The *e*-Bulletin

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

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The Barbara Wand Seminar was held on December 11, 2019. The Tricky Issues which were not presented due to time constraints are included in this issue.

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Barbara Wand Seminar - Attendees Questions

The Barbara Wand Seminar was held on December 11, 2019. The College received written questions from on-line participants which are answered below.

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Election to Council 2020

Elections to the College Council will take place on March 31, 2020 for the three-year term beginning June 2020. Two Council seats are up for election District 4 (East) and District 7 (Psychological Associate).

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Council Highlights

Highlights from the Council meeting held on December 13, 2019 are now available.

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Oral Examiner Thank You

The College would like to thank the following who acted as oral examiners in December 2019.

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Inquiries, Complaints and Reports Committee Activities

The second quarter report for the ICRC - September 1, 2019 to November 30, 2019 is available for download.

DOWNLOAD ICRC REPORT

Discipline Committee Activities

The second quarter report for the Discipline Committee - September 1, 2019 to November 30, 2019 is available for download.

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Council Meeting Materials Available for Download

The College posts the materials which support the items for discussion at the quarterly Council meetings. These materials are available one week prior to the meeting and are maintained, along with the approved minutes, in the Resources section of the College website.

Changes to the Register

Since October 2019, 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 Meetings

March 12, 2020
June 12, 2020

We welcome observers. Materials will be posted to the website one week in advance. Please advise the College of your wish to attend by calling 416- 961-8817 or emailing cpo@cpo.on.ca

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President's Message

This fall, along with senior staff of the College, I had the opportunity to learn much about the regulatory climate across North America.

In mid-October, Mr. Barry Gang, Deputy Registrar of the College and I attended the Association of State and Provincial Psychology Boards (ASPPB) Annual Meeting held in Minneapolis, Minnesota. In many American jurisdictions, members of our profession are grappling with a number of difficult issues. Some States, reflecting a libertarian bent, have eliminated regulation for some trades or professions, all together. In others, regulation is entangled in the political process with all Council members, whether public or professional, being appointed by the Governor's office. We also heard of several examples of a new registrar being selected following each State election. In such circumstance, collective memory was lost and there was little opportunity for long range planning as new appointees came and went with the shifting makeup of State administrations. On several occasions, attendees at the conference expressed, with envy, the stability of regulation in Canada and the professionalism of our regulatory staff.

Another item that received much attention pertained to the use of the new Examination for Professional Practice in Psychology (EPPP2); the exam developed by ASPPB to assess professional competence. Some regulatory boards in both Canada and the United States have become "early adopters", choosing to implement the examination as soon as it is available. Others, including our College, are awaiting more validational evidence before deciding about its use.

In November, our Registrar, Dr. Rick Morris and I participated in the Montreal meeting of the Association of Canadian Psychology Regulatory Associations. ACPRO links all of the provincial/territorial regulatory bodies and has important ties to the Canadian Psychological Association (CPA), the Canadian Council of Professional Psychology Programs (CCPPP) and other professional bodies. Two of the major concerns of ACPRO are the movement of psychologists across jurisdictions and the setting of national standards for the title of psychologist.

Similar to the ASPPB meeting, much time was devoted to a discussion of regulatory governance. Many provincial governments are looking to streamline regulation. This could include an amalgamation of health-related Colleges within provinces and the outsourcing of disciplinary investigations and hearings, for example. These discussions are in their early stages, but it seems that change is in the wind. The Council of the College has been reviewing our governance structure with the intent of being ready to address these issues when the provincial government provides direction in their thinking about the future of regulatory healthcare Colleges.

On behalf of the Council of the College of Psychologists of Ontario, thank you to all those who participated as examiners in the December oral assessment of candidates for registration and congratulations to our new registrants. I would also like to wish the membership much success and professional growth in the New Year.

With best wishes,

Michael Grand, Ph.D., C.Psych.
President

Peer Assisted Review of Solo Private Practitioners

All Health Regulatory Colleges in Ontario are required to ensure that their members undergo peer and practice assessments of their professional knowledge, skill and judgment. At the College of Psychologists of Ontario, such an assessment takes the form of a Peer Assisted Review (PAR).

Members may be selected for this review if they failed to participate in the self-assessment process; by random sampling from the entire membership; or, if selected by stratified random sampling from a group determined by the Quality Assurance Committee.

In 2018, the Quality Assurance Committee decided to select randomly from the group of members who are engaged in solo private practice. In selecting from amongst this group, the Committee hoped to gather and provide aggregate information about both the challenges experienced by these practitioners and some of the solutions they have developed.

The Committee initially intended to select 35 solo private practitioners for review. After some of the reviews began however, it was discovered that some College members who had identified themselves as solo private practitioners were not actually in solo private practice at the time of the review. In addition, a small number of reviews were deferred due to members' extenuating personal circumstances.

To date, reviews have been conducted with 21 solo private practitioners. While this may not be a representative sample, the information obtained in the course of these reviews may be useful to members of the College who are engaged in, or considering, solo private practice.

In 14 of the 21 cases reviewed, it was the reviewers' opinion that the members' practices met the Standards of the profession in all nine domains relevant to that practice:

1. Practice Setting/Office
2. Professional Conduct
3. Professional Services
4. Supervision and/or Consultation and/or Other Non-Direct Services
5. Administrative
6. Research/Teaching/Academic
7. Record Keeping
8. File Review
9. Self-Assessment and Continuing Professional Development

In most of the remaining cases, reviewers made recommendations with respect changes the member could make in order to meet the Standards of the profession. Most members who received recommendations willingly agreed to make the changes. The nature of the recommendations is summarized below:

Record Keeping

- Designating a person to become the Health Information Custodian in the event of unanticipated incapacity or death
- Ensuring that the successor Health Information Custodian is provided with all passwords and/or a document explaining how records could be located/accessed in the event the member is unable to communicate this information
- Taking steps that would allow the clear identification and aggregation of all information about a client when partial information is kept in separate locations, particularly in the case of electronic record systems
- Ensuring the record contains all information relevant to the service, including:
  - the type of relevant medications taken by clients
  - who to contact in the case of a client emergency
  - client service plans
  - client progress reports
  - full information about billing and payments
- Ensuring that confidential email is sent only with secure encryption

Professional Conduct

- Providing adequate information during the informed consent process about the members' obligations with respect to mandatory reporting. In four cases, members were reminded about the need to inform clients about the duty to report abuse and neglect of residents in long-term care facilities and retirement homes. Some members were unaware of this obligation
- Reviewing relevant legislation to distinguish between what members must report (for example, abuse in various contexts) and what members are not required to report, but may decide to report under certain circumstances, e.g. disclosing personal information to prevent serious harm to an individual
- Ceasing to copy proprietary test protocols without permission of the test publisher
- Training administrative staff with respect to confidentiality requirements

Professional Services

- Actively taking steps to reduce significant professional isolation
- Carefully considering whether a particular type of service falls within the bounds of one's authorized area of practice or population, or the bounds of one's professional competence even when it is falls within an authorized area of practice
- Ensuring that there is adequate soundproofing between client service and waiting areas
- Ensuring there are specific goals when providing intervention

Self-Assessment and Continuing Professional Development

- Establishing specific learning goals and beginning to collect eligible CPD credits
- Engaging in self-assessment, regardless of one's length of time in the field

Supervision

- More carefully reviewing the *Standards of Professional Conduct, 2017* relevant to Supervision, including, but not limited to the Standards related to billing for supervised services

In addition to making recommendations to members for change, reviewers also identified the following noteworthy positive practices, some of which exceeded formal requirements:

Informed Consent

- Using consent to psychotherapy forms which were particularly clear and comprehensive, including information about the purpose of therapy, expected length of each session, typical number of sessions, and information about the member's qualifications and experience

Confidentiality

- Backing up computer files to avoid loss of records
- Requiring two-factor authentication to access electronic files

Quality Assurance

- Demonstrating reflection on one's own strengths and learning interests
- Demonstrating serious consideration of appropriate and realistic CPD goals
- Using technology to facilitate learning in remote locations, including web-based courses and live webcasts

Preventing Isolation

- Recognizing the challenges caused by professional isolation
- Consulting with those in shared spaces and nearby in the community
- Organizing local networks of colleagues for consultation
- Participating in multiple peer consultation groups

Monitoring Client Progress

- Regularly asking clients for feedback about therapy
- Monitoring progress using objective measures
- Assessing clients at the beginning and end of sessions, taking time to reflect, analyze and plan each session
- Documenting the connection between client progress evaluation and a modified treatment plan

Administration

- Responsibly managing staff, e.g. by conducting performance reviews, police checks, reviewing written confidentiality and ethics agreements

Self-Care

- Recognizing the need for self-care
- Setting clear professional boundaries, including limits regarding contact with clients outside of therapy appointments
- Engaging in rejuvenating personal activities
- Demonstrating awareness of personal vulnerabilities

Undoubtedly, there is much more to be learned from other private practitioners. It is hoped that those who work without the benefit of workplace supports and everyday contact with colleagues will seek opportunities to connect regularly with others in the field. By doing so they can build professional support and information networks for the benefit of their clients and themselves.

The Quality Assurance Committee wishes to thank those members who participated in these Peer and Practice reviews, either as reviewers or reviewees.

Quality Assurance – The CPD Audit

In 2017 the College launched its mandatory Continuing Professional Development (CPD) program. The Program requires that all College members, except for those with Retired Certificates of Registration, earn 50 CPD credits every two years. The credits must reflect a variety of activities, as set out formally in the requirements of the Quality Assurance Committee.

The inaugural two-year mandatory CPD cycle ended in June 2019 and the Quality Assurance Committee is currently conducting an audit of the participation of 50 members. Most of these members were selected at random from among those who completed the requirements Some members are being reviewed because they did not make the mandatory Declaration of Completion of the CPD requirements, despite reminders by the College.

The following information is being provided to assist members who are now in the final quarter of the 2018 - 2020 CPD cycle, as well as those who are now acquiring credits for the 2019 - 2021 cycle.

Satisfaction of Credit Requirements

In 27 of the 42 cases considered to date, members were found to have met all requirements of the program. In many of these cases members far exceeded the requirements; some collecting more than double the required number of credits. The greatest number of credits in total for the period was 144 and the greatest number of credits related to ethics and jurisprudence was 30. The average number of total credits was 73 with a median of 65. Both the average and median number of credits related to ethics and jurisprudence was 17. It should be noted that some members reported counting eligible activities only until they reached the required minimum numbers.

One member declared having earned more than the required 50 credits but, because the credits earned exceeded some category maximums, the requirements unfortunately, had not, in fact, been met. In two other cases, members who reported not having earned the required 50 credits were found to have actually completed the requirements when the College reviewed their CPD documentation. In a small number of cases, members reported having been unable to complete the requirements for personal reasons. Some of these members requested an extension of the deadline to either submit their audit documents and/or to collect the credits.

The requirement to complete the required credits within the specified two-year period is set out in Quality Assurance Regulation as mandatory and non-exemptible for all but members with Retired Certificates of Registration. The Committee is gathering further information from members who reported that they were unable to complete the requirements due to extenuating personal circumstances and will consider these matters on a case by case basis to determine a reasonable and appropriate way to address each situation.

Some members expressed surprise and/or concern that those with Inactive Certificates of Registration must participate in the mandatory CPD program. They were reminded that this was made clear in College communications, beginning before the start of the 2017 cycle. It was explained the public is entitled to expect that, upon returning to practice, a member will practice as competently as someone who has maintained competence continuously. That is, during the period of inactive status the member has taken steps to maintain their level of competence.

Member Documentation Provided

Although most members completed the program requirements and provided full documentation to substantiate this, in some cases insufficient documentation prevented the Committee from confirming that the requirements had been met. In these cases, further information was requested.

Members are reminded to maintain a record of the activities for which they are claiming CPD credit. There is flexibility with respect to what information may be provided when formal verification or certification is not available. When formal documentation is not available, it is important to record such things as:

- Names and dates of events;
- Names of presenters and sponsoring organizations;
- Names of people involved in consultations, organizations and agencies within which consultations occurred and a brief description of nature of the consultations;
- Names of authors, articles, journals, and books for which credit for either reading or writing is being claimed;
- Copies of documents announcing internal workplace events attended either as a presenter or audience member;
- Copies of any correspondence relevant to agreements to present; and/or,
- Copies of emails confirming attendance at events.

It was not always clear in members' submissions how the activities they were counting in satisfaction of the ethics and jurisprudence requirements were, in fact, related to ethics or jurisprudence. In these cases, the Quality Assurance Committee needed to ask to for more information. If there is no apparent relationship between the name of the event reported and how it relates to ethics or jurisprudence, it is important to provide some explanation.

Nature of Activities

Participation in meaningful CPD requires that members choose to engage in activities that could be expected to enhance their practices. For this reason, members being audited were asked to provide a copy of the page of the 2017 Self-Assessment Guide containing the goals they had set for the 2017-2019 period. In many cases, members had set out clear and detailed goals and it was apparent that their CPD activities were intended to fill the gaps or enhance the knowledge and skill that they'd identified. In some cases however, there was insufficient specificity within the goals to allow the Committee to assess the whether the CPD activities were relevant to any developmental needs identified. It is hoped that the Guide to Self Reflection recently included within the Self-Assessment Guide will assist members in setting Continuing Professional Development Goals which are SMART (specific, measurable, achievable, realistic and time bound).

Range of Activities

In most cases, members engaged in a range of CPD activities. The Committee had hoped to be able to report on some highly novel or unusual activities which might help expand the menu of opportunities available to members. The activities reported however, were representative of the examples provided in the program materials. The Committee observe that, for the most part, members utilized a mix of activities which are widely available and relevant to psychological practice including:

- Attendance at formal educational programs offered by commercial conference providers, and public institutions including hospitals and mental health centres;

- Participation in in-house workplace events;
- Professional practice discussions with peers, in the workplace or community, either in person or via technology;
- Practice outcome monitoring;
- Professional association and College educational events, live and on-line;
- Professional association and College activities: committees, task forces;
- Web based courses and seminars;
- Writing and editing;
- Giving and receiving supervision and/or consultation with members of the profession and other relevant professions;
- Reading; and/or
- Learning to administer new tools and techniques.

Some members who work independently, especially in remote locations, reported difficulty in attending professional development activities. This is particularly problematic because professional isolation can be a barrier to maintaining one's competence. The Committee however, was pleased to see that there was evidence that many members did not have to leave their offices to partake in CPD activities. In addition to such activities as self-guided reading, telephone contact with peers and practice outcome measurement, many members availed themselves of remote learning opportunities available through organizations such as the Canadian Psychological Association and the American Psychological Association which offer a wide range of low-cost, on-line courses and seminars.

This information was provided to assist members in planning and completing their CPD requirements and, more importantly, to assist them in continuing to grow professionally and maintain professional competence.

Tricky Issues

At the Barbara Wand Seminar in Professional Ethics, Standards and Conduct, held on December 11, 2019 in Toronto, I presented some Tricky Issues in Professional Practice. Due to time constraints, I was unable to review all of the scenarios provided to participants in the handout. Below are the scenarios from the handout, followed by a discussion of each. Note that the discussion only speaks to the various options presented so the one indicated as "acceptable" is considered to be the best option of those given. There may be other reasonable options, not mentioned, for resolving this scenario.

Please note that the comments provided are intended as general information. The circumstances of an individual client and the details of the specific situation will influence how one handles an actual scenario. As always, members are encouraged to seek consultation and/or independent legal advice if they are unsure of the best approach to an individual situation.

Reporting a Client

In the course of an assessment, a client informs you of some illegal activity in which he has been involved. In which of the following situations do you have an obligation to report his illegal activity to the appropriate authorities?

1. He shoplifted an expensive pair of sunglasses.
2. He uses illicit drugs.
3. He has been continuing to collect the full amount of social assistance (welfare) even though he has been working.
4. He robbed an ATM.
5. He accidentally hit a pedestrian with his car and fled the scene.

When faced with information about a client's involvement in one of the situations described, the difficulty in deciding if one's obligation of confidentiality outweighs a need to report usually increases as one moves from the less serious to the more serious. That is, from number 1 to number 5. Most members have no difficulty in deciding that there is no obligation to report the illegal activity if it is the scenario suggested in 1, 2 or 3. The decision-making becomes more difficult with number 4 and members are far more concerned with situation 5. Regardless of the increasing seriousness of the behaviour, one must recognize that *there is no mandatory obligation to report illegal activity of any sort*.

While appreciating the seriousness of knowing a client was the driver in a hit and run accident, *Personal Health Information Protection Act, 2004 (PHIPA)* does not provide an exception for reporting 'criminal activity'. That is, there is no permission or obligation to report knowledge of criminal activity obtain in the course of a confidential relationship. The answer to the question posed therefore, would be, "none of the above".

In discussing this with members of the profession, the concept of reporting to eliminate the risk of serious bodily harm is often raised. Members correctly note that section 40 of *PHIPA* states that:

(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.

This section of *PHIPA* permits one to breach confidentiality *for the purpose of eliminating or reducing a significant risk of serious bodily harm.* It does not refer to criminal activity. For one to take advantage of this permitted breach of confidentiality one would have to have reasonable grounds to believe that the client's behaviour posed a significant risk to another. In the scenario provided, the 'hit and run' appears to be an accidental, one-off event. It could be hard to argue that this action suggests the client is a danger to others. For most clients, such an event, while very serious and tragic, would probably be a terrible accident and not something one might believe is an ongoing client behaviour.

One may be able to revise the scenario to be one in which one feels there are reasonable grounds to believe that disclosure was necessary to eliminate or reduce a risk harm; the client who was involved in the 'hit and run' regularly drives while impaired. In this scenario, it is important to appreciate that in speaking with the authorities, should one decide to do so, one would be reporting *due to a concern that the client poses an ongoing risk to others, not because of an obligation to report criminal activity*. While the activity which prompted the report may have been illegal, the reason for reporting, that is the reason for breaching confidentiality is to eliminate or reduce a risk harm, not because the behaviour was illegal.

<u>Mandatory Reporting</u>

In the course of therapy, a client tells you that she had a brief sexual encounter with her physiotherapist about five years ago. According to the client, this was a mutually consenting relationship. The client doesn't want to get the physiotherapist into trouble as she still uses his services when necessary, and the "affair" ended amicably. She only mentioned it because is feeling badly that she let this happen. You know about mandatory reporting but question if it pertained to this situation.

Which of the following statements are true?

1. Reporting requires client consent and since she didn't want to get him into trouble, but only wanted help for herself, one can choose not to report.
2. The law requires mandatory reporting of "sexual abuse". By her own description, this was a mutually consenting "brief sexual encounter" between adults, not an abusive one and therefore there is no obligation to report.

3. Since the "affair" happened more than five years ago, no report is required as it would be past the 'statute of limitations' as set out in the *RHPA*.
4. The RHPA allows you to use your professional judgment in deciding whether to report taking into account the emotional harm and impact on the therapeutic relationship with a very troubled client.
5. None of the above; make a report regardless of what the client wants and without considering the impact on the client.

   1. This answer is *incorrect.* Reporting does not require client/patient consent. One's mandatory duty to report sexual abuse by a health care provider is not dependent upon the the wishes of the client. One must make a mandatory report if one has the identity of the health care practitioner however, one may not include the client's name without their written consent.

   2. This answer is *incorrect*. Under the *RHPA*, any sexual behaviour between a client and practitioner is sexual abuse. This is regardless of the level of intimacy or whether the client/patient believes they have entered into the relationship voluntarily. A consenting sexual relationship between a practitioner and a client/patient cannot exist as the *RHPA* always assumes a power imbalance which precludes the possibility of consent.

   3. This answer is *incorrect*. There is no statute of limitations set out in the *RHPA*. Section 85.1 of the legislation, states:
      Reporting by members
      85.1 (1) A member shall 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 a different College has sexually abused a patient.
      By simply stating *has sexually abused a patient*, the RHPA puts no time limit on when the abuse might have occurred.

   4. This answer is *incorrect*. This reporting requirement under the *RHPA* is mandatory not discretionary therefore one may not use weigh the mentioned factors or any others in deciding whether to report.

   5. This answer is *correct*. All of the above answers, as described are incorrect as one must report if one has reasonable grounds to believe that a health care practitioner sexually abuse a client/patient. The report must be made regardless of the client's/patient's wishes and, while clinically one would certainly consider the impact on the client/patient; this cannot be taking into account in determining whether one should report.

Mandatory Reporting Requirements

True or false, **a**ccording to Section 85.1 of the *RHPA* Procedural Code, in making a Mandatory Report, the following are required:

1. It must be made within 30 days unless one believes the client or other clients will continue to be abused.

True. A report must be made to the Registrar of the health care practitioner's College within 30 days. If one believes however, that a delay of up to 30 days could put other clients/patients in danger of abuse, one must report immediately.

2. The mandatory report may be made anonymously.

False. In making a report to the Registrar, one must include one's name and contact information.

3. The report must include the name of the regulated health provider who is the subject of the report.

True. The report must include the name of the alleged perpetrator. If one does not know the name or doesn't have information by which the regulated health provider can be identified, one need not report.

4. The inclusion of the client's name requires written consent.

True. One is only permitted to include the name of the client/patient if one has their **written** consent. Verbal consent, while acceptable in many other health care matters is not acceptable when considering inclusion of the client's/patient's name in a mandatory report.

5. A report must be made whether or not you have the identity of the regulated provider.

False. As noted in 3 above, the name or identifying information of the regulated health provider must be included in the report. If one does not have the identity of the provider, one need not report.

6. The report must include an explanation of the alleged sexual abuse.

True. The report must include a description of the alleged sexual abuse which prompted the report.

True or False

1. A PDF of a consent form received by e-mail is acceptable. One doesn't need a hand-signed original.

True. One may accept consent provided in this manner. It is important to recognize that the PDF is solely the documentation of consent. One remains responsible to ensure that they are satisfied that the consent was informed and granted by the appropriate capable person, regardless of how it is received.

2. A court order to produce records takes precedence over one's obligation to respect test copyright.

False. Members are expected to take steps to protect test copyright and the integrity of test materials as copyright law and purchase agreements are binding. The College however, would expect members to comply with the law pertaining to orders of the courts. In this situation it is recommended members seek independent legal advice to ensure they fully understand the

information to which the order refers. In addition, a lawyer can provide guidance concerning the risks of producing, or refusing to produce, the specified documents.

3. It's permissible for clients to record their therapy sessions even though their use of the recording could result in a breach of confidentiality.

True. A client may be permitted to record their therapy session as the content of the session is their personal health information. While this is permitted, a member may choose not to allow the recording. If recording is permitted, the member should remind the client of the personal and often sensitive nature of the therapy and the need for extra care in keeping the recording secure.

4. When a client's individual insurance coverage runs out, it would be OK to begin to bill in her husband's name since the services to the client, his wife, has direct therapeutic impact on him.

False. One is not permitted to provide an invoice in the name of a second person to whom one did not provide services. If a member is unsure if a client's request of this type is reasonable, the member may ask the client to confirm the arrangement with the insurer. In the end, it is up to the insurer to determine insurance coverage and payment.

5. Since one must personally communicate a diagnosis "in real time" an assessment report containing a diagnosis cannot be mailed to a client, even when proper security measures are taken.

False. Should a client be unable, or not wish, to attend a follow-up session the assessment report, containing the diagnosis, may be sent to them. The requirement for communicating a diagnosis "in real time" generally refers to the role of a member supervising a non-member who is not authorized to perform this controlled act.

For those who could not join us in person or by webcast for the December 2019 Barbara Wand Seminar, it, along with several previous Seminars, is available in the Archive of Past Barbara Wand Seminars on the College website.

Rick Morris, Ph.D., C. Psych.
Registrar & Executive Director

Barbara Wand Seminar – Attendees' Questions

On December 11, 2019, the Barbara Wand Seminar in Professional Ethics, Standards and Conduct featured a presentation by John Hunsley, Ph.D., C.Psych., Professor & Director, Clinical Psychology Program, School of Psychology, University of Ottawa, entitled: *Evidence-Based Practice in Psychology: Implementation Options and Challenges.* In addition, Rick Morris, Ph.D., C.Psych., Registrar & Executive Director of the College presented some *Tricky Issues.*

The College received written questions from on-line participants which are answered below:

Tricky Issue – Deceased Client Information

Q: *In withholding information when sharing a file, is one obligated to tell the adult daughter what the process is if she wishes to obtain that information? That is, do we need to tell her that she may contact the privacy commissioner if she wishes to appeal?*

A: I assume that the question is related to the following scenario which was presented:
After struggling with the situation of the request for any information you can recall about the deceased client, you discover that you actually still do have the file! The lawyer now requests your full clinical record. You know that the client's adult daughter is able to authorize this request. In reviewing the file however, you discover some highly sensitive and secret information about the family; information you feel could result in serious emotional harm to a number of family members.

The general answer to your question is "Yes". It is important, however, to review the relevant section of the *Personal Health Information Protection Act, 2004 (PHIPA)* whenever considering whether to refuse access to personal health information, as different situations may require different responses. The relevant sections of *PHIPA* state the following:

Response of health information custodian
54 (1) A health information custodian that receives a request from an individual for access to a record of personal health information shall,

(a) make the record available to the individual for examination and, at the request of the individual, provide a copy of the record to the individual and if reasonably practical, an explanation of any term, code or abbreviation used in the record;
(b) give a written notice to the individual stating that, after a reasonable search, the custodian has concluded that the record does not exist, cannot be found, or is not a record to which this Part applies, if that is the case;
(c) if the custodian is entitled to refuse the request, in whole or in part, under any provision of this Part other than clause 52 (1) (c), (d) or (e), give a written notice to the individual stating that the custodian is refusing the request, in whole or in part, providing a reason for the refusal **and stating that the individual is entitled to make a complaint about the refusal to the Commissioner under Part VI** (highlighting added); or
(d) subject to subsection (1.1), if the custodian is entitled to refuse the request, in whole or in part, under clause 52 (1) (c), (d) or (e), give a written notice to the individual stating that the individual is entitled to make a complaint about the refusal to the Commissioner under Part VI, and that the custodian is refusing,
    (i) the request, in whole or in part, while citing which of clauses 52 (1) (c), (d) and (e) apply,
    (ii) the request, in whole or in part, under one or more of clauses 52 (1) (c), (d) and (e), while not citing which of those provisions apply, or
    (iii) to confirm or deny the existence of any record subject to clauses 52 (1) (c), (d) and (e). 2004, c. 3, Sched. A, s. 54 (1); 2007, c. 10, Sched. H, s. 20 (1, 2).

Providing reasons

(1.1) A custodian acting under clause (1) (d) shall not act under subclause (1) (d) (i) where doing so would reasonably be expected in the circumstances known to the person making the decision on behalf of the custodian to reveal to the individual, directly or indirectly, information to which the individual does not have a right of access. 2007, c. 10, Sched. H, s. 20 (3).

Time for response

(2) Subject to subsection (3), the health information custodian shall give the response required by clause (1) (a), (b), (c) or (d) as soon as possible in the circumstances but no later than 30 days after receiving the request. 2004, c. 3, Sched. A, s. 54 (2).

Evidence-Based Practice in Psychology: Implementation Options and Challenges

The following questions were received pertaining to Dr. John Hunsley's presentation. We appreciate Dr. Hunsley's time and consideration in providing these answers.

Q: *Where might I find appropriate measures of self evaluation of clinical practice which are available in French and are cost free?*

A: There are definitely fewer psychometrically sound measures available in French than in English. I don't know from your question the types of measures you are looking for (i.e., age range, focus of measure) but, in addition to the PHQ-9 and the GAD-7 links that are in my slides, here are some other free measures:

- Depression Anxiety Stress Scales
- Vancouver Obsessional Compulsive Inventory
- Claustrophobia Questionnaire
- Social Phobia Inventory
- Penn-State Worry Questionnaire
- Intolerance of Uncertainty Scale
- Agoraphobia Cognitions Questionnaire
- Panic Disorder Severity Scale
- Alcohol Use Disorders Identification Test

Of course, there are numerous self-report measures in French that are copyrighted, so do involve some cost. I mentioned the OQ and PCOMS monitoring measures in the slides, but there are also French versions of measures such as:

- ASEBA
- Parenting Stress Index
- Trauma Symptom Inventory
- Beck Depression Inventory II
- Beck Anxiety Inventory
- Personality Assessment Inventory

Q: *Dr Hunsley mentioned an excellent book by Norcross and Wampold on Psychotherapy Relationships That Work. He mentioned a condensed version of the book (vs buying the texts) was available but I did not get the correct source for the Journal(s). Can he provide the links to this great resource summary?*

A: All of the chapters in the two volumes of John Norcross and colleagues' recent publication with Oxford University Press appear in abbreviated form in *Psychotherapy* (2018, Volume 55, Issue 4) and the *Journal of Clinical Psychology* (2018, Volume 74, Issue 11).

Q: Dr. Hunsley pointed out that studies evaluating the level of acceptability of progress monitoring have reported clients DO have high levels of acceptability.

A: One of my concerns is the bias in study samples of progress monitoring studies. Clients who agree to participate in studies generally have high levels of acceptability of completing questionnaires. Those who are not interested in doing questionnaires will NOT participate.

It may be difficult to truly assess the level of acceptability of the practice. In the clinic, we will see clients who would never get involved in a research study or agree to provide data.

Q: What are your thoughts on this type of potential bias?

A: You raise an excellent question about the representativeness of samples used in the progress monitoring studies. To the best of my knowledge, studies examining the clinical impact of progress monitoring included data from all clients seen in the treatment setting in which the treatment was conducted. This is also the case in many clinics across Canada where these measures are used, both in private and public settings. In other words, regular completion of a progress monitoring measure is simply part of service provided to the clients. For example, our training clinic at the University of Ottawa--the Centre for Psychological Services and Research--requires that all clients complete a progress monitoring measure prior to each treatment session and that each treatment session is video-recorded. What is less clear, though, is the extent to which studies of acceptability include representative samples. So that you can see the details of such a study, here is a reference to a study based in our training clinic that examined the issue of acceptability of the OQ-45 to clients, trainee clinicians, and psychologist supervisors:

Rosval, L., Yamin, S., Jamshidi, P., & Aubrey, T. (2019). Perceptions of the Use of an Outcome Monitoring Tool in a Clinical Psychology Training Centre: Lessons Learned for Performance Measurement. *2019 Canadian Journal of Program Evaluation / La Revue canadienne d'évaluation de programme 34.1 (Spring/printemps)*, pp. 84–101.

Election to Council 2020

Elections to the College Council will take place on March 31, 2020 for the three-year term beginning June 2020. Two Council seats are up for election: District 4 (East) and District 7 (Psychological Associate).

Members from all backgrounds and experience are encouraged to run for Council. The College Council encourages diversity so different ideas, perspectives and backgrounds can contribute to the College's goal of excellence in self-regulation in service of the public interest.

> **Electoral District 4 (East**) is composed of the counties of Lanark, Renfrew, Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry, and the City of Ottawa.
>
> **Electoral District 7 (Psychological Associates)** is composed of the constituency of Psychological Associates who have elected to vote in this District rather than their geographic district

Your electoral district may be found on your Profile found in your College account.

Members wishing to seek nomination are required to have their nomination supported by five nominators who are eligible to vote in the district. The deadline for nominations is: March 1, 2020. The links to further information and nomination forms are available on the College website.

Council Highlights – December 13, 2019

Policy Issues

Change to Jurisprudence and Ethics Examination (JEE) Pass Point

Council approved a recommendation of the Jurisprudence and Ethics Examination Committee to set the pass point for the JEE based on the scores of Ontario trained first-time test takers. This is a change from the current practice of using the full data set of scores for all candidates writing the examination. In reviewing the recommendation, the Council agreed that the Standard for passing the examination should be the performance of candidates trained in Ontario who pass the exam on their first attempt. Given that the purpose of the examination is to assess the level of knowledge candidates require to practice in the province, Ontario trained candidates represent the most valid picture of that knowledge base.

Changes to the College's Guidelines for Completing the Declaration of Competence

The Council approved modifications to the *Guidelines for Completing the Declaration of Competence* pertaining to areas of practice or populations declared and an applicant's academic background and training. It had been observed that some applicants were selecting areas of practice and/or client groups that were not represented in their academic background and training. This resulted in the need for extensive retraining. Through this change, applicants will be clearly directed to select only areas of practice in which they have formal academic coursework or client groups with whom they have formal training and experience.

Business Issues

Elections to Council

The Council confirmed that Elections to Council will be held on March 31, 2020 for District 4 (East) and District 7 (Psychological Associates). More information can be found on the homepage of the College website.

Other Business

The next meeting of Council will be held on Thursday, March 12, 2019.

Oral Examiner Thank You

The College would like to thank the following who acted as Oral Examiners in December 2019

Cheryl Alyman, Ph.D., C.Psych.
Patricia Behnke, Ph.D., C.Psych.
Kofi-len Belfon, Ph.D., C.Psych.
Laura Brown, Ph.D., C.Psych.
Clarissa Bush, Ph.D., C.Psych.
Mary Caravias, Ph.D., C.Psych.
Angela Carter, Ph.D., C.Psych.
Mark Coates, Ph.D., C.Psych.
Janice Currie, Ph.D., C.Psych.
Janine Cutler, Ph.D., C.Psych.
Jenny Demark, Ph.D., C.Psych.
Deanna Drahovzal, Ph.D., C.Psych.
Donna Ferguson, Psy.D., C.Psych.
Robert Gauthier, M.Sc., M.Ed., C.Psych.Assoc.
Michael Grand, Ph.D., C.Psych.
Sara Hagstrom, Ph.D., C.Psych.
Tae Hart, Ph.D., C.Psych.
Timothy Hill, M.A., C.Psych.
Joyce Isbitsky, Ph.D., C.Psych.
Paula Klim-Conforti, Dip.C.S., C.Psych.Assoc.
Maria Kostakos, M.A., C.Psych.Assoc.
Jane Ledingham, Ph.D., C.Psych.
Bruno Losier, Ph.D., C.Psych.
Maggie Mamen, Ph.D., C.Psych.
Marnee Maroes, Ph.D., C.Psych.
Mandy McMahan, Ph.D., C.Psych.
Samuel Mikail, Ph.D., C.Psych.
Delyana Miller, Ph.D., C.Psych.
Walter Mittelstaedt, Ph.D., C.Psych.
Michelle Moretti, Ph.D., C.Psych.
Mary Ann Mountain, Ph.D., C.Psych.
Elissa Newby-Clark, Ph.D., C.Psych.
Milan Pomichalek, Ph.D., C.Psych.
Janet Quintal, M.A., C.Psych.
Linda Reinstein, Ph.D., C.Psych.
Philip Ricciardi, Ph.D., C.Psych.
Francine Roussy Layton, Ph.D., C.Psych.
Michelle Sala, Ph.D., C.Psych.
Sara Schleien, Ph.D., C.Psych.
Frederick Schmidt, Ph.D., C.Psych.
Mary L. Stewart, Ph.D., C.Psych.
Sheila Tervit, Ph.D., C.Psych.
Peter Voros, Ed.D., C.Psych.
Tammy Whitlock, Ph.D., C.Psych.
Pamela Wilansky, Ph.D., C.Psych.

Public members of Council:

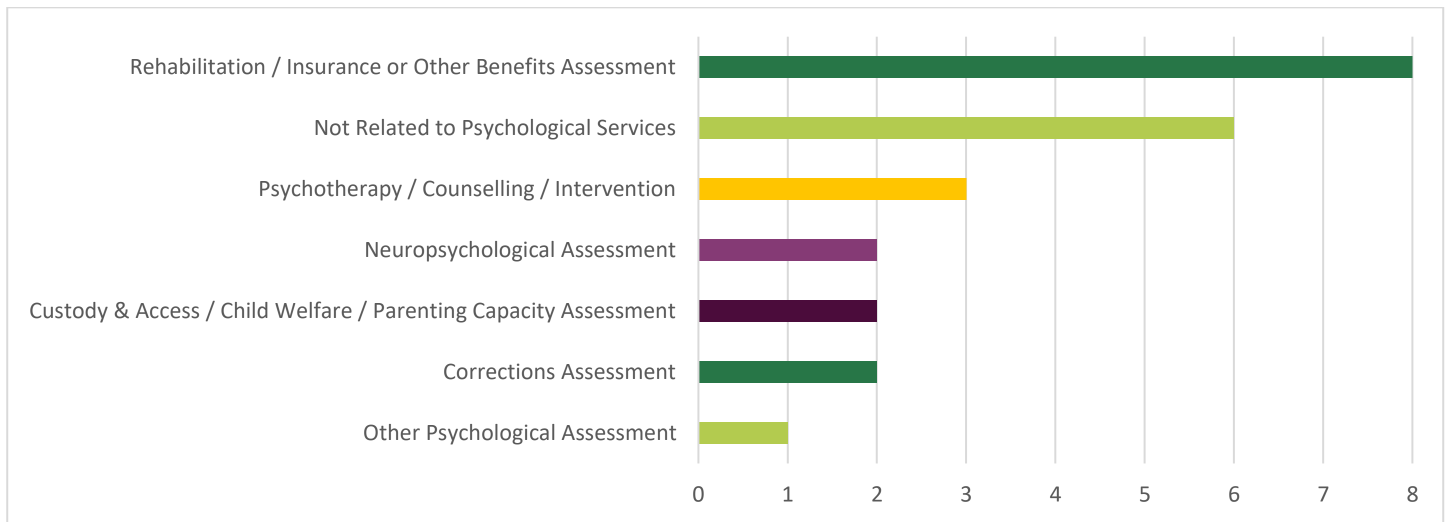
Judy Cohen
Emad Hussain

Inquiries, Complaints and Reports Committee (ICRC) Report

Second Quarter, September 1, 2019 – November 30, 2019

New Complaints and Reports

In the 2nd Quarter, the College received 22 new complaints and opened 2 Health Inquiries, for a total of 24 new matters. The nature of service in relation to these matters are as follows:

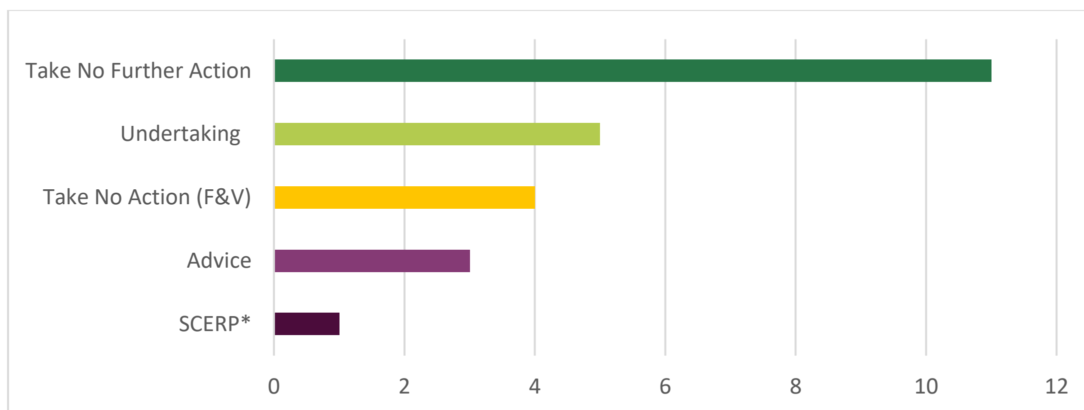


ICRC Meetings

The ICRC met five times in the second quarter to consider a total of 41 cases. An oral caution was delivered at the October meeting. As well, 17 teleconferences were held to consider 29 cases.

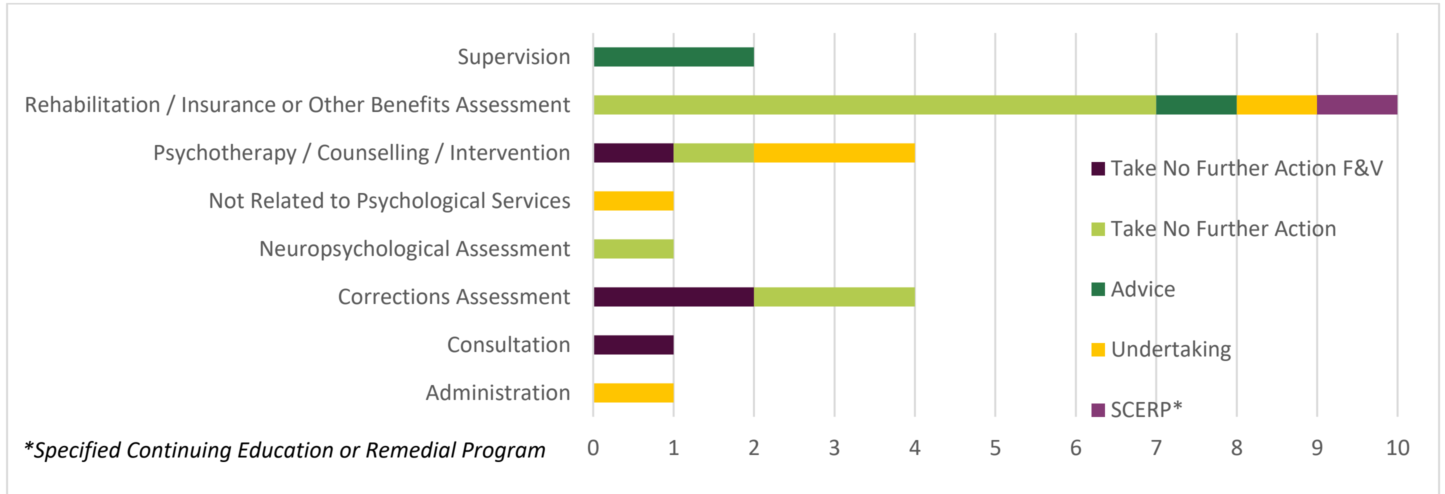
ICRC Dispositions

The ICRC disposed of 24 cases during the 2nd Quarter, as follows:



**Specified Continuing Education or Remedial Program*

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



Specified Continuing Education or Remedial Program

Disposition of Allegations

In the 2nd Quarter, the 24 cases closed included the consideration of 59 allegations. The ICRC took remedial action with respect to 19, or 32%, of these allegations.

Supervision
Sexual Harassment
Responding to a Request in a Timely Manner
Representation of a Non-Member
Recordkeeping and Documentation
Professional Conduct re Non-Clients
Office Conditions
Objectivity and Bias / Appearance of Bias
Illegal Conduct
General Professional Conduct
Fees and Billing
Familiarity with Interventions, Tests and...
False or Misleading Record or Document
Consent
Conflict of interest
Confidentiality
Collection, Use and Disclosure of Information
Clarity of Communication
Boundaries and Dual Relationships
Authorized Areas of Practice and Client...
Appropriateness of Services
Appropriate Explanation of Services When...
Adequate Information to Support Conclusions
Accuracy of Information
Abuse and Harrassment (Non-Sexual)
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5
Take No Further Action F&V
Take No Further Action
Advice
Undertaking
SCERP*

Specified Continuing Education or Remedial Program

Health Professions Appeal and Review Board (HPARB)

Three HPARB reviews of ICRC decisions were requested in the quarter. The College received three HPARB decisions related to earlier appeals all of which confirmed the ICRC decisions.

Discipline Committee Report

Second Quarter, September 1, 2019 to November 30, 2019.

Referrals
There were no referrals to Discipline in the second quarter.

Hearings
There were no hearings scheduled in the second quarter, however a Discipline Hearing Panel had imposed an Order, which included a Reprimand in the following matter which was delivered on November 4, 2019.

1. Dr. Reuben Schnayer: https://members.cpo.on.ca/public_register/show/328

Ongoing matters
There was one outstanding matter before the Discipline Committee:

1. Dr. Ian Manion : https://members.cpo.on.ca/public_register/show/1002

A referral was made to the Discipline Committee on May 31, 2019. At issue were allegations of professional misconduct in that Dr. Manion breached professional boundaries and engaged in a personal and sexual relationship with an individual who was a client. The hearing for this matter was scheduled for December 3, 2019.

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 October 2019.

Psychologists - Certificate of Registration Authorizing Autonomous Practice

Malak Abu Shakra
Elizabeth Catherine Anne Allevato
Touraj Amiri
Danielle Louise Bouchard
Dillon Thomas Browne
Radek Eric Budin
Emilee Elizabeth Burgess
Melissa Lauren Button
Laura Megan Caird
Jennifer Jean Carey
Andrew Jonathan Carlquist
Nicole Rosanna Carson
Tanaya Chatterjee
Bryan Hon Yan Choi
Melanie Mae-Lynn Cochrane
Kenneth Andrew Colosimo
Susana Correia
Stephanie Gayle Craig
Kathryn Joanna Brenda Curtis
Eli David Sidney Cwinn
Tina Ghazaleh Dadgostari
Alexander Robert Daros
Lauren Alysha David
Anderson Leslie Reynold Dorbeck
Marina Simone Dupasquier
Nicole Estella Elliott
Petrice Gentile
Maryam Gholamrezaei
Taylor McCormick Hatchard
Natalie Margaret Elizabeth Hazzard
Julie Kathryn Mae Irwin
Casey Shigeo Iwai
Jenna Brooke Jones
Alexa Lynn Kane
Kirstie Danielle Kellman-McFarlane
Samantha Kayeon Longman-Mills
Jasmine Claire Mahdy
Hanna Ivy McCabe-Bennett
Patricia Ann Molnar
Jennifer Marie Monforton
Marisa Murray
Shayna Hannah Nussbaum
Natalie Cheryl Parnell
Jeffrey Luc Perron
Gauthamie Poolokasingham
Stephanie Rose Price
Jennifer Sarah Rabin
Elyse Kerry Reim
Sophie Richard
Erin Lynn Romanchych
Lianne Avril Rosen
Emily Safronsky
Dhrasti Kiritkumar Shah
Cynthia Sing-Yu Shih
Hemal Shroff
Victoria Kar-Yan Sit
Leslie Christine Smyth
Hailey Sarah Sobel
Susan Laurie Sprokay
Erin Michelle Sulla
Patsy T. Sutherland
Stephanie Pui Yan Tang
Ami Estelle Tint
Jenna Michelle Traynor
Lee David Unger
Vanessa Michela Vogan
Vira Voroskolevska
Beverly Ellen Walpole
Yunqiao Wang
Laura Angela Weinheimer

Jean Kim
Valery Kleiman
Rachel Leung
Katherine Leventakis
Sarah Elizabeth Wootten
Mengran Xu
Dora Marta Zalai
Wenfeng Zhao

Psychological Associates - Certificate of Registration Authorizing Autonomous Practice

Carol Anne Susan Austin
Veronique Milaine Baril
Genevieve Marguarite Berube
Natalie Josée Bisson
Lauren Patricia Dolente
Aubrey Carolyne Gibson
Lynn Denise Laverdiere-Ranger
Jasmine Christine Peterson
Rotem Regev

Psychologists - Certificate of Registration Authorizing Interim Autonomous Practice

Diane Chisholm
Naddley Desire
Sosan Hejazi
Jonathan Jette
Elizabeth Jeong Lee
Houyuan Luo
Lance Rappaport
Sarah Sinclair

Psychological Associates - Certificate of Registration Authorizing Interim Autonomous Practice

No Certificates were issued in this period

Psychologists - Certificate of Registration Authorizing Supervised Practice

Areeba Adnan
Simerpreet Ahuja
Katrina Bouchard
Jenna Elizabeth Boyd
Julian Caza
Laura Lee Cestnick Kelly
Saeid Chavoshi
Anne Chinneck
Pamela Corey
Rachel Driscoll
Brianne Drouillard
Ellen Drumm
Marie Faaborg-Andersen
Justin Gates
Andrew Gentile
Jillian Glasgow
Elissa Golden
Jessica Gottlieb
Katherine Herdman
Todd Hoffman
Ashley Hyatt
Stephanie Lucille Leon
Leah Litwin
Lynn MacKenzie
Kristin Maich
Khuraman Mamedova
Nicole Marshall
Erica Robyn Masters
Donalea McIntyre
Fiona Meek
Sharon Pauker
Farena Pinnock
Vanessa P. Reinhardt
Kristen Reinhardt
Kimberly Saliba
Luke Schneider
Tina Shrigley
Ellen Shumka
Michael Spilka
Jeremy Stewart
Carly Surchin
Kathleen Tallon

Emily Marie Johnson
Abirami Kandasamy
Amanda Kerry
Daniella Ladowski
Christine Elizabeth Lambert
Jonathan Hart Leef
Amanda Timmers
Amanda Tobe
Tyler Tulloch
Kiran Vadaga
Daniela Wong Gonzalez

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 of Registration Authorizing Supervised Practice

Sedigheh Asrar
Debra Barrie
Ching Kong Cheung
Etti Daskal
Barbara Fani
Wai-Meng Florence Mak
Erin Anne Nimmo
Larissa Katherine Pipe
Maryam Rahat Varnosfaderani
Danielle Valcheff

Retired Certificate of Registration

Margaret James
Kadri-Ann Laar
Kenneth Mah

Resigned

No members resigned during this period.

Deceased

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

Dr. Anne Comasar
Dr. Keith McFarlane