

The e-Bulletin

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO
Regulating Psychologists & Psychological Associates

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April 2015

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Members who are considering a change in their practice certificate, please note the 60 day notice period for these requests.

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President's Message

On March 26, Council held its semi-annual training day. The focus of the day was twofold. The first item was training on risk management.

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Mandatory Reporting : Additional Reporting Obligations

Mandatory reporting is a familiar concept to members of the College of Psychologists. Members are aware of their obligations under the [Child and Family Services Act, 1990](#) (s. 72), to report suspicions that a child may be in need protection. The [Regulated Health Professions Act, 1991](#) sets out other mandatory reporting requirements...

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Proclamation of the Psychotherapy Act (2007)

As of April 1, 2015, the full *Psychotherapy Act, 2007* was proclaimed with the exception of section 4 which would have created a new controlled act related to psychotherapy.

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Membership Renewal - June 1, 2015

Annual membership renewal time is here and the deadline is June 1, 2015.

[Read More...](#)

Notice: 2015 Self-Assessment Guide and Professional Development Plan

The Self-Assessment Guide and Professional Development Plan must be completed by autonomous practice members every two years and by supervised practice members every year. This year autonomous practice members with odd registration numbers are asked to complete the form. For 2015, this is due by June 26. Information and this year's SAG forms can be found [here](#).

Save the Date

The 2015 Barbara Wand Seminar has been rescheduled for October 23. More information will be available on the College website at [Barbara Wand Seminar 2015](#).

Contact Email Reminder

The College uses email as its main method of communication with members. Please ensure that your College contact email address is up to date and that mail is not being filtered to spam. If you need assistance please contact the College.

Changes to the Register

Since July 2014, there have been many changes to the College Register as new Certificates of Registration were issued or members retired or resigned.

[View Changes to the Register](#)

Upcoming Council Meeting Dates

The following date has been confirmed for the next Council Meetings:

June 19, 2015
September 18, 2015
December 4, 2015

Observers are welcome. Please advise the College of your wish to attend by calling 416-961-8817 or emailing cpo@cpo.on.ca

Council Highlights

Highlights from the Council meeting held on March 27, 2015 can be [found here](#).

Elections to Council 2015 - Results

Elections were held on March 31, 2015 for Council positions in three districts. The results can be found [here](#).

Feedback to the College from the Task Force on Psychological Service Provision in the Context of Disputes Concerning Child Custody, Access or Child Protection

The Task Force on Psychological Service Provision in the Context of Disputes Concerning Child Custody, Access or Child Protection has made recommendations to the College concerning the investigation of complaints arising from these services.

[Read more...](#)

Notice of Unauthorized Practice

The following is a notice to the public from the College of Psychologists of Ontario regarding unauthorized practice.

[Read more...](#)

Inquiries, Reports and Complaints Committee Activities

The information below is a summary of the cases before the ICRC for the period ending February 28, 2015.

[Read more...](#)

Discipline Proceedings

The Discipline Committee of the College holds hearings into allegations of professional misconduct and/or incompetence.

[Read more...](#)

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416-961-8817
800-489-8388
cpo@cpo.on.ca

President's Report

On March 26, Council held its semi-annual training day. The focus of the day was twofold. The first item was training on risk management. The concept of having a risk management program is relatively new among not-for-profit groups such as ours and is important when considering policy development. Secondly, the Council discussed the Minister of Health and Long-Term Care's task force on Sexual Abuse. The task force will review the Regulated Health Professions Act, 1991 to ensure that existing legislative measures are appropriate and effective. The issue of sexual abuse by members of regulated health professions has garnered much media and Ministry attention recently and it is important for regulators to understand the implications for members of the public.

On March 27, we held our spring Council meeting. This was my last Council meeting as President of the College as my second, one-year term as President will end on the eve of the June Council meeting. My third term on Council representing District 7 (Psychological Associates) will continue until June 2017.

The Registration Regulation ([O.Reg 74/15](#)) (<http://www.ontario.ca/laws/regulation/150074>) was proclaimed on April 7, 2015. As a reminder, the Registration Regulation moves many of those requirements, previously in our current guidelines, into regulation. This has nothing to do with the proposed registration of Psychological Associates as Psychologists nor with the proposed cessation of Master's level registration. The amended Quality Assurance Regulation ([O.Reg 209/94](#)) (www.ontario.ca/laws/regulation/940209) was also proclaimed on April 7. These amendments include the authority for the College to implement more comprehensive requirements for continuing professional development and continuing education (CPD). The QA Committee is working on the details of this program and will ensure the membership is informed well in advance of the new CPD requirement

The Council continued to discuss *Shaping the Future of Psychology in Ontario*. This is specific to grandparenting psychological associates as psychologists, cessation of Master's level registration, and a mechanism to assess internationally trained applicants. During the spring and summer, the Registrar will be consulting with stakeholders as the College moves toward these proposed regulatory changes. The hope is to have draft regulation amendments ready for submission to the Ministry of Health and Long-Term Care in 2016. In implementing these proposed changes, Council agreed that the title change should occur on the date of proclamation of the new regulation with all current psychological associates with a certificate of registration authorizing autonomous practice being given the corresponding certificate as a psychologist. To provide adequate notice to anyone in a Master's level registration stream at the time of proclamation, it is proposed that applications from individuals holding a master's degree in psychology would be accepted for three years after proclamation of the associated regulatory amendments and registration of Master's trained individuals would cease approximately nine years after the regulatory amendments came into force. Internationally trained applicants would continue to be assessed based upon education and competencies.

Last year, Council appointed a task force to review and further develop supervision standards. The task force provided a preliminary report of their work to date. They are reviewing supervision from several

perspectives including supervision of supervised practice members and of non-regulated professionals. The task force is also planning to develop “best practices” information to accompany the supervision Standards of Professional Conduct.

Finally, Council approved the budget for the upcoming fiscal year 2015-2016. As well as the ongoing initiatives of Council (e.g., Supervision Task Force, Shaping the Future of Psychology, review of Standards of Practice) it is also time for the five year review of the College’s Strategic Direction.

Several members of Council end their terms this spring. We will begin in June with some new Council members, a new Executive Committee, and renewed energy to continue regulating the profession of psychology in Ontario.

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



Mandatory Reporting: Additional Reporting Obligations

Mandatory reporting is a familiar concept to members of the College of Psychologists. Members are aware of their obligations under the [Child and Family Services Act, 1990](#) (s. 72), to report suspicions that a child may be in need protection. The [Regulated Health Professions Act, 1991](#) sets out other mandatory reporting requirements which include: reporting sexual abuse of a patient or client by a member of the College of Psychologists or another regulated health College (s. 85.1); facility reporting when there are reasonable grounds to believe a member is incompetent, incapacitated, or has sexually abused a patient; and, reporting by employers or others who terminate the employment or who revoke, suspend or impose restrictions on the privileges of a member or who dissolves a partnership, a health profession corporation or association with a member for reasons of professional misconduct, incompetence or incapacity (s. 85). In addition, if the member has been found guilty of an offence, the member must report this to the College (s. 85.6.1).

Did You Know . . . ?

There are two less familiar mandatory reporting requirements of which members must be aware. These are the statutory obligations to report abuse or neglect of residents living in **Long-Term Care Facilities** or **Retirement Homes**.

What Must I Report under the [Long-Term Care Homes Act, 2007](#)?

This Act states:

24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006.

Who Must I Report To?

The [Long-Term Care Homes Act](#) requires that a report be made to "the Director". This is an office within the Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch. It is not the Director of the facility about which one may have a concern. Reports to the Director can be made by calling, toll free, 1-866-434-0144.

What Must I Report under the [Retirement Homes Act, 2010](#)?

75. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

2. *Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.*
3. *Unlawful conduct that resulted in harm or a risk of harm to a resident.*
4. *Misuse or misappropriation of a resident's money.*

Who Must I Report To?

The *Retirement Homes Act* requires that a report be made to “the Registrar”. This refers to the Registrar of the Retirement Homes Regulatory Authority and can be done by calling 1-855-275-7472 (1-855-ASK-RHRA).

Further Information on Reporting Requirements

A Guide to the Long-Term Care Homes Act . . . (pages 2-69 to 2-80),
(www.health.gov.on.ca/en/public/programs/ltc/docs/ltcha_guide_phase1.pdf).

Retirement Homes Regulatory Authority – Reporting Harm, (www.rhra.ca/en/report/how-to/)

Proclamation of the Psychotherapy Act (2007)

As of April 1, 2015, the full [Psychotherapy Act, 2007](#) was proclaimed with the exception of section 4 which would have created a new controlled act related to psychotherapy.

Proclamation of the Psychotherapy Act formally established the [College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario \(CRPO\)](#) and now permits the CRPO to begin to register psychotherapists. Among other things, the provisions in the Act also restrict the use of the titles "psychotherapist", "registered psychotherapist" and "registered mental health therapist" to members of CRPO. No one other than a member of the CRPO may use these titles.

At this time, the government has chosen to defer proclamation of amendments to other Acts that would establish the provision of psychotherapy as a controlled act. Specifically, section 27(2)14 Controlled Acts of the [Regulated Health Professions Act, 1991](#) and the amended section 4 Authorized Acts of the *Psychology Act, 1991* have not been proclaimed. These are the provisions in legislation which would authorize members of the College of Psychologists to perform the controlled act of psychotherapy and give members access to the title "psychotherapist".

In the *RHPA*, the use of the title "psychotherapist" by members of Colleges other than the CRPO is linked to the authority to perform the controlled act of psychotherapy [s.33.1(1)]. Since the provisions that would establish the controlled act of psychotherapy were not proclaimed, the use of the title "psychotherapist" is limited to members of the CRPO.

Members of the College of Psychologists may continue to provide psychotherapy services in keeping with their authorized areas of practice and competence. Members however, may not use the title "psychotherapist" as it is protected and its use is restricted to members of the CRPO.

Membership Renewal 2015

A reminder to all members: membership renewal notices were emailed on April 14, 2015. Fees are due by June 1, 2015 and a penalty of 10 per cent of the annual fee will be applied automatically after this date. Payment may be made by Visa/Mastercard, online banking or by sending a cheque. If you require assistance with the online renewal, please contact the College at 416-961-8817, ext 237 or 221. You may also email renewals@cpo.on.ca . To access your online renewal, please visit www.cpo.on.ca , and click on the Members tab at the bottom. The Login button will take you to the Member Services area.

The fees have remained the same since 2002, with one exception : effective June 2015, the annual fees for supervised practice have been reduced from \$795 to \$550.

For members who are considering retiring or taking leave from their practice, please note the [Registration Regulation](#) stipulates a 60 day notice period for a request for a change of certificate.

The College continues its commitment to reduce its use of paper and therefore, again this year, the renewal notice will not be sent by regular mail. Members are encouraged to ensure that their email address is up to date so as not to miss important notices such as this.



Council Highlights – March 27, 2015

Policy Issues

Shaping the Future: Impementation Plan with timelines and consulatons

The draft implementation plan was approved for consultation with stakeholders to request feedback regarding the grandfathering of psychological associates, the end date for cessation of registration of masters level registration and the assessment of internationally trained masters level applicants.

Supervision Task Force Update

A survey will be sent to all members who have supervised or have been supervised in the last 5 years as part of their registration process, to look at issues such as billing, fee splitting, documentation, training, northern issues and supervising non registered people.

Transparency – Setting Priorities

The College has responded to the Ministry of Health and Long Term Care's request for a report regarding current transparency practices and discussed setting priorities for implementing the measures which were suggested by the College. The report may be found in the Resources section of the College website.

Business Issues

Each year one committee is chosen for an audit or review process to ensure effective and efficient College function. Council directed that the Finance and Audit Committee be audited during the 2015-2016 fiscal year.

Other Business

The following Council meeting dates were approved: September 18, and December 4, 2015.

Election to College Council March 2015

Election to Council was held on March 31, 2015 for positions in three districts.

The College wishes to congratulate:

Ruth Berman, Ph.D.,C.Psych. - *elected in District 5 GTA (East)*

Denise Milovan, Ph.D.,C.Psych. – *acclaimed in District 6 GTA (West)*

Glenn Webster, M.Ed., C.Psych.Assoc. - *elected in District 7 (Psychological Associate Non Voting)*

To introduce these members of Council, reproduced below are the Biographical and Candidate Statements which they submitted as part of the election process.

**Ruth Berman, Ph.D., C.Psych.
Electoral District 5 – GTA (East)**

BIOGRAPHY

I have been certified as a psychologist by the College of Psychologists since 1987. My training includes an undergraduate psychology degree from the University of Toronto, and Masters and Doctoral degrees in Clinical Psychology from York University. I served as Executive Director of the Ontario Psychological Association (OPA) from 1989 to December 2010, during which time I had the opportunity to participate in numerous and varied forums related to health professions regulation, health care policy, and health service delivery. Some examples of these include Interhealth (Chair); the Rehabilitation Council of Ontario (Pres.); the Minister of Finance's Task Force on the Accreditation of Rehabilitation Programmes; the government of Ontario's Policy Committee on Auto Insurance; the Minister of Health's Advisory Committee on Mental Health and Addictions; and the Workplace Safety and Insurance Board's (WSIB) Fee-Setting Advisory Committee.

As a professional psychologist, I have a background of experience in clinical, rehabilitation and occupational psychology. A primary interest has been in psychovocational evaluation and the impact of health status, impairment and disability on occupational functioning. I have, at times over the years of my career, consulted to the WSIB, Vocational Rehabilitation Services (COMSOC), the Toronto Rehabilitation Centre, the Institute for Work and Health, the Financial Services Commission (FSCO), and the insurance, rehabilitation and legal communities. I have, in addition, been involved in the education and training of graduate students in psychology, and of candidates preparing for certification as psychologists and psychological associates, on topics related to legislation, standards and ethics, as well as in clinical and rehabilitation psychology.

STATEMENT

A majority of my career has been focused upon professional affairs. As Executive Director of the provincial association over a 22 year span, I had the privilege of being directly involved, at both interprofessional and governmental levels, in the early Health Professions Legislative Review, continuing through to the development and enactment of the Regulated Health Professions Act and all of its subsequent amendments. I was, as well, an active participant in the consultative processes that led to the development, among others, of the Consent to Treatment Act, PHIPA, the proposed Psychotherapy Act, the Statutory Accidents Benefits Schedule and the Child and Family Services Act. These unique opportunities enabled me to acquire considerable knowledge of regulatory matters, and of other relevant

Ontario legislation impacting the profession and health service delivery, as well as experience in government relations and a familiarity with public policy development.

It always was, and remains, my firm belief that the best interests of the profession reside in serving, protecting and promoting the well-being of the public, consistent with the ethical obligations inherent in the “social contract” between professions and society. For these reasons I have appreciated the opportunity to serve over these past three years on College Council, where I believe that my background knowledge and experience have added some value to the Council’s work. Equally important, I have found my three years on Council and, as a member of several committees and task forces, including Executive, ICRC, Finance and Audit and Quality Assurance, invaluable, in terms of my acquiring a deeper understanding of the College’s mandate and operations, as well as a greater appreciation of the current and future issues facing Council. I would welcome the opportunity to serve for a second term on Council, to enable me to again utilize my combined knowledge and experience in service of the College’s public protection mission, as well as to continue to participate in an active manner in addressing the current challenges and issues being faced from a regulatory perspective.

Denise Milovan, Ph.D., C.Psych.
Electoral District 6 – GTA (West)

BIOGRAPHY

I completed undergraduate and graduate Masters and Doctorate degrees in clinical psychology from Concordia University. I am a bilingual psychologist registered with the Order of Psychologists of Quebec and the College of Psychologists of Ontario, specializing in the practice of clinical neuropsychology and rehabilitation psychology with children, adolescents, adults, and seniors. I began my professional career by conducting clinical work and research at the McGill University for over 10 years prior to moving to Toronto, Ontario. I have been working in the public and private sectors (health care institutions, education domain, non-profit organizations) with clients from culturally diverse backgrounds diagnosed with a variety of psychiatric, neurologic, and acquired brain injuries. As a researcher, I investigated attention and executive cognitive processes in adult psychiatric populations and evaluated neurocognitive abilities in patients diagnosed with neurologic conditions. As a clinician, I provide consultation and neurocognitive assessment for children and adolescents with learning and neuro-developmental disorders. I also carryout neuropsychological assessments and provide psychotherapy to adults diagnosed with acquired brain injuries.

STATEMENT

As a clinician in the public and private sectors, I am acutely aware of the need for psychologists to deliver the highest quality of professional services and make every effort to educate the public about mental health issues that impact not only the individuals seeking assistance, but also their families, society, and the government.

Psychologists are trained to assess, diagnose, and develop appropriate treatment plans and referrals to other healthcare providers. As such, we are well prepared to advocate for timely and comprehensive care for Ontarians with mental illness. In addition, given the potential confusion faced by the public in obtaining access to qualified psychological services provided by appropriately trained and competent practitioners, I am committed to work with the College to ensure that the public becomes increasingly knowledgeable about the specific expertise that psychologists offer and their ongoing efforts to guarantee that people diagnosed with mental illness have access to specialized mental health care across all regions of the province, irrespective of cultural background, personal beliefs, financial resources, or private insurance coverage.

The College of Psychologists of Ontario has been dedicated to ensuring that its members uphold the highest levels of professional practice and ethics standards. I believe that maintaining such high standards requires ongoing determination and advocacy efforts towards implementing legislation, policies, and initiatives to effect positive changes and promote advances in individualized, collaborative mental healthcare that would serve as an example for Ontarians, Canadians, and the world.

Glenn Webster, M.Ed., C.Psych.Assoc.
Psychological Associate Non Voting

Hello Psychological Associates from Glenn Webster.

I am seeking your support as I am running for my third and last term as the non-voting Psychological Associate on the Council of the College of Psychologists of Ontario.

- I have been tempted to join the college of Newfoundland or Saskatchewan as a Psychologist (as Master's level practitioners can), then to apply to CPO to change title (as I can by AIT- Agreement on Internal Trade). Then I would have the title of Psychologist which is what we all should have since we have **THE SAME SCOPE OF PRACTISE**. What has stopped me? I want to feel that I have the proper title of my career and practice with complete and transparent legitimacy and without having to appear to use a loophole to do it.
- I fully support regulation (for the protection of the public) and registration at the master's level and spoke (on record) at College Council against the closing off the master's route. **I was the only one opposed to the closing of the master's level of registration**
- I am concerned that some areas of practice can at times appear too restrictive and narrow. **School psychology** as practised today includes diagnosis and intervention in the **clinical** areas of Autism (ASD) Mental Retardation, ADHD, Communication Disorders, Anxiety and Depression. As well as crisis counselling, when dealing with families and teachers we have "secondary" clients (as do all health regulated practitioners), and spend time in "psycho-education." We do then have a significant overlap with **counselling** and **clinical** practice. It's almost a GP role. It is time to review these somewhat outdated specialities.

As an elected member of CPO I have served on the Executive and Fitness to Practice committees, panel chair of the Complaints Committee and Chair of the Discipline Committee, an oral examiner for the College and chaired a task force on matters relating to Psychological Associates. I have the experience to continue to be useful and productive.

I seek your support in this election and urge you to vote (even if not for me) to show that we master's level practitioners (PAs) care about these issues and the professional delivery of psychological services in this province

I would be pleased to answer questions or concerns by e mail, phone or fax
Thank you for your consideration. Glenn Webster

Feedback to the College from the Task Force on Psychological Service Provision in the Context of Disputes Concerning Child Custody, Access or Child Protection

Context

In March of 2012, the College received copies of two Decisions of the Health Professions Appeal and Review Board. Both upheld the Decisions of the Inquiries, Complaints and Reports Committee of the College and each made a recommendation to the College. The Board recommended that the College

- *consider investigating and implementing a specific policy that recognizes and addresses the issues associated with the Child Custody and Access Assessments conducted by its members*
- *consider adopting a policy that would provide members with specific guidance as to their professional obligations when asked to testify on behalf of one party when two parties have engaged in joint sessions*

Upon consideration of these recommendations from the Board, the Executive Committee of the College directed that a Task Force be established to develop advice to members regarding their professional obligations in conducting child custody and access assessments.

The members appointed to the Task Force were: Dr. Barbara Fidler (Chair), Dr. Marlies Sudermann, Dr. Sharon Francis-Harrison and Dr. Robert Rowe. All had extensive experience providing psychological services in the context of child custody disputes and child protection proceedings. The Task Force invested considerable time in this project and provided the College with a comprehensive document intended to provide information to College members providing services in these areas of practice. The Task Force also provided recommendations to the College.

Information for Members

The Task Force produced a document entitled: *Information for Consideration by Members Providing Psychological Services in the Context of Child Custody Disputes and Child Protection Proceedings*. It is available on the College's website in the Resources section and is intended to assist members, working in this challenging area of practice, in providing ethical and competent services.

Recommendations to the College

In light of concerns of Task Force members that the College's investigation of complaints related to services provided respecting child custody, access and welfare may be contributing to a reluctance on the part of members to offer such services, the Task Force also provided feedback to the College. In formulating the feedback, Task Force members relied upon their own professional experience and analysis of responses to two questionnaires developed by Task Force members. Consideration of the recommendations from the Task Force recommendations involved the Council and the Inquiries Complaints and Reports Committee (ICRC).

A Summary Report of survey results was prepared by the Task Force and is attached as Appendix A.

Training

The Task Force recommended that the College address an identified need for training with respect to the provision of services within this area as well as the inadvertent provision of custody and access recommendations by some College members. In particular the Task Force recommended that members have access to training based on the *Information for Consideration by Members Providing Psychological Services in the Context of Child Custody Disputes and Child Protection Proceedings* ("best practice guidelines").

The Council referred the issue of training to reduce the likelihood of members inadvertently becoming involved in custody and access work to the planning committee for the Barbara Wand Annual Symposium on Ethics. Council also directed that the College approach the Ontario Psychological Association and the Ontario Association of Psychological Associates to determine whether they might be interested in sponsoring or providing pertinent training.

In addition, the Council directed that representatives of graduate psychology training programs and psychology internship programs in Ontario be apprised of the Task Force's view that providing additional coursework for those wishing to be engaged in these services would be beneficial.

Investigation of Complaints

As mentioned above, out of concern that the risk of being subject to complaints may discourage College members from providing services in the context of child custody and access disputes and child protection proceedings, the Task Force also made several recommendations regarding changes to the Complaints Investigation process. Most of these recommendations related to the College's application of the legislative provisions to identify complaints that are frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process. Further information about the College's practices concerning such complaints can be found in the Volume 5(20) of the College's e-bulletin (April 2014), which is available on the College website.

The Council noted that consideration of recommendations concerning the identification and disposition of complaints falls within the role of the ICRC, pursuant to the *Health Professions Procedural Code*. The ICRC provides guidance to College staff respecting the investigation of complaints, both generally and specifically.

Current College Procedures with Respect to Complaints which may be Frivolous, Vexatious, Made in Bad Faith, Moot or Otherwise an Abuse of Process

Current guidelines from the ICRC to staff are to provide to a panel, as soon as possible after a complaint is received and before any investigation takes place, any complaints that meet the following criteria:

- The member who is the subject of the complaint was not a member of the College at the time of the event(s) giving rise to the Complaint;
- The concerns raised in the complaint are not relevant to the member's practice of, or suitability to practice, psychology;
- The substance of the complaint has been the subject of a prior complaint by the complainant against the member and has already been finally disposed of by the College;
- The complaint has been made by an individual with a pattern of making unsubstantiated complaints; or
- There is another more appropriate statutory remedy available to the complainant that would serve the public interest as well as the rights of the parties to the complaint, being the complainant and the member;

These guidelines are reviewed on a regular basis by the ICRC.

Frequency of Complaints

Unfortunately, there are no available statistics on the number of custody and access or child welfare cases College members have been involved in that have *not* resulted in complaints.

Review of annual statistical reports on complaints received by the College between 1994 and 2011 indicates that as many as 25% of all complaints were characterized as complaints about members conducting custody and access or child welfare related services. This number included matters involving members who had improperly or inadvertently provided opinions about Custody or Access in the course of providing some other service. An example would be where a member provided opinions about custody and access to an individual therapy patient or to another professional, where those opinions may have been provided as evidence in court, even though the member was providing therapy to an individual and there was no assessment or collection of objective information about any other individuals within the family.

Beginning in 2011, following the implementation of a new data base at the College, only those complaints about members who had a mandate to provide such services were categorized in this

way. The percentage of complaints fell to 13% and then 8% and 5% in each of the next two years.

The College has recently reviewed the frequency of complaints against individual members practicing in this area. Between October 1984 and October 2014 the College received a total of 1899 complaints against members providing services of any nature. Of these, 327 complaints (17%) were categorized as related to custody and access or child welfare services. This number includes some complaints against members who provided Custody and Access recommendations but who had not been retained to provide this service, as discussed above.

The following table provides information about the number of individual members who were the subject of multiple complaints. Please note that the existence of a complaint or the number of complaints lodged against a single member does not necessarily correlate with a problem with the member's practice.

The net number of members registered for autonomous practice has increased over the years and was 3,450 as of March 9, 2015.

Number of Complaints per member	Number of Members Receiving Multiple Complaints -	
	All Complaints (n=1899)	Custody /Access/Child Welfare Related Complaints Only (n=327)
2	199	23
3	79	13
4	34	6
5	23	2
6	16	1
7	9	1
8	4	2
9	3	0
10+	14	5

Considerations for Members

While other bodies may address concerns about specific family matters before the courts, the College is the only body authorized to assess a member's compliance with the standards of the profession and to protect the general public when a member's professional services do not meet those standards.

The College recognizes that receiving and responding to a complaint is a significant source of distress. It also recognizes that in some cases complainants may make allegations against members in the hope of reducing the risk of losing custody or access to their children. In most cases, an investigation indicates that the member has not failed to maintain the standards of the

profession. Statistics about the disposition of complaints is published regularly in the College's e-bulletin.

In a relatively small number of cases investigation of complaints about services of this nature has indicated that the College must take some action to protect the public.

The Colleges thanks the members of the Task Force for their substantial contribution of time and thought. Based on the recommendations of the Task Force the College has updated and comprehensive information for members on the College website, serving as a valuable resource for members who are providing, or wish to provide, high quality services. In addition, the College has been advised of possible areas for additional training and has been provided with information for the ICRC's ongoing review of its processes.

The College also thanks those members who responded to the Task Force's surveys.

A number of members of the College choose to practice in areas relating to custody and access and child welfare. We hope that, in addition to considering the challenges and risks associated with this important work, members will also recognize the potential rewards in providing these services.



Appendix A



CPO Survey: Summary Report

Purpose

- » *The College recognized that practicing in the context of child custody/access and child protection (welfare) related presents many challenges to members and exposes them to the risk of complaints and other adverse events. The College struck a task force to develop guidance to members and assist the College in identifying possible ways of helping members provide high quality services in the face of these challenges. The Task Force wanted to consider several sources of information, including those members who are doing this work.*
- » *The College sent out an initial survey and received a 711 responses. Unfortunately, the survey did not permit sufficient space for members to say all that they wanted to say. As a result, a second survey was conducted in order to receive more detailed feedback regarding advice to members and recommendations for the college.*
- » *The findings from this survey helped to guide subsequent advice to members and the task force's recommendations to the college*



A note on method

- » **Two surveys were conducted. For each:**
 - > **Incomplete cases were deleted from further analysis. As such, there may be slight discrepancies between survey generated data and the attached summary.**
 - > **Members responses on open ended questions were coded for content and categorized for later analysis.**
- » **The current report offers only a brief summary of selected findings from what was considered by the task force to be the most important findings from the surveys.**
 - > **The second survey was conducted primarily to allow for additional space for feedback, advice, and recommendations. As such, the current summary focused primarily on this area of results.**



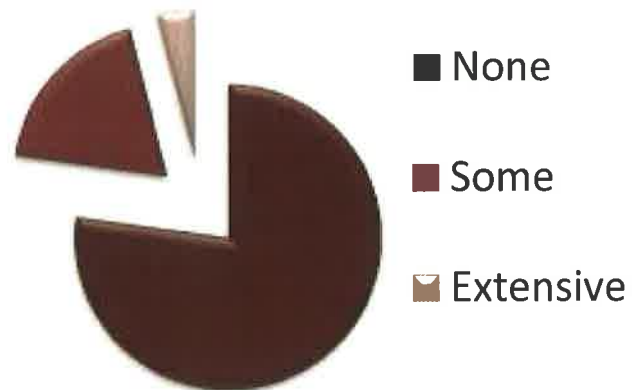
Survey 1

» Basics

- > Total number of responses was **711**

» Experience

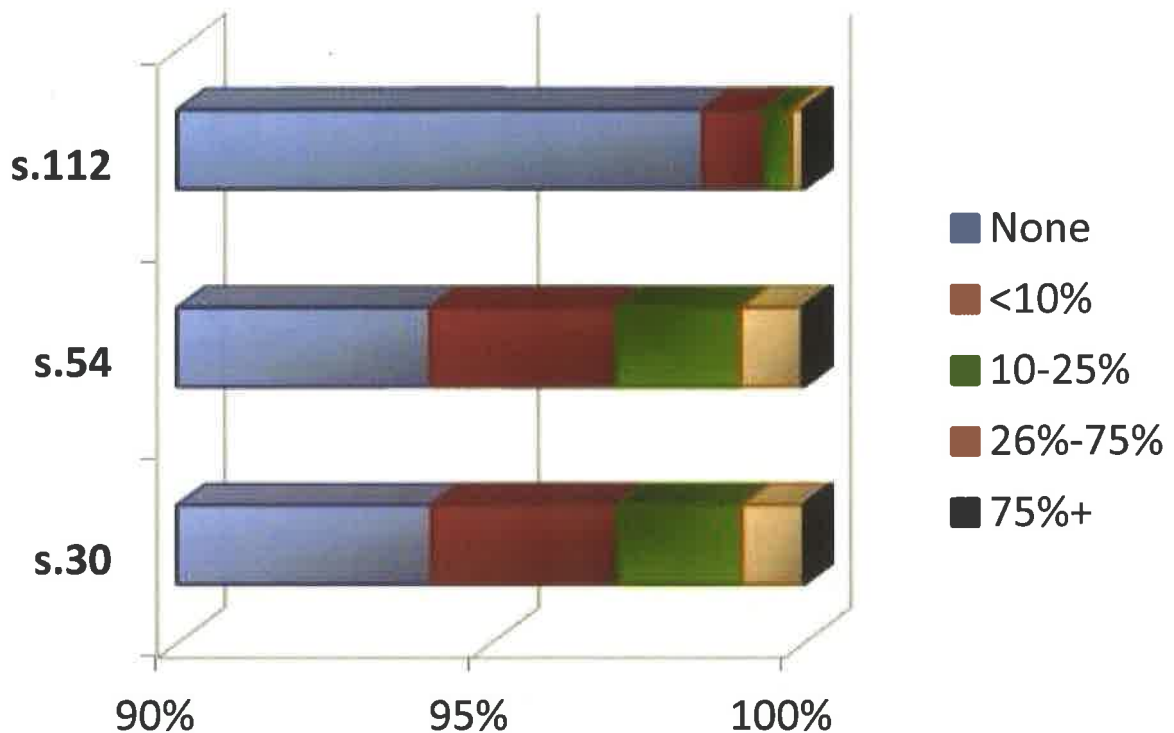
- > Members were asked what their level of experience was with family related court matters. Most had no experience while 162 had at least some.



- > 549 responding members (77%) had never had any involvement providing services either in the past or present in family court related matters
- > Of 162 members with at least some experience
 - + 134 (19%) indicated their experience to be slight or minimal both past and present
 - + 28 (4%) indicated that they had extensive involvement past or present
 - + 28 (4%) indicated that they were currently involved in providing services in this area

» Current level of practice

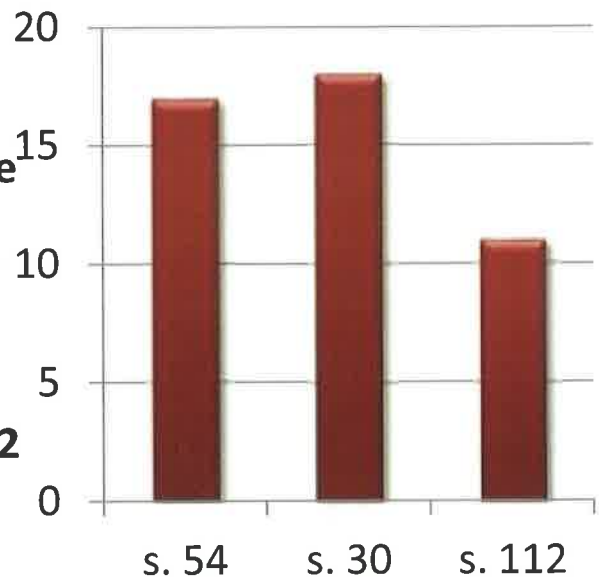
- > Members were asked to provide a proportion of their current practice that was occupied doing professional work on specific types of custody/access child protection work
- > An overwhelming number of members were not currently involved in these types of assessment (>95%)
- > For roughly half of members that were involved in these types of assessment it comprised less than 10% of their practice.



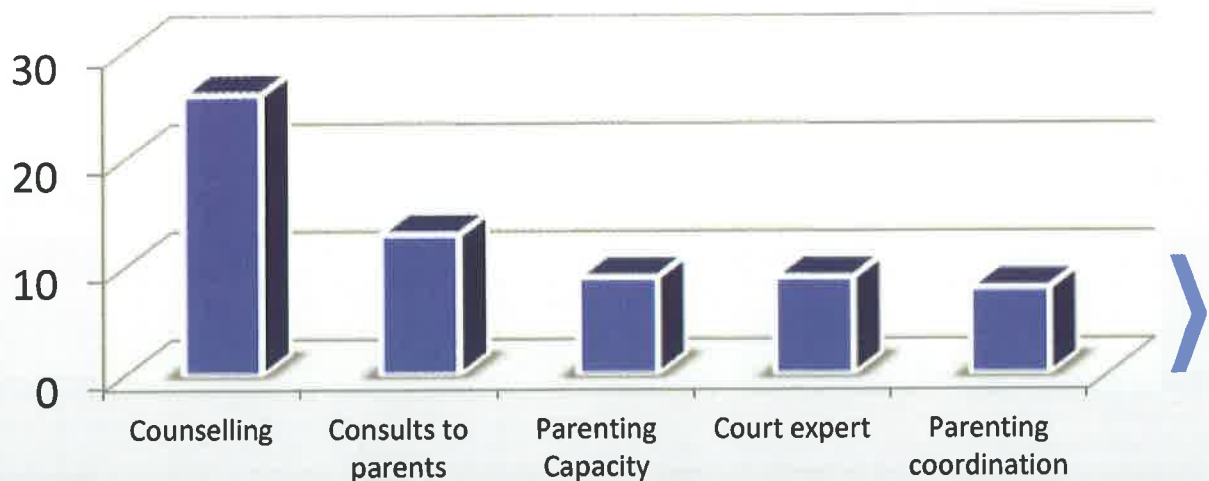
» Current - II

- > Less than five percent of the total sample indicated that a sizable portion of their current practice consisted of court ordered assessments

- > Eighteen members indicated that over a quarter of their practice was comprised of custody and access assessments, while lower counts were found for s.54 and s.112 type assessments.



- > For those having experience in the field, the most common type of involvement in family court related work was counselling children involved in a custody dispute.



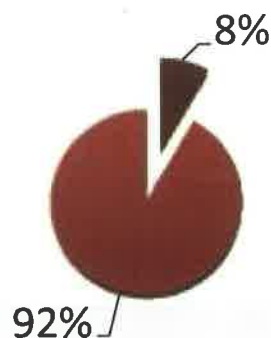
» Experience

- > Members completing court related work had extensive years of work in the field and had been registered an average of 20 years.
- > Average experience in providing custody and access services;
 - + **M=15.8 years** (SD=10.3; range <1 year to 40 years)
- > Average experience in completing parenting capacity assessment;
 - + **M=12.3 years** (SD=10.8; range <1 year to 40 years)

» Interest

- > Members were asked about their general interest in completing or providing custody/access and child protection services.

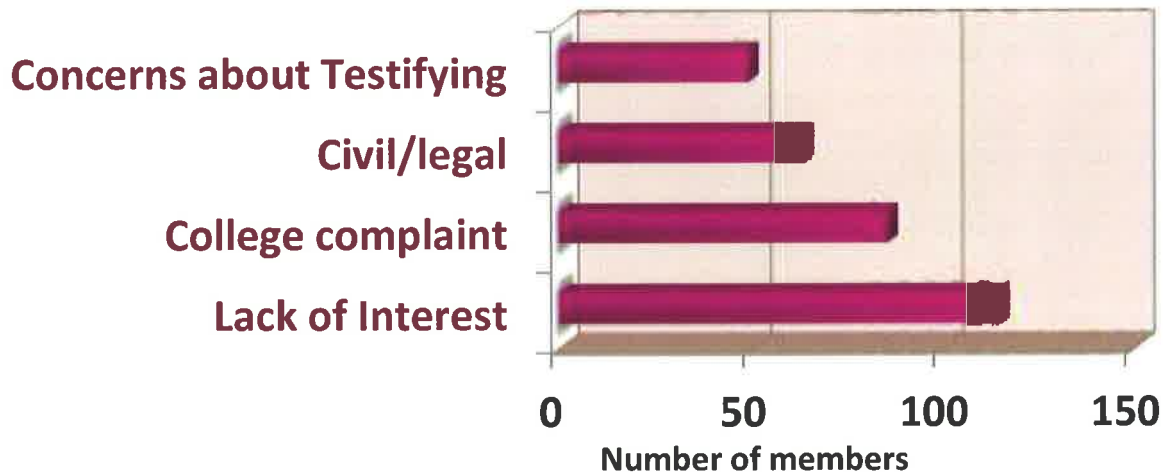
■ Interested ■ Not interested



Only a fraction of the total sample indicated that they have any interest in engaging in family court related work. Even those completing this work had minimal involvement

» Choosing Never to Practice

- > Members that identified themselves as qualified to offer services in family court related matters were asked to provide reasons if they were not practicing in the area. A lack of interest was the most common response (N=114) followed closely by risk of a professional complaint (N=85).



» Choosing to Not Continue Practice

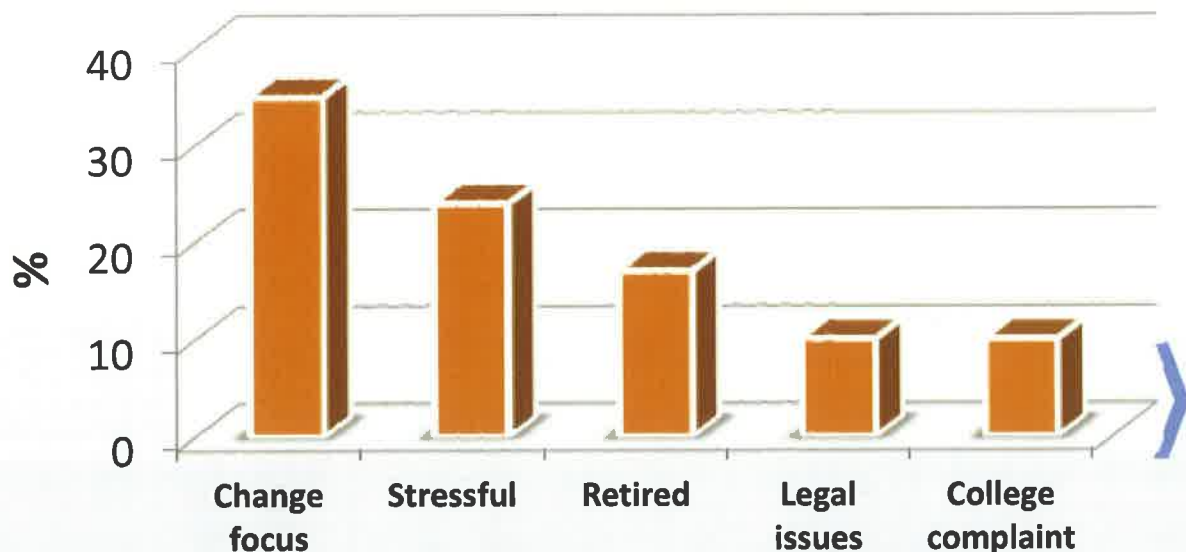
- > A segment of the total sample identified themselves as qualified AND having experience (N=162).
 - + A large proportion (56%) of these members indicated they would not be interested in pursuing current practice in the field under ANY circumstances.
 - + Twenty-six percent said they would consider providing services in the future while eighteen percent were not sure.

» Risk of Complaints

- > **Members not providing services due to a fear of complaint compared to other members;**
 - + **Had been registered longer**
 - + **Had fewer years experience specifically in child protection**

» Ceasing work

- > **Several members (N= 34) indicated that they had experience in the field but had chosen specifically to cease working in the field.**
- > **Many who had ceased working in the area indicated they had done so because their practice had changed focus (34%) or they had retired/stopped practicing (17%). Some suggested it was due to the nature of the work or risks associated with court related services.**

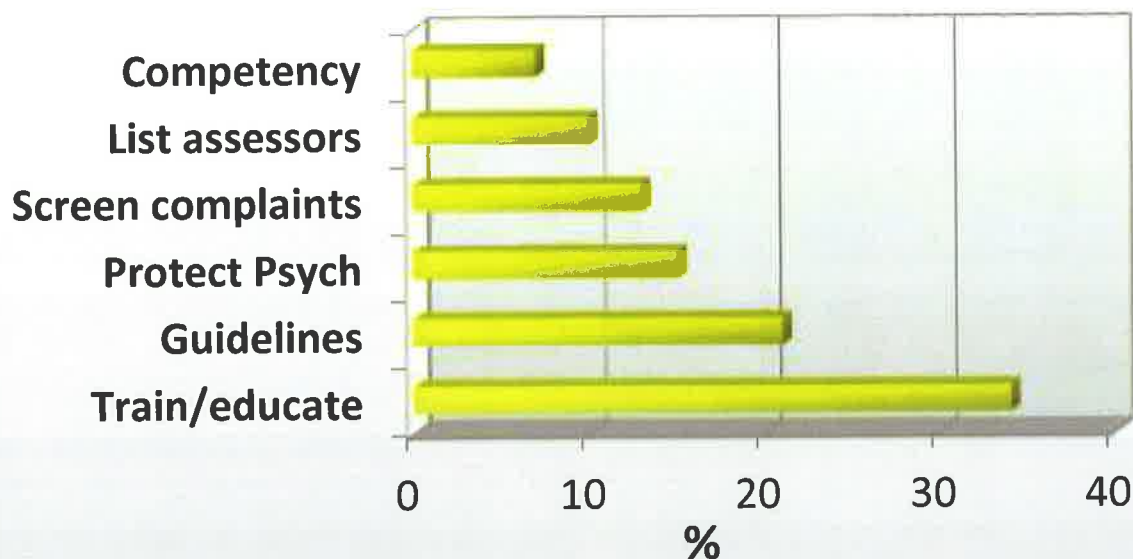


» Enticement

- > All members were asked under what circumstances they might consider providing these services. The top three responses;
 - + Increased professional supports
 - + Decrease in the risk of college complaints
 - + Decrease in civil/legal complaints

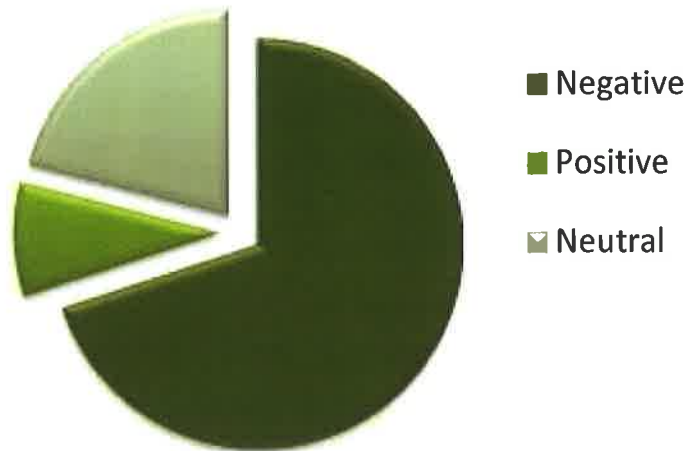
» Recommendations

- > All members were asked to provide recommendations to the College. Of those offering recommendations, the most common advice;
 - + More extensive training and education (34%)
 - + Guideline provided to members (21%)
 - + Assist in protecting psychologists from legal or professional complications (13%)
- > Experienced members provided similar recommendations



» Complaints

- > Thirty-three members responded that they had been involved in a professional complaint in the context of child custody/access related practice.
 - > Most (70%) considered the complaints process a negative experience. Only 9% of members indicated they had benefited from the process.
 - > Years registered was positively related to involvement with a complaint, but not experience in the field.
 - > Involvement in the complaints process significantly predicted ceasing work in the field.
-
- > The most common negative outcomes were;
 - > Stress/conflict (36%)
 - > Leaving/limiting practice (27%)



» Challenges

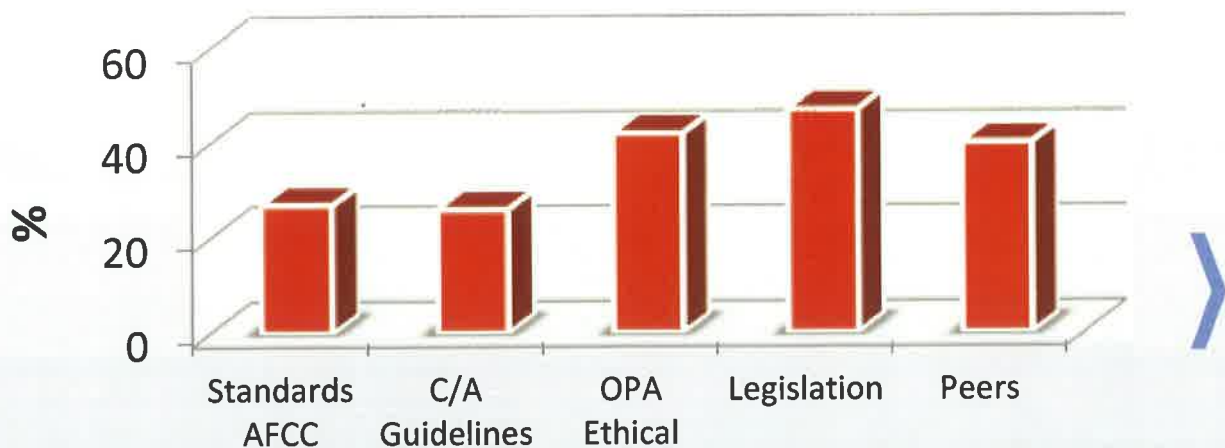
- > Experienced members indicated that the most challenging aspects of providing services were ;
 - + Complexity of cases (31%)
 - + Court process/legal issues (18%)
 - + Difficult clients (18%)
 - + Complaints to college (13%)

» Advice to members

- > Experienced members were asked to provide the most important lessons of their work. Almost half (47%) advised other members to engage in consults with peers and utilize resources.
- > Other types of advice included;
 - + follow best practice guidelines (19%)
 - + Clearly define a scope of work (11%)
 - + remain objective/fair (13%).

» Resources utilized

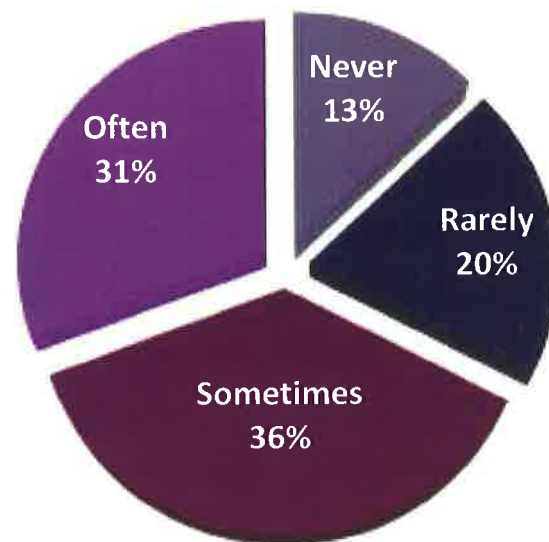
- > Members indicated a wide range of awareness of available resources and materials;
 - + The most essential resources identified were relevant legislation (47%) and OPA's Ethical Guidelines for Psychological Practice Related to Child Custody and Access (42%).



» Resources (cont)

- > Many members were not familiar with resources*;
 - + 31% AFCC model standards of practice
 - + 19% Custody/Access Assessment guidelines
 - + 28% APA guidelines in child custody evaluations
 - + 8% of relevant legislation

- > Members typically relied on peers, with over two-thirds indicating that they sometimes or often consulted with peers or colleagues about their work



- > Members who worked in the area indicated that their most common method of training was workshops (23%). Conferences (18%), internships (7%), and graduate training (6%) were also listed.
- > A large number of members (84%) indicated poor training opportunities and a need for more training.

» Training

- > Members indicated their top priorities for training

Best practice
guidelines

Legal issues

Complex
Cases



Survey 2

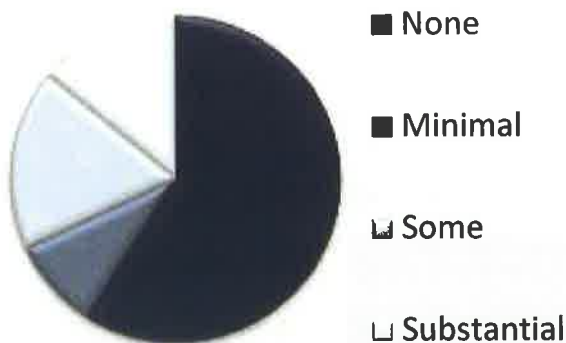
» Basics

- > Total number of responses was **44**

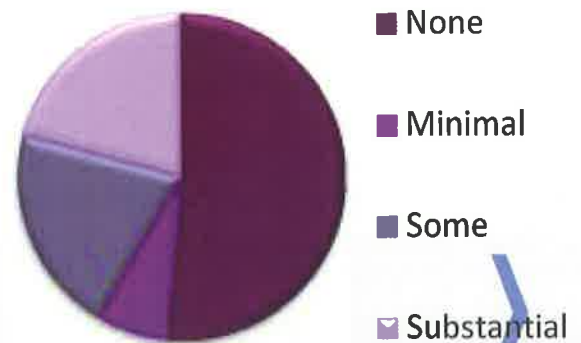
» Experience

- > Members were asked what their level of experience was with family related court matters both currently and historically. Almost half had none.

Thirty-two percent stated that family court related services were part of their **current** practice



Forty-one percent stated that family court related services was part of their **past** practice

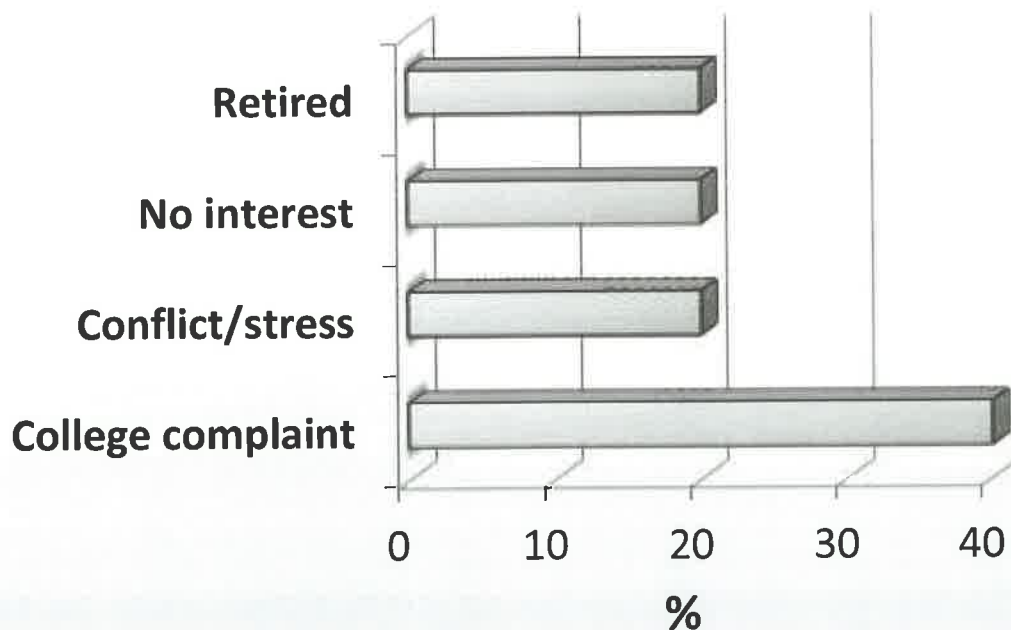


» Experience (cont)

- > Overall, thirty-two percent of members (N=14) were considered to have significant experience.
- > Another 21% were identified as having minimal experience and 48% none.
- > Forty-one percent of members (N=18) indicated that they were qualified to provide services in this area.

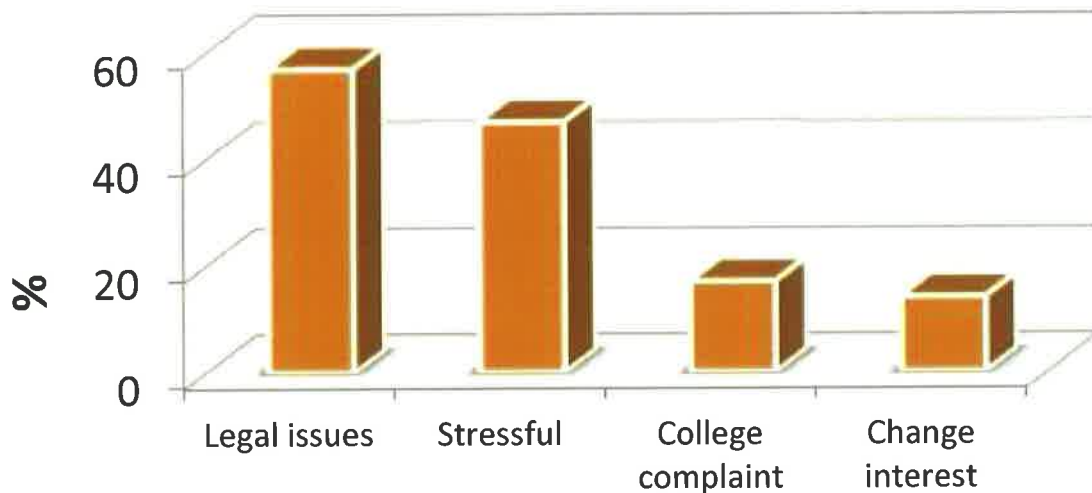
» Not practicing

- > Twelve members indicated that they were qualified but not practicing. The most common reason was fear of College complaints (40%)



» Ceasing work

- > A few members (N= 7) indicated that they had experience in the field but had chosen to specifically cease working in the field.
- > The top reasons for ceasing practice (57%) included stress and legal issues (57%).



» Note:

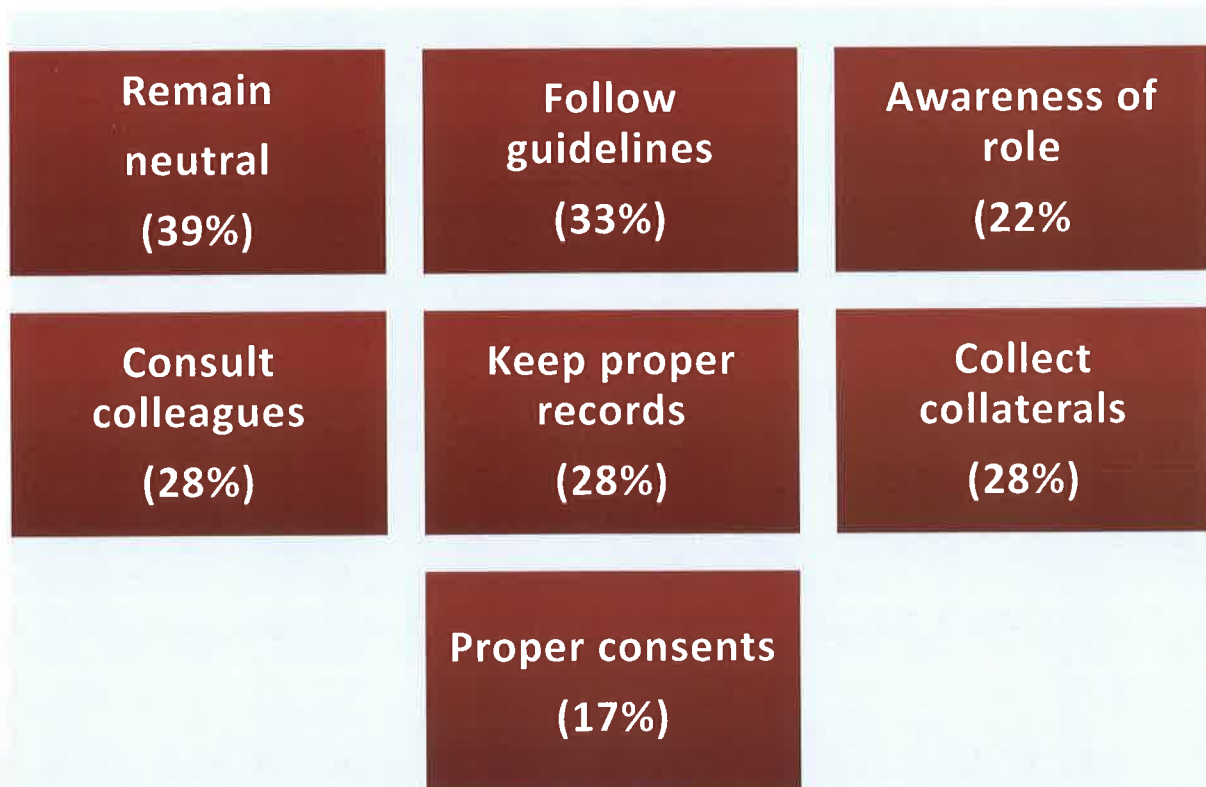
- > *The pattern of responses for both Survey 1 and Survey 2 surrounding issues of involvement and experience were similar*
- > *Explanations for non-involvement and ceasing work, although slightly different in magnitude, were similar in nature*

» Challenges

- > From a sample of the most experienced providers (N=14) the top challenge in conducting family court related work was considered professional/complaint issues (44%) and a lack of education/training (44%).

» Advice to members

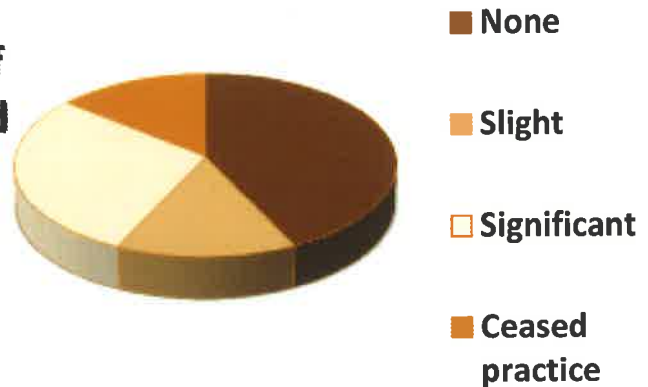
- > Experienced members listed the most important advice;



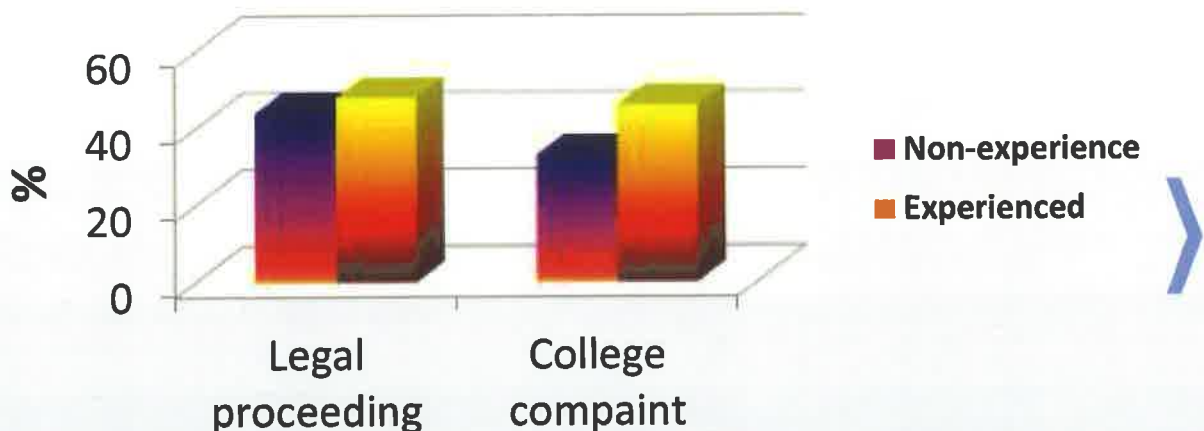
» Complaints

- > A small number (N=8) of the sample had experienced a professional complaint with the college.
- > This was almost half (47%) of the experienced members

- > Forty three percent of members experienced no impact while 14% ceased practicing in the field due to the complaints process



- > Members indicated that their practice was affected by both the threat of a college complaint (48%) and legal complaints (45%).
- > Significant differences were not found across level of experience.



» Recommendations to College

- > Advice was examined and differences were noted between experienced and non-experienced members.
- > Non-experienced members had minimal input and therefore were not included
- > Experienced members indicated that they believed that the College could assist members and increase the number of members available to provide serviced by;

Provide best practice guidelines

- 28%

Develop education/training opportunities

- 39%

Effectively screen vexatious/frivolous complaints

- 22%

Qualify competent professionals

- 17%

Assist in complaints process

- 11%

Advocate/provide legal assistance to members

- 6%

Notices of Unauthorized Practice

Notice to the Public from the College of Psychologists of Ontario regarding:

Gregory Evans
and
Paul W. Clark

The individuals listed below have been prosecuted under the Psychology Act, 1991, S.O. 1991, c. 38, the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, and/or the Provincial Offences Act, R.S.O. 1990, c. P.33 for unauthorized activities. The Court Orders may be accessed by clicking on the links below:

Gregory Evans, January 16, 2015 Ontario Superior Court of Justice Order

Paul W. Clark, February 10, 2015 Ontario Superior Court of Justice Order

Inquiries, Complaints and Reports Committee Activities

The information below is a summary of the activities of the ICRC for the period ending February 28, 2015.

New Matters, by Nature of Service

	Q1	Q2	Q3	Q4	YTD	
					Current	Previous
Administration	1	-	-	-	1	-
Capacity Assessment	-	-	-	-	-	4
Consultation	-	1	-	-	1	-
Corrections Assessment	2	-	-	-	2	1
Custody & Access / Child Welfare Assessment	2	3	2	-	7	5
Educational Assessment	2	-	3	-	5	8
Industrial / Occupational Assessment	1	-	-	-	1	4
Not Related to Psychological Services	2	3	-	-	5	1
Other Psychological Assessment	2	2	2	-	6	4
Psychotherapy / Counseling	7	6	1	-	14	12
Rehabilitation / Insurance Assessment	1	2	8	-	11	8
Supervision	1	4	2	-	7	40
Unknown	-	-	-	-	-	2
Total:	21	21	18	-	60	89

Dispositions by Case

	Q1	Q2	Q3	Q4	YTD	
					Current	Previous
Administrative Withdrawal	-	-	-	-	-	2
Other – Advice	9	4	8	-	21	7
Other - Advice with Undertaking	1	-	-	-	1	-
Other - Take no Further Action	3	9	2	-	14	13
Other - Oral Caution	-	2	1	-	3	4
Other - Oral Caution and Undertakings	1	-	-	-	1	1
Other - Written Caution	5	8	1	-	14	4
Other - Written Caution and Undertaking	2	-	-	-	2	1
Other - Written Caution and Specified Continuing Education or Remedial Program (SCERP **)	-	-	1	-	1	1
Referral to the Discipline Committee	1	-	2	-	3	2
Take No Action- Complaint Frivolous, Vexatious, Made in Bad Faith, Moot or otherwise an Abuse of Process	2	5	3	-	10	7
Total:	24	28	18	-	70	42

** Specified Continuing Education or Remedial Program

Dispositions by Allegation (Year to Date)

	Withdrawal	Take no Further Action F&V	Take no Further Action	Advice	Advice with UT*	Caution	Caution & UT	Oral Caution	Oral Caution & UT	Oral Caution & SCERP **	Written Caution & SCERP	SCERP	Refer to Discipline
Acceptance of Regulatory Authority of the College	-	-	1	-	-	-	-	-	-	-	-	-	-
Bias	-	-	11	2	-	-	-	2	-	-	-	-	-
Breach of confidentiality	-	1	3	5	-	2	-	1	-	-	-	-	-
Conduct unbecoming a member of the CPO	-	4	3	2	-	2	-	-	1	-	-	-	1
Conflict of interest	-	3	-	1	-	-	-	-	-	-	-	-	-
Dual relationship	-	-	1	-	-	-	-	-	-	-	-	-	-
Failure to render services appropriate to the user's needs	-	-	2	3	-	-	-	-	-	-	-	-	1
Failure to fulfill the terms of the agreement with user	-	-	1	-	-	-	-	-	-	-	-	-	-
Failure to obtain informed consent	-	-	4	2	-	-	-	-	-	-	-	-	-
Failure to practise within boundaries of competence	-	-	3	-	1	-	-	-	-	-	-	-	-
Failure to provide appropriate explanation	-	1	-	-	-	-	-	-	-	-	-	-	-
Failure to provide services sought	-	-	1	1	-	-	-	-	1	-	-	-	-
Failure to report child abuse or neglect	-	1	-	-	-	-	-	-	-	-	-	-	-
Failure to respond to a request in a timely manner	-	-	5	2	-	1	-	-	-	-	-	-	-
Failure to identify limits of certainty	-	-	1	-	-	-	-	-	-	-	-	-	-
False or misleading statements	-	1	3	1	-	-	-	2	1	-	-	-	1
Fees and billing problems	-	-	10	2	-	6	-	-	1	-	-	1	-
Improper office conditions	-	-	1	-	-	-	-	-	-	-	-	-	-
Improper supervision	-	-	4	13	-	5	1	-	-	-	-	-	-
Inaccurate information	-	-	5	-	-	1	-	-	-	-	-	-	-
Inadequate data to support conclusions	-	6	9	2	-	1	-	2	-	-	1	-	1
Inadequate Feedback	-	-	2	3	-	-	-	-	-	-	-	-	-
Inappropriate conduct toward a student	-	-	-	-	-	-	-	-	-	-	-	-	1
Inappropriate conduct toward an employee	-	-	-	1	-	-	-	-	-	-	-	-	-

* Undertaking ** Specified Continuing Education or Remedial Program

Dispositions by Allegation (Year to Date)

	Withdrawal	Take no Further Action F&V	Take no Further Action	Advice	Advice with UT*	Caution	Caution & UT	Oral Caution	Oral Caution & UT	Oral Caution & SCERP **	Written Caution & SCERP	SCERP	Refer to Discipline
Incapacity	-	-	1	-	-	-	-	-	-	-	-	-	-
Incompetence	-	1	1	-	-	-	-	-	-	-	-	-	-
Insensitive treatment of clients	-	-	2	1	-	1	-	1	-	-	-	-	-
Lack of objectivity	-	3	1	-	-	-	-	-	-	-	-	-	-
Providing services while impaired	-	-	-	-	-	-	-	-	-	-	-	-	-
Quality of services	-	1	2	-	-	-	1	-	-	-	-	-	-
Record keeping Problems	-	-	1	-	-	-	-	1	-	-	-	-	-
Sexual abuse	-	-	-	-	-	-	-	-	-	-	-	-	1

* Undertaking ** Specified Continuing Education or Remedial Program

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board reviews the Decisions of Ontario's Health Regulatory Colleges at the request of either a College member or complainant.

	Q1	Q2	Q3	Q4	<u>YTD</u>	
					Current	Previous
Reviews Requested	7	2	6	-	15	9

	Q1	Q2	Q3	Q4	<u>YTD</u>	
					Current	Previous
Decision Confirmed	1	1	3	-	5	6
Decision Unreasonable	-	-	-	-	-	-
Notice to not Proceed	1	1	-	-	2	-
Withdrawn	1	-	-	-	1	2
Total:	3	2	3	-	8	8

Discipline Proceedings

The Discipline Committee of the College holds hearings into allegations of professional misconduct and/or incompetence. The information provided below is published on the Register of the College and available through the Member Search section of the College website or may be obtained by contacting The College of Psychologists of Ontario. It is provided for the information of the public, members of the College and other professionals

The Discipline Committee has released a Decision in regard to one member, which can be viewed on the Register of the College by the following link:

Dr. Douglas MacDonald:

https://members.cpo.on.ca/public_register/show/19218

Changes to the Register

Certificates of Registration

The College would like to congratulate the *Psychologist* and *Psychological Associate* members who received Certificates of Registration since January, 2015

Psychologists - Certificate Authorizing Autonomous Practice

Jennifer Anne Bailey
Kendell Deanna Banack
Lindsey Elizabeth Barrieau
Joanne Lissa Natalie Bihari
Tamara Ann Burnie
Brandy Lee Callahan
Michael James Coons
Amber Michelle Fougere
Rina Gupta
William Bruce Handley
Jemma Rachel Helfman
Melissa Ann Hughes
Sarah Anne Kelleher

Gerald Victor Kroetsch
Philippe Lemieux
Megan Lynn Longstaff
John Wayne Nofle
Garry Patrick Perry
Karen Anne Peters-Kamm
Jonathan Petraglia
Heather Mary Purnell
Miri Robson
Evelyn Rodinos
Deborah Wit-Won Tang
Jennifer Musser Thomblison

Psychological Associates - Certificate Authorizing Autonomous Practice

There were no new members in this category

Psychologists - Certificate Authorizing Supervised Practice

Mary Elizabeth Acreman
Andrea Ximena Azurdia
Jana Baranyaiova Frtusova
Bojana Budisin
Bernadette Patricia Caffrey-Craig
Maggie C. Clarke
Joseph Anthony De Leo
Elissa Hope Dua
Corinna Marie Elliott
Michele Cathleen Foster

Amrita Ghai
Lara Elizabeth Hiseler
Shadi Jazaeri
Shirin Jazayeri
Shin Ruu Esther Ko
Shehreen Latif
Olivia Leung
Jennifer Amy Lillian Long
Nina Maria Mafriaci
Christian Patrick Maile

Jennifer Rebecca Marcus
Olivia Allison McGarragle
Nicola Claire McHale
Ashley Sarah Morgan
Olivia Ng
Jessica Pereira
Sarah-Jane Elizabeth Renaud
Oscar Eduardo Roldan

Angela Varma
Melissa Vloet
Natasha Theresa Madelaine Whitfield
Stephanie Amanda Wiebe
Daniel Zdzieborski

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

Psychological Associates - Certificate Authorizing Supervised Practice

Raizelle Leah Adler
Annie Luu
Hodman Osman Mahamed
Monique Krista Mercier

Allison Roy
Brandie Shylane Stevenson
Jodi Johanne Denise Vezina-Sam

Retired

Brenda Jo-Anne Bettridge
Elizabeth McDermott

Resigned

Benjamin Franklin Auld
Paul Richard Davidson
Susan Eadie
William Lamont Marshall
Ana Sztabinski
Sarah Beth Zimmerman
