COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

Standards of Professional Conduct 2024

Questions and Answers

Following publication of the revised Standards of Professional Conduct, 2024, the College received many questions from College registrants and other stakeholders with an interest in the regulation of psychology and applied behaviour analysis. Some questions have been edited for brevity, summarized, or combined with other similar questions. The answers are intended to be used as general information and should not be used as a substitute for advice by a qualified legal profession where legislative interpretation is required. While this document is intended to guide registrants in formulating their plans to address client or case specific challenges, registrants are encouraged to seek more specific advice from either a qualified legal professional or the College's Practice Advisory Service when consideration of case specific circumstances is required.

We wish to thank those who posed these questions. The questions led to reflection and helped the College to consider where further information was required in order to apply the Standards. We have updated the Standards document with additional Practical Applications in places where it was believed registrants could more widely benefit from the information.

Principle 2: Protecting the Rights and Meeting the Needs of Service Recipients

Responsibility for Services

Question	Standard 2.2 reads, "Responsibility for Services - Registrants, who issue invoices for services, whether operating individually, in partnerships, or as shareholders within a health professional corporation, must assume responsibility for the planning, delivery, supervision, and billing procedures for all services provided." Does this mean that the professional corporation and its owners must assume responsibility for the planning, delivery, supervision, and billing procedures for all services provided, if they are not the clinician providing services or would that be only the responsibility of the clinician providing services? Additionally, how does Standard 2.2 apply to clinicians working in a group practice?
Answer	This Standard reflects the idea that the shareholders of a corporation and partners in professional practice are responsible for the services a corporation or practice provides. This would not, however, absolve the clinician or direct service provider or supervisor of responsibility for their conduct, and the shareholders and partners would share the responsibility.

Principle 4: Indirect Service Provision, Supervision and Consultation

Supervisee Competence

Question	Standard 4.2. states that supervisors may engage in supervision only when the supervisee requires it to competently deliver services, when a non-registrant is assisting a registrant in performing a service by the registrant, or to fulfill the College's registration requirements. What is meant by "requires it to competently deliver" and by "non-registrant…assisting a registrant in performing a service by the registrant"?
Answer	"Required to competently deliver services" is meant to be taken literally. In this context it would apply to someone who is not themself competent to provide services but who is believed to have the capacity to benefit from supervision to the extent that the supervised services will be competent. "Non-registrant assisting with delivery of service" would apply to individuals who are not working towards establishing autonomous practice but are assisting a registrant, for example, as a career psychometrist might do.

Purpose of Supervision

Question	The standards have removed the word "solely" from the statement regarding the supervision to facilitate third-party payment. Does this mean that supervisees are not able to take on third-party clients and all work must be done directly or not at all?
Answer	Inclusion of the word "sole" in the earlier Standards had led to misunderstandings. In some cases, where supervision was not really needed, it led to situations in which unnecessary supervision was provided, only in order to provide receipts to insurers indicating that a registrant was supervising that service. The provision of unnecessary supervision had also been seen as a reason that higher fees are charged in some cases, when service providers whose services are not covered by insurers, and who usually

provide competent services without supervision, are only obtaining the supervision (which consumers ultimately pay for) in order to facilitate third party payment. Insurers have picked up on these sorts of things and made decisions to deny coverage to claimants for that reason.

The way to understand the current Standard is that supervision is perfectly fine when provided for the reasons set out in the Standard. Removal of the term 'solely" will, in most cases, not change things but it was thought that removal of the word would help avoid situations in which debate ensued over whether facilitating third party payment was the only reason the supervision was provided, and a superficial sort of supervision arrangement was made but the supervision didn't add anything real to the service.

Permissible Duties of Supervisees

Question	Can a Registered Behaviour Analyst assign clinical tasks (i.e. program review, data review, staff training etc.) to a nonregistered person that does not hold a certificate of registration for supervised practice?
Answer	We assume that the Registered Behaviour Analyst (or any College registrant) would, as required, supervise the service provision. The person assisting a registrant may do anything the Registered Behaviour Analyst believes they can do competently under their supervision. That includes such things as program review, data review, training, etc., so long as it is clear to all involved that the supervisor takes responsibility for selecting and guiding the person they are supervising, retaining oversight over the entire matter and has ultimate responsibility for the service provided to the client.
Question	Can a Registered Behaviour Analyst delegate tasks to someone that is "competent" but not going to be eligible via any of the pathways for registration?
Answer	We try not to use the term "delegate". Delegation is defined in the preamble to the Standards and is prohibited. A registrant may utilize the services of others who can independently take on specific tasks on their behalf, which is different than delegation. A Registered Behaviour Analyst, or any registrant, may enlist the assistance of another person as described above, even if that person is not eligible for registration, as long as they confirm that the person is qualified to provide the assistance.
Question	What tasks, aside from training, (if any) can be assigned to a competent supervised practitioner versus the registrant? Many of our staff appreciate professional learning opportunities (overseen by a supervisor), but it seems with the new system, these opportunities may be much more limited in scope.
Answer	If you mean what supervised tasks can be assigned to an unregulated supervisee, any tasks that the supervisor believes the supervisee can provide competently under their supervision. For Psychology practitioners, there is one exception to this: the Controlled Acts may not be delegated. The Controlled Acts are not permitted to ABA practitioners, so that is not a relevant concern.

Second Order Supervision

Question	May a supervisee provide supervision if the supervisee is completing their supervised practice?
Answer	Yes, as described in the Standards: ***4.9 Second-level Supervision*** *A Supervisor may allow a supervisee to oversee another service provider only if the supervisee holds a Certificate of Registration for Autonomous Practice or conducts supervision in order to meet College registration requirements. A Supervisor may permit a supervisee to obtain training and mentorship from others, however, all other supervisory responsibilities, including but not limited to ensuring the provision of competent and ethical care of each recipient of service is the direct responsibility of a supervisor registered with the College.* If a supervisor believes that such an individual requires experience in the provision of supervision in order to gain the skill necessary for autonomous practice, they could supervise their provision of supervision. Ultimately, though, accountability rests with the supervisor who is supervising that supervisor being trained.
Question	Section 4.9 of the Standards of Professional Conduct discusses second-level supervision. Is a supervisor (Behaviour Analyst registered with the College) permitted to supervise a Senior Therapist (who doesn't directly work with client but is a BCBA candidate and within 3 months of BCBA certification), as they supervise therapists that directly work with clients?
Answer	As you may know, as much as the College does respect the BCBA as a notable credential, it does not play a role in determining whether one will be authorized to provide ABA services in Ontario. Your understanding that a Supervisor who is a Registered Behaviour Analyst can supervise an unregulated Senior Therapist as they oversee therapists working directly with clients, is not correct. The only situation in which a supervisee may be supervised in the act of supervision themselves is if the supervisee is already a member of the College or is receiving the supervision in the course of fulfilling the requirements to become a member of the College. This is so that present and future College members may receive the guidance and support required to become competent in the act of supervision.
Question	Does the standard addressing "second-order" supervision mean that providers would no longer be able to have a three-tiered system with an instructor level, senior therapist, and clinical supervisor on a team, and only have a two-tiered system with an instructor therapist and clinical supervisor? And what does this mean for people currently working as senior therapists to gain BCBA supervision hours?
Answer	Your understanding is correct regarding the prohibition of second level supervision. We are not sure what this means to the BCBA requirements, and we suggest you contact that organization to clarify the available options. What we do know is that those working as senior therapists to obtain College required supervision hours must be supervised directly by a registrant of the College and may only supervise another service

provider if they themselves are registered with the College or are gaining experience in supervision in order to meet the College registration requirements.

Question	Standard 4.9 states: "A supervisor may allow a supervisee to oversee another service provider only if the supervisee holds a Certificate of Registration for Autonomous Practice or conducts supervision in order to meet College requirements". How then can non-autonomous senior trainees obtain the training and experience to become supervisors.
Answer	A supervisor may allow a supervisee to oversee another service provider only if the supervisee holds a Certificate of Registration or conducts supervision in order to meet College registration requirements, which would permit a member with a Certificate of Registration for Supervised practice to do so in order to meet the full registration requirements. The practical application to Standard 4.6 further explains what is meant by 'satisfying the College registration requirements: **Practical Application**: *For the purposes of Standard 4.6, those who are in the process of satisfying the requirements to become a registrant of the College include, for example, graduate students enrolled in programs intended to prepare them for registration with the College or those who have satisfied the academic requirements for registration and are acquiring the required supervised experience to be eligible to apply for registration.* Unless one is a registrant or on the path to becoming one, they may not act as a supervisor.

Question	I have a question regarding tiered supervision for behaviour analysts effective July 1, 2024. As I understand it, tiered supervision using a senior therapist (positioned between the registrant and the direct service provider) will not be allowed. Is the expectation that behaviour analysts will drop large portions of their caseload, leaving clients without service?
Answer	According to Standard 4.9 Second-level Supervision, a supervisor may allow a supervisee to oversee another service provider only if the supervisee holds a Certificate of Registration for Autonomous Practice or conducts supervision in order to meet College registration requirements. The sole supervisor may, however, permit a supervisee to obtain training and mentorship from others, as long as accountability for the provision of competent and ethical care of each recipient of service is the direct responsibility of a supervisor registered with the College. The legislature has taken the position that ABA services must be regulated in the public interest. The College has arranged several routes to registration, including pre-registration and we expect that many will have taken the steps necessary to become registered on July 1, 2024. If a mid -tier supervisor is not eligible for the exception noted above, then they must cease to supervise until they are permitted to do so.

In terms of navigating in the meantime, one solution would be to clarify the new rules with all who are currently involved, so that there will, henceforth, be only one supervisor and that anyone assisting that sole supervisor may continue to assist the supervisor with specific tasks, such as training, data collection or consultation, but will not be ultimately responsible for the quality of service provided to the client. The clients should also be made aware that the supervisor is accountable for the services provided.

This should not require anyone to "drop large portions of their caseload, leaving clients without service".

Continuity of Supervision

Question	What can we do if, based upon the revisions to the Standards, we are unable to continue supervising some individuals after July 1? I cannot possibly see all these clients myself.
Answer	As was the case before July 1, 2024, clients seen under a registrant's supervision are considered to be the registrant's clients. A client seen under supervision is entitled to the presumption that the supervisor is fully responsible for their care and that that the supervisor will ensure that they either terminate services in accordance with the established legislation and standards or arrange for services to be continued, if for any reason a supervised provider became unavailable. This sometimes occurs when a supervisee becomes unexpectedly ill, loses their job, or for any number of reasons is unable to continue in the role. For this reason, taking on responsibility for more clients than one can truly be responsible for can be very risky.

When Supervision Ends

Question	What information should be provided to clients when a registrant shifts from providing supervised services to consultation?
Answer	The client, in a supervision scenario, is the client of the supervisor, so it is akin to the supervisor terminating the relationship with the client. Presumably, because you mention consultation, the affected clients still require services. The supervisor should confirm that the client wishes to have their care transferred to a different registrant. The new provider (even if they were previously involved under supervision) should go through a new informed consent process with the client, to ensure the client's understanding and agreement with the new arrangements. The transfer of the file should also be formalized with client consent to have the records copied and provided to the new provider because a supervisor is required to retain and protect the information gathered and generated while the client was considered their own client.

Co-Signing Documents

Question	Are we correct in understanding that if an unregistered Behavioral Therapist is sustaining a behavioral care plan (no clinical decisions being made, etc.) there is no requirement to co-sign documents, if documentation is just reflecting client care?
Answer	The answer to this question depends upon the nature of the document one is considering. If the question arises in the context of a document which one might

reasonably believe will be used to make a decision about client care, the following Standard requires that it be co-signed:

> *4.5.4 Co-signing documents*
> *A supervisor must co-sign all documents which may be reasonably relied upon to make a decision affecting client care, rights or welfare. (See also Section 9: Records and Record Keeping)*

Who is Considered a Supervisee?

Question	Who is considered a supervisee? Is it anyone that the Behaviour Analyst is supervising whether or not they are working towards gaining credentials?
Answer	A supervisee is anyone who is providing services within the scope of practice of the profession under supervision, which we have defined at the beginning of the Standards as: *an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical. It is not consultation or delegation.* In other words, it is possible that there will be those who would be considered supervisees that are not on track for Registration with the College.

Supervision Requirements

Question	Does the College prescribe a certain number of hours for direct supervision per week?
Answer	The College does not quantify the requirements for supervision. Instead, what has been prescribed is a rigorous list of responsibilities and tasks for supervisors. It would likely be too difficult to meet those requirements or responsibilities without significant involvement with the supervisee, or with an excessive number of supervisees or clients.

Supervising Members of Other Professions

Question	I have been asked to "work with" a social worker who has already been working with a client, because that is the only way a third-party funder will continue to fund treatment by the social worker. These arrangements would entail me (a psychologist) supervising the assessment and communicating any diagnosis if there is one. and then to review goals and treatment progress every 6 sessions (but more often as needed). Is there room in the Standards to meet the best interests of the client in this scenario?
Answer	Standard 4.1 (i) states: *When supervising a registrant of a profession other than their own profession, the service is considered to be the practice of the supervisor's profession, and is subject to the legislation, regulations, and standards applicable to the supervisor.* While the psychologist could supervise the social worker, the client would be considered to be the client of the supervisor and the service would be considered a psychological service, therefore subject to all of the rules applicable to psychological services.

As long as there is a purpose for the supervision other than facilitation of third-party payment for the service, the service could be supervised by a CPO but as a psychological service, not a social work service.

Retention of Supervision Records

Question	I keep records for each supervisee. While I note the initials of the clients we discuss, I do not track when the client was last seen by my supervisee. How are we supposed to keep track of this for the retention of the supervision records? Does the retention period begin when we are done supervising the supervisee regardless of whether they continue with the client or from when they last see the client?
Answer	Standard 4.5.2 requires that s*upervision records must be retained for a minimum of ten years following the client's last relevant clinical contact for any client discussed…* Since, as supervisor, the client is considered to be your own client, and if you are the Health Information Custodian for each of those clients' files, you must have knowledge of when the client was last seen by your supervisee. If this was not the case, it might be argued that you are not providing adequate supervision. As required under the Standards, your supervision record will reflect the clients discussed at the time of each supervision session. Additionally, the decision to terminate services should be one that you are involved in directly. Keeping track may be as simple as keeping a list of clients (using whatever method of identifying them you choose) in the supervision record and an annotation of the date of any termination.
Question	If we retire/die before the retention period ends for supervision records, are we required to have someone take responsibility for the records as we do with client files?
Answer	There is no requirement for this.
Question	Are supervision records the property/responsibility of the Psychologist providing supervision, or would they remain in the agency where the supervision took place/ client file is retained?
Answer	Supervision records may be seen as analogous to employment records. If the supervision is being provided on behalf of the organization, it would make sense that the records should remain with and be the responsibility of the organization. Otherwise, they would belong to the supervisor.
Question	Where does the College recommend storing supervision records, in the client file, or in a separate supervision file?
Answer	We recommend that supervision records be kept separate and apart from the client file. A supervision record should contain only information relevant to the member's supervision of the supervisee's performance, developmental goals, progress, and challenges. It should only include incidental reference to clients to relate the narrative to specific cases.

All information about a client that is relevant to the services provided should be contained within the client record. There should be no information relevant to client care in a supervision record that would also not be found in the client's own file.

As you likely know, clients do have the right to access their own files and if the file contains confidential information about the supervisee, that would be problematic. You should not release personal information about the supervisee without the supervisee's consent, unless you are legally compelled to release it.

Question	Will you please explain the rationale for extending the retention period for supervision files and are you able to offer any practical advice regarding how to organize the storage of supervision records, given the new retention requirements? At present, my records are organized by supervisee, with multiple clients discussed in a supervision meeting on the same note (identified by initials). Would it be preferrable to have separate supervision notes for each client, which are then uploaded to their individual profiles? This process seems time-consuming. Do you have any alternative suggestions for streamlining this?
Answer	The Standards Working Group, and ultimately, the College Council members believed an extended retention period for supervision records was in the public interest because we receive a number of complaints where adequacy of supervision is at issue. Given that complaints may be received more than two years after the end of supervision, extended access to the supervision records was seen as important. Organizing supervision records by the name of the supervisee seems like a good idea. It isn't necessary, and may be unnecessarily cumbersome, to maintain individual supervision records for each client. It's our understanding that many members simply keep a file for each supervisee. In terms of tracking, you may wish to review the file when terminating supervision, noting the age of the youngest client seen under supervision, and marking the file for destruction accordingly. One could destroy portions of a file dealing with older clients whose services have been supervised, but that would require revisiting the file multiple times and seems very complicated and possibly unwieldy. We recommend that supervision records be kept separately from client records. A Supervision record should contain only information relevant to the member's supervision of the supervisee's performance, developmental goals, progress, and challenges. It should only include incidental reference to clients to relate the narrative to specific cases. All information about a client that is relevant to the services provided should be contained within the client record. There should be no information relevant to client care in a supervision record that would not also be found in the client's own file. As you likely know, clients do have the right to access their own files and if the file contains confidential information about the supervisee, that would be problematic. You should not release personal information about the supervisee without the supervisee's consent, unless you are legally compelled to release it.

Question	I am writing to seek clarification regarding the change in retention of supervision records as outlined in the updated Standards of Practice from 2 years post-supervision to length of the client file. With such long retention requirement additional questions emerge. For example, are the supervision files to be stored and handled similarly to client files – such as having someone to keep them should the psychologist die? In the updated standards Practical Application box, it also notes the following: It is not necessary to include a client's name within a supervision record, however, sufficient information must be included to allow identification of the client referred to. – With the longer retention requirement, such a statement is more difficult to make sense of. I have been able to utilize age and initials in my current practice to link students I am supervising with the client within the same 2-year period. I cannot see how anything, but the full name would be sufficient with longer retention periods.
Answer	There is no specific requirement set out concerning the storage arrangements one must make or about a successor custodian of a supervision file. We expect that members will use good judgment and recognize that supervision files contain personal information about supervisees which must be kept confidential and safe from unauthorized access. It is not prohibited to include client names in supervision files, so you may do that. The practical application you refer to was put in place to address concerns about the added responsibility of having client names in the record, which would make those records containers of personal health information and therefore subject to the requirements of PHIPA. If you wish to avoid having your supervision records become subject to PHIPA by containing health information about identifiable individuals, you might want to consider perhaps keeping a list of initials and matching names someplace secure.

Supervision Agreements

Question	Is a supervision agreement required with every staff member working under supervision?
Answer	Yes, and any other individuals who may not be "staff" that a registrant may be supervising must be supervised when providing professional services.

Question	Is an agreement required if expectations regarding supervision are covered within a job description?
Answer	It is a good idea for expectations to be documented in a job description, however, there would also need to be documentation of the agreement by the supervisor and supervisee to all of the requirements set out in the Standards. In other words, a job description is not necessarily an agreement. An employment contract can function as an agreement if the requirements are set out in the policies and procedures of the organization and the employment contract says that the parties will abide by all of the policies and procedures. If any elements of the requirements under the Standards are not included in the policies and procedures, it would be necessary to either add those elements to the policies and procedures or establish an additional contract for those elements missing.

Question	Regarding supervision agreements and content of supervision records, do we have to follow the same procedures whether we work with a psychometrist or a member under supervised practice – especially with respect to describing strengths and developmental needs and discussions around jurisprudence?
Answer	When supervising any individual, whether or not they are a member of the College, you must adhere to all supervision standards that apply to the service and the service setting. When supervising an individual who is a member of the College with a Certificate of Registration for Supervised Practice, you must comply with all the supervision standards, as well as the additional requirements which apply to the Registration process. You must continually monitor the strengths and developmental needs of all supervisees. What this will do is help you to calibrate the level of supervision needed by each.

Principle 5: Competence

Question	I am registered for the practice of clinical neuropsychology. When the new CPO standards take effect, can you please confirm whether I should be able to teach basic foundational content (e.g., research design, ethics, statistics, literature review research projects, etc...) to graduate level counselling students?
Answer	Yes, that would accord with the Practical Application principle 5.2 Specialized Knowledge, below. **Practical Application:** *Although registrants are required to work within their authorized areas of practice and client groups, in circumstances where the service is unrelated to a client service a registrant may provide services more generally…*

Principle 6: Presentation of Information to the Public

Question	When the standards ask us to demonstrate that we have attempted to correct the misrepresentation of credentials by other professionals, what does that mean? Are we to keep a separate log of these emails/ phone calls and discussions? How long are we expected to keep these records?
Answer	If you are in a situation in which someone tries to misrepresent their credentials then you must try, where possible, to at least point it out to them and encourage them to correct the misinformation. It would be a good idea to retain some record of your attempts but there is no strict requirement that you so and no specific requirements with respect to the maintenance of those records.

Testimonials

Question	May an organization, as opposed to a registrant solicit a testimonial from a parent?
Answer	We recognize that we may not have the authority to control the activities of those who are not registrants but hope that they will recognize the public protection value of the

Standards and ensure that registrants of the College are not asked to act in a way that is contrary to the Standards.

The General Regulation to the *Psychology and Applied Behaviour Analysis Act* states that an advertisement with respect to a member's practice must not contain… a testimonial by a client or former client or by a friend or relative of a client or former client. This is the case regardless of how the testimonial was obtained. Registrants, even when working within an organization are expected to adhere to this restriction and encourage their employers to engage in practices which are consistent with College Standards.

Question	Are there any guidelines about what a parent should say to the client if the client provides an unsolicited testimonial?
Answer	If a testimonial is provided, the best way to respond would be to thank them for the feedback and leave it at that.

Question	Do we, as an organization need to remove current/past testimonials parents have provided? Would this be the case if the testimonial is not about the Behaviour Analyst rather about the funded stream of service the client/family engaged in.
Answer	The prohibition on using testimonials arises not only from the conflict of interest inherent in seeking a testimonial but also in providing information for use by vulnerable people seeking help that may not be balanced or objective. For example, it is unlikely that the organization would solicit or consider posting any negative or critical reviews of any aspect of service. The Regulation is not specific about the type or content of the testimonial and is not limited only to new ones. If a testimonial is in use, it should be removed.

Professional Identification

Question	Would you please clarify standard 6.1(f) regarding referencing association membership in "service descriptions". For example, what constitutes a service description? Does information about a psychologist on their website, or other online profile such as *Psychology Today*, constitute a service description? Should references to association membership on these platforms be removed?
Answer	Standard 6.1(f) says: *Registrants may not reference professional association memberships in titles or service descriptions. However, credentials relevant to practising the profession, requiring successful formal evaluation, may be identified.* This is essentially the same as the existing standard that has been in place since at least 2017, which is that members must not qualify their title by citing membership in professional associations (e.g., OPA, OAPA, CPA, APA, CRHSP). There is no formal definition of "service description" and it would be reasonable to take it to mean any information provided in the context of describing one's services on a website or in advertising services in any publication. If you have posted such information, it should be removed.

Question	Item 6.1.(f) in the 2017 Standards stated that clarification of area of psychological practice may be made by the addition of a qualifier either to the title Psychologist or Psychological Associate (e.g., Clinical Psychological Associate, Clinical Neuropsychologist) or by citing one or more areas of practice (e.g., practice in school psychology, practice limited to school psychology). The qualifier or citation must be consistent with one or more of the areas of practice in the registration guidelines. I can't seem to find anything similar in section 6.1.
Answer	The introduction of new wording, below, replaces that section and would permit, for example, those with a Certificate or Registration authorizing the practice of Clinical Neuropsychology, to provide the information: *6.1 g: As the College doesn't issue specialist designations, registrants may not claim specialization. They may indicate the focus of their practice, specify that their services are limited to certain activities, or highlight areas of expertise*. The impetus for the original Standard, which remains relevant, was to prevent registrants from introducing what may have been understood to be new authorized areas of practice in which the College had not vetted the person's training or experience, like "sports psychology" or "community psychology".
Question	I am a registered psychologist and will be a Registered Behaviour Analyst. May I identify services as "psychological ABA services"?
Answer	Yes.

Principle 8: Confidentiality and Privacy

Question	If I am asked by a client to write a letter to their GP about their trauma history, am I not allowed to reveal the identity of the perpetrator (e.g., a family member). What would be the case if the client wants their GP to have that information - without the perpetrator's consent?
Answer	The identity of the perpetrator is likely relevant to your client's health care because of the relationship with the perpetrator. It is also likely that the name of the perpetrator came from the client or a referral source but not the perpetrator, which makes it your client's information. For both of these reasons, the information may be shared without the perpetrator's consent. If the circumstances of the case suggest otherwise to you, it would be a good idea to obtain some independent legal advice.

Principle 9: Records and Record Keeping

Question	As an employee of a municipal service, I have interactions with superiors and colleagues representing an organizational client on a near daily basis. No formal agreement has been established for the delivery of professional services to an organizational client but there is an implicit understanding that part of my role involves supporting the senior leadership team in their management of the organization. Would retaining a copy of

	official business records from the service relevant to psychology (e.g. internal communications, reports, strategic initiatives, consultations, meeting minutes) be sufficient for the purpose of my organizational records?
Answer	It sounds like you are providing consultation within the organization. You may rely upon a copy of the Official Business Records to form at least part of the substance of your organizational service file. If those records do not include the required components of an organizational record, as detailed in the Standards, you would have to supplement the file with the required information not contained there.
Question	I currently work in an organization in which staff have expressed interest in meeting with me for the purpose of "yearly wellness checks" and to engage in psychoeducational groups on various psychology related matters. Would such activities be considered prevention and group training, respectively?
Answer	The Standards continue to list a few specific exceptions to the need to keep individual client records. Those exceptions typically relate to services provided to the general public, as opposed to known individuals who have identified concerns about whether they are, or (importantly) are no longer, well. What you may be suggesting could be analogous to saying to a physician that a healthy person who comes for regular checkups is not their patient. The term prevention is meant to refer to intervening by providing information to members of the public where the interaction is unidirectional and there is no professional relationship established with the individuals. This might be the case, if for example you were offering community psychoeducation sessions where clients attend without identify themselves.
Question	Section 9.4 e indicates that records regarding fees, billing, and financial matters must be retained in the same manner as other service records. Does this just mean that they need to be retained for 10 years or that it needs to be in the same format (i.e. if we use an electronic system to store files, we also need to use the same electronic system to invoice)?
Answer	The requirement to retain those records in the same manner as other service records refers to the manner in which security and confidentiality are protected. There is no requirement that the records must be in any particular format and if your practice is to keep billing records in a different format or medium than other parts of a person's overall record, that is not a problem.
Question	If we audio record an interview to assist us, as an alternative to note taking, once the audio recording has been used to write our notes or assessment section it pertains to (e.g., background or developmental history), does the audio recording need to be retained as a part of the record following the regular retention period requirements or can it be deleted?
Answer	I think the relevant guidance can be found in the Practical Application to Standard 9.2: **Practical Application:** *The decision about whether to retain a document within the record, including raw test protocols or other raw data, might be answered by the following*

question: "Could the reliability of my conclusions or the reasonableness of my actions be confirmed without reference to the information in the document or test protocol?"

While we didn't include audiotapes as an example, it may be considered a "document" and just as much a record as information in any other medium. It's important to think about whether the information is relevant to the service to the service provided and whether the same information is available in the record in some other medium. It sounds like this is relevant information, but if it has already been entered in the record in another form, there is no need to keep what would then be redundant information.

Question	Are supervision records the property/responsibility of the psychologist providing supervision, or should they remain in the agency where the supervision took place, or the client file is retained? To provide a concrete example, clients seen in our Centre are clients of the Centre and the client file/clinical record remains at the Centre after the psychologist leaves. Would supervision records also remain at the Centre?
Answer	There is no specific Standard addressing this. it would be reasonable that, if the supervision is provided by someone whose responsibility to supervise arises from their employment with an organization, where the clients are clients of the organization and the supervisee is providing services on behalf of the organization, for the supervision records to remain the property of the organization.

Question	Are the requirement for maintaining consultation records the same as they are for supervision records?
Answer	The requirements for record keeping are different for consultation records than they are for supervision records. When recording consultation activities, it is expected that registrants would keep records in line with the requirements for organizational clients. The new requirement for consultation records is: *9.3 Organizational Client Records* *When an organization, as opposed to an individual within the organization, is the entity receiving service, the record must contain:* *a. The name and contact information of the organizational client;* *b. The name(s) and title(s) of the person(s) authorized to release confidential information about the organizational client;* *c. The date and nature of each material service provided to the organizational client;* *d. A copy of all agreements and correspondence with the organizational client;* *e. A description of the problems which were the focus of the service, the methodology utilized, the recommendations made and any other material information available about the progress and outcome of the matter; and* *f. A copy of each report that is prepared for the organizational client.*

Principle 10: Assessment and Intervention

Question	The new standards require registrants to be familiar with evidence-based tools and techniques (10.4). What counts as evidence-based? I have some colleagues for example who provide psychoanalysis, is this considered evidence-based? What kind of documentation is needed here?
Answer	The term "evidence based" is not specifically defined in the Standards. The *American Psychological Association* publishes a good description of it though: https://www.apa.org/practice/guidelines/evidence-based-statement. The Standard requires consideration of the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. The question to answer, for anyone practicing any form of intervention (or assessment, for that matter) is: what evidence is there that the methods I plan to use will be helpful, and not harmful, to a patient like the one I am treating? One should always consider whether the services they offer will be helpful to the client and be prepared to explain their choice of methodology, if asked to.
Question	Will the need to be familiar with evidence-based tools and techniques be somehow monitored? I strongly believe that it should be. If we become aware of a psychologist that is providing treatment that is not evidence-based, are we able to make a report? I have a great many clients that have suffered as a result of receiving treatment from a provider that was not using evidence-based methods.
Answer	Beyond being familiar with evidence-based tools and techniques, registrants who choose not to use such tools or techniques must be able to justify their decision and demonstrate competence in the tools and techniques they use. The College monitors registrants through the Quality Assurance program. Members are expected to declare familiarity and adherence to all of the Standards every other year. A number of members are also selected every year for a comprehensive review of their practices through the Peer Assisted Review process. We hope that registrants will make efforts to educate their peers, as is recommended in the Canadian Code of Ethics for Psychologists. After doing so, if they believe that risk to the public persists, we hope that they would contact the College.

Principle 12: Objectivity

Question	What is meant by the new standard regarding impartiality concerns and what are some examples of situations in which this would apply?
Answer	The Standard requires that where any potential lack of objectivity exists or arises, registrants must disclose this to the relevant parties, unless this would reasonably present a risk of harm to an individual or constitute a privacy breach. This might be the case if the client presents with political or other views which you feel would interfere with your ability to treat them with neutrality. It might also come into play if the registrant has knowledge of the client beyond the referral information or what the client tells them and have some preconceptions that could interfere with their ability to be impartial.

Question	Where is the line between providing a professional opinion on work or school accommodations, readiness to return to work, etc., and advocacy in third-party work? How can we support our clients and ensure that we are not overstepping into advocacy, as prohibited by Standard 12.4?
Answer	The line may be found between the act of providing an objective opinion and taking up the argument with a body denying a benefit or accommodation. In such a situation, it would be appropriate for a registrant to provide any additional objective information that the recipient may not already have. It would not be appropriate to pressure the decision maker to change their position. That would likely be more effectively done by someone with the skills and experience of a professional advocate. Health care providers, who are generally not trained as advocates within an adversarial system, may actually do more harm than good if the advocacy is not done effectively. For example, we have seen members of our profession that have taken missteps in trying to be good advocates and inadvertently compromise the interests of a client, often leading to allegations that their disputed opinions appear to lack objectivity. Even if there is nothing wrong with the manner of advocacy, it puts the health care provider in a dual relationship such that, if the advocacy is unsuccessful, it could jeopardize the professional relationship.
Question	What is the maximum value of a gift that a registrant may accept, and can a client pay for services with a gift rather than a monetary amount, if a client does not have sufficient funds but wants to barter?
Answer	There is no dollar value attached to the word “token” used in the Standard. Registrants must use their professional judgment to determine when the value of a gift may lead to misunderstandings about the boundaries of a professional relationship and introduce the possibility of a conflict of interest. A question to ask, which may be helpful, is whether the gift would be considered to be of significant value to anyone other than the recipient and, if so, should not be accepted without a rationale that takes into account the potential clinical impact of accepting or not accepting the gift. A gift of low monetary value that represents something meaningful in the context of the professional relationship, could be such things as a greeting card, small plant, or book. Something provided in exchange for services would not actually be a gift, but bartering, which is a form of payment for the services. Even though there is no explicit prohibition against bartering, it can result in unintended consequences and should be avoided, when other remedies are available to address a client’s inability to pay fees in a way that does not lead to misunderstandings with respect to the nature of the relationship. We have observed, in the context of some complaint’s investigations, that bartering can create significant difficulties. While there is no absolute prohibition with respect to the medium of payment, we believe that it would be more appropriate to create a payment plan or provide services on a sliding scale for those who can’t afford to pay full monetary fees. That would make it more likely that the fees reflect the time spent and complexity of services and avoid the possibility of compromising professional boundaries.

Principle 15: Financial Matters

Question	Are we required to break down and itemize invoices to our clients by service provider or is the name of the supervising registrant sufficient? If we need to itemize, do we need to include the supervised practitioner's name on the invoice for each therapy session or just that the treatment session was delivered by a supervised practitioner?
Answer	The answer to these questions can be found right in the following Standards: *4.5.5 Billing of Supervised Services* *All billing of services provided under supervision are the direct responsibility of the supervising registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider.* *15.1 Fees and Billing Arrangements* *a. Registrants must reach an agreement with payers regarding fees and payment arrangements before providing services or implementing changes to services or fees;* *b. Fees must be based on the time spent and complexity of services delivered;* *c. Rates for services should remain consistent across payers, although registrants may offer pro bono services or sliding scale fees to allow for affordability;* *d. Provision of services by a supervisee must be clearly noted on invoices and receipts; and* *e. Regardless of the payer, invoices and receipts related to supervised services rendered to clients or third party payers must be in the name of supervising member, the supervisor's employer or the supervisor's professional corporation, unless the supervisee is a registrant of the College with a Certificate of Registration for Autonomous Practice, in which case the supervisee may issue invoices and receipts independently in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider. For further clarity, a supervisor may not permit a supervisee who is not an autonomous practice member of the College to issue invoices or receipts in their own name.*
Question	According to the new Standards, may we send our clients a final invoice following a registrant's virtual feedback and provide a copy of the report only after they have paid?
Answer	No. It is permissible to request (but not require) prepayment when the funds can be segregated and returned if, in such a case, the report is not delivered, or the service is not fully completed in some other way. Registrants are permitted to use collection agencies and other legal means of obtaining their payment, if after completing the service, clients do not pay the fees owing.

Question	Standard 15.3. states that if we have informed clients of our practice in advance, that we may charge interest on an overdue account. What is a reasonable amount of interest to collect?
Answer	The College has not established a specific amount or percentage one may charge in interest, although one may not exploit a client by charging a usurious rate. There are legal limits to the amount that one may charge, although we are not able to provide legal advice. Here is a link to the federal government position in this regard, which may help you to think through what a fair rate of interest would be: https://www.canada.ca/en/department-finance/programs/consultations/2022/fighting-predatory-lending/consultation-criminal-rate-interest.html
Question	We create plans for treatment which, for example, may require six months of involvement. We also provide up to 10% of the value of the total treatment plan as a reimbursement or credit for any sessions cancelled outside of our cancelation period. Would this model be considered appropriate under the Standards?
Answer	This would be permissible and consistent with Standard 15.2 (b), subject to any additional circumstances that have not been described.
Question	What does "assume responsibility for billing procedures" mean? Is that just that I need to know that billing is ethical and be able to locate an invoice at any given time if ever questioned about it, or must I take over invoicing of all of clients whose services I am supervising?
Answer	The answer to this question stems from the understanding that the clients of those seen under your supervision are actually your clients. According to 4.5.5 Billing of Supervised Services: *All billing of services provided under supervision are the direct responsibility of the supervising registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider*. If you ordinarily invoice clients yourself, you are free to utilize the assistance of anyone you choose to actually prepare and send the invoices, as long you take responsibility for supervising that aspect of service, and also ensure that the billing is done in your name. If the organization does the billing, it would be fine to continue with that practice, as long as you are in a position to monitor what your clients are being billed for and can confirm that the practices are in keeping with relevant legislation and standards.
Question	I would appreciate clarification of the specific procedures and protocols that should be followed regarding the segregation and management of retainer funds. Additionally, I am interested in understanding the recommended methods for documenting and

	reporting the handling of these funds to ensure compliance with the Standards of Professional Conduct.
Answer	The Standard only states that the funds collected must be held in a segregated account, separate from the registrant's practice operating account funds or personal funds. Any bank account held only for this purpose would be fine. This would allow you to ensure that client funds which would have to be returned would not be used, even inadvertently, for any other purpose. We have not mandated any further requirements with respect to this, so you are free to organize this in any way that makes sense in your own particular circumstances. In terms of documenting and reporting the handling of these funds, a simple note in the client record indicating that the client has agreed to prepay for the services and then another note when the funds have been removed from the account either because the service was delivered or because they were refunded.
Question	If we offer to accept payment in advance for services, does each client need to have their own separate escrow account with us or can we have an escrow account for all clients electing to pay in advance?
Answer	It would be acceptable to maintain a single segregated account, if those funds cannot be used for anything other than retrieving payment for services delivered or refunding payment for services which are not provided. The College does not require registrants to create formal escrow or trust accounts, which may require legal or tax professionals to set up. Use of a dedicated bank account which is not used for any other purpose would be acceptable.
Question	Section 15.2.(b) references "a multiple session treatment plan or group series". Are these defined somewhere? I'd like to understand if the ABA services provided by my child's school qualify as this type of program.
Answer	Multiple session treatment and group series have not been formally defined. The Standard is meant to apply to a treatment recommendation that requires a specified number of appointments to completely deliver the intervention and address the treatment goal(s). An example of an appropriate application would be a structured group program in which a limited number of participants are meant to attend all sessions together. It is not meant to allow the bulk sale of sessions which are not all required for the client to benefit and should not be used as a means of prepayment without the need for reimbursing unused more open-ended, individualized treatment.

Principle 17: Use of Technology

Question	I'm not sure what the College means by: "Registrants considering providing service virtually (via technology) must determine whether virtual vs. in- person services are clinically indicated. If in person service is clinically indicated and the Registrant does not wish to provide in person services to an existing client, they must demonstrate efforts to facilitate a referral to an appropriate service provider."

	I only offer virtual services. If I don't think they will be appropriate I would refer to someone offering in-person services. Is that adequate to meet this Standard, or must I document in every single client file that I have "determined" that virtual services are clinically indicated?
Answer	Registrants considering providing service virtually (via technology) must determine whether virtual vs. in- person services are clinically indicated, but there is no specific requirement to document that. Standard 9.2 d) does require that an individual client record must include, among other things, *relevant information about every material service activity that is carried out by the registrant or under the responsibility of the registrant, including, but not limited to: assessment procedures; assessment findings; diagnoses; goals or plans of service.* Your own professional judgment will come into play in deciding whether information about the decision to provide treatment is relevant. Given that you do not accept clients for in-person services, there would be little to say about consideration of "virtual vs. in-person services". if concerns were ever raised about the propriety of your decision making you should, however, be able to explain their reasoning.
Question	What would make one clinically unable to participate in virtual sessions. Is there a method the College recommends for determining this and should the decision be documented?
Answer	This Standard requires registrants to use their well-informed clinical judgment in deciding whether to provide in person or virtual service, taking into consideration the nature of the problem to be addressed, the treatment methodology, and the client's abilities and circumstances. This requires members to maintain familiarity with professional literature addressing when virtual services can be effective. For example, while there may not be significant concerns about clients with mild mood disorders who have adequate privacy in their own spaces and access to reliable technology, it may not be as likely to help with those who have unmanaged psychotic or highly disruptive substance use disorders, or those with little privacy and inadequate access to reliable technology. These are just a couple of examples. Relevant professional literature which addresses when virtual therapy is likely to be helpful or unhelpful may be found by accessing professional journals as well as from credible professional associations (e.g., CPA, APA and likely others). Rather than being overly prescriptive and imposing requirements that may not make sense in all situations, we place our trust in registrants to decide what will work best with their clients. There is no prescribed level of documentation required in this regard. The Standard does not require that you document the reasons for offering virtual or in person service in every case, but it is a good idea, when there is any ambiguity about the propriety of services, to make a simple note in the file explaining why you felt that one modality would be more helpful than the other.

Question	Standard 17.3 indicates that we must take steps to verify the identity of the client using some form of coded identification. What does the College mean by coded?
Answer	The College has not specified what form of coded identification is necessary for this purpose. It is up to the professional judgment of registrants to decide what makes sense to them in all the circumstances. It can be any information that the member and client agree to use to prevent a prospective impersonator who is not visible to the registrant from misrepresenting themselves as the client. Any words, phrases, numbers, etc., that only the client and the practitioner know would be fine. While this may seem unnecessary in some contexts, we're aware of situations in which a parent, estranged partner, or others with an interest in obtaining a client's personal health information without authorization have tried to access confidential information and we believe that clients may find some comfort in knowing registrants are being careful about privacy.