

## PROFESSIONAL BOUNDARIES IN HEALTH-CARE RELATIONSHIPS

*The Client Relations Committee of the College is charged with the responsibility for the development, implementation and ongoing updating of the College's mandatory Sexual Abuse Prevention Program. The program must include educational components for members, guidelines for the conduct of members with their clients, training for College staff and the provision of information to the public. In meeting its mandate, the Client Relations Committee has participated in the Barbara Wand Symposium, annually presents at the Ontario Psychological Association conference and as well, produces written material for members and the public. The following article was developed by the Client Relations Committee and is published for the education and guidance of members. It will also be reproduced and routinely provided to all candidates apply for registration with the College and their supervisors, and will be available to course instructors, students and others, upon request.*

The Client Relations Committee of the College has been reviewing this complex, sensitive area in an effort to assist members in their understanding and management of boundary issues in professional practice. It is evident that the majority of members treat their clients respectfully, compassionately and responsibly and would not knowingly compromise the professional relationship established with them. This does not mean that relationship dilemmas or difficult situations do not arise.

The following article discusses the nature of the professional relationship, provides information to help members recognize potential problem situations, and suggests some strategies to consider in managing professional boundaries.

### *Characteristics of Professional Boundaries*

Boundaries are the framework within which the therapist/client relationship occurs. Boundaries make the relationship professional, and safe for the client, and set the parameters within which psychological services are delivered. Professional boundaries typically include fee setting, length of a session, time of session, personal disclosure, limits regarding the use of touch, and the general tone of the professional relationship. In a more subtle fashion, the boundary can refer to the line between the self of the client and

the self of the therapist.

The primary concern in establishing and managing boundaries with each individual client must be the best interests of the client. Except for behaviours of a sexual nature or obvious conflict of interest activity, boundary considerations often are not clear-cut matters of right and wrong. Rather, they are dependent upon many factors and require careful thinking through of all the issues, always keeping in mind the best interests of the client. >>>

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### ***Who Negotiates the Boundaries in the Professional Relationship***

In any professional relationship there is an inherent power imbalance. The therapist's power arises from the client's trust that the therapist has the expertise to help with his or her problems, and the client's disclosure of personal information that would not normally be revealed. The fact that services cannot be provided unless clients are willing to cooperate, does not change the fundamental power imbalance. Therefore, the therapist has a fiduciary duty to act in the best interest of the client, and is ultimately responsible for managing boundary issues and is therefore, accountable should violations occur. Given the power imbalance that is inherent in the professional/client relationship, clients may find it difficult to negotiate boundaries or to recognize or defend themselves against boundary violations. As well, clients may be unaware of the need for professional boundaries and therefore, may at times even initiate behaviour or make requests that could constitute boundary violations.

#### ***Typical Areas Where it May Be Difficult to Draw A Line or Where Boundaries Can Become Blurred***

There are a number of areas in which one has to maintain boundaries, that is, draw a line. Below are some typical areas that can present difficulties.

**Self disclosure.** Although in some cases self disclosure may be appropriate, members need to be careful that the purpose of the self disclosure is for the client's benefit. A number of dangers may exist in self disclosure including shifting the focus from the needs of the client to the needs of the therapist or moving the professional relationship toward one of friendship. The blurring of boundaries can confuse the client with respect to roles and expectations. The primary question to be asked is, "Does the self disclosure serve the client's therapeutic goal?"

**Giving or receiving significant gifts.** Giving or receiving gifts of more than token value is contrary to professional standards because of the risk of changing the therapeutic relationship. For example, a client who receives a gift from a member could feel pressured to reciprocate to avoid receiving inferior care. Conversely, a member who accepts a significant gift from a client risks altering the therapeutic relationship and could feel pressured to reciprocate by offering "special" care.

**Dual and overlapping relationships.** *Dual relationships* should be avoided. These occur in situations where the member is both the clinician and also holds a different significant authority or emotional relationship with the same person. Examples can include course instructor, work place supervisor, or family member. Members need to remain cognizant that the purpose of avoiding dual relationships is to avoid exploiting the inherent power imbalance in the therapeutic relationship. *Overlapping relationships*, while potentially problematic, may not always be possible to avoid. Overlapping relationships, where a member has contact, but no significant authority or emotional relationship with the client, may occur particularly for therapists who are members of small communities, or for clinicians who work with a particular client population with which they are also affiliated. Such overlapping relationships can occur in situations where, for example; the client is a member of a particular religious or ethnic group and tends to practice within this community; the therapist is gay or lesbian and works with gay or lesbian clients; or, the member has a child with a learning disability, is active in a local association, and also does learning disability assessments. Situations where there may be overlapping relationships need to be judged on a case by case basis.

Members should avoid relationships with their clients outside of therapy where either the therapist or client is in a position to give a special favour, or to hold any type of power over the other. For example, some situations to be avoided include employing a client or his or her close relatives, involving oneself in business ventures where one could benefit financially from a client's expertise or information, or engaging in therapy or assessment with a current student. Similarly, members should refrain from requesting favours from clients, such as baby-sitting, typing, or any other type of assistance that involves a relationship outside therapy.

**Becoming friends.** Generally, members should avoid becoming friends with clients and should refrain from socializing with them. Although there are no explicit guidelines that prohibit friendships from developing once therapy has terminated, members must use their clinical judgment in assessing the appropriateness of this for the individual client. Potential power imbalances may continue to exist and influence the client well past the termination of the formal therapeutic relationship.

In the course of therapy, some clinicians, on occasion, may engage in activities that resemble friendship, such as going

on an outing with a child or adolescent, or attending a client's play, wedding, or special event. In all cases it is the clinician's responsibility to ensure that the relationship remains therapeutic and does not develop into a friendship or a romantic involvement. The definition of "sexual abuse" within the legislation makes it clear that it is unacceptable to date a current client. Since power imbalances may continue to influence the client well past termination, professional standards prohibit a member from engaging in a sexual relationship with a former client to whom any professional service was provided in the past two years. Members are reminded that even the most casual dating relationship may lead to forms of affectionate behaviour that could fall within the definition of sexual abuse.

**Maintaining established conventions.** Ignoring established conventions that help to maintain a necessary professional distance between clients and members can lead to boundary violations. Examples include providing treatment in social rather than professional settings, not charging for services rendered, not maintaining clear boundaries between living and professional space in home offices, or scheduling appointments outside of regular hours or when no one else is in the office.

**Physical contact.** There are a variety of ways of using touch to communicate nurturing, understanding and support such as a pat on the back or shoulder, a hug or a handshake. Such touch can however, also be interpreted as sexual or inappropriate which necessitates careful and sound clinical judgment when using touch for supportive or therapeutic reasons. Clinicians must be cautious and respectful when any physical contact is involved, recognizing the diversity of cultural norms with respect to touching, and cognizant that such behaviour may be misinterpreted.

Diagnostic and therapeutic work with children requires special consideration. Some agencies or institutions for example, advise their staff to avoid any touching of children. In other settings however, touching may be permitted, and this would ordinarily be open to public scrutiny. In working with children and considering the question of touching, one might ask, "Would I do this in the presence of my colleagues or this child's parents?" Again, good clinical judgment should prevail for the protection of both the client and the practitioner.

Some clinical situations such as neuropsychological testing and biofeedback, or clinical interventions such as bioenergetics, require touching the client. When such touch

is necessary, it is important to explain this to the client and ensure the client's understanding, and the client's fully informed consent. If there is concern that a particular client may misinterpret a therapist's actions, members may wish to have someone else present in the session, consider an alternate treatment approach, or think about a referral to another practitioner.

### *Questions to Consider in Examining Potential Boundary Issues*

In each individual case, boundary issues may pose dilemmas for the clinician and there may be no clear or obvious answer. In determining how to proceed, consideration of the following questions may be helpful.

- Is this in my client's best interest?
- Whose needs are being served?
- Will this have an impact on the service I am delivering?
- Should I make a note of my concerns or consult with a colleague?
- How would this be viewed by the client's family or significant other?
- How would I feel telling a colleague about this?
- Am I treating this client differently (e.g., appointment length, time of appointments, extent of personal disclosures)?
- Does this client mean something 'special' to me?
- Am I taking advantage of the client?
- Does this action benefit me rather than the client?
- Am I comfortable in documenting this decision/behaviour in the client file?
- Does this contravene the Regulated Health Professions Act, the Standards of Professional Conduct or the Code of Ethics, etc.?

### *Boundary Violations and Sexual Abuse*

Sexualizing a professional, health-care relationship is against the law. In Ontario, the Regulated Health Professions Act (RHPA) prohibits sexual involvement of health-care professionals with clients. The RHPA[1(3)] defines sexual abuse broadly as: sexual intercourse or other forms of physical sexual relations between a member and a client; touching, of a sexual nature of the client by the member; or, behaviour or remarks of a sexual nature by a member toward a client.

There are **NO** circumstances in which sexual activity between a psychologist or psychological associate and a client is acceptable. Sexual activity between a client and practitioner is always detrimental to client care, regardless

of what rationalization or belief system the health-care professional chooses to use to excuse it. Because of the unequal balance of power and influence, it is impossible for a client to give meaningful consent to any sexual involvement with his or her therapist; client consent and willingness to participate in a personal relationship does not relieve the member of his or her duties and responsibilities for ethical conduct in this area. Failure to exercise responsibility for the professional relationship and allowing a sexual relationship to develop is an abuse of the power and trust which are unique and vital to the therapist/client relationship.

### ***Warning Signs***

There may be times in the practice of psychology when a member could find himself or herself drawn toward a client or could experience feelings of attraction to a client. It is vital that the psychologist or psychological associate recognize these feelings as early as possible and take action to prevent the relationship from developing into something other than a professional one. If a client attempts to sexualize the relationship, the obligation is always on the psychologist or psychological associate not to cross the line.

Research has shown that before actual physical contact or abuse occurs there are often a number of warning signs, or changes in the therapist's behaviour. Members should be alert to such signs that suggest he or she may be starting to treat a particular client differently. These may include sharing personal problems with the client, offering to do therapy in social situations such as over dinner, offering to drive a client home, not charging for therapy, or making sure the client's appointments are scheduled when no one else is in the office.

In addition, miscommunication between a psychologist or psychological associate and a client may cause the client to misunderstand a member's intent. While it may seem harmless to make a personal compliment about a client's appearance, or tell a 'racy' joke, this type of behaviour can be misinterpreted by a client as an interest in him or her personally.

### ***Prevention and Avoidance of Sexual Misconduct***

The best way to maintain the appropriate boundaries in a professional/client relationship is through the clinician's focus on maintaining good, personal psychological health, an awareness of potential problems and good, clear communication. One's power and control over a client should not be underestimated. One should also remain aware that the client may experience touch, personal references and sexual matters

very differently from the clinician due to a variety of factors including gender, cultural or religious background, or personal trauma such as childhood sexual abuse. Risky situations should be avoided and the proper boundaries of any professional/client relationship should be communicated clearly and early in the treatment process. The following guidelines suggest approaches to prevent boundary violations and avoid complaints of sexual misconduct.

1. Respect cultural differences and be aware of the sensitivities of individual clients.
2. Do not use gestures, tone of voice, expressions, or any other behaviours which clients may interpret as seductive, sexually demeaning, or as sexually abusive.
3. Do not make sexualized comments about a client's body or clothing.
4. Do not make sexualized or sexually demeaning comments to a client.
5. Do not criticize a client's sexual preference.
6. Do not ask details of sexual history or sexual likes/dislikes unless directly related to the purpose of the consultation.
7. Do not request a date with a client.
8. Do not engage in inappropriate 'affectionate' behaviour with a client such as hugging or kissing. Do offer appropriate supportive contact when warranted.
9. Do not engage in any contact that is sexual, from touching to intercourse.
10. Do not talk about your own sexual preferences, fantasies, problems, activities or performance.
11. Learn to detect and deflect seductive clients and to control the therapeutic setting.
12. Maintain good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of, or after an appointment.

### ***What Members Can Do?***

If a member finds himself or herself having a problem with how he or she is treating or feeling about a client or how clients are feeling about them, members should get assistance as soon as possible. If the client has been sexualizing the relationship, this should be documented, as should actions taken to diffuse the situation. Members are encouraged to talk to a trusted colleague or mentor, seek professional help from a qualified practitioner in the psychological community or elsewhere, or call the practice advisory service at the College. §

# Report

The last few years have been difficult, but productive, for the College. It has been a pleasure for me to be associated with the many thoughtful and hard working people who have helped turn real problems into real successes.

High costs associated with the transition from the old Board of Examiners to the new College (mandated by the Regulated Health Professions Act), along with substantial legal expenses for the complaints and discipline process, led to a small financial crisis. A combination of careful budgeting, a one-time fees levy and new approaches to complaints management have left us in reasonable financial shape. We have a small reserve to accommodate unexpected expenses, and a balanced and efficient budget.

Addressing complaints made by the public against members is one of the main responsibilities of the College, but the complaints and discipline process was taking a disproportionate share of the College's resources. A thorough review of both complaints and discipline procedures was undertaken, with great initial success. Alternative ways of resolving complaints have been implemented, with the result that hardly any new cases have been referred to discipline hearings over the last two years. The only problem is that we haven't been able to test out the newly revised procedures for discipline hearings!

We are required by our governing legislation to have a Quality Assurance Program, in order to ensure the continuing competence of our members. Over a period of almost three years, the College's QA Program was developed with extensive and sometimes heated consultation with the membership. The result is a program which we believe creatively and effectively addresses the objectives, while being one of the least intrusive (into members' professional lives) of all the programs implemented in the Ontario health professions.

Perhaps the most difficult set of issues revolves around the admission of Masters-level practitioners into the profession, as Psychological Associates. It's been a whole new game for everyone, and it's not been easy. Prodigious work by the Registration Committee has resulted in admission processes and standards that are fair to prospective Psychological Associates, but that ensure the public will be well served by all members of the College. Almost 10% of the College's members are now Psychological Associates, a group that is a credit to the profession.

Over the next year, there are some particular challenges that must be addressed. Three of these will have my particular attention.

Access by Psychological Associates to the controlled act of communicating a diagnosis continues to give us great difficulties, with significant differences of opinion within the profession as to how (or even whether) this should be implemented. We have been working hard with the Ministry of Health, OPA and representatives of Masters-level practitioners, to resolve the issues, and we expect to have new procedures in place by later this year.

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We continue to fall down in our responsibility to communicate effectively with the membership. Expect to see more attention to this, with creation of a useful website, more attention to the Bulletin, Council members hosting local information sessions, College staff attending meetings to give presentations on a variety of topics, etc.

Over the past year, we have begun to pay more attention to our relationship with government. As we become more familiar with the significant players at Queen's Park, they become more familiar with us, and with the particular problems of our profession. While the Ministry of Health remains our major focus, we know that the Ministries of Education and Training, Community and Social Services, and Solicitor General and Corrections also have an important impact upon our membership. We have met with the Minister of Education and senior staff in that Ministry, and will be pursuing similar contacts in the other Ministries.

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I think that the new Council Executive for 98/99 is particularly strong, with the ability to deal effectively with the main issues confronting the College.

I have been Chair of the Discipline and the Quality Assurance Committees, and Vice-President for two years. My professional training was primarily in clinical/counselling psychology, but over the years my work has evolved into primarily organizational psychology, with the City of Toronto.

Dr. Nina Josefowitz, Vice-President, is in private clinical practice, and also has relationships with both York University and OISE/UT. She has been Chair of the Complaints and the Client Relations Committees, and is now Chair of Quality Assurance. Nina has been instrumental in bringing about change in the complaints management process, and has always been an active and creative voice on Council.

Dr. Janet Polivy is a Professor at the University of Toronto, where she has a particular research and clinical interest in the understanding and treatment of eating disorders. Janet is Chair of the Registration Committee, as she has been for more than two years, and has made a tremendous contribution to the resolution of the many difficult problems inherent in the transition to a two-title profession.

M. Gilles Gagnon has been a public member of Council for more than five years, and has been a member of the Executive for most of that time, as well as an active member of the Registration and the Complaints Committees. Gilles is the former Mayor of Hearst, Ontario, and was a senior hospital administrator before his retirement.

Ms. Barbara Gray is a successful farmer in Durham Region, east of Toronto, and was appointed to the Council as a public member in 1996. She has had considerable experience in agriculture-related regulatory boards, and has contributed substantially to the development of our government relations strategy.

Ms. Carol Doutriaux is a non-voting member of Council, representing Psychological Associates on Council, and also on the Executive. She practices in the Ottawa area, where she is employed at the Public Service Commission providing counselling and career-related assessment services. Her calm and thoughtful approach to all issues, but in particular to issues related to the status of Psychological Associates, has been of great assistance in addressing many complex issues.

Ron Myhr, Ph.D., C.Psych..  
President

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## Quality Assurance Update

The Quality Assurance Program is now well underway with the implementation of Phase 1, *The Self Assessment Guide and Professional Development Plan*. This component of the Quality Assurance Program was distributed to all members in April, for completion. Members were asked to attest to their completion of these forms and participation in the program, by signing the *Declaration of Completion* and returning it to the College along with the annual membership renewal.

Response to this component of Quality Assurance was quite positive. Overall, members found the *Self Assessment Guide* to be very useful in taking stock of the psychological services provided, the way in which services are offered, and familiarity with the various Acts, Standards and Guidelines which govern our profession. The approach taken in expecting members to develop a personally useful, individualized *Professional Development Plan* was very positively received.

Some members observed that the current version of the *Self Assessment Guide* particularly addresses members in clinical practice and is less applicable to those in administrative, managerial or full time academic positions. The Quality Assurance Committee will begin to address the issue of wider applicability in future versions of the *Guide*. Any further ideas, comments or constructive suggestions members may have are welcome, as these will be helpful in assisting the Quality Assurance Committee in reviewing the *Self Assessment Guide and Professional Development Plan* prior to the next distribution.

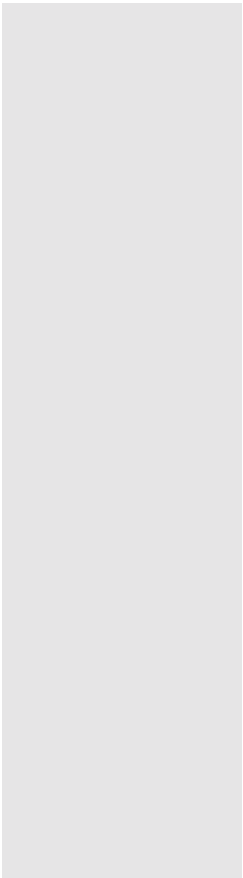
The Quality Assurance Committee is now turning its attention to the next component of the program, the *Peer Assisted Review*. As members will recall, our College's Quality Assurance Program, along with those of the other Colleges, is required to have a practice review component, for which members must be selected randomly for participation.

During the 'roadshow' consultations held across the province in late 1996 and early 1997, the concept of a *Peer Assisted Review* component was very controversial. Members raised many concerns, and provided ideas and suggestions for consideration by the Quality Assurance Committee in designing this component of the program. Further input was gathered from groups of members who were asked: *How can we design the Peer Assisted Review process to help psychologists and psychological associates improve the quality of their services to the public?* Specific questions regarding who should conduct the reviews, and what should the format

and content of the review look like, were also raised. With this feedback, the Quality Assurance Committee is about to begin the development of this review.

The Quality Assurance Committee's workplan calls for developmental work to be undertaken over the summer and fall, to include member consultation with respect to program design and the review process. This will culminate in pilot testing of the *draft Peer Assisted Review* in early 1999.

The Quality Assurance Committee will be looking for a small number of members who would be willing to volunteer to participate in the piloting of the *Peer Assisted Review* process. As development progresses, more detailed information regarding the *Peer Assisted Review* will be published in future editions of the Bulletin along with a call for volunteers to participate in the piloting of this component of the Quality Assurance program.



## ***Operational Review Recommends...***

### ***More Opportunities for Members to Participate in the Work of the College***

In January 1998, the Council of the College received the final report of the College's Operational Review. The recommendations focused on four key themes: the College's Strategic Plan, External Relations, the Complaints Investigations and Disputes Resolution process, and Member Involvement. This article describes the Operational Review findings related to member involvement and recommendations for increased member participation in the work of the College.

How members view the College is an important indicator of how efficiently and effectively it is operating. To assess the College's effectiveness in serving members and the public, the College's external operational review consulting team, Transitions: HOD Consultants, reviewed a variety of documents, surveyed College members, and interviewed Council members and College staff.

The Operational Review found that only a limited number of members participate in the discussions and decision-making with respect to College issues, and most of the workload is carried by a small group of members. To address these issues, the review recommended giving more members a larger role, as volunteers, in the College's operations.

A variety of ways for members to participate in the work of the College were identified. These included assigning the development of discussion papers to small task groups of members to 'work up' the issues and make recommendations for Council; providing members with a larger role in supporting the investigations and disputes resolution process; and, involving more members as supervisors and oral examiners in the registration process.

Enhancing the role of volunteers will allow more members to see, first hand, the work of their College and the opportunity to contribute to the achievement of the Strategic Plan goals. Expanding opportunities for member participation will benefit the College by bringing a wider range of perspectives, knowledge and experiences to the College's work. It will

also enable Council members and staff to shift some of their time to other issues. This will increase the ability of the College to address and more promptly deal with other issues of concern to members and the public.

As opportunities for members to volunteer their time and expertise increase, the College is committed to providing members with a worthwhile and meaningful volunteer experience. Steps will be taken to recognize formally, the contribution of members and to identify areas in which compensation for member's time or expertise may be appropriate.

Volunteers currently make a significant contribution to the work of the College and this is greatly appreciated by Council members, College staff, and the membership as a whole. Continued and increased member participation can only serve to further advance the mission and mandate of the College and enhance the quality of services provided to the public.

**Upcoming  
COUNCIL MEETINGS**

**Friday September 18, 1998  
& Saturday September 19, 1998**

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Friday December 4, 1998  
& Saturday December 5, 1998**



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## **HELP WANTED**

**The College of Psychologists requires**

***VOLUNTEERS: ORAL EXAMINERS***

**to participate in the Oral Examination  
of Candidates seeking Registration.**

The College of Psychologists of Ontario conducts oral examinations of candidates for registration, in Toronto, twice a year, in December and June. Each candidate is interviewed by a team of three members who question the candidate in areas of general practice and jurisprudence. To offer each candidate, who is ready to undergo this final step in the registration process, the opportunity for this interview, the College requires a number of oral examiners for each session. At the recent orals conducted in June 1998, a total of 24 examiners were involved.

### **Qualifications**

Psychologist: Five or more years of practice since registration  
Psychological Associate: Two or more years of practice since registration

No current disciplinary action pending.

### **Availability**

Examinations take place over a three day period and examiners must be available for the entire examination schedule. The next exams will take place on December 16, 17, 18, 1998 and following this on June 9, 10, 11, 1999.

### **Compensation**

Each examiner is paid a daily honorarium and as well, travel and accommodation expenses are covered.

### **Application Process**

The selection of members to assist with a particular set of oral exams, from among those who are interested, is made based on a number of criteria. These include the necessity to match examiners' area of practice with that of the candidates, the need to provide bilingual examiners for francophone candidates, and the desirability of having both new and experienced examiners on the teams. In addition, the College strives to ensure the examination teams are made up of members from across the province and represent both male and female practitioners. Due to the need to match examination teams with candidates, it is not always possible to involve all interested members as examiners.

If you are interested in being on the roster of oral examiners please send a letter of interest to the College, to the attention of the Registrar. Please indicate your area of practice, as well as your availability for either the upcoming December 1998 or June 1999 dates or your interest in being considered at some future time.

## Queries Regarding the Practice of Psychology: A Year in Review – 1997-1998

Responding to inquiries regarding the practice of psychology is one of the services offered by the College. Queries come from members of the profession as well as the public and span a broad range of topics dealing with all aspects of the regulations, standards, guidelines and ethics of practice. In some cases members request specific information regarding a standard; *How long must files be retained?*, while other calls are prompted more by an ethical dilemma; *If I see a client in this situation, am I in a conflict of interest? or Do I have a duty to warn in the following scenario?* In some cases the answer is very straightforward while others involve a complex discussion of the interplay of factors and concepts to be considered in making a professional judgement or arriving at a difficult decision.

These types of inquiries are handled primarily by Dr. Rick Morris, Director of Professional Affairs, while some queries are directed to the Registrar, Dr. Catherine Yarrow. The following is an overview of the types of practice queries received by the Director of Professional Affairs between June 1, 1997 and May 31, 1998. The majority of questions are received by telephone, however some members prefer to make their inquiries in writing through either conventional mail or E-mail.

During the reporting period, a total of 1310 queries were received; 920 from members of the College and 390 from the public. This was an increase of over 100 in the total number of queries received in the previous year. Some members contacted the College once while others had occasion to make more than one inquiry. Approximately 25% of the total College membership took advantage of the opportunity to make these types of inquiries of the College at least once. Callers may choose to identify themselves or remain

anonymous. In making their inquiries, only 14 (2%) members calling did not wish to identify themselves, while 48 (12%) members of the public wished to remain anonymous.

Queries Received June 1, 1997 - May 31, 1998	
Professional conflict	1
Adminstration vs. professional supervision	1
subtotal - Issues in Organizations	1
Advertising and annouements	7
Partnerships and incorporation	5
Billing and collection	8
Referrals	1
Title of a practice	1
Individual vocational designation	1
Selling/moving a practice	1
subtotal - Issues in Private Practice	1
Complaints and discipline	3
Supervision	2
Testing/report writing	3
General	4
Records and confidentiality	2
Consent, release of information	1
Obligation to parents	1
Right of client to see report	0
Retention of files/record keeping	0
Obligation to provide raw data/member's right to retain	0
Expert testi mony	1
Closing a practice	1
Dual relationship/conflict of interest	5
Duty to Warn	3
subtotal - Interpretation of Standards	1
Psychologists Registration Act or RHPA - General	5
Use of title	5
Delegation	1
Fitness to practice	1
Freedom of Information or Privacy Act	1
Reporting child abuse/sexual abuse	5
Subpoena to testify	6
Protection of court testi mony	1
Professional misconduct	7
Specialty designation	1

When a query is received, it is coded according to subject. The College currently uses five main categories, each of which is divided into subcategories. As can be seen from

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the accompanying chart, almost half of the queries received related to *Interpretation of Standards* of practice. The next most common questions fit into the *Other* or miscellaneous category with *Legal Issues* and *Issues in Private Practice* the next most common. Few queries were coded as *Issues in Organizations*.

From the chart one can readily see the nature of the most common queries. By far, questions regarding consent, release of information and confidentiality, including the release of raw data, were most common. Other frequently asked questions about standards related to supervision issues, dual relationships or conflict of interest, and record retention. Questions regarding advertising and promotion, as well as billing and fee collections were most commonly raised as *Issues in Private Practice*.

Within the *Legal Questions* category a variety of queries were posed. The most common were questions related to the RHPA and the requirements regarding the controlled act of communicating a diagnosis. The number of calls about the controlled act decreased substantially over the year with the publication of a major article on this in the *Bulletin* in December 1997. The next most frequent question in this category related to mandatory reporting of child abuse or sexual abuse of a client by a member of a regulated health profession. A similar number of queries raised issues of the use of title with some members inquiring about how they may refer to themselves while other callers raised concern about use of title by non-regulated providers. Other members had questions about being subpoenaed to testify although this category overlapped with those related to confidentiality and release of information.

About 25% of the questions fell into the *Other* category. Many these related specifically to the Quality Assurance Program, especially the *Self Assessment Guide and Professional Learning Plan* distributed in March 1998. The others in this category covered a broad range of topics. For example, a number of members asked about their obligation, if any, to report incapacity or fitness to practice of either a member of this or another College when one is providing service to other professionals. Others asked about the procedure to follow when considering changing or expanding their current area of competence. Members' calls to the College to discuss articles published in the *Bulletin* or to provide suggestions for future articles are also coded in this category.

A review of the questions posed by members of the public finds that a large number of the callers were interested in the professional standards related to confidentiality and

release of information. *Can I receive a copy of the report written about me by the psychologist/psychological associate I saw?*, and retention of records; *I want to have the original of my file returned to me with no other record of my involvement maintained, is this acceptable in psychological practice?* The College also received numerous queries from lawyers and insurance companies requesting information on standards of professional conduct with respect to psychological practice.

As noted, over 25% of the membership took advantage of the opportunity to call the College to ask a question or discuss an issue related to standards, ethics or other aspects of psychological practice. The College views this as very important role for it to play and members are encouraged to make use of this service. In answering the numerous telephone and written inquiries received, efforts are made to respond in a timely fashion. Given the volume of inquiries, which is increasing annually, we sometimes fall behind. If you begin to feel that your voicemail message, letter or e-mail may have been 'lost in the shuffle', a follow up call would be appreciated.

Queries from members are often the source of the issues discussed in the *Tricky Issues Feature* of the *Bulletin* and have formed the basis for Tricky Issues presentations at the annual Barbara Wand Symposium. If you have Tricky Issue you think would be of interest to your colleagues, the College would be interested in your suggestions.

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## Definitions of Practice Areas

Since the proclamation of the RHPA in 1993, the College has used a Declaration of Competence for individuals seeking membership. This process requires that new members declare their areas of expertise and it would be within these areas they would be certified to practice. Prior to the RHPA, members did not formally declare but were asked, on the application for registration, to indicate their primary and secondary areas of practice. All members are required to reaffirm annually, at the time of renewal, their areas of practice. Whether one became registered before or after the proclamation of the RHPA, Principle 3.1 of the Standards of Professional Conduct, 1995 requires members to limit their practice to their areas of professional competence.

To assist members in understanding what is included in specific areas of practice, the Registration Committee has undertaken to develop definitions and descriptions. To date, four of these have been completed and are reproduced below. These include a definition of Clinical Psychology, Counselling Psychology, School Psychology, and Clinical Neuropsychology. The Committee is working on the remainder, Forensic/Correctional Psychology, Health Psychology, Rehabilitation Psychology, and Industrial/Organizational Psychology, and these will be available shortly.

In conjunction with these area of practice descriptions, the Registration Committee has also developed a description of the knowledge, skills and training required to formulate and communicate a diagnosis. This is also reproduced below.

Should you have any questions regarding these descriptions, please contact the Registration Committee through the College office.

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## CLINICAL PSYCHOLOGY

All individuals who plan to become members of the College of Psychologists are required to have, as a part of the minimum working knowledge base:

- knowledge in the core content areas of psychology, i.e. in the biological bases of behaviour, the cognitive affective bases of behaviour, the social bases of behaviour and the individual differences of behaviour;
- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and
- knowledge of psychological measurement.

**Clinical psychology is the application of knowledge about human behaviour to the assessment, diagnosis and/or treatment of individuals with disorders of behaviour, emotions and thought.**

Following from this definition, for candidates who are preparing for the practice of **clinical psychology**, the knowledge base must include, **in addition** to the above minimum knowledge base, the following:

- knowledge of psychopathology/abnormal psychology;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of psychodiagnostics;
- knowledge of intervention procedures/psychotherapy; and
- knowledge of evaluation of change.

In addition, practitioners who provide services in clinical psychology to children and adolescents must have background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

For candidates who intend to practise **clinical psychology**, at a minimum, the following skills are expected:

- the ability to perform an appropriate clinical assessment;
- the ability to formulate and communicate\* a differential diagnosis; and,
- the ability to plan, execute and evaluate an appropriate treatment program.

\* It is the view of the Registration Committee that in the practice of clinical psychology, one must know what is wrong with a client in order to treat the client and evaluate the effectiveness of the treatment. Therefore, the ability to formulate and communicate a differential diagnosis must apply to any psychologist or psychological associate who plans to practise in the area of clinical psychology. Candidates working in the area of clinical psychology who do not meet these criteria may expect to have their practice restricted.

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## COUNSELLING PSYCHOLOGY

All individuals who plan to become members of the College of Psychologists are required to have, as a part of the minimum knowledge base:

- knowledge in the core content areas of psychology, i.e. in the biological bases of behaviour, the cognitive affective bases of behaviour, the social bases of behaviour and the individual differences of behaviour;
- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and
- knowledge of psychological measurement.

**Counselling psychology is the fostering and improving of normal human functioning by helping people solve problems, make decisions and cope with stresses of everyday life. The work of counselling psychology is generally with reasonably well adjusted people. Usually, the practice of counselling psychology does not entail the use of a controlled act.**

Following from this definition, for individuals who are preparing for the practice of **counselling psychology**, the knowledge base must include, **in addition** to the minimum knowledge base required for all members of the College of Psychologists, the following:

- knowledge of psychological adjustment/lifespan development;
- knowledge of personality/individual differences;
- knowledge of psychological assessment;
- knowledge of intervention procedures/psychotherapy; and,
- knowledge of evaluation of change.

In addition, practitioners who provide services in counselling psychology to children and adolescents must have background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

For those who intend to practise **counselling psychology**, at a minimum, the following skills are expected:

- the ability to perform an appropriate counselling assessment;
- the ability to identify clients who must be referred elsewhere; and,
- the ability to plan, execute and evaluate an appropriate counselling intervention.

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## SCHOOL PSYCHOLOGY

All individuals who plan to become members of the College of Psychologists are required to have, as a part of the minimum knowledge base:

- knowledge in the core content areas of psychology, i.e. in the biological bases of behaviour, the cognitive affective bases of behaviour, the social bases of behaviour and the individual differences of behaviour;
- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and,
- knowledge of psychological measurement.

**School psychology seeks to help educators and others promote the intellectual, social and emotional development of children, adolescents, or adults. School psychology is also involved in creating environments that facilitate learning and mental health.**

Following from this definition, for individuals who are preparing for the practice of **school psychology**, the knowledge base must include, **in addition** to the minimum knowledge base required for all members of the College of Psychologists, the following:

- knowledge of intellectual, social, behavioural and emotional assessment;
- knowledge of exceptional learners;
- knowledge of normal lifespan development;
- knowledge of developmental and general psychopathology;
- knowledge of instructional and remedial techniques;
- knowledge of multidisciplinary team approach for case management;
- knowledge of counselling and psychoeducational interventions;
- knowledge of systems and group behaviours within, and related to, the school organization.

For candidates who intend to practise **school psychology**, at a minimum, the following skills are expected:

- the ability to perform an appropriate psychoeducational assessment;
- the ability to formulate a differential diagnosis or make an appropriate referral;
- the ability to plan, execute and evaluate an appropriate psychoeducational intervention;
- the ability to plan, execute and evaluate appropriate prevention programs.

## CLINICAL NEUROPSYCHOLOGY

All individuals who plan to become members of the College of Psychologists are required to have, as a part of the minimum knowledge base:

- knowledge in the core content areas of psychology, i.e. in the biological bases of behaviour, the cognitive affective bases of behaviour, the social bases of behaviour and the individual differences of behaviour;
- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and,
- knowledge of psychological measurement.

**Clinical neuropsychology is the application of knowledge about brain-behaviour relationships to the assessment, diagnosis and treatment of individuals with known or suspected central nervous system dysfunction.**

Following from this definition, for individuals who are preparing for the practice of **clinical neuropsychology**, the knowledge base must include, **in addition** to the minimum knowledge base required for all members of the College of Psychologists, the following:

- knowledge of lifespan development;
- knowledge of personality/individual differences;
- knowledge of psychopathology;
- knowledge of neuroanatomy, physiology and pharmacology;
- knowledge of human neuropsychology and neuropathology;
- knowledge of psychological assessment;
- knowledge of neuropsychological assessment;
- knowledge of psychodiagnostics; and,
- knowledge of clinical and neuropsychological intervention techniques.

In addition, practitioners who provide services in clinical neuropsychology to children and adolescents must have background in developmental psychology and knowledge of appropriate assessment and therapeutic techniques.

For candidates who intend to practise **clinical neuropsychology**, at a minimum, the following skills are expected:

- the ability to perform an appropriate neuropsychological assessment;
- the ability to formulate and communicate a differential diagnosis; and,
- the ability to plan, execute and evaluate an appropriate neuropsychological intervention.



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## FORMULATING AND COMMUNICATING A DIAGNOSIS

In addition to the knowledge and skills in a specific practice area, a member must have the following in order to **formulate and communicate a diagnosis**:

**Knowledge:**

- knowledge of psychopathology/abnormal psychology
- knowledge of personality/individual differences
- knowledge of psychological assessment
- knowledge of psychodiagnostics

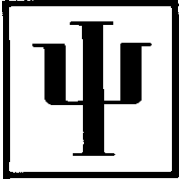
**Skills:**

- skill in establishing therapeutic rapport
- skill in eliciting information through interviewing
- skill in assessing fundamental psychological processes such as mental state, cognition, emotions and behaviours
- skill in formulating and testing diagnostic hypotheses
- skill in communicating diagnostic information clearly and sensitively
- skill in assessment of change in relevant psychological processes

**\*Formal Training:**

- coursework and supervised experience in administering and interpreting assessment materials for a diverse range of problems
- coursework and/or supervised experience in interviewing techniques
- training in formulating and testing diagnostic hypotheses in a practice setting
- supervised experience in communicating sensitive information
- coursework and/or supervised experience in assessment of change in order to evaluate the effectiveness of interventions

\*Formal training involves a combination of coursework and structured, supervised experience with evaluation of performance and feedback to the trainee. While it is accepted that some of the formal training may be acquired in a research setting, it is expected that most formal training will be acquired in a practice setting.



# COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

## Election Results

Elections to Council were held this year in Districts 1 North, 3 Central West and 4 East.

The Council welcomes: **Dr. Judith Van Evra, C.Psych.**, re-elected by acclamation to District 3  
**Dr. Stephen Dukoff, C.Psych.** elected to District 4  
**Dr. Mary Ann Mountain, C.Psych.** elected to District 1.

## The College Council

*As members of the College are aware, the Council consists of elected and appointed members. Elections are held in March of each year, in three of the electoral districts, on a rotating basis. The newly elected members or appointees of Council attend their first meeting the following May. The current Council has ten seats elected from among the members of the College and five appointed members of the public. Below is a brief biography of each of the members of the College Council for 1998/1999.*

### District 1, North

**Mary Ann Mountain, Ph.D., C.Psych.** was trained at the University of Waterloo, Lakehead University and the University of Victoria. She has been employed at St. Joseph's Hospital in Thunder Bay since 1991, providing assessment and treatment to clients with neurological injuries and diseases. She is an Adjunct Professor at Lakehead University and supervises student theses, practica and internships. Dr. Mountain has served on the Ministry of Health Provincial Rehabilitation Advisory Committee (PRAC), the Ontario Insurance Commission Catastrophic Designated Assessment Centre (CATDAC) development team and the Ministry of Health Communities Achieving Restructuring Excellence (CARE) task force (Thunder Bay). Her term will expire in April 2001.

### District 2, South West

**Jack Ferrari, Ph.D., C.Psych.** 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 practises and serves as Psychology Discipline Consultant. He is also Adjunct Clinical Professor at the University of Western Ontario, and an associate of Wilson-Banwell since 1994. Dr.

Ferrari has been involved in serving on the Program Committee of the London Branch of CHMA, the Economics Committee of OPA, and the OPA Section on Psychologists in Public Service. He conducts a part-time private practice. Dr. Ferrari's term continues until April 1999.

### District 3, Central West

**Judith Van Evra, Ph.D., C.Psych.** is currently in private practice. She was a Professor of Psychology at St. Jerome's College at the University of Waterloo in child/clinical and education areas for 20 years, and left the university in 1996. Her research interests are primarily in media effects on children's development and behaviour, and in the area of childhood disorders, and she has published books in both areas. She served as Associate Director of the Institute for Studies on Learning Disabilities at St. Jerome's College, and has consulted in various agencies and a school board, and served on numerous Boards of Directors and Advisory Boards. She was first elected to Council in 1995, and has served on the Fitness to Practice and Executive Committees, as well as several ad hoc committees, and has chaired the Complaints Committee for the past two years. She was recently elected by acclamation for a second term on Council, which will expire in April 2001.

#### **District 4, East:**

**Stephen Dukoff, Ph.D., C.Psych.** is a psychologist with the Algonquin and Lakeshore Catholic District School Board. He received his training at the University of Toronto and Queen's University. He has served on the executive for the Section on Psychology in Education of the Ontario Psychological Association, and on the Liaison Committee between the OPA and the Ministry of Education. He is a member of the Association of Chief Psychologists with Ontario School Boards. He founded the Eastern Ontario Regional School Psychology Association, which brings together members of the College and non-members working in school psychology in south-eastern Ontario. Dr. Dukoff's term will continue until April 2001.

#### **District 5, Central East**

**Nancy Eames, Ph.D., C.Psych.** received her masters degree from the University of Saskatchewan in Education and Psychology, and her doctorate degree from the University of Toronto in School Psychology. Dr. Eames also studied and received supervised training in the field of Industrial Psychology. Before joining the College as a Council member, she was on the executive of the Canadian Association of School Psychologists (CASP). Until recently, Dr. Eames also held an executive position with the Association of Chief Psychologists for Ontario School Boards. Presently, Dr. Eames is the Senior Psychologist with the Simcoe County District School Board, where she supervises and trains other educational and psychological professionals. Dr. Eames is a member of the Ontario Psychological Association and the Canadian Psychological Association. Her term will expire in April 2000.

#### **District 6, Metropolitan Toronto**

**Nina Josefowitz, Ph.D., C.Psych.** has been in private practice since 1988. Her clinical work focuses on adult individual therapy with a special interest in treating women. In addition, Dr. Josefowitz consults to the Counselling Center at Atkinson College, York University, and has been an Adjunct Professor in the Department of Psychology, OISE, for the past ten years. Prior to 1988, she worked mainly in the area of university counselling. Dr. Josefowitz' research and theoretical interest have focused on cognitive behavioural therapy and women's issues, and she has presented at conferences and published on a variety of issues including compoouter anxiety, teacher/student relationships, and coping with incest survivor's flashbacks. This is Dr. Josefowitz' second term and it extends to April 2000.

#### **District 7, Academic**

**Ron Frisch, Ph.D., 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 program, as well as Abnormal Psychology and Law and Psychology at the undergraduate level. Dr. Frisch has served two terms on OPA's Board of Directors and has served on the Ethics and Policy Committee. He maintains a small private practice and is Director of the Problem Gambling Research Group investigating the prevalence of pathological gambling in the Windsor area. Dr. Frisch's term will expire in April 1999.

#### **District 7, Academic**

**Ronald Myhr, Ph.D., C.Psych.** was trained at the University of Saskatchewan and University of Toronto. He has taught at both Ryerson and OISE. Most recently, Dr. Myhr has been employed by the City of Toronto Management Services Department as well as maintaining a small private practice in general (clinical) psychology and consulting to organizations on human resources matters and effective team functioning. Dr. Myhr has also been a member of CPA and CHRSP and actively involved with OPA. Dr. Myhr was re-elected to his second term by acclamation in 1996. His term will expire in April 1999.

#### **Psychological Associate Ex-Officio**

**Carol Doutriaux, M.A., C.Psych.Assoc.** has been registered since 1994 and actively involved with the College as a member of the Complaints Committee, Client Relations and Council and Executive. Currently Ms. Doutriaux is employed at the Public Service Commission of the Federal Government providing counselling and career-related assessments to public servants affected by downsizing and reorganization. Prior to this, she worked as a psychometrist in a group practice in Ottawa focusing on educational, insurance related and custody-access related assessments. In addition, Ms. Doutriaux has had many years of volunteer experience. Her term runs until April 2000.

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## Public Members

**Mr. Peter Adams** was appointed to Council by the Lieutenant Governor in March of 1996. Mr. Adams has extensive experience as a consultant particularly in the fields of health care, public relations, government relations, and human resources. Mr. Adams appointment will expire in April, 2001.

**M. Gilles Gagnon** is past Mayor of Hearst, Ontario and has extensive experience working in the field of health care as an administrator for Notre Dame Hospital and in varied positions for other health care organizations. M. Gagnon's appointment was recently extended to April 2000.

**Mr. Michael Giffen** is currently teaching for the Simcoe County Board of Education as well as working as an announcer for CKCB, Collingwood. Mr. Giffen has been Program Superintendent for the Christian Education Program for Children, and done volunteer work with community television and theatre. Mr. Giffen's appointment runs until April 2001.

**Ms. Barbara Gray** owns and operates a 425 acre farm. In addition to holding the position of Justice of the Peace for 18 years, Ms. Gray has been secretary of Ontario Wide Justice of the Peace, operated as a Real Estate agent, served on the Planning Board of the Cobourg Real Estate Board Program and has taught a variety of night school subjects. Ms. Gray's appointment extends to April 2001.

**Ms. Jane Snyder** has a background in economics and business and co-owns and operates Snyder Construction. Her past experience includes the position of account executive for an advertising agency, and retail managerial experience. Ms. Snyder's appointment will expire in April 2001. §

**The Council would like to recognize the other members of the College who participated in the elections.**

**Their willingness to commit to the task of being on the Council is very much appreciated.**

## Annual Reports

The Annual Report of the College of Psychologists for the fiscal year 1996-1997 is now available. Members who wish to receive a copy may do so by contacting the College. The Annual Report for the fiscal year just past, 1997-1998 is being prepared and will be available to members in the fall.

## Deceased

The College has learned with regret of the death of Dr. Doris Edna Sutherland Roche, former Board member of Ontario Board of Examiners in Psychology, the predecessor to the College of Psychologists of Ontario. The College extends its condolences to the family, friends and professional colleagues of Dr. Roche.

## Erratum

*In the previous issue of the Bulletin, there was a College Notice regarding Changes to the Register. In announcing the new Psychological Associates, the names of Laurent Legace and Janice Heramchuk were inadvertently omitted. As well, Abigail Corrigan's and Debra Greenberg's names were misspelled.*

*We apologise for these inaccuracies, and regret any inconvenience this may have caused. §*



## Statutory Committees 1998 - 1999

At the meeting of Council held on May 29 and 30, 1998, the new Executive Committee was elected from the members of the Council. Dr. Ron Myhr and Dr. Nina Josefowitz were elected to the positions of President and Vice-President, respectively. The remaining Executive Committee members elected were Ms. Carol Doutriaux, M. Gilles Gagnon, Ms. Barbara Gray, and Dr. Janet Polivy. Ms. Carol Doutriaux was appointed as an ex-officio member of the Executive Committee.

On the recommendation of the Executive Committee, Council approved appointments to the remaining six statutory committees. Each committee is comprised of professional members of the Council (Council), public members of the Council (Public), and members of the College who are not members of Council (College). The committee composition is defined by regulation under the Psychology Act, 1991.

### Client Relations:

Chair:	Dr. Jack Ferrari
Council	Dr. Nancy Eames
Public	Ms. Barbara Gray
Adams	
	Ms. Jane Snyder
College	Ms. Carol Doutriaux

### Complaints:

Chair:	Dr. Judy Van Evra
Council	Dr. Jack Ferrari
Public	M. Gilles Gagnon
	Mr. Michael Giffen
	Ms. Jane Snyder
College	Dr. Marty McKay
	Ms. Marcia Sokolowski

### Discipline:

Chair:	Dr. Nancy Eames
Council	Dr. Stephen Dukoff
	Dr. Ron Frisch
	Dr. Nina Josefowitz
	Dr. Mary Ann Mountain
	Dr. Ron Myhr
Public	Mr. Peter Adams
	Ms. Barbara Gray
	M. Gilles Gagnon
	Ms. Jane Snyder
College	Mr. Ron DiCarlo
	Dr. Eugene Sunday

### Fitness to Practice:

Chair:	Dr. Ron Frisch
Council	Dr. Stephen Dukoff
Public	Mr. Peter
College	Dr. Rosemary Keogh
	Ms. Shari Schwartz

### Quality Assurance:

Chair:	Dr. Nina Josefowitz
Council	Dr. Mary Ann Mountain
Public	Mr. Michael Giffen
College	Dr. Margret Hovanec
	Ms. Monique Pressé

### Registration:

Chair:	Dr. Janet Polivy
Council	Dr. Stephen Dukoff
	Dr. Ron Frisch
Public	Mr. Peter Adams
	Ms. Barbara Gray
College	M. Jean-Martin Bouchard
	Dr. Randy Katz

## **“Investigations and Resolutions” Replaces “Complaints and Discipline”**

For many years, dating back to the days of the Ontario Board of Examiners in Psychology, the staff who process and investigate complaints have been referred to as working in the area of “Complaints and Discipline”. The recent Operational Review undertaken by the College made a number of recommendations with respect to this component of the College’s work suggesting a change in philosophy and emphasis, and with it, a change in title. The new name for this aspect of the College’s work is: *Investigations and Resolutions*, reflecting an emphasis on attempting, where possible, to achieve a resolution of concerns prior to initiating the investigation or other complaint processes. Staff working in this area continue to investigate complaints including Registrar’s Inquiries into fitness to practice under the RHPA, and support the discipline process, when the need arises. The recommendations of the Operational Review have resulted in substantive changes to the manner in which concerns or complaints, brought to the attention of the College, will be handled. A fuller description of these changes will be reported in upcoming issues of the Bulletin.

The College invites and encourages comments or suggestions from members regarding the *Investigations and Resolutions* process. These may include comments or questions regarding procedures, information available, one’s experience with the process, ways in which the College could assist members in this area, or improve the process to the benefit of both members of the College and the public. Please forward any comments you may have to the attention of the Registrar, for consideration by the appropriate Committee or staff.

## **Regulations, Standards of Professional Conduct and Guidelines of the College of Psychologists of Ontario: Changes and Additions**

Recently, the College Council approved four additional Guidelines to become part of *The Regulations, Standards of Professional Conduct and Guidelines of the College of Psychologists of Ontario*. These Guidelines, reproduced below, address areas in which members have expressed a need for more guidance, elaboration and clarification.

Two of the new guidelines address areas which may be of interest to current members:  
*Guidelines for Change of Area of Competence for Psychologists and Psychological Associates*  
*Guidelines for Removal or Modification of a Term, Condition or Limitation*

The other two guidelines are of relevance to applicants seeking registration with the College and who propose to practice in an area of psychology other than that in which they were explicitly trained:

*Guidelines for Retraining Plans for Applicants for Registration - Psychologist*  
*Guidelines for Retraining Plans for Applicants for Registration - Psychological Associate*

These latter Guidelines are to be read in conjunction with the existing *Guidelines for Certificate of Registration Authorizing Supervised Practice* for psychologists and psychological associates which outline the requirements and process for individual’s seeking membership in the College.

If you have any questions regarding these Guidelines or would like information concerning how they may apply to your particular situation, please address your inquiries to the Registration Committee in care of the College.

**The Guidelines of the College of Psychologists  
of Ontario**

**GUIDELINES FOR RETRAINING PLANS  
FOR APPLICANTS FOR REGISTRATION -  
PSYCHOLOGIST**

When might an applicant require a retraining plan?

- A. Change of area of training: Any applicant who seeks registration as a psychologist and proposes to practise in an area of psychology other than that in which they were explicitly trained, must follow a retraining plan. It should be remembered that pursuant to the *Guidelines for Certificate of Registration Authorizing Supervised Practice* (Section C.1.e iii)), a candidate changing his or her service or practice area or entering an additional area of practice must undertake such study, training and supervision to yield competencies comparable to those held by graduates at the doctoral level in the intended area of practice. The Registration Committee will determine case-by-case whether or not such retraining is necessary.
- B. Additional training in an area: Any applicant who seeks registration as a psychologist who has completed a graduate program in a particular area of psychology but who does not have specific training or sufficient training in the intended area of practice or a subarea of it, may need a training plan to provide this further preparation. The Registration Committee will determine when such additional training is needed.

*I. Required Elements of a Retraining Plan*

- A. For those areas wherein reasonably standardized curricula have been established by the profession, e.g. clinical psychology, clinical neuropsychology, counselling psychology, school psychology, the equivalent courses and training experience should be included in any training plan for someone entering that area.

1. If a graduate retraining program such as exists at the University of Ottawa or University of Windsor, is attended and successfully completed, this may obviate the need for further training.

OR

2. If a series of graduate courses is completed for credit under the direction of the Graduate Committee of an accredited university or professional school whose

program meets the College's academic requirements, the Registration Committee may accept such courses as a major part of the training. The Graduate Committee must be aware that the person is retraining for practice, not simply taking courses as a special student.

OR

3. If the candidate and supervisor elect to design their own program of study through readings, workshops and courses, they must submit a detailed description of all aspects of this study to the Registration Committee and must include explicit means of assessment of progress. The Registration Committee will determine, with consultation with experts in the area if necessary, the acceptability of such individually tailored programs.

AND

- B. Areas of psychology that normally include practica and internship training as well as a period of post-degree supervised practice, e.g. clinical psychology, clinical neuropsychology, counselling psychology, school psychology, will generally require more time in supervised practice for candidates who are retraining and do not have these training experiences. It is thus expected that anyone retraining in such an area of psychology will normally go through an extended period of supervised practice/training of at least 3000 hours at the rate of a minimum of 750 hours per year. The supervision will be expected to be more intensive than the minimum 4-5 hours per month required for supervised practice for candidates already trained in the area in which they plan to practise.

Given the greater intensity of supervision in a graduate training program, retraining candidates will be expected to receive a minimum of 3 hours of supervision per week for their first 1500 hours of supervision. The majority of this supervision should be in individual rather than group supervision sessions. This requirement will apply to anyone moving from a nonapplied to an applied area of psychology that usually requires such practical training, but it may be partially waived for candidates moving from one applied area to another, e.g. from counselling psychology to clinical psychology, where the original training did include some similar supervised practice.

- C. Some areas of psychology do not require specific practical training or internship experience, e.g. industrial/organizational psychology, experimental psychology, etc. Candidates training in these areas may be ap-

proved by the Registration Committee to complete only the standard one year of supervised practice.

## II. *Assessment of Progress in Retraining*

- A. Candidates retraining to a different area of psychology will have an assessor who represents the College. A candidate will choose this assessor from a list provided by the College. Normally, the candidate will be interviewed yearly to determine his or her progress. The candidate will pay the College the fee for this assessment, and the College will pay the assessor.
- B. In all but exceptional cases, the candidate will be asked to attend an interview with the Registration Committee or representatives of the Committee to review the achievement of the training goals. This should in no way be construed as a replacement for the oral examination, which remains a nonexemptible requirement for registration, nor does completion of any or all retraining requirements in any way a guarantee that the candidate will pass the oral exam, which focuses on ethics and professional practice, as well as content knowledge.
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### **The Guidelines of the College of Psychologists of Ontario**

#### **GUIDELINES FOR RETRAINING PLANS FOR APPLICANTS FOR REGISTRATION - PSYCHOLOGICAL ASSOCIATE**

When might an applicant require a training plan?

- A. Change of area of training: Any applicant who seeks registration as a psychological associate and proposes to practise in an area of psychology other than that in which they were trained and has significant post-degree experience must follow a retraining plan. It should be remembered that pursuant to the *Guidelines for Certificate of Registration Authorizing Supervised Practice* (Section C.1.e iii), a candidate changing his or her service or practice area or entering an additional area of practice must undertake such study, training and supervision to yield competencies comparable to those held by graduates at the masters level in the intended area of practice. The Registration Committee will determine whether or not such retraining is necessary.

- B. Additional training in an area: Any applicant who seeks registration as a psychological associate who has completed a masters program in a particular area of psychology but who does not have specific training and experience, or sufficient training and experience in the intended area of practice or a subarea of it, may need a training plan to provide this further preparation. The Registration Committee will determine when such additional training is needed.

### *I. Required Elements of a Retraining Plan*

- A. For those areas wherein reasonably standardized curricula have been established by the profession, e.g. clinical psychology, clinical neuropsychology, counselling psychology, school psychology, the equivalent courses and training experience should be included in any training plan for someone entering that area.

1. If a graduate retraining program is attended and successfully completed, this may obviate the need for further training.

OR

2. If a series of graduate courses is completed for credit under the direction of the Graduate Committee of an accredited university or professional school whose program meets the College's academic requirements, the Registration Committee may accept such courses as a major part of the training. The Graduate Committee must be aware that the person is retraining for practice, not simply taking courses as a special student.

OR

3. If the candidate and supervisor elect to design their own program of study through readings, workshops and courses, they must submit a detailed description of all aspects of this study to the Registration Committee and must include explicit means of assessment of progress. The Registration Committee will determine, with consultation with experts in the area, if necessary, the acceptability of such individually tailored programs.

AND

- B. Areas of psychology that normally include practica and internship training, as well as a period of post-degree supervised practice, e.g. clinical psychology, school psychology, counselling psychology, clinical neuropsychology will generally require comparable time in supervised practice for candidates who are retrain



ing and do not have these supervised training experiences. It is thus expected that anyone retraining in such an area of psychology will normally go through an extended period of supervised practice/training of at least 3000 hours at the rate of a minimum of 750 hours per year. The supervision will be expected to be more intensive than the minimum 4-5 hours per month required for supervised practice for candidates already trained in the area in which they plan to practise.

Given the greater intensity of supervision in a graduate training program, retraining candidates will be expected to receive a minimum of 3 hours of supervision per week for their first 1500 hours of supervision. This supervision should be in individual, rather than group supervision sessions. This requirement will apply to anyone moving from a nonapplied to an applied area of psychology that usually requires such practical training, but it may be partially waived for candidates moving from one applied area to another, e.g. from counselling psychology to clinical psychology, where the original training did include some similar supervised practice.

- C. Some areas of psychology do not require specific practical training or internship experience, e.g. industrial/organizational psychology, experimental psychology, etc. Candidates training in these areas may be approved by the Registration Committee to fulfil the standard one year of supervised practice.

## II. *Assessment of Progress in Retraining*

- A. Anyone retraining to a different area of psychology will have an assessor who represents the College. A candidate will choose this assessor from a list provided by the College. The candidate will go to the assessor yearly for an interview to assess progress in the retraining in the new area. The candidate will pay the College the fee for this assessment, and the College will pay the assessor.
- B. In all but exceptional cases, the candidate will be asked to attend an interview with representatives of the Registration Committee to review the achievement of the training goals. This should in no way be construed as a replacement for the oral examination, which remains a nonexemptible requirement for registration, nor does completion of any or all retraining requirements in any way a guarantee that the candidate will pass the oral exam, which focuses on ethics and professional practice, as well as content knowledge. §

### **The Guidelines of the College of Psychologists of Ontario**

#### **GUIDELINES FOR CHANGE OF AREA OF COMPETENCE FOR PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES**

Members of the College of Psychologists are expected to practise within their declared areas of competence in psychology. Over the course of their career however, members may make changes to their practice including their area of competence. The Standards of Professional Conduct, Principle 3.3 requires that members keep the College informed of such changes to their declared area of competence.

Those members who have been in practice for an extended period of time should periodically review the status of their practice to see if the declared area of competence indicated on the annual renewal survey continues to reflect their practice accurately. The Quality Assurance Self Assessment Guide may assist members in this review.

If there has been a change, the member should communicate with the College indicating the change in the practice and therefore in their competencies. The member should document the experience, training, workshops, readings, supervision and/or consultations that demonstrate the new knowledge and skills associated with the change in the designated area of professional competence. The Registration Committee may require the member to acquire further training and/or to attend an interview to ensure that the member has attained the level of competence for autonomous practice comparable to that of practitioners formally trained in the new area of practice.

What constitutes a change in practice?

A change in area of psychology, professional activities, or client population necessitates notifying the College and acquiring further training. Examples of such changes include:

- Change in area of psychology: from clinical psychology to clinical neuropsychology
- Change in professional activity: from solely assessment services to psychotherapy
- Change in client population: from practice with adults to practice with children

A member changing his/her practice area, or professional activities, or client population must undertake such study, training and supervision to yield competencies comparable to other members of the College who are recognized for practice in that area, activity or with that client population. Such a change may require a retraining plan.

Required elements of a retraining plan:

For those areas wherein reasonably standardized curricula have been established by the profession (e.g. clinical psychology, clinical neuropsychology, counselling psychology, school psychology), the equivalent courses and training experience should be included in the retraining plan for someone entering that area.

To acquire the retraining a member may:

1. attend and successfully complete a formal graduate retraining program such as exists at the University of Ottawa or the University of Windsor. This may obviate the need for further training; or
2. complete a series of graduate courses for credit under the direction of a Graduate Committee of an accredited university or professional school whose program meets the College's academic requirements. The Graduate Committee must be aware that the person is retraining for practice, not simply taking courses as a special student. The Registration Committee may accept such courses as a major part of the training; or
3. design a personal program of study through readings, workshops, and courses. The member must submit a detailed description of all aspects of this study to the Registration Committee and must include explicit means of evaluation of progress. The Registration Committee will determine in consultation with experts in the area, if necessary the acceptability of such individually tailored programs. §

**The Guidelines of the College of Psychologists  
of Ontario**

**GUIDELINES FOR REMOVAL OR MODIFICATION  
OF A TERM, CONDITION OR LIMITATION**

Members of the College whose certificate of registration for autonomous practice includes a term, condition or limitation resulting from a registration proceeding may apply, pursuant to section 19.(1) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 through the Registration Committee of the College, for removal or modification of the term, condition or limitation according to the following guidelines:

- 1) these guidelines apply to the removal or modification of any term, condition or limitation.
- 2) the request for removal or modification of a term, condition or limitation should be made by completing the appended application form and submitting it to the Registration Committee, together with the application fee of \$50.

3) the Registration Committee will review each request taking into account all relevant information and will decide whether or not to direct the Registrar remove or modify the term, condition or limitation.

4) in order to help the Registration Committee to reach a decision, but subsequent to the satisfactory review of the completed application for removal or modification of the term, condition or limitation, the candidate will normally be invited to a focused interview concerning the term, condition or limitation in question. In such cases an interview fee will apply.

5) the Registration Committee may reach one of the following decisions:

- a) to direct the Registrar to remove or modify the term, condition or limitation: or
- b) to defer a decision regarding the removal or modification of the term, condition or limitation and request the applicant to gain further specified training or experience; or
- c) to maintain the term, condition or limitation. §

**Request for Removal or Modification of a Term, Condition or Limitation on the Certificate of Registration**

Name: \_\_\_\_\_

Registration Certificate #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

PLEASE REPLY TO EACH OF THE FOLLOWING AND SEND TOGETHER WITH THIS FORM  
TO THE REGISTRATION COMMITTEE OF THE COLLEGE

1. Identify the term, condition or limitation you wish to have removed from, or modified on, your certificate of registration.
2. List all relevant courses, workshops or other formal training, including title, date, and a brief description of the content that was related to the term, condition or limitation that is the subject of this application.
3. List all recent readings in this area that you wish to bring to the attention of the Registration Committee.
4. Describe all supervised experience in relation to the term, condition or limitation, including names of supervisors, dates, approximate number and types of clients, and the nature of the client contacts. Please ask the supervisors to send an attestation to the College, if this is not already on file. .
5. Indicate why you wish to have this term, condition or limitation removed or modified, in terms of your current or future work.

Provide all relevant information, including that which may already be on file, in order to provide the Registration Committee with the necessary documentation to enable it to reach a decision respecting the removal or modification of this term, condition or limitation. §

## Staffing Highlights

Over the past few months there have been a number of changes within the College staff. Changes have taken place in the Office Administration area and the College is pleased to welcome Mr. Gnana Fernando to the new position of Information Systems Administrator. Gnana comes to us with much experience and we are already benefiting from the steps he has taken in enhancing our technical capabilities. Ms. Stephanie Morton, who was Office Manager for a number of years recently returned from parental leave. She however, has decided to leave the College to pursue further post-graduate education. We wish Stephanie much success in her future endeavours.

We would like to take this opportunity to welcome Ms. Nadine Carpenter, who has accepted a permanent position, as an Investigator at the College. Nadine has been on contract for the past year and we are pleased she has joined our full time staff. Nadine will be taking over for Ms. Rebecca Netley who is leaving in October to begin work with the Canadian Foreign Service. Rebecca has been with us for just over eighteen months but during this time she has made a valuable contribution to the work of the College. We will miss Rebecca and wish her luck in this exciting new opportunity.

The College is pleased to have Ms. Dana Wilson-Li back from parental leave, capably returning to her role in the Registration area. In addition, Ms. Renee Husain has joined the College on a one-year contract to further assist with Registration. We are also pleased to announce that Gabriella Lella is continuing with the College and will be assuming the responsibilities at Reception in September. §



### Mission

To serve the public interest by ensuring that psychological services in Ontario are effective, safe and accessible.

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

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