



## CONFLICTS BETWEEN STANDARDS OF PRACTICE AND ORGANIZATIONAL DEMANDS

Questions and problems raised by members of our profession in their determination to maintain high standards of service to the public are being directed to the Board with increasing frequency, and presently are coming in at the rate of about three a week. It is not uncommon for the concerns of psychologists to coincide with the interests of the public, and appear to be in opposition to the concerns of the psychologist's employer. The Board wishes to alert every psychologist to the problems being described by their colleagues, and to acquaint everyone with the advice the Board is providing in these instances.

In writing this article the Board's aim is to lend support to the efforts of psychologists in maintaining standards, to provide encouragement, and to urge psychologists to support each other in resisting pressures which could jeopardize the reputation of the profession in the eyes of the public.

Most psychologists are employees. A large number of the problems psychologists present to the Board centre around improper pressures being placed on them by employers, both public and private, who either do not know or do not wish to recognize that a professional employee has obligations which may override an employer's desires.

In general, the problems brought to the attention of the Board centre around the psychologist's obligations to obtain informed consent for their interventions, to protect the confidentiality of the information provided by or about individuals, and to provide a correct interpretation of their findings. Although the Board outlined some of these problems in its Brief to the Commission of Inquiry

into the Confidentiality of Health Information, which in turn responded by providing detailed recommendations generally accepting the Board's position, recent events suggest these issues must continue to be addressed.

Informed consent. Employed psychologists are sometimes asked to provide information to other individuals or agencies on the basis of consent which cannot be considered to have been truly informed. The Board considers many statements designed to obtain formal consent insufficiently specific. Among the common omissions are failure to indicate clearly the purpose for which permission is being sought, the identities of the intended recipients of any information to be released, any limit on the period of time during which the consent will obtain, any limit on the scope of the information being released, or any limit on its form.

While no single form of consent is suitable for all situations, psychologists have an obligation to ensure that consent forms being signed are specific and appropriately phrased.

Confidentiality and privacy. Employers, or their designates in administrative positions, sometimes claim right of access to the files kept by a psychologist. It is the Board's view and that of its legal counsel that materials produced or prepared by or under the supervision of the psychologist are the psychologist's and, regardless of debates around "ownership" of papers accumulated by a professional employee, no one has a right of access to these materials. In addition, material received by a psychologist from others that is confidential and was passed within the professional context also falls within the discretion of the psychologist to exclude access by others. Employers have a traditional



right to proprietary information; but no such traditional right to personal information. For this reason the Board opposes, and will support psychologists who oppose, any efforts on the part of others to have access to psychological files. From this it follows that psychologists should not agree to the storage of their data and rough notes in common filing systems. The Board considers this position to be neither obstructionist nor in opposition to the psychologist's clear obligation to co-operate with other co-workers in the solution of the problems referred to them.

If the individuals psychologists try to help cannot trust psychologists to use sound judgement in deciding how information is to be used, then these individuals will stop seeking help from psychologists. The psychologist has the obligation to report and interpret findings. To decide how this will be done requires the exercise of professional judgement by the psychologist as well as the permission of either the individual who is the subject of the report, or their legal guardian if they are unable to give informed consent. The Board does not recognize any administrative order that overrides the psychologist's professional judgement or the wishes of the individuals who are the subject of an intervention.

Psychologists working in school systems, for example, should remember that the regulation under the Education Act stating that psychologists "will function under the administrative supervision of the appropriate supervisory officer" means exactly what it says and no more; administrative supervision is not professional supervision and it does not relieve the psychologist of any professional responsibility. By the same token, professional responsibility is not a legitimate means of escaping administrative accountability.

Interpretation of findings. Psychologists offering a service have an obligation to provide an understandable interpretation of their findings and, where appropriate, a written report. However it has come to the attention of the Board that, on occasion, psychologists have

been asked to produce not interpretive reports, but their data. This has been alleged to have occurred in regional mental health clinics, in communications from vocational rehabilitation counsellors and in school systems as, for example, in the case of Identification, Placement and Review Committees set up to rule on the need for special programs.

The Board's position is that the release of data must be at the discretion of the psychologist. The psychologist is not a technician, must reserve the right to interpret his or her own data and, moreover, has a professional responsibility to do so. If indifference to a psychologist's opinions and recommendations implies a lack of confidence in the psychologist's judgement, then the reservations should be stated and a second opinion sought. Permitting an untutored review of raw data is no substitute for a second opinion.

Psychologists have also reported that school officials have been known to assert that they, and not the psychologist, should interpret the psychologist's findings and recommendations to parents, teachers, and the like. This goes beyond the administrative authority of the school board official. Decisions around the interpretive interview and the manner in which it is conducted are professional decisions and must be made by the psychologist. This of course does not rule out the possibility that in some instances the psychologist will decide that the official might reasonably convey the psychologist's recommendations to the parents.

Supervision. Frequently employers hire non-registered personnel to provide psychological services. In some of these instances psychologists appeal to the Board for clarification of their role in supervising such personnel. The Board's response can be couched in a set of "if-then" propositions:

If the service is presented to the public as a psychological service then it must be supervised by a psychologist. If a service is presented to the public as a psychological service and is not supervised by a psychologist then the persons



offering the service may be in contra-vention of the Psychologists Registration Act. If the service is supervised by a psychologist then the psychologist is responsible for the quality of the work. This includes the responsibility to assign work appropriate to the training and experience of the supervisees, and to exert a degree of supervision corresponding to the needs of the supervisees.

The title doctor. Some time ago in two hospitals in Ontario, psychologists were ordered to remove the title, doctor, from their name tags as the title was being reserved for physicians. On being reminded by the Board of Examiners that the Ph.D. is earned, conferred by a university, and is senior to most other degrees leading to the title doctor, both hospitals desisted in their attempts to strip psychologists of their earned titles. It would appear however that psychologists need to be more assertive in using and maintaining their titles. Failure to assert this right does a disservice not only to other psychologists, but also to colleagues in a wide range of disciplines where the Ph.D. is the standard of advanced academic achievement.

They should also be reminded that in a memorandum dated September 27, 1978, Deputy Minister of Health, W. Alan Backley, announced that "it will be in order to address and designate as 'Doctor' both verbally and in writing, all those individuals who are in possession of a doctorate degree from a university of recognized standing".

The client. From time to time failure to resolve a problem of professional obligation amounts to failure to answer the question, "who is the client?" If the employed psychologist were to conclude that their obligation was to the employer and not, for example, to a child or parent, then one thing at least is clear: the psychologist has an obligation to inform the parent, or child, that in this instance they are not the client. Psychologists should know that failure to inform the subject of an intervention that he or she is not the client (that is, not the only person to whom the psychologist has an obligation) can be construed by the Board as a serious misrepresentation by the psychologist.

In conclusion: The examples cited here all illustrate ways in which psychologists are placed under pressure to relinquish their professional role and its attendant responsibilities. It is now time for psychologists to seek less to please and more to announce firmly their membership in a legally recognized and autonomous profession, and to act accordingly.

In the past psychologists may have tended to underestimate their strength and underplayed their professional role. The Board believes psychologists should be encouraged by the recent acknowledgement of the Ministry of Education that psychologists must function in a manner consistent with their standards of professional conduct. This coincides with the expectations of the Board.

The Board will continue to do what it can to assist psychologists in identifying and dealing with inappropriate pressures and demands. Any suggestions you might wish to make for effective action would be appreciated.

#### **NEW TEMPORARY REGISTRANTS SINCE JULY, 1982**

Pierre Baron	Heinz Klatt
Roland Chrisjohn	Dorothy Mandel
Sheila Clyne-Jackson	Howard Marcovitch
Perla Commassar	Denise Messier
James Davison	George Ramsay
Ellen Fantus	Patricia Reavy
Joseph Ferencz	Susan Rich
Alison Fleming	Judith Short
Donna Forrest-Pressley	Lana Stermac
Barbara Fradkin	John Szalai
John Gyra	Lawrence Tuff
Joel Kanigsberg	



**FALL EXAMINATIONS**

**Oral Examinations:** The oral examinations were held in Toronto on November 24, 25 and 26. Assisting the Board in conducting these examinations were the following psychologists:

James E. Alcock, Ph.D., Associate Professor, Dept. of Psychology, York University; Consultant, Workers' Compensation Board;

George R. Ashman, Ph.D., Chief Psychologist, Kingston General Hospital;

Paula J. Caplan, Ph.D., Associate Professor, Dept. of Applied Psychology, OISE; Assistant Professor, Dept. of Psychiatry, University of Toronto;

Howard Cappell, Ph.D., Addiction Research Foundation;

Onalee Gage, M.A., Psychologist, Special Services, Carleton Board of Education;

Esther Gelcer, Ph.D., Senior/(Chief) Psychologist, Child & Family Studies Centre, Clarke Institute of Psychiatry;

Ronald Kaplan, Ph.D., Staff Psychologist, McMaster Medical Centre; Associate Professor, Dept. of Psychiatry, McMaster University; Private Practice;

Helen F. McNeil, M.A., Psychologist, Private Practice; Consultant, North York Board of Education, Catholic Children's Aid Society;

Donald Rudzinski, Ph.D., Psychologist, Adult Outpatient Services, Windsor Western Hospital Centre; Consultant to Graduate Training: Clinical Psychology; Sessional Instructor, University of Windsor;

Rita Simon-Eagle, Ph.D., Psychologist, Family Court Clinic, Clarke Institute of Psychiatry;

Ronald Skippon, Ph.D., Chief Psychologist Toronto Board of Education;

**NEW PERMANENT REGISTRANTS**

At its meetings on October 21, November 26, and December 16, 1982, the Board approved the admission of the following psychologists to the Permanent Register.

Werner Albert

Joan Backman

Francisco Barrera

Edward Bassis

E. Paul Benoit

Howard Bernstein

Donald Boulet

Yvon Bourbonnais

Irwin Butkowsky

Elizabeth Calder

Michael Church

Ronald Clavier

Charles Cooley

Janice Currie-Jedermann

Daniel Dalton

Lois Dobson

Robert Doering

Sharyn Ezrin

Robert Flynn

Cheryl Gillin

Louis Gliksman

Robert Glueckauf

Aaron Goldsman

Georgina Harris

Grant Harris

Brian Heisel

Barbara Hodkin

Margret Hovanec

Richard Karmel

Felix Klajner

Lynn Kozlowski

Yvonne Labelle

Robert Leclerc

Barbara Luedecke

Nathan Mandelzys

Lucia Mandziuk

Barbara Mann

Mark Pancer

Jack Parlow

Miri Peer

Irwin Pencer

Ornella Piccolo

Niva Piran

Joseph Piscione

Dennis Raphael

Dennis Robinson

Lynda Sayer

Carole Skinner

John Strang

Paul Swingle

Carlo Vigna

Marc Wilchesky

Sharon Williams

Ronald Willock

Erik Woody