



JULY 2020
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WELCOME TO *HEADLINES!*

This is the first issue of our redesigned quarterly newsletter formerly called The Bulletin. We hope you enjoy the new format, and layout. *HeadLines* is only one part of the Communication Modernization Strategy undertaken by the College. Over the next short while you will see changes in a variety of areas. A fresh new logo is now in use, a revamped website will be launched shortly, and updated forms and documents are being rolled out. In addition, the new look will include the creation of a social media presence. We are excited about these changes and look forward to sharing them with you.

October 2020 marks another milestone in the history of the College; 60 years of regulation of the practice of psychology in Ontario. On October 22, 1960, the Regulations creating the Ontario Board of Examiners in Psychology (OBEP) were published in the Ontario Gazette making Ontario one of the first jurisdictions in North America to regulate psychology as a profession. OBEP registered members, set professional standards and reviewed practice concerns until the creation of its successor, the College of Psychologists of Ontario, in 1994. Our numbers have grown from 145 members at the end of 1961 to our current 4,554. Psychological practice has seen many changes over these 60 years and we are proud of the many contributions made to the profession by our members.

PRESIDENT'S MESSAGE

It is hard to believe, that just a few months ago, in the depths of winter we were thinking about the coming summer, travel, relaxation and a pleasant break from the routines of winter. And then it began: the spread of COVID-19 and the dramatic changes that each of us has had to face both professionally and in our personal lives.

So much of what we know of good mental health is tied to healthy and effective relationships. Now we face circumstances that distance us from those who bring positive meaning to our lives. And, as if the spread of this virus were not troubling enough, we have become more aware of racism in our midst and are all too cognizant of the inequalities in our society when it comes to services and care for those who are most vulnerable. In a presentation before a subcommittee of the United States House of Representatives, Arthur Evans, PhD, CEO of the American Psychological Association, recently referred to this state of affairs as a *syndemic*: “a rapidly spreading and dangerous disease, coupled with a racism pandemic and a pre-existing crisis of mental health – that interact synergistically and have a disproportionate impact on marginalized populations.”

What is our responsibility as a College, given that our mandate is determined by provincial legislation? Clearly, our mandate is different than those organizations that represent the members of the profession. Our mandate is twofold: the protection of the public, and helping to ensure that the psychological workforce of the province is able to meet the mental health needs of the citizenry. Let us turn to the first one. The College of Psychologists of Ontario, under legislation and through the development of *Standards of Professional Conduct*, sets a bar for the assessment of activities of College members. In the new circumstances in which we find ourselves, concern has been expressed as to whether the College will countenance deviations from the standards of practice. Fortunately, the Registrar, Dr. Rick Morris has made it clear in his communications with the membership that while the *Standards* remain in effect, it is not always possible

to adhere to them with exactitude. When facing such circumstances, members are expected to have strong and appropriate reasons for any deviation. Every day in clinical practice we are faced with moments when we must make strategic decisions that may alter the course of our work. Consistent with this, members are being asked to use their best judgment and to be able to defend their choice of actions.



“So much of what we know of good mental health is tied to healthy and effective relationships.”

The second half of our mandate is to ensure that when the Council make decisions for the profession, we are not restricting access to psychological services. Said more positively, we have a responsibility to increase access to our profession. Seen in the light of a growing societal awareness that many groups are marginalized and have little means of utilizing our services, I would like to offer some concrete steps for changing this situation for the better. First, I wish to commend those academic training programs that are now taking a hard look at the diversity makeup of their student body. Are there policies and



practices that limit the development of a cohort of new clinicians who reflect the wider society in term of class, ethnicity, sexual orientation and physical abilities? We need clinicians who personally understand the lived experience of their clients. We need a curriculum that reflects the diversity of our population. We need supervisors who are sensitive to the subtle biases that can so easily creep into our work. And finally, we need to recognize the interplay between race, culture and mental health, a focus that has been sorely missing in the preparation of new clinicians.

“It is an important service for those who must deal with the rigours of health care for COVID-19.”

I was once taught by a venerable sage that there are no obstacles in life, only challenges to which we must find means of responding. A wonderful example of this can be found in the way clinicians have modified their practices in an age of social distancing. Few of us knew much about telehealth four months ago. Most of us stumbled at first as we strove to find our rhythm in working with clients, screen to screen. However, with time and self-reflexiveness, this medium for delivering services has become much easier to navigate. Yes, there are important factors missing, but telehealth helps us to focus on new facets that we might

not have attended to with as much clarity in a routine office visit.

I have also been impressed with the willingness of members of the College to offer pro bono services to frontline workers. It is an important service for those who must deal with the rigours of health care for COVID-19. This is highly commendable. However, in this syndemic, lack of services for many members of society has been brought into sharp focus. While I could go into much detail about means of spreading the work of members of the College, a focus on lobbying is outside of the legislative mandate of the College. I will say, however, that just as many have given an hour a week to frontline workers, we might also consider, when the syndemic is past, to extend this effort to vulnerable and marginalized groups in society who do not normally have access to our services. As well, I urge our professional organizations to continue to lobby government to increase accessibility.

One final thought, the *Barbara Wand Seminar in Professional Ethics, Standards and Conduct* being held in September will focus on Self-Care for Professionals. These have been very stressful times for all of us. I hope that you will be able to address your personal needs even as we strive to offer better care to our clients.

Stay well. Stay healthy and thank you for all that you do.

Michael Grand, PhD, C.Psych.
President

QUALITY ASSURANCE (QA) UPDATES, INCLUDING ANNOUNCEMENT OF A SELF-CARE COMPONENT TO THE SELF-ASSESSMENT GUIDE



IMPACT OF COVID-19

Physical distancing measures necessary to decrease the spread of COVID-19 have led to the postponement of in-person Peer Assisted Reviews and to flexibility in upcoming Quality Assurance deadlines. Specific details regarding these changes have been shared with members involved in Peer Assisted Reviews or those whose Quality Assurance *Declarations of Completion* are due this summer.

The QA Committee and staff are continuing to work remotely to update and enhance the QA program and to ensure that the College's Quality Assurance statutory requirements continue to be met.

SELF-ASSESSMENT

The [Self-Assessment Guide and Continuing Profession Development Plan \(SAG\)](#) has been updated. New legislation, marked as "NEW", has been added and some sections of the SAG have been reorganized in response to members' comments about sections they found confusing in the past.

The biggest change to the Self-Assessment Guide has been the addition of section VII, the [Self-Care Plan](#). This section was developed by the Quality Assurance Committee and is consistent with the initiatives of regulators across

professions and jurisdictions to assist professionals in protecting their own well being and, consequently, their ability to provide services competently and ethically. Even those members who are not required to complete a Self-Assessment this year are encouraged to review this new section and use it voluntarily.

PEER ASSISTED REVIEWS

There are three ways a member can be selected to participate in a Peer Assisted Review:

1. Failure to participate in the Self-Assessment as required by the Quality Assurance Committee, as set out in the Quality Assurance Regulation;
2. Random selection from the entire membership excluding retired members; or
3. Random selection from a specified group in a process known as Stratified Random Selection

The focus of stratified random sampling during 2019 – 2020 was on members providing supervision. Unfortunately, the completion of many of these reviews were delayed by the COVID-19 pandemic. Once this group of reviews has been completed and aggregate results are available, we hope to provide the membership with helpful information gained from these reviews.

During 2020 – 2021, the QA Committee plans to focus the stratified random sampling on members who have been registered for between five and ten years. This was based upon the recommendation of several past Peer Assisted Review participants who suggested that while the experience was a helpful one, it would have been even more helpful earlier in their careers.

Many members express anxiety about being reviewed and this is understandable. In an effort to provide as much information about the process as possible, we are

now providing the full, unedited feedback from all of the [Post Survey Responses](#). Overall, this survey information suggests that most respondents found the Peer Assisted Review experience to be a helpful and positive.

Full information about the College's [Quality Assurance Programs](#) may be found on the College website. Members are encouraged to contact the QA team (qualityassurance@cpo.on.ca) with any questions, comments or concerns.

PREPARATION FOR CLOSING YOUR PRACTICE AND PREPARING A PROFESSIONAL WILL



Lack of adequate planning for the closure of a member's practice, especially when this is sudden or unexpected, can lead to difficulties for clients and patients. Such difficulties can include obstacles and longer than necessary delays in accessing continued care and or accessing records. In the event of incapacity or death, a member's next of kin or estate trustee may also face avoidable challenges if arrangements were not made for a smooth transfer of administrative responsibilities.

The College's *Standards of Professional Conduct (2017)* address the need to ensure continuous access to records. Information about these *Standards*, as well as advice from both the College and the Office of the Privacy Commissioner of Ontario was recently provided to members in the April 2018 e-Bulletin: [Health Records:](#)

[Succession Planning for Health Information Custodians.](#)

The Association of State and Provincial Psychology Boards has recently published [Guidelines for Closing a Psychology Practice](#) which go beyond the responsible transfer of responsibility for records to address a number of other



related important issues. The *Guidelines* address the steps necessary to ethically prepare for and close a psychology practice. In addition to providing guidance, it also offers samples of professional wills, notices to clients, and a checklist to prepare for the eventual closing of one's practice.

While the creation of a Professional Will is not a requirement in Ontario at this time, members are urged to review the *Guidelines* and consider whether creating one would be prudent for them at this time. The section on Professional Wills sets out the steps to be taken by the named Professional Executor in the event of the member's incapacity or death. The *Guidelines* suggest that the Professional Executor should be a person who understands and appreciates the responsibility to which they are agreeing. This would include an understanding of the relevant legislation and the standards of the profession related to client/patient care and clinical health records. Ideally, this person should be a member of the profession, or if this is not possible, a member of another regulated health profession.

The responsibilities of the Professional Executor may include:

- Securing client records immediately upon notification of the need to close the practice;
- Managing client records, as required by *Standards of Professional Conduct (2017)* and the applicable legislation;
- Managing all active cases;
- Providing all active clients/patients with appropriate and timely notification of the closure of the practice including the identification and contact information for the person who has responsibility for their health record and how the record can be accessed.
- Offering assistance in finding another service provider;
- Arranging for a public notice of the closure of practice in the communities in which the colleague practiced, identifying who has responsibility for the clinical records and how the records can be accessed;
- Providing notice of the closure on the practice website, email account, voicemail system, and/or answering service, if applicable, and maintaining the systems for a reasonable period before shutting them down; and,
- Addressing any administrative issues pertaining to the closure of the practice, e.g. cancellation of leases, closing of the financial accounts and payment of outstanding debts from the business account.

The *Guidelines* also address such practical issues as:

- Arrangements for a copy of a Professional Will to be provided to the Professional Executor
- The need to apprise family members of plans regarding the closure of the practice;
- Compensation to be paid to the Professional Executor, as well as any funds set aside or available to cover expenses incurred for such things as record retention and management, liability claims against the practice, and the coverage of administrative costs for the close of the practice;

- The location of all records (client/patient, financial, insurance, etc.), office and file cabinet keys, computer passwords, test materials, appointment books, electronic devices, etc.; and,
- The need to ensure that clients/patients understand that access and control of their records will be undertaken by the Professional Executor in the event of the member's death or incapacity.

Members may find the Checklist provided in the ASPPB *Guidelines* very useful in considering the steps to take in preparation for the eventual closing of their practice. Note that this Checklist was developed by the College of Psychologists of British Columbia and therefore, the references to “relevant Codes” relate to British Columbia documents although, for the most part, they would be consistent with expectations and/or good practice in Ontario.

INFORMATION FROM THE PRACTICE ADVICE SERVICE

COVID-19

As might be expected, about half of the inquiries received from members over the past many months relate to practicing in the context of the COVID-19 pandemic. The evolving nature of these questions is reflected in the advice provided by the College in email messages to members. These can be accessed from the homepage of the College website or by [clicking here](#). While areas of the province has been moving from Stage 2 to Stage 3 permitting the opening of more services and facilities, the information about ensuring appropriate infection control protocols, if one is providing in-person services, continues to be applicable.

RISK OF HARM TO SELF OR OTHERS

Some members have expressed concern regarding the use of 911 as the appropriate resource when faced with a client/patient believed to pose a risk of harm to themselves or others. For example consider the following question:

My colleagues and I have been discussing “duty to warn” and what is required if we are concerned that a client/patient may pose a danger to themselves or others. There is disagreement about whether we must report this concern and, if so, whether we are obligated to contact 911.

MUST I REPORT SUSPECTED HARM TO SELF OR OTHERS?

In Ontario, there is no duty to warn, if one interprets “duty” to mean a mandatory requirement. That is, there is no obligation to report concerns that a client/patient may pose a danger to themselves or others. It is important to understand however, that this does not mean that one cannot, or should not, take some action in the face of such serious concerns. The *Personal Health Information Protection Act, 2004 (PHIPA)* sets out a member's obligations with respect to maintaining the confidentiality and privacy of personal health information. The legislation does provide an exception to the duty of confidentiality where a member finds it necessary to notify someone of a serious risk to a person's safety. *PHIPA* states:

40 (1) *A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. 2004, c. 3, Sched. A, s. 40 (1).*

A key concept within this section of *PHIPA* is contained in the words “may disclose”. *PHIPA* does not oblige a member to make such disclosures, but it permits one to do so “for the purpose of eliminating or reducing a significant risk of serious bodily harm”. With this purpose

in mind, *PHIPA* reinforces a member's need to use their knowledge of the client/patient and their professional judgement to determine the best, most appropriate, action to take.

MUST I CALL 911 TO REPORT SUSPECTED HARM TO SELF OR OTHERS?

The legislation does not direct a member to contact any particular organization, institution or individual should it be determined there is a need to take some action. In considering a breach of confidentiality under section 40 of *PHIPA*, it is important that, in keeping with the stated purpose, the disclosure be made to someone who is in a position to 'eliminate or reduce a significant risk of serious bodily harm'.

When faced with serious concern about a client's/patient's risk of harm to self or others, members have to make the difficult judgment about who to contact in this time of crisis. When initially reviewing the limits of confidentiality regarding risk of harm with a client/patient, members may wish to discuss this with the client/patient. That is, engage the client in a discussion of who they believe

should be called in the event of a crisis. The client/patient may identify a family member, other health care provider, close friend, member of the clergy, a community worker, an organization with which they have been involved or some other individual. While the ultimate decision rests with each member based on their best clinical judgement, taking into account their understanding of the client/patient and the particular situation, this previous discussion may prove helpful in deciding upon the most appropriate action.

It is important to make a distinction between situations of client/patient risk of harm to themselves or others, often referred to as "duty to warn" and other mandatory reporting obligations. Section 40 of *PHIPA* does not apply to situations where one has reasonable grounds to suspect that a child is in need of protection or one suspects abuse or neglect in a retirement or long-term care facility. In these situations, mandatory reporting to the appropriate authority is required.

COUNCIL HIGHLIGHTS – JUNE 12, 2020

CHANGES TO THE COLLEGE COUNCIL

Since the March meeting there have been a number of changes to the College Council. Ms. Christine DiZazzo, (District 7, Psychological Associate) and Dr. Patricia Minnes (District 8, Academic) have left Council after many years of service. We gratefully acknowledge their involvement and contributions. We are pleased to welcome new Council members, Ms. Paula Conforti and Dr. Adrienne Perry representing District 7 and District 8, respectively and returning Council member Dr. Marilyn Keyes (District 4 East). In addition, we are pleased to be joined by three new public members recently appointed by the Lieutenant Governor in Council Mr. Paul Stopciati, Ms. Nancy Tkachuk and Ms. Jessy Zita.

EXECUTIVE COMMITTEE

As a first order of business, the Council elected the Executive Committee for the 2020 – 2021 year. We are pleased to congratulate:

Dr. Michael Grand	President
Dr. Denise Milovan	Vice-President
Ms. Paula Conforti	Professional Member
Dr. Wanda Towers	Professional Member
Mr. Graeme Goebelle	Public Member
Mr. Paul Stopciati	Public Member

POLICY ISSUES

The Council approved revisions to the following policies:

- *Policy II-5(ii) Peer Assisted Review: Criteria for Exemption or Deferral*
- *Policy II-4(ii) Discipline Committee: Rules of Procedure*

A copy of the Briefing Notes and draft policies reviewed by the Council in considering these amendments may be found in the [Council Materials](#) in the Resources section of the website.

BUSINESS ISSUES

Committee Audit

As part of the College's continuous review and improvement of its processes, the Discipline Committee was selected to be audited in 2020 – 2021 year.

OTHER BUSINESS

The next meeting of Council will be held on September 25, 2020.

ORAL EXAMINER THANK YOU

The College would like to thank the following who acted as Oral Examiners in June 2020:

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.

Angela Digout Erhardt, Ph.D., C.Psych.

Lynette Eulette, Ph.D., C.Psych.

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

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

Louise LaRose, Ph.D., C.Psych.

Bruno Losier, Ph.D., C.Psych.

Marnee Maroes, Ph.D., C.Psych.

Lise Mercier, Ph.D., C.Psych.

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

Michelle Moretti, Ph.D., C.Psych.

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

Elissa Newby-Clark, Ph.D., C.Psych.
Michelle Picard-Lessard, Ph.D.,
C.Psych.

Janet Quintal, M.A., C.Psych.

Linda Reinstein, Ph.D., C.Psych.

Martine Roberge, Ph.D., C.Psych.

Michelle Sala, Ph.D., C.Psych.

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

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

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

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

BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS, STANDARDS AND CONDUCT

SAVE THE DATE

Please join us on Tuesday, September 15 from 9 am to 12 pm for this webcast event.

Registration details to follow and on the website.

This Sessions Topics:

Self Care for Professionals

Sam Mikail, Ph.D., C.Psych.

Tricky Issues in Professional Practice

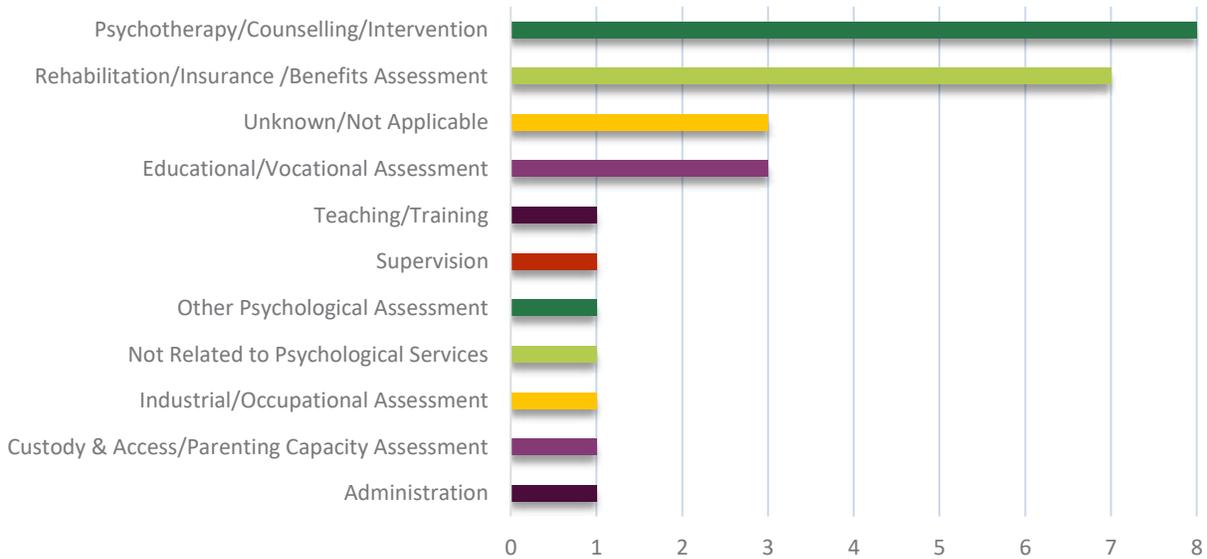
Rick Morris, Ph.D., C.Psych.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

FOURTH QUARTER, MARCH 1, 2020 – MAY 31, 2020

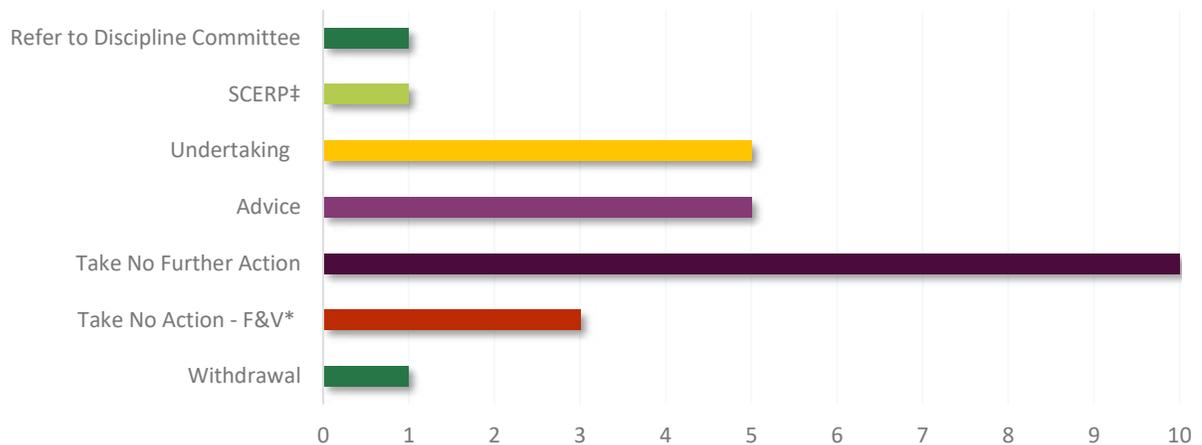
New Complaints and Reports

In the fourth quarter, the College received 26 new complaints and opened one Registrar’s Investigation and one Health Inquiry, for a total of 28 new matters. The nature of service in relation to these matters is as follows:

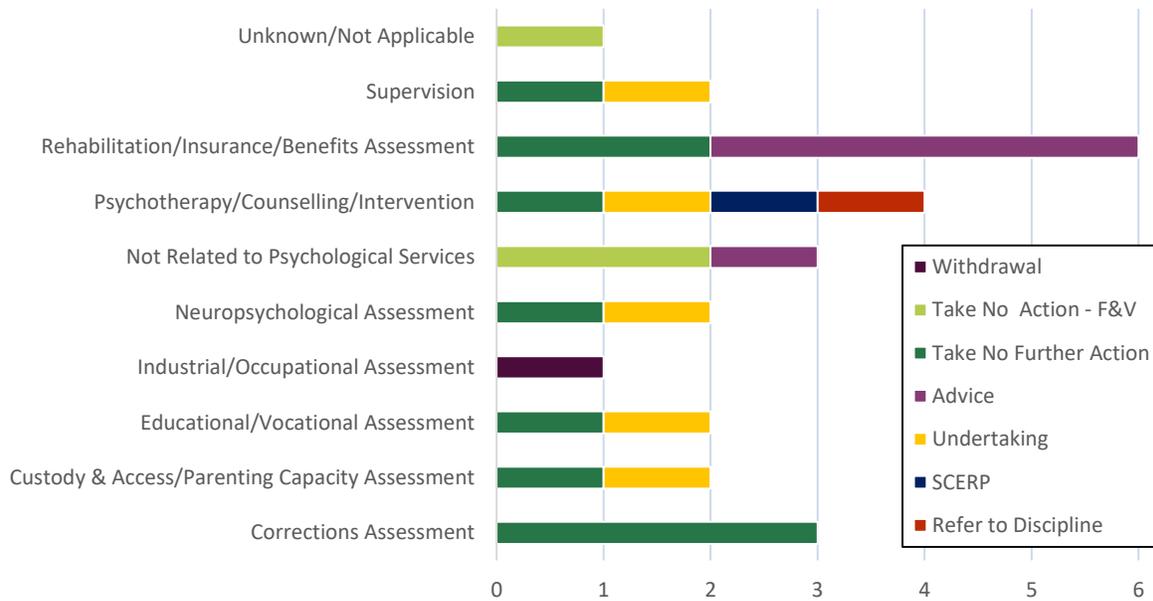


ICRC DISPOSITIONS

The ICRC disposed of 26 cases during the fourth quarter, as follows:

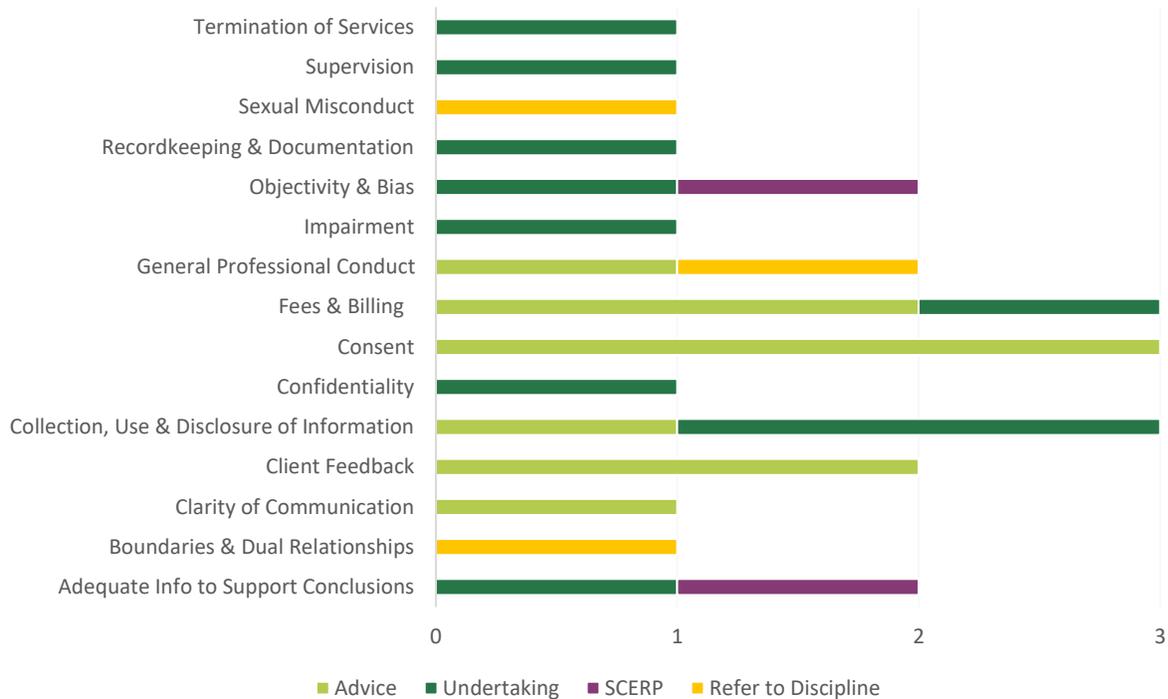


The dispositions of these 26 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 26 cases disposed of included the consideration of 58 allegations. The ICRC took some remedial action with respect to 25 (43%) of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the fourth quarter, four HPARB reviews of ICRC decisions were requested. Six HPARB decisions were received by the College all of which confirmed the ICRC decisions.

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.

FAMILY MATTERS: DECISION – TAKE NO FURTHER ACTION (F&V)

The College received a complaint from a Psychologist's cousin indicating that several years earlier, the Psychologist had threatened to physically abuse the cousin. The cousin claimed that due to this, the Psychologist was not fit to practice psychology.

The College made preliminary inquiries and determined that the cousin had never been a client of the Psychologist. The College also learned that after a CAS investigation into the alleged conduct, the allegations had been determined to be unfounded.

The panel of the ICRC considering this matter believed that, based on this information, the allegations had already been dealt with in a more appropriate forum, and that there was no reasonable prospect of a finding of professional misconduct in this case. The panel therefore believed that the complaint was "frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process," and, therefore, decided to take no further action.

DOCUMENTING INFORMED CONSENT: DECISION – ADVICE TO MEMBER

A client complained that she did not consent to providing a Psychologist with her medical records. The client maintained that while she provided the Psychologist with verbal consent over the telephone, she understood that verbal consent is generally invalid. The Psychologist did not document any consent process with respect to receiving medical records.

The panel of the ICRC considering this matter decided to provide the member with *Advice*. The panel noted that

while verbal consent can certainly be a valid consent, the Psychologist was vulnerable to complaint because there was no documentation that verbal consent had been obtained. The panel's *Advice* to the Psychologist was that in future, he ensure that his psychological records include detailed consent forms, or detailed documentation of any consent obtained.

INADEQUATE SUPERVISION: DECISION - ACKNOWLEDGEMENT & UNDERTAKING

The College received a complaint from an individual who had been seeing a Registered Psychotherapist who was being supervised by a Psychologist. The complainant alleged that she did not know that the services had been provided under supervision.

The panel of the ICRC considering this matter did note that the consent forms signed by the client and invoices issued, indicated that the Psychotherapist was practicing under supervision. A review of the Psychologist's supervision of the Registered Psychotherapist however did reveal some potential shortcomings that caused the panel concern.

The panel was concerned that the supervisee's method of informing the Psychologist of new clients was to provide a list to her at each supervision session. This meant that the supervising Psychologist only learned of new clients after the supervisee had already begun providing services. This practice did not allow the Psychologist to review and understand the client's needs, assess the level of supervision required, or determine if it was appropriate for this client to be served by this supervisee. The Psychologist was also unable to screen for any possible conflicts of interest or dual relationships she may have with the client.

In addition, there was concern regarding the format of the supervision in that the choice of which files to discuss in the supervision sessions was left totally to the supervisee. The panel did not believe that the supervisor could adequately review the nature and quality of the supervisee's services if the supervision agenda was left entirely to the discretion of the supervisee.

Given these concerns, the Psychologist agreed to an *Acknowledgement and Undertaking* with the College. Through this *Undertaking*, the member agreed to participate in a coaching program for a minimum of six months, to review and improve her supervision processes.

DISCIPLINE COMMITTEE REPORT

FOURTH QUARTER, MARCH 1, 2020 – MAY 31, 2020

Referrals

One referral was made to the Discipline Committee in the 4th quarter:

1. [Dr. Margaret Peggi Liswood: https://members.cpo.on.ca/public_register/show/2661](https://members.cpo.on.ca/public_register/show/2661)

A referral was made to the Discipline Committee on May 25, 2019. At issue are allegations of professional misconduct in that Dr. Liswood breached professional boundaries and engaged in a personal and sexual relationship with a former patient. The matter is currently at the Notice of Hearing stage.

Hearings

No Hearings were held in the 4th quarter.

Ongoing Matters

A Pre-hearing Conference was held on May 7, 2020 for the following matter:

1. [Dr. Oren Amitay: https://members.cpo.on.ca/public_register/show/20987](https://members.cpo.on.ca/public_register/show/20987)

At issue are allegations of professional misconduct in that Dr. Amitay failed to maintain the standards of the profession by failing to comply with College authority, and that Dr. Amitay engaged in conduct or performed an act, in the course of practising the profession that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. A hearing date has not yet been selected.

CHANGES TO THE REGISTER

CERTIFICATES OF REGISTRATION

The College would like to congratulate those **Psychologist** and **Psychological Associate** members who have received Certificates of Registration since April 2020.

Psychologists - Certificate of Registration Authorizing Autonomous Practice

Olivia Evelyne Beaudry	Katherine Anne Jongsma	Tejaswinhi Srinivas
Katelyn Jean Bryant	Marta Janina Kadziolka	Marjorie Linda Swarthout
Sophie Duranceau	Meredith Sara Herman Landy	Jennifer Lindsay Threader
Lianne Helene English	Nidhi Luthra	Derick Fernando Sebastiao Valadao
Leeor Chaim Granite	Shawna McGee	Tricia Corinne Vause
Naomi Greenwald	Ashley Erica Mlotek	Magdalena Wojtowicz
Anita Sarah Hibbert	Sedigheh Naisi	Heather Ann Woltman
Andrea Jane Hickey	Elyse K. Redden	Kayla Yosipovich
Julia Belenzon Hussman	Kaley Maureen Roosen	
Nalini Maria Iype	Kimberly Saliba	

Psychological Associates - Certificate of Registration Authorizing Autonomous Practice

Lisa Marie Borg	Madiha Jiha Humayun	Chantelle Lee Quesnelle
Julie Elizabeth Gamboz	Ashley Lynn Suzann Olver	
Lital Rachel Grinberg	Michele Leanne Palk	

Psychologists - Certificate of Registration Authorizing Interim Autonomous Practice

Sasha Campbell	Genevieve Gagnon	Kathryn Sexton
Alexandre Desmarais-Gagnon	Nicole Murray	

Psychological Associates - Certificate of Registration Authorizing Interim Autonomous Practice

No Certificates were issued in this period.

Psychologists - Certificate of Registration Authorizing Supervised Practice

Lisa Bolshin	Kristina Monika Klopfer	Whitney Taylor
Brenda Chiang	Sarah Mossad	Leah Tobin
Eliyas Jeffay	Brent Mulrooney	
Adam Kingsbury	Erika Portt	

Psychological Associates - Certificate of Registration Authorizing Supervised Practice

Nichola Hoffman

Shafik Sunderani

Rong Zhou

Jenna Margaret Read

Divya Thethron Nambiar

Jay Paul Shanker

Constantina Tsirgielis

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

James Edward Alcock

Kate Froehlich Hays

Irwin Pencer

Janice Elizabeth Baker

Margret Anne Hovanec

Catherine Frances Phillips

Ruth Berman

Gary James Johnston

Heather Diane Sander

Barbara Ann Coomes

Judith Katz

Lorie Nelson Saxby

Arthur Cott

Sylvia Rosemary Miko Kemenoff

Ken Francis Scapinello

Eric Robert Davis

Judi Anne Laurikainen

Margaret Shari Schneider

Melvin Davis

Karen Leslie Leitner

Molly Shainfarber

Linda Ruth Daviss

David Frederick Lemon

Mara Liga Silins

Paula Therese Dimeck

Peter Andrew Liu

Laura Elizabeth Spiller

Barbara Ann D'ornellas Crosby

Lyle MacDonald

Margaret Sroga

Sarah Elizabeth Francis

Barbara Elizabeth Mann

Eva Aniko Szekely

Wendy Susan Freeman

Josie Marino

Judith Tudiver

Terry Lynn Gall

Lorraine McFadden

Wilma Elisabeth Van Dyk

Elizabeth Hampson

William Newby

Ellen Ramona Vriezen

Carole Irene Harris

Edite Ozols

Resigned

Luc Belisle

Tracy Dianne Horsman

Wayne Peter Nadler

Dawne Marie Bergsteinson

Janice Lynn Howes

Kathryne Ann Page

Rena Frajtag Borovay

Nalini Maria Iype

Muhammad Abdur Rashid

Clarissa Bush

Ann Margaret Patricia Johnston

Sanford Jay Slater

Eilenna Denisoff

Susan Marie Smith Koschmider

Allen Abraham Surkis

Marie-Eve Dubois

Marcelle Christianne Lapointe

Marc H Wilchesky

Marie Norma Fawcett-Carter

Lucia Marie Mandziuk

Eric Dig Fan Ho

Paula Marie McLaughlin

Deceased

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

Donald Stuss, Ph.D., C.Psych.