possible in the registration process, and participating in the planning to ensure that all registration requirements are finished within the anticipated time frame.



## **Full Time One Year Contract Position Available**

### **The College of Psychologists of Ontario**

is seeking a

### **Practice Advisor/Quality Assurance Coordinator**

Reporting to the Deputy Registrar/Director, Professional Affairs this experienced practitioner will provide practice advice to members of the profession and respond to inquiries from members of the public. In addition, this member will coordinate the College's Quality Assurance program, working with the Quality Assurance Committee to organize members' completion of the Self Assessment Guide and Professional Development Plans and participation in the Peer Assisted Reviews and Directed Practice Assessments.

Qualified applicants will be members of the College of Psychologists with at least five years of broadly based professional practice experience; possess excellent interpersonal and oral and written communication skills; be well organized; possess good judgment and analytical skills; and demonstrate a clear understanding of the mandate of the College.

This is a full time one year contract position with a competitive salary and benefits package commensurate with the responsibility of this position. Reply, in confidence, by July 8, 2005 enclosing Curriculum Vitae to:

Practice Advisor/Quality Assurance Coordinator  
The College of Psychologists of Ontario  
110 Eglinton Avenue West, Suite 500  
Toronto, Ontario M4R 1A3  
practiceadvisor@cpo.on.ca

**UPCOMING**

**COUNCIL MEETING**

**SEPTEMBER 16, 2005**

**DECEMBER 9, 2005**

**PLEASE NOTIFY THE COLLEGE IF YOU ARE PLANNING TO ATTEND**

## Investigations and Hearings

The Committees involved in Investigations and Hearings reported the following activity between March 1 and May 15, 2005.

| New Complaints Received                                   | Current Year              |                 | Previous Year<br>to end of May |
|---|---------------------------|-----------------|--------------------------------|
|   | March 1 - May<br>10, 2005 | Year to<br>Date |                                |
| <b>1. By Nature of Complaint</b>                          |                           |                 |                                |
| Bias  |                           | 1               | 5                              |
| Boundary Violation  | 2                         | 2               | 2                              |
| Breach of Confidentiality                                 |                           | 3               | 3                              |
| Complainant Has Yet to State the Nature of Complaint      |                           | 1               |                                |
| Conduct Unbecoming of a Member of the CPO                 | 1                         | 6               |                                |
| Conflict of Interest                                      |                           |                 | 1                              |
| Failure to Obtain Informed Consent                        | 1                         | 4               | 4                              |
| Failing to Fulfill the Terms of the Agreement with User   |                           |                 | 1                              |
| Failure to Render Services Appropriate to the Users Needs |                           | 3               | 7                              |
| Failure to Respond to a Request in a Timely Manner        |                           |                 | 2                              |
| False or Misleading Statements                            | 3                         | 5               | 2                              |
| Fees & Billing  |                           |                 | 2                              |
| Illegal Conduct   |                           |                 | 1                              |
| Improper Supervision                                      |                           | 1               | 5                              |
| Inaccurate Information                                    |                           |                 | 2                              |
| Inadequate Data to Support Conclusions                    | 1                         | 4               | 3                              |
| Inadequate Handling of Termination                        | 1                         | 1               |                                |
| Inappropriate Conduct Toward a Colleague                  |                           | 1               |                                |
| Insensitive Treatment of Clients                          | 2                         | 4               | 2                              |
| Quality of Services                                       | 3                         | 6               | 4                              |
| Record Keeping Problems                                   |                           | 1               |                                |
| Sexual Comments/Questions                                 |                           |                 | 1                              |
| Sexual Gestures   |                           | 1               |                                |
| Sexual Touching   |                           | 1               | 4                              |
| <b>Total:</b>   | <b>14</b>                 | <b>45</b>       | <b>51</b>                      |
| <b>2. By Nature of Service</b>                            |                           |                 |                                |
| Administration  |                           | 1               | 0                              |
| Corrections Assessment                                    |                           | 2               | 7                              |
| Custody & Access/Child Welfare Assessment                 | 4                         | 5               | 7                              |
| Educational Assessment                                    | 1                         | 2               | 4                              |
| Mediation   |                           |                 | 1                              |
| Neuropsychological Assessment                             |                           | 1               | 2                              |
| Not Related to Psychological Services                     | 1                         | 7               | 2                              |
| Other Psychological Assessment                            | 1                         | 6               | 5                              |
| Psychotherapy/Counselling                                 | 3                         | 10              | 11                             |
| Rehabilitation/Insurance Assessment                       | 4                         | 9               | 6                              |
| Supervision   |                           | 1               | 4                              |
| Teaching/Training   |                           | 1               | 2                              |
| <b>Total:</b>   | <b>14</b>                 | <b>45</b>       | <b>51</b>                      |



|   | Current Year              |                 | Previous Year<br>to end of May |
|---|---------------------------|-----------------|--------------------------------|
|   | March 1 - May<br>10, 2005 | Year to<br>Date |                                |
| <b>Decisions Released by Disposition</b>  |                           |                 |                                |
| Advice  | 4                         | 8               | 25                             |
| Caution (Oral)  |                           | 1               |                                |
| Caution (Written)   |                           | 6               | 14                             |
| Caution with Undertakings   | 3                         | 6               | 7                              |
| Complaint Withdrawn   | 1                         | 4               | 4                              |
| Refer to Quality Assurance Committee  |                           | 1               |                                |
| Refer to Discipline Committee   | 1                         | 4               | 2                              |
| Take No Further Action  | 9                         | 18              | 28                             |
| Take No Further Action - Facilitated Resolution   |                           | 1               | 3                              |
| Take No Further Action - Frivolous, Vexatious,<br>Made in Bad Faith or Abuse of Process |                           | 2               |                                |
| Withdrawn - Facilitated Resolution  |                           |                 | 2                              |
| <b>Total:</b>   | <b>18</b>                 | <b>51</b>       | <b>85</b>                      |
| <b>Health Professions Appeal and Review Board</b>                                       |                           |                 |                                |
| 1. Reviews Requested  | 4                         | 13              | 29                             |
| 2. Decisions Received   |                           |                 |                                |
| Decision Confirmed  |                           | 13              | 8                              |
| Decision Unreasonable   |                           | 2               | 1                              |
| Investigation Inadequate  | 1                         | 4               | 1                              |
| Request Withdrawn   |                           |                 | 2                              |
| <b>Total:</b>   | <b>1</b>                  | <b>19</b>       | <b>12</b>                      |
| <b>Inquiries and Resolutions, Not Resulting in Complaint</b>                            | 42                        | 163             | n/a                            |

**Cautions by the Committee**

As noted above, the Complaints Committee may consider a complaint that results in a **Caution** disposition. While a Caution indicates that a panel of the Committee has formed concerns about the conduct of a member, some of the reasons for the issuance of a Caution, as opposed to a referral to the Discipline Committee have included the:

- belief that the public interest can be protected if the member heeds the Caution
- belief that the Caution is sufficient to alert the member to the problem
- absence of a past history of similar conduct
- member’s acknowledgment of errors and appropriate changes made in practice

A Caution previously issued by the Committee will be available to the Committee in its consideration of a future complaint against the same member and may, in some situations, be used to substantiate it.

Two recent cases involved conduct which gave rise to concerns by the Complaints Committee about whether the members’ professional opinions were founded upon *adequate and appropriate information*. The following information about these Cautions is provided for educational purposes.



In one case, the member was asked by an interested third party for an opinion regarding the probable diagnosis of another person, based exclusively on information provided by the third party. Based on this information the member provided a note "To Whom It May Concern". It named the person being described by the third party and stated that the behaviour described might be associated with psychosis and that any individual with such symptoms would benefit from assessment to determine mental capacity. The member had never met the person who was the subject of the note and no objective information had been collected. The note was ultimately presented in child custody proceedings.

The panel voiced concerns about the potential for misinformation and misinterpretation with respect to the person's mental health. It was also concerned that the member's response did not appear to appreciate or acknowledge the potential for harm arising from this conduct. Having accepted the member's undertaking to apologize to the individual and participate in a review of his practice by a peer, the panel of the Complaints Committee issued a **Caution** to the member about the potentially serious and harmful ramifications of providing an opinion relating to a person one has not met or assessed.

In another case, a member performed a clinical assessment of a child, at the request of the father, the custodial parent, for the purpose of exploring a psychological basis for the child's difficulties. Based upon the information he obtained, the member provided an affidavit, stating that, pending further investigation, it would be in the best interests of the child to live primarily with the father. There had been no request for a custody and access assessment and the member reports not having set out to perform one. The member did not have any contact with the mother, who had access to the child. He had reported child protection concerns to the Children's Aid Society, with respect to her care, based on statements made by the child, and felt that it would be inappropriate to contact her in the circumstances.

After investigating the matter and based on the concerns raised, the panel of the Complaints Committee Cautioned the member about the need for both parents to have an opportunity to comment before issuing information about custody or access and about the risks in making comments about a family environment, without assessing it.

At the request of the panel, the member agreed to undertake to meet with a peer mentor, to discuss how the information within the affidavit may have amounted to a custody and access recommendation, review the nature and quality of information that is necessary to complete a custody and access assessment or to make recommendations concerning this, and to develop strategies to avoid a similar incident from occurring in the future.

### **Disciplinary Proceedings:**

#### **Ms. Deborah Carroll, Former Member**

A hearing was held on February 1, 2005 into allegations of professional misconduct against Ms. Deborah Carroll. The following is a summary of the proceedings:

#### **Established Facts**

The Statement of Agreed facts stated:

- Between September 2002 and March 2002, in conducting assessments of children, Ms. Carroll contravened a limitation imposed on her certificate of registration, in that she communicated diagnoses to individuals or their personal representatives despite a limitation prohibiting this
- Ms. Carroll's Certificate of Registration was suspended due to non-payment of College fees on October 16, 2002

#### **Decision**

Ms. Carroll entered a plea of guilty. After deliberation and based solely on the Statement of Agreed Facts, the panel found Ms. Carroll guilty of Professional Misconduct.





### **Penalty**

The panel accepted a joint submission on penalty and ordered Ms. Carroll to attend for a reprimand and that the fact of the reprimand be recorded on the public register.

### **Panel's Reasons**

- Communication of a diagnosis, should it be undertaken by someone not possessing appropriate credentials, has the potential for harm to the public.
- Ms. Carroll had communicated diagnoses that had implications for such issues as school placement and medication that could and probably would have had a significant impact on the lives of the children involved

Ms. Carroll is not currently a member of the College and she agreed that the Minutes of Settlement and Undertakings in this matter would form part of the materials to be considered in the evaluation of any future application for membership in the College, and/or in the evaluation of any application for membership in a professional psychological association in any jurisdiction.

### **Dr. Bernard Lacome, Former Member**

A hearing was held on March 29, 2005 into allegations of professional misconduct against Dr. Lacome.

### **Established Facts**

The conduct acknowledged in a Statement of Agreed Facts can be summarized as sexual impropriety with a client, including touching the client and making comments which were sexual in nature, in the course of therapy sessions.

### **Decision**

A panel of the Discipline Committee accepted Dr. Lacome's acknowledgement of the alleged misconduct and found that he had committed Professional Misconduct.

### **Penalty**

Based upon a Joint Submission on Penalty, the Panel ordered that Dr. Lacome appear before a panel to be reprimanded and that the fact of the reprimand be recorded on the public portion of the Register.

### **Panel's Reasons for Penalty**

- Dr. Lacome undertook to resign forthwith from all bodies regulating the practice of psychology in any other jurisdiction and not to apply or reapply for membership in any body regulating the practice of psychology in this or any other jurisdiction at any time
  - Dr. Lacome's advanced age
  - Dr. Lacome is no longer a member of the College.
-



# Volunteers Wanted

The College of Psychologists requires ***VOLUNTEERS: ORAL EXAMINERS*** to participate in the Oral Examination of Candidates seeking Registration.

The College of Psychologists of Ontario conducts oral examinations of candidates for registration, in Toronto, twice a year, in December and June. Each candidate is interviewed by a team of three members who question the candidate in areas of general practice and in the application of ethical and jurisprudence knowledge. To offer each candidate, who is ready to undergo this final step in the registration process, the opportunity for this interview, the College requires a number of oral examiners for each session. At the examinations conducted in December 2004, a total of 36 examiners were involved.

## Qualifications

|                          |   |
|--------------------------|---|
| Psychologist:            | Five or more years of practice since registration |
| Psychological Associate: | Two or more years of practice since registration  |

No current disciplinary action pending

Members able to conduct the oral examinations in French are especially needed

## Availability

Examinations take place over a three-day period and examiners should be available for the entire examination schedule. Examiners are required for upcoming orals to take place November 30, December 1-2, 2005; June 7-9, 2006; and, following this on December 6 - 8, 2006.

## Compensation

Each examiner is paid a daily honorarium and as well, travel and accommodation expenses are covered.

## Application Process

The selection of members to assist with a particular set of oral exams, from among those who are interested, is made based on a number of criteria. These include the necessity to match examiners' area of practice with that of the candidates, the need to provide bilingual examiners for Francophone candidates, freedom from conflicts of interest, and the desirability of having both new and experienced examiners on the teams. In addition, the College strives to ensure the examination teams are made up of members from across the province and represent both male and female practitioners. Due to the need to match examination teams with candidates, it is not always possible to involve all interested members as examiners.

If you are interested in being on the roster of oral examiners please send a letter of interest to the College, to the attention of the Ms. Connie Learn, Director, Registration and Administration. Please indicate your area of practice, as well as your availability for the upcoming December 2005, June 2006 and December 2006 dates or your interest in being considered at some future time.



# COLLEGE NOTICES

## Election Results

Elections to Council were held this year in Electoral District 4 (East) and Electoral District 7 (Psychological Associates)

The Council welcomes:

Clarissa Bush, Ph.D., C.Psych., acclaimed in District 4 for second term

Glenn Webster, M.Ed., C.Psych.Assoc., elected in District 7

In an effort to introduce these members of Council, reproduced below are the Biographical and Candidate Statements submitted by the candidates as part of the election process.

**Clarissa Bush, Ph.D., C.Psych.**  
**Electoral District 4 (East)**

**Biography**

Since obtaining my Ph.D. from McGill in 1984 I have worked at SCO Health Service in Ottawa, initially in both clinical and neuropsychology. However in recent years I have focussed on the latter, working on various rehabilitation teams and currently in an outpatient memory disorder clinic. I hold a diplomate from The American Board of Professional Neuropsychology. Clinical teaching has always been a strong interest and I am presently the training director for our CPA accredited internship in clinical neuropsychology. I hold a clinical professorship at the School of Psychology of the University of Ottawa and am an Assistant Professor (VPT) in the Department of Family Medicine at the same institution. Capacity issues are the focus of my small private practice and I present frequently to community groups on issues relating to capacity assessment and consent to treatment.

**Candidate Statement**

As the Council member for District 4 for the past three years, I have been a member of and subsequently chaired the Registration Committee. This has been an exciting time as we implemented the provisions of the Mutual Recognition Agreement, as well as revising and updating the Guidelines for Registration to make them more transparent and user-friendly. I have also served on the Executive Committee of the College Council for the past two years and, should I be re-elected, plan to run as Vice-President of the College for the 2005-2006 year.

I believe that I have been able to put my experience, enthusiasm and ability to quickly grasp the broad perspective to good use during my first term on Council. The learning curve has been steep, with a large amount of material to be absorbed, not least the number of organizations involved in the profession of psychology, their inter-relationships and all the acronyms!

The mandate of the College is protection of the public, a mandate which is in part met through assisting members in

staying abreast of changing legislation and standards of practice. I have contributed to this through presentations on recent College activities to the Ottawa Academy of Psychology and also to staff of area hospitals, as well as by inviting Dr. Rick Morris to Ottawa to present on privacy legislation and his famous “Tricky Issues”. If elected for a second term, I would plan to continue these activities.

Professional psychology is increasingly diverse. With this comes a need for regulatory practices adapted to the differing demands of non-traditional settings. I believe that it is vital for the College to have a pro-active approach, developing an understanding of the various services which members provide so that accurate and useful guidance can be offered to both the public and practitioners.

**Glenn Webster, M.Ed., C.Psych.Assoc.**  
**Electoral District 7 (Psychological Associates)**

I began my psychology career with a B.A. (Hons) from Nottingham England after changing programme from Russian and French. I then taught high school in Britain for 3 years. During that time I obtained my teacher registration. I taught high school in Jamaica, and then to Manitoba where I held 2 jobs – a counselor in a community health clinic and a consultant with the Manitoba Department of Education doing various things for a (then) new department of Child Development Services.

I moved to Ontario and went to graduate school at O.I.S.E. and U. of T. After a master’s degree, (M.Ed.) I spent 2 more full time years (or equivalent) completing another master’s level and the doctoral level coursework in the areas of school psychology, special education, adult education, planning and counseling. I took a lot of courses. but children and a mortgage hampered the completion of my doctorate.

After a brief stint with the Integra Foundation dealing with children with learning disabilities, I joined the Toronto Catholic District School Board (as it is now known) and have been there ever since My titles, like the times, have changed from Psychometrist to, Psycho-educational Consultant and now Psychological Associate.

My duties include assessments, counseling, consultation and intervention with children and young adults from ages 4 to 21. For about 15 years, I have also had a private practice. I have also taught part time at summer school and Saturday drama classes for my school board and have given psychology classes at two community colleges and Ryerson Open University.

I am a member of CPA and OAPA but see no point in joining a group which will not have me as a (full) member - thus I pay no dues to OPA.

I am active in my union and professional association, being president of my local association and vice-president of the provincial body. I have been active in the Liberal parties of Ontario and Canada and have held elected office on their executives as well as having been a Riding president at the Federal and Provincial levels.

My hobbies include the performing arts of music and drama. I am married and the father of 6 children. Children and an abundance of psychometric test equipment mean that I am forced to drive a mini-van.

While I naturally support the College’s mandate to regulate and govern the profession, I am concerned about the state and well being of Psychological Associates within the College. I find no conflict in seeking fairness, justice and equity for Psychological Associates while protecting the public and maintaining quality assurance.

I believe my maturity, and experience both in the delivery of psychological services and teaching as well as my community, union and political background would be an asset for the Psychological Associate members and the College in general.



## Changes to the Register

The College would like to congratulate and welcome the **59 new *Psychologist*** members and the **12 new *Psychological Associate*** members issued with Certificates Authorizing Autonomous Practice between November 1, 2004 and April 30, 2005.

### PSYCHOLOGISTS

Jean Addington  
Donna Elaine Akman  
Dita Georgiana Andersson Everett  
Kimberly Robin Arbus  
Ehud Emmanuel Avitzur  
Paul Jamie Basevitz  
Lisa Anne Berger  
Marlene Winifred Best  
Lisa Marie Bourque  
Loreta Agatha Brunello-Prudencio  
Colleen Elizabeth Carney  
Daliah Chapnik  
Christine Anne Clancy  
Kerry Allyson Collins  
David Wesley Collins  
Barbara Joan de Faye  
Stephanie Lee Dubois  
Robert James Duck  
Christopher Albert Dywan  
Kim Edelstein  
Krista Susan Edgley  
Gordana Eljdupovic-Guzina  
Allan Eng  
Rhonda Feldman  
Karen Deborah Fergus  
Lilieth Donna Jean Ferguson  
Thomas Antoine Joseph Fournier  
Joel Isser David Ginsburg  
Joanna Lyn Henderson  
Debra Hughes  
Galit Ishaik  
Yifaht Korman  
Rosemarie Krausz  
Karima Lacène  
Marie-France Lafontaine  
Ralph William Lubbers  
Alfonso Giovanni Marino  
Judith Louise Maxfield  
Beth Alexandra McConnell  
Tracy Elizabeth Morgan  
Aleksandra Nesovic  
Kirsten Aili Oinonen

Michael Edward Anthony Oosterhoff  
David Paré  
Nicole Ellen Rielly  
Vicki Joan Rombough  
Kristopher James Rose  
Karen Annette Rowa  
Pamela Marie Sadler  
Amy Elizabeth Silverman  
Judith Ann Smith  
Carey Louise Sturgeon  
Stacy Elizabeth Thomas  
Philip Earl Toman  
Adrian Robert Tong  
Susan M. Vettor  
Serine Hanna Warwar  
Suzanne Elizabeth Wayne-Weidenfelder  
Heather Anne Wheeler

### PSYCHOLOGICAL ASSOCIATES

Casey Jane Batchelor  
Mary Patricia Conklin  
David Francis Guth  
Cecily Diane Jennings  
Yana Kleiman  
Gary Allan Labovitz  
Erin McCormick  
Brenda Dawn McLeod  
Constance Elizabeth Oates  
Penny Kathleen Poisson-Lawrence  
Marie-France Tremblay  
Philip Glen Wall



## Changes to the Register

The College would like to congratulate and welcome the **69 new *Psychologist*** members and the **11 new *Psychological Associate*** members issued with Certificates Authorizing Supervised Practice between November 1, 2004 and April 30, 2005.

### PSYCHOLOGISTS

Carolyn Susan Abramowitz  
 Saadia Ahmad  
 Valerie Lynn Ashton  
 Silvia Bernardini  
 Arpita Biswas  
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The College would like to congratulate and welcome the **2 new *Psychologist*** members issued with Certificates Authorizing Interim Autonomous Practice between November 1, 2004 and April 30, 2005.

**PSYCHOLOGISTS**

Tad Hamilton Crohn  
Robert Edmund Smith

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**Revised Standards of Professional Conduct**

The College wishes to thank all those members who participated in the review of the Standards of Professional Conduct and provided their valuable feedback and constructive suggestions. The draft Standards were approved by the Council of the College on April 1, 2005 to go into effect on September 1, 2005. Each member will be mailed a copy of the revised Standards and, as well, they will be available on the College website.

**Deceased**

Since the publication of the last Bulletin, the College has learned with regret of the death of **Dr. David Bakan, Dr. Harold Goldsman, Dr. Vincent Helwig, Dr. Sylvia Kahgee, Dr. Patrick Morris, Dr. John Paul Szalai** and **Dr. Jeri Wine** and extends condolences to their family, friends and professional colleagues.

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.



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