

The Envelope, Please...

Our Three New Elected Members of Council

The election to Council, although delayed somewhat by the OPSEU strike, was held in the spring. Three new members were elected to Council and one member was re-elected by acclamation. The Council would like to welcome Dr. Chris Nash, Dr. Ron Frisch, Dr. Jack Ferrari and welcomes back Dr. Ron Myhr.

Dr. Jack Ferrari, C.Psych. was elected in District 2, South-west. Dr. Ferrari was trained at the University of Alberta, and the University of Western Ontario. He has held positions at St Thomas Psychiatric Hospital and the London Psychiatric Hospital where he currently practices. He is also Adjunct Clinical Professor at the University of Western Ontario and an associate of Wilson-Banwell since 1994. Dr. Ferrari is currently a member of OPA (President of Psychologists in Public Service section - 1993/95), a listee of CHRSP, on the Program Committee of the London Branch of the CHMA and on the Economics Committee of OPA.

Dr. Ron Frisch, C.Psych. has been at the University of Windsor since 1969 teaching Ethics and Professional Practice, Advance Psychotherapy and Crisis and Short-term Intervention in the graduate programme as well as Abnormal Psychology and Law and Psychology in the undergraduate programme. Dr. Frisch has served two terms on OPA's Board of Directors and continues membership on the Ethics and Policy Committee. In addition to maintaining a small private practice, being Director of the Problem Gambling Research Group investigating the prevalence of pathological gambling in the Windsor area, he is also a member of the Windsor-Essex District Health Council and serves on the Addictions Committee of the DHC.

Dr. Chris(tine) Nash, C.Psych. was elected to District 1, North in a by-election and will serve a one year term. Dr. Nash was trained at the University of Wales and the University of Exeter. In 1971 she became the Chief Psychologist at Cecil Facer School. In 1972, Dr. Nash began work on professional development issues with educators and psychologists through OISE. In 1986 she became Director of the Office for Educational Practice at the University of Guelph, and in 1991 was appointed Vice President Academic of Athabasca University, Alberta before returning in 1994 to Sudbury to a private practice and international consulting on improved teaching. She is also past President of OPA (1988-89).

The Council would like to recognize the other members of the College who participated in the March election. Your interest and willingness to commit to the task of being on the Council is appreciated.

As well, many thank you's for great work are extended to outgoing members of Council - Dr. Margaret Hearn, (outgoing President), Dr. Henry Edwards (outgoing Vice-President) and Dr. Anthony Miller. §

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INSERTS:

Training for Capacity Assessment

MEMBERS PROVIDE FEEDBACK ON QUALITY ASSURANCE PROGRAM PROPOSAL

The College's proposal for a quality assurance program, distributed earlier this year, was generally well received. In their feedback, members highlighted many positive aspects of the program including: the program's emphasis on continuous improvement; the flexibility of self-assessment in guiding members to undertake a personally designed self-directed learning process; the supportive and facilitative nature of peer assisted review; the focus on outcome rather than process; recognition of different learning styles and the focus on motivation rather than regulation.

A number of concerns with the proposed Quality Assurance Program (QAP) were raised and recommendations for changes suggested. Many of the negative comments arose from the non-availability of detailed information on the procedures and forms that underlie the regulations and the non-availability of the Self-Assessment Guide. The details of the Peer Assisted Review are now being formulated by the Committee; the beta version of the Self Assessment Guide has been completed and is in pilot testing. Detailed procedures for the program components are being formulated and will appear in these pages and other venues as they are adopted. Pilot studies will precede the implementation of each component to determine the efficacy of the procedures to be adopted.

One member suggested the following details of the QAP be included in the annual report of the Quality Assurance Committee (QAC):

- names of the QAC members in the preceding year;
- names of members who conducted Peer Assisted Reviews;
- a summary of overall findings for the 50 members selected for Peer Assisted Review
- general advice to the members about correcting difficulties or misconceptions identified during Peer Assisted Reviews;
- brief descriptions of interesting educational strategies or practice ideas derived from the peer review process

The QAC is in the process of assessing these and other recommendations for change in the annual report format with the objective of providing information that will assist members in improving their practices.

Some members continue to support the equating of quality assurance with mandatory continuing education; the existing paradigm in most American jurisdictions. The consulta-

tion paper provided a variety of reasons for moving from a model centred on a singular "means", mandatory CE, to a more encompassing one focused on the "end" of continued competence. In principle, the QAP "mandates" continued competence through life-long learning. "Continuing Education" is but one of many methods that members utilize and will continue to employ to maintain currency in their field.

Members questioned the standards by which practices will be evaluated in the Peer Assisted Review. Concern focused on uncertainty with recommended standards for "procedures of practice". Particular reference was made to the criteria that will be used to evaluate record keeping practices. §

The Self Assessment Guide contains material related to the standards that should guide members' practices and, more specifically, includes a checklist for evaluating adherence to record keeping standards.

The Committee continues to consult on the Quality Assurance Program proposal at regional meetings with members of the College and through contact with organizations concerned with the practice of psychology.

The consultation paper on Quality Assurance noted that a Self Assessment Guide was being created to assist members in planning their continued learning program. That document is now ready for pilot testing. Thirty members, selected at random, have been asked to use the instrument and to complete an evaluation form. Their feedback will help to finalize the guide for general implementation in the new year.

A number of the respondents to the consultation paper requested continued participation in evaluations as the QAP unfolds. If you would like to participate in evaluating the Self Assessment Guide, please call (416-961-8817) or fax (416-961-2635) the College and ask for the beta version of the Self Assessment Guide.

Coming in Future Issues of the Bulletin:

- Report on professional development activities and needs
- Client input to practice enhancement
- Protocol for Peer Assisted Review
- Confidentiality and quality assurance §

Tricky Issues Feature



Confidentiality after the Death of a Client

Following the death of a client, family members or the spouse may call the psychologist or psychological associate for information about the client. While it may be appropriate to speak to the family of the deceased in a sensitive manner about the loss and assist them as best as you can with their grief, members are reminded that in the process of doing so, confidentiality still needs to be maintained as when the client was alive. The same standard of confidentiality is maintained even after the death of a client.

Paragraph 1.11 of the Professional Misconduct Regulation states that it is professional misconduct for a member to give information about a client to a person other than the client or his or her authorized representative except with the consent of the client or his or her authorized representative or as required or allowed by law. A member's duty of confidence therefore does not end with the client's death and the client's right to confidence passes to the client's personal

representative upon the client's death. The only person who is entitled to exercise or waive the client's right to confidence is the client's personal representative. Even before releasing information to a personal representative, the psychologist should request that the personal representative provide a copy of the court order under which he or she acts.

A members' duty of confidence therefore does not end with the client's death...

To summarize, after a client's death, a member should not disclose information about the client to anyone other than the client's personal representative. Where the personal representative consents in writing, it may be permissible to disclose information to other persons. If the member feels that there is a risk of harm to a third person in the disclosure, the member could also require the personal representative to obtain a court order specifically authorizing the member to disclose confidential client communication to the personal representative or anyone else. §

New Authorized Act

In March of this year a new regulation came into force, providing for a new authorized act for the profession of psychology.

During consultation on the proposed regulation, the College advised the government that the use of electricity for aversive conditioning may be appropriate in specific clinical circumstances. The member must have training and experience to be competent in the use of this particular treatment modality.

Regulation Under the Regulated Health Professions Act

1. Electricity for aversive conditioning is prescribed for the purpose of paragraph 7 of subsection 27(2) of the Act.

2. A member of the College of Physicians and Surgeons of Ontario is exempt from subsection 27(1) of the Act for the purpose of applying, or ordering the application of, electricity for aversive conditioning.

3. A member of the College of Psychologists of Ontario is exempt from subsection 27(1) of the Act for the purpose of applying, or ordering the application of, electricity for aversive conditioning.

4. A person is exempt from subsection 27(2) of the Act for the purpose of applying electricity for aversive conditioning if the application is ordered and directed by a member of the College of Physicians and Surgeons of Ontario or by a member of the College of Psychologists of Ontario. §

Capacity Assessment

Members were advised in the previous issue of the Bulletin (Volume 22 No 4 April 1996) of amendments to the Substitute Decisions Act and of changes respecting eligibility to conduct capacity assessments. The Regulation on capacity assessment will come into force on July 31, 1996 as O.Reg. 293/96 and is reproduced below.

Members will find enclosed with this issue of the Bulletin information from the Capacity Assessment Office respecting the availability of training required to become a capacity assessor.

The College has determined that capacity assessment falls within the scope of practice of psychology. However, as with any other professional activity, a member contemplating providing capacity assessment services should ensure that it falls within his or her own area of competence. §

<p style="text-align:center">REGULATION MADE UNDER THE SUBSTITUTE DECISIONS ACT, 1992 O.Reg 293/96</p> <p style="text-align:center">CAPACITY ASSESSMENT</p>

1. (1) A person is qualified to do assessments of capacity if he or she,
 - (a) is a member of the,
 - (i) College of Physicians and Surgeons of Ontario
 - (ii) College of Psychologists of Ontario
 - (iii) Ontario College of Certified Social Workers
 - (iv) College of Occupational Therapists of Ontario,
 - or
 - (v) College of Nurses of Ontario
 - (b) has successfully completed a training course of assessors,
 - (i) given or approved by the Attorney General, as described in section 3, or
 - (ii) given by the Attorney General under Ontario Regulation 29/95 before this Regulation comes into force; and
 - (c) is covered by professional liability insurance of not less than \$1,000,000.
- (2) Despite subsection (1), a person is qualified to do assessments of capacity until the earlier of April 2, 1997 and the termination of the person's agreement with Her Majesty the Queen in right of Ontario concerning his or her designation as an assessor if he or she,

(a) holds a valid certificate of designation as an assessor that was issued before this Regulation comes into force; and

(b) is covered by professional liability insurance of not less than \$1,000,000.

2. An assessor shall perform assessments of capacity in accordance with the "Guidelines for Conducting Assessments of Capacity" established by the Attorney General and dated June 7, 1996.

3. The training course required under subclause 1 (1) (b) (i) shall include,

(a) instruction in the Substitute Decisions Act, 1992;

(b) instruction in the procedures established by the Attorney General for the conduct of assessments of capacity, as set out in the guidelines referred to in section 2;

(c) instruction in the procedures for determining if a person needs decisions to be made on his or her behalf by a person authorized to do so, as set out in the guidelines referred to in section 2; and

(d) an evaluation of the trainee's mastery of the training at the conclusion of the course.

4. The following forms provided by the Attorney General are prescribed:

1. "Form A: Statement of Assessor - Determination of Capacity / Incapacity or Certificate of Incapacity - Property" for the purpose of subsection 9 (3), subsection 16 (3), section 72 or section 73 of the Act, dated May 30, 1996.

2. "Form B: Statement of Assessor - Determination of Capacity / Incapacity - Personal Care" for the purpose of subsection 49 (2), section 74 or section 75 of the Act, dated March 29, 1996

3. "Form C: Assessment Form" for the purpose of subsection 78 (4) of the Act, dated May 30, 1996.

4. "Form D: Statement of an Assessor Confirming Capacity" for the purpose of paragraph 2 of subsection 50 (1) of the Act, dated March 29, 1996.

5. "Form E: Statement of an Assessor Confirming Capacity to revoke a Power of Attorney for Personal Care" for the purpose of subsection 50 (4) of the Act, dated March 29, 1996.

5. Ontario Regulation 29/95 is revoked.

6. This Regulation comes into force on July 31, 1996. §



COLLEGE NOTICES

THE • COLLEGE • OF • PSYCHOLOGISTS • OF • ONTARIO

Statutory Committees

At the June, 1996 meeting of the Council, the new Executive Committee was elected from the members of the Council. Welcomed as the new President was Dr. John Goodman; as the Vice-President, Dr. Ron Myhr, and as the other Executive members : Dr. Nina Josefowitz, Mr. Michael Giffen, M. Gilles Gagnon and Ms. Elaine Moroney, M.A. (ex-officio).

On the recommendation of the Executive Committee, Council approved appointments to the remaining six statutory committees. Each committee is formed from professional members of the Council (Council), public members of the Council (Public) and members of the College who are not members of the Council (College):

Quality Assurance Committee

- Council: Gene Stasiak, Ph.D.,C.Psych.
(Chair)
Chris Nash, Ph.D.,C.Psych.
- Public: Jane Snyder
- College: Margaret Hovanec, Ph.D.,C.Psych.
Elaine Moroney, M.A.,
C.Psych.Assoc.

For more information, details on committee composition are outlined in regulation 621/93 entitled Committee Composition. It can be found in Volume 20, No 3, September 1993 of the Bulletin.

Registration Committee

- Council: Janet Polivy, Ph.D.,C.Psych. (Chair)
Ron Myhr, Ph.D.,C.Psych.
Judith Van Evra, Ph.D.,C.Psych.
- Public: Gilles Gagnon
Peter Adams
- College: Randy Katz, Ph.D, C.Psych.
Melissa Cait, M.A.,C.Psych.Assoc.

Complaints Committee

- Council: Judith Van Evra, Ph.D.,C.Psych.
(Chair)
Jack Ferrari, Ph.D.,C.Psych.
Jane Snyder
- Public: Barbara Gray
Peter Adams
- College: Faith Kaplan, Ph.D.,C.Psych.
Carol Doutriaux, M.A.,
C.Psych.Assoc.

Fitness to Practice

- Council: Ron Frisch, Ph.D.,C. Psych. (Chair)
Jack Ferrari, Ph.D.,C.Psych.
- Public: Barbara Gray
- College: Lorraine McFadden, Ph.D.,C.Psych.
TBA

Discipline Committee

- Council: Ron Myhr, Ph.D.,C.Psych. (Chair)
John Goodman, Ph.D.,C.Psych.
Janet Polivy, Ph.D.,C.Psych.
Ron Frisch, Ph.D.,C.Psych.
Gene Stasiak, Ph.D.,C.Psych.
Chris Nash, Ph.D.,C.Psych.
- Public: Michael Giffen
Gilles Gagnon
Barbara Gray
Jane Snyder
- College: Graham Turrall, Ed.D.,C.Psych.
Barry Cull, M.A., C.Psych. Assoc.

Client Relations Committee

- Council: Nina Josefowitz, Ph.D.,C.Psych.
Gene Stasiak, Ph.D.,C.Psych.
- Public: Peter Adams (Chair)
Michael Giffen
- College: Jean-Martin Bouchard, M.Ps.,
C.Psych.Assoc.

The College occasionally receives requests for information on how to reach members of Council. The professional members of the Council may be reached at the following addresses or through the College office. All public members may be reached through the College office.

District 2- South West

Dr. John (Jack) Ferrari
Dept. of Psychology
Psychiatric Hospital of London
850 Highbury Avenue
London, Ontario
N6A 4H1
tel: (519) 455-5110 ext. 2423 fax: (519) 455-4709
e-mail: ferrari@julian.uwo.ca

District 7 - Academic

Dr. Ron Frisch
Psychology Department
University of Windsor
326 Sunset Avenue
Windsor, Ontario
N9B 3P4
tel: (519) 973-7012 fax: (519) 973-7021
e-mail: frisch@uwindsor.ca

District 4 - East

Dr. John T. Goodman
130 Slater Street
Suite 620
Ottawa, Ontario
K1P 6E2
tel: (613) 238-2144 fax: (613) 238-0422
e-mail: jgoodman@icons.net

District 6 - Metro Toronto

Dr. Nina Josefowitz
York University
Atkinson College Counselling Centre
4700 Keele Street
Toronto, Ontario
M3J 2R7
tel: (416) 736-5225 fax: (416) 736-5782

Ex-officio

Ms. Elaine Moroney
E.C.Drury School for the Deaf
255 Ontario Street South
Milton, Ontario
L9T 2M5
tel: (905) 878-2851, ext. 267 fax: (905) 878-1354

District 6 - Metropolitan Toronto

Dr. Ron Myhr
Personnel Services Division
City of Toronto
595 Bay Street, 11th Floor North
Toronto, Ontario
M5G 2C2
tel: (416) 392-1159 fax: (416) 392-1162
e-mail rmyhr@pathcom.com

District 1 - North

Dr. Chris Nash
210 Cedar Street
Suite 103, Box 905, Stn. B
Sudbury, Ontario
P3E 4S4
tel: (705) 671-9330 fax: (705) 671-6299

District 7 -Academic

Dr. Janet Polivy
Department of Psychology
Erindale College, U. of T.
Mississauga, Ontario
L5L 1C6
tel: (905) 828-3959 fax: (905) 569-4326
e-mail: polivy@psych.utoronto.ca

District 5 - Central East

Dr. Eugene Stasiak
47 Walker Street
Oakville, Ontario
L6K 1A2
tel: (905) 842-8683 fax: (905) 452-8606

District 3 - Central West

Dr. Judith Van Evra
97 Claremont Avenue
Kitchener, Ontario
N2M 2P7
tel: (519) 742-8159 fax: (519) 742-0716
e-mail: jvanevra@watarts.uwaterloo.ca

Public Members:

Mr. Peter Adams, Ms. Barbara Gray, M. Gilles Gagnon, Mr. Michael Giffen and Ms. Jane Snyder.

Oral examinations were held on June 12, 13 and 14, 1996. The College would like to thank the following people who assisted in conducting these examinations:

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

Rosemary Barnes, Ph.D. Psychologist, Private practice, Toronto

Franciso Barrera, Ph.D. Psychologist, Clinical Director, Applied Behaviour Analysis Program, Southwestern Regional Centre (MCSS), Blenheim

Jean-Martin Bouchard, M.Ps. Psychological Associate, Algoma Child and Youth Services; Private practice

Peter Carlson, Ph.D. Psychologist, Regional Community Brain Injury Service, St. Mary's of the Lake Hospital, Kingston

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

Gerald Dancyger, Ph.D. Psychologist, Director, Wilson Banwell, Toronto

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

Jack Ferrari, Ph.D. Unit Psychologist, London Psychiatric Hospital

John Goodman, Ph.D. Psychologist, Private Practice, Ottawa; Professor of Psychology and Clinical Professor of Paediatrics, University of Ottawa; Research Professor of Psychology, Carleton University

Janice Gouse-Sheese, Ph.D. Senior Psychologist, Metropolitan Toronto School Board

Gregory Hamovitch, Psy.D. Psychologist, Coordinator, Psychological Services and Director of Student Affairs, Canadian Memorial Chiropractic College; Director of Training, Ontario Centre for Training and Research in Short-Term Dynamic Psychotherapy; Private practice

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

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

Faith Kaplan, Ph.D. Psychologist, Private Practice, Hamilton

Sharon Kennedy, Ph.D. District Psychologist, Community Corrections, Correctional Service of Canada

Anton Klarich, Ph.D. Chief Psychologist, Essex County Separate School Board

Marcelle Lapointe, M.Ps. Psychological Associate, Ottawa General Hospital; Private Practice, Ottawa

Jean Paul Laroche, Ph.D. Psychologist, Executive Director, Children's Mental Health Centre, North Bay

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

Ronald Myhr, Ph.D. Psychologist, Manager, Human Resource Policy and Programs, Corporate Services Department, City of Toronto

Guy Proulx, Ph.D. Psychologist, Director, Department of Psychology, Baycrest Centre for Geriatric Care, North York

Jean Newton Ridgely, Ph.D. Staff Psychologist, The Toronto Hospital

Rosina Schnurr, Ph.D. Psychologist, Children's Hospital of Eastern Ontario, Ottawa

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

Clare Stoddart, Ph.D. Psychologist, Private Practice, Ottawa

Judith Van Evra, Ph.D. Psychologist, Professor, Department of Psychology, St. Jerome's College, University of Waterloo

The College would also like to thank the following public members of Council who assisted by observing the oral examinations:

Gilles Gagnon Retired, Hearst, Ontario

Barbara Gray Owner, Locust Cottage Farms, Port Hope

The Examination for Professional Practice in Psychology was administered on April 17, 1996 in Ottawa, London, Toronto, and Sudbury. The College appreciates the assistance of Dr. David Evans, Dr. Keith Klassen, Ms. Connie Learn, Dr. Jane Ledingham, Dr. Rod Marton, Ms. Stephanie Morton, Dr. Shawn Steggles, Ms. Dana Wilson and Dr. Allister Younger. §

**Additions to the Temporary Register Since April, 1996 -
Psychologist**

Louise Balfour	Brian Levine
Carole-Ann Bennett	Kathleen Lung
Laurie Carlson	Lynette Monteiro Musten
Elena Cherepanova	Neil Rector
Deborah Cowman	Jill Rich
Bikram DasGupta	Kathryn Short
Maryann Fraboni	Timothy Smith
Maritza Freyslinger	Brenda Tomini
Guy Gignac	Robin Watson
Linda Iny Lempert	Martin Zack

The College would like to congratulate and welcome the 10 new psychological associate members and 36 new psychologist members .

**Additions to the Permanent Register Since April, 1996 -
Psychological Associate**

Darren Annala	Janet Li
Eleanor Caesar	Marita Mahoney
Kerry Charuk	Donald Martin
Wendy Cope	Victoria Metzger
Caroline Koekkoek	Margaret Webb

**Additions to the Permanent Register Since April, 1996 -
Psychologist**

Daniel Ashbourne	Michèle Laliberté
Brenda Bettridge	Malgorzata Ligezinska
Anne Boland	David Lynn
Kelly Boyko	Anne McLachlan
Lorraine Campbell-Cholvat	Roseanne Menna
Glenys Caseley-Rondi	C. Jane Millichamp
Larry Danilewitz	Jack Muskat
Marion Eals	Carol Musselman
Charles Evans	Allison Niccols
Gina Fisher	John Perrin
Christiane Fradet	Michelle Picard-Lessard
Dorothea Gaither	Eleftheria Sands
Esther Geva	Simita Schwartzberg
Emöke Jozsvai	Michelle Soulière
Alina Kaminska	Eran Talitman
Judith Kingstone	Elizabeth Thompson
Diana Koszycki	George Tolomiczenko
Debra Kowalik	Sandra Yuen

**The following persons have advised us of their retirement
and their names have been removed from the register:**

Bellan, Alexander	McClelland, Marilyn
Campagna, Louise	McKinnell, Ashton
Engelhart, Roland	Papastergiou, Christos
Forde, Francis	Shipman, William
Furness, Irene	Siess, Thomas
Gregory, Doris	Slatterie, E. Faith
Harrison, Joan	Wand, Barbara
Head, Violet	Wejtko, Jan
Leonard, Robert	Willett, Elizabeth
Lin, Yang	

**The following persons have advised us of their resignation
from the College and their names have been removed from
the register:**

Davidson, Karina	Pike, Ruth
Garrett, Owen	Posluns, Donald
Gillis, Bonnie	Siegel, Linda
Kaplan, Eileen	Yu, Dickie
Kusyszyn, Igor	Zeitlin, Sharon
McGlone, Jeannette	

The College has learned with regret of the death of the following members and extends its condolences to their family, friends and professional colleagues.

Amoroso, Donald
Redston, Mark

e-  (almost)

Anyone who has recently tried to take advantage of our new e-mail capability will have unfortunately had their message bounced . We hope to have the problem resolved soon, so we ask you to bear with us and please try again!

NOTE: the problem is fixed! - Stephanie

Correction: Call for Contract Proposals for the Development of a Written Jurisprudence Examination.

The original call for contract proposals was intended to be open to all qualified individuals and groups and is not limited to members of the College as indicated in the notice circulated in April, 1996. The College regrets the oversight and is extending the call for proposals to August 31, 1996.

Anyone who would like a complete copy of the details of

the requirements for the contract proposals is asked to contact Stephanie Morton at (416) 961-8817 or write to the College of Psychologists - 1246 Yonge Street, Suite 201, Toronto, Ontario M4T 1W5.

Any individual or group having already submitted a proposal may make a supplemental submission if necessary, given the extension of the closing date. §

Retiring Consultant

Dr. Barbara Wand has recently retired as a consultant to the College. As many members are aware, Dr. Wand was the Registrar of the College for 15 years and after her retirement from that position, provided an irreplaceable source of expertise and experience to the College through the first years of RHPA. We would like to express our deep appreciation for her assistance and wish her well. §

Appointment

The College is pleased to announce the appointment of Rick Morris, Ph.D., C.Psych. to the position of Director of Professional Affairs effective August 12, 1996. Dr. Morris received his Ph.D. in 1979 and has been registered as a psychologist in Ontario since 1980. He has worked at Kinark Child and Family Services since 1979. In 1984, he assumed the position of Assistant Director, Program Services; since 1989 he has held the position of Director, Clinical and Service Quality at Kinark.

Dr. Morris will assume responsibility for the Quality Assurance, Client Relations and Communications, Education and Information programs and initiatives of the College. §

QA Pilot Project

The next step in the development of the Quality Assurance Program is now underway. The Quality Assurance Committee is seeking volunteers to participate in the self assessment pilot project (see page 2). For more information, please contact the College. §

Code of Ethics Available

Members were recently advised that the College has adopted the **Canadian Code of Ethics for Psychologists** (Revised, 1991). The Code of Ethics as well as the Practice Guidelines for Psychologists may be purchased from the College. Readers may also obtain these documents directly from the Canadian Psychological Association by calling (613) 237-2144, or in writing to 151 Slater Street, Suite 205, Ottawa, Ontario K1P 5H3. §

Committee Vacancy

The Fitness to Practice Committee is in need of a psychological associate member to complete the committee. Any psychological associates who are interested in serving on this committee are asked to contact Joanne Hardie at the College.

Council Meetings

Upcoming Council meetings have been set for the following dates:

September 20 and 21, 1996
November 29 and 30, 1996
and
March 21 and 22, 1997

These are open meetings and members of the College as well as the public are welcome. If you would like to attend, we would appreciate advance notice to ensure space. §

Complaints Committee

Panel A of the Complaints Committee dealt with nine new cases at its December 14, 1995 meeting and at its February 2, and 26, 1996, meetings.

Panel B met on February 15, 1996 and dealt with nine new cases, considered new information and issued final decisions in two cases that had been previously considered by the Complaints Committee.

Disposition of New Cases

The following summary describes the disposition of the new cases from the December, 1995 and February, 1996 meetings:

In five cases, the Committee dismissed the complaint.

In seven cases, the Committee dismissed the complaint and provided advice to the member.

In two cases, the Committee issued a caution to the member.

In one case, the Committee issued a letter of concern to the member.

In one case, the Committee referred the allegations to the Discipline Committee.

In one case, the Committee refrained from making a decision pending an attempt by the parties at the consensual mediation of the issues.

In one case, the Committee determined that it did not have jurisdiction over the matter at issue.

Nature of New Cases

The following summary describes the nature of the cases dealt with by the Committee at its December and February meetings:

Eight cases dealt with the adequacy of custody/access assessments and reports.

Two cases dealt with issues of consent and the quality of services provided in conducting independent rehabilitation assessments.

One case dealt with allegations that a member had engaged in a sexual relationship with a person to whom the member had provided services.

One case dealt with allegations about a member's conduct toward a fellow employee.

Two cases dealt with allegations that the member had not followed appropriate procedures in providing services where allegations of the sexual abuse of children were raised.

One case dealt with issues of consent and the objectivity of a reporting letter sent to a referring physician.

One case dealt with allegations that an assessment, concerning a child in the care of a child protection agency, was biased and inadequate.

One case dealt with the propriety of the procedures followed in conducting a vocational assessment.

One case dealt with the issues of confidentiality and the content of a document prepared to describe a meeting attended by a member concerning a client.

Note: In each case where the Complaints Committee investigates a complaint, the member and the complainant receive a written Decision setting out the Committee's findings and the reasons for the Committee's findings. However, as complaints are confidential, no information about a complaint or about the Committee's Decision with respect to a complaint can be provided to anyone other than the member and the complainant. The College therefore regrets that it cannot respond to requests for further details with respect to any of the above cases. §

Undertaking and Agreement

Summary of the Complaint:

The member provided behaviour therapy to the complainant related to marital issues, when the member's office was located in an institutional setting. Some 20 years later, the complainant sought out the member's services in order to assist with what the complainant identified to be a work-related problem. The member agreed to see the complainant on a private basis at the member's home.

The complainant indicated that the member saw the complainant in an "apartment" in the basement of the house, which was "a mess". The complainant alleged that the member informed the complainant that the member's first and second spouse had left the member and spent a great deal of time telling the complainant what wonderful successes were resulting from the member's brand of behaviour therapy.

The complainant stated that she felt uneasy being alone with the member in that environment and that her discomfort arose from a few factors: the close location of a bedroom; the member's use of profane language and terms of endearment with respect to her; the member's vagueness about money and fees and his refusal to accept a cheque, although the complainant tried to pay him for his services; the chaotic nature of his office; and the member's constant smoking, despite the complainant's comment that she was allergic to cigarette smoke.

The complainant alleged further that the member put his hand on her hair and shoulders and began to talk about hypnotizing her, which made her nervous about what he might do if she was under hypnosis. The complainant attended for only three visits and did not return. The complainant was also concerned that the member failed to take a complete history, although he had not treated her for about 20 years and that, in her view, she could not see any evidence that he kept a record of the visit.

The complainant alleged that the member failed to keep an appropriate boundary between his personal life and his therapy and told her personal details of his suffering after his own marital troubles. She also stated that it was not a safe or appropriate place for a male therapist to see a female client and there was no one else present.

The member admitted to most of the conduct described by the complainant; in particular:

·he admitted that he did not discuss his fees for service with the complainant during any of the three sessions;

·he told the complainant about his two divorces and his reaction to them, noting that his reason for doing so was to ensure that the complainant was confident that he could understand her feelings in her present situation, although the clients presenting problem was work-related stress and burn-out;

·he considered himself and the complainant to be friends between whom a mutual exchange of information about intervening events would be appropriate;

·he admitted to using language that was inappropriate and disrespectful and apologized for so doing;

·he also admitted to using profanities;

·he admitted to touching the complainant's hair;

·he admitted to calling the complainant by pet names;

·he did not take a "medical" history, as it is not his practice to take a "medical" history unless there is a specific reason to do so in the presenting problem;

·he did not write anything down while the complainant was at his office and he had not yet created an administrative file concerning her visits, since he did not yet plan to charge her any fee, although he did make brief clinical notes concerning the essence of what she told him and to remind himself of the interventions he was making and intended to undertake.

·he stated that it was clumsy of him not to explain his approach to the complainant;

·he believes that he did smoke in his sessions with the complainant;

·he admitted that, at the time of his contacts with the complainant, he was involved in an unpleasant divorce proceeding and, because of his distress over this matter, he was not even accepting brief tasks in his private practice, unless he felt constrained to do so, because he was

The complainant alleged that the member failed to keep an appropriate boundary between his personal life and his therapy...

aware that he might not perform up to standard. He stated that he realizes that he should not have accepted the contact.

·he admitted that it is possible that the door to his bedroom was open, although he usually makes an effort to close the bedroom door; and

·he stated that his office contains piles of papers on his desk and table, as well as piles of magazines for his clients on an end table, as well as a large number of “artifacts”, noting that he has had floods in his basement which resulted in the destruction of records.

Complaints Committee Concerns:

The Complaints Committee’s most significant concerns were that the member may have:

·failed to remain cognizant of his own needs and his inherently powerful position vis-à-vis his client and engaged in a dual relationship with his client which impaired his professional judgment and/or increased the risk of client exploitation when he treated the complainant as both a client and a friend;

·failed to take steps to educate himself with respect to changes in expectations and values over time and, in particular, failed to obtain appropriate training to assure competent service related to female clients in individual therapy

·failed to be alert to a personal situation or pressures that might lead to the misuse of his influence with respect to his relationship with the complainant

·engaged in the practice of psychology while his ability to perform professional services was impaired due to illness or other dysfunction

·failed to render services appropriate to the client’s needs

·failed to seek agreement with the client as early as possible in the relationship as to the method to be used in setting fees and other charges and failed to advise the client, prior to the commencement of service, as to what fees would be charged

·conducted himself in a manner that, having regard to all the circumstances, would reasonably be regarded by psychologists as disgraceful, dishonourable or unpro-

fessional in his treatment of the client, including engaging in physical contact with her which was not appropriate to the therapeutic services provided, using pet names and profanity with her, speaking abundantly about his personal life and problems, failing to take a history of the client or to keep detailed records of the sessions, and refusing to accept payment for services.

Settlement:

The matter was resolved by the member agreeing to the following terms:

1) The member undertakes to complete successfully a course in professional ethics taught at a graduate level at a recognized institution within the next academic year.

2) The member agrees that his psychotherapy practice will be the subject of peer review supervision for a period of six months by an expert approved by the College, who will receive a copy of the undertaking.

3) The member will provide the complainant with a letter in which he acknowledges the distress resulting from his treatment of her.

4) The public Register of the College (information to which all members of the public have access) will include a notation of the limitation on the member’s certificate of registration.

5) The member undertakes to inform all female clients that he is currently undertaking a further period of professional training and development and to provide them with the name of the supervisor, should they have any questions.

6) The College will publish in the Bulletin this summary of the agreement for education of the membership.

7) Any breach of the undertaking and agreement would be considered to be professional misconduct and grounds for further disciplinary action against the member by the College.

8) At the end of the period of supervision, the allegations of the complainant with respect to the member may be referred to the Executive Committee for referral to the Discipline Committee if the supervisor and/or the Registrar hold the view that, based on the progress reports provided by the supervisor, the member’s ability to deal effectively with female clients is unsatisfactory.§

The member agrees that his psychotherapy practice will be the subject of... supervision ...

Undertaking and Agreement

Summary of the Complaint:

The complaint was related to a child welfare assessment and report concerning the complainant's child, produced by the member for the Children's Aid Society.

The complainant raised concerns about: the mandate for assessment; the appropriateness of procedures; the completeness of information obtained; the reliability of sources of information; the choice and use of psychological tests; the rationale for statements made in the report; the validity of conclusions drawn; the appropriateness of recommendations; the consideration of alternative explanations for observational and test data, and the qualifications of the member.

Complaints Committee Concerns:

The Complaints Committee reviewed detailed responses from the member, the clinical record and relevant legal documentation, the report and an expert opinion and found that its most significant concerns were the following:

·The Committee expressed considerable concern about the adequacy of the member's knowledge of current scientific literature on topics related to sexual abuse, such as the significance and credibility of sexual abuse allegations in the context of custody/access disputes, the possible effects of context, conditions, and repetition on the reliability of disclosures, the sequelae to rupture in significant attachments during childhood, the interpretation of masturbatory activity in children, and reliability and recommended procedures in the administration of testing using anatomically explicit dolls. The Committee ascertained that, as a psychologist, the member had an obligation to maintain current knowledge of scientific and professional developments related to the services he renders;

·The Committee found that the member included in the report a conclusion that the complainant had definitely sexually abused the child and a strong recommendation that criminal charges be pursued. The Committee ascertained that the Standards of Professional Conduct direct a member to "limit his/her practice, supervision, and consulting to his/her demonstrated areas of profes-

sional competence." The Committee found no evidence that the member possessed the education and training to make recommendations with respect to the application of criminal law. The Committee was concerned that the member failed to limit himself to the bounds of the expertise acquired through his professional education and training in psychology and provided professional opinions that were outside the purview of the profession of psychology;

·The Committee was concerned that the member had made several recommendations appropriate to a custody/access assessment (in particular, recommendations that the complainant never have contact with the child), although it was not within his mandate to do so;

·The Committee considered whether the information obtained by the member in the course of assessment was pertinent and sufficient to justify the conclusions drawn. The Committee noted that, in addition to the child, the child's current foster parents had been interviewed, the child having been in their full-time care for about 3 weeks at the time, but that the natural parents had not been interviewed, nor had a first set of foster parents from whose home the child had been removed after a four-month stay, due to concerns on the part of the CAS.

The Committee noted that, although a member may use professional judgment in deciding what information and sources are relevant to conducting a psychological assessment, the member justified his decision not to obtain information from the natural parents and the first foster parents on the basis that he was not asked by the CAS to interview the first foster parents and that he was told that the natural parents would not cooperate with the assessment.

It seemed to the Committee that, in not pursuing information because either he was not asked to or because he was told that a source would not be cooperative, the member let another party dictate the conduct of a significant part of his assessment. The Committee was concerned that the member had fallen short of the standards of the profession, in that he appeared to be unaware, to a serious degree, of his obligation as a member to take full responsibility for determining what psychological services would be appropriate to the client's needs.

The Committee found that the reasons given for the child's removal by the CAS from the first foster family could be

... the member included in the report a conclusion that the complainant had definitely sexually abused the child ...

seen to have significance and to merit exploration in view of the concern about sexual abuse contained in the mandate of the assessment. The information provided to the Committee contained no record of exploration of the reasons for removal from the first foster family. It appeared to the Committee that the member had failed to raise questions relative to the child's fairly recent stay in and removal from the first foster family and that such questions ought to have been raised, in light of the mandate of the assessment.

The Committee acknowledged that, during the assessment, the child seems to have made several references to the complainant touching the child's privates and demonstrated some sexualized behaviours. The Committee found in the member's report no discussion of possible explanations for the child's conduct other than sexual abuse by the complainant.

The Committee was of the view that the member should have considered such factors as the limitations of test data, the fact that the parents were involved in a bitter custody dispute, previous disclosures by the child, recent experiences in foster homes, the child's level of intellectual functioning and tendency to tangential responding and reported lying behaviour, possible emotional difficulties, possible coaching or inadvertent reinforcement of behaviours. In particular, the Committee considered strong statements contained in the report which indicated that the member held the view that he was absolutely certain that the child had been chronically, extensively sexually abused by the complainant, whom he had never met. The Committee was concerned that the member had failed to meet his professional obligation to fairly present the limitations of his data and the alternatives to his conclusion.

The Committee was concerned that the member should not have drawn evaluative conclusions in his assessment report about a person whom he had not had the opportunity to assess (i.e., he had never interviewed nor assessed the complainant).

The Committee noted that, while a member cannot oblige an individual to submit to assessment, it is most important that the member refrain from drawing conclusions about any individual not seen and not properly assessed, which is the role of a Court, especially without having explicit information about the circumstances surrounding the refusal to participate. The Committee determined that, if the complainant was not assessed, the member had a clear obligation to refrain from drawing conclusions about him. The Committee was concerned that, in drawing such conclusions, the member failed to uphold the standards of practice required of a member. Furthermore, it appeared to the Committee

that, in his response to the complaint, the member demonstrated a serious lack of awareness of his professional obligation in this respect.

In addition, the Committee was concerned that the member had made the recommendations without conducting a full custody/access assessment and failed to provide adequate data on which to base his conclusions.

It appeared to the Committee that the member may have departed from standards of good practice generally accepted by the profession in conducting testing for psychological assessment purposes. In particular:

The Committee noted that the member had interviewed the child and had administered six psychometric measures during one evening session estimated prior to assessment to be about three hours in duration. The Committee observed in the member's report a description of the child as having "many features of a youngster with impulsivity and distractibility problems that relate to the diagnosis of attention deficit hyperactivity disorder." The Committee was of the view that the member may have neglected to take into consideration the age and the needs and special characteristics of the child when planning his psychological assessment, despite an obligation to render services appropriate to the user's needs;

The Committee noted that the member reported administering "components" of two tests, and a "streamline version" of another. It came to the attention of the Committee that only the verbal subtests of a measure of intelligence were administered, while the member provided apparently diagnostic comments and recommendations pertaining to the child's "learning disability". The Committee considered such statements as "This if anything was a liberal level of scoring as had the child been scored directly for [the child's] initial answers, [the] scores would have been slightly lower...when encouraged and allowed to process more effectively, the child appeared more capable and achieved what the present results typified." The Committee found supporting comments and documentation to be quite vague and sparse.

Of particular concern to the Committee were the methods employed by the member in using anatomically explicit dolls to diagnose sexual abuse. The Committee found the member's description of testing to contain statements which could be viewed as "leading". It appeared to the Committee that the member's description of the use of the dolls to the child would not be sufficient to correctly identify the dolls as a test nor to establish with the child the importance of a truthful response.

The Committee found no notes in the clinical record as to exactly what questions were asked of the child in using the dolls, nor the terms used to introduce the test. The Committee decided that it could not determine whether the member had employed correct procedures during testing, as no videotape or audiotape was brought forward to the Committee. However, the Committee noted that procedures accepted by the American Psychological Association (March 1988) require taping when using this assessment technique, and that the member had an obligation to be aware of this information.

The Committee concluded by referring allegations to the Discipline Committee, including allegations that the member:

- failed to provide psychological services that were in compliance with the ethics and standards of practice endorsed by the College of Psychologists;
- failed to conduct himself in an objective and fair manner in his provision of services;
- failed to demonstrate standards of competence consistent with the standards;
- failed to provide services in accordance with established terms of agreement;
- failed to limit his practice to an area of competence appropriate to his professional education and training;
- failed to properly represent the limits of psychological tools employed;
- failed to provide an adequate explanation of the limitations of his data and alternative hypotheses; and
- produced a report which did not meet professional standards.

Settlement:

The matter was resolved by the member agreeing to the following terms:

- 1) The member's undertaking not to perform child welfare assessments dealing with the clinical work that involves sexual abuse allegations, which work is defined as follows:
 - a) If the member receives a referral for a child welfare assessment in which sexual abuse which has already been reported to the Children's Aid Society is an issue at the outset, the member will refer the case to another clinician;

- b) If, during his work on a child welfare assessment case, sexual abuse is disclosed to the member, the member will refer the case to the Children's Aid Society immediately and the member will stop treatment and/or assessment immediately; and

- c) In no case will the member assess or treat sexual abuse victims.

- 2) The public Register of the College (information to which all members of the public have access) will include a notation of the limitation on the member's certificate of registration (i.e., it will state that the member has agreed not to perform child welfare assessments involving clinical work that involves sexual abuse allegations).

- 3) The member's undertaking to inform all child welfare agencies of the limitation on his practice upon receipt of a request by such an agency to perform such work.

- 4) The College will publish in the Bulletin this summary of the agreement, for education of the membership.

- 5) The undertaking will be provided to the complainant.

- 6) The College will notify the Disciplinary Data Bank of the Association of State and Provincial Psychology Boards of the limitation on the member's certificate of registration.

- 7) Any breach of the undertaking and agreement will be considered professional misconduct and good and sufficient grounds for further disciplinary action against the member by the College. §

The member's undertaking not to perform child welfare assessments dealing with ... sexual abuse allegations ...

The *Bulletin* is a publication of
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Les articles dans ce numéro de The Bulletin sont disponibles en français.

Sexual Harassment Unethical

The Regulated Health Professions Act (Code) and the College's professional misconduct regulation both specifically identify having a sexual relationship with a client as professional misconduct. The RHPA further identifies sexual touching and behaviour or remarks of a sexual nature toward a client to be professional misconduct. The College's Standards of Professional Misconduct provide an absolute prohibition against a sexual relationship with a client for two years after the conclusion of service provision and prohibit exploiting a client or information obtained from a client at any time during or after the provision of professional services.

Although the Standards themselves do not directly address issues relating to sexual harassment of supervisees, students or employees, members are reminded that the Canadian Code

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College Highlights

Quality Assurance Program

The College received eight written submissions in response to the consultation on quality assurance which was published as an insert to the last issue of the *Bulletin* (Volume 22 No 4 April 1996). Most of the comments concerned clarification of the peer assisted review, costs and the exclusion of mandatory continuing education from the proposed program.

In order to provide more clarification to members and to obtain further member feedback, there will be a series of meetings arranged with members throughout the province in each of the electoral districts. The first such meeting will be held in Sudbury on July 24, 1996. Each meeting will be attended by a representative from the Quality Assurance Program and will likely be organized with the assistance of the local Council member. Members will receive notification either by mail or through the *Bulletin* of upcoming meetings in the various areas of the province.

Please direct any further written comments on the proposed Quality Assurance Program to the College for dissemination to the Quality Assurance Committee and to Council. §

" I am really looking forward to participating in the QAP - it seems so sensible and useful - and am amazed to find myself with that reaction! Congratulations!"

Staffing

Dr. Schrine Persad has kindly agreed to consult to the College until early August to assist with queries from members of the College and from the public. Dr. Rick Morris will take over these responsibilities when he joins the College staff as Director of Professional Affairs. Ms. Debbie Kemp, Secretary to the Registrar, will be away on leave until the end of October. Ms. Joanne Hardie has joined the College staff to provide assistance during this period. §

of Ethics for Psychologists, 1991 adopted by the College in December 1995 explicitly identifies sexual harassment as unethical (Principle I.4). The Code incorporates a general principle of respect for the dignity of persons and cites several specific provisions relating to students, employees and supervisees.

Members are advised to familiarize themselves with the Code for guidance in a particular circumstance where there does not appear to be a specific regulation or standard governing professional conduct. §