

Three New Regulations under the Psychology Act, 1991

On October 17, 1998 three new regulations under the Psychology Act, 1991 came into force; Registration, Quality Assurance, and Advertising. The process of developing regulations is very lengthy and labour intensive and involves the participation of the membership, the Council, the Ministry of Health, the Standing Committee on Legislation and Regulations, and ultimately, the Cabinet. These current regulations have been the subject of much consultation and discussion and the College appreciates the considerable time and effort of Council, staff and the membership at large in bringing these regulations to completion. Below are some brief explanatory notes respecting the three new regulations. The complete text is provided as an insert to this <u>Bulletin</u>.

Registration Regulation Highlights

The new Registration regulation is an expanded replacement of the regulation that had been in place since 1993. The new regulation now provides for six classes of certificates of registration, three for psychologists and three for psychological associates, where in the past there was only one of each.

Certificate Authorizing Autonomous Practice: This certificate was previously referred to as the permanent register. It allows a member to practise without supervision, subject to any terms, limitations or conditions that may have been applied to the certificate either at the time of registration or subsequently through a complaint or discipline proceeding.

Certificate Authorizing Interim Practice: This is a new class of certificate. It allows a practitioner, registered in another jurisdiction and who meets certain basic established criteria, to practise independently for a short, specified period of time, while completing the requirements for a Certificate Authorizing Autonomous Practice. For example, this interim certificate will allow an individual registered in a jurisdiction with which the College has a reciprocity agreement, to practise autonomously while awaiting an opportunity to take the jurisprudence examination and the oral interview.

Certificate Authorizing Supervised Practice: This certificate was previously referred to as the *temporary register*. A holder of this certificate may engage in supervised practice while fulfilling the requirements for the Certificate Authorizing Autonomous Practice.

IN THIS ISSUE

Three New Regulations under
the Psychology Act, 19911
President's Report
Quality Assurance Update
Client Relations Committee
The Controlled Act of Communicating
a Diagnosis: A Response to the
Ontario Psychological Association 7
College Notices
Changes to the Register11
INSERTS

1999 Barbara Wand Symposium Registration Form Advertising Regulation Quality Assurance Regulation Registration Regulation Within the Regulation, one may find the detailed, specific requirements or conditions an individual must fulfill in order to obtain the particular certificate to practise as a psychologist or psychological associate within the province of Ontario.

Also new within this Regulation is the authority for the College to grant four different types of registration status to members. This will allow the College to respond to the requests of members who have, over the years, felt that a *regular* registration status does not reflect their practice or needs.

Regular Status: This status continues the general category of registration which has existed in the past and which applies to all current members.

Inactive Status: Members may apply to move to this status if they will not be engaging in psychological practice in Ontario for a period of at least six months, but wish to maintain their membership in the College. It is anticipated that this will be a temporary circumstance, such as a maternity leave or short term disability for example, and that the member expects to resume his/her practice.

Academic Status: This status will be available to members who work in academic settings but who do not provide any type of psychological intervention or service to individuals, groups or organizations, and who are not supervising individuals in providing services. A member teaching at the university level would not be eligible for this status of registration if, as part of their work, they supervise students or others in the provision of psychological services.

Retired Status: Members who are retiring from the profession but who wish to maintain membership in the College and with it the right to the use of the title "Psychological Associate" or "Psychologist", may apply for Retired Status. A retired member may not provide any psychological services. It is anticipated that a retired status is permanent, in contrast with Inactive Status, which is considered to be a temporary cessation of practice.

The availability of these differing status categories can allow for a differential fee structure, such that, for example, retired members may pay less than a regular status member. It should be noted that an individual may not apply for inactive, academic or retired status without first holding a certificate of registration for regular status.

Quality Assurance and Advertising Regulation

The Quality Assurance Regulation establishes the College's QA program and is the result of many years of development,

member consultation and redrafting. It describes the components of the program, the authority of the QA Committee to require participation in the program and the safeguards established to ensure due process in the implementation of all aspects of the program. The areas covered in the Advertising Regulation will be familiar to most members, as they have been in place as a part of Principle 4 of the Standards of Professional Conduct. At the time of proclamation of the RHPA, all Colleges were required to develop and submit an Advertising Regulation. While awaiting approval of this regulation, the College provided members with direction with respect to Advertising by incorporating these concepts into the Standards of Professional Conduct.

President's

Report

One of my objectives for my term as President has been to have contact with as many members as possible from around the province. The College has been too distant from its members, except for the painful occasions of fees collection and complaints investigations. The "College" becomes a stern and distant authority rather than what it should be - a collective of all members of the profession.

Several meetings with members have been held or arranged. I was invited to Windsor and London by local Council members, and attended meetings in both cities. At the London meeting I was accompanied by Dr. Rick Morris, the College's Director of Professional Affairs. Rick also met with members from the Kingston area. The College's policies with respect to Psychological Associates and the communication of diagnoses were of particular interest to members, as was the status of the Quality Assurance program. A future meeting is being planned for Toronto, and members from there will be advised of time and location.

The Executive Committee is holding its February meeting in Ottawa, and we will be hosting a reception for local members. I look forward to meeting many of our Eastern District colleagues at this event on the evening of February 4. Specific information has been sent to all Eastern area members.

Receptions are also being held in association with each of the quarterly meetings of Council. Because of the College's limited facilities, different groups are being invited at different times. It's not ideal, but it's a start – if you have other ideas about how these events might be organized, please contact me.

The first of these receptions was held in December, with invitations extended to members in positions of leadership at OPA, school boards, hospitals, the Canadian Psychological Foundation, etc. The next is scheduled for March 5, and all practitioners in clinical and counselling psychology are invited – details are on the flyer enclosed with this <u>Bulletin</u>. Other groups will be invited in the future. I look forward to seeing many of you over the next few months!

It has been five years since the Regulated Health Professions Act came into force. During this period, a "transition stream" for registration of Psychological Associate candidates was in place which recognized extended professional experience in lieu of formal supervised practice on the Temporary Register and, existing alternate academic psychology credentials which may not have met current College criteria. With the end of the "transition stream" on December 31, 1998, all future Psychological Associate candidates will be required to meet the regular entry criteria.

With the transition period coming to an end, a very large number of psychological associate candidates were examined at the December oral examination session, along with the usual number of psychologist candidates. At this session, 79 Psychological Associates and 30 Psychologists passed the examination. My congratulations to all the new members!

As a result of the end of the transition stream, there will be dramatically fewer Psychological Associate candidates examined at the next few orals. Psychological Associate candidates must now have four years of acceptable post-masters experience, followed by one year of supervised practice (similar to the old Temporary Register) before receiving an invitation to the orals. Currently, there are not many Psychological Associates in the regular entry process. It is also not clear whether the Universities will develop more Masters programs to accommodate individuals seeking registration as Psychological Associates.

The College is close to finalizing its policies and processes with respect to communication of diagnoses. The communication of a diagnosis is a "controlled act" under the RHPA. Much effort has gone into defining the process by which Psychological Associates can obtain the authority to perform this controlled act. A summary of the issues is contained in this <u>Bulletin</u>, in the form of excerpts from a letter I wrote to the Ontario Psychological Association. I will also be writing directly to each member, outlining the final decisions of the College on the issues. Hopefully, we can then lay this very divisive issue to rest.

The College, and before it the Ontario Board of Examiners, has been very well served by its competent, hard working and professional staff. A recent reorganization of staff responsibilities has occurred, and I would like to introduce some of the key players. The four individuals profiled below constitute the senior management team at the College. Their collective competence makes my job, and that of Council, a whole lot easier than it might otherwise be.

Dr. Catherine Yarrow has been with the College since 1991 when she assumed the role of Associate Registrar. She became Registrar in 1993. As Registrar, Catherine has overall responsibility for the operations of the College, and reports directly to Council. She advises Council on matters of policy, and is responsible for maintaining liaison with provincial, national and international organizations.

Prior to joining the College, Dr. Yarrow worked as a staff psychologist at the WCB Downsview Rehabilitation Center and later in full-time private practice. As a private practitioner, she worked mainly with victims of motor vehicle and work-related accidents.

During her tenure as Registrar, Dr. Yarrow has achieved prominence with national and international regulatory bodies. She has been vice-president of the Federation of Health Regulatory Colleges of Ontario, and has taken an active role in the Association of State and Provincial Psychology Boards. Catherine has also served on the Council of the Canadian Register of Health Service Providers in Psychology and on the Council of Provincial Associations of Psychologists.

Dr. Rick Morris joined the College in 1996 as Director of Professional Affairs, and has recently taken on the additional role of Deputy Registrar. Rick is responsible for the College operations that involve service to or other contact with members. He provides practice advice to members, is the principal staff support to the Quality Assurance, Client Relations, and Communications Committees, and is the editor of the <u>Bulletin</u>. In addition, Rick has overall responsibility for the Investigations and Resolutions staff functions, although he does not usually become closely involved with complaint investigations. In addition to his College responsibilities, Rick is co-Chair of the Quality Assurance Working Group of the Federation of Health Regulatory Colleges of Ontario.

Before joining the College staff, Rick was Director of Clinical and Service Quality at Kinark Child and Family Services, and worked for many years in the field of children's mental health as both a psychological service provider and administrator. His wealth of senior clinical experience has served him well in his role as practice advisor – many members have sought his advice, and been impressed with his calm and common sense approach to practice dilemmas.

Ms. Connie Learn is Director, Registration and Administration, and has worked with the College and OBEP for 13 years. Prior to the recent reorganization, she held the position of Assistant Registrar: Registration, and before that was Assistant Registrar: Administration. Connie is responsible for one of the most intense and focussed activities of the College, the application and registration process, as well as staff support to the Registration Committee, maintenance of all member records and general office administration.

It is hard to overstate the amount of work involved in preparing application procedures, processing applications, administering written exams, coordinating oral exams and the schedules of dozens of examiners and candidates, and supporting the Registration Committee in its disposition of each and every application considered. But then, Connie has been doing this for a long time – over half the current members have become registered during her tenure! No wonder she does it so well.

Ms. Nancy Ferguson is the Acting Manager of Investigations and Resolutions, and is responsible for the investigation of complaints made against members, identification of possible

resolutions of the complaints, and staff support to the very busy Complaints Committee. Nancy has been instrumental in recasting the complaints-management system as, in part, a dispute resolution process. While the College has a responsibility to investigate complaints and occasionally, prosecute members through the discipline process, it has become clear that alternate methods of handling problems can be very successful at resolving complaints while protecting the public. As a result, the number of complaints referred to the Discipline Committee has fallen substantially.

Nancy has an undergraduate background in psychology, and is a graduate of Osgoode Hall Law School who was called to the bar in 1994. She was the recipient of a County of York Law Association Medical/Legal Prize for some of her work at law school. Her background in law and her understanding of the profession has contributed greatly to her success at the College.

Quality Assurance Update

In late December, on behalf of the QA Committee, I sent a letter asking for members to volunteer to participate in the pilot testing of the Peer-Assisted Review component of the QA program. To date, a little to my surprise, the response to this request has been quite positive with many members calling, writing or e-mailing their interest. Given the great concern raised by this component of the program earlier on, I had anticipated a very limited response that would have meant individual telephone calls and letters in an effort to draft 'volunteers'.

In conducting the pilot test, we are planning to draw a cross section of members from our volunteer pool, in an effort to include a large number of variables, for example, geographic location, area of practice, practice setting and length of time since registration. We will also want to conduct the pilot testing using both psychological associate and psychologist members. I want to thank all of those who have volunteered.

The QA Committee will be presenting a symposium at this year's Ontario Psychological Association Convention in February entitled, *Quality Assurance and Peer-Assisted Review: The College Visits Your Practice.* This will be a presentation of the structure of the Peer-Assisted Review as it has evolved though the piloting, providing an overview of the areas to be included. Member input and discussion will be welcomed and encouraged.

The Self-Assessment Guide and Professional Development Plan(SAG) was introduced last spring for completion by the full membership. The QA Program requires that every member complete the Guide and Plan every second year. In order to get onto an every other year cycle, some members who completed the SAG last year will be required to complete

it again this year. The determination of this will be based on registration numbers. Members whose registration number is an odd number will complete the questionnaire in the odd number years and members whose registration numbers end in an even number will complete it in the alternate years. Therefore, in the spring of 1992, members with odd number registration certificates will be receiving the *SAG* for completion. The *SAG* is being reviewed and revised based on input from members. If you have any suggestions, additions, corrections or comments you would like considered in this review, I would appreciate hearing from you.

Rick Morris, Ph.D., C.Psych.

Deputy Registrar/Director, Professional Affairs (Staff support to the Quality Assurance Committee)

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Client Relations Committee

Multicultural Diversity

The Client Relations Committee of the College of Psychologists has as its primary mandate the prevention of sexual abuse of clients by members. More generally, the Committee is concerned with issues of boundaries and power in the professional relationship. Problems with boundaries and power have their most extreme expression in the sexual abuse of clients by professionals.

It was brought to the Committee's attention recently that these issues of boundaries and power can be keenly felt by minority populations. A letter from a First Nations woman dealt with her disappointments and difficulties in dealing with what she considered to be an exclusive mental health, not necessarily psychology, system. Similar issues seem to be reported by other minorities, whether ethnic, linguistic, religious, or because of sexual orientation.

The problems can take several forms. First and foremost is mistrust. Next might come communicational difficulties between the psychological service provider and the client, that can be of several forms: linguistic difficulties; different expectations; different definitions of health and illness, of normality or deviancy; and, different cultural assumptions around such things as privacy or personal space.

Sometimes members of minority groups encounter very specific problems which are not generally often understood except by those who have experienced them, themselves. Such problems may include, discrimination and prejudice, colonialization and its aftermath, the experience of immigration, or the trauma associated with a refugee status.

These problems interact with health concerns, commonly including mental health, and call for specific understanding on the part of the helping professional. The power inherent in the professional role can easily lead to a misinterpreting, and even a misdefining or an invalidating response to the minority group member, unless one has considerable awareness of the potential for miscommunication. It is important for practitioners to appreciate and understand that any miscommunication or failure of shared definitions of

social reality will not impact on the professional in as important a way as it will on the individual seeking help.

The Client Relations Committee, and the College in general, is committed to a proactive, educational role, rather than a punitive and reactive one. The field of psychology has unique contributions to make in the understanding of minority and multicultural issues, and the Committee will be encouraging a general dialogue at professional and academic levels to address these topics. These issues already form part of the corpus of general knowledge expected of applicants preparing for the written Examination for Professional Practice in Psychology. Within the Social and Cultural factors module one is expected to be aware of multicultural and multiethnic diversity, respecting for example, racial/ethnic minorities, gender, age, disability, sexual orientation, religious groups, etc. These types of issues are being addressed more and more by our professional, collegial bodies with several recent articles in the APA Monitor devoted to them.

We are going to be sponsoring a symposium at the upcoming OPA convention to discuss this topic, and we will also be exploring ways of encouraging professional consideration of these matters. Eventually the profession may have a set of guidelines for multicultural and minority service; we do not see it as a College role to develop such guidelines, but to suggest the need and to encourage ongoing work.

Jack Ferrari, Ph.D., C.Psych. (Chair)

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The Controlled Act of Communicating a Diagnosis: A Response to the Ontario Psychological Association

During 1998, the College undertook a consultation regarding the process and requirements for Psychological Associates to practice without a limitation respecting communication of psychological diagnoses. All Psychological Associate members were included in the consultation as were a number of Psychologist members. In addition, the consultation included the Ontario Psychological Association, and some current and potential Psychological Associate applicants, including some individuals identified by the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists(OACCPP). The following summary of the College's current position on Psychological Associates' access to the controlled act is abridged from the letter sent by the College President, Dr. Ron Myhr to Dr. John VanDeursen, President of the Ontario Psychological Association in response to the OPA's letter of consultation. The full letter, dated November 10,1998,was copied to the Honourable Elizabeth Witmer, Minister of Health; the Professional Relations Branch, Ministry of Health; OACCPP; and, all respondents to the consultation.

The registration of Psychological Associates has placed a number of difficult issues before the College. Of these, extension of the controlled act of communicating a diagnosis to Psychological Associates has proven to be especially troublesome, in part because there are many diverse opinions on the issue. It has been difficult for the College to formulate a policy consistent with the law, respectful of masters-level practitioners and yet responsive to the concerns of many Psychologists about erosion of training and practice standards.

The response of OPA to our consultation has proven to be helpful in clarifying some of the essential issues. We very much appreciate the time taken in formulating your thoughtful perspective. It is important that the professional association (OPA) and the regulatory body (the College) have substantive dialogue on important matters. I hope that we can continue to share perspectives, and work together to build and maintain a vital profession, inclusive of all psychological practitioners.

In addition to OPA's response to our request for consultation, many other submissions and communications have been received by the College. Some of these were in the form of responses to our survey on the issues, which systematically sampled Psychologists, Psychological Associates and prospective Psychological Associates. Others were generated

by published reports on the evolving proposal, and a number were in response to OPA's position paper. The responses can be summarized as follows:

- OPA places the act of communicating a diagnosis in the context of general psychological practice, and asserts that integration of the scientific basis of psychology in a systematic program of supervised professional training experiences is essential for access to the full range of practice. In particular, OPA argues that completion of doctoral-level training is essential for competent performance of the controlled act, and that this training must occur as a result of participation in formally structured training programs. Completion of a doctorate is proposed as the minimum standard for entry into the full scope of psychological practice, although OPA is willing to accept a process whereby Psychological Associates with existing delegation agreements might be given access to the controlled act.
- Almost 60 current and prospective Psychological Associates have objected to the new standard for the controlled act as being unrealistically high, especially for practitioners with long-term experience. Many Psychological Associates with delegation agreements note that they have been "examined" by a conscientious

Psychologist familiar with their work, and found able to perform the controlled act competently. They argue that further hurdles are unfair. Other Psychological Associates believe that their accumulated experience in "real-world" settings, often under supervision of Psychologists, more than compensates for their lack of the 'doctoral-level' training that our current protocol requires.

- Psychometrists and Psychotherapists (OACCPP) has argued in a submission to the Ministry of Health (copied to the College) that the proposed standards will unfairly exclude many competent practitioners from exercise of the controlled act. In particular, OACCPP argues that too much weight is placed on formal academic, as opposed to experiential, mechanisms for acquiring competence. OACCPP also argues that the College has an obligation under the agreement among OPA, OACCPP and OBEP (the precursor to the College) to provide reasonable access to the controlled act by Psychological Associates, and that the standard of entry to the title Psychologist should be at the masters level.
- A number of individual Psychologists, as well as Psychologists representing organizations, have written concerning the impact on school psychology of the proposed standards for the controlled act. It was noted that masters-level practitioners within the school system are very competent, and critical to the delivery of psychological services. Concern was expressed at the high standard established by the College in the draft document, and most supported "grandparenting" of Psychological Associates with existing delegation agreements. In general, the position of the College was supported - these practitioners want to ensure that communication of a diagnosis is performed competently by members of the College.
- Several Psychologists have supported the College's
 position on the process for evaluating competence of
 Psychological Associates to perform the controlled act,
 although within this group there was also support for
 grandparenting of Psychological Associates with existing
 delegation agreements. In some cases, strong opposition
 to the substance and tone of the OPA position was
 expressed.
- A number of Psychologist members of OPA, almost 10% of the OPA membership, have written to the College in support of the OPA position on Psychological Associates and the controlled act.

The College has received more feedback in response to this consultation than on any other matter, including the proposed Quality Assurance program. We have been impressed with the thoughtfulness and quality of the responses on all sides of the issue, and have found them to be, collectively, very helpful to us as we have reconsidered the various issues.

The status of the process is summarized below, and I have made note of areas of agreement or disagreement with OPA.

Access to the controlled act by Psychological Associates

After a careful review of the responses to the College's call for consultation on this matter, and further consultation with the Ministry of Health, the College has decided to continue with a program that provides access to the controlled act for competent Psychological Associates. We believe that some mechanism providing such access is consistent with the understanding among OPA, OACCPP and OBEP reached prior to the implementation of the Regulated Health Professions Act. On balance, we also believe that the public interest is best served by a mechanism allowing well-qualified Psychological Associates access to communication of a diagnosis.

We have also confirmed our earlier conclusion that it is necessary to move away from reliance upon delegation as the mechanism through which access to the controlled act is provided to Psychological Associates. It is only through a process managed by the College that uniformity of standards and "portability" of access to the controlled act can be achieved.

Your response to the consultation advocates doctoral-level training as the entry standard for exercise of the controlled act. As noted below, we agree that the theoretical and practical training for diagnosis typical of doctoral programs is a reasonable standard, but do not agree that graduation from a doctoral program is itself essential.

Differentiating Psychological Associates and Psychologists with respect to the controlled act

One result of our consultation has been that we have proposed an amendment to the Registration Regulation. Under this proposal, Psychological Associates will have access to the controlled act if the Registration Committee is persuaded that they have met the applicable standards of the College.

Otherwise, a condition will be placed on their certificate of registration enjoining them from communicating a diagnosis. The condition can be removed if the Psychological Associate subsequently demonstrates compliance with the College's standards.

The College had previously taken a similar position. We have been further persuaded by the consultation submissions that it is in the public interest for a clear distinction to be drawn between the two classes of members, and that such a condition is the best mechanism for making this distinction. On the other hand, we believe that some Psychological Associates will meet the standards set for access to the controlled act, and see no reason to impose or retain the condition if appropriate competence can be demonstrated.

Standards for access by Psychological Associates to the controlled act

The high standards established by the College in our original proposal have been retained. We believe that competence to formulate and communicate a diagnosis is best demonstrated through completion of formal training and supervised experience at an advanced level comparable to that undertaken by doctoral candidates in the diagnosing areas of psychology. Psychological Associates must demonstrate this level of preparation before being allowed to proceed to an oral assessment of their diagnostic competence. In most cases, coursework and supervised experience within a formal program of study will be required. In exceptional circumstances, other combinations of coursework and supervised practice may be accepted.

We believe that this standard is consistent with OPA's assertion that doctoral-level training is essential for access to the controlled act. We agree with you that the public interest is best served when those communicating diagnoses are systematically and rigorously trained. We do not agree that graduation from a doctoral program is essential.

Status of Psychological Associates with existing delegation agreements

Our original proposal did not provide for systematic recognition of the existence of delegation agreements, or the fact that a Psychological Associate may have been exercising the controlled act under such an agreement for several years. We have been persuaded by the wide agreement among the respondents to the consultation that some form of recognition should be accorded to the existence of a delegation agreement.

Once again, I would like to thank you for taking the time necessary to formulate your thoughtful and helpful comments. I hope that OPA will find merit in our response, and in the standards that we have developed and are now implementing.

I invite you to join with us in welcoming all Psychological Associates to the profession. Psychological Associates who achieve registration have met high standards of competence acquired through many years of training and experience. They are worthy colleagues, and we take pleasure in welcoming them into the College.

It is important that Psychological Associates also be welcomed into the collegiality afforded by OPA. Open dialogue, sharing of experience, and recognition of common purpose are essential if the profession is to grow and thrive. It would be most unfortunate if Psychology in Ontario were split into two camps based on highest graduate degree.

Ronald P. Myhr, Ph.D., C.Psych. President

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COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

Election Reminder

A date of **March 31, 1999** has been set for this year's elections to Council. Elections will be held for Council seats in *District 2 – South West, District 6 – Metropolitan Toronto* and *District 7 - Academic*. Information regarding the elections and a description of the positions was included in the recent mailing to all members. The nomination procedures, forms, and notice of the applicable deadlines were also included. Anyone interested in running for a Council position or in nominating a colleague to run should review this material. Additional copies of this information can be obtained by contacting Gnana Fernando at the College.

Correction

In the description of Council members published in the <u>Bulletin</u> of July 1998, Dr. Ron Myhr was identified as one of two members representing District 7, Academic. Dr. Myhr, current President of the College Council, in fact was elected from District 6, Metropolitan Toronto. Omitted from the descriptions was Dr. Janet Polivy, one of the two Council Members representing District 7, Academic.

Janet Polivy, Ph.D., C.Psych. currently holds a full time teaching/research appointment as a Professor of Psychology at the University of Toronto. Dr. Polivy was first elected to Council in 1994 in the Academic District and has primarily worked on the Registration Committee of which she is Chair. In addition, Dr. Polivy is a member of the Executive Committee of Council. Dr. Polivy has been instrumental in the work being done to develop the Definitions of Practice Areas and uniform standards for retraining for those considering a change in practice area. As well, as Chair of the Registration Committee, Dr. Polivy has played a major role on the working group which is developing the process by which Psychological Associates may obtain access to the controlled act, that is replacing delegation. This is Dr. Polivy's second term that extends to April 2000.

Apology

The College wishes to apologize for any inconvenience which members may have experienced as a result of the error in the publication of the 1998/1999 Directory of Members. Unfortunately, when the information for the Geographic Listings was downloaded, the computer program did not capture the names of our Psychological Associate members. Upon noticing this serious error, a Supplement was prepared that included the complete geographic listing. A copy of the Supplement along with a letter of explanation and an explanatory label for the front of the original Directory was sent to everyone who had received the incorrect Directory. Once again, we apologize for this error and any inconvenience it may have caused.

Obituaries

Dale Zilbert, Ph.D., C.Psych.

The College has learned with regret of the death of Dr. Dale Zilbert. Following her undergraduate work at McGill University, Dr. Zilbert completed her graduate training at the University of California and became registered in 1973. Dr. Zilbert subsequently worked at the Clarke Institute of Psychiatry and, in recent years, maintained a private clinical practice. The College extends its sincere condolences to the family, friends and colleagues of Dr. Zilbert.

Dianne Fraser, Ed.D., C.Psych.

The College has learned with regret of the death of Dr. Dianne Fraser. Dr. Fraser was registered in 1996. After receiving her M.A. in research criminology, Dr. Fraser completed her doctoral training at the University of Toronto (OISE). Most recently, Dr. Fraser provided counselling and health psychology services in her private practice in Toronto. The College extends its sincere condolences to the family, friends and colleagues of Dr. Fraser.

Changes to the Register

The College would like to congratulate and welcome the 38 new *Psychological Associate* members and the 28 new *Psychologist* members admitted to the Permanent Register from February 1998 to November 30, 1998.

PSYCHOLOGISTS

Gabriele Bautz

Guy Beaudin

Zavie Brown

Rosalind Callard

Gretchen Conrad

Jonathan Douglas

Alison Edgar Bertoia

Alan Eisenstat

Christina Frederick

Maria Giordano-Beech

Robin Green

Johanne Guay

Kate Hays

Marilyn Hill

Robyn Irving

Natalka Junyk Sharman

Herbert Kaye

David Klassen

Kadri-Ann Laar

Alison Claire Lee

Ghislaine Marcotte

Rebecca Mills

Anna Palucka

Sian Phillips

Martin Rovers

Michael Stambrook

Wanda Towers

Peter Warshaw

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.

PSYCHOLOGICAL ASSOCIATES

Felicia Agyare-Kwamena

Kathryn Aitken

Mary-Margaret Archer

Susan Baird

Karyn Beggs

Jo-Ann De Bonis

Michelle Delisle

Sara Dimerman

Sibylle Foppa

Sandra Frayne

Jennifer Gaddes

Robert Gelfand

Cindi Goodfield

Kathryn Hewitt

Franca Iannotta

Ewa Janicka

Marilyn Kippax

David Kosinec

Maria Kostakos

Margaret Leslie

Sandra Mackay

Victoria Madsen

Marian Mainland

Alane Margles Berdowski

Joel McCartney

Arden McGregor

Pamela Morel

Nicole Ouellette-Hughes

Rhonda Quesnel

Anna Maria Santi

Donald Scott

Joni Shanoff

Carolyn Shilton

Jeremiah Silliman

Pierrette St-Onge

Georgia Steinhart

Zehra Suer

Susan Wood

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

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WHO IS THE CLIENT? OBLIGATIONS TO CONSUMERS AND USERS OF PSYCHOLOGICAL SERVICES

An interesting and informative day of discussion, exchange, and participatory activities focusing on challenges facing the profession of Psychology



\$50.00 Wed. February 24, 1999 8:30 a.m. - 4:30 p.m. The Toronto MarriottEaton Centre 525 Bay Street Toronto

Please see flyer insert for program details.

The <u>Bulletin</u> is a publication of the College of Psychologists of Ontario

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