



## PREVENTION OF SEXUAL ABUSE OF CLIENTS and MANDATORY REPORTING

The *Regulated Health Professions Act, 1991, (RHPA)*, brought about many changes impacting on the profession of psychology. In the area of sexual abuse and sexual misconduct, concern regarding sexual abuse of clients by health care professionals was great enough to warrant specific changes in legislation. Under the *RHPA*, sexual abuse of clients is an act of professional misconduct. The *RHPA* requires the reporting of sexual abuse by another health professional and provides for funding for therapy and counselling for clients who have been sexually abused by members of a regulated health profession. As well, all regulated health care professions are mandated to develop sexual abuse prevention programs.

### DEFINITION OF SEXUAL ABUSE

Section 1 of the *Health Professions Procedural Code (Code)* of the *RHPA* defines sexual abuse as follows:

- (3) In this Code, "sexual abuse" of a patient (client) by a member means,
- (a) sexual intercourse or other forms of physical sexual relations between a member and the patient (client);
  - (b) touching, of a sexual nature, of the patient (client) by the member; or
  - (c) behaviour or remarks of a sexual nature by the member towards the patient (client).
- (4) For the purposes of subsection (3), "sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided.

The College is committed to providing Psychologists and Psychological Associates with information and resources to assist them in performing their duties responsibly - consistent with the *RHPA* - and in a manner that reflects the profession's commitment to respecting the personal dignity of every individual who is entrusted to their care.

### GENERAL CONSIDERATIONS

Psychologists and Psychological Associates work within a professional relationship with a client, and by their training, understand relationship dynamics. They are especially attentive to issues of professional distance, boundaries and power imbalances, and how these affect the practitioner's and the client's feelings in the relationship. The nature of psychological service provision often involves close relationships with other persons. In these relationships, boundary issues may naturally arise.

The question of how to manage boundaries is an integral part of psychological training, and requires a heightened level of awareness in providing psychological services to clients. In most situations, boundary maintenance is a matter of

professional judgment. In the case of sexual activity however, the law provides clear prohibitions. It is the responsibility of each member to maintain appropriate professional boundaries in their daily practice, and to assist colleagues in doing so as well.

Regulated health professionals must be aware of the legislation that requires them to report allegations of abuse, as well as knowing how legislation is aimed at curbing abuses that can occur in the course of practising a profession. The public views this issue as important enough to warrant specific restrictions on professional judgement and discretion.

### GUIDELINES

- Psychologists and Psychological Associates are cognizant of a variety of factors, including cultural and individual diversity that shape relationships and client perceptions.
- Psychologists and Psychological Associates exercise appropriate professional judgment in communicating with clients, and avoid any communication that could be construed by the client as seductive or sexually demeaning. Care must be taken to know what the particular client may infer, or understand to be the purpose of a communication.
- Psychologists and Psychological Associates are attuned to any discomfort expressed by a client, and adjust behaviour accordingly, or clarify relevant issues with the client.
- Psychologists and Psychological Associates may conduct assessments (e.g., neurological evaluations) or use methods (e.g., conditioning, bioenergetics, etc.) which involve physical touch or contact. Client consent and understanding must be assured, and the professional must be aware of how potentially sensitive a client may be to this.
- Psychologists and Psychological Associates should not be critical of sexual preference or orientation. In psychological practice, practitioners accept their client's values in sexual areas.
- Psychologists and Psychological Associates set a professional tone in dealing with their clients. They take care not to make remarks of a sexual nature (jokes, offhand comments, use of vulgar language) that could be overheard by a client or member of the public.
- Psychologists and Psychological Associates may provide professionally supportive behaviours which include physical contact that is nurturing and helpful (e.g. handshake, pat on the head of a child), and therefore acceptable to the client, always being aware of the sensitivities of the individual client.

## MANDATORY REPORTING

### *Sexual Abuse and The Member's Obligation to Report*

The *RHPA* makes it mandatory, in accordance with section 85.1 of the *Code*, to "file a report in accordance with section 85.3 if the member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or different College has sexually abused a patient."

Failure to report sexual abuse of clients when there are reasonable grounds to believe that abuse has occurred is an offence under the *RHPA* and can lead to severe penalties.

#### PLEASE NOTE . . .

- You are required to report only information obtained in the course of practising your profession.
- You must submit a report only if you know the name of the practitioner who was involved in the alleged abuse.
- You must not include the client's name without his or her written consent.

Specifically, if you believe that a client has been sexually abused by another member of the same or different College, you must:

- Submit a written report within 30 days to the Registrar of the College representing the profession of the person who is the subject of the report.

or

- Submit the report immediately if you have reason to believe the abuse will continue or abuse of other clients will occur.

The *RHPA* provides protection to a person who files a report in good faith, from actions or other proceedings being taken against that person.

## PENALTIES FOR SEXUAL ABUSE

The *Code* defines the penalties for a member who has been found guilty of committing an act of professional misconduct by sexually abusing a client (section 51(5)). A panel of the College's Discipline committee must:

1. Reprimand the member.
2. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following,
  - i. sexual intercourse,
  - ii. genital to genital, genital to anal, oral to genital, or oral to anal contact,
  - iii. masturbation of the member by, or in the presence of, the patient,
  - iv. masturbation of the patient by the member,
  - v. encouragement of the patient by the member to masturbate in the presence of the member.

In addition to the above penalties, a panel of the Discipline Committee may do one or more of the following:

- Revoke the member's certificate of registration.
- Suspend the member's certificate of registration.
- Impose specified terms, conditions and limitations on the member's certificate of registration.
- Require the member to pay a fine of not more than \$35,000 to the Minister of Finance of Ontario.
- Require the member to pay all or part of the College's legal costs and expenses, the College's costs and expenses incurred in investigating the matter and the College's costs and expenses incurred in conducting the hearing.
- Require the member to reimburse the College for funding provided under the program for therapy and counselling for patients.

Further, an application for reinstatement by a person whose certificate of registration was revoked for sexual abuse of a client shall not be considered earlier than five years after the revocation (section 72(3)).

## ZERO TOLERANCE

- The College recognizes the seriousness and extent of injury that sexual abuse causes the victim and others related to the victim.
- Sexual abuse/impropriety by Psychologists or Psychological Associates while providing psychological care to the public will not be tolerated under any circumstances.

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*Public concern surrounding this important issue requires serious and thoughtful responses from Ontario's health care professionals. The Client Relations Committee of the College of Psychologists of Ontario endeavours to meet the needs of the public and the profession by: ensuring education to the membership, and educating the College's administration with respect to dealing with clients who have been sexually abused.*

*The College of Psychologists of Ontario would like to acknowledge the assistance of the College of Medical Radiation Technologists of Ontario and the College of Dental Hygienists of Ontario in developing this information sheet.*

## Definitions of Practice Areas

### Clinical Neuropsychology

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.

***Clinical Neuropsychology* is the application of knowledge about brain-behaviour relationships to the assessment, diagnosis and treatment of individuals with known or suspected central nervous system dysfunction.**

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

- knowledge of lifespan development;
- knowledge of personality/individual differences;
- knowledge of psychopathology;
- knowledge of neuroanatomy, physiology and pharmacology;
- knowledge of human neuropsychology and neuropathology;
- knowledge of psychological assessment;
- knowledge of neuropsychological assessment;
- knowledge of psychodiagnostics; and,
- knowledge of clinical and neuropsychological intervention techniques.

In addition, practitioners providing services in *Clinical Neuropsychology* to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

For members practising in *Clinical Neuropsychology* the following minimum skills are required:

- the ability to perform an appropriate neuropsychological assessment;
- the ability to formulate and communicate a differential diagnosis; and,
- the ability to plan, execute and evaluate an appropriate neuropsychological intervention.

Approved December, 1997

## Definitions of Practice Areas

### Clinical Psychology

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.

***Clinical Psychology* is the application of knowledge about human behaviour to the assessment, diagnosis and/or treatment of individuals with disorders of behaviour, emotions and thought.**

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

- knowledge of psychopathology/abnormal psychology;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of psychodiagnostics;
- knowledge of intervention procedures/psychotherapy; and,
- knowledge of evaluation of change.

In addition, practitioners who provide services in *Clinical Psychology* to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

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

- the ability to perform an appropriate clinical assessment;
- the ability to formulate and communicate\* a differential diagnosis; and,
- the ability to plan, execute and evaluate an appropriate treatment program.

\* It is the view of the Registration Committee that in the practice of clinical psychology, one must know what is wrong with the client in order to treat the client and evaluate the effectiveness of the treatment. Therefore, the ability to communicate a differential diagnosis must apply to any psychologist or psychological associate practising in the area of clinical psychology. Individuals working in the area of clinical psychology who do not meet these criteria may expect to have their practice restricted.

Approved December, 1997

## Definitions of Practice Areas

### Counselling Psychology

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.

***Counselling Psychology*** is the fostering and improving of normal human functioning by helping people solve problems, make decisions and cope with stresses of everyday life. The work of ***Counselling Psychology*** is generally with reasonably well adjusted people. The practice of ***Counselling Psychology*** might not entail the use of the controlled act of communicating a diagnosis.

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

- knowledge of psychological adjustment/lifespan development;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of intervention procedures/psychotherapy; and,
- knowledge of evaluation of change.

In addition, practitioners who provide services in ***Counselling Psychology*** to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

For those who intend to practise ***Counselling Psychology***, at a minimum, the following skills are expected:

- the ability to perform an appropriate counselling assessment;
- the ability to identify clients who must be referred elsewhere; and,
- the ability to plan, execute and evaluate an appropriate counselling intervention.

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# Definitions of Practice Areas

## Forensic/Correctional Psychology

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.

***Forensic/Correctional Psychology* is the application of knowledge about human behaviour to the understanding, assessment, diagnosis and/or treatment of individuals within the context of criminal and/or legal matters.**

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

- knowledge of criminal justice/legal systems;
- knowledge of the application of psychological principles within the federal and provincial legal systems;
- knowledge of psychopathology/abnormal psychology/criminal behaviour;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of psychodiagnostics;
- knowledge of risk assessment/management;
- knowledge of intervention procedures/psychotherapy; and,
- knowledge of evaluation of change.

In addition, practitioners providing services in ***Forensic/Correctional Psychology*** to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques, and applicable legislation.

For members practising ***Forensic/Correctional Psychology***, the following minimum skills are required:

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

Approved May, 1999

# Definitions of Practice Areas

## Health Psychology

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.

***Health Psychology* is the application of psychological knowledge and skills to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of determinants of health and illness.**

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

- knowledge of normal lifespan development;
- knowledge of psychopathology/abnormal psychology;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of psychodiagnostics;
- knowledge of intervention procedures/psychotherapy;
- knowledge of evaluation of change; and,
- knowledge of behavioural medicine and psychological issues related to health.

In addition, practitioners providing services in ***Health Psychology*** to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

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

- the ability to perform an appropriate assessment;
- the ability to generate provisional hypotheses about possible causes of symptoms and make a referral for a differential diagnosis where appropriate; and
- the ability to plan, execute and evaluate an appropriate prevention and/or treatment program.

Approved May, 1999

# Definitions of Practice Areas

## Industrial/Organizational Psychology

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.

***Industrial/Organizational Psychology*** is the field of psychological practice and research that aims to further the welfare of people and the effectiveness of organizations by: understanding the behaviour of individuals and organizations in the workplace; helping individuals pursue meaningful and enriching work; and, assisting organizations in the effective management of their human resources.

In addition to the above minimum knowledge base, members practising ***Industrial/Organizational Psychology*** require the following:

- knowledge of organizational behaviour;
- knowledge of psychological adjustment/lifespan development;
- knowledge of personality/individual differences;
- knowledge of assessment for selection, promotion and career development;
- knowledge of the psychology of training in organizations;
- knowledge of intervention procedures within the context of the organization;
- knowledge of evaluation of change.

For members practising ***Industrial/Organizational Psychology***, the following minimum skills are required:

- the ability to perform an appropriate assessment;
- the ability to identify individual clients who must be referred elsewhere;
- the ability to plan, execute and evaluate an appropriate organizational intervention.

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# Definitions of Practice Areas

## Rehabilitation Psychology

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.

***Rehabilitation Psychology* is the application of psychological knowledge and skills to the assessment and treatment of individuals with impairments in their physical, emotional, cognitive, social, or occupational capacities as a result of injury, illness or trauma in order to promote maximum functioning and minimize disability.**

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

- knowledge of lifespan development;
- knowledge of personality/individual differences;
- knowledge of psychopathology;
- knowledge of brain-behaviour relationships;
- knowledge of psychological and behavioural assessment;;
- knowledge of psychodiagnostics; and,
- knowledge of rehabilitative interventions.

In addition, practitioners providing services in ***Rehabilitation Psychology*** to children and adolescents must have a background in developmental psychology and knowledge of appropriate assessment and intervention techniques.

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

- the ability to perform an appropriate rehabilitation assessment;
- the ability to generate provisional hypotheses about possible causes of symptoms and make a referral for a differential diagnosis where appropriate; and,
- the ability to plan, execute and evaluate appropriate rehabilitative interventions.

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# Definitions of Practice Areas

## School Psychology

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 plan, execute and evaluate an appropriate psychoeducational intervention;
- the ability to plan, execute and evaluate appropriate prevention programs.

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# Definitions of Practice Areas

## Formulating and Communicating A Diagnosis

In addition to the knowledge and skills required in a specific practice area, a member must have the following knowledge, skills and training in order to *formulate and communicate a diagnosis*:

### Knowledge

- knowledge of psychopathology/abnormal psychology;
- knowledge of personality/individual differences;
- knowledge of psychological assessment; and,
- knowledge of psychodiagnostics

### Skills

- skill in establishing therapeutic rapport;
- skill in eliciting information through interviewing;
- skill in assessing fundamental psychological processes such as mental state, cognition, emotions and behaviours;
- skill in formulating and testing diagnostic hypotheses;
- skill in communicating diagnostic information clearly and sensitively; and,
- skill in assessment of change in relevant psychological processes

### \*Formal training:

- coursework and supervised experience in administering and interpreting assessment materials for a diverse range of problems;
- coursework and/or supervised experience in interviewing techniques;
- training in formulating and testing diagnostic hypotheses in a practice setting;
- supervised experience in communicating sensitive information; and,
- coursework and/or supervised experience in assessment of change in order to evaluate the effectiveness of interventions

\* Formal training involves a combination of coursework and structured, supervised experience with evaluation of performance and feedback to the trainee. While it is accepted that some of the formal training may be acquired in a research setting, it is expected that most formal training will be acquired in a practice setting.

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