

Providing Psychological Services to Victims of Motor Vehicle Accidents Part II

While this article specifically addresses the provision of services to victims of motor vehicle accidents, much of the information and advice can be applied to the broader delivery of psychological services.

This article is a sequel to an article published in the last issue of the *Bulletin* (Vol.23, No.3).

Any member providing services to motor vehicle accident victims should ensure familiarity with the relevant legislation relating to insurance coverage for these services. The member is not expected to act as a claims adjudicator for the client but there are certain procedures to be followed to assist a client in obtaining any coverage and services to which he or she is entitled under an insurance plan. Attendance at relevant workshops and discussion with experienced colleagues can supplement the member's understanding of the provisions of the Insurance Act and of the Statutory Accident Benefits Schedule (Ontario Regulation 403/96), which is a regulation under the Act. The legislation has changed frequently in the past several years so updating one's current knowledge is important.

This article will focus on the provision of assessment services to motor vehicle accident victims.

Assessment for Treatment

A member evaluating a client's treatment needs should ensure that enough information has been obtained to adequately assess the client's psychological status to establish an appropriate treatment plan. The practitioner consultant group who provided background discussion for this article recommended that a differential diagnosis be established in order to develop a treatment plan appropriate to the client's needs.

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Often this type of referral comes from the client's physician or from some other health practitioner who has recognized a possible need for psychological intervention. Occasionally, a client will self-refer for such services or be referred by his or her lawyer.

The current legislation covers accidents which occurred on or after November 1, 1996. It requires the insured person to submit an application including a treatment plan **before** expenses for medical or rehabilitation benefits which may be payable, are incurred. The insurer however, may agree to pay for expenses without the submission of an application >>>

If the insurer requests information beyond that specified by Regulation in the treatment plan requirements or information which seems to exceed that which is reasonably necessary, the member may wish to seek clarification from the insurer, talk to experienced colleagues, contact the Ontario Insurance Commission or contact the College for advice.

Upon submission of the application and treatment plan, the insurer must notify the injured person within 14 days as to whether or not the insurer will pay for any or all of the proposed services. Disclosure of a conflict of interest, as defined in the Regulation, in respect of the treatment plan may be grounds for the insurer to refuse to pay. In this case, a new application may be submitted. In the absence of a conflict of interest, if the insurer gives notice of refusal to pay for any of the proposed services, the insurer must require the insured person to be assessed regarding those services by a Designated Assessment Centre. In determining eligibility for benefits, the insurer may require the insured person to undergo an Insurer Examination.

Insurer Examination

In determining whether an insured person is entitled to a benefit such as a medical or rehabilitation benefit, an insurer may require the insured person to be examined by one or more persons specified by the insurer. Each of these practitioners will be a member of a health profession or a person with expertise in vocational rehabilitation. For the purpose of the examination, the insured person is required to provide the assessor with any information that is reasonably necessary and to undergo any reasonable physical, psychological, mental and functional examinations requested by the person(s) conducting the examination. The person(s) who conduct the examination must prepare a report and provide a copy of the report to the insurer. The insurer in turn must provide a copy of the report received, to the insured person within seven days. Failure of the insured person to comply with the examination may result in a discontinuation of the benefit related to the examination.

Designated Assessment Centres Assessment

Certain health practitioners or health service providers are identified as Designated Assessment Centres (DAC). If there are goods or services contemplated by the treatment plan that the insurer will not pay for, the insurer must require the insured person to be assessed respecting those goods and services by a Designated Assessment Centre. In the written notice to the insured person, the insurer must also give the reasons for not agreeing to pay for all of the goods and services contemplated by the treatment plan.

tion or treatment plan. Normally, however, the injured person must submit a treatment plan as part of his or her application for coverage of the treatment expenses.

The ability of the insurer to waive the requirement for a treatment plan must not be a barrier to the claimant obtaining necessary and reasonable treatment. If the insured person requires treatment other than that already approved by the insurer, the insured may submit a subsequent treatment plan. This plan must be approved before treatment is provided.

The client should be advised of the requirement to submit a treatment plan and the nature of the information it must contain in order for the client to give informed consent for release of this information to the insurer. The Statutory Accident Benefits Schedule defines a treatment plan and specifies the information which must be provided. The treatment plan must be prepared by a member of a health profession and must include the approval of a health practitioner, defined in the Regulation as a physician, chiropractor, dentist, optometrist, psychologist or physiotherapist depending on which professions are authorized, by law, to treat the particular impairment. For purposes of this legislation, a psychological associate with a delegation agreement to communicate a psychological diagnosis is considered to be a health practitioner. The treatment plan must be submitted on the approved form normally provided to the insured person by the insurer. Members may also order the form from the supplier. Informco in Scarborough, Ontario (416-285-1700).

The insurer is required to pay all reasonable expenses incurred by or on behalf of an insured person for the purposes of the Regulation. This includes expenses incurred in obtaining and attending an examination or assessment or in obtaining a certificate, report or treatment plan, and includes the fees charged by the person conducting the assessment or examination or providing a certificate, report or treatment plan. Therefore, the insurer is required to pay all reasonable expenses associated with the preparation of the treatment plan.

The Regulation provides for the publication of *Professional Fee Guidelines* by the Ontario Insurance Commission. The insurer is not required to pay professional fees which exceed the maximum rate or amount established under these guidelines. At the time of writing, these fee guidelines were not yet established. In the absence of fee guidelines from the Ontario Insurance Commission, members of the College to adhere to the regulations and standards of the College respecting their billing practices.

The Council would like to recognize the other members of the College who participated in the elections. Your willingness to commit to the task to being on the Council is appreciated. §

Dr. Nancy Eames, C.Psych, is the Senior Psychologist for the Simcoe County Board of Education. As well she is a representative on the Chief Psychologists of Ontario School Boards Association, a member of several committees of the Simcoe County Board of Education and for the past two years has been a member of the Ontario Psychological Association, Advocate Subcommittee.

Dr. Nina Josefowitz has been in private practice since 1988, consults to the Counselling Centre at Atkinson College and has been an Adjunct Professor in the Dept. of Applied Psychology, OISE for the past ten years. This is Dr Josefowitz' second term with the Council. During her first term, she participated in the Complaints Committee and was Chair of the Complaints Task Force which examined and recommended changes regarding the complaints process. During the current term, Dr. Josefowitz would like to address the outstanding issues affecting the complaints process, the relationship with the government, regulatory issues and the Quality Assurance Program.

Dr. Janet Polivy is currently employed by the University of Toronto and was first elected to Council in 1994 in the Academic District. She has worked primarily on the Registration Committee, where she hopes to continue to develop clear, uniform standards for retraining for those who decide to change their area of practice. Work also continues with issues arising from free trade (NAFTA and AIT) agreements.

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Elections Results

END OF PART TWO

Members would be welcome before preparation of the next article. §

Upon receiving notification from the insurer the Designated Assessment Centre must promptly notify the insured person and arrange for the assessment. For the purpose of the assessment the insured person and the insurer must provide the assessor(s) with such information as is reasonably necessary and the insured person must submit to any reasonable physical, psychological, mental or functional examinations requested by the assessor(s). If the insured person fails to comply with the assessment, benefits may be stopped by the insurer.

After conducting the assessment, the DAC assessor must prepare a report and give a copy to the insurer, the insured person and to the insured person's health practitioner. If the assessment was required in respect of a claim for a medical or rehabilitation benefit, the assessment report must include a statement of whether, in the opinion of the assessor, an expense in respect of the benefit is reasonable and necessary for the insured person's treatment or rehabilitation; and, recommendations on the future provision of goods and services to the insured person for his or her rehabilitation.

If a report from the Designated Assessment Centre states that, in the opinion of the person or persons who conducted the assessment, an expense is reasonable and necessary for the insured person's treatment and rehabilitation, the insurer must pay for the expense. Conversely, if the report does not state that an expense is reasonable and necessary for the insured person's treatment and rehabilitation, the insurer is not required to pay for the expense.

An insured person who sustains an impairment as a result of an accident may apply to the insurer for a determination of whether the impairment is a "catastrophic impairment" as defined in the Statutory Accident Benefits Schedule. In making this determination the insurer may notify the insured person that he or she must be assessed by a Designated Assessment Centre. All of the same obligations of the insurer, the insured person and the assessor for a DAC assessment apply. In this case the assessment report must include a statement of whether, in the opinion of the assessor, the impairment is a catastrophic impairment.

General

As always, members offering to provide any of the services described here must ensure they are competent to do so and that the services they provide meet professional standards with respect to adequacy, objectivity and appropriateness to the client's needs and to the mandate of the assessment.

This series will be extended to a third article for a discussion.

Report President's

Since the last issue of the Bulletin was published, the College has continued to work on areas which were the subject of my last report.

There has been further dialogue with the profession on the College Advisory on Communication of a Diagnosis. Council considered the written feedback of all those members who responded to the request for comment. In addition, representatives of the Section on Psychology in Education of the Ontario Psychological Association, the Chief Psychologists in Ontario School Boards, and the Ontario Psychological Association itself were invited to give a presentation to the Council respecting their concerns and recommendations. The opportunity for Council to clarify the positions expressed by these representatives of the profession was of assistance in further refining College policy and interpretation of the RHPA requirements. Members will find immediate clarification respecting Learning Disability as a Diagnosis in this issue of the Bulletin. Further clarification respecting other issues raised in responses to the Advisory will be published shortly.

The Strategic Planning Process continues. College participants in the planning conference to be held in July have now been confirmed and once the new Council meets in June, Executive Representatives of the Council will also be identified. Together with professional staff, there will be approximately ten (10) participants in the conference, keeping it a manageable size but allowing a reasonable representation of the breadth of interest within the profession. The recommendations of the conference attendees will be considered by Council in September and the membership at large will have an opportunity to comment on the proposed strategic plan thereafter.

In the spirit of Quality Assurance, the College has recognized the value of self-examination and has appointed a sub-committee to frame questions and develop a proposed budget for an organizational review. The committee will report to the College Executive who will approve the mandate to be provided to the consultants who will conduct the review. A request for proposals will be sent out in the near future.

In the last President's Report it was announced that the Canadian Register of Health Service Providers in Psychology would be considering a motion to create a new register for the listing of psychological associates. The motion was considered at the meeting held in Ottawa on January 26 and 27. The motion was defeated. From the discussion which occurred at the CHRSP meeting, it appeared that other jurisdictions are not yet ready to consider this issue and at this time do not see it as a national issue. It is likely that the subject will be raised on the CHRSP agenda once again at a future time.

In recent months the Registrar has continued to monitor developments relating to the health services restructuring and discussions on the development of integrated >>>

health service delivery systems within the province of Ontario. Among regulatory colleges represented at these meetings, there is growing concern about the possible necessity of a revised regulatory model to properly oversee the services provided in such a setting. It is imperative that accountability be maintained and that the public continue to have access to a regulatory authority for assurance regarding the competence and ethical conduct of providers in any new model of health care delivery. The Director of Professional Affairs continues to monitor primary care reform activities of the government and of the professional advisory group to the Ministry of Health.

The Registrar continues to monitor the implementation of Bill 59 and the Statutory Accident Benefits Schedule and to provide consultation on the College's professional standards to representatives of the profession, the insurance industry and the Ontario Insurance Commission.

The Director of Professional Affairs has met in consultation with other Directors of Quality Assurance and of Professional Affairs in the other health regulatory colleges to discuss implementation of the various quality assurance programs and government initiatives in this regard.

The College continues its involvement with the Federation of Health Regulatory Colleges. Recently, the Registrar was elected to the position of Vice President of the Federation.

After the recent Federation meeting, the Registrar had an opportunity to participate with representatives of other colleges in informal discussions with Ms. Christie Jefferson, Chair, Health Professions Regulatory Advisory Council on the anticipated five-year review of the Regulated Health Professions Act. HPRAC is beginning the background work for the review and has suggested that the Quality Assurance programs may not undergo formal evaluation until two years later due to the delay in passage of the regulations submitted by the colleges.

John T. Goodman, Ph.D., C. Psych.
President

Reciprocity Agreement Facilitates Mobility

When a psychologist applies for registration in another jurisdiction, the regulatory body may obtain information on any history of disciplinary action in the psychologist's home jurisdiction. This information may be obtained directly from the regulatory body concerned or from the Disciplinary Database maintained by the ASPPB. All of the jurisdictions participating in the ASPPB Reciprocity Agreement report disciplinary actions to the ASPPB and most of the other states and provinces do so as well. The availability of such information minimizes the potential for a disciplined psychologist to move into a new jurisdiction and resume professional practice, no questions asked. §

Written Jurisprudence Examination

In October 1998, a written jurisprudence examination will replace the current jurisprudence component of the oral examination.

The College will begin field testing items for the written jurisprudence examination in October of this year.

The field testing of the written jurisprudence examination will be conducted at the same locations as the administration of the Examination for Professional Practice in Psychology (EPPP) and will be administered later in the afternoon on the same day as the EPPP administration. Light refreshments will be available before the commencement of the written jurisprudence examination.

This is an opportunity for registration candidates as well as members of the College to test their knowledge of jurisprudence relevant to the practice of psychology in Ontario.

Those interested in taking the test examination may do so at no charge. Registration forms for the field tested examination will be made available over the summer. Watch for them in the Bulletin or contact the College. §

In previous issues of the Bulletin (October 96, Vol. 23.2, September 95, Vol. 22.2 and July 96, Vol. 22.1) the College reported on its participation in reciprocity agreements with other North American jurisdictions. Following a recent article published by the American Psychological Association (APA Monitor, April 1997) the College received inquiries from members regarding the current reciprocity agreement. The College of Psychologists of Ontario is one of nine jurisdictions in Canada and the United States to participate in a reciprocity agreement sponsored by the Association of State and Provincial Psychology Boards (ASPPB). This is an agreement among jurisdictions which have the same specified requirements for the registration or licensure of doctoral level psychologists. Currently in the agreement are Iowa, Kentucky, Maine, Manitoba, Missouri, Nevada, Oklahoma, Ontario and Texas.

Under the agreement, Ontario psychologists registered for at least five years and in good standing with no history of disciplinary action against their certificate of registration may apply for registration in any of the other jurisdictions under a process which is more streamlined than the regular registration process. Specifically, the applicant will not have to produce original transcripts, letters of reference or supervisor's reports and will not have to take or retake the Examination for Professional Practice in Psychology. The applicant may be required to attend an oral interview and to pass any jurisprudence examination required by the jurisdiction where he or she is seeking licensure or registration. The same provisions would apply to a registrant or licensee from one of the other member jurisdictions seeking registration in Ontario.

This process is less onerous than the comprehensive requirements of initial registration and has particular appeal for senior psychologists who may no longer be able to obtain letters of reference or other documents from supervisors or training programs of many years ago.

Application materials may be obtained from the jurisdiction where registration is sought. Applicants will be asked about registration or licensure in other jurisdictions and any history of disciplinary action and will normally be charged a fee for processing of the application.

Learning Disability as a Psychological Diagnosis

At a recent meeting of the Council of the College of Psychologists of Ontario, following a discussion of feedback to the College Advisory on Communication of a Diagnosis, it was decided that a clarification of the College's position regarding learning disability as a psychological diagnosis was required.

The College has received considerable correspondence requesting clarification on its position with respect to learning disability as a psychological diagnosis, and therefore subject to the "controlled acts" provision of the *Regulated Health Professions Act (RHPA), 1991* regarding the communication of a diagnosis [27(2)1]. Confusion arose from the statement, "Council noted that the identification of a learning disability is not synonymous with making a neuropsychological diagnosis . . ." contained in the Background section of the College Advisory on Communication of a Diagnosis of June 1996.

It was not the College's intent to suggest that a learning disability is not a diagnostic category. Rather, the College wished to point out that while the determination of a learning disability is a diagnostic, this term is also commonly used, within the broader community, as a non-diagnostic synonym for learning problems or academic difficulties.

The College wishes to clarify its position in stating that the finding of a learning disability is a psychological diagnosis when this term is used to identify the cause of a set of symptoms exhibited by an individual. As with other diagnoses, the determination of a learning disability usually involves formal and informal information gathering through which the individual's presenting symptoms are categorized within a diagnostic classification system such as DSM-IV, ICD10 or other generally accepted definition or categorization system. The diagnostic use of the term learning disability is in contrast to the same or similar terms commonly used to describe an individual's educational or academic performance without suggesting a diagnostic classification as the cause of the difficulty. When the result of the evaluation concludes that the cause of an individual's difficulty is a learning disability, communication of this diagnosis is a controlled act under the RHPA and may be performed only by those authorized to do so, under the law.

It is hoped this is helpful in clarifying the College's position regarding learning disability as a psychological diagnosis. Clarification has also been requested regarding the difference between providing feedback and communicating a diagnosis, and the requirement that the communication of a diagnosis be made personally by the authorized member of the College. Information on these issues will be forthcoming shortly.

Please feel free to contact the College should you require further information. §



ALTERNATIVE DISPUTE RESOLUTION (ADR)

his conclusions with other important external sources, such as other professionals who may have been involved with the family, who would be able to speak to the relationship between Ms. Y and her children in a more objective manner.

In preparing his report, Dr. X failed to review and consider the report of Dr. B, another psychologist, although he was aware of the existence of this report. Dr. X was aware that Dr. B's report was a custody and access report and, as such, would have contained data relevant to the parenting ability of Ms. Y and the best interests of the children. As a result of this failure to review Dr. B's report, Dr. X was unaware that after conducting an assessment of the parenting ability of both parties, Dr. B had serious concerns about the parenting ability of Ms. Y and, therefore Dr. X did not address Dr. B's concerns in his report.

It was also of concern to the Committee that Dr. X allowed pressure placed on him by Ms. Y to affect his professional judgment. Dr. X allowed Ms. Y to persuade him not to review and consider Dr. B's report although he did recognize that procedurally it was essential for him to read Dr. B's report before writing his report.

A further area of concern was the nature of the dual relationship established with Ms. Y. In addition to agreeing to provide an assessment of Ms. Y's parenting ability, Dr. X also agreed to see her for therapy, and possibly act as an expert witness for her. These multiple roles compromised his objectivity as an assessor and his ability to act as an impartial expert witness.

THE OUTCOME

The matter was referred by the Complaints Committee to Discipline as the Committee felt Dr. X had failed to maintain the standards of practice of the profession in that he:

a) failed to follow the Custody and Access Assessment Guidelines knowing that a report was to be submitted to court in a custody and access dispute, and issued a report in which he failed to ascertain or take reasonable measures to ensure the accuracy of all of its contents, contrary to Regulation 801/93, (120) of the *Psychology Act 1991*.

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The following Case Summary describes a complaint from a member of the public which was resolved through the ADR process. It is presented for the education of the profession without identifying either the member or the complainant. Where necessary, some details may have been altered to protect the privacy of the parties involved and references to regulations, standards or codes updated to conform to the most recent published materials.

SUMMARY OF THE COMPLAINT

Ms. Y and Mr. Y were in a custody and access dispute involving their children. A custody and access assessment was ordered by the court and conducted by Dr. B. Ms. Y was not satisfied with Dr. B's report and recommendations and approached Dr. X for another assessment. Dr. X conducted an assessment of Ms. Y's parenting abilities and provided her with a report entitled "Assessment of Ms. Y as Mother to her Children". In conducting the assessment, Dr. X did not contact Mr. Y or other relevant collateral sources, he did not review Dr. B's report or contact collateral sources interviewed by Mr. Y during the custody and access proceeding. In addition to conducting this assessment of Ms. Y's parenting ability, Dr. X agreed to provide therapy to Ms. Y and possibly act as an expert witness for her. Through the custody and access court process, Dr. X's report was made available to Ms. Y's ex-husband who lodged a complaint with the College regarding the services provided by Dr. X.

COMPLAINTS COMMITTEE'S VIEW

The Complaints Committee reviewed the issues raised by Mr. Y together with the information provided by Dr. X in response and found a number of areas of concern. The Committee was concerned that in providing professional opinions about the best interests of the Y children, and about Ms. Y's ability to meet those needs, Dr. X did not ensure he had conducted an adequate investigation of these issues. In addition, the Committee was concerned he did not present adequate data in his report to support his opinions.

The Committee noted that Dr. X relied on information provided to him by Ms. Y and only interviewed a biased sample of informants including Ms. Y, her sister and a married couple who were friends of Ms. Y. Dr. X failed to validate

c) that the public Register of the College, to which members of the public have access, would contain a notation of the Dr. X's agreement to have the next six psychological assessments supervised.

d) that the College would publish a non-identifying summary of this agreement in the Bulletin for educational purposes for the membership.

e) that any breach of this undertaking would be considered professional misconduct and grounds for further disciplinary action by the College.

While the proceedings of the Complaints Committee and the Alternative Dispute Resolution process are confidential, it is hoped that non-identifying summaries of this type will assist members in their interpretation of the Regulations, Standards of Professional Conduct and Code of Ethics.

b) failed to consider all relevant information, and provided opinions and drew conclusions about the needs and best interests of the children and about the relationship between the children and the mother, to be used in a custody and access dispute, without conducting a comprehensive assessment of the family. In doing so he issued a report that contained a statement he knew or ought to have known was false, misleading, or otherwise improper, contrary to Regulation 801/93, 1(20) of the *Psychology Act, 1991*

c) entered into a dual relationship by agreeing to provide therapy to a client while also agreeing to conduct an assessment that would be submitted to court in a custody and access dispute and possibly to be called as an expert witness in the dispute, contrary to Principle III.32 of the Canadian Code of Ethics for Psychologists (1991) and Regulation 801/93, 1(10) of the *Psychology Act, 1991*.

Prior to the Disciplinary Hearing, the matter was settled through the Alternative Dispute Resolution process. The College and Dr. X were able to reach an agreement which is summarized as follows:

Dr. X agreed:

a) to conduct his next six psychological assessments under the supervision of a psychologist, approved by the Registrar. The supervision would entail discussion of ethical issues in the conduct of these assessments with a special focus on dual relationships. Two of the six assessments would be custody and access assessments unless Dr. X provided the College with an undertaking not to practice in the area of custody and access assessment. The supervisor would review each of the assessment reports prepared by Dr. X prior to the report being provided to any client. Dr. X would accept responsibility for payment of these supervisory services.

Dr. X acknowledged that the purpose of this supervisory period was to ensure his understanding that, in all types of psychological assessments, a psychologist has an obligation to ensure that he/she obtains adequate data to support the professional opinions set out in the assessment report and to ensure that objectivity and impartiality are maintained in conducting assessments.

b) that, at the outset of each assessment, he would: a) notify, in writing, each client, involved in such an assessment that he will be conducting the assessment under supervision; b) provide the client with the name of the supervisor; and, c) obtain the client's written consent to permit his supervisor to review the clinical record and the report.

Changes to the Register



The College would like to congratulate and welcome six new psychological associate members and one new psychologist member.

Admitted to the Permanent Register since March 1997

Psychological Associates

- John Dougan
- Beth Hayes
- Dawn Morin
- Sheila Rempel
- David Rosehart
- Annette VanHouten

Psychologist

- Lynn Kelly

The College wishes to thank those members who generously provided their time and expertise to act as primary and alternate supervisors for candidates admitted to the permanent register.

Upcoming Council dates:

Council meeting dates have been set as follows:

- June 7 and 8, 1997
- September 12 and 13, 1997
- December 5 and 6, 1997

Members of the College as well as the public are welcome to attend. As we have limited seating, we ask that you call in advance.

Admitted to the Temporary Register since March 1997

Psychological Associate:

- Esther Somogyi

Psychologists:

- Catherine Bart
- Gabriele Bautz
- Guy Beaudin
- Rosalind Callard
- Susan Dowler
- Alison Edgar-Bertola
- Alison Claire Lee
- Janet Champion de Crespiigny
- Shauna Corbin
- Elizabeth Gilchrist
- Susan Graham-Clay
- Marilyn Hill
- Sheldon Lewkowicz
- Cindy Maddeaux
- Scott McCabe
- Patricia Meinhold
- Rebecca Mills
- Wanda Towers
- William Palmer

The Examination for Professional Practice in Psychology was administered on April 16, 1997 in Ottawa, London and Toronto. The College appreciates the assistance of Dr. David Evans, Ms. Connie Learn, Dr. Jane Ledingham, Dr. Rod Martin, Ms. Dana Wilson-Li and Dr. Alastair Younger.

Renewal Notices!

Renewal notices were mailed at the end of April. If you have not received yours, please contact the College so that a duplicate can be sent. Fees are payable as of June 1, 1997. If you have any questions, please contact Stephanie at (416) 961-8817.

Government of Ontario
Web Page

The Government of Ontario has recently begun a comprehensive posting of all Acts and Regulations in Ontario. While not all Acts and Regulations are posted as yet, they are being added on a continuing basis. An order form is also included on the site.

www.gov.on.ca

Reappointment: The College is please to announce the reappointment of M. Gilles Gagnon as a public member of Council by the Lieutenant Governor. M. Gagnon has been with Council since 1994. The Council appreciates M. Gagnon continuing his valued work on the Council and College Committees. §

Erratum

The previous issue of the Bulletin, March 1997, contained an article entitled *Measuring Client Satisfaction*. Included in the article (p. 17) was an example of a client satisfaction questionnaire. The article erroneously implies this questionnaire was developed by the Psychology and Clinical Trials Research Unit in Anxiety at the Clarke Institute of Psychiatry. The scale is actually an adaptation of an existing scale published in: Nguyen, T. D., Attkisson, C. C., & Stegner, B. L. (1983). *Assessment of patient satisfaction: development and refinement of a service evaluation questionnaire. Evaluation and Program Planning*, 6, 299-314.

The Quality Assurance Committee regrets any inconvenience this error may have caused the authors of the scale or the Psychology and Clinical Trials Research Unit in Anxiety at the Clarke Institute of Psychiatry. §

Notice Regarding
Transition Stream Entry
for Psychological Associates

Individuals planning to submit an application for registration, in particular for the title psychological associate in the transition stream, should be aware of the following dates. Allow at least 30 days from the time your application reaches the College for all supporting documents to arrive and for processing. All supporting documents must be received before the Registration Committee can review the application.

Registration Committee Meetings for the review of applications:

July 24 and 25, 1997

August 25, 1997

September 29, 1997

November 6, 1997

January 22 and 23, 1998

February 26, 1998

April 20, 1998

May 25, 1998

July 23 and 24, 1998

August 31 and September 1, 1998-the last dates for Registration Committee review of transition stream applications

July 1, 1998 is the closing date for receipt of applications for the title psychological associate in the transition stream.

Remaining dates for the administration of the Examination for Professional Practice in Psychology for approved candidates within the transition period:

October 8, 1997

April 8, 1998

October 21, 1998

Remaining dates for the oral examinations within the transition period:

December 10, 11, 12, 1997

June 10, 11, 12, 1998

December 16, 17, 18, 1998

Candidates for the title psychological associate within the transition stream must have met all registration requirements including: academic credentials, five years of acceptable work experience following graduate training, successful completion of the written and oral examinations, and any additional training or experience required by the College by December 31, 1998. §

COLLEGE HIGHLIGHTS

Psychological Associate Representation on the Council

As the previous three-year term of the ex-officio psychological associate representative is ending and as no psychological associate was elected in the recent Council elections, the Council approved extending the ex-officio psychological associate representation for a further three-year term. Council designated only psychological associate members as eligible to nominate, stand for nomination and vote for the ex-officio seat and passed a further motion requiring three nominators rather than five given the relatively small number of psychological associate members. Nominations have been received for the election on May 15, 1997.

The College has begun a strategic planning process which will culminate with the approval of a formal plan by early 1998. A few members will be contacted over the next month for preliminary input into the process in preparation for a strategic planning meeting to be held at the College in late July. A draft strategic plan will be circulated to the membership for consultation following the September 1997 Council meeting.

Staffing Changes It is with pleasure that the College welcomes two individuals to the regular staff. Ms. Nancy Steffox has joined the College in the position of Executive Secretary, assisting the Registrar and the Director of Professional Affairs. Ms. Rebecca Nelley has joined the staff in the position of Investigator. Best wishes to Ms. Claire Barcik who has left the College to pursue other professional opportunities.

Development of a Written Jurisprudence Examination: Field Testing The College's development of a written jurisprudence examination is moving ahead. An initial version of the examination will be field tested the afternoon of October 8, 1997 following the regular administration of the Examination for Professional Practice in Psychology (EPPP). Any registration candidate or member of the College wishing to participate in this field testing may take the examination at no charge. More information will be made available over the summer. The written jurisprudence examination will be field tested a second time in the spring of 1998 and will become a formal registration requirement in the fall of 1998.

Call for Interest in College Committees Thank you to the many members who responded to express interest in participating in College Committees this coming year. For those who have not yet responded there is still time left to do so. Apointments will be made at the Council meeting of June 6 and 7, 1997. The willingness of members to commit their time

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

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and energies to the work of the College speaks very positively to the responsibilities assumed by a self-regulating profession. §