



The

BULLETIN

THE • COLLEGE • OF • PSYCHOLOGISTS • OF • ONTARIO

MANDATORY PROFESSIONAL LIABILITY INSURANCE

In the December 1999 issue of the *Bulletin* (Volume 26, Number 2) members of the College of Psychologists of Ontario were advised of the proposed bylaw to require all members, who provide psychological services, to carry professional liability insurance. This bylaw was discussed and approved by Council at its recent meeting held on March 31 and April 1, 2000. The full text of the bylaw is published below.

In response to the proposed bylaw, the College received numerous inquiries and comments from members and a number of frequently asked questions were posed. These FAQ's are discussed below to assist members to ensure they have the required insurance in place and are in compliance with the bylaw.

How much insurance do I require?

Each member is required to hold, or otherwise be covered by, professional liability insurance, of not less than \$1,000,000 with no deductible.

When does this requirement come into effect?

The professional liability insurance requirement came into effect with the passage of the bylaw on April 1, 2000.

What if I have insurance through my employer, is this sufficient?

The bylaw requires members to have professional liability insurance covering the psychological services they deliver. If a member works for an organization or institution that provides professional liability coverage to the required amount, this may be sufficient. Members are advised to check with their employers regarding the nature of the coverage provided to ensure it meets the minimum requirements of the College's professional liability insurance bylaw.

Do I require additional insurance for my small private practice in addition to that provided by my employer?

Generally, insurance coverage available to an employee only covers services provided within the scope of the job required by the employer. Work outside of the employment

setting, or outside of the position requirements, is generally not covered by the insurance carried by the employer. Members who provide any psychological services outside of their employment setting are advised to ensure they have proper coverage for these activities. In most cases, this will require members to purchase insurance for themselves, above and beyond anything offered by their employer.

What will I need to provide to the College as proof of this insurance coverage?

As part of the renewal process, members will be asked to sign a declaration stating that they hold, or are otherwise covered by, professional liability insurance that meets the requirements of the College, and to provide the College with the name of the insurer. It will not be necessary to provide any other documentation at the time of renewal. A member may be asked to furnish proof of insurance coverage and, if requested, this must be provided to the College within 30 days. Members may wish to ensure their insurance carrier, be it private or through one's employer, is able to, and prepared to issue such proof of insurance coverage required by the bylaw.

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The policy I have for my private practice has a deductible clause with respect to coverage for complaints and disciplinary hearings, is this a problem?

Many members carry both professional liability insurance, and insurance coverage to assist them with legal expenses in the event they become involved in a disciplinary matter with the College. This latter insurance may contain a deductible amount. The College bylaw does not require a member to carry insurance related to disciplinary hearings and therefore, any deductible associated with this is not addressed by the bylaw. Members who are unsure of the nature of their insurance and the application of deductible components are advised to contact their insurance carrier for clarification.

I am a full time academic member and do not provide any psychological services or supervise anyone who provides psychological services, do I require this insurance?

The insurance bylaw provides an exemption to three categories of members. In each case, these exempted members are not providing any psychological services within Ontario during the registration year, nor are they supervising anyone in the provision of psychological services. Mem-

bers who are potentially exempt from the insurance requirement are those who reside outside of Ontario; those with an academic status certificate of registration; and, those with a retired status certificate of registration. Members seeking such an exemption will be asked to sign a declaration to this effect at the time of membership renewal.

Most insurance coverage provided to members is of the 'claims made' type. That is, coverage is provided only if the insurance is in force when the claim is made, regardless of when the incident resulting in the claim occurred. For this reason, members moving to a category that is exempt from the mandatory insurance requirement, under the bylaw, may wish to consider continuing their coverage for some period of time. More information about this is available from your insurer.

Members are advised to check with their insurance carrier or employer should they have any questions as to whether their professional liability insurance coverage meets the requirement of the College including the availability of a certificate of insurance should proof of insurance be required.

Bylaw on Liability Insurance

Made under the authority of the Regulated Health Professions Act, 1991 as amended 1998, Schedule 2, subsections 94.(1)(y):

1. Each member of the College must carry professional liability insurance of not less than \$1,000,000.
2. The insurance shall have no deductible.
3. It is a condition of renewal of each certificate of registration for autonomous practice, for interim autonomous practice and for supervised practice that a member confirm that the member has valid existing liability insurance in place and that the member provide the College with the name of the insurer.
4. Persons newly registered or reinstated must furnish proof of insurance coverage as required in section 1 within 30 days of receipt of notice of registration.
5. Exemptions from the requirement under section 1 apply only to:
 - (1) Any member who resides outside of Ontario and who provides no psychological services within Ontario at any time during the registration year, nor supervises anyone in the provision of psychological services in Ontario.
 - (2) Any member who holds academic status and who provides no psychological services within Ontario at any time during the registration year, nor supervises anyone in the provision of psychological services in Ontario.
 - (3) Any member who holds retired status and who provides no psychological services within Ontario at any time during the registration year, nor supervises anyone in the provision of psychological services in Ontario.
6. If required to do so by the Registrar, a member must provide proof of insurance coverage within 30 days. A signed attestation from the member's employer or the employer's insurer indicating coverage that meets the College's minimum insurance requirements may be accepted as proof that the member has met his/her insurance obligation.

Reporting Child Abuse and Neglect: Changes to the Child and Family Services Act (CFSA)

The Child and Family Services Amendment Act (Child Welfare Reform), 1999 was proclaimed on March 31, 2000 resulting in changes that impact on members of the College. The following provides some highlights of these changes. A full article reviewing members' obligations to report child abuse and neglect will be published in a future issue of the Bulletin.

- Members are required to report situations to the Children's Aid Society in which there are reasonable grounds to suspect that a child is or may be in need of protection. The penalty for professionals who fail to report is extended to all grounds for protection, not just abuse.
- The grounds for protection include physical harm, risk of physical harm, sexual abuse and risk of sexual abuse, emotional harm and the risk of emotional harm. As well, the grounds for finding a child in need of protection have been expanded to include neglect.
- The old legislation sets out 12 grounds for finding a child in need of protection. Three of these deal with the *substantial risk* of physical harm, sexual exploitation or molestation, and emotional harm. The words *substantial risk* have been replaced with *risk that the child is likely to be harmed*. The word *substantial* was felt to create too high a test before action to protect a child could be taken.
- In the old legislation, the word *neglect* is not specifically identified with any of the grounds. The new legislation adds the words *pattern of neglect* to the grounds for protection.
- In the old legislation one of the grounds for protection is emotional harm demonstrated by *severe* anxiety, depression, withdrawal, and self destructive or aggressive behaviour. It was seldom used because *severe* was found to be too high a threshold. The new legislation lowers the threshold from *severe* to *serious*, and delayed development has been added to the list of symptoms. This is in situations in which there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern or neglect on the part of the child's parent or the person having charge of the child.

Both members of the public and of the profession have the same duty to report a suspicion that a child is in need of protection. The Act recognizes however, that persons working closely with children have a special awareness of the signs of child abuse and neglect and a particular responsibility to report their suspicions. As with the old legislation, the Act makes it an offence for members of the College to fail to report.

It is the responsibility of each member to ensure they are familiar with their statutory duty to report child abuse and neglect. The Ministry of Community and Social Services has produced a pamphlet titled "Reporting Abuse and Neglect". Copies can be ordered by calling (416) 325-5666 or online at www.gov.opn.ca/CSS/page/brochure/puborder.html

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Upcoming
COUNCIL MEETING

Friday June 2, 2000
& Saturday June 3, 2000

MEDIATED COMMUNICATION OF A DIAGNOSIS

As stated in the Bulletin of December 1997 (volume 24, number 2), *It is the policy of the College of Psychologists of Ontario ... that where a diagnosis is to be communicated, the authorized member should be present, properly apprised of all important aspects of the case, and personally communicate the diagnosis.*

The policy of the College requires the authorized member be present, and personally perform, the controlled act of communicating a diagnosis. Consideration however, has been given to *electronically mediated communication*. That is, the personal communication of a diagnosis through the use of 'real time' electronic forms of communication such as telephone or video conferencing.

The College recognizes the seriousness of the performance of the controlled act and the importance of ensuring that only authorized individuals communicate diagnoses to clients. A central feature in performing the controlled act is the exchange of information and dialogue between the member and the client; that is, the possibility of two-way communication, not a one-way presentation of information. This can be done through electronic means, in 'real time', when it is not possible for the member to be present, face to face, with the client.

Although physical presence with clients for the performance of the controlled act of communicating a diagnosis is always preferable, the proper use of electronically mediated communication may be appropriate in some situations. These electronic means could include telephone conferencing, video conferencing, or other technological means that are done in 'real time', allow interaction and protect the confidentiality of the client and the information.

In approving the use of electronically mediated communication with respect to the performance of the controlled act, the Council issued the following guidelines:

1. The member responsible for the diagnosis must have sufficient familiarity with the client and the assessment to responsibly formulate the diagnosis, and to sign the report containing the diagnosis.
2. The member authorized to perform the controlled act of communicating a diagnosis, if not physically present, must be present by electronic means in a way that allows

for interaction and discussion with the client, of the diagnosis and treatment options, etc., and enables the client's questions to be answered.

3. In most cases where a member is present by electronic means, it would be helpful to have another individual physically present with the client to provide emotional support as well as technical assistance (e.g., setting up the teleconference or videoconference, intervening if technological problems arise). This individual would normally be someone who has been involved with the client in some way (e.g., involved in the intake process, conducted the testing, etc.) or another individual, as long as the client is agreeable, and confidentiality is maintained. The member authorized to communicate the diagnosis is fully responsible for the communication and any difficulties arising from it, whether the member is physically present or present via electronic means.
4. Conditions for accountability must prevail in the communication of a diagnosis, including clarity regarding who is making the diagnosis and who is responsible for it.

Current Regulatory Issues: Impact on the Practice of Psychology in Ontario

9th Annual Barbara Wand Symposium, February 2000

The ninth annual Barbara Wand Symposium was held on Wednesday, February 23, 2000 and those attending agreed it was a very interesting and successful day. About one hundred and fifty members of the College and others gathered to hear presentations on a variety of topics related to the practice of psychology in Ontario. Following an introduction and welcome by the College President, Dr. Ron Myhr, C.Psych., the podium was turned over to the College Registrar, Dr. Catherine Yarrow, C.Psych., who chaired the day.

The morning sessions focussed on issues related to informed consent, and the confidentiality of records. The first session of the day provided an overview and discussion of the elements of informed consent with special emphasis on the determination of capacity, substitute decision makers and the capacity assessment. Our speakers were Mr. Barry Gang, C.Psych.Assoc. and Dr. Clarissa Bush, C.Psych. After a mid-morning refreshment break, Dr. Ian Nicholson, C.Psych. provided a lively presentation on the current trend toward computerization of hospital information systems, the move to 'paperless' record keeping and the potential impact on client confidentiality.

The discussion of confidentiality and the release of records in sexual abuse cases offered insights into the recent Supreme Court of Canada decision in *Regina v. Mills*. Dr. Nina Josefowitz, C.Psych. provided a comprehensive introduction to the implications of this highly relevant decision and chaired a very stimulating panel discussion. Diane Oleskiw, B.A., LL.B. of Oleskiw, Anweiler discussed the *Mills*' decision from the perspective of the client whose records are being sought by the courts. David Porter, M.A., LL.B. a partner in the firm of McCarthy Tétrault offered a lawyer's view of these types of court decisions from both the prosecution and defence perspective, relating both to trials and disciplinary hearings. An interesting and stimulating discussion of client's rights and practitioner's obligations ensued.

The afternoon session began with an update on the Regulated Health Professions Act, 1991. Dr. Catherine Yarrow provided an overview of the changes that have come into effect with the passage of the Red Tape Reduction Act,

1999. She also described the use of Alternate Dispute Resolution mechanisms within the College discussing the policies, procedures and safeguards. Dr. Rob Alder, Chair of the Health Professions Regulatory Advisory Council (HPRAC), updated Symposium participants on the status of the current review of the RHPA being coordinated for the Minister of Health by HPRAC.

The theme of the latter part of the day was the Professional and the Community. Dr. Philip Ritchie, C.Psych. and Dr. Lynne Beal, C.Psych. provided stimulating presentations on the role of the psychological practitioner in trauma response. Drawing on their personal experiences in trauma work in industrial, community and school settings, Drs. Beal and Ritchie gave those in attendance a first hand look at the challenges and rewards of this very difficult work. To conclude the day, Dr. Barbara Bresver, C.Psych. and Mr. Stephen Biggs, M.A. provided a comprehensive overview of the many activities going on in the community of which psychologists and psychological associates are, or can be, a part. Many community resources are available through which the public can access psychology in everyday life.

Nearly half of the participants completed evaluation forms that will assist in reviewing this year's Symposium and in planning for future events. The overall results of the evaluations were very positive and many suggestions were provided for possible future Symposium topics. We would like to congratulate Dr. Marguerite Kuiack of London, Ontario, the winner of the raffle drawn from the completed evaluation forms. Dr. Kuiack received a refund of her Symposium registration fee.

Members are reminded that both video and audiotapes of this year's Barbara Wand Symposium are available and can be purchased by contacting Audio Archives International, Inc. at (905) 889-6566.

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Tricky Issues Feature: Use and Disposal of Old or Obsolete Test Materials

Our clinic has a large collection of old test materials, including test kits, manuals and scoring forms that we are not sure what to do with. Can we give them or sell them to clinic staff for their private practices? Can they be thrown in the garbage or is some other form of disposal required?

The Issue:

Over the years, individual members as well as institutions amass very large collections of test materials as revisions replace earlier versions. These may include left over old scoring forms that are no longer useable or complete kits from various versions of tests such as the WISC or WAIS. These testing materials can represent a sizeable investment of money, and members have inquired as to whether they can partially recoup some of this through the sale of these items. Other members have questioned whether there could be a use for these materials in less developed countries and the possibility of donating these still usable items.

In considering disposal, members recognize their obligation to protect the security and integrity of test materials, which raises the question of the proper method of disposing of materials that are no longer in use.

The College's Advice:

Use of Old Tests: One issue underlying this question is the appropriateness of using older versions of a test when revisions have been published. In answer to this, the College advises that the responsibility for ensuring that appropriate assessment methods are employed, rests with each member. This responsibility is clearly outlined in the Standards of Professional Conduct. Principle 2.8 of the Standards states that, *Professional opinions rendered by a member shall be founded on adequate and appropriate information.* As well, Principle 2.11 of the Standards requires that, *Members who administer, score, interpret, or use assessment techniques shall be trained in their application and be familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.* If the use of older versions of test materials is not appropriate, their use could be contrary to these Standards.

Standard 3.25 of the Standards for Educational and Psychological Testing (AERA, APA, NCME, 1999) requires that, *A test should be amended or revised when new research data, significant changes in the domain represented, or newly recommended conditions of test use may lower the validity of test score interpretation. Although a test that remains useful need not be withdrawn or revised simply because of the passage of time, test developers and test publishers are responsible for monitoring changing conditions and for amending, revising, or withdrawing the test as indicated.*

While this Standard places some onus on test publishers to revise and amend tests as required, the commentary accom-

panying the Standard emphasizes the responsibility of the test user. It continues with the following, *Comment: Test developers need to consider a number of factors that may warrant the revision of a test, including outdated test content and language. If an older version of a test is used when a new version has been published or made available, test users are responsible for providing evidence that the older version is as appropriate as the new version for that particular test use.* [underline added]

In researching this topic, the question of the use of the WISC-R, rather than the newer WISC-III was posed to a representative of the publisher. In his response, he stated that, "I would always recommend using the newest version available as the norms would be current. I would not recommend the use of the WISC-R for making diagnoses as the WISC-III norms are more recent and a Canadian norm set is available. In addition, IQ scores tend to rise over several years due to the "Flynn effect". In the U.S. some states mandate the use of the most recent version of a standardized test available, thus it would be unacceptable to use the WISC-R."

While the College of Psychologists of Ontario does not have a policy similar to that of some American states, the College does require members to be familiar, and comply with, the Standards of Professional Conduct and the Standards for Educational and Psychological Testing.

Disposal of Old Tests: As discussed, the Standards require that members must use the most appropriate tests available

and that obsolete, out of date tests should not be used. Given this, it would then seem inappropriate for members to make these tests available to others. This would include offering them to colleagues or donating them to other potential users.

In keeping with the required need to maintain the integrity and security of test materials, members are advised to dispose of materials in a manner that will ensure their complete destruction. Paper forms and administration manuals may be shredded, while other test materials may need to be destroyed in other ways. If one is unsure of how to properly dispose of these materials, members may wish to contact the test publisher for guidance. Some publishers have a disposal service and will cover the cost of shipping old test materials back to them, for proper disposal.

As a final note, members who are considering the resale or transfer of test materials to others may wish to review the information provided in the test catalogues or consult with the test publisher to ensure that this activity does not violate the original purchase agreement.

Rick Morris, Ph.D., C.Psych.
Deputy Registrar/Director, Professional Affairs

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COMMUNICATION OF A DIAGNOSIS UNDER SUPERVISION: An Update

Transitional Implementation Phase Ending

As stated in the Bulletin of December 1997 (volume 24, number 2), *It is the policy of the College of Psychologists of Ontario ... that where a diagnosis is to be communicated, the authorized member should be present, properly apprised of all important aspects of the case, and personally communicate the diagnosis.*

In enacting this policy statement, the Council of the College recognized that some settings could have difficulty with immediately implementing the required personal communication of diagnoses, where traditionally, a significant amount of service had been provided by supervised, unregulated staff. To allow members, within these settings, the time to revise their policies and practices with respect to the use of unregulated providers, the Council approved a three year transitional implementation phase. **This transition phase expires on September 1, 2000** after which time, the College will enforce the provisions requiring that diagnoses be communicated personally by authorized members of the College or those authorized to communicate a diagnosis under supervision.

Communication of A Diagnosis under Supervision

As of September 1, 2000, non-regulated providers will no longer be able to communicate diagnoses even under supervision. The controlled act of communicating a diagnosis may be performed however, under supervision, by members of the College who are not authorized to perform this activity independently. A qualified member must provide the supervision. Both the supervising and the supervised members have responsibility for the professional activities performed under supervision. In addition, individuals who are fulfilling the requirements to become members of the College may perform the controlled act under the supervision and direction of a qualified member.

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COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

Payment of Fees

Under the current fee bylaw, all members must pay their annual registration fee on or before June 1. The College will shortly be mailing out the fees notice and practice update forms for the 2000 – 2001 registration year. While the College endeavours to ensure that each member receives his/her renewal notice, the College cannot be responsible for misdirected or undelivered mail. Each member is responsible to ensure his/her fee payment is made regardless of whether a notice was received. If you do not receive your fee notice by May 15, please contact the College immediately.

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Please Give Us Your E-mail Address

There are many occasions when the College would find it both convenient and practical to communicate with members, either individually or as a membership, through e-mail. On this year's practice update form you will find two lines regarding e-mail. There is one place for members to indicate their e-mail address if they wish to have it included in the published Directory of Members. A second space is available to provide an e-mail address for use by the College in communicating with members. The e-mail address provided for College communication will not be made public unless it is also listed in the space related to the Directory of Members.

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Definition of Practice Areas: An Amendment

At the Council Meeting of December 1999, an amendment was made to the Definition of Practice Area for SCHOOL PSYCHOLOGY distributed with the Bulletin in August 1999.

An additional bullet point was added to the final section that begins: "For members practising *School Psychology* the following minimum skills are required:"

This bullet, inserted between the second and third bullet points, reads:

- the ability to formulate and communicate a differential diagnosis or make an appropriate referral;

The complete revised document is printed on page 9 of this issue of the Bulletin.

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Quality Assurance Program

Self Assessment Guide and Professional Development Plan

All members are required to complete the Quality Assurance *Self Assessment Guide and Professional Development Plan* every two years. This year, all members holding even numbered, registration numbers will shortly be receiving the April 2000 *Self Assessment Guide and Professional Development Plan*. This tool is an important part of the members' professional development required by the Quality Assurance Regulation. Members are required to complete the *Self Assessment Guide and Professional Development Plan* and indicate this by signing and returning the accompanying *Declaration of Completion* to the College, along with the membership fee renewal.

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Definitions of Practice Areas School Psychology – Revised December 1999

All members of the College of Psychologists require the following minimum working knowledge base:

- knowledge in the core content areas of psychology, i.e., the biological bases of behaviour, the cognitive affective bases of behaviour, the social bases of behaviour, and the individual differences of behaviour;
- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and,
- knowledge of psychological measurement.

***School Psychology* is the application of knowledge about human behaviour and development to the understanding of the social, emotional and learning needs of children, adolescents and adults, and to the creation of learning environments that facilitate learning and mental health.**

In addition to the above minimum knowledge base, members practising in ***School Psychology*** require following:

- knowledge of intellectual, social, behavioural and emotional assessment;
- knowledge of exceptional learners;
- knowledge of normal lifespan development and cross-cultural differences in learning and socialization;
- knowledge of developmental and general psychopathology;
- knowledge of instructional and remedial techniques;
- knowledge of multidisciplinary team approach for case management;
- knowledge of counselling, psychoeducational and early intervention techniques;
- knowledge of systems and group behaviours within, and related to, the school organization.

Practitioners who provide services in ***School Psychology*** should be aware of the impact of medication and medical conditions on learning and behaviour.

For members practising ***School Psychology*** the following minimum skills are required:

- the ability to perform an appropriate psychological assessment;
- the ability to generate provisional hypotheses about possible causes of symptoms and make a referral for a differential diagnosis where appropriate;
- the ability to formulate and communicate a differential diagnosis or make an appropriate referral;
- the ability to plan, execute and evaluate an appropriate psychoeducational intervention;
- the ability to plan, execute and evaluate appropriate prevention programs.

Approved December 1999

COLLEGE BY-LAWS: NEW AND REVISED

Notice of Proposed Bylaw Amendment- Elections

The Council of the College of Psychologists of Ontario will be considering an amendment to the Elections Bylaw at the Council Meeting of June 2-3, 2000. Approval of the amendment will add the following:

- 5.(3) A candidate for election to Council must undertake to resign from any position on the Board or staff of any professional psychology association.
- 5.(4) Candidates are expected to conduct their election campaigns in a manner consistent with the standards expected of members of the College of Psychologists.

Approved Bylaw Amendments

At the meeting of Council on March 31 and April 1, 2000 the following revisions to bylaws were approved.

Registration Fees

The fee for members holding a *regular status* certificate of registration who reside in Ontario or practice in Ontario is increased from \$625 to \$675. The fee for members holding a certificate of registration for *academic status* is 50% of the annual fee for *regular status* members. The fee for members holding a certificate of registration for *inactive status* is 30% of the annual fee for *regular status* members.

Signing Officers

Signing authority for financial matters of the College is given to: one of the Registrar or Deputy Registrar plus one of the President, the Vice-President, or one member of Council, for any amount; and, two of the Registrar, Deputy Registrar and Director, Registration and Administration for amounts to \$5000. A signing officer cannot sign a cheque made out to him/herself with the specific exemption of payroll cheques.

Conduct of Meetings

Meetings of the Council shall be conducted in accordance with *Keesey's Modern Parliamentary Procedure*.

Liability Insurance

Professional liability is mandatory for all members. See the lead article in this issue of the Bulletin for a full description of this bylaw.

CHANGES TO THE REGISTER

Deceased

The College has learned with regret of the death of Dr. Kenneth Koffer and extends condolences to his family, friends and professional colleagues.

Retired

The following members have requested their Certificates of Registration be changed from regular to retired status. The College would like to wish them well in their retirement.

- Arthur Brown
- Darla Drader
- Kathleen Knox
- Vithal Naik
- Robin Patchett
- Manfred Pruesse
- Patricia Reavy
- Peter West

Reinstatements

The following individuals have reinstated their membership with the College:

- Rita Bradley
- Wayne Connelly
- Charles Cunningham
- Heather Faulkner
- Daniel Fitzgerald
- Garry Hawryluk
- Brian Heisel
- David Masecar
- Richard Neufeld
- Lynn Oldershaw
- Dmytro Rewilak
- Paul Wang
- Reyhan Yazar

Call for Participation in Statutory and Non-Statutory Committees

Under the Regulated Health Professions Act, 1991, the College is required to have seven Statutory Committees: Executive, Registration, Complaints, Discipline, Fitness to Practice, Quality Assurance, and Client Relations. The Executive Committee is elected from the members of the College Council who in turn appoint the members of the six other Committees. The Committee composition includes both members of the Council, and members of the College who are not members of the Council. Both titles, *Psychologist* and *Psychological Associate*, must be represented on each of the six Committees. In addition to the Statutory Committees, the College has established a Communications Committee for which member participation is sought.

Members who are interested in serving on a Committee are asked to provide their name, registration title, preferred Committee (1st and 2nd choice may be given) and a brief statement of background and interest to the Registrar by May 15, 2000.

Registration

Meeting an average of one day per month, the Registration Committee reviews applications referred by the Registrar, to determine whether requirements for registration have been met, and to direct the Registrar respecting the issuance of certificates of registration and any terms, conditions or limitations to be imposed. The Committee also reviews and advises on policies and guidelines related to registration. Two members of the College are required.

Complaints

Meeting an average of one to two days per month, the Complaints Committee investigates complaints regarding the conduct or actions of members and renders a written decision within 120 days of receipt of a complaint. The Committee also reviews and advises on policies and guidelines related to investigations and resolutions. At least two positions will be available for members of the College.

Discipline

Meeting as needed, for hearings ranging from one to five days, including resumptions, the Discipline Committee hears allegations of professional misconduct or incompetence against members, referred by the Complaints Committee. Two members of the College are required.

Fitness to Practice

The Fitness to Practice Committee meets as needed to hear matters relating to fitness to practice referred by the Executive Committee after receiving a report from the Registrar regarding possible incapacity. Two members of the College are required.

Quality Assurance

Meeting three to four times per year the Quality Assurance Committee is responsible for the continued development and implementation of the Quality Assurance Program under the regulation developed by the College for such a program. The Committee administers the Quality Assurance Program including the Peer Assisted Review process and advises on policies and guidelines related to Quality Assurance. Two members of the College are required.

Client Relations

Meeting two to three times per year with development work between meetings, the Committee advises the Council on the College's client relations program that includes measures for preventing or dealing with the sexual abuse of clients by members. The program covers educational requirements for members, guidelines for the conduct of members with their clients, training for College staff and the provision of information to the public. Two member of the College is required.

Communications

Meeting as required, this non-statutory Committee is responsible to develop and coordinate communication between the College and the members. The mandate includes overseeing the publication of the Bulletin, development of the College website and general responsibility for communication with the members. The Committee is interested in making the current communication vehicles as useful and effective as possible, and in looking for ways to expand and enhance communication between members and the College. Two or three members of the College are required.

Changes to the Register

CERTIFICATES AUTHORIZING AUTONOMOUS PRACTICE

The College would like to congratulate and welcome the 6 new *Psychological Associate* members and the 53 new *Psychologist* members issued with Certificates Authorizing Autonomous Practice since September 1999.

PSYCHOLOGISTS

Ellen Belton
Andrew Bennett
Rafael Bergamasco
Peter Bieling
Tally Bodenstein-Kales
Stephanie Bot
Yan Cao
Christine Courbasson
Tasleem Damji Budhwani
Alicia Dunlop
Lucia Farinon
Lucia Gagliese
Mitra Gholamain
Mary Gick
Caterina Giordano
Daniel Goldberg
Cathy Goldstein-Kerzner
Jan Heney
Sharon Jankey
Sylvia Kemenoff
Lorne M. Korman
Nora Krane
Tami Kulbatski
David Kurzman
David LeMarquand
Jeannie LeMesurier
Douglas MacDonald
Francine MacInnis
Cindy Maddeaux
Marcia McCoy
Cathleen McDonald
Traci McFarlane
Angela McHolm
Cathy Chovaz McKinnon
Charles Menendez
Nozomi Minowa
Rhonda Nemeth
Jonathan Oakman
Anne Parent

Jordan B. Peterson
Darrell Reeder
Tamra Ricci
Josée Rivest
Donna Roach
Mark Rothman
Julia Rucklidge
Alexander Russell
Ronald Stringer
Susan Sweet
Gabriella Szanto
Lisa Smith Walker
Andrea Wood

PSYCHOLOGICAL ASSOCIATES

Eva Biderman
Judith Hoornweg
Janet Killey
Janice Monaghan
Franceline Quintal
Richard Willick

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 with Certificates Authorizing Autonomous Practice.

**CERTIFICATES AUTHORIZING SUPERVISED PRACTICE**

The College would like to congratulate and welcome the 60 new *Psychologist* members and the 18 new *Psychological Associate* members issued with Certificates Authorizing Supervised Practice between September 1999 and March 31, 2000.

PSYCHOLOGISTS

Kay Abony-Bencze
Andrea Adams
Deborah Affleck
Clovis Araujo
Deborah Azoulay
Kristine Belanger
Halim Bishay
Scott Bishop
Jacqueline Blackwell
Jessica Brian
Mila Buset
Jacqueline Cimbura
Carolina Cristi
Roberto DiFazio
Raymond Dlugos
Kathryn Douglas
David Dozois
François Dupont
Lina Girard
Neil Gottheil
Stephanie Greenham
Bertrand Guindon
Ragnheidur Hlynsdottir
Elizabeth Hubbard
Shelley Jordan
Lisa Keith
Bethany King
Cecile Ladouceur
Christina Lee
Diane LePage
Caroline MacIntosh
Karen MacLeod
Sherry Maharaj
Judith Malette
William Maniago
Helen Massfeller
Randi McCabe
Siobhan McEwan
Elaine McKinnon
Maria Medved
Jon Mills
Mary-Beth Minthorn-Biggs
Myriam Mongrain
Lisa Mulvihill
Virginia Nusca
Patricia Peters

Annie Pettit
Susannah Power
Brenda Restoule
Martine Roberge
Lynda Robertson
Francine Roussy
Ian Shulman
Grace Vitale
Diana Vito
Susan Williams
Heather Wilson-O'Halloran
Kathy Winter
Nicola Wright
Konstantine Zakzanis

PSYCHOLOGICAL ASSOCIATES

Adèle Blennerhassett
Chantale Bourque
Michael Breau
Deborah Carroll
Julie Cheatley
Linda Cossette
Connie Easto
Timothy Giguere
Lisa Griffiths
Carol Gustafson
Christine Hodgins
Anne Johnson
Marla Kierstead
Laura Mahoney
Josie McKechnie
Eva Mourelatos
Robyn Williston
Tony Wong

Thank you Oral Examiners...

The College would like to thank the following individuals who assisted with the oral examinations in December 1999.

James Alcock, Ph.D., C.Psych., Professor, York University; Private Practice: Toronto

Carla Baetz, M.A., C.Psych.Assoc., Private Practice at Angela Foundation and Associates: Whitby

Howard Barbaree, Ph.D., C.Psych., Clinical Director, Forensic Program, Centre for Addictions and Mental Health: Toronto

Lynne Beal, Ph.D., C.Psych., Co-ordinator of Psychology, Toronto District School Board, South Education Office: Toronto

Ian D.R. Brown, Ph.D., C.Psych., Supervising Psychologist, Kawartha Pine Ridge District School Board: Peterborough

Clarissa Bush, Ph.D., C.Psych., Memory Disorder Clinic and Chronic Care Hospital; Private Practice in capacity assessment: Ottawa

Brian Doan, Ph.D., C.Psych., Psychologist Consultant, Sunnybrook Regional Cancer Centre: Toronto

Jack Ferrari, Ph.D., C.Psych., Psychologist/Discipline Consultant, Adult 3 Program, London Psychiatric Hospital: London

Margaret Hearn, Ph.D., C.Psych., Private Practice; Adjunct Faculty, Dept. of Psychiatry, University of Western Ontario: London

Nina Josefowitz, Ph.D. C.Psych., Private Practice: Toronto

Randy Katz, Ph.D., C.Psych., Private Practice; Assistant Professor, Department of Psychiatry, University of Toronto: Toronto

Anton Klarich, Ph.D., C.Psych., Chief Psychologist, French Separate School Board of Southwestern Ontario: Tecumseh

Marguerite Kuiack, Ph.D., Psych., Private Practice: London

Connie Kushnir, Ph.D., Psych., Child Development and Counselling Service, North York General Hospital; Private Practice: Toronto

Louise LaRose, Ph.D., C.Psych., Supervising Psychologist, London District Catholic School Board; Private Practice: London

Maggie Mamen, Ph.D., C.Psych., Private Practice; Sessional Lecturer, Carleton University: Ottawa

Jane Mortson, Public Member, Retired Teacher: North Bay

Ronald Myhr, Ph.D. C.Psych., Saville and Holdsworth, Inc.: Toronto

Janet Polivy, Ph.D., C.Psych., Professor, Department of Psychology and Psychiatry, University of Toronto: Toronto

Monique Pressé, M.A., C.Psych.Assoc., Child and Adolescent Centre, Children's Hospital of Western Ontario, London Health Sciences Centre - Victoria Campus: London

Janet Quintal, M.A., C.Psych.Assoc., Bloorview MacMillan Centre: Toronto

Brian Ridgley, Ph.D., C.Psych., Independent Practice, Ridgley, Thomas and Notarfonzo: Toronto.

Gordon Rimmer, Public Member, Retired Financial Controller: Seaforth

Gene Stasiak, Ph.D., C.Psych., Psychological Consultant, Director of Research, Ontario Correctional Institute: Brampton

Anne Vagi, Ph.D., C.Psych., Trillium Health Centre; Private Practice: Mississauga

Debbie Vanderheyden, Ph.D., C.Psych., London Psychiatric Hospital; home-based Private Practice: London

Robert Woods, Ph.D., C.Psych., Private Practice; Consultant to Medical Group: Toronto

Thank you EPPP Proctors...

The Examination for Professional Practice in Psychology (EPPP) and the College Jurisprudence Examination were administered on October 13, 1999 in London, Ottawa, Sudbury and Toronto and on April 12, 2000 in London, Ottawa, Sudbury, Thunder Bay and Toronto. The College appreciates the assistance provided by Dr. Jack Ferrari, Dr. Jane Ledingham, Dr. Rod Martin, Dr. Mary Ann Mountain, Dr. Chris Nash, Dr. Joseph Persi and Dr. Alastair Younger.

Staffing Highlights

The College is pleased to announce the appointment of **Mr. Barry Gang, Dip.C.S., C.Psych.Assoc.** to the position of Director, Investigations and Hearings effective Monday March 27, 2000. Barry brings to the position a wide variety of experiences in service management, professional practice and the administration of legislation affecting the practice of psychology. He comes to the College from his position as Clinical Manager at Surrey Place Centre. Prior to this, Barry's professional career has included work as a Clinical Consultant to the Etobicoke Sexual Abuse Treatment Program, Clinical Supervisor at Thistletown Regional Centre, and Assessment Coordinator with the Capacity Assessment Office of the Ministry of the Attorney General. Barry has also assisted the College as an oral examiner and as a member of the Complaints Committee. Barry brings a variety of skills and experiences to this role and we are very pleased to welcome him to this position.

Ms. Dana Wilson-Li, Administrative Assistant, Registration has left the College to pursue other opportunities with the College of Physicians and Surgeons. Dana was with the College for almost seven years and the members who joined the College during this time certainly appreciated her assistance in helping them through the registration process. We wish Dana every success in her work with the CPSO.

We are pleased to welcome **Ms. Myra Songco-Veluz** to the College staff. Myra will be working primarily in the registration area where she will assist in coordinating examinations. She will also carry some responsibility in the continued implementation of the College Quality Assurance Program.



Mission

To serve the public interest by ensuring that psychological services in Ontario are effective, safe and accessible.

The Bulletin is a publication of the College of Psychologists of Ontario

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The Bulletin is published quarterly. Subscriptions for members of the College are included in their registration fee. Others may subscribe at \$15 per year, or \$3.75 per single issue. The College will also try to fill requests for back issues of the Bulletin at the same price.

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