

## THE QUALITY ASSURANCE PROGRAM: A Detailed Overview and Status Report

*The Quality Assurance Regulation is now in place, the Self Assessment Guide and Professional Development Plan has been implemented and the Peer Assisted Review process has passed through the piloting phase and is about to go 'live'.*

The development and evolution of the Quality Assurance Program of the College of Psychologists has been a five-year process of continuous development, member consultation, and revision. A major consultation paper was distributed to the membership in April 1996, as the first drafts of the Quality Assurance Regulation began to take shape. Over the years, member consultation has continued through numerous presentations to groups of members in all parts of the province, as well as workshops at OPA conventions and other forums. The process of drafting, consultation, and redrafting based on member feedback, has resulted in a QA Program with four main components: *Self Assessment Guide and Professional Development Plan*; *Peer Assisted Review*; *Mandatory Continuing Education*; and, *Client Satisfaction*.

### PHILOSOPHY BEHIND THE QUALITY ASSURANCE PROGRAM

The College's *Mission and Vision Statement*, developed in 1997, expressed key concepts such as "promoting the advancement of psychology", "continuing education", "facilitating and encouraging self learning and enhancement of skills" and "fostering self regulation through education". In developing the QA Program, the basic question the Committee asked itself and the membership was, "How can we, as a College, best provide each member with the tools to enhance the quality of care they provide?" It was with this philosophy that the Quality Assurance Committee approached the development of the QA Program.

The Committee has taken as its goal the achievement of excellence of standards among members. In developing the program, the Committee maintained three working assumptions: 1) members endeavour to practice ethically and adhere to standards; 2) members are concerned about public protection and the welfare of their clients; and, 3) members are motivated not only to maintain, but continuously improve, the quality of the services they provide.

The Quality Assurance process is designed to provide members with the tools for systematic continuous improvement as a means to best serving the public interest and raising the collective bottom line performance of the profession.

### QUALITY ASSURANCE PROGRAM COMPONENTS

#### *Self Assessment Guide and Professional Development Plan*

The self-assessment component of the QA Program is the key to facilitating ongoing quality improvement within the

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#### IN THIS ISSUE

The Quality Assurance Program .....	1
Peer Assisted Review Process .....	4
President's Report .....	6
Prevention of Sexual Abuse of Clients and Mandatory Reporting .....	8
Announcement: Regulations To By-laws .....	8
New Law Cuts Red Tape .....	9
Tricky issues: Charging for Duplication/ Reproduction of Clinical Records .....	10
Definitions of Practice Areas - An Update .....	11
Barbara Wand Symposium .....	12
Disciplinary Proceeding .....	13
Council Decisions Regarding Performance of the Controlled Act .....	14
Election Results/The College Council .....	18
Statutory Committees 1999-2000 .....	21
Changes to the Register .....	22
Oral Examinations Acknowledgements .....	25

#### INSERTS

Prevention of Sexual Abuse of Clients and Mandatory Reporting
Definitions of Practice Areas
Order form for Audio and Video Tapes of the Barbara Wand Symposium

profession, as it involves and impacts on every member of the College.

The self assessment is a two-part process; member completion of the *Self Assessment Guide (SAG)* and, flowing from this, the design and implementation of the *Professional Development Plan*. The *SAG* is a tool through which members evaluate themselves in a number of professional areas, including familiarity, understanding and adherence to statutes, regulations, the Standards of Professional Conduct, the Code of Ethics and other guidelines that govern the profession. Through the completion of this self review and guided by the *Professional Development Plan*, members identify areas for personal professional development based on their individual needs and learning styles.

The *Self Assessment Guide and Professional Development Plan* is to be completed by all members every two years. When first introduced in 1998, all members of the profession completed the *SAG*. The biannual completion cycle was initiated in the spring of 1999, with one half of the membership once again undertaking this exercise. The other half of the membership will begin the biannual cycle in the spring of 2000. Feedback from the membership regarding the usefulness of the *SAG* has been very positive as members use the process to further enhance the quality of the services they provide.

#### Red Tape Reduction Act Protects QA Material

Members of many health professions raised concern regarding the accessibility of QA information to court proceedings, particularly, but not specifically, self evaluations. This concern was addressed with the passage of the Red Tape Reduction Act (1998), that provides protection of QA information. The Act specifically states in Section 19 that:

Section 83 of Schedule 2 of the Act [Regulated Health Professions Act, 1991] is amended by adding the following subsection:

(5) Without limiting the generality of section 36 of the *Regulated Health Professions Act, 1991*, the information described in subsection (1) or information held by a member for the purposes of complying with the requirements of a prescribed quality assurance program mentioned in section 80 is not admissible in evidence in a civil proceeding except in a proceeding under a health profession Act and to the extent permitted by that Act or a regulation made under that Act.

#### **Peer Assisted Review (PAR)**

Another important aspect of the QA program is the Peer Assisted Review. Each year, a number of members will be randomly selected to have their practices reviewed through an on-site visit. The Ministry of Health requires every College to include some form of randomly selected, in-person peer review, as a component of each College's QA Program.

During the consultation process, this component of the QA Program generated the most discussion and interest. Members raised many questions and provided numerous suggestions as to how to most effectively design this process. The first pre-piloting was undertaken in the fall 1998 with members of the QA Committee volunteering to be the subjects of the review. These pre-pilot reviews yielded a wealth of information with respect to both the content and the logistics of the review. With modifications made, the Committee put out a call to the membership at large for volunteers to participate in the formal piloting. Only some of the thirty volunteers were able to be included in the piloting conducted in the spring 1999. The Committee is very appreciative of the contribution made by members during this phase of development enabling the *PAR* to be tested in a variety of work settings including large and small private practices, a hospital, a school board, and a mental health agency.

Final revisions and modifications were made as a result of the experiences of the pilot testing and the *PAR* is ready for implementation. The *Peer Assisted Review* is described below in a series of FAQ's.

#### **Frequently Asked Questions**

*When will the Reviews Begin?* As noted, pre-piloting and piloting of the *PAR* was conducted during the winter and spring. The final revisions are currently being made based on these experiences, and the formal *PAR* process is scheduled for the fall.

*Who Will Be Reviewed?* All members of the College are potential participants in the *PAR* process. The initial reviews will be conducted with five members whose names were randomly selected. These members have already been contacted and arrangements are being made to organize the reviews. Upon completion of these, additional names will be selected and reviews conducted.

*Who Will Conduct The Review?* Each review will be conducted by two members of the College; one appointed by the QA Committee and one nominated by the member being reviewed. In making its appointment, the QA Committee will endeavour to select an individual who has knowledge of the member's area of practice as well as an understanding of other factors such as the population served and the urban or rural nature of the practice. The name of the potential reviewer will be discussed with the member to ensure there is no conflict of interest or other significant reason why this member should not conduct the review. To ensure the review is conducted in a manner congruent with the philosophy of the program, efforts also will be made to select a reviewer who has either been reviewed or acted as a reviewer.

The second reviewer, to be nominated by the member being reviewed, normally may be any member of the College with minor exceptions. The role of reviewer must not place the nominee in a conflict of interest nor can he/she currently have a matter before the Discipline Committee. In addition, members of the QA Committee and the Council of the College are excluded as member nominees. While this individual is nominated by the member being reviewed, in accepting this role, the member understands and agrees to act as an agent of the College.

*Where Will the Review Take Place?* Generally, the review will be conducted at the member's main practice setting, be it a hospital, school, or private practice office. In those cases where a member works in more than one setting, the most appropriate location for the review will be selected in discussion with the member.

*When Will the Review Take Place and How Long Will It Last?*

The timing of the review will be determined in consultation with the member being reviewed. Every effort will be made to schedule the review at a time that is convenient to the member and that is least disruptive to the member's work. Based on the experiences of the pre-pilot and pilot reviews, it is anticipated that the review will normally take three to four hours.

*What Will Be Included in the Review and How Will it be Conducted?* Accompanying this article is a document entitled, *Peer Assisted Review Process: Information for Reviewers and Members Participating in the Review*. This document is intended for use by both reviewers and the member being reviewed as a description of the review process. This information sheet provides an outline of how the review will be conducted and the nature of the information that will be included. The review is designed and intended to be an interview and discussion that, in addition to serving the quality assurance function, can be educational and beneficial to both reviewers and the member being reviewed. It is anticipated that, in the course of conducting the reviews, the QA Committee will learn of many interesting and novel practices which can be shared with other members through *Peer Assisted Review Bulletin* updates.

### **Other Components**

The QA program has two other components that, to date, have not been developed: *Mandatory Continuing Education*, and *Client Satisfaction*. The QA Committee plans to develop Mandatory Continuing Education requirements in areas of jurisprudence, legislation and ethics; those areas regulated by the College. In developing these requirements, the Committee has committed to the principle of ensuring

members will have equal accessibility to, and availability of, the Mandatory Continuing Education opportunities regardless of where they may work or reside.

As with Continuing Education, the QA Committee has not yet turned its attention to the Client Satisfaction component of the program. While the College is supportive and encouraging of members obtaining feedback from their clients with respect to services offered, currently this type of activity is being considered optional. In the consultation undertaken with members, many were concerned that asking clients for satisfaction feedback could affect or interfere with the therapeutic relationship. Members in some assessment practices felt this would not be appropriate for their type of work. The Committee recognizes there are many instances when client satisfaction feedback can be very important and the Committee will be encouraging members to pursue these, as appropriate for their practices or work settings. Members wishing to begin to explore Client Satisfaction within their practice may be interested in the article, *Measuring Client Satisfaction*, published in an earlier edition of the *Bulletin* (vol. 23, (4), March 1997).

If you have any questions regarding any aspect of the Quality Assurance Program, please contact Dr. Rick Morris at the College.

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The College of Psychologists would like to express its appreciation to the large number of members who contributed to the development and evolution of the Quality Assurance Program over the past five years. A number of members annually served on the College's Quality Assurance Committee, and others volunteered to participate in the piloting of various components, at each step of the way. In addition, a large segment of the membership took the time to contribute their ideas, suggestions and constructive criticism in correspondence, or by personal communication at the many consultation 'roadshows' and workshop presentations. The College would like to thank all contributing members for their participation in the development of this program.

## PEER ASSISTED REVIEW PROCESS: Information for Reviewers and Members Participating in the Review

The College of Psychologists of Ontario has developed a process for members, who will be selected at random, to participate in the *Peer Assisted Review (PAR)* component of the Quality Assurance Program. This review is designed to meet the requirements delineated under the Regulated Health Professions Act, 1991. In addition, the goal of the *PAR* is to allow all participants, both reviewers and reviewee, to engage in an exchange of information regarding the member's practice that will be mutually educational and beneficial.

The review is conducted by a team of two reviewers. Chosen members nominate a reviewer to accompany the reviewer selected by the College. At the conclusion of the *PAR*, reviewers meet briefly to privately discuss their impressions and then provide verbal feedback to the member. The member will also receive a copy of the written summary, prepared by the reviewers, which is submitted to the Quality Assurance Committee.

The review may have one of three resulting outcome:

1. No concerns, though some suggestions may be offered.
2. Minor concerns/infractions identified that the member has agreed to address. The Quality Assurance Committee will confirm with the member that recommended and agreed upon changes have been completed.
3. Major concerns/infractions that will be referred to the Quality Assurance Committee for further action.

The process of the *PAR* will generally take the form outlined below. Please note that due to the wide variety of settings in which members work and the variation in the nature of members' practices, some items may not be applicable and may be omitted.

### A TOUR OF FACILITY

The tour of the worksite will yield impressions concerning the physical facility, involving a variety of factors generally related to respect for the client, such as: privacy and soundproofing; comfortable and adequate seating; cleanliness; and, accessibility as appropriate. As well, the storage of client files, test material, and other equipment will be considered.

### B INTERVIEW AND DISCUSSION

Areas of discussion will centre on issues relevant to the member's practice, including strengths, opportunities for change, and challenges. The following list outlines subject areas that may be reviewed, to varying degrees, dependent upon their relevance and applicability. Through the discussion, other relevant topics may also be introduced.

#### B1 Description of Practice

- Referral sources
- Types of clients and nature of presenting problems
- Description of services provided
- Use of formal and informal assessment materials
- Management of waiting list
- Reasons for, and management of, deferrals/non-acceptance
- Information provided to clients regarding:
  - limits to confidentiality, e.g., child abuse reporting, mandatory reporting, duty to warn, directions of the court, etc.
  - fees for services, and missed/late appointment charges
- Involvement with other professionals, e.g.:
  - other psychological service providers
  - multidisciplinary colleagues
  - supervised staff
  - supervisory staff
  - other service providers

#### B2 Exploration of Practice Issues

- Management of possible dual relationships
- Description of other ethical dilemmas
- Understanding of mandatory reporting obligations
- Experience of a duty to warn situation
- Recognition of safety issues
- Existence of some form of QA program/system in the work setting
- Management of supervisory relationships:
  - monitoring services provided
  - explanations of supervisory relationship to clients
- Management of records:

- report writing and signing
- security of files/storage
- system for destruction of records and confidential information
- existence of psychological files separate from facility files
- Type of arrangements:
  - for clients when the member is going to be away
  - with clients and for files in the event of the member's sudden illness or incapacity
- Billing practices:
  - method of collecting overdue accounts
  - example of itemization for services received
  - considerations of clients who are suddenly unable to pay

### **B3 Professional Development**

- Description of continuing education activities in areas of present and future practice, changes in legislation, etc.
- Participation in formal or informal groups and projects related to areas of practice

### **B4 Research**

- Description of research activities
- Description of ethical review process
- Arrangement for ensuring:
  - informed consent of participants
  - confidentiality of participant information
  - feedback to participants

### **B5 Administrative Activities**

- Structure of the member's organization and description of the member's role
- Description of the structure of psychology services within the organization
- Evaluation of quality of psychological services
- Support for professional development activities
- Structure used to assure adherence to College and organizational standards
- Provision of supervision of non-regulated staff
- Integration of psychology records within the organization

### **B6 Academic Activities**

- Areas for discussion in review of members in Academic settings are under development

### **B7 Industrial/Organizational**

- Areas for discussion in review of members in Industrial/Organizational settings are under development

### **B8 Other**

- Additional information or areas of practice that have not been covered but which the member may wish to discuss or describe.

### **C REVIEW OF *SELF ASSESSMENT GUIDE* and *PROFESSIONAL DEVELOPMENT PLAN***

- Review of completed Self Assessment Guide
- Feedback regarding:
  - impact on practice or other professional activities
  - outcome of continuing education plans

### **D REVIEW OF FILES**

Files may be reviewed, with the number to be audited dependent on the nature of the practice, at the discretion of the reviewers. Examples of record keeping from primary and additional work settings will be examined. Files will be selected randomly.

Members may take whatever steps they feel necessary or appropriate in handling concerns regarding confidentiality. The reviewers will use discretion to ensure they do not review any file in which they have a dual relationship or conflict of interest. The member and reviewers may discuss individual situations or files if there may be special concerns.

- Files will be examined for:
  - required elements as per Regulations, Standards of Professional Conduct and Guidelines
  - interrelationship between psychology documents and other information
  - flow of information.

### **E FEEDBACK TO AND FROM MEMBER**

Following a brief private meeting between reviewers, the member will be provided with feedback regarding their general impressions.

Feedback will also be elicited from the member regarding suggestions for the Self Assessment and Peer Assisted Review processes. As well, the reviewers will request general input from members regarding College standards or expectations with specific emphasis on those that the member may find impractical or difficult to implement and would like to suggest as requiring review or updating.

# President's Report

Should psychological professionals be able to move from the province or state they are registered in, and practice in their new location? What conditions should apply? Does it make a difference whether the professional is moving between countries, or only between provinces or states?

These are issues that will preoccupy psychological regulators for the next while. A series of government-driven initiatives are forcing provincial and state colleges and boards to rethink the question of professional mobility.

For a variety of reasons, psychology in North America has not developed as standardized a training curriculum as most other professions. Our youth as a profession, our close ties to academe through commitment to the "scientist/practitioner" model, and the diversity of practice realms and theoretical approaches has made it difficult to settle on a core curriculum and training model.

One of the consequences has been that most state and provincial licensing bodies have jealousy guarded their right to judge each applicant for registration, individually. Licensing in another jurisdiction and years of blemish-free practice notwithstanding, each new applicant has usually had to start from scratch.

Over the past few years, some progress has been made. APA and CPA processes for accreditation of training programs have led to increased standardization in the core areas of the profession. International organizations such as the Association of State and Provincial Psychology Boards (ASPPB) have been promoting professional mobility through reciprocal arrangements between jurisdictions, and through measures like the Certificate of Professional Qualification (CPQ). More and more regulatory bodies have recognized the need to acknowledge an increasingly mobile professional work force.

Matters have recently been coming to a head in Canada as a result of the Agreement on Internal Trade (AIT). The AIT, an agreement between the federal government and the provinces, seeks to ensure that there are no undue barriers to internal trade or labour mobility within the country. It is ironic that in some ways there have been more barriers to professional mobility within Canada, than between Canada and the United States. All of the professions are being required to demonstrate that an individual licensed to practice in one jurisdiction will be able to practice in another, with only limited exceptions.

This is difficult for psychology. Within Canada, there are very real differences between the provinces in the education and experience required for licensing. Most provinces require a Masters degree for registration as a Psychologist; some require a Doctorate; one (Ontario) registers for independent practice at both levels, with different titles; others are considering the Ontario model. A large majority of Canadian Psychologists are registered with Masters degrees.

Several suggestions have been made as to how to resolve these differences and provide for reasonable professional mobility for psychological practitioners among the 13 provinces and territories. These include standardizing on either a Doctoral or a Masters requirement, and adoption of the Ontario model where both degrees are eligible for registration.

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We believe that the Ontario model is potentially very useful in resolving the problem. Individuals registered in another province holding a doctoral degree would become Psychologists in Ontario; those with a Masters degree would become Psychological Associates. When Ontario registrants moved to another province, they would acquire the locally appropriate title. In all cases, access to full professional practice would be assured across jurisdictions.

Unfortunately, not everyone agrees with us, and some jurisdictions hold strong alternative views.

The issues are complex, and will be the subject of protracted discussions among the provincial Colleges and Boards over the next few months, with government representatives also involved. Dr. Catherine Yarrow, Registrar and Dr. Janet Polivy, Vice-President, will represent our College at these discussions. As Registrar, Dr. Yarrow has been closely involved in national and international mobility discussions for years and as long-time Chair of the Registration Committee, Dr. Polivy has an intimate understanding of the issues. They are our best team for this important task.

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The recent elections resulted in no change to the composition of Council. Incumbent Dr. Ron Frisch was acclaimed in the Academic district; incumbent Dr. Jack Ferrari was acclaimed in the South-West District; and I was re-elected in the Metro Toronto District.

The Government has appointed two new public members to the Council. Ms. Jane Mortson was appointed early in the year to replace Ms. Jane Snyder, who had resigned for personal reasons. Mr. Gord Rimmer was appointed in May to bring the number of public members to the maximum anticipated in the Psychology Act. Both Ms. Mortson and Mr. Rimmer bring substantial experience to the Council table, and will be valuable resources to the College.

The elections held at this term's first meeting of Council resulted in new faces on the Executive, while maintaining significant continuity. I was re-elected as President; Dr. Janet Polivy, who had been member-at-large, was elected Vice-President; and Dr. Judy Van Evra, Chair of the Complaints Committee, was elected as member-at-large. Ms. Barbara Gray was re-elected as a public member, and Ms. Jane Mortson was elected as a new public member, replacing Mr. Gilles Gagnon who chose not to stand for re-election. M. Gagnon had been a member of the Executive since his appointment to the Provisional Council before the Regulated Health Professions Act came into force. We will miss his thoughtful contributions.

Other long-term members of Council have agreed to take on significant responsibilities. Dr. Nina Josefowitz will chair the committee responsible for recommending changes to the Regulated Health Professions Act and the Psychology Act. Both are being reviewed now that five years have passed since they were implemented. Significant changes could be made to both, with many potential implications for psychology. Dr. Josefowitz and her committee will be drafting our College's proposals, which will be considered by Council at its September and December meetings. Before any proposals are taken to the government, there will be an opportunity for members' review and comment.

Dr. Jack Ferrari has agreed to chair a committee that will review the governance structure of the College. Among the topics to be considered will be whether there should be separate Council representation for Psychological Associates; whether current District boundaries are appropriate; whether the role and selection process for Academic members of Council should be modified; and whether there should be term limits for members of Council. Council felt that after five years it was time to review the structure that was originally put together quite hurriedly. Dr. Ferrari and his committee will be consulting with the membership before any final proposals are formulated.

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

## PREVENTION OF SEXUAL ABUSE OF CLIENTS and MANDATORY REPORTING – An insert to the Bulletin

The Regulated Health Professions Act, 1991 (RHPA) mandates the College to develop and implement a patient/client relations program which must include sexual abuse prevention measures. Specifically, the RHPA (section 84) states:

- (2) The patient [client] relations program must include measures for preventing or dealing with sexual abuse of patients.
- (3) The measures for preventing or dealing with sexual abuse of patients [clients] must include,
  - (a) educational requirements for members;
  - (b) guidelines for the conduct of members with their patients [clients];
  - (c) training for College's staff; and
  - (d) the provision of information to the public

The Client Relations Committee of the College is charged with the responsibility for the development, implementation and ongoing updating of the College's Sexual Abuse Prevention Plan. In meeting its mandate, the Client Relations Committee participates in the Barbara Wand Symposium, annually presents at the Ontario Psychological Association conference and as well, produces written materials for members and the public. In a previous Bulletin (Volume 25 No. 1, July 1998) the Committee published an article entitled *Professional Boundaries in Health-Care Relationships*, for the education and guidance of members.

In furthering its mandate, the Client Relations Committee has produced an information sheet entitled, *Prevention Of Sexual Abuse Of Clients and Mandatory Reporting*. This information sheet is provided to members as an insert to this volume of the Bulletin to enable members to keep it in a binder of College information.

Both of these documents, *Prevention Of Sexual Abuse Of Clients and Mandatory Reporting* as well as *Professional Boundaries in Health-Care Relationships* are routinely provided to all individuals issued certificates for supervised practice. and their supervisors, and are available to course instructors, students and others, upon request. They are also available on the College website.

### ANNOUNCEMENT: REGULATIONS TO BECOME BY-LAWS

The *Red Tape Reduction Act, 1998* brought about some changes to the *Regulated Health Professions Act, 1991* and the *Psychology Act, 1991*. These changes allow the College the flexibility to manage the business of the College more efficiently as a number of administrative processes move from regulations to by-laws. The Council has approved the following proposed by-laws that will come into effect upon revocation of the relevant regulations.

**Elections:** This proposed by-law contains the same provisions as are in the current regulation (O.Reg. 919/93).

**Committee Composition:** This proposed by-law contains the same provisions as the current regulation (O.Reg. 621/93) except for an amendment that would permit an increase in the number of members on the Complaints and the Client Relations Committees.

**Appointment of Non-Council Members to Committees:** This proposed by-law contains the same provisions as are in the current regulation (O.Reg. 209/94).

**Fees:** This proposed by-law contains the same provisions as the existing regulation (O.Reg. 209/94 as amended by O.Reg. 222/95) except for the deletion of the temporarily set annual renewal fee of \$725 for June 1, 1995 to May 31, 1996 and the inclusion of provisions for fees for the new certificates of registration.

Members wishing further information may contact Dr. Catherine Yarrow, Registrar at the College.



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## New Law Cuts Red Tape\*

### What It Means for Psychologists and Psychological Associates

In December 1998, the *Red Tape Reduction Act (RTRA)* was proclaimed. The purpose of this Act was to reduce red tape and streamline administrative processes within a number of pieces of legislation including the health professions regulatory system. The *RTRA* includes some amendments to the *Regulated Health Professions Act, 1991 (RHPA)* and the *Psychology Act, 1991*, and to the other statutes that govern health professions in Ontario.

The new Act authorizes health regulatory colleges to refuse to provide information about a member's business address and telephone number when it could jeopardize a member's safety, recognizing there are occasions when providing this information can put a member's safety at risk. This is an important exception to the *RHPA* requirement that colleges provide this information to the public.

Quality Assurance records are now protected by the *RTRA* and cannot be used as evidence in a civil proceeding, such as a malpractice suit, unless it is a proceeding under a health profession Act. This change will ensure that Quality Assurance documents, including the *Self Assessment Guide and Professional Development Plan*, completed by each member for their personal use, remain confidential. The College's complaints process will also be streamlined under the new Act. The new Act allows the Complaints Committee to decide to take no action on complaints it finds to be "frivolous, vexatious, made in bad faith or otherwise an abuse of process".

The *RTRA* will also transfer a number of areas of college business, administrative and internal affairs from the status of regulations to that of by-laws. This change will allow the College the flexibility to manage the business of the College more efficiently as regulations require government approval whereas by-laws require only Council approval. For example, under the new Act, Council will now be able to make by-laws relating to the election of Council members, including determining the requirements and rules for candidates and voters. The College already has approved four by-laws, related to elections, committee composition, fees, and appointment of non-council members to committees, that will take effect once the current Regulations governing these are revoked.

The resulting impact of the new *RTRA* will help the College of Psychologists to regulate the profession of psychology in a more timely and efficient manner while providing members with some specific new protections.

#### Red Tape Reduction Act Highlights

- The College may refuse to provide a member's business address and business telephone number if there are reasonable ground to believe that disclosure of the information may jeopardize the member's safety.
- Quality Assurance records are not admissible in evidence in a civil proceeding, except in a proceeding under a health profession Act.
- The Complaints Committee may take no action on complaints it finds to be frivolous, vexatious, made in bad faith or otherwise an abuse of process.

\*adapted from New Law cuts red tape, *Communiqué*, College of Nurses of Ontario, March 1999, 24 (1).

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## Tricky Issues Feature: Charging for Duplication/ Reproduction of Clinical Records

### The Issue:

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*Can I charge for responding to requests for copies of reports or files? How much can I charge for this?*

Increasingly, members are receiving requests for copies of reports, clinical notes or other file material from clients, lawyers, insurers and others. In many cases, members provide these without charge, viewing it as included as part of the service being provided to the client. On occasion however, members receive requests that fall outside of what they may consider to be usual practice. The most common example is the request for a copy of a very substantial clinical record. To fill this request may require considerable time, and the member may incur significant duplication costs.

### The College's Advice:

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There is nothing in the Regulations, Standards of Professional Conduct or Guidelines of the College that prohibits a member from charging a fee for duplicating clinical reports or notes. While most often members routinely fill requests of this nature without charge, circumstances do arise when a member may feel it necessary to bill for this service.

The College does not suggest an amount that a member may charge. Rather, members are referred to the Professional Misconduct Regulation and the Standards of Professional Conduct for guidance in this area.

Principle 6 of the Standards of Professional Conduct addresses fees and billing and states that:

A member of the College shall respect the user's right to know what fees and charges are to be levied, shall set reasonable fees and collect these with consideration for the welfare of the user.

It goes on to further state that:

6.3 Fees shall be based on the amount of time spent in rendering services to the user and on the complexity of the services rendered.

Under the Psychology Act, 1991, (Ontario Regulation 801/93), paragraph 24 states that it is professional misconduct to charge a fee that is excessive in relation to the service performed.

A member may charge only such a reasonable fee as reflects the cost of the materials used, the time required to prepare the material, and the direct cost of sending the material to the individual making the request. As with other services, a member may not require a client to prepay for this service. The obligation to pay this account rests with the client or other individual or the third party requesting the information.

Non-payment of the fee however, is not a reason to withhold the information. As with the provision of any other services, the client or other individual requesting the information should be informed, in advance, of any cost that may be incurred in filling their request for information.

Rick Morris, Ph.D., C.Psych.  
Deputy Registrar/Director, Professional Affairs

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Upcoming  
**COUNCIL MEETINGS**

Friday September 17, 1999  
& Saturday September 18, 1999  
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Friday December 3, 1999  
& Saturday December 4, 1999

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## Definitions of Practice Areas – An Update

Since the proclamation of the *Regulated Health Professions Act (RHPA)* in 1993, the College has used a *Declaration of Competence* for individuals seeking registration. This process requires that new members declare their areas of expertise and it is within these areas that they are issued a certificate 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 their areas of practice annually, at the time of renewal. 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.

- 3.1 A member shall limit the provision of her/his psychological services to his/her demonstrated areas of professional competence. Users whose needs fall outside the domain of his/her competence shall be referred to, or assisted in finding, appropriate professional help.

To assist members in understanding what is included in specific areas of practice, the Registration Committee of the College has developed definitions and descriptions for the eight areas of practice; *Clinical Neuropsychology*, *Clinical Psychology*, *Counselling Psychology*, *Forensic/Correctional Psychology*, *Health Psychology*, *Industrial/Organizational Psychology*, *Rehabilitation Psychology*, and *School Psychology*. In conjunction with the definitions of practice areas, the Registration Committee has also developed a description of the knowledge, skills and training required *to formulate and communicate a diagnosis*.

This information is provided to members as inserts to this volume of the Bulletin to enable members to keep this material in a binder of College information.

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

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### The College needs to know . . .

The College is very concerned about the cutbacks to psychological services that have taken place in many of our hospitals, school boards and other public institutions. Such cutbacks significantly effect availability and access to psychological services by many members of the public.

In many cases, the College has not been made aware of these changes until after the reductions have occurred. If you receive information regarding planned cutbacks to psychological services either within your own workplace or at another organization or institution, the College would like to know. Please contact Dr. Catherine Yarrow, Registrar at the College offices.

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# Who is the Client? Obligations to Consumers and Users of Psychological Services

8<sup>th</sup> Annual Barbara Wand Symposium 1999

The eighth annual Barbara Wand Symposium held on Wednesday, February 24, 1999 was a great success. About two hundred members of the College and others gathered to hear presentations on our theme, *Who is the Client? . . . Obligations to Consumers and Users of Psychological Services*. Following an introduction and welcome by College President, Dr. Ron Myhr, participants were addressed by Ms. Mary Lou Gignac, Coordinator, Health Professions, Direct Payment and Regulatory Programs Policy Unit with the Ministry of Health. The first session of the day provided a look at consumer representation in mental health services. Guest speakers were Ms. Sonya Van Kruistum, Consumer Consultant and Quality Group Member, and Mr. David Simpson, Patient Advocate, both from St. Thomas Psychiatric Hospital.

These presentations set the stage for the rest of the Symposium with members of the College discussing the theme of the day from a variety of practice perspectives. *Client Issues In The Legal System* were addressed by Dr. Irwin Butkowsky and Dr. Rosemary Keogh. Dr. Michèle Macartney-Filgate and Dr. Keith Travis presented on *Client Issues Involving Third Party Payers* including a role-play that highlighted some of the challenges that colleagues face. The issues confronted by members working in larger organizations were discussed by Dr. Sheldon Geller and Dr. Ester Cole speaking on *Providing Services to Employees, Students and Organizations*. Participants enjoyed the ever popular general "Tricky Issues" presented by Dr. Rick Morris and the specific dilemmas posed by Dr. Jack Ferrari, Chairman of the College Client Relations Committee. The day concluded with Dr. Catherine Yarrow's summary of the issues and the challenges for the College of Psychologists.

Nearly half of the participants completed evaluation forms to assist in reviewing this year's Symposium and in planning for future events. To encourage participants to complete their evaluation forms, a raffle was held of all forms submitted. We would like to congratulate our winner, Ms. Victoria Orekhovsky, who received a refund of her Symposium registration fee.

Members are also reminded that both video and audio tapes of this year's Barbara Wand Symposium are available and can be purchased by contacting Audio Archives International, Inc. at (905) 889-6566. An order form is enclosed with this Bulletin for your convenience.

**The 9th Annual Barbara Wand Symposium will be held on Wednesday, February 23, 2000. Mark your calendar and plan to attend!**

**Planning for this year's symposium is about to begin. Members are invited to submit their suggestions for topics and speakers to Dr. Rick Morris at the College.**

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## Disciplinary Proceeding

A member of the College was charged with professional misconduct in connection with an assessment carried out regarding a worker's ability to perform his/her job safely and effectively. The allegations against the member related to the procedures involved in the conduct of the assessment (informed consent to the assessment, explanation of the procedures, the scope and appropriateness of the tests and procedures), the appropriateness of the opinions offered, the clarity of the report and the worker's consent to the release of the report to the employer.

Counsel for the College and for the member provided the Discipline panel with an agreed statement of facts and a joint submission as to outcome. The panel was advised that there had been discussions between the College and the member through their respective counsel. This had resulted in the member's agreement to certain undertakings and the College's agreement to withdraw the charges against the member upon the successful completion of these undertakings.

Specifically, the member had agreed to have a detailed consent form completed by his/her clients in every future psychological consultation. The member had also undertaken to provide three randomly chosen similar assessment reports for review by two psychologists approved by the Registrar and to attend a peer review with the psychologists to discuss their opinions and conclusions. The peer reviewers were also provided with the documents arising from the complaints investigation and with the Notice of Hearing.

The Discipline panel was advised that the peer review had been completed and the reviewers had provided a report to the Registrar indicating that the member had given their opinions a "full and fair" hearing. The peer review report was provided to the Discipline panel along with the report of an expert who had been consulted by the Complaints Committee.

The panel was concerned about the possible systemic issues raised in the complaint and in the peer review but was impressed that the member had cooperated with the peer reviewers and had already made changes in his/her practice to address the concerns raised by the complaint.

The panel agreed to the withdrawal of the Notice of Hearing on the basis of the submissions and directed that the College report the results of the proceeding in the public Register, in the form agreed to by the College and the member.

### EPPP Fees Paid at Par

Mr. Randy Reaves, Executive Officer of the Association of State and Provincial Psychology Boards (ASPPB) advised the College that the Board of ASPPB voted to permit Canadian candidates to pay for the Examination for Professional Practice in Psychology (EPPP) in Canadian dollars. This decision will remain in effect until December 31, 2000 unless there is a significant change in the exchange rate. The College purchases the examination from ASPPB and then passes the costs of purchasing and administering the EPPP to candidates on a cost recovery basis.

The decision of the ASPPB Board to accept Canadian dollars at par has a significant positive impact. It allows the College to hold the cost that it must charge candidates taking the EPPP during their year of supervised practice.

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***In the spring, Dr. Ron Myhr, President of the Council of the College of Psychologists of Ontario sent the following to members of the College outlining the decisions taken by the Council with respect to the performance of the controlled act of communicating a diagnosis.***

March 17, 1999

To: Members of the College of Psychologists  
From: Dr. Ron Myhr, President  
Subject: Council Decisions Regarding Performance of the Controlled Act

At its meeting of March 5 and 6, the Council of the College made a series of decisions about the circumstances under which Psychological Associates would be able to perform the controlled act of communicating a diagnosis. The issues have been difficult to resolve, and have taken a lot of attention for a long time.

Many factors have been taken into account in arriving at these decisions, and they represent what I believe to be a very good balance among public interest and fairness to both titles within the profession.

Because there is a long history to these issues, I think it is useful to summarize the background, as follows.

- During the discussions in the early 1990s leading to the adoption of the new Regulated Health Professions Act, the provincial government decided that it was in the public interest to regulate Masters-level providers of psychological services. The profession was asked to accept responsibility for regulation at that level.
- After much debate, negotiation and pressure, the Ontario Board of Examiners in Psychology (OBEP), the Ontario Psychological Association (OPA) and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP) reached an agreement on Masters-level regulation. Doctoral-level practitioners (Psychologists) would have access to the controlled act of communicating a diagnosis; Masters-level practitioners (Psychological Associates) would not. Psychological Associates would have access to the controlled act, and possibly to the title Psychologist, if they achieved a specialty designation through a hypothetical future program.
- The RHPA and the new Psychology Act were adopted in 1991. The Acts provided for the two levels of Registration, and assigned the controlled act of communicating a diagnosis to registrants. No specific distinction was made between the two titles with respect to the controlled act in the statute.
- In 1993, the Transitional Council sought to implement the agreement among OBEP, OPA and OACCPP through development of a regulation assigning the controlled act to Psychologists. It also proposed that the controlled act could be delegated by a member of the College with authority to perform it to another member of the College who did not have that authority. Delegation to non-members would not be allowed. These draft regulations were submitted to the Ministry of Health in mid-1993.
- The new Acts came into effect on January 1, 1994, creating the College of Psychologists. The first Psychological Associates were registered immediately after proclamation, and a number of these new members obtained delegation agreements. The first elected Council took office in June.
- Despite repeated attempts by the College, and redrafting and resubmission, the Province has never approved the regulations assigning the controlled act specifically to Psychologists and providing for

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- delegation to Psychological Associates.
- Because approval of these regulations appeared unlikely, and because of concerns about the lack of control in the delegation process, the Council decided in mid 1997 to move away from delegation. Instead, a process would be developed through which the College itself would determine eligibility of Psychological Associates to perform the controlled act.
  - Shortly after this decision, the Ministry of Health convened a meeting of the College, OPA and OACCPP at which the Ministry made clear its opposition to delegation as the mechanism through which Psychological Associates had access to the Controlled Act. A College working group was established to address the issue, and a Ministry observer attended meetings of the working group. December 1998 was established as the date by which the new process would be in place.
  - A series of proposals were received from the working group and the Registration Committee in May and September of 1998. These provided for the following:
    - Psychological Associates will have a limitation imposed on their Certificates of Registration preventing them from performing the controlled act, unless they meet the standards established by the College
    - The standards that Psychological Associates must meet in order to avoid the limitation (or have it removed at a later date) will be comparable to those that must be met by Psychologists proposing to practice in a diagnosing area
    - Psychological Associates can ask to have their qualifications for the controlled act considered at the time of initial registration, or at a later date
    - Delegated performance of the controlled act on an open-ended basis would no longer be allowed.
  - Upon approval of these proposals, the Registration Committee finalized the review process for Psychological Associates seeking access to the controlled act. The first group of candidates to which the new process applied were those that attended the oral examinations in December of 1998. While the essential policy of the College on access of Psychological Associates to the controlled act was then in place, there were several related issues that remained to be resolved. These were addressed by Council at its March meeting, and are summarized below.

#### Status of Psychological Associates registered before December of 1998

The College's new practice is that a limitation preventing independent exercise of the controlled act by a Psychological Associate will be imposed at initial registration, unless the Psychological Associate meets the standards of the College for exercise of the controlled act. This new practice came into effect for candidates at the December 1998 oral examinations.

Psychological Associates registered before December 1998 did not have a limitation imposed on their individual certificates of registration. Approval by the Province of the proposed regulation assigning the controlled act only to Psychologists was expected, and was to have applied to existing Psychological Associate members, as well as to new members. Approval has not been received, and it is unclear if and when it will be. The College has also received legal advice that a limitation respecting performance of the controlled act could not be applied retroactively.

Council carefully considered the issue, including the extensive legal advice, and decided that the College would not attempt to impose retroactive limitations on the Psychological Associates registered prior to December of 1998. However, these members will be advised of their responsibility to practice within their competence, and will be provided with information on standards for performance of the controlled act.

#### Status of Psychological Associates who passed the Oral Examination in December of 1998

All Psychological Associate candidates who met the College's requirements prior to the end of 1998 are covered by the "Transition Stream" rules for admission to the profession. These were somewhat easier to meet than those applying to the regular entry process now in place. The December 1998 Oral Examinations

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were the last opportunity for individuals to meet the College's requirements under the relaxed rules. As a result, a large number of Psychological Associate candidates were examined at the December orals.

This last Transition Stream group is also the first group to be subject to the new policy with respect to performance of the Controlled Act. The two circumstances are quite independent. However, many members of the group have expressed the opinion that it is unfair to limit their access to the controlled act, while not limiting the Psychological Associates previously registered in the Transition Stream. They have been supported in this view by a number of College members, including the Chief Psychologists in several School Boards.

After review, Council decided that there was some merit in the perception of unfairness, but that the requirements for avoiding a limitation on exercise of the controlled act could not be waived. A middle ground was adopted.

Psychological Associates who passed the oral examinations in December of 1998 but who did not meet the College's requirements for exercise of the controlled act will have a limitation applied to their registration certificate. However, this group will be permitted to perform the controlled act independently under a delegation agreement, until the end of 1999. This will allow time for these new members to meet the College's requirements for removal of the limitation.

This group of Psychological Associates may receive delegation from any other member of the profession who is appropriately qualified to perform the controlled act. In most cases delegation will be from a Psychologist, but could be from a Psychological Associate. The delegating member is responsible for ensuring that the delegatee is able to perform the controlled act competently, within the particular circumstances covered by the delegation agreement. Once delegated, the Psychological Associate may communicate diagnoses independently, and is responsible for the particular services he or she provides.

#### Performance of the Controlled Act under Supervision

Prior to implementation of the RHPA, Psychologists frequently supervised unregulated staff who were performing what is now the controlled act of communicating a diagnosis. With implementation of the RHPA and the new Psychology Act, communicating a diagnosis is restricted to members of the profession. Since Psychological Associates had access to the controlled act through delegation, Council decided in 1994 that supervision of the controlled act would not be allowed.

At its recent meeting, Council reviewed this issue in the context of the changed circumstances. In particular, delegation agreements are no longer available as a long-term strategy for access by Psychological Associates to the controlled act, and the standard for independent access to it is high and not easily achievable for a number of Psychological Associates registered during the transition stream. Council was also aware of the difficulties experienced in some school boards, hospitals and other settings. Restricting access to communication of diagnoses to Psychologists and qualified Psychological Associates has led to significant problems in service delivery, with potential negative impact on the public.

After considerable discussion, Council decided that the controlled act of communicating a diagnosis may be performed under supervision by members of the College who do not otherwise have access to it. A qualified member must provide the supervision. Both the supervising and the supervised members have responsibility for the professional activities performed under supervision.

Guidelines for such supervision are to be prepared, and will be available shortly. In the meantime, any member with questions about supervisory roles and responsibilities should contact the College.



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## Summary

1. Psychological Associates registered after December 1998 will have a limitation imposed on their certificates of registration, to the effect that they may not independently perform the controlled act of communicating a diagnosis. If a candidate meets the requirements established by the College at the point of initial registration, the limitation will not be imposed. If a member with a limitation meets the requirements at a later date, the limitation will be removed.
2. The standards that Psychological Associates must meet in order to perform the controlled act will be generally comparable to those required for registration of Psychologists proposing to practice in a diagnosing area of the profession.
3. Psychological Associates registered prior to December 1998 will not have a limitation respecting the controlled act imposed on their certificates of registration. These members must exercise their professional judgement as to their competence to perform the controlled act, and will be advised as to the standards being used by the College for determination of this competence.
4. Psychological Associate candidates who passed the oral examinations in December of 1998 will have the limitation imposed unless they satisfy the College's requirements for performance of the controlled act. However, this group of Psychological Associates may negotiate delegation agreements for 1999, under which they may autonomously communicate diagnoses. The presence of a delegation agreement may be taken into account by the Registration Committee in determining whether the Psychological Associate has met the standards of the College for independent performance of the controlled act.
5. A member of the College who does not otherwise have access to it may perform communication of a diagnosis under supervision. An appropriately qualified member of the College must provide the supervision.

As I have noted, these matters are complex and difficult to review succinctly. However, they are of sufficient importance to warrant careful attention. Many people feel strongly about the issues, and there are strong differences of opinion. This has made it difficult for Council to thread a path among the various interests, legal realities, legislative contexts and service delivery imperatives.

I believe that the framework outlined in this letter provides for delivery of competent and safe services to the public, while recognizing the differences in training and professional practice within the profession. It is my fervent hope that we can now move forward, attending to other significant issues, and, most important, to the well being of the public that we serve.

Copies to: Ontario Psychological Association  
Ontario Association of Psychological Associates  
Ministry of Health



# COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

## Election Results

Elections to Council were held this year in Electoral District 2 (South West), Electoral District 6 (Metro Toronto), and Electoral District 7 (Academic).

The Council welcomes:

<b>Dr. Jack Ferrari, C.Psych.,</b> District 2	- re-elected by acclamation
<b>Dr. Ron Myhr, C.Psych.,</b> District 6	- re-elected
<b>Dr. Ron Frisch, C.Psych.,</b> District 7	- re-elected by acclamation

### 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 current Council has ten seats elected from among the members of the College and six appointed members of the public. Below is a brief biography of each of the members of the College Council for 1999/2000.*

#### Electoral District 1 (North)

**Mary Ann Mountain, Ph.D., C.Psych.** was educated at the University of Waterloo, Lakehead University and the University of Victoria. She holds a diplomate in Clinical Neuropsychology from the American Board of Professional Psychology. Dr. Mountain has been employed in long term care and at the Lakehead Psychiatric Hospital. Since 1991, she has been providing assessment and treatment to clients with neurological injuries and diseases at St. Joseph's Hospital in Thunder Bay. 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). She was elected to Council in 1998 and her term will expire in May 2001.

#### Electoral 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 practices 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 the Ontario Psychological Association, and the OPA Section on Psychologists in Public Service. He conducts a part-time private practice. During his first term on Council, Dr. Ferrari served on the Complaints Committee and the Client Relations Committee. He is currently Chair of the Client Relations, and Governance Review Committees. Dr. Ferrari was recently re-elected to Council and his term continues until May 2002.

#### Electoral 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 to 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. She has chaired the Complaints Committee for the past three years and is currently also serving on the Executive Committee. Dr. Van Evra's term will expire in May 2001.

#### **Electoral 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 May 2001.

#### **Electoral 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 in School Psychology from the University of Toronto. 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 May 2000.

#### **Electoral District 6 (Metro Toronto)**

**Nina Josefowitz, Ph.D., C.Psych.** has been in private practice since 1988. Her clinical work focuses on adult individual and couple psychotherapy. She has a particular interest in both the treatment and forensic assessment of individuals who are survivors of interpersonal violence, abuse or harassment. For the past ten years, Dr. Josefowitz has been an Adjunct Professor in the Department of Counselling Psychology, OISE/UT. In addition to her private practice, she has worked mainly in university counselling centres. Dr. Josefowitz has

presented at conferences and published on a variety of issues including; cognitive behavioural therapy, issues related to the treatment of trauma, and confidentiality in the client/therapist relationship. This is Dr. Josefowitz's second term and it extends to May 2000.

#### **Electoral District 6 (Metro Toronto)**

**Ronald Myhr, Ph.D., C.Psych.** was trained at the University of Saskatchewan and University of Toronto. He has taught at both Ryerson and at OISE, where he was responsible for the internship and practicum experiences of graduate students. For many years, Dr. Myhr was employed by the City of Toronto as an employee counsellor, human resources manager and organizational consultant, and had maintained a part-time clinical and consulting practice. He has recently joined Saville and Holdsworth, Inc., an organizational psychology firm, as a Senior Consultant. Dr. Myhr is a member of CPA, OPA, APA and CRHSPP, and is a former OPA Board member and former co-Chair of the OPA convention. He was recently re-elected to Council for a term ending in May 2002.

#### **Electoral 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 was recently re-elected and his term will continue until May 2002.

#### **Electoral 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, she is Vice-President of the College Council and Chair of the College's Government Relations Committee. 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. Dr. Polivy played a major role on the working group that developed the process by which Psychological Associates may obtain access to the controlled act, that replaced delegation. This is Dr. Polivy's second term which continues to May 2000.

**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 Council and Executive Committee as well as the Client Relations Committee and the Complaints Committees. Currently Ms. Doutriaux is employed at the Public Service Commission of the Federal Government providing counselling and career-related assessments to senior public servants. Prior to this, she worked as a psychometrist in a group practice in Ottawa focusing on educational, insurance-related and custody-access assessments. Ms. Doutriaux's term runs until May 2000.

**Public Members Appointed by the Lieutenant Governor in Council**

**Mr. Peter Adams** was appointed to Council 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 expires 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, J.P.** 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 continues until April 2001.

**Ms. Jane Mortson** is a retired classroom teacher having taught Junior Kindergarten to Grade 10 during her career in education. During her last years of teaching, she was an associate teacher with the Faculty of Education at Nipissing

University. She was appointed to Council as a public member in January 1999 and her term continues until January 2002.

**Mr. Gordon Rimmer** worked as a management accountant for 39 years with several organizations. A resident of Seaforth for 30 years, he has been involved in various volunteer and community activities and held the position of president of the Seaforth Community Hospital in 1980 and District Governor for Lions Clubs International in 1986-1987. Since his retirement, Mr. Rimmer has worked with a number of area mental health committees and organizations in a volunteer capacity. Mr. Rimmer was appointed to Council in March 1999 and this appointment runs until March 2002.

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**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.**



## Statutory Committees 1999 - 2000

At the meeting of Council held on May 28 and 29, 1999, the new Executive Committee was elected from the members of the Council. Dr. Ron Myhr and Dr. Janet Polivy were elected to the positions of President and Vice-President, respectively. The remaining Executive Committee members elected were Ms. Barbara Gray, Ms. Jane Mortson, and Dr. Judith Van Evra. 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
	Ms. Jane Mortson
College	Ms. Carol Doutriaux

### Complaints

Chair:	Dr. Judy Van Evra
Council	Dr. Jack Ferrari
Public	Mr. Peter Adams
	M. Gilles Gagnon
	Mr. Gord Rimmer
College	Dr. Marty McKay
	Mr. Barry Gang

### Discipline

Chair:	Dr. Nina Josefowitz
Council	Dr. Stephen Dukoff
	Dr. Nancy Eames
	Dr. Ron Frisch
	Dr. Mary Ann Mountain
	Dr. Ron Myhr
Public	Mr. Peter Adams
	M. Gilles Gagnon
	Mr. Michael Giffen
	Ms. Gord Rimmer
College	Ms. Janet Quintal
	Dr. Eugene Sunday

### Fitness to Practice

Chair:	Dr. Stephen Dukoff
Council	Dr. Nancy Eames
Public	M. Gilles Gagnon
College	Dr. Rosemary Keogh
	Ms. Shari Schwartz

### Quality Assurance

Chair:	Dr. Mary Ann Mountain
Council	Dr. Ron Frisch
Public	Mr. Michael Giffen
College	Dr. Herbert Pollack
	Ms. Monique Pressé

### Registration

Chair:	Dr. Janet Polivy
Council	Dr. Stephen Dukoff
	Dr. Mary Ann Mountain
Public	Ms. Barbara Gray
	Ms. Jane Mortson
College	Dr. Ester Cole
	M. Jean-Martin Bouchard



## Changes to the Register

The College would like to congratulate and welcome the 60 new *Psychological Associate* members and the 59 new *Psychologist* members issued with Certificates Authorizing Autonomous Practice since December 1998.

### PSYCHOLOGISTS

Mary Cheryl Ann Alyman  
 Heather Aubry  
 Suzanne Lyn Barker-Collo  
 Eyal Bodenstein  
 Ana Bodnar  
 Catherine Anne- Marie Bulow  
 Jacqueline Christine Carter  
 Belinda Crawford Seagram  
 Janet Sandra Champion de Crespigny  
 Bruce Kenneth Christensen  
 Barbara Joy Collins  
 Laurinda Gayle Cudmore  
 Susan Davies  
 Patricia Davis  
 Hans deGroot  
 Paula Dimeck  
 Vivian Dupont  
 Trina Epstein  
 Heather Faulkner  
 Carol Marie Fick  
 Marie-Claire Forgeron  
 Nancy Freeman  
 Cyma Gauze  
 Carol Elizabeth Griffith  
 Ermine Theodora Leader  
 Monique Lefebvre  
 Carolyn Lemsky  
 Peter Mallouh  
 Mini Mamak  
 Debra Mandel  
 Sandra McNally  
 Deborah Joy Minden  
 Elizabeth Moore

### PSYCHOLOGICAL ASSOCIATES

Fahimeh Aghamohseni  
 Alison Arthur  
 Monica Bandel  
 Dawne Bergsteinson  
 Cheryl Berklund  
 Jayni Bloch  
 Natalina Borghese  
 Joan Brodati  
 Mindy Cohen  
 Alison Colavecchia  
 Audrey Cooley  
 Diane Coude  
 Michelle Dermenjian  
 Ramona Flood  
 Erin Freeburn  
 Rosemarie Freigang  
 Ruth Gilliland  
 Debbi Gordon  
 Leslie Hastie  
 Susan Henry  
 Diane Hoffman-Lacombe  
 Deborah Hounam  
 David E Howard  
 Donna Jacobs  
 Saleh Jaleel  
 Janet Johnston  
 Kristina Kampe  
 Sonja Kohler  
 Serge Lallier  
 Pierre Laviolette  
 Alison Licht  
 Gloria Liederman  
 Helen E. MacLean



James Edward Muirhead  
 Kelly Jane Murphy  
 Nancy Elizabeth Noldy-MacLean  
 Sean O'Brien  
 Catherine Deirdre O'Sullivan  
 Christine Purdon  
 Joyce Leona Radford  
 Glenn Murray Rampton  
 Rakesh Kumar Ratti  
 Laura Rees  
 Deborah Dorothy Reitzel-Jaffe  
 Michelle Sala  
 Felicity Sara Sapp  
 John Satterberg  
 Alessandra Schiavetto  
 Michael Seto  
 Prathiba Shammi  
 Timothy A Smith  
 Evelyn Sommers  
 Deborah Stuart  
 Julie Ann Torrance-Perks  
 Lori Triano-Antidormi  
 Angela Troyer  
 Karen Elizabeth Tsuk  
 William Walker  
 Mordechai Yaffe

Peggy MacRae  
 Silvana Mancini  
 Linda Marinigh  
 Peter Marquis  
 Robert Martin  
 David Masecar  
 Kenneth McCallion  
 M. Jane McKeeman  
 Wanda Mertes  
 Leonard Modderman  
 Iris Molloy  
 John Nelson  
 Stacey Neumin  
 Patricia Pettit  
 Marion Polcz  
 Marlene Rivier  
 Elaine Saunders  
 Michael Shpuniarsky  
 Janet Simmons  
 Line St-Onge  
 Lan K. Sum  
 Deborah Urquhart  
 Frank Walsh  
 Margaret Waurick  
 David Westerback  
 Reyhan Yazar  
 Jodi Younger

**The College wishes to thank those members who generously provided their time and expertise to act as primary and alternate supervisors for new members issued Certificates Authorizing Autonomous Practice.**

**The College would like to congratulate and welcome the 87 new *Psychologist* members and the 16 new *Psychological Associate* members issued with Certificates Authorizing Supervised Practice since December 1998.**

#### PSYCHOLOGISTS

Peter Edward Anderson  
 Nicole Dianne Anderson  
 Anna Braindel Baranowsky  
 Michelle Anne Bell  
 Ellen Lynn Belton  
 Andrew Patrick Bennett  
 Rafael Bergamasco  
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### Deceased

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

Harold Breen  
Theodore Grusec  
Jane Siegel  
Alan Worthington



The College would like to thank the following individuals who assisted in conducting the oral examinations in December 1998 and June 1999.

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## Annual Reports

**The Annual Report of the College of Psychologists for the fiscal year 1997-1998 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, 1998-1999 is being prepared and will be available to members in the fall.**



## Staffing Highlights

The College is pleased to announce the hiring of two new staff members to fill vacancies in the Investigations and Resolutions area. **Ms. Lisa Byrd** has accepted a permanent position as Administrative Assistant. Lisa had been working in this role on contract during a parental leave and has now joined our full time staff. Lisa will be taking over for Monica Zeballos-Quiben, who decided, upon returning from her parental leave, to pursue other opportunities with the College of Physicians and Surgeons. We wish Monica much success in her new position.

We would also like to welcome **Mr. Robert Feldman** who has recently joined our staff as an Investigator, to fill a full time position that has been vacant for some time. Rob brings many skills and abilities to this role and we look forward to the contribution he will make to the College.



### Mission

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

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