

### • APPOINTMENT TO THE BOARD •

The Board is pleased to announce the appointment by the Lieutenant-Governor in Council of Dr. David L. Rennie of Toronto to a three-year term as a member of the Ontario Board of Examiners in Psychology, effective June 1, 1990. Dr. Rennie replaces Dr. James Alcock.

Dr. Rennie, an Associate Professor in the Department of Psychology at York University, pursued graduate studies at the University of Alberta and the University of Missouri at Columbia, receiving a doctorate from the latter in 1971. In his research and publications he has focused on the process of psychotherapy.

## PROBLEMS ASSOCIATED WITH THE FORCED TERMINATION OF CLIENTS

Given a competent therapist, most psychologists would concede that once a therapeutic relation has been established, it is in the client's best interest that there be no change of therapist until agreed upon objectives have been attained, or until client and therapist decide jointly to terminate. Practically, this is not always possible due to job or other changes in life situation of the participants. Forced premature terminations of therapy requiring a transfer to a new therapist, although insufficiently studied, often appear to be very disruptive experiences for clients. One would like to assume that clients in this situation are assisted in finding new therapists, adapt quickly to this new relationship and eventually attain their goals. Anecdotal reports of some clients suggest that these assumptions are frequently unwarranted. Some clients are not only set back in personal growth, but have such difficulty finding or adapting to a new relationship that they abandon attempts to seek further help. The Board's long-standing concern with regard to terminations forced on clients is expressed in interpretation 2.6 of the Standards of Professional Conduct:

Psychological services to a user in need of professional care must not be discontinued without making reasonable arrangements in consultation with and agreeable to the client for the continuation of such care.

The Board wishes to make the point that psychologists are responsible for the good management of forced client terminations and cannot reduce their responsibility for client harm or hardship by attributing responsibility to the policies of their work setting, or to limited third party payments, or to the terms of a contract.

Some developments in the delivery of psychological services with otherwise quite positive implications have, in some particular applications, increased the frequency of forced premature terminations of therapeutic relationships. The factors increasing the frequency of such terminations and the problems associated with the management of these terminations have troubled some psychologists and are the focus of concern here.

The policies of many clinics and practices recognize the utility of the brief psychotherapies, crisis management counselling, or case management for many clients, and they do not apply routinely therapeutic procedures of longer duration to all clients. This sort of differential treatment or management of clients has made it possible for some psychologists to set up partnerships or practices that contract with business, industrial and other organizations, to provide employee assistance programs (EAP) featuring psychological services to their employees at rates that are competitive with other firms offering EAP. These EAP operated by psychologists are sometimes local, but are also provincial as well as national in scope.

Similarly, many psychologists employed to administer psychological service units in publicly funded organizations have adopted extensively differential treatment approaches that have permitted the economic and effective management of increased case loads.

Most psychological agencies, clinics, and some EAP operate with some understanding, or explicit agreement, with respect to the typical or average duration of services provided to clients. If the intake procedures or the early case assessment is adequate, a client whose needs for service far exceed this typical duration will be referred to other

agencies or to private practitioners capable of meeting the client's needs. Some clients, however, may be accepted for treatment whose emerging needs prove to require more extensive treatment than anticipated. Such clients can usually be offered more sessions than the average duration without serious difficulty since there will be a number of clients who are adequately served by less than the working average. This flexibility is not possible, however, if there is a fixed maximum of sessions set for each client.

Declining public funding of agencies, and the extremely competitive marketing practices of EAP, have given rise to pressures for further economies and have pressured some psychologists in administrative positions or business contractual arrangements to agree to the fixing of limits for the number of sessions, or the amount of time, that may be offered each client.

In general, such agreements involving fixed limits should be resisted because of the reduced flexibility imposed on psychological service and consequently, the increased likelihood of harm to some clients due to the greater number of forced terminations.

Where the fixed number of sessions is sufficiently high to accommodate nearly all clients encountered, there can be few objections. In such cases the reason for using an individually fixed limit is based upon simplicity of administration rather than that of providing the least expensive service possible.

In some instances the fixed maximum is set at a small number of sessions. Obviously, this increases the number of forced terminations. If, at the outset, clients are made aware that an agency with a low maximum is only capable of providing a planning and referral service, or short-run crisis management, perhaps valuable services are being rendered with minimal client disruption at the point of termination. Insofar as clients are not made aware of the severe time limits, or are permitted to perceive the service as offering psychotherapy, then there may be serious disservice to clients when the maximum is reached.

It is in clinics and EAP that set fixed limits at an intermediate point that a high proportion of premature terminations may be anticipated. In such circumstances clinicians are likely to attempt more therapeutically than is possible in the available time. While fixed maximums may have some business

justification, often they may not be in the interest of some clients.<sup>1</sup>

An additional problem arises for psychologists who are in private practice and engaged by contract with an EAP. Clients approaching a fixed limit who would like to continue to work with their therapist, may express their willingness to assume personally the financial cost in doing this. This might also happen to psychologists who are employees of a publicly funded service unit, but who also maintain a private practice. Usually, however, this is forbidden by the EAP and publicly funded services; terminated clients are required to be referred to other service providers. The insistence that help beyond the stipulated maximum must be sought from other providers, even when clients at the maximum are willing personally to pay for further treatment from their psychologist, is usually based on two considerations. It is argued that permitting continuance is a form of "self-referral". This is the term commonly employed by EAP workers to refer to a practitioner's use of an employment or contractually based relationship with a client to increase their private practice. The prohibition of self-referral is argued to be necessary in order to restrain employed or contracted practitioners from unduly prolonging therapy in order to extract additional fees. The prohibition is also defended on the grounds that clients who are self-referred may well complain to their employers about the financial burden of continuing their treatment, and that such dissatisfaction will affect adversely the likelihood of contract renewal with the third party

business or organization. Publicly supported agencies probably have similar concerns.

The Board understands and respects these arguments, but is also concerned that disruptive terminations be avoided as far as possible, and that clients maintain their right to make informed choices with respect to their personal care.

With regard to "self-referral", the Standards of Professional Conduct do not directly address this matter, but Principle 8.7 framed for different but related purposes indicates the Board's position on the issue:

A psychologist shall not charge a fee to a client who is entitled to his or her services free of charge unless the client has been made aware by the psychologist of comparable free-of-charge services and nonetheless has elected in writing to be seen by the psychologist for a fee.

Applied to "self-referral" issuing from a forced termination, this interpretation would require that, near the point of forced termination, clients wishing to continue with their therapist beyond the fixed limits, be informed of comparable community resources that might be available without fee, and that the client provide the self-referring psychologist with a written agreement signifying that they are making an informed choice in entering his or her private practice. Clearly, this should be done in consultation with the employer or contracting agency. Unless this is done with the knowledge and approval of the employer or the EAP, it might be considered justifiable grounds for discharge of employment or contract. Psychologists who are in managerial positions of EAP are urged to consider excep-

tions to the policy of barring "self-referrals" in those special cases where there is evidence that external referral is likely to result in serious hardship for the client.

The Board has not received significant complaints of client harm done by poorly managed forced terminations of therapy. To the contrary, the Board has been impressed by the special consideration shown to clients whose care has required more sessions than usual. EAP firms operated by psychologists have assimilated extra costs, and psychological associates have provided services free of charge to accommodate clients presenting special problems. It is also known that psychologists are careful in anticipating forced terminations and take considerable care in referring clients to other agencies or service providers.

The Board is aware, however, of the increasing impersonal pressures for what appear to be short-sighted notions of economic servicing. In this context the Board feels obliged to remind psychologists who contract services for client groups, or who administer publicly funded services, or who provide services to clients in these organizations, that they cannot reduce their responsibility for harm done to clients by citing difficult contract terms or administration policies. - B.Q.

<sup>1</sup>It is a fairly common and usually sound practice within psychotherapy to contract with the client the attainment of specified goals within a given number of sessions. Limits of this sort based on clinical judgment of client motivation or other characteristics are not under discussion here. Only limits fixed without reference to client needs, but based on business or economic policy are questioned.

## **CONDUCTING CUSTODY AND ACCESS ASSESSMENTS: Supplementary Comments**

The Board has attempted to alert psychologists to the difficulties in conducting assessments in cases involving the custody of or access to children. An article was published in the April, 1988 issue of The Bulletin to assist psychologists who accept work in this area. As well, in the December 1988 and the July, 1989 issues psychologists were referred to the Custody/Access Assessment Guidelines published by the Ontario Psychological Foundation. The Decision of a Disciplinary Tribunal of the Board in a custody and access matter was published in the October, 1987 issue of The Bulletin. Disciplinary Decisions are published to inform the profession of potential problems that may be encountered.

Nevertheless, the Board continues to receive many serious complaints in this area. During the period of June 1, 1985 to May 31,

1989, the Board received twenty-nine complaints concerning custody and access assessments. It is understood that this is a difficult area of practice and that unwarranted complaints from some dissatisfied clients may be expected. Nonetheless, all complaints received by the Board must be investigated by the Complaints Committee and in thirteen of the twenty nine cases, the Complaints Committee was of the opinion that the assessment did not meet professional standards and that some form of disciplinary action was necessary.

It therefore appears that a number of psychologists are practising in the area of custody and access without adequate preparation or sufficient understanding of the standards and the relevant literature. In addition, an analysis of the complaints received sug-

gests that they have arisen in part because psychologists have ignored principles basic to any psychological service. The following are noted as particular hazards giving rise to client complaints.

**Obtaining consent.** It is a basic premise of the Custody/Access Assessment Guidelines that a custody assessment can not be conducted on behalf of one parent alone. Both parents must consent to participate in the assessment. In some cases an assessment may be ordered by the Court and both parents are therefore obliged to participate.

As an aside, psychologists who are asked to provide treatment to a child of divorced or separated parents are sometimes unsure about whose consent they require to see the child. Under section 20 (2) of the Children's Law Reform Act the custodial parent has the

right to make decisions about the care of the child. Psychologists must therefore ensure that they have the consent of the custodial parent. In cases where a psychologist is in doubt about whether a parent has custody, the psychologist may ask to see the clause in the Court Order or the Separation Agreement respecting custody of the child. If the parents have joint custody either parent may provide consent for treatment unless the Order or Agreement provides otherwise.

***Evaluating the appropriateness of the referral.*** Difficulties often result when a psychologist accepts a request to provide a psychological report without determining if the request is appropriate. The request may come from a parent who is unhappy with an assessment that has already been done. The parent or their lawyer may attempt to manipulate the psychologist into writing a supportive report based on limited observations. The psychologist is asked to assess the parent and the child and to provide an opinion of the parent's relationship with the child or of the child's psychological status or to provide advice about the parent-child relationship. The psychologist may be assured by the lawyer or the client that they are not asking for a custody and access assessment. The psychologist may then mistakenly believe that it is not necessary to comply with the professional standards that apply to these assessments. However, it is not unusual to see the psychologist's report attached to a legal affidavit as evidence for a change in custody or increased access. If the psychologist makes any recommendation or provides any opinion that could affect these issues, the report will then be viewed by the Board as having been a custody assessment. It will therefore be expected to meet the appropriate standards.

One-sided assessments are not acceptable. It is not sufficient for a psychologist, having accepted such a referral, to insert a disclaimer in the report indicating that it is inadequate as a custody assessment if, at the same time, the psychologist includes opinions or recommendations respecting custody or visitation arrangements. If in offering a service, it is not possible for a psychologist to comply with professional standards, the psychologist should refuse the referral.

One misconception appears to be that if the request is made by a lawyer then it must be an acceptable request. Unfortunately, this may not be the case. Lawyers may ask for what is, in effect, a one-sided assessment without being aware that it is unethical for a psychologist to provide it. The standards of lawyers and the demands on them may be very different. It is the responsibility of the

psychologist to educate the lawyer as to what a psychologist properly may and may not do.

Unfortunately, the legal system may encourage psychologists to become involved in custody matters in a way that exacerbates conflict rather than resolving it; for example, by asking for a second opinion after an assessment has been done that does not favour their client. The Board sees no problem with one psychologist providing an opinion as to whether an assessment done by another psychologist meets professional standards. However, if the first report does meet professional standards, it would be considered improper for the second psychologist to provide a report unless both parents agree to participate and proper procedures are followed.

***Determining the purpose and establishing agreement.*** Before beginning a custody assessment the psychologist must be sure to confirm that the parties are in agreement as to what the issues are and what services the psychologist is being asked to provide. Failure to do so can result in confusion and prolong unduly the assessment process. A psychologist may be told by one of the parents or one of the lawyers that both sides are in agreement, but this may not be the case. It is therefore imperative that a psychologist meet with both parties to clarify his or her goals before beginning the assessment (see Guideline II A of the Custody/Access Assessment Guidelines). It is important that the terms of reference be confirmed in writing by the psychologist or by the lawyers, as oral communication alone can lead to problems.

***Establishing procedures.*** Assessments may be expensive and time consuming. A comprehensive assessment is an important goal. However, psychologists should consider whether or not they need to spend many hours in interview and testing in search of psychopathology when the question two competent parents raise is a simple one. For example, is mid-week overnight access appropriate, or should the children be returned to the custodial parent Sunday afternoon or evening? It is necessary to focus on the issues that must be addressed when deciding on the procedures to be followed in each case.

As well, psychologists need to be sensitive to the impact of the assessment information. Before friends, neighbours, and relatives are interviewed and quoted, questions need to be raised. Is the information important to the findings and recommendations? How will these disclosures affect future relationships in the family and personal support networks in the community? The psychologist's obliga-

tion to consider the impact of the assessment is discussed under Guideline III B 3 of the Custody/Access Assessment Guidelines.

***Maintaining a professional approach.*** Failure to conduct custody and access assessments in a professional manner has been a source of complaint. Often these complaints arise where a psychologist holds a full-time position as a clinician and is conducting the assessment outside his or her regular employment.

Failure to act in a professional manner or to maintain a professional atmosphere when conducting an assessment may cause clients to feel that they have not had a fair opportunity to be heard. For example, problems can arise when psychologists see clients in their homes. Clients must be assured of privacy and freedom from interruptions in order that they may discuss their concerns freely with the psychologist. A psychologist should not see clients in his or her home unless there is an office where clients will not be disturbed by family members, telephone calls or any other aspect of the psychologist's personal life.

It should be noted that reference here is not to seeing children or parents in their own homes. This is frequently done and is usually a valuable source of observations. Home visits are discussed in the Guidelines.

The Board has received other complaints about custody and access assessments done on a part-time basis. The complaint may include a criticism of late evening appointments or telephone contacts made by the psychologist with clients or other persons involved in the assessment. It is understood that clients are often not available during normal business hours. However, it is not advisable to schedule late evening appointments or to contact clients late in the evening. Otherwise, it may appear to the client to be unprofessional or at best inconsiderate, and more for the convenience of the psychologist than for the benefit of the client. Psychologists must remember that there is a power imbalance between the psychologist and the client. Clients may be afraid to refuse an offered appointment for fear of appearing disinterested. Moreover, clients may be tired and unable to concentrate late in the evening and the information that is obtained may not be useful.

***Time Taken To Report.*** Psychologists differ in their judgment of the time required to carry out an assessment and to prepare a report when dealing with comparable family problems. Custody assessments should only be offered to clients where the psychologist judges that his or her pace of work is appropriate for the family circumstances. In any case, psychologists should prepare an estimate of the time it will take to complete the

assessment and should discuss this with the clients before beginning the assessment. If the clients believe that there are urgent problems that must be addressed more quickly, they then have the option to seek an assessment from another psychologist who is able to complete the work in the required time.

**Preparing the report.** An inadequate statement of the reasons for their recommendations in reports prepared by psychologists is a frequent cause for complaint. If the basis for the recommendations is not clear to the clients, they are not likely to be satisfied. Clients have a right to this information, and it should be included in the report in a form that can be clearly understood. These reports are not being prepared for another psychologist, but for the use of the Court, the clients and their lawyers. Therefore, in communicating their findings and recommendations, psychologists should avoid highly technical language or psychological jargon.

The purpose of providing a custody assessment, as set out in sections 24 and 30 of the Children's Law Reform Act, is to assist the Court in arriving at "the best interests of the

child". An inadequate or superficial psychological report will not assist the Court but possibly make the decision of the Court more difficult. Moreover, there may be harm to a child if the Court is forced to rely on opinions or recommendations that were poorly set out, just as there may be harm if the assessment itself was inadequate.

Guideline III C of the Custody/Access Assessment Guidelines sets out the information that should be included in a comprehensive assessment report. Reports that provide helpful feedback to clients with practical suggestions for the future may have a positive impact. The profession of psychology has considerable expertise to offer in increasing the understanding of the impact of divorce and separation on parents and children. However, lengthy reports filled with jargon, inconsistent content, poor focus, and vague recommendations may aggravate existing conflict and do little to alleviate parents and children's emotional distress, or to enable them to move on with their post-separation adjustment.

**Acquiring Appropriate Background.** In reviewing complaints arising out of custody

assessments the Board has frequently noted that the psychologist in question did not possess the background or training appropriate to the task. Experience with children or general clinical experience, by themselves, are not adequate preparation for conducting custody and access assessments. In the Board's view a psychologist must be familiar with the Guidelines and the general literature on the subject. The literature suggests that work in this area requires that certain procedures be followed in order to avoid bias, or the appearance of bias.

These remarks have been prepared as a supplement to the article on Custody and Access Assessments prepared by Dr. Bruce Quarrington for *The Bulletin* (April, 1988). It is hoped that they will assist psychologists in avoiding some pitfalls that lead to complaints. Psychologists are also encouraged to work with colleagues in this area because of the stress and complexity in some custody and access disputes. S.B.

## DISCIPLINARY HEARING

On June 15 and 16, 1989 a Tribunal of the Ontario Board of Examiners in Psychology heard evidence into charges of professional misconduct and malpractice against Dr. Harley Burke.

It was alleged that Dr. Burke was guilty of malpractice and professional misconduct under the Psychologists Registration Act in that he failed to maintain the standards of practice of the profession with respect to a report prepared for use in the District Court of Ontario in determining custody of the children of Ms. A. and Mr. C. It was further alleged that he was guilty of professional misconduct under the Act in that he failed to cooperate with the Ontario Board of Examiners in Psychology in its investigation of a complaint submitted against him with respect to his report.

The particulars of the allegations were as follows:

1. He prepared a custody report for use in the District Court of Ontario in which:
  - (a) the recommendations as to custody in the best interests of the children were not based on any generally accepted psychological theory or supported by psychological data or evidence;
  - (b) his recommendations as to custody arrangements in the best interests of the children were based on assumptions and conclusions in areas in which

psychologists have no professional expertise;

(c) he presented as expert psychological evidence conclusions and predictions in areas beyond his competence as a psychologist;

(d) he purported to base his conclusions as to the best interests of the children on an inaccurate collection of factual data, including inaccurate family and personal histories of the individuals assessed;

(e) he purported to draw conclusions about the individuals assessed and the quality of their relationships based on psychological testing that was inadequate, including:

(i) a failure to conduct relevant tests or to consider other relevant sources of information;

(ii) a reliance on tests incapable of generating the conclusions reached;

(iii) a failure properly to interpret the tests performed;

(f) in purporting to determine the best interests of the children, he failed to refer to and/or have regard to pertinent psychological factors and considerations, including:

(i) the intellectual needs of the children;

(ii) relationship ties between the children, including cognitive and emotional

interdependence;

(iii) the developmental needs of the children;

(iv) the potential role of the extended family.

2. He refused to cooperate with an investigation by The Ontario Board of Examiners in Psychology of a complaint with regard to the report aforesaid by refusing to provide information requested by The Ontario Board of Examiners in Psychology in letters dated October 7, 1987, October 27, 1987 and November 24, 1987.

### PROCEDURAL MATTERS

At the outset of the hearing, Mr. Donald Brown, counsel for Dr. Burke, brought a motion to adjourn the hearing on the grounds that he was not given adequate time to review the reports of the Board's expert witnesses.

After deliberation, the Tribunal rejected the motion to adjourn the hearing. The Tribunal was of the opinion that Mr. Brown and Dr. Burke had received adequate notice of the details of the expert evidence that counsel for the Board proposed to call. Mr. Brown then brought a motion to dismiss the charges on the grounds that Dr. Burke's report, when used in court proceedings, is privileged at common law, and thus the Tribunal had no jurisdiction over Dr. Burke. The Tribunal re-

jected this motion after considering the arguments of both counsel. It would be a disservice to the court and to the public to give immunity to substandard professional conduct.

Mr. Brown then served a Notice of Application for Judicial Review seeking an order to prohibit the Tribunal from proceeding with the hearing, or alternatively, seeking an order to quash the decision to proceed with the hearing. Mr. Brown requested that the Tribunal adjourn the hearing pending the disposition of the Application. After hearing submissions from both counsel, the Tribunal ruled that it would continue with the hearing as it was in the public interest that the proceedings be concluded as expeditiously as possible. Mr. Brown then withdrew from the hearing.

In the absence of Dr. Burke and his counsel, the Tribunal entered a plea of not guilty on behalf of Dr. Burke.

#### **THE EVIDENCE**

Three expert witnesses testified at the hearing. They agreed that, in their opinion, the report prepared for use in the District Court of Ontario by Dr. Burke did not meet the standards of practice of the profession. No evidence was heard concerning allegations 1(d) and 1(f) (iv).

#### **THE DECISION**

After hearing the evidence, the Tribunal found

Dr. Harley Burke to be guilty of professional misconduct under the Psychologists Registration Act, and under Regulation 825, in that he failed to maintain the standards of practice of the profession, and he failed to cooperate with the Board in its investigation.

#### **THE PENALTY**

The penalty imposed on Dr. Harley Burke was a suspension of his certificate of registration for one year. His certificate may be reinstated after one year on the condition that he demonstrates to a panel of the discipline tribunal or the Board that he is willing and able to maintain the standards of practice of the profession with respect to assessments and assessment reports.

With respect to the finding of professional misconduct for failure to cooperate with the investigation by the Board, the Tribunal imposed a three month suspension on his certificate of registration to run concurrently with the suspension for failing to maintain the standard of practice.

#### **REASONS FOR THE PENALTY**

In reaching its decision concerning the penalty, the Tribunal was mindful of the profound impact that Dr. Burke's substandard report had on the lives of the family members. In August 1985 the trial judge accepted Dr. Burke's recommendations, and two of the children were awarded to Mr. C. This decision

was appealed on January 21, 1987, and the Court of Appeal ruled that although the decision would have been overturned if the appeal had been heard immediately, it was not prepared to undo the previous decision based upon the substandard report of Dr. Burke after such a lapse of time.

Dr. Burke gave no evidence or indication of remorse. In the circumstances the Tribunal believed that it must be brought home to Dr. Burke that he has an obligation to maintain the standards of the profession. The Tribunal believed that the requirements that Dr. Burke demonstrate his willingness and ability to maintain the standards of practice of the profession with respect to assessments and assessment reports would act as a specific deterrent to prevent Dr. Burke from producing substandard assessment reports in the future. The penalty also serves to protect the public by acting as a general deterrent to other psychologists engaged in custody assessments by reminding them of the serious impact their reports may have. ■

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## **WRITTEN EXAMINATIONS**

The Examination for Professional Practice in Psychology was administered on April 20, 1990 in London, Ottawa, Thunder Bay, and Toronto. The Board appreciates the assistance of Professor David Bernhardt, Davyd James French, Connie Learn, Dr. Roderick Martin, Dr. Ken Rotenberg and Elizabeth Ukrainetz who served as proctors.

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## **ORAL EXAMINATIONS**

The oral examinations were held in Toronto on May 23, 24 and 25, 1990. Assisting the Board in conducting these examinations were the following psychologists:

Howard Barbaree, Ph.D. Associate Professor, Queen's University; Director, Warkworth Sexual Behaviour Clinic.

Ben Barkow, Ph.D. President, Behavioural Team, Toronto.

Sandra Burns, Ph.D. Psychologist, Private Practice, Ottawa.

Carson Bock, M.A. Psychologist, Private Practice, Toronto.

Aurelei Collings, Ph.D. Psychologist, Mt. Sinai Hospital, Toronto.

Henry Edwards, Ph.D. Dean, Faculty of Social Sciences, University of Ottawa.

Margaret Hearn, Ph.D. Manager, Department of Psychological Services, University Hospital, London.

John McGrory, Ph.D. Chief, Department of Psychology, Windsor Western Hospital Centre.

Roslyn Molinoff, Ph.D. Psychologist, Ottawa Board of Education.

Douglas Reberg, Ph.D. Psychologist, Huron-Perth Centres for Children and Youth.

Laura Rice, Ph.D. Professor Emeritus, Psychology; Psychological Consultant, Counselling and Development Centre, York University.

Jean Ridgely, Ph.D. Psychologist, Toronto General Hospital.

Andras Robert, Ph.D. Psychologist, Psychology Department, Ottawa Board of Education.

Jack Sweetland, Ph.D. Staff Psychologist, St. Joseph's Health Centre, London.

Mary Tierney, Ph.D. Head, Geriatric Psychology, Sunnybrook Health Science Centre, Department of Psychology, Toronto.

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## **THE FEDERAL GOODS AND SERVICES TAX**

The bill (C-62) respecting the Goods and Services Tax (GST) was passed by the House of Commons on April 10, 1990. The bill grants an exemption from this tax for psychological health services. One of the criteria for eligibility for this exemption is that the practitioner be listed in the Canadian Register of Health Service Providers in Psychology. The GST is scheduled to come into effect on January, 1991.

The board has been informed by Dr. David Bélanger, Executive Director, that further information and application forms may be obtained from the office of the Canadian Register of Health Service Providers in Psychology, 577 Somerset Street West, Ottawa, Ontario K1R 5K1 tel: (613) 594-5126, FAX: (613) 235-4413. ■

## ADDITIONS TO THE TEMPORARY REGISTER SINCE JANUARY, 1990

Kirk Bates	Cheryl Hartridge	Dwight Mazmanian	
Daniel Bird	Robert Haymond	Keith McFarlane	Francine Sarazin
Ian Brown	Susan Kelen	Paul Munson	Andrea Snider
Marta Bruchkowsky	Sharon Kennedy	Despina Nifakis	Stephen Swallow
Janice Cohen	Louise Koepfler	Karen Ogston	Doris Swan
Steven Dalrymple	Karen Leitner	Janet Orchard	Elizabeth Tarshis
Joseph Ducharme	Harald Lettner	Miguel Perez	Patricia Tobin
Kenneth Dunn	Margie Bleyer Lieberman	Eva Pila-Saperia	Kenneth Welburn
Andria Eisen	Marc Lewis	Lynda Rowden	Carol Welch
Monica Gemeinhardt	Jane Margles	Marcel Roy	Durhane Wong-Rieger
Patricia Hames-Sheehy	Helen Martin	Marie-Sylvie Roy	

### QUESTIONS DIRECTED TO THE ONTARIO BOARD OF EXAMINERS IN PSYCHOLOGY: JUNE 1, 1989 TO MAY 31, 1990

Subject of Questions	Source of Questions:			
	Psychologists		Others	
	N	%	N	%
<b>PROBLEMS IN ORGANIZATIONS</b>				
Professional conflict	4	1.4	—	—
Protection of records and confidentiality	4	1.4	—	—
<b>SUBTOTAL</b>	<b>8</b>	<b>2.7</b>	<b>—</b>	<b>—</b>
<b>PROBLEMS IN PRIVATE PRACTICE</b>				
Advertising and announcements	33	11.1	1	.6
Partnerships and incorporations	17	5.7	4	2.2
Billing and collection	28	9.4	5	2.8
Referrals	3	1.0	—	—
Individual vocational designation	5	1.7	1	.6
Public statements	5	1.7	—	—
<b>SUBTOTAL</b>	<b>91</b>	<b>30.6</b>	<b>11</b>	<b>6.1</b>
<b>INTERPRETATIONS OF STANDARDS</b>				
General	10	3.4	12	6.6
Right of client to see report	5	1.7	1	.6
Records and confidentiality	12	4.0	2	1.1
Consent, release of information	14	4.7	3	1.7
Retention of files	8	2.7	—	—
Obligation to provide raw data	18	6.1	3	1.7
Complaints and discipline	11	3.7	45	24.9
Expert testimony	4	1.4	—	—
Supervision	29	9.8	24	13.3
Close of a practice	6	2.0	—	—
Testing	6	2.0	—	—
Dual relationships	13	4.4	2	1.1
Obligations to parents	4	1.4	1	.6
Duty to warn	10	3.4	3	1.7
Research	1	.3	1	.6
Custody and access assessments	7	2.4	5	2.8
Sexual impropriety	1	.3	1	.6
<b>SUBTOTAL</b>	<b>159</b>	<b>53.5</b>	<b>103</b>	<b>56.9</b>
<b>LEGAL QUESTIONS</b>				
Interpretation of the Act	3	1.0	5	2.8
Section 11	3	1.0	36	19.9
Freedom of Information Act	3	1.0	1	.6
Obligation to report child abuse	10	3.4	—	—
Complying with a subpoena	4	1.4	—	—
<b>SUBTOTAL</b>	<b>23</b>	<b>7.7</b>	<b>42</b>	<b>23.2</b>
<b>QUESTIONS REFERRED TO ANOTHER RESOURCE (OPA, CPSO, ETC.)</b>	<b>16</b>	<b>5.4</b>	<b>25</b>	<b>13.8</b>
<b>TOTAL</b>	<b>297</b>	<b>100.3*</b>	<b>181</b>	<b>100.6*</b>

\*Error due to rounding

## NEW PERMANENT REGISTRANTS

The following candidates for registration in Ontario were admitted to the Permanent Register at a meeting of the Board held on May 23, 24 and 25, 1990:

Santosh Bhalla	Polly Pechstedt
Albert Bosma	Erik Petersen
Linda Bream	Sheila Purcell
Diane Caron-Bourbonnais	Mark Redston
Helen Chan	Margo Rivera
Judith Coldoff	Hal Scher
Angela Corradini	Brian Scott
Celine Cote	Ralph Serin
Joanne Coutts	Judith Shapiro
Christine Davis	Donald Shattuck
Monica Dykeman	Karen Smith
Hallie Frank	Karen Spivak
Virginia Frisk	John Steele
Peter Henderson	Henry Svec
Julia Holt	Lynn Swanson
Gordon Hope	Eva Szekely
Joyce Isbitsky	Laura Thomson
Lorraine Jackson	Janice Tomlinson
Shirley Mason	Stephen Wigmore
Janet Orchard	Beverly Wirsching
	Robert Woods

## DECEASED

The Board has learned with regret of the death of five Ontario psychologists:

Arthur Z. Arthur	May 2, 1990
C. Allen Beech	January 31, 1990
Harold N. Blackwell	January, 1990
R.G. Nicholas Laidlaw	February 3, 1990
J. David Link	June 5, 1990

## The BULLETIN

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