



THE 1995 BARBARA WAND SYMPOSIUM: A BRAVE NEW WORLD

The 1995 Barbara Wand Symposium took place in Toronto, on February 15. Highlights of the four sessions are provided in the following paragraphs, followed by a spotlight on the presentation by Marilyn Norman on *Quality Assurance: The Consumer Perspective*.

Session 1: When We Were Very Young (M. Mamen, C. Yarrow)

This session provided an overview of the most relevant statutory issues under R.H.P.A., emphasizing what has changed since proclamation. It included highlights of the work of the major committees of the College.

NOTE: A presentation by Dr. Yarrow to an international congress hosted by ASPPB is presented as an insert to this Bulletin.

Statutory highlights: The R.H.P.A. implementation process continues. The legislation is complex, requiring interpretation and the development of policies to fill out sketchy provisions in various areas. In particular, the interpretation of the authorized act assigned to the psychology profession is still incomplete. There are grey areas respecting such activities as the assessment and reporting of a learning disability. While the legislation provides additional tools for public protection, the cost of self-regulation in such a complex system is high, and the Colleges have been obliged to meet the added costs through their own budgeting processes.

Committee highlights: Updates on complaints, discipline, and registration were provided in this session. A thorough review of the complaints and discipline process

has been carried out in the past year. The objective is to facilitate the resolution of complaints by alternate dispute resolution whenever appropriate, in order to be mindful of the members' rights as well as cost-effective while meeting the College's mandate of public protection. It is hoped that in future only the most serious matters, or cases where alternate dispute resolution fails, will go on to Disciplinary Hearings. With respect to Registration, amendments to the Regulation are being proposed as presented for consultation separately in this Bulletin, and the steps in applying for registration have been made more explicit. Further additions to the Regulation, and guidelines to facilitate interpretation of registration issues, will be forthcoming in the near future.

Session 2: Great Expectations (M. Norman, E. Stasiak, R. Reynolds, and C. Woodward)

This session was devoted to the work of the Quality Assurance Committee in developing a quality assurance program for the College, as required under R.H.P.A. A quality assurance program was defined as "a program to assure the quality of the practice of the profession and to promote continuing competence among the members. The mission is "to help members better serve the public by assuring that the quality of the services they provide is consistent with the evolving standards of professional practice". A conceptualization of quality assurance that focuses on performance beyond the time of entry to the profession was proposed, because performance relates to the areas in which the practitioner has chosen to work, and is thus closely related to public protection beyond entry to the profession. Further

updates on the work of this important committee will be provided in subsequent issues of the Bulletin.

Session 3: War and Peace (M. Hearn and G. Austin)

This session discussed report writing problems, and more specifically a custody and access assessment report. In the general presentation, it was suggested that psychologists might be guided by the following criterion: "If I died, could this report stand on its own in court?" Several useful suggestions were given including: ask systematic questions about the format and quality of the reports you usually write; develop a standard report format with specific types of content for each section; develop a network of colleagues to read each other's reports; and develop a simple checklist to review your reports for content and quality. The more specific part of this session, which is beyond the scope of this Bulletin to review, concerned a custody and access assessment report.

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Session 4: Sense and Sensibility (H. Boisvert, M. Hearn, and D. Evans)

The last formal session of the day dealt with dual relationships and how to manage the boundaries. It began by reminding the audience about the applicable legislation and standards (R.H.P.A. Schedule 2: Health Professions Procedural Code; Psychology Act, 1991, Regulation 801/93; Ethical Standards of Psychologists (A.P.A.), 1977; and Standards of Professional Conduct. Then, a series of scenarios were presented, and factors

to be considered when making decisions were discussed in relation to the scenarios. Six decision-making action principles were proposed: (1) Familiarize yourself with the dynamics of dual relationships; (2) Trust your sense of discomfort; (3) Review relevant legislation, standards and ethics; (4) Use a decision model; (5) Consult a colleague whose judgement you value; and (6) Keep a record of any action that you take that might be considered to involve a dual relationship.

The symposium ended with an open forum, questions, and discussion. ■

Quality Assurance: The Consumer Perspective

Marilyn Norman is a public member of our Council. At the Barbara Wand Symposium, she presented us with a timely reminder of some of the things that are important to consumers of psychological services. Marilyn's remarks were very well received. A summary is presented here. Marilyn subdivided her concerns into five categories:

1. Ethics -- Consumers take it for granted that professionals are ethical. They expect not to be cheated, misled, used, or abused. More than that, consumers have the right to expect that the professionals who serve them have the training and experience required for recognizing and correctly dealing with ethical questions and dilemmas.

2. Competence – Consumers have the right to be served by professionals who have the knowledge and skills, the “bag of tricks”, of their profession. More than that, they assume that it is an expanding and up to date “bag of tricks”, as professionals discard what is ineffective or useless and add new skills that have been proven effective and useful, including some that might be “obscure bits down in the far corner of the bag”.

3. Attention – Consumers want the attention of their health care professionals in at least two respects. First, they want the professionals to pay attention to them, and their problems, to use professional skills to sort out and solve the consumers' problems, rather than over-stressing abstract diagnoses. Second, they expect professionals to set aside their own personal problems and concerns while serving the consumers, and to focus fully on the clients and their problems. A personal emergency can be understood, but not professionals who are easily distracted by their private comfort or concerns.

4. Business practice – Everyone gets upset by sloppiness in business transactions, ranging from overcharging for services to excessive waiting for appointments. Consumers want to be able to predict the length of their appointments. They want waiting rooms that are not so full as to destroy their privacy. They do not want other clients to be able to see their records in a reception area or on a professional's desk. However, they want their records to be accurate and appropriate. At a meeting of quality assurance committees, it was noted that there is a strong correlation between good business practice and good professional practice.

5. The undefinable – The last category is hard to define, and yet it is important. It has to do with the balance of power, of trust, and of responsibility that exists between the professional provider and the client. One may think of a spectrum, at one end of which the professional dictates the treatment plan, and at the other end of which the client sees the professional as a kind of consulting partner while taking full responsibility for his or her own health. Furthermore, as one thinks about it, the spectrum is multidimensional. Professional providers must be aware of this issue, and recognize that more and more people want or need to take increasing responsibility for their own health and to be more involved in decisions about themselves.

Marilyn concluded by saying that the above are some of the issues that define quality in the provision of psychological services for consumers. This kind of quality is already prevalent in the profession, and does not need to be re-invented. The task for the members of the College is to ensure that it continues and flourishes. ■

The College of Psychologists of Ontario

Proposed Amendments to Regulation 878/93

REGISTRATION

1. The following are prescribed as classes of certificates of registration:

1. For psychologist

- i) certificate of registration authorizing autonomous practice.
- ii) certificate of registration authorizing interim autonomous practice.
- iii) certificate of registration authorizing supervised practice.

2. For psychological associate

- i) certificate of registration authorizing autonomous practice.
- ii) certificate of registration authorizing interim autonomous practice.
- iii) certificate of registration authorizing supervised practice.

(No changes are proposed to sections 2 and 3 of the regulation).

4.-(1) The following are non-exemptible registration requirements for a psychologist:

1. For a certificate of registration authorizing autonomous practice, the applicant must:

- a) have obtained a doctoral degree from a program of study with content that is primarily psychological in nature as required in the guidelines published by the College;
- b) have completed a period of post doctoral supervised practice as required in the guidelines published by the College;
- c) have passed such written and oral examinations as may be required by the College; and
- d) have completed any further professional training or experience as may be required by the College in cases where the applicant's training and experience are insufficient, in the opinion of the College, to qualify the applicant for autonomous practice as a psychologist;

or

- ii) have attended the oral procedure, and passed such jurisprudence examination, as required by the College if the applicant has been registered for five years or more and is currently in good standing in a jurisdiction with which the College has entered into a written reciprocity agreement.

2. For a certificate of registration authorizing interim autonomous practice:

- i) the applicant must have been registered for at least five years and be currently in good standing in a jurisdiction with which the College has entered into a written reciprocity agreement; or
- ii) alternatively, the applicant must have been registered for five years or more, and be currently in good standing, in a jurisdiction with requirements substantially equivalent to those of the College for a certificate of registration authorizing autonomous practice.

3. For a certificate of registration authorizing supervised practice, the applicant must:

- i) have obtained a doctoral degree from a program of study with content that is primarily psychological in nature as required in the guidelines published by the College; and
- ii) provide to the College signed undertakings, to supervise the applicant, from two members of the College. These two members shall hold certificates of registration authorizing autonomous practice, normally as psychologists. These undertakings shall be for such period of time as required in the guidelines published by the College.

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4.-(2) The following are non-exemptible registration requirements for a psychological associate:

1. For a certificate of registration authorizing autonomous practice, the applicant must:

- i) a) have obtained a masters degree from a program of study with content that is primarily psychological in nature as required in the guidelines published by the College;
- b) have completed four or more years of experience as required in the guidelines published by the College;
- c) have completed a period of supervised practice as required in the guidelines published by the College;
- d) have passed such written and oral examinations as may be required by College; and
- e) have completed any further professional training or experience required by the College in cases where the applicant's training and experience are insufficient, in the opinion of the College, to qualify the applicant for autonomous practice as a psychological associate;

or

- ii) have attended the oral procedure, and passed such jurisprudence examination, as required by the College if the applicant has been registered for five years or more and is currently in good standing in a jurisdiction with which the College has entered into a written reciprocity agreement.

2. For a certificate of registration authorizing interim autonomous practice:

i) the applicant must:

- a) have been registered for at least five years, and be currently in good standing in a jurisdiction with which the College has entered into a written reciprocity agreement; and
- b) have attended an oral procedure as required by the College.

ii) alternatively, the applicant must:

- a) have been registered for five years or more, and be currently in good standing in a jurisdiction with requirements substantially equivalent to those of the College;
- b) have obtained a masters degree from a program of study with content primarily psychological in nature as required in the guidelines published by the College;
- c) have completed four or more years of experience as required in the guidelines published by the College;
- d) have completed a period of supervised practice as required in the guidelines published by the College;
- e) have passed such examinations as may be required by the College; and
- f) have completed any further professional training or experience required by the College in case where the applicant's training and experience are insufficient, in the opinion of the College, to qualify the applicant for autonomous practice as a psychological associate.

3. For a certificate of registration authorizing supervised practice, the applicant must:

- i) have obtained a masters degree from a program of study with content primarily psychological in nature as required in the guidelines published by the College;
- ii) have completed four or more years of experience as required in the guidelines published by the College; and
- iii) provide to the College signed undertakings, to supervise the applicant, from two members of the College holding certificates of registration authorizing autonomous practice, normally at least one of whom holds a certificate of registration as psychologist. These undertakings shall be for such period of time as required in the guidelines published by the College.

4.-(3) Until December 31, 1998, the following are non-exemptible registration requirements for a psychological associate:

1. For a certificate of registration authorizing autonomous practice, the applicant must:

- i) have obtained a masters degree with content primarily psychological in nature or the completed equivalent, relevant graduate training and education acceptable to the College;
- ii) have completed five or more years of experience as required in the guidelines published by the College;
- iii) have passed such written and oral examinations as may be required by the College; and

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COLLEGE NOTICES

THE • COLLEGE • OF • PSYCHOLOGISTS • OF • ONTARIO

DISCIPLINARY HEARING

As reported in the November 1994 issue of the Bulletin, on August 29, 1994 a panel of the Discipline Committee of the College of Psychologists of Ontario found Dr. Gordon Hope, a registered psychologist, guilty of professional misconduct with respect to his conduct and provision of services to his client, Ms. X.

The Discipline Committee suspended Dr. Hope's certificate of registration to practice as a psychologist in Ontario, effective immediately and continuing until the conclusion of the penalty proceeding, scheduled to commence November 9, 1994.

The Panel reconvened on November 9, 1994 in order to hear submissions as to penalty.

Sexual Impropriety

The Panel noted that Dr. Hope had entered a plea of guilty to the charge of sexual impropriety with a client. The evidence indicated that the sexual impropriety occurred on several occasions over a period of approximately seven months. The Panel considered a number of factors in arriving at its decision, including the following:

- 1) Ms. X presented a clear history of prior sexual victimization, and serious clinical issues including suicidal ideation and depression.
- 2) Ms. X provided compelling and convincing testimony that the psychological consequences of Dr. Hope's behaviour have indeed been devastating for her and also for her marriage and family.
- 3) In the Agreed Statement of Facts, Dr. Hope admitted to kissing, caressing and fondling Ms. X. Moreover, he admitted during his testimony that his intention was to have sexual intercourse with Ms. X, had this not been prematurely interrupted by an unexpected telephone call which disrupted the flow of events.
- 4) During his examination, Dr. Hope presented religious faith and adherence to Christian principles as his fundamental guiding forces in his life. On a number of occasions during his testimony,

Dr. Hope clearly evidenced an appreciation that his behaviour with Ms. X was significantly at variance with those principles. Similarly, Dr. Hope communicated an understanding that his sexual impropriety and violation of boundaries contravened the ethical principles and standards of conduct of the profession of psychology. The Panel therefore observed that both sets of guiding principals were insufficient deterrents to unethical behaviour by Dr. Hope.

5) With respect to Dr. Hope's amenability to treatment and rehabilitation, the Panel was presented with two conflicting opinions. Additionally, the data upon which the opinions were based appears incomplete in both instance. In the case of one report, which presents a favourable opinion of Dr. Hope's prospects of rehabilitation, the author had the benefit of clinical contact with Dr. Hope, but had not been supplied with information indicating that Dr. Hope had initially taken the position that Ms. X was significantly responsible for the sexual acts that transpired between them.

In the case of another report, which is considerably more cautious with respect to Dr. Hope's rehabilitation prospects, Dr. Hope's initial position was available to the author but the report was prepared without the benefit of direct clinical contact with Dr. Hope.

Given the above circumstance, the Panel must take the position that Dr. Hope's prospects for rehabilitation cannot be determined as either favourable or unfavourable at this time.

6) The evidence available to the Panel communicates a disturbing interplay between acts of sexual impropriety and the manipulative use of elements of Christian faith by Dr. Hope. Illustratively, during the course of cross examination, Dr. Hope indicated that he requested that God "give him a sign" that he should not engage in sexual behaviour with Ms. X, if such was "God's wish". The Panel takes the view that Dr. Hope used religious elements in a manipulative and abusive manner with a client whom he knew would likely be highly susceptible to such influence.

Failure to Maintain an Appropriate Professional Boundary with Ms. X

Dr. Hope also entered a plea of guilty to charges that he failed to maintain an appropriate professional boundary with Ms. X.

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Dr. Hope – *continued from page 5*

While the admitted sexual impropriety with Ms. X represents the most glaring and serious manifestation of this, there were, in the Panel's view, several additional considerations in this area which warranted consideration. These are as follows:

1) The Panel observed that Dr. Hope's inadequate appreciation of boundaries in professional relationships is broadly based, extending beyond a single narrow area. Illustratively, the evidence indicated that in dialogue with Ms. X, Dr. Hope revealed highly personal information about an identified member of his family to Ms. X. Further, the evidence suggested that Dr. Hope received car rides from Ms. X. on at least two occasions.

The above circumstances, in the Panel's view, speak to a broadly based pattern of poor judgement and inadequate appreciation of boundaries on the part of Dr. Hope in therapeutic relationships.

2) Dr. Hope's testimony endorsed occasions of physical touch of clients, in the form of greeting and/or departing embrace, and identified these as acceptable within the realm of clinical practice.

3) Dr. Hope indicated that a strong suggestion from his wife caused him to rethink the wisdom of embracing female clients. With such clients, he indicated that he now confines physical touch to a "firm handshake". However, Dr. Hope further indicated that there is no compelling reason to modify his behaviour when working with male clients. It is the Panel's view that Dr. Hope's current conception of the issues relating to physical touch is clinically naive and reflects a distressingly inadequate appreciation of the potential emotional upheaval and confusion that such gestures may create in his clients.

4) The Panel's concern about Dr. Hope's inadequate appreciation of the potential negative consequences of physically embracing clients is strongly amplified when the specific circumstances of his involvement with Ms. X are considered. In his testimony, Dr. Hope presented a scenario in which his embraces of Ms. X, which were originally intended to communicate support and non-sexual caring, "took on a sexual connotation". It is alarming to the Panel that even in the face of disastrous consequences for both Ms. X and himself, Dr. Hope continues to cling to the belief that routine embraces of clients can be accommodated without significant risk in the therapeutic relationship.

The Panel was presented with various decision of the Divisional Court, the Court of Appeal and Discipline Committee Panel of

the College of Psychologists for consideration in determining penalty.

The College submitted that Dr. Hope's certificate be revoked, while Dr. Hope's counsel submitted that a period of suspension was appropriate. The panel was very concerned about not only the serious misconduct of Dr. Hope, and the harm that flowed from it, but also the apparent need for supervision and rehabilitation measures in the event that Dr. Hope is to continue to practice psychology, so as to protect the public interest. The Panel was inclined to revoke Dr. Hope's certificate but for the cooperation and remorse that he demonstrated, his voluntary suspension from practice on August 29, 1994, and his expressed willingness to undertake appropriate rehabilitation measures. The Panel took all of these matters into consideration including the uncertainty of Dr. Hope's rehabilitation potential.

THE PENALTY

The Panel imposed the following penalty under the provision of the Psychologist Registration Act, R.S.O. 1990, c.36.

The certificate of registration of Dr. Hope is hereby suspended for 24 months.

The suspension of Dr. Hope's certificate shall take effect on August 29, 1994, the date on which Dr. Hope voluntarily suspended practice.

Dr. Hope shall serve the first 5 months of the suspension. The balance of the suspension (19 months) shall itself be suspended and remitted provided Dr. Hope signs and delivers an Undertaking and Agreement to the Registrar at least fourteen (14) day before the balance of the suspension is to take effect, otherwise Dr. Hope shall serve the entire 24 month suspension of his certificate of registration. The Agreement and Undertaking shall provide in form satisfactory to the Registrar, as follows:

1) Dr. Hope's practice shall be supervised for the term of the remitted suspension of 19 months (the "supervision period") by a supervising psychologist acceptable to the Registrar who agrees in writing to supervise Dr. Hope for the suspension period. The supervising psychologist shall submit a report to the Registrar every three months for the first 15 months of the suspension period and report at the end of the supervision period, or as otherwise required by the Registrar. The report shall be in the same form and subject to the same conditions as those required of temporary registrants.

2) During the supervision period Dr. Hope shall limit his practice to adult males.

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Dr. Hope - *continued from page 6*

3) Dr. Hope shall enrol and complete continuing education studies approved by the Registrar in professional ethics, dynamics of sexual abuse, boundaries in the therapeutic process, and gender sensitivity issues. Proof of attendance at such studies shall be filed with the Registrar on or before month 18 of the supervision period.

4) Dr. Hope shall immediately undergo a psychological examination by a psychologist (the "examining psychologist") approved by the Registrar to determine whether or not additional rehabilitation treatment is needed. Dr. Hope shall undertake any additional rehabilitation treatment recommended by the examining psychologist, which additional rehabilitation treatment shall be reported to the Registrar by the examining psychologist.

5) Dr. Hope shall authorize the supervising psychologist and the examining psychologist to disclose to the College any and all relevant information concerning Dr. Hope during the suspension period.

6) The cost relating to the carrying out of the provision of the Undertaking and Agreement shall be entirely the responsibility of Dr. Hope.

7) Dr. Hope acknowledge and agree that any breach of the Agreement and Undertaking shall constitute professional misconduct and may result in the matter being referred to the Discipline Committee of the College of Psychologists, for a hearing.

The Panel strongly recommended to Dr. Hope that he assist in ameliorating the harm that he had done to Ms. X by providing her with a written apology and repaying to her all fees that she paid for his services.

The Panel ordered that the fact, circumstances and penalty in this case shall be published by the College in the ordinary course. The name of the complainant shall not be published. ■

DISCIPLINARY UPDATE

Dr. John Machry has agreed to a voluntary limitation on his certificate of registration prohibiting him from practising in the area of custody and access assessment. ■

COMPLAINTS AGAINST PSYCHOLOGISTS IN ONTARIO

**BY SUBJECT OF COMPLAINT
JUNE 1, 1993 TO MAY 31, 1994**

SUBJECT OF COMPLAINT	NUMBER
PERSONAL CONDUCT	
Sexual Impropriety	5
Words & Gestures of a Sexual Nature	2
Dual relationship, conflict of interest	4
PROVISION OF SERVICES	
Inadequate handling of termination	
Assessments for:	
Custody and Access	15
Sexual abuse	1
Employment	0
Other	9
Confidentiality	5
Practising outside the area of competence	0
Insensitive treatment of clients	5
Fitness to practice, competence	0
Failure to respond to a request in a timely manner	2
Failure to obtain informed consent	0
Failure to provide services sought	1
Services failing to meet standards	3
CONDUCT IN PROFESSIONAL RELATIONS	
Supervision of personnel	0
Conduct toward a colleague	0
Conduct toward an employee	0
MANAGEMENT OF PRIVATE PRACTICE	
Advertising and announcements	2
Fees and billing	5
Complaint unclear	1
TOTAL	60

DISPOSITION OF COMPLAINTS RECEIVED AGAINST PSYCHOLOGISTS OR OF VIOLATIONS NOTED JUNE 1, 1991 TO MAY 31, 1992

DISPOSITION OF COMPLAINT	NUMBER
MATTER CLOSED	
Complaint withdrawn	13
Complaint dismissed	14
Caution	17
No jurisdiction	3
Allegations Referred to Discipline	9
Quality Assurance	0
Incapacity Investigation	0
CASE ACTIVE	
In process of investigation	4
TOTAL	60



ADDITIONS TO THE REGISTER

Placed on the Temporary Register since October 1994 -
Psychologist

Martin Antony	Anne-Marie Wall
John Arrowood	Vicky Martin
Robert Bialik	Jeffrey McKillop
Sherrie Bieman-Copland	Anne McLachlan
Michelle Blain	Tanju Mishara
Lorraine Campbell-Cholvat	Susan Pigott
Anne-Geale Kandrats	Stewart Plotnick
Carole Gentile	Sarita Sahay
Joanna Hamilton	Brenda Saxe
Janice Hansen	Karen Scarth
Ruthann Hicks	Simita Schwartzberg
Julie Hill	Mara Silins
Frank Kane	Randy Silverman
Lynn Kelly	Michelle Soulière
Bernadette Laframboise	Mona Tsoi
Kathy Lawrence	David Vollick
Mary Lees	Mary Waksman-Cooper
Antonietta Mantini-Atkinson	Josephine Wood

Members whose certificates of registration have been
suspended due to retirement or unpaid fees

Marilyn Ain	H.N. McLeod
Kenneth Adams	Colin Meredith
Donald Andrews	Lillian Morawski
Dee G. Appley	Vithal Naik
Elsbeth Baugh	Neill Neill
Daniel Bird	James Neill
Rupert Brook	Geoffrey Nelson
Samuel Christopher	Richard Neufeld
Charles Cooley	Jack Page
Gary Stewart Dibb	Randolph Paterson
Kenneth Elliot	Thomas Preston
Alfred Elstone	Kenneth Prkachin
Robert Fitzgerald	Vivian Pullan
Thomas Francoeur	Patricia Reavy
Reva Gerstein	Richard Rogers
Ian Gotlib	Patrick Ryan
Norman Greenberg	Dorothy Shipe
Bernard Grzyb	John Steele
Carl Hartleib	Giselle Stern
Paul Hewitt	Doris Sutherland
Beatrix Horn	Joan Todd
Leighton Hutson	Evaline Thon
James Inglis	Michael Vargo
Douglas Jackson	Larry Waterman
Dawn Jones	Harvey Weingarten
Dorothee Keschner	John Weiser
Lynn Kozlowski	Bruce Whitehouse
Hans Kuechler	Frances Williams
Anne Mann	Claire Zutterman
Mary Lane	Pol Zutterman
Patrick McGrath	

Placed on the Temporary Register since December 1994 -
Psychological Associate

Linda Johnson-McLean

Placed on the Permanent Register since June 1994 -
Psychologist

Nishat Ali Khan	Louis-Marc Lauzon
Alicia Araujo de Sorkin	Alan McAllister
Leslie Balmer	Lisa Medlock
Patricia Bourdeau	Andrea Moser
Diana Brecher	Diane Potvin
Shelley Bulat	Joseph Rallo
Alessandra Capodilupo	Andrew Shaul
Diane Claude	Sheldene Simola
Linda Daviss	Meagan Smith
Rosanne Field	Irit Sterner
Paul Gabel	Wendy Stewart
Michèle Gagnon	Paul Szabo
Eric Gordon	David Teplin
Deborah Hall	Margaret Voorneveld
Tracy Halpen	Ellen Vriezen
Michael Hamadek	Virginia Walford
June Higgins	Tamara Warren
Carole Irene Harris	Jeanne Watson
Elisabeth Joly	Susan Wilson
Brenda Kenyon	James Worling
Sylvie Lemieux	Paraskevoulla Xinaris
Merry Lin	Trudi Yeger

Placed on the Permanent Register since June 1994 -
Psychological Associate

Esther Abiscott	Cindy Insley
Victor Ali	Anne Lees
Kathleen Anderson	Judith Mayerovitch
Carla Baetz	Shannon Muldrew
Elaine Cohen	Kathryne Page
Barbara Collins	William Palmer
Kate Dafopoulos	Cindy Pickrell
Maurine Gillberry	Berenice Saracoglu
Richard Gilmartin	Lise Sinotte
Jennifer Healey	Martyn Thomas
Christopher Heap	Wilma Van Dyk
Monita Ho	Susanne Wenckstern
Eric Ho	Roxanne Whetmore

Oral examinations were held in Toronto on November 30, December 1 and December 2, 1994. Assisting the College in conducting these examinations were the following persons.

Nancy Adsett, Ph.D., Psychologist, private practice, Burlington

Werner Albert, Ph.D., Chief Psychologist, Social Programs Administrator, Maplehurst Complex - Ministry of Solicitor General and Correctional Services, Milton

James Alcock, Ph.D., Professor, York University, Toronto; private practice

Jean-Pierre Bergevin, Ph.D., Professor of Psychology, University College of Hearst

Huguette Boisvert, Public Member, Council of The College of Psychologists, Administrator, Association of French School Boards, Ottawa.

Ester Cole, Ph.D., Team Coordinator, Psychological Services, Toronto Board of Education

Salvatore Colletta, Ph.D., Director, Department of Psychology, Ottawa General Hospital

Patricia DeFeudis, Ph.D., Director, Department of Psychology, The Credit Valley Hospital, Mississauga

Brian Doan, Ph.D., Coordinator, Psychology Services to Oncology, Sunnybrook Health Science Centre

Alan Finlayson, Ph.D., Director, Acquired Brain Injury Program Outpatient Clinic and Director, Regional Acquired Brain Injury Program, Chedoke-McMaster Hospitals

Janice Gouse-Sheese, Ph.D., Psychologist, Toronto Board of Education

Janice Hambley, Ph.D., Vice-President, Health and Clinical Services, Bellwood Health Services

Margaret Hearn, Ph.D., Manager, Behavioural Health, University Hospital, London, Ontario

Nina Josefowitz, Ph.D., Consultant, Atkinson Counselling Centre, York University; Private Practice, Toronto

Paul King, Ph.D., Psychologist, private practice, North Bay

Louise LaRose, Ph.D., Psychologist, London Board of Education

Maggie Mamen, Ph.D., Psychologist, private practice, Ottawa

Beth Mitchell, Ph.D., Director of Psychology, Victoria Hospital/Children's Hospital of Western Ontario; Clinical Assistant Professor, Psychology, Paediatrics, and Psychiatry, University of Western Ontario, London

Clifford Morris, Public Member, Council of the College of Psychologists, Partner in Edventures

George Phillips, Ph.D., Chief of Psychological Services, London Board of Education.

Susan Pisterman, Ph.D., Senior Staff Psychologist and Senior Research Fellow, Children's Hospital of Eastern Ontario, Ottawa. Private practice.

Guy Proulx, Ph.D., Director, Department of Psychology, Baycrest Centre for Geriatric Care. Adjunct Professor, York University, Toronto

David Rennie, Ph.D., Associate Professor, Department of Psychology, York University, Toronto

Reg Reynolds, Ph.D., Psychologist, private practice, Oakville

Brian Ridgley, Ph.D., Chief of Psychology, Sunnybrook Health Science Centre, Toronto. Private practice

June Rogers, Ph.D., Psychologist, private practice, Ottawa

Donald Rudzinski, Ph.D., Manager, Psychology Department, Windsor Western Hospital. Adjunct Professor, Psychology Department, University of Windsor. Private Practice.

Marlies Sudermann, Ph.D., Director of Violence Prevention Services and Research, London Family Court Clinic. Adjunct Clinical Professor, University of Western Ontario Department of Psychology.

Gene Stasiak, Ph.D., Psychological Consultant; Director of Research, Ontario Correctional Institute

Dale Zilbert, Ph.D., Psychologist, Zilbert Consultants

CERTIFICATES OF REGISTRATION

Members of the College of Psychologists who wish to replace their Certificates of Registration under the Board of Examiners in Psychology with those issued under the College of Psychologists may now do so. The fee is \$50.00. Please contact the College office for more information. ■

NEXT COUNCIL MEETINGS

June 2 and 3, 1995

September 15 and 16, 1995

**MINTZ & PARTNERS**

Chartered Accountants

**AUDITORS' REPORT**

To the Members of The College:

We have audited the balance sheet of The College of Psychologists of Ontario (Formerly The Ontario Board of Examiners In Psychology) as at May 31, 1994 and the statements of revenue, expenses and deficit and changes in financial position for the year then ended. These financial statements are the responsibility of the college's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the college as at May 31, 1994 and the results of its activities and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Toronto, Ontario.
September 2, 1994.

Mintz & Partners
CHARTERED ACCOUNTANTS



THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
(Formerly The Ontario Board of Examiners in Psychology)
BALANCE SHEET

AS AT MAY 31	1994	1993
ASSETS		
Bank	\$ 348,280	\$ 148,283
Short-term investments	284,741	637,802
Surplus assets	18,304	9,821
Capital assets (Note 2)	88,288	98,710
	<u>\$ 719,613</u>	<u>\$ 894,616</u>
LIABILITIES		
Accounts payable and accrued liabilities	\$ 64,380	\$ 28,820
Registration fees received in advance	854,880	820,080
	<u>919,260</u>	<u>848,900</u>
ACCUMULATED DEFICIT		
Stabilization fund	—	38,080
(Deficit) surplus	(20,647)	20,686
	<u>\$ 719,613</u>	<u>\$ 894,616</u>

Approved on Behalf of the Board:

Dr. Thomas A.D. Clark
President

[Signature]
Treasurer

See Accompanying Notes

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
(Formerly The Ontario Board of Examiners in Psychology)
STATEMENT OF REVENUE, EXPENSES AND DEFICIT

FOR THE YEAR ENDED MAY 31	1994	1993
REVENUE		
Registration fees	\$ 938,828	\$ 786,112
Examination fees	88,250	44,180
Interest and miscellaneous income	32,711	33,858
	<u>1,109,789</u>	<u>864,150</u>
EXPENSES		
Salaries	498,898	305,834
Legal and investigation	371,188	82,234
Examination camp	88,870	83,337
Rent and occupancy	83,324	88,783
Travel and meetings - Board members	88,221	85,874
Travelers costs re RAPA	78,058	128,112
Employee benefits	76,464	82,880
General and office expenses	80,300	40,477
Printing and distribution costs	38,640	52,837
Directory advertising	11,284	10,385
Telephone	8,437	7,937
Audit	8,891	5,188
Depreciation	28,832	28,197
	<u>1,418,032</u>	<u>838,432</u>
DEFICIENCY OF REVENUE OVER EXPENSES	(281,180)	(84,180)
SURPLUS - Beginning of year	<u>208,688</u>	<u>277,721</u>
	(73,884)	208,586
ELIMINATION OF STABILIZATION FUND	<u>38,080</u>	<u>—</u>
(DEFICIT) SURPLUS - End of year	<u>\$ (20,647)</u>	<u>\$ 208,586</u>

See Accompanying Notes

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
(Formerly The Ontario Board of Examiners in Psychology)
STATEMENT OF CHANGES IN FINANCIAL POSITION

FOR THE YEAR ENDED MAY 31	1994	1993
OPERATING ACTIVITIES		
Deficiency of revenue over expenses	\$ (281,180)	\$ (84,136)
Add: Non-cash outlay	—	—
Depreciation	28,832	28,187
	(252,348)	(42,838)
(Increase) decrease in surpluses	(6,833)	18,048
Increase (decrease) in accounts payable and accrued liabilities	88,250	(26,973)
Increase in registration fees received in advance	35,880	288,420
CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	<u>(188,851)</u>	<u>183,667</u>
INVESTING ACTIVITIES		
Purchase of capital assets	(18,428)	(8,032)
CASH USED IN INVESTING ACTIVITIES	<u>(18,428)</u>	<u>(8,032)</u>
CASH (DECREASE) INCREASE	(173,084)	184,425
CASH - Beginning of Year	<u>738,288</u>	<u>601,890</u>
CASH - End of Year	<u>\$ 513,002</u>	<u>\$ 788,085</u>
CASH CONSISTS OF		
Short-term investments	\$ 284,741	\$ 637,802
Bank	248,220	148,283
	<u>\$ 513,002</u>	<u>\$ 788,085</u>

See Accompanying Notes



THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
(Formerly The Ontario Board of Examiners in Psychology)
NOTES TO FINANCIAL STATEMENTS
MAY 31, 1994

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

x1 Capital Assets

Rates and basis of depreciation applied to write off the cost of capital assets over their estimated useful lives are as follows:

Furniture and equipment	5 years, straight line
Computer equipment	4 years, straight line
Leasehold improvements	10 years, straight line or the remaining term of the lease

x2 Dues Income

In accordance with the regulations of the organization, annual registration fees cover a period of twelve months commencing June 1 of each year. Registration fees received prior to May 31, 1994 covering the subsequent period from June 1, 1994 to May 31, 1995 have been deferred.

3 CAPITAL ASSETS

	Cost	Accumulated Depreciation	Net Book Value	
			1994	1993
Furniture and equipment	\$ 93,440	\$ 52,268	\$ 41,172	\$ 52,316
Computer equipment	20,203	12,758	8,445	10,216
Leasehold improvements	51,992	14,240	27,652	36,198
	<u>\$ 165,635</u>	<u>\$ 79,266</u>	<u>\$ 86,369</u>	<u>\$ 98,730</u>

4 COMMITMENTS

Under the terms of a lease expiring February 28, 2002, the College is liable for the following minimum annual lease payments:

1995	\$ 42,044
1996	47,048
1997	51,536
1998	46,720
1999 and thereafter	213,240

In addition the College is liable for its proportionate share of operating costs.

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
(Formerly The Ontario Board of Examiners in Psychology)
NOTES TO FINANCIAL STATEMENTS
MAY 31, 1994

4 ASSETS PLEDGED

The College has assigned \$50,000 in term deposits to its bank as security for any future borrowings.

The Bulletin is a publication of the College of Psychologists of Ontario

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The Bulletin is published quarterly. Subscriptions for members of the College are included in their registration fee. Others may subscribe at \$10.00 per year, or \$2.50 per single issue. We will also attempt to satisfy requests for back issues of the Bulletin at the same price.

Les articles dans ce numéro de *The Bulletin* sont disponibles en français.

Registration – *continued from page 4*

iv) have completed any further professional training or experience required by the College in cases where the applicant's training and experience are insufficient, in the opinion of the College, to qualify the applicant for autonomous practice as a psychological associate.

2. For a certificate of registration authorizing supervised practice, the applicant must:

- i) have obtained a masters degree with content primarily psychological in nature or the completed equivalent, relevant graduate training and education acceptable to the College; and
- ii) have completed five or more years of experience as required in the guidelines published by the College.

5. The following are conditions of certificates of registration of any class:

- 1. The member shall practise the profession only within areas of the member's competency, or under the supervision of a member who has competency in those areas.
- 2. The member shall fulfill such conditions of the quality assurance program as may be required by the College.

(No changes are proposed to sections 6, 7, nor to Regulation 879/93)

Proposed amendments Council Approved December 9, 1994 ■

Further Amendment: Regulation 878/93 Registration – Approved by Council March/95

During the **transition period only**, the College had agreed to consider holders of diplomas awarded by the Institute for Child Studies for eligibility for registration as psychological associates, with the understanding that some but not all would meet the eligibility requirements. The Institute has been unsuccessful in converting its diploma program to a Masters program and will close the program with the students admitted in September 1994 who will graduate in June 1996. To permit the final three graduating cohorts, 1994, 1995 and 1996, an opportunity to apply for registration under the transition stream, Council approved the following amendment to the Registration Regulation:

4.-(4) Notwithstanding section 4.-(3) above, until December 31, 2001, for holders of a diploma awarded in 1994, 1995, or 1996 by the Institute of Child Study of the University of Toronto, the following are non-exemptible registration requirements for psychological associate:

1. For a certificate of registration authorizing autonomous practice, the applicant must:

- i) have obtained a masters degree with content primarily psychological in nature or completed equivalent, relevant graduate training and education acceptable to the College;
- ii) have completed five or more years of experience as required in the guidelines published by the College;
- iii) have passed such written and oral examinations as may be required by the College; and
- iv) have completed any further professional training or experience required by the College in cases where the applicant's training and experience are insufficient, in the opinion of the College, to qualify the applicant for autonomous practice as a psychological associate. ■

Amendments to the Standards TITLES

At its meeting of December 10, 1994, the Council of the College of Psychologists approved standards on the use of titles by members of the College. This replaces previous standards on the use of titles.

Further development of standards will be carried out for review and approval by the Council. All registrants will be advised of the additional standards once they have been approved. Additionally, registrants will be provided with copies of the Regulation on Advertising and Promotion once it receives final approval from the Council and from the Ministry.

STANDARDS FOR THE USE OF TITLES IN REPRESENTATION TO THE PUBLIC

The following standards apply to the listing of degrees and titles when a member of the College of Psychologists of Ontario represents himself/herself to the public as (having a certificate of registration as) a Psychologist or Psychological Associate, or when, in a group or multidisciplinary practice, reference is made to the name of the member of the College of Psychologists of Ontario.

1. The name of the member and his or her professional title of Psychologist or Psychological Associate (or their abbreviations: C.Psych. or C.Psych. Assoc.) shall be clearly indicated.
2. The highest academic degree upon which registration is based shall immediately precede the professional title; where the member has been registered as a Psychologist on the basis of a doctoral degree, the prefix Doctor or its abbreviation Dr. may be used, but not both degree and prefix shall be employed.
3. Other degrees or professional titles, such as MBA, P.Eng., may be specified when the area of study is relevant to the member's psychological practice, but the area of study must be specified unless readily apparent.
4. "Member of the College of Psychologists of Ontario" may be used by members.
5. In the case of the member being listed by the College on any register except the main register of the College, the member shall qualify his or her title of Psychologist or Psychological Associate through reference to the register on which he or she is listed.

(Approved by Council: December 10, 1994)

Discussion

1 and 2. Examples of appropriate listings include:

Jane Doe, Ph.D., C.Psych.
John Doe, Ed.D., Psychologist

Dr. J. Doe, Psychologist
Dr. John Doe, C. Psych.

Mr. J. Smith, M.A., C.Psych.Assoc.
Ms. J. Smith, M.Ed., Psychological Associate

3. Examples of acceptable listings:

J. Juniper, LL.B., Ph.D., C.Psych.
Betty Crocker, P.Eng., M.A., Psychological Associate
R. Dylan, MBA, Ed.D., Psychologist
John Smith, Ph.D.(Special Education), M.Ed., C.Psych.Assoc.

5. Individuals on the Temporary Register must so indicate, for example:

J. Walker, M.A., Psychological Associate (Temporary Register)
A. Smith, Ph.D., Psychologist (Temporary Register)

Note: The designations "C.Psych." and "C.Psych. Assoc." may only be used by individuals who have successfully completed all of the registration requirements and been notified by the College that their names have been transferred to the Permanent Register.

Description of Practice

Some individuals may wish to describe their practice on a business card, in a brochure etc.

Such a description should accurately reflect the services which the member is competent to offer.

The titles "Psychologist" and "Psychological Associate" should be listed without a modifier which suggests a specialty, as the College has not made provision for specialty designation at this time. For example, it would be inappropriate to list oneself as a "Clinical Psychologist". Rather, it is appropriate to describe one's area of practice, eg. Dr. John Doe, Psychologist, Practice in Clinical Psychology or Jane Smith, M.A., C. Psych. Assoc., Practice in School Psychology. ■

TRICKY ISSUES FEATURE

This column, which will appear as a *Bulletin* feature from time to time, is intended to provide information about difficult situations faced by members of the College, and to suggest appropriate ways of dealing with such situations.

What should I do if a custodial parent, whose child I am seeing in therapy for issues related to behaviour and academic performance, informs me that her lawyer will be contacting me for the purpose of obtaining a report about my involvement and clinical findings with respect to both the child and herself? She requests that, in my report, I comment specifically on the manner in which she has supported and assisted the child, as the information will be used in a custody dispute.

This situation is fraught with difficulties for the psychologist/psychological associate. Many well-meaning members of the College do not consider the very serious implications of involving themselves in such issues and agree to participate out of a belief that they are assisting the child and parent.

Over the years, the College of Psychologists has received numerous complaints about members who have written letters and reports, released clinical files, and offered opinions to the court with respect to such matters. Rather than providing assistance to clients, members, who permit themselves to be placed in the dual and sometimes multiple roles of therapist/“assessor”/“expert witness” risk having themselves discredited and reported to the College, their therapeutic role with their client jeopardised, and the information provided to the court discounted.

Although a given member may not regard the release of such information as a custody and access assessment, complaints investigated by the College attest to the fact that, not infrequently, parties to the dispute do view such reports from this perspective. This is not to say that members cannot write reports when they are the recipients of these requests, but rather to note that, if members do so, they need to be aware that such assessments have inherent limitations which must be stated, that their reports must be written very skilfully, and that in general such reports are regarded as providing little useful information to the decisions that have to be made. In general, members in these cases should not provide opinions about the ability to parent or make custody and access recommendations. In deciding whether to proceed with such requests, members must consider carefully 1) whether reporting clinical information to the court and formulating opinions about it is a function of their therapist role, and 2) what effects the reporting of such information might have on a treatment relationship.

When a member finds that complying with a parent's request results in a dual relationship, the following steps are appropriate.

1. Explain to the parent that a custody evaluation depends on data that is different from the data obtained in therapy, and obtain consent to communicate to the lawyer the following:

- The member has not completed a full assessment and cannot provide appropriate information or opinion on matters concerning custody and access.
- The provision of any report may jeopardize the current therapeutic relationship.

2. Advise the parent of the need to seek an independent custody and access assessment which will involve all parties and provide full data on which to base an opinion.

3. Provide the names of independent professionals well-qualified for the assessor role, and indicate that if requested and with informed consent of the parent, you will release relevant information to the assessor. Whether to release information, even to a custody and access assessor is a matter for careful discussion with the client.

4. Review with the parent all information likely to be released to any assessor, being especially careful to review any information that could be considered harmful to the client.

5. Discourage any attempt to involve you as witness, and, if subpoenaed, testify only to facts and refrain from statements of opinion.

By Margaret Hearn, Ph.D., C.Psych.

References

- Brooks, S. (1990). Ontario Board of Examiners in Psychology, (1990). Conducting custody and access assessments: Supplementary Comments. *The Bulletin, Ontario Board of Examiners in Psychology, 17, (1), 2-4.*
- Kaplan, F., Landau, B. & McWhinney, R. (1988). Custody/access guidelines: Report of the interdisciplinary committee for custody/access assessments. Toronto: the Ontario Psychological Foundation.
- Knapp, S., & Keller, P.A. (1993). Ethical issues in child custody evaluations. *Innovations in Clinical Practice: A Source Book, 12, 257-262.*
- Stahl, P.M. (1994), Thousand Oak CA: Sage Saunders, T.R. (1993). Some ethical and legal features of child custody disputes: A case illustration and application. *Psychotherapy, 30, 49-58.* ■

Statutory Committees

Under RHPA, the College has seven Statutory Committees. The Executive Committee is elected from the Council who in turn appoint members of the Council and members of the College (who are not members of the Council) to the six other Committees. Each of the titles, psychologist and psychological associate must be represented on every one of the six Committees.

Members who are interested in serving on a Committee are asked to provide their name, registration title, preferred Committee (1st and 2nd choice may be given) and a brief statement of background.

Registration: Meeting an average of one day per month, to review applications referred by the Registrar, to determine whether requirements for registration have been met and to direct the Registrar respecting the issuance of certificates of registration and any terms, conditions or limitations to be imposed. Two members of the College are required.

Complaints: Meeting an average of one to two days per month, to investigate complaints, the conduct or actions of members and to render a written decision within 120 days of receipt of a complaint. Two members of the College are required.

Discipline: Meeting as needed (approximately 12 times a year for hearings ranging from one to five days, including resumptions) to hear allegations against members, of professional misconduct or incompetence, which have been referred by the Complaints Committee. Two members of the College are required.

Fitness to Practice: Meeting as needed to hear matters relating to fitness to practice referred by the Executive Committee after receiving a report from a board of inquiry (appointed by the Executive following a referral from the Complaints Committee or a report from the Registrar regarding possible incapacity). Two members of the College are required.

Quality Assurance: The Committee may appoint assessors for the purposes of a quality assurance program which will function under regulations developed by the College for such a program. The Committee may also make referrals to the Executive Committee if an assessment indicates possible misconduct, incompetence or incapacity of a member of the College. Frequency of meetings is undetermined but members may be asked to assist in the development of a policy and regulations respecting the College's quality assurance program initially; thereafter, the frequency of meetings will be determined by the structure of the program itself. Two members of the College are required.

Client Relations: Responsible for advising the Council on the College's client relations program which must include measures for preventing or dealing with the sexual abuse of clients by members. The program must cover educational requirements for members, guidelines for the conduct of members with their clients, training for College staff and the provision of information to the public. One member of the College is required. Frequency of meetings is undetermined but the Committee may liaise with staff, quality assurance, complaints and discipline in fulfilling its mandate. Monitoring reporting and advising are major feature of the task.