

# Psychology Ontario

*Advancing psychology through commitment and service*



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**Dr. Mary Broga  
President 2008 - 2010**

**A PUBLICATION OF THE**

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# EDITORIAL

## Dr. Mary Broga, President

Having served on the OPA Board of Directors for over 7 years, it is with a sense of excitement and honour that I assume the role of President. It has been my immense pleasure to work with Board members who are so passionately committed to making a difference for the profession of psychology in Ontario. Each board member brings a unique set of skills and talents to the table, allowing for dynamic and innovative ideas and plans to develop. It is through the Board's thoughtful debate that the Association has embarked on its current political advocacy initiative. This initiative is ambitious, but we feel that the time has come to make psychology more visible on the political stage. This is our number one objective for the next year – to become a more visible lobby group to improve access to psychological services in Ontario. With the guidance of Mr. Gilbert Sharpe from the law firm of Fasken Martineau, we will be seeking to meet with Ministry officials from the Ministries of Health and Long-Term Care, Education and Health Promotion, as well as other relevant ones. There is a role for each member to play in this. We will be developing 'Key Messages' which can be used to articulate to government officials what psychology has to offer and how it can help the Ontario government achieve its objectives. Meeting with your MPP to deliver the key messages will help enormously in this campaign. Secondly, since OPA does not currently represent the majority of psychologists in the province, we need your help in encouraging non-members to join. Psychologists often wonder whether they should belong to the national association or to their provincial association. The short answer is that a psychologist should belong to both. However, if one must make a choice, it is the provincial association which most immediately impacts the practice of the profession of psychology. Our clout as a lobby group will increase when our membership in the OPA does represent a significant number of psychologists. The second objective for this political advocacy campaign is to have the title of 'psychotherapist' extended to other duly regulated professionals who have access to the controlled act. Again, Mr. Sharpe, with his working

knowledge of HPRAC and Ministry regulations, is aiding in the strategy for this request. The third objective is a longer term one, and it entails a thorough examination of psychology's scope of practice. We know that many changes are occurring, especially in health care and education, and we need to ensure that psychology's scope of practice keeps pace with these changes in order for our profession to maximize its many unique skills.

Apart from the political advocacy campaign, the board will continue to work on membership issues. A major focus over the past several years has been the Early Career Psychologist (ECP) initiative. The ECP committee has worked tirelessly in welcoming new early career psychologists to the profession and engaging them in activities to help them adjust to their new work life. We have also a Student representative on the board to help us reach out to undergraduate and graduate students, providing them with useful information regarding the practice of psychology and the important work of the Association. Nurturing these relationships will hopefully pay off in a robust number of psychologists committed to serving the people of Ontario.

Finally, my congratulations to Dr. Douglas Saunders and his committee on the successful launch of the Psychologically Healthy Workplace Award. Dr. Saunders and his committee have forged partnerships with the private sector (Desjardins Financial Security) and with business schools to make this initiative a reality. What a marvelous way of making psychology visible to the public. Congratulations to the Toronto Police Service for being the first recipient of this prestigious award. This committee, as with all the Association committees, would certainly welcome new members. Join a committee – you won't regret it. Not only will your talents be utilized to promote the profession, but you will meet incredibly dedicated colleagues who will reinforce why you chose this profession as your life work. ■

# PRESIDENTIAL ADDRESS

**Dr. Jack Ferrari**  
**OPA President 2006-2008**

*The remarks below were delivered by Dr. Jack Ferrari, outgoing President, at the OPA's 2008 Convention in February.*

Thank you Mary. This has been a challenging and, I hope, productive term. First, let me express thanks to the dedicated staff of the association, under the guidance of Ruth Berman: Carla Mardonet, Anna DiDonato, and Jenna Barclay. They are the glue that holds the Association together, and their ability to work harmoniously together and to maintain excellent working relationships has allowed them to meet some considerable challenges that have come their way, as well as dealing efficiently with day-to-day routines.

In the last two years we have tried, with some success I think, to carry on the work that had been initiated under the guidance of my predecessor, Dr. Saunders. Along with a number of specific projects, this has meant taking measures to improve timely communications with the membership, both to inform, and to ensure we remain responsive to membership concerns.

Most recently we have, as you will know, embarked upon an ambitious advocacy initiative, and I would like to think that the seeds have been planted, and I can confidently pass the task of nurturing those seeds to my very able successor, Dr. Mary Broga, who will tend to them and bring them to fruition.

The advocacy initiative is important both in terms of providing a message to the public (and confronting the structures that impede our ability to provide optimal service to the public), but also because it causes us to look within, to confront our self image, and to understand our divisions.

There is a lot of concern about how we can position and present ourselves in a way that defines us uniquely. At the same time, we recognize that there is a wide range of

knowledge, activities, and interests within our profession. Clearly, our definitional features must be of a fairly high order.

I would suggest that we would be wrong to forget the Boulder model, which encountered many of these issues over half a century ago. The science of psychology had, at that time, been established for the better part of a century, the practice not so long, and the burgeoning of the practice as it moved toward becoming a profession was, in great part, a post-WWII phenomenon.

Psychology as a field of study certainly goes back, in its pure form, to Aristotle, the title of one of whose books is sometimes translated as "Psychology". This was the study of behaviour, of perception, of reaction, and, in Aristotle, was clearly connected to his thinking on moral philosophy, the precursor of modern therapeutic psychology. Aristotle was, as many ancient thinkers were, a keen observer of nature and of the human condition. But neither he nor others of his time (or many centuries after) took the step of actively engaging with nature, in a systematic way, to discover or verify. The use of the experimental method was not to be fully appreciated and developed until the work of Galileo in the late 16th and early 17th centuries. Then, for a few centuries, until Wundt in the 19th century, its application was in a physical, but not in a moral or behavioural, sphere.

The birth of psychology is the birth of experimental thinking in the human domain. And I think that the generality of this statement, and the radical change in thought that it implies, needs to be appreciated. The application of experimental method implies a shift not just in what we know, but in how we know. And both the science and profession of psychology participate fully in the shifting nature of our knowledge.

The Boulder model, the scientist-practitioner model, recognized this fundamental shift from folk- or common-sense understanding of human behaviour, to newly informed ways of structuring and understanding knowledge. The reason the doctorate was proposed and advocated as an entry standard was that the

requisite understanding of the knowledge shift would not be fully realized before the doctoral level of education.

We need, I think, some appreciation of the semantics. The Latin roots of the term "doctor" are unmistakable; the word means "teacher", and it was used in early academia to refer to the individual who had gone beyond a basic (bachelor's) level of understanding of a subject, beyond even a master of the facts and techniques, to a demonstrated ability to contribute to, and to critique, the knowledge base of the discipline—it is this attained that finally allows one to transmit knowledge to others.

The term "doctor", as we know, has for several centuries and in many European languages been applied, in its absolute sense, to medical practitioners. The prevalence of this use and the degree of overlap with the older meaning has varied from place to place and from time to time, but it has never displaced the original meaning. We need to remain cognizant that, although the medical profession has gained well-earned public respect, and is commonly (in English-speaking countries in particular) connected to the term, this secondary application can tend to move us away from the original, and still important, academic meaning. For our profession, doctoral level entry (or its equivalent) must continue to refer to, not simply skilled practice, but clear understanding of the way knowledge about individual behaviour is generated and critiqued. When we think, for instance, of our Controlled Act of Communicating a Diagnosis, we must not simply think in terms of connecting a list of putative signs or symptoms with a code (although in many situations that will be all that is called for), but we will need to always have at least the potential awareness of the legitimacy of the diagnostic enterprise, its effect on individuals, its effect on social systems, and its validity as an endeavour applied to a behavioural field.

If we take a broad view of the scientist-professional model, we will understand that the psychologist who adheres to this model might be in a position to continue with research and academic endeavours, but will

not necessarily do so. What is important is that the psychologist understands the nature of experimental knowledge, of statistical support for a hypothesis, of probabilistic knowledge, of decision rules in the context of the theories that have arisen in the last century and a half to guide our thinking. We need to do more than simply follow these rules, we understand, change, and adapt them as the professional dialogue proceeds; that is the nature of our science, and our science underpins our profession.

I'll conclude with a few words about an initiative I and others have been recently promoting, because there remains some controversy as to whether it properly belongs in our profession, or in our science. I refer to Prescriptive Authority.

Medicine has, of course, the strongest claim to prescriptive authority in the service of the public good, and this authority seems to have taken hold most strongly as a result of 19<sup>th</sup> century findings about the role of "germs"—foreign, external bodies—in many physical diseases. Germs can, of course, be combated chemically—the allopathic medical brain, that causes emotional and cognitive dysregulation which will then affect proper growth, development, and learning, and might impact on basic functions such as attention and memory. The prescription of medicines in this case is not, then, to remove or combat a foreign body, but to restore an equilibrium that allows for proper encounter with the environment—while recognizing, of course, that the brain-environment encounter is reciprocal. Surely, though, this dialogue belongs to our science, and we should be as well placed as anyone to gauge, recommend, or affect the very basic alterations of brain functioning and process that will interact with the individual's dealing with the environment. Once identified, any gaps in our training can be addressed, but they will be addressed as logical supplements to our knowledge base, not foreign intruders. ■

## 2007 PRESIDENT'S REPORT

The 2007 Annual Report has been prepared with contributions by the Ontario Psychological Association President, **Dr. Jack Ferrari**; the Executive Director, **Dr. Ruth Berman**; Chairs of Committees and Task Forces; alliance and liaison representatives; and the staff of Central Office.

The report reviews the Association's activities, projects, and accomplishments since the previous Annual General Meeting and, in accordance with the by-laws, contains the views of the President on the state of the Association's affairs.

The Report is tabled for acceptance at the 2008 Annual General Meeting to be held on February 17, 2008 in conjunction with the Association's Annual General Meeting at the Toronto Eaton Centre Marriott Hotel.

### BOARD OF DIRECTORS

In 2007-2008, the Association again saw communication with membership as a goal to be promoted; and significant resources and energies were turned toward evolving advocacy efforts. The Association benefited from the ongoing leadership of an Executive of **Drs. Jack Ferrari (President), Mary Broga (President-Elect), Margaret Weiser (Financial Officer), Joyce Isbitsky (Thunder Bay-Sudbury Regional Director), Christina Lee (Independent Practice Area Director), and Connie Kushnir (Toronto Regional Director). Elected Board of Directors, in addition to the above, were Drs. Andrew Matthew (Director-at-Large), Maria Kokai (Education Practice Director), Jeremy Frank (Director-at-Large), Ron Warner (Ottawa-Kingston Regional Director), Diana Velikonja (Kitchener-Hamilton Regional Director), Charles Nelson (Windsor-London Regional Director), Jonathan Golden (Community, Family and Children's Services Practice Area Director), Vincent Lo (Health Practice Area Director), and Daliah Chapnik**

**(Early Career Psychologist Representative), Drs. Douglas Saunders, Kate Hays, and Ruth Berman** sat as ex-officio members. The Association's administrative officer, Ms. Carla Mardonet, served as recording secretary for the Board meetings.

The Board of Directors met 5 times in the past year: April 13, 2007; June 22, 2007; October 12, 2007; December 7, 2007, and February 16, 2008. At the April meeting, several new Board members were oriented, the goals and the priorities of the organization were discussed, and a planning day to review priorities, with **Dr. David Jackson** as facilitator, was arranged.

A number of priorities were reaffirmed, and action plans were made to implement these. Some of the priorities that clearly emerged were:

1. Continue to build the membership base. It is important to have a strong association that can claim to adequately represent the profession; and it is important to maintain resources to carry forward the work of the association. To that end, we have strengthened the Membership Committee, under the leadership of **Dr. Mary Broga**. They have conducted membership surveys, and are looking at ways of increasing interest in the Association among non-members.
2. Enhance communication with membership, in order to keep membership informed of the Association's activities on their behalf a number of initiatives followed, including the regular provision of an electronic newsletter (PsychBytes) after each Board Meeting; the continuing publication of Psychology Ontario, but on a less frequent and themed basis; and the establishment of a Communications Committee under the leadership of **Dr. Cheryl Hartridge**. At the same time, the website continues development, under the guidance of a dedicated Website Committee led by **Dr. Andrew Matthew**.
3. Continue with Public Education initiatives. Our Public Education Committee, under the leadership of **Dr. Connie Kushnir**, has been active in a number of endeavours; this committee, in conjunction with the Communications Committee, will look at the "branding issue—how to define the profession in a way that allows ready identification by the public.

4. Continue with Professional Advocacy, including political and legislative advocacy, the kind that leads to systemic changes that can remove barriers to the ability of our profession to make the societal contributions it can. To this end, we have devoted time and resources to a partnership with a noted legal firm, Fasken Martineau, who will advance a number of our specific objectives, including finding ways of responding to the Psychotherapy legislation; advancing our position in Primary Health Care; investigating means of improving our position in hospitals and, hence, in the overall health system; responding to the call for collaborative, interprofessional health care; and expanding our initiatives with government, offering our services and finding ways of maintaining dialogue on matters of common interest.

This year's financial affairs, including the budget approved by the Board for 2008, have been overseen by **Dr. Margaret Weiser**, Financial Officer for the Association. Our project for the Ministry of Education still places us in a satisfactory financial position, but this source of revenue will soon discontinue, and we will again be faced with the need to increase our revenue base and, hence, membership. We have made an appeal for advocacy donations, and the membership has given generously, but the initiatives we have embarked upon will require a fairly continuous flow of revenue. We will be looking at partnerships with other organizations with similar aims.

In addition to the important advocacy and communication initiatives, the Association continues to work on a range of activities for the benefit of the membership. Following is a list of important activities supported by the OPA leadership team in 2007:

1. Making submissions to HPRAC on the implementation of the new acts and the establishment of the new Colleges, as well as engaging in the discussion on Interprofessional Collaborative Practice.
2. Continuing with the very successful Ministry of Education project, helping to address the need for assessments in the school system, and demonstrating an enhanced role for psychology as a member of an interdisciplinary team.

3. Maintaining our Disaster Response Network and maintaining our partnership with the Ministry of Health and Long Term Care via our partnership with the Emergency Management Unit.
4. Working to develop a simplified Fees and Billing Guidelines Document, in the light of current ethical codes and regulatory expectations.
5. Supporting Early Career Psychologists while, in accord with membership mandate from the last AGM, finding ways to maintain student presence on the Board.
6. Continuing to consult with the College of Psychologists on matters of interest to our members.
7. Continuing to develop Human Resource policies, including succession planning
8. Creating new committees, and bolstering some existing ones, to help communicate with membership, to brand psychology, and to enhance awareness of the profession.
9. And foremost, entering into an arrangement with an internationally known legal firm, Fasken Martineau, to focus on legislative and political advocacy efforts for the Profession.

## ***INTERNAL AFFAIRS***

### ***FINANCE AND AUDIT COMMITTEE***

The 2007 Finance and Audit Committee members included: **Drs. Don Rudzinski, Brian Wilson, Mary Broga, and Margaret Weiser (Chair). Dr. Ruth Berman and Ms. Carla Mardonet** provided timely guidance and administrative support to the Committee. The Committee met via teleconference on the following dates in 2007: May 16; September 24; and November 13. At each of these meetings, the Committee reviewed quarterly financial statements and made recommendations for their approval to the Board of Directors. The

Committee also provided recommendations to the Board on the following issues:

- Purchase of a new accounting software package and necessary hardware updates.
- Endorsement of a cost of living adjustment to staff salaries.
- The unit fee for psychological services to be increased for 2008.
- The membership dues to remain at the same level as that of 2007.
- A budget for 2008.

The Finance & Audit Committee provided minutes of its meetings and Financial Statements at each regular Board of Directors meeting. The objectives of the Committee include monitoring revenues and expenses against the approved budget; preparing a budget for the up-coming year; recommending an Audit Firm for approval by the membership, and providing guidance to the Board regarding financial matters.

All members of the Finance & Audit Committee are commended for their time and effort on behalf of the Association. The value of consistent guidance and continuity during a period of rapid change cannot be overestimated.

### ***HUMAN RESOURCES COMMITTEE***

The Human Resources Committee has completed its task of contracting with the Executive Director, and a new three year contract has been signed.

The Human Resources Committee, consisting of the Presidential Officers, the Financial Officer, and the Executive Director, has now begun to meet (first meeting by teleconference on Feb. 11, 2008) to discuss ongoing performance development issues and succession planning issues.

### ***NOMINATIONS COMMITTEE***

Several expiring and ongoing vacant positions for the 2008 Board of Directors were open for election, including: two Director at Large positions, the Justice Director position, and the Student Director position. Results from the October 2007. Call for NomiCall

Call for Nominations, mailed to all members in October, were reviewed to develop a slate to be brought forward at the Annual General Meeting in February 2008. Names of individuals willing to serve on the OPA Board of Directors for 2008, and any remaining vacant seats, will be presented to the membership at the February 2008 Annual General Meeting.

### **MEMBERSHIP TASK FORCE**

The Membership Task Force consisted of the following: **Drs. Mary Broga (Chair); Cheryl Hartridge; Maria Kokai; Vincent Lo; Andrew Matthew;** and **Michael Oosterhoff**, who was replaced by **Daliah Chapnik** in December 2007. The Task Force was assisted by **Dr. Ruth Berman and Ms. Carla Mardonet**. The Task Force began meeting in April 2007 by teleconference. Meetings were held on April 12, May 24, and July 5, 2007. Based on information which was received from the Greenfield survey and Board members' Communicating to the membership that, based on their input, OPA has cleaned up listservs and aligned listservs according to practice areas; follow-up calls regarding non-renewals in 2002/03, the Task Force made recommendations to the Board which addressed concerns received. These recommendations included:

- Continuing to make the Website more accessible for members;
- Increasing communication with members via Psych Bytes;
- Including an Ethics column in Psych Bytes;
- Continuation of the Ethics course;
- Up-dating the Website regularly to refresh the information;
- Hosting social events for ECPs in order to attract and retain them as members;
- Making contact with Psychology Departments in Universities and Colleges for opportunities to speak with students;
- Supporting a Student Award for Applied Research.

The Task Force is also reviewing Membership Categories and the Benefits offered through the Association. In addition, the

Task Force surveyed the membership regarding ways in which the Association can improve to meet their needs. The results of the survey will be available in the new year. The Task Force is currently working on a survey of psychologists who are not members of the Association to ascertain the reasons they are reluctant to join.

I wish to thank the members of the Task Force, as well as **Dr. Berman and Ms. Mardonet**, for their commitment to the growth of the OPA membership.

### **ETHICS AND POLICY COMMITTEE**

The Ethics and Policy Committee continued to meet regularly during 2007 with four meetings throughout the year. At year's end, membership included **Dr. Ruth Berman, Dr. Harvey Brooker, Dr. Ron Frisch, Dr. Carole Gentile, Dr. Christian Keresztes, Dr. Ian Nicholson (Chair), Dr. Douglas Reberg, Ms Erin Ross, Ms. Judith Schapira, Dr. Carole Sinclair, and Dr. Lynn Wells**. **Ms Elspeth Evans**, student representative, left the committee during the year and was replaced by **Ms Ross**.

**Dr. Christian Keresztes**, while staying on the committee, left the position of committee chair during the year. His strong and active leadership of the committee will be missed.

The committee continued to work on a number of initiatives during 2007. The committee's Third Party Working Group, headed by **Dr. Reberg**, continued in its efforts to develop a draft policy document that could also be used as an educational tool for psychologists on the difficult issues involved when third parties are involved in psychological services. We are also reviewing, led by **Dr. Carole Sinclair**, the Custody and Access Guidelines to determine if they are consistent with the current practice needs of the profession in this area. We also discussed current practices on "fee-splitting" as it relates to psychologists in group practice. The committee also reviewed, led by **Dr. Lynn Wells**, the OPA Policy Binder, in an attempt to purge "official" policies that are dated, and update those that continue to be of interest to the profession in the province. We will be sur-

veying early career psychologists in the province to update and revise the OPA Ethics course. We reviewed guidelines for faradic stimulation that were submitted by a member and hope to support that member in these guidelines' application. We have also begun to review issues relating to procedures relating to competency declaration as it relates to registration. We also have discussed any issues that impact on the profession, such as new provincial legislation, and orders from the Information and Privacy Commissioner.

### **LISTSERV 2007**

The OPA listservs continued to develop and grow in 2007. At the current time, OPA has been running the following listservs: ANNOUNCEMENT - for announcements to members from the central OPA office and executive (990 members); MEM - for interactive discussions between members (624 members); SECPE - for the Section of Psychologists in Education (27 members); ECP - for early career psychologists (171 members); and, new this year, PAR - for the Disaster Response Network (24 members). There are also separate listservs for the Board of Directors and the Executive. In particular, the OPAMEM has become a very active listserv with an increasing emphasis this past year on issues relevant to the profession, but continuing in its use as a vehicle for seeking assistance by members on clinical issues, specialized referrals, and insurance company policy/paperwork.

**HOLD THE DATE**

**OPA '09**

**FEBRUARY 21-22, 2009**

**TORONTO EATON**

**CENTRE**

**MARRIOTT HOTEL**

## CONVENTION COMMITTEE

The year 2007 was OPA's 60<sup>th</sup> anniversary year, with the highlight in this year of celebration being its annual convention. The 2007 convention was held at the Renaissance Toronto Airport Hotel and featured a combination of both educational programs and special anniversary events.

On the education side, in addition to the usual array of symposia, conversational hours and mini-workshops, the program offered four full day events, one pre-convention and four post-convention. A pre-convention workshop co-sponsored with the Ministry of Children and Youth Services on "Applying the CAFAS and BCFPI in Your Practice" attracted about 175 attendees, and was highlighted in a special edition of "Psychology Ontario." edition of "Psychology Ontario."

**Gary Schoener** led one of our post-convention workshops, co-sponsored by the College of Psychologists and the Ontario Association of Psychological Associates, on "Achieving Personal and Professional Balance." **Scott Mills, John Gilman and Lyle Allen** introduced participants to the "Assessment of Malingered Neurocognitive Disorders and Symptom Validating Testing." A psychoanalytically-oriented workshop "Beyond Narcissism" was led by **Don Carveth and Klaus Wiedermann, while Eric Youngstrom** devoted a day to discussions of "Bipolar Disorder in Children and Adolescents."

One added feature in the convention program was the introduction of a number of mini-workshops focusing on a diverse array of topics, including the OPA Student Assessment Project, the Annual Auto Insurance Update, "Resourcefulness in Rehabilitation", "Enhancing Care fo Older Adults", "Treating Insomnia", "Spirituality and the Practice of Psychology" and "Introduction of the Wechsler Non Verbal Scale of Ability".

A number of prominent invited speakers rounded out the educational program. Well

known psychiatrist, **Norman Doidge**, presented on "The Neuroplastic Revolution," while **Louise Plouffe** of the World Health Organization reviewed "Mental Health and Aging Policy." This past year's Dorothy Hall Memorial Symposium featured **Peter Szatmari** as a speaker on "Asperger Syndrome and Autism Spectrum Disorders". In collaboration with Southdown Institute, **Rev. Raymond Dlugos** was invited to speak on "Psychology and Spirituality"

The occasion of the 60<sup>th</sup> anniversary was a time both to "look back" and to "look forward" and these themes were reflected in our two keynote luncheon addresses. **Wade Pickren**, APA's official historian, gave a nostalgic view of psychology over the past 60 years, while **John Arnett** shared a more futuristic vision for the profession by way of "Where Do We Need to go Now."

In keeping with our celebration theme, attendees at the President's Reception enjoyed a special comedy presentation by our own David Factor, with his humorous look at ourselves.

Undoubtedly, the highlight of the anniversary convention was our banquet evening, presided over by our master and mistress of ceremonies, **Joel Goldberg and Beth Mitchell**, and with the then Lt. Gov of Ontario, **James Bartleman**, as our special guest and keynote speaker. Commemorative Tribute Books and commemorative OPA wine glasses were provided as souvenirs to all who attended the evening function. Our annual OPA awards, 21 Lifetime Achievement Awards, and a special "Golden Award" to **Dr. Harley Wideman**, were personally presented to each recipient by the Lt. Governor. In addition to our OPA recipients, other award winners included **Anne Cavoukian** Ontario's Privacy Commissioner, and both the Ministries of Health and Long Term Care and Community and Social Services. The success of the 60<sup>th</sup> Anniversary Convention was due to the combined efforts of the Convention Planning Committee (**Drs. Ruth Berman, Greg Hamovitch, Lauren Dade, Doug Saunders, Kate Hays and Sam Mikail**), the "Past

Presidents Club" convened by Dr. Doug Saunders, together with Dr. Joel Goldberg and the OPA central office staff.

## GOVERNANCE COMMITTEE

Membership of the Governance Committee included **Dr. Margaret Weiser** (Chair), **Drs. Maria Kokai, Connie Kushnir, and Ruth Berman**. This committee has continued the process of developing and piloting formin its efforts to improve communication, efficiency, and cohesion. The Governance Committee also reviewed amendments to the current Bylaws to confirm the Early Career Psys and self-evaluation processes to assist the Board in its efforts to improve communication, efficiency, and cohesion. The Governance Committee also reviewed amendments to the current Bylaws to confirm the Early Career Psychologist seat on the Association's Board of Directors. The proposed Bylaw amendments were originally approved by the Board of Directors at its December 2006 meeting and will be brought forward, after amendments, for ratification by the OPA membership at its Annual General Meeting in February 2008.

## IT/WEBSITE TASK FORCE

*Task Force Chair:* **Andrew Matthew**  
*Members:* **Ruth Berman, Connie Kushnir, Christina Lee, Carla Mardonet, Doug Saunders, Jeremy Frank**

The IT/Website Taskforce has focused on developing a proposal for a complete upgrade of the OPA website. The upgrade calls for a conversion to a contemporary database and content management system. The proposed OPA website aims to be more active and dynamic, more responsive to the needs of members and the public, and easier to maintain for the Association. Currently, the IT/Website Taskforce is evaluating proposal/quotes from Canadian-based leading website development companies. The IT/Website Taskforce will present the leading proposal to the OPA Board of Directors for funding consideration in early 2008.

## **EARLY CAREER PSYCHOLOGIST TASK FORCE**

We began the year with our annual symposium at the 2007 conference, with speakers from hospital, school and private practice settings presenting on the topic of the future of psychology. **Daliah Chapnik** took over as chair in October from **Mike Oosterhoff**. Mike's contribution to the establishment of the ECP task force is gratefully acknowledged. New committee members on the task force include: **Drs. Marlene Taub Schiff, Sandra Doyle-Lisek, Jeremy Frank, Rachel Greenbaum and Marnee Maroes, joining Daliah Chapnik and Andrew Matthew**. The first of three networking sessions for ECPs was held in November on the topic of Tax Planning for Psychologists. It was well-attended, and new psychologists enjoyed the opportunity to learn and network together.

Plans for 2008 include a symposium at the convention centering on building a private practice. A session is also planned for the spring on the topic of "tricky" ethical issues.

## **EXTERNAL AFFAIRS**

### **PUBLIC HOSPITALS ACT TASK FORCE**

A Public Hospitals Act Taskforce, with a mandate to look at ways of modifying the Public Hospitals Act to allow for greater psychology autonomy and participation in hospitals, was convened by Board mandate. The committee currently consists of **Drs. Jack Ferrari (Chair), Ruth Berman, Ian Nicholson, Don Rudzinski, Mary Broga, Vincent Lo, and Diana Velikonja**. An initial teleconference was held to consider issues and strategies in September, 2008. It was decided to align the efforts of this task force with the new advocacy efforts directed by Fasken-Martineau; to that end, the task force will meet next as indicated by the progress of the overall priorities. At present, revisions to the Act are not contemplated, as much as ways of identifying efficiencies and modifications.

## **PRESCRIPTIVE AUTHORITY TASK FORCE**

A Prescriptive Authority Taskforce, consisting of **Drs. Jack Ferrari (Chair), Diana Velikonja, Jeremy Frank, Amber Paterson, Ruth Berman, Brian Bigelow, Larry Litman, David Nussbaum, Jonathan Douglas and Jane Storrie** was convened, by direction of the Board, in Spring of 2007—the first meeting was a teleconference on April 18, 2007. A full meeting was held at the OPA offices on July 30, 2007, to allow for introductions and planning. Since then, work has been carried on via e-mail and teleconference.

The initial work of the committee has been to find linkages with jurisdictions which have been through the experience, and to find ways of gaining consensus among the Ontario psychological community. With the engagement of Fasken-Martineau as advocacy advisers, we are biding time to position our efforts within the identified priorities.

### **AUTO INSURANCE TASK FORCE**

**Dr. John Schneider, Dr. Amber Paterson, Dr. Robert Gates, and Drs. Faith and Ron Kaplan** participated in the Task Force in 2007. **Dr. Jane Storrie** has recently joined the Task Force. For the 2008 OPA Annual Meeting, a number of psychologists are providing presentations, including: **Dr. J. Douglas Salmon, Dr. Eyal Bodenstein, Dr. David Kurzman, Dr. Jeremy Frank**.

2007 has been a year of transition in two important respects: 1) final steps to create a system for electronic submission of some forms and for invoices [HCAI] came into effect February 1, 2008; and 2) full implementation of a system of Insurer Examinations and Rebuttal examinations [section 42 and section 42.1] replace the DAC system. The Task Force has been involved in meetings of the Health Professions Coalition regarding Auto Insurance, as well as meetings with the Financial Services Commission of Ontario (FSCO) and the Insurance Bureau of Canada (IBC) regarding HCAI.

2008 brings a mandated review of the auto accident benefits system by FSCO. The scope

and process for this review has not yet been announced. We encourage OPA members to communicate with the Task Force (c/o [faith@kaplanpsychologists.com](mailto:faith@kaplanpsychologists.com)) regarding suggestions for reform of the present insurance product. Your feedback about the impact of the system on patients with psychological impairments will help to inform our presentations for the review.

## **COMMUNICATIONS COMMITTEE**

The purpose of the Communication Committee this past year was to develop a brand for the association and its members that would then be incorporated in effective communications to members, non-members, government and the public. To this end, the committee

1. drafted key message points to be included in future communications;  
2. gathered proposals from 3 public relations/marketing firms to assist in brand development and communication.

These proposals were presented to the Board of Directors for their consideration on October 12, 2007. The decision of the Board was to defer consideration of a communications strategy until strategic priorities were clarified.

### **ONTARIO PSYCHOLOGICALLY HEALTHY WORKPLACE AWARDS COMMITTEE**

In 2007, OPA's Psychologically Healthy Workplace (PHW) Committee successfully launched the inaugural 2007-2008 PHW Awards Program with a one-day PHW Conference with the assistance of collaborators from the Universities of Western Ontario, Waterloo, McMaster and Toronto, as well as the Psychology Foundation of Canada. The Conference took place in early May, just prior to the 2007 National Mental Health Awareness week. The conference brought together 90 human resources professionals, psychologists, organizational consultants and managers, with key resource people from academia, public organizations and private companies.

The goals of the conference were to define and identify the nature and elements of psychologically healthy workplaces (PHWs); to highlight the value and benefits of PHWs for organizations; and to provide specific examples of organizational best practices for creating PHWs in Ontario. The conference also kicked-off the 2007-2008 competition for OPA's inaugural Psychologically Healthy Workplace Awards.

The Ontario program is part of a North American wide initiative by State and Provincial Psychology Associations, under the auspices of the APA, to recognize and promote organizations and companies that make a commitment to developing psychologically healthy workplaces. A psychologically healthy workplace is one that makes a commitment to programs and policies that foster employee health and well-being, while enhancing organizational performance and productivity. The 2007-2008 Ontario Awards competition will culminate with a PHW Awards event to be held during Mental Health Awareness Week in early May 2008.

Members the PHW Committee are OPA Board members **Drs. Connie Kushnir** and **Christina Lee**; **Jeremy Yip** of the Rotman School of Management, University of Toronto; **Dr. John Michela**, University of Waterloo; **Dr. John Meyer**, University of Western Ontario; and **Dr. Aaron Schatt**, DeGroote School of Business, McMaster University. **Natasha Teoli** has provided invaluable part-time administrative and organization staffing.

*Psychologically Healthy Workplace Conference, Toronto, May 4, 2007.*

**For presentations from the Psychologically Healthy Workplace Conference visit the OPA website [www.psych.on.ca](http://www.psych.on.ca)**

## ***PUBLIC EDUCATION INITIATIVES***

**Committee Members: Drs. Joyce Isbitsky, Maria Kokai, Christina Lee, Pat McGarry Roberts, Doug Saunders, Ruth Berman, and Connie Kushnir** (Chair). Staff: **Ms. Natasha Teoli**

The Public Education Committee focused on two major initiatives during 2007: Psychology Month, and the Psychologically Healthy Workplace Award. There were several other activities completed by committee members. In 2006, the OPA partnered with the Mood Disorders Association of Ontario (MDAO) and other organizations in a high profile public awareness initiative in the GTA called Check-Up From the Neck-UP. **Drs. Saunders and Berman** continue to meet with MDAO to discuss further initiatives and possible future collaborations.

On the Website, the "OPA Helpline" button was placed on the main page. This button links to information about timely topics which may be of interest to the general public. In December, information about stress during the holidays and making New Year's resolutions was posted in this area. **Dr. Maria Kokai** has been responsible for providing the relevant information.

In addition to these initiatives, individual psychologists provided direct service in the form of workshops, seminars and talks, as well as being involved in mental health coaching at a large scale community event. Members have also continued to remain active with print and broadcast media. **Drs. Connie Kushnir and Maria Kokai**, the chair of this committee, attended the State Leadership Conference in Washington in March.

### **PSYCHOLOGY MONTH 2007**

**Ms. Teoli** continued to work with the committee for the first few months of 2007. A summary of her activities, as well as some of her suggestions for future considerations, is included as an appendix to this report. Much of her work was summarized in last year's Public Education report. The activities com-

pleted included the following: creation of a flyer to send out to all members; development of materials such as letters of invitation; creation of databases of available public education materials, contact lists of psychologists interested in public education activities and a speakers' directory; provision of links and information on the website for members about Psychology Month; creation of a media list of 50 media contacts.

In November and December of 2007, a flyer about Psychology Month 2008 was sent to all members and information about Psychology Month 2008 was posted on the website. **Dr. Christina Lee** facilitated having a letter sent to the Ministers of Health and Child and Family Services to ask that Psychology Month be proclaimed in the Provincial Legislature in February.

During Psychology Month, two press releases were sent: "Diamonds in the Rough: Ontario Psychologists Celebrate 60 Years of Serving Ontarians", and "Convention marks 60 Years of Psychology in Ontario: Celebrating Our Past-Building Our Future." A media backgrounder was provided with the press releases. There were responses from OMNI TV and Ottawa's A-Channel Breakfast Television. Autism Ontario included information in their e-newsletter about the role of psychologists. During the Convention, Psychology Month was highlighted at the Public Education table which **Ms. Teoli** staffed. There were also two very large canvas posters in the main convention meeting room.

### **Summary of Activities in Ontario School Boards**

The Psychological Services Departments at 8 different school boards across Ontario participated in Psychology Month.

Emails were sent out to the entire system with "tip sheets". The topics this year were:

1. Executive Functions: Getting Organized for Success
2. The Psychology of Reading: From Research to Practice in the Classroom
3. Defiant & Emotionally Unpredictable Students
4. Cyber Bullying

5. An information booth was set up all month in the school board foyer with different handouts for teachers and parents. It seemed to be well received and the handouts (and the candy dish) needed to be replenished frequently.

6. There was a poster presentation in the lobby at the Board of Education which included handouts.

7. Emails were sent to all of the school administrators regarding Psychology Month, and on the focus the psychology department was taking (stress and coping in teachers and students).

8. Preparation of posters on stress and coping in teachers and students that were distributed to all school administrators for presentation in staff meetings and posting in staff lounges.

9. Chief Psychologist conducted two 2-day forums for 250 principals and teachers (grades 7 to 12) on recognizing the signs and symptoms of mental illness in students and responding appropriately to them. Information was presented on anxiety disorders, depression and suicide, self-injurious behaviour, eating disorders, and alcohol and substance abuse, with a focus on what teachers can see in the classroom and what classroom teachers can do to help these students. Large group presentations were followed by small group facilitated sessions in which participants discussed their reactions to what they heard, worked through case studies, and developed plans for promoting mental health back at their schools.

10. Videos on different psychology related topics were shown.

11. A presentation on grief and trauma was offered.

12. A display of students' art work was placed in the school board lobby and a poster contest was held to create poster for the Psychology Department

13. The Psychology Department created an article for parents to be published in the school newsletters during the month of February.

14. There were video presentations in schools on different psychology related topics to teachers, parents and students.

15. There was a display of psychology related books in the school board library.

16. A Psychology Symposium was offered to teachers, parents and students covering

four topics and presented by members of the Psychology Department.

17. There was a presentation to parents about advocacy for children with disabilities.

#### **A range of activities occurred in a number of different cities across Ontario.**

**Kingston:** At Hotel Dieu Hospital, there was a six sided display board in the front lobby with a question box and brochures on mental health issues. Staff Psychologists **Drs. Sue Buchanan and Kris Boksman** gave lunch hour talks on "Parenting and Child Development" and "When is a Problem More Than Just a Problem?"

In the February edition of "Update", a joint publication of Hotel Dieu Hospital and Kingston General Hospital, there was a full page dedicated to Psychology Month. The publication included an article about "Psychology Month: Psychology is for Everyone" and profiled the psychology staff at both hospitals.

**London:** London Regional Psychological Association (LRPA) actively worked towards encouraging all London and area psychology members to participate, by providing them with specific materials adapted from OPA and College resources. They developed a poster providing specific contact information for service providers in the area, and pursued local PSA opportunities. They also had a local website that provided answers to common questions and myths concerning psychological services.

At London Health Sciences Centre, **Dr. J. Alex Pellizzari** hosted an educational opportunity for healthcare professionals to learn about psychologists, psychological practice and psychological science in an interactive game-show format. The event was presented at LHSC, and telecast to two other sites in London and St. Thomas. The event was very successful and will be repeated in 2008.

Homewood Health Centre secured sponsors to put up a display and hand out materials about psychology during Psychology Month.

**Ottawa:** Ottawa Hospital and Ottawa Montfort Hospital provided displays and brochures in their settings.

**Sault Ste. Marie: Dr. Pat McGarry Roberts** and her colleagues invited local psychologists to a one day electronic resource training session, followed by a networking meeting.

**Toronto:** Toronto Rehab held a "Psychology Week" in February. Staff Psychologists created a power point presentation that was sent out to all staff throughout the week on specific topics such as Stress Management, Behavior Management, Coping and Adjustment, Tips for Improving Your Memory.

#### **PSYCHOLOGICALLY HEALTHY WORKPLACE CONFERENCE**

**Dr. Doug Saunders** has been chairing this initiative and his report was prepared separately.

#### **DIRECT SERVICE**

A number of psychologists offered direct service by providing workshops and seminars, and by participating on the Boards of community agencies.

**Dr. Ana Bodnar** presented two workshops on "Clinical Applications of Mindfulness."

**Dr. Sue Buchanan** provided two workshops for 30 teachers in the Limestone District School Board. She spoke to secondary school teachers about "Anxiety and Depression in Youth" and spoke to special education teachers about "Anxiety and Depression in Children."

**Dr. Daliah Chapnik** spoke to students in grades 7 to 12 at the Town Centre Montessori School about the work of psychologists on their career day.

**Dr. Justin Ciale**, although retired, is on the Board of the John Howard Society of Ottawa and the Canadian Office of Human Rights.

**Dr. Ester Cole** is the chair of the Parenting for Life-Psychology Foundation of Canada. She spoke to a local PTA about parenting adolescents, and gave an invited address to the Ontario Bar Association about understanding adolescents and their mental health needs.

**Dr. Jessica Cooperman** gave a presentation on anxiety disorders in children at a public school in Markham. She also organized a talk by Janet Edgette on dealing with adolescents. There were 500 parents in attendance at the Markham Theatre.

**Dr. Kate Hays** spoke to 20 students at Branksome Hall about Sport Psychology, spoke to 20 Seneca College students about Performance Psychology, and to 60 Pax Christi Chorale members about self-confidence in singing. She presented two sessions about Mental Preparation for Optimal Performance at the School of Toronto Dance Theatre. (40 dance students)

**Dr. Mario Faveri** conducted two workshops on the Mental Side of Golf and two on the Mental Side of Running a Marathon. A total of about 75 people attended. The workshops were to raise funds for African children who are heading their households and looking after their younger brothers and sisters because their parents have died of AIDS. About \$1000 was raised.

**Dr. Iris Jackson** spoke to 50 Law students at the Ottawa University about "The Use of Psychologists' Expertise in Legal Contexts." She also spoke to special interest groups, such as the Kidney Association and the Thyroid Society, and about 25 people attended each time.

**Dr. Rhonda Nemeth** twice presented a workshop about working with the psychological variables of patients at the annual Conference and Trade Show of the Ontario Chiropractic Association. She also presented a lecture entitled "Psychological Sequelae of Physical Injuries and Psychosocial Factors Affecting Rehabilitation" to the Independent Chiropractor Evaluation (ICE) Course at the Canadian Memorial Chiropractic College.

**Dr. J. Douglas Salmon** was an invited speaker at the Catastrophic Impairment Training

Workshop for CAPDA, at which about 75 psychologists attended. He was an invited speaker to ALDER Toronto, and spoke to 12 professionals about mental health diagnoses in the context of differential diagnosis relative to learning disabilities. He was also an invited speaker to the Saugeen First Nation Family Wellness Conference. He spoke to 40 families about learning and cognitive disabilities in an Aboriginal context. Dr. Douglas provides a half-day workshop to Jewish Vocational Services entitled "A Comprehensive Review of Learning and Cognitive Disabilities in a Vocational Rehabilitation Context." About 25 professional staff attended. He gave a workshop to 12 occupational therapists on "Catastrophic Impairment Advanced Training." He spoke to 90 occupational therapy students at the University of Toronto about Outcome Measurement. He provided a 1.5 day clinical training session to 20 professional staff with Native Child & Family Services of Toronto to facilitate a model of in-home parenting and life skills intervention.

He taught a course entitled "AMA Guides to Impairment Rating: Musculoskeletal & Neurological Systems" at the Canadian Memorial Chiropractic College and the Canadian Society of Chiropractic Evaluators. About 50 chiropractors attended.

**Dr. Farrokh Sedighdeilami** did a Grand Rounds presentation at Surrey Place Centre in Toronto entitled "Children's Drawings: Assessment for Intellectual Visual-Motor and Emotional/Personality Functioning."

Several OPA members were involved in mental health coaching at the Toronto Marathon. **Dr. Kate Hays'** role was to recruit, organize, direct, and evaluate the functioning of the Psyching Team. There were 28 members, including the following OPA members: **Drs. Lynne Beal, Mario Faveri, Niki Fitzgerald, Kate Hays, Sarah Maddocks, Rhonda Nemeth, Mona Tsoi, and Stacy Thomas.** These psychologists worked with approximately 500 runners directly, and approximately 500 indirectly.

## PRINT AND BROADCAST MEDIA

**Dr. Lynn Beal** did two interviews with the Globe & Mail, one regarding grief counseling after a shooting in a school, and a second regarding a project to develop internet-based mental health resource materials for elementary school teachers. She also did an interview with the Toronto Star regarding the role of the psyching team at the Toronto Marathon. Dr. Beal did an on camera interview with Global News on the impact of Alpha Moms' and Beta Moms' parenting styles on children.

**Dr. Ester Cole's** media involvements included consultation with reporters about background information, and interviews with radio, the Globe & Mail, and Post City Magazine about back to school issues, and children's stress. She is also on the Advisory Council for TVOParents.com.

**Dr. Kate Hays** had interviews with the following newspapers/Web: Calgary Herald, Humber College Newspaper, IA Newswire, National Tennessean, Toronto Star, and WebMD. She had interviews with the following radio and TV outlets and shows: CTV National News, Global TV, and Project Health Radio. She also had interviews with the following magazines: Allure, Family Circle, Fitness, and Runner's World.

**Dr. J. Douglas Salmon** was interviewed by Carter Hammett for an article in the publication of the Learning Disability Association of Ontario entitled "Double Invisibility: Learning Disabilities and Mental Health.

CTV National News, Global TV, and Project Health Radio. She also had interviews with the following magazines: Allure, Family Circle, Fitness, and Runner's World.

**Dr. J. Douglas Salmon** was interviewed by Carter Hammett for an article in the publication of the Learning Disability Association of Ontario entitled "Double Invisibility: Learning Disabilities and Mental Health.

## **DISASTER RESPONSE NETWORK (DRN)**

In 2007, the Disaster Response Network included the following OPA members: **Drs. Ester Cole (Chair), Anna Baranowsky, Linda McLean, Gerald Goldberg, Douglas Saunders, Margaret Weiser and Ruth Berman.** The Canadian Red Cross was represented by John Saunders, Manager, Disaster Services, International and Youth Programs. Building upon its past history, the DRN Committee held regular meetings related to planning, review of documents, goal setting, general education, data gathering, and consultation.

The multi-year partnership with the Canadian Red Cross continued to strengthen strategic planning, exchange of information, consultation about related documents, and the training of volunteer OPA members. Association members continue to be encouraged to annually update the central OPA office about their training, and local volunteer service needs and activities. A request for updated information was sent out to members in the past year. The DRN goals remain:

1. The coordination and provision of pro bono services to communities impacted by disaster and/or crisis situation(s);
2. The dissemination of information and access to DRN mental health training for OPA members;
3. The support of members in their provision of disaster response services;
4. Upholding professional standards regarding disaster mental health care;
5. Collaboration with other organizations providing disaster relief services and short-term volunteer interventions.

OPA consults with provincial and national Red Cross and psychology organizations, including CPA, in order to share relevant information and potentially coordinate training and volunteer efforts. Ontario remains among few Canadian provinces forming and operationalizing DRN partnerships with the Canadian Red Cross. The OPA/DRN committee consults regularly with APA about its activities in this area.

OPA members have been notified through the central office, in SIP's and OPA newsletters, and on the listserv of the criteria to become a Red Cross mental health volunteer, and to identify their training requests. Members are reminded that in order to become a volunteer, one has to:

1. Complete the OPA-DRN information questionnaire;
2. Contact the local branch of the Ontario Red Cross for training sessions; and
3. Attend at a First Aid Course.

Members are asked to notify the OPA office about their local training. Copies of the Memorandum of Understanding between OPA and the Canadian Red Cross continue to be available to members, together with the updated volunteer application questionnaire.

During the past year, the committee reviewed provincial and national documents, and shared local information concerning services and needs. The DRN mandate includes the specific goals set out above, pertaining to partnership of volunteer services with the Canadian Red Cross. Related activities, however, are at times requested by the Emergency Management Unit of the Ministry of Health. These types of requests address OPA interventions in general. It is important for members and community organizations requesting OPA help, to differentiate between the committee's mandate as distinct from requests forwarded to the Association as a whole.

The OPA/DRN website information is currently available to the membership at <http://www.psych.on.ca/index.asp?id1=102>. This page will be updated from time to time. The website contains links to other websites on disaster response literature, and helpful service-related information. **Dr. Margaret Weiser** is acting as the moderator for the DRN new listserv. Once again, the committee welcomes interested members who would like to volunteer their time and services following training.

## **MINISTRY OF EDUCATION LIAISON COMMITTEE**

The Ministry of Education Liaison Committee for 2007 included the following members: **Drs. Lynne Beal, Ruth Berman, Ian Brown, Ester Cole, Maria Kokai (Chair), and Cheryl Pohlman.**

The role of the Committee is to share information and discuss issues with the Ministry of Education concerning the provision of psychological services and related programs for school age children enrolled in publicly funded schools in Ontario.

In 2007 the committee requested and collected input regarding issues to be addressed with the Ministry from SecPE Council and from the Association of Chief Psychologists of Ontario School Boards. Two committee meetings were held via teleconference in order to prepare a meeting with the Ministry of Education.

Consequently, the Chair of the committee and the Education Officer designated by the Special Education Policy and Program Branch of the Ministry set up a meeting for the Committee, which was held on November 15, 2007 at the Ministry offices. The Ministry officials who attended were three Education Officers from the Special Education Policy and Programs Branch, and a Senior Policy Advisor, Special Education Strategic Planning Branch.

The agenda included discussions about how psychological services have been supporting Ministry initiatives aiming to enhance student performance within Ontario schools; how psychologists can continue to assist the Ministry with current and future initiatives; and how to ensure that boards can access and maintain sufficient levels of support by psychologists for various Ministry initiatives.

The outcome of the meeting was that the OPA committee will consider follow-up/input to the Ministry re: the several issues, such as addressing the mental health needs of students in schools; measuring and increasing student achievement for students

with special needs; capacity building; and research. The committee is planning a follow-up meeting to discuss the above and plan the next step.

### **WSIB TASK FORCE**

The Workplace Safety and Insurance Board (WSIB) remains engaged in the reform of its health care delivery services through the development and introduction of “Programs of Care” (POCs). Activity this past year was, however, focused largely on the “roll out” of established “Programs,” with only one new “Program” undergoing development; namely, “Chronic Pain.” As with all other “Programs,” OPA ensured that psychology was an active participant at each phase of this program’s development and is grateful for the contributions of **Dr. Warren Nielson, Michael Gadon and Rhonda Nemeth** who were variously involved in both the research review and clinical translation stages.

It was recently decided that the “Persistent Low Back Pain POC,” which to date has not been implemented, would be rolled into the “Chronic Pain POC” because of the overlap in program elements. Moreover, it appears that the WSIB is postponing the “roll out” of programs that might include any psychotherapeutic interventions, until the implications of Bill 171 are clear, with respect to psychotherapy as a controlled act and the upcoming regulation of “psychotherapists.”

Another primary focus of the Fee-setting Advisory Committee, at which **Dr. Ruth Berman** continues to represent psychology, has been to address fees related to clinical services outside of “Programs of Care” and delivered on a fee-for-service basis. An independent market survey of all professions’ fees was undertaken this past year, including fees currently paid by the WSIB, to allow it to determine where it currently stood in the payer marketplace in relation to each profession. Subsequently, the WSIB, following consideration of the financial impact, made a determination of where it wished to position itself in the healthcare marketplace generally, and has proposed adjustments to each profession’s fees accordingly. OPA has been advised

that psychological service fees will increase above existing levels by approximately 6.5%. This has not been publicly announced as yet, pending the revisions to the published WSIB Fee Schedules. While psychology will see a modest increase in the hourly fee-for-service rate, the fee schedule as yet remains unchanged with respect to maximum number of hours paid, or in regard to payment for reports and other services. These issues have been raised as concerns repeatedly, and assurances have been given that these concerns will be addressed in a second phase, and that efforts to eliminate any disparities among professions will be undertaken.

### **COUNCIL OF PROVINCIAL ASSOCIATIONS OF PSYCHOLOGISTS (CPAP)**

In 2007 CPAP (the Council of Provincial Associations of Psychology) became two new organizations CPAP (Council of Professional Associations of Psychology) and ACPRO (Association of Canadian Psychology Regulatory Organizations). This evaluation marked the culmination of a three year process designed to create a more effective forum for the public awareness and advocacy needs of the Psychology Associations (PAs), and the consultation and collaborative needs of the Regulatory and Registration Bodies. Ontario has played an active role in the evaluation and development of the new organizations. CPAP (The Council of Provincial Associations of Psychology) was first established the early 90’s as a forum for provincial (and territorial) psychology associations (PAs) and regulators to discuss issues (e.g. the MRA (mutual recognition of registration requirements), restrictions on ‘C’ level psychological tests, mandatory continuing education, malpractice insurance etc.) and be informed of new developments affecting Canadian professional psychology.

The new CPAP will be composed of the eleven Provincial and Territorial Psychology Associations (PAs) and the Canadian Psychological Association. ACPRO will be composed of the Provincial and Territorial Psychology Regulatory Bodies, as well as CRHSPP (Canadian Register of Health Service Providers in Psychology).

This evolution of the Council into two organizations marked the culmination of a two year process.

The goals of the new CPAP are to develop and implement a national advocacy strategy for PAs; support individual PA’s advocacy efforts within their own jurisdiction; and maintain regular communication channels with the provincial regulators. The first two goals follow on the success of the PAs efforts over the past three years in developing a National Advocacy Forum and establishing February as National Psychology Month. The new CPAP will formally come into being in January 2008 at the national meeting of PAs in Ottawa. The new Ontario representative to CPAP will be Dr. Mary Broga, President-Elect.

### **APA COUNCIL OF REPRESENTATIVES**

During 2007, the APA Council of Representatives met twice: in Washington DC in February, at its mid-winter meeting, and in San Francisco in August, during the APA Convention. Among its many activities are three that may be of particular interest to OPA members:

- Dissolution of APA’s Concurrent Accreditation with Canada Formal presentations were made by **Karen Cohen** from CPA and **Robert McIlwraith**, Chair of CPA Accreditation (pro) and by **David Zuroff**, Chair, Department of Psychology, McGill (against). This item generated considerable discussion. Issues became (a) constructive methods for equitable accreditation across countries and (b) Canadian autonomy in training Canadian psychologists. Ultimately, a motion was Consensus was *not* reached with regard to a provision limiting the role of psychologists in settings where human rights are inadequately protected. Thus, there was not a vote in this regard in Council. The lack of consensus with regard to this provision was what garnered considerable media and member attention.
- National ethnic minority psychological associations, previously designated as having observer status, were approved by Coun

passed to change the current Memorandum of Agreement, discontinuing Canadian programs from U. S. accreditation. This process will occur over a period of time (approximately 7 years).

- Psychologists' Participation at US Detention Centers.

During both meetings of Council, there was extensive discussion, sub-group meetings, and the proposal of various resolutions. Additionally, during the Convention itself, there were a number of programs on the topic. A diverse group of Council members was able to craft a resolution (ultimately passed by Council) that addressed a number of issues still in contention. Among its major elements:

Reaffirmation of APA's position against torture and other cruel, inhuman, or degrading treatment or punishment and its application to individuals defined in the US Code as "Enemy Combatants" [NB: APA defined torture (in its 2006 resolution) in accordance with Article 1 of the UN Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment].

Absolute prohibition against psychologists' knowingly planning, designing, and assisting in the use of torture and any form of cruel, inhuman or degrading treatment or punishment calling on the US government to prohibit the use of these methods in all interrogations. Recognition that torture and punishment can result from conditions of confinement, thus expressing "grave concern over settings in which detainees are deprived of adequate protection of their human rights, affirms the prerogative of psychologists to refuse to work in such settings."

Consensus was *not* reached with regard to a provision limiting the role of psychologists in settings where human rights are inadequately protected. Thus, there was not a vote in this regard in Council. The lack of consensus with regard to this provision was what garnered considerable media and member attention.

- National ethnic minority psychological associations, previously designated as having observer status, were approved

by Council to have full voting member status. This item was sent to the full APA membership

Other relevant items included funding for: Center for Psychology Workforce Analysis Projects; Pilot 5-day Institute for High School Psychology Teachers; Public Education Campaign in regard to scientific knowledge base to societal needs and everyday life; Convention Programming of Science Sessions; Joint TF (Div.s 19 and 44) on Sexual Orientation and Military Service; Task Force for Assessment and Treatment of Persons with Disabilities; Task Force on Evidence-Based Practice with Children and Adolescents; Task Force on Mental Health and Abortion; Working Group on Cultural Competency in Geropsychology.

A revision of a document on Postdoctoral Education and Training Program in Psychopharmacology for Prescriptive Authority was approved in principle.

Resolutions that passed were: Resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory; Resolution on opposing discriminatory legislation and initiatives aimed at lesbian, gay, and bisexual persons.

Guidelines were passed with regard to Psychological Practice with Girls and Women and a revision of the APA Record Keeping Guidelines.

APA's Central Office has adopted a strategic planning process, is developing a diversity plan and will recruit a Chief Diversity Officer, and is re-organizing the Convention.

If you are interested in details of any of the above or other actions by Council, please do not hesitate to contact me.

As I have mentioned before, in addition to my tasks in representing OPA at the Council meetings, I envision the Council Representative as offering a link between OPA and APA, in relation to both services and governance. To that end, I continue to make extensive use of the OPA members' email list to keep members informed of APA activities, opportunities, and information; have provided information, linkage, and support to those OPA members seeking information about APA; and

for a vote this past autumn. The membership did not approve this change.

continue to inform APA of relevant OPA activities and participants.

## ***OPA STUDENT ASSESSMENT PROJECT***

The OPA Student Assessment Project had an extremely busy and eventful year. Excellent progress is being made against the four project objectives<sup>1</sup>, and school boards are extremely supportive and enthusiastic about the project.

In January 2007, school boards submitted Assessment Capacity Building Plans, identifying their strategies and planned activities to implement the four project objectives. By the end of February, the vast majority of plans were approved, and a second allocation of funding was provided.

The next step was for the OPA project team to meet face to face with the school board OPA project teams. The purpose of these meetings was to monitor progress, and to obtain feedback from the school boards on the project in general and on the OPA project's delivery methodology and communications.

Meetings were held in April and May of 2007 in the Ministry of Education regional offices in Barrie, North Bay / Sudbury, Thunder Bay, Ottawa, GTA, and London. The Ministry's regional special education leads were extremely helpful to the project in organizing and participating in these meetings. School board OPA project teams met with OPA project team representatives and identified: the school board's vision of project success, promising practices, enablers or critical success factors, challenges, actions to address. Meetings were held in April and May of 2007 in the Ministry of Education regional offices in Barrie, North Bay / Sudbury, Thunder Bay, Ottawa, GTA, and London. The Ministry's regional special education leads were extremely helpful to the project in organizing and participating in these meetings. School board OPA project teams met with OPA project team representatives and identified: the school board's vision of project success, promising practices, enablers or critical suc

these challenges, lessons learned, and progress against the four project objectives. A report entitled “Status of School Board Assessment Capacity Building – Summary of School Board Monitoring Responses: Provincial View April – May 2007” along with six appendices summarizes the results of these meetings. This “2007 Monitoring Report” may be found on the OPA website.

Key concepts of success identified by the school boards included: early intervention and support; differentiated instruction in the classroom; collaboration between assessment process stakeholders; professional learning communities; reduced wait time for professional assessments; user friendly assessment reports that inform programming; effective screening process and tools; and teachers empowered to deliver assessment report recommendations.

In June 2007, school boards reported on their expenditures and results achieved as of May 31, 2007. Based on feedback from the school boards, 70% identified that wait times had been reduced, and 80 to 90% identified they were on track or positioned for success in achieving project objectives.

Another significant milestone for 2007 was in July when the OPA received approval to fund the development of a *Promising Practices Resource Guide*. The guide will contain a description of the assessment promising practices for every school board in the province, as well as a number of tools and templates that school boards have found effective in their assessment processes. It will also contain some in-depth descriptions of the promising practices for a number of school boards. The OPA recently hired **Dr. Jean Hewitt and Gerry Clarke** to work with the school boards and develop the resource guide. Both Jean and Gerry have a wealth of experience working in special education areas and in school boards and are a great addition to the team.

September 2007 was the beginning of the new school year, and time for the school board OPA project teams to update their Assessment Capacity Building Plans based on lessons learned. Updating and fine-tuning the plans is particularly important since 2007/

2008 will be the year of most significant activity for the school board OPA projects. To assist school boards with their plan updates, the *2007 Monitoring Report* provided a common vision of success and source of creative ideas. The vast majority of plan updates have been submitted and approved.

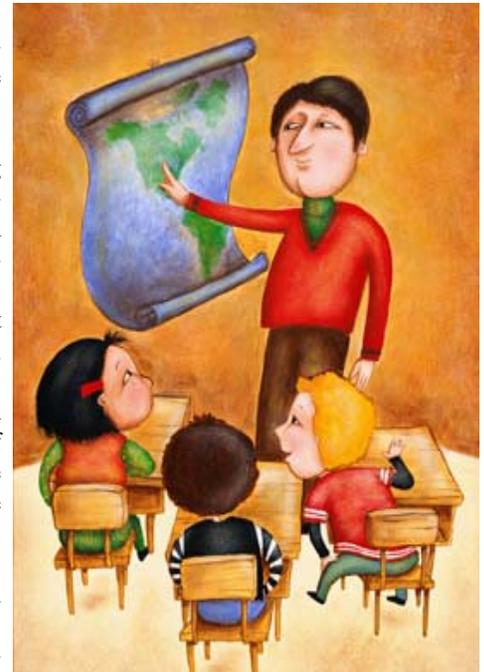
Also in September of 2007, a project report, identifying OPA project progress to date was submitted to the Ministry Education. The OPA continues to receive positive feedback from the Ministry of Education on the success of the project.

In the fall of 2007, it was time to start thinking about how project success would be measured at the end of the project. The OPA team identified key results areas where information will be collected from the school boards. Key results areas include the four project objectives, promising practices descriptions, and feedback from school board stakeholders. The reporting requirements were tested with groups of school board OPA project staff and by December they were sent to all the school boards with a request to provide the information by May 2008.

Looking ahead to 2008, key activities will include analyzing school board result data, creating a set of reports on project accomplishments, and developing and publishing the promising practices resource guide.

In October 2008, school boards will be brought together for a workshop where they will share their promising practices, challenges and lessons learned. The October 2008 workshop will signal the end of the OPA project, but we have good reason to be optimistic that the benefits for students who are struggling will endure far into the future.

- Objective #1:** reduce wait times for students in JK to Grade 4 requiring professional assessments;
- Objective #2:** enhance teacher capacity to provide effective programming for students provided with professional assessments;
- Objective #3:** improve literacy/numeracy for students provided with professional assessments;
- Objective #4:** sustain assessment process improvements for the long term.



## CONCLUDING REMARKS

I am finishing a two year term as President of the Ontario Psychological Association, and would like to take this opportunity to express my gratitude to the dedicated and talented individuals I have had the pleasure of working with on staff, on the Board of Directors, and on the various Committees. First and foremost, I will acknowledge the ongoing dedication and efforts of the Association's staff. Under the leadership of our Executive Director, **Dr. Ruth Berman**, office staff members **Carla Mardonet, Anna DiDonato, and Jenna Barclay** work tirelessly to ensure that the goals, policies, and priorities of our organization are fulfilled. I would like to thank each of them for their continuous support and assistance.

The Association continues to benefit from the hard work and close working relationships among its other Executive members, **Drs. Mary Broga, Connie Kushnir, Christina Lee, Margaret Weiser and Joyce Isbitsky**. The Executive guides the organization through many difficult ongoing matters, financial, advocacy, and communications, to name the most prominent.

We are fortunate to enjoy a fair amount of continuity in Board makeup; experienced members bring a tremendous amount of accumulated wisdom and knowledge. At the same time, we are gratified at the Association's ability to attract new talent, with renewed energy and ideas. We note with regret the resignation of **Dr. Amber Paterson** from the Board; her presence was well appreciated, and her ongoing participation in Association affairs, in committee and other forums, is welcomed. At the same time, we extend a welcome to incoming Board members **Drs. Cheryl Hartridge, Jeremy Frank, Ron Warner, and Charles Nelson**. Their contributions and invigorating presence have been well appreciated. We note that **Dr. Kate Hays** has won re-election as Ontario's APA representative, and we welcome her back to the Board in an ex-officio status; her contributions to the discussion are always helpful.

The Association continues to work with the Ministry of Education on its very successful Student Assessment project. Many talented psychologists, as well as partners from other professions and disciplines, have been part

of this initiative, and the mutual benefits have been inestimable.

Our talented Website Committee, under the leadership of **Dr. Andrew Matthew**, and with the able support of **Ms. Carla Mardonet**, continues to refine and modernize our presence on the web. We have come a long way in a few years since this initiative took priority, and we will continue to find ways of communicating with membership, and of presenting our best face electronically.

We have continued to be part of the dialogue with HPRAC on the future of the health professions, particularly as we move toward more collaborative models, and greater understanding of interprofessional functioning. The challenge is to recognize the uniqueness of the knowledge base of each profession, while moving toward a baseline set of standards for shared activities, and an understanding of the utilization, of and referral to, other professions as needed.

Our main priority this year has been our bold entry into the advocacy arena. We are hoping for excellent results from our partnership with Fasken-Martineau, and we will note, with pleasure, the support that the membership has already given us. Political and legal advocacy has the potential to change the landscape significantly, so that we are positioned to contribute to social betterment in a way that we know we are able, but have not yet totally realized.

All years bring change and evolution; but I think I can fairly say that 2007 was a year marked by some particularly bold initiatives. I am confident that the work will be continued by the talented people on the incoming Board and Executive. We will hope that the profession continues to mobilize, and achieves and maintains the social position that is its due. ■

**Dr. Jack Ferrari, President**

## UPCOMING EVENTS

### October 17, 2008

• Baycrest presents the 8th Annual Kunitz-Lunenfeld Applied Research Unit (KLARU) Conference

### Nov 13-16, 2008

• EMDR Basic Training Fall/Winter 08/09 - with Kathy Karn M.ED & Brynagh Schneider Ph.D., C.Psych.

### September 2009

• Psychoanalytic Psychotherapy offered by The Institute for the Advancement of Self Psychology (IASP)

*For more upcoming events  
please visit the OPA website  
[www.psych.on.ca](http://www.psych.on.ca)*