



PRESIDENT'S ANNUAL REPORT

2011

2011 PRESIDENT'S REPORT

The 2011 Annual Report was prepared with contributions from committee and task force chairs, liaison representatives, and staff members: **Dr. John Service**, Executive Director, **Ms. Carla Mardonet**, Administrative Officer, and **Ms. Anna DiDonato**, Membership Services Coordinator.

The report reviews the activities, projects, and accomplishments of the Ontario Psychological Association (OPA) since the previous Annual General Meeting and, in accordance with the by-laws, contains the views of the President on the present state of affairs of OPA.

The Report is tabled for acceptance at the 2012 Annual General Meeting held on February 3, 2012 at the Courtyard Marriott Hotel in Toronto.

BOARD OF DIRECTORS

Members of the Board of Directors

Dr. Margaret Weiser, President

Dr. Connie Kushnir, President-Elect and OPA delegate to the Council of the Practice Directorate of the Canadian Psychological Association

Dr. Patricia McGarry-Roberts, Thunder Bay-Sudbury Regional Director

Dr. Jonathan Douglas, Independent Practice Area Director

Dr. Cheryl Hartridge, Director-at-Large

Dr. Carolyn Lennox, Education Practice Director

Dr. Frances Rauenbusch, Director-at-Large

Dr. Diana Velikonja, Kitchener-Hamilton Regional Director

Dr. Marlene Taube-Schiff, Director-at-Large

Dr. Charles Nelson, Windsor-London Regional Director

Dr. Paulo Pires, Community, Family and Children's Services Practice Area Director

Dr. Ian Nicholson, Health Practice Area Director

Dr. Niki Fitzgerald, Early Career Psychologist

Dr. Oren Amitay, Toronto Regional Director

Dr. Neil Gottheil, Ottawa-Kingston Regional Director

Dr. Laurel Johnson, Justice Practice Director

Mr. David Podnar, Student Director

Ex-Officio Members of the Board of Directors

Dr. Doug Saunders, OPA representative to the Council of Representatives of the American Psychological Association

Ms. Carla Mardonet, Administrative Officer

Dr. John Service, Executive Director

On behalf of the Board let me emphasize that we are very grateful to all members of the association who so actively participate in our committees and task forces. And on behalf of all directors I do express our heartfelt thanks to Ms. Anna DiDonato and Ms. Carla Mardonet, our OPA staff for their resilience, good humour, common sense, and grace under pressure. Finally, I deeply appreciate the commitment of our directors who volunteer their expertise, insight, experience, and time – all while still maintaining an active professional life that for many also includes clinical practice, teaching, training, supervision, and research.

The Board of Directors met five times in 2011. At the June, October, and December meetings, the OPA Board dedicated a portion of the meeting time to review ongoing governance evolutionary processes and association transition. The governance discussions will continue during 2012 with the goal of having a proposal for the 2013 Annual General Meeting. (See governance report: Dr Connie Kushnir).

The Board - and of course the association as a whole – remains fully engaged in political advocacy. We participated in pre-election advocacy campaigns to highlight issues of relevance to psychologists during both the federal and provincial elections in 2011. The software tool Advocacy Online, leased by CPA and lent to OPA, was used in both elections to contact candidates directly. The tool is available for OPA use until September, 2013.

We considered current issues of interest and concern to our membership. One notable example was the letter written to Hockey Canada that captured the readiness for change expressed by many OPA members speaking as clinicians, parents, and sports fans. Another was the clear message to champion access to mental health services, led by Dr. Albert Silver, which prompted the board to strike our new Mental Health Accessibility Task Force. These and other issues were taken by OPA to the CPA Practice Directorate where they were endorsed by CPA, all the provincial associations, and the Northwest Territories.

OPA participated in important consultation with our own College, to HPRAC, and in many other matters related to registration, regulation, and clinical practice. Of particular interest were the establishment of the new college for psychotherapy and the CPO's recommendations to the Ontario Government related to the impact of the Agreement on Internal Trade on Ontario psychology.

We supported a letter by CPA regarding proposed research funding cutbacks by federal ministries, including SSHRC, CIHR and NSERC.

Examples of other advocacy activities include:

1. Family Health Team Advisory Committee, Ministry of Health and Long-Term Care
2. Membership in the Coalition of Regulated Health Professionals Associations
3. School Psychology Liaison Group

4. Liaison with the Chiefs of School Psychology
5. Opened dialogue with associations in Ontario regarding access to services more broadly, and mental health parity in particular
6. Liaison with Canadian Association of Psychologists in Disability Assessment on issues of shared interest.
7. Access for Ontarians with Disabilities Act Advisory Committee
8. Coalition of Children and Youth Mental Health
9. Member of Ontario Neurotrauma Foundation's mTBI/Concussion summit advisory group
10. Autism services in Ontario
11. Support for the Ministers of Health summit on mental health to be held in mid February, 2012 in Winnipeg.
12. Support for the Ministers of Health review of Canada's health system
13. Coalition for Children and Youth Mental Health (Ontario)

2011 was a busy and productive year of change for OPA. We have addressed every aspect of the association in the spirit of renewal, starting with the ongoing website renewal, moving the central office location, supporting the executive director role, and now examining governance and the roles of every member of the Board of Directors.

From my own personal perspective, it was truly a memorable and worthwhile experience to serve as your president and chair of the board. I would certainly offer my recommendation: try it, you might like it! Join the board of directors, promote active advocacy, and then consider seeking the presidency. My own five year goal for the organization would be for us to hold an election with several active nominees for every position on the board, including that of president. This role is a unique opportunity I regret having waited decades to consider. Don't take my word for it – see for yourself.

Submitted by: **Dr. Margaret Weiser**, President

INTERNAL AFFAIRS

FINANCE AND AUDIT COMMITTEE

Committee Members: **Drs. Doug Saunders, John Service and Ms. Carla Mardonet**

The OPA Director responsible for Finance has oversight responsibilities to the Board for the association's fiscal affairs. This includes preparation of an annual budget, arrangements for and receipt of an annual audit, as well as investment management, fiscal policies and investment fund development.

In 2011, the Director responsible for Finance presented quarterly updates at OPA Board meetings and help to develop the 2012 budget plan. The Director also provided input into the organizational review and strategic planning underway to establish processes that ensure sound fiscal and budgetary foundations for the association in the future.

Submitted by: **Dr. Doug Saunders**, Chair, Finance and Audit Committee

ETHICS AND POLICY COMMITTEE

The Ethics and Policy Committee has been active this year. Two examples of the Committee's work include the *Third Parties in Psychological Practice Resource Materials for Anticipating, Preventing and Resolving Ethical Problems*. There are two display copies at the registration desk for your review and the document will be available on the OPA web site. In addition, the Committee is responding to the Health Professions Regulatory Advisory Committee's invitation for consultation regarding the thorny issue of *sexual/professional relations involving a spouse*. A report will be available during 2012.

OPA thanks Dr Ian Nicholson, Chair of the Committee and the Committee members for the hard and valuable work during the 2011/2012.

EARLY CAREER PSYCHOLOGIST TASK FORCE

The following ECP events occurred in 2011, and were described in full in past issues of PsychBytes:

Date	Speaker	Topic
January	Drs Saunders and Kokai	Marketing
February	Joint reception with Pearson at convention	
March	Dr. Rick Morris	Building a Private Practice
May	Dr. Kate Hays	Communicating with the Media 101
June	Dr. Natasha Browne	Building a Private Practice
August	Dr. Peter Farvolden	Building a Private Practice
September	Dr. Rick Morris	Tricky Ethical Issues
October	Dr. John Service	Where We Are Now and Where We Are Going

Submitted by: **Niki Fitzgerald**, Chair, Early Career Psychologist Task Force

GOVERNANCE COMMITTEE

Committee Members: **Dr. C. Kushnir (Chair), Co-Chair: Dr. C. Hartridge**
Members: Drs. M. Weiser, C. Nelson, D. Saunders, M. Broga, C. Pohlman, and Mr.
D. Podnar, Ex Officio: Dr. J. Service, Ms. C. Mardonet

At the request of the Board, the Governance Committee focused on a review of the Board structure. There were several committee meetings on May 10, June 15, August 17, September 19 and November 2. At the initial meeting in May, a process for the structural review was developed. Committee members reviewed relevant materials such as the National Study of Boards and the 1998 OPA Review of Governance were reviewed by committee members. Consultation with other provincial and state associations was also undertaken.

A review of the governance structure was undertaken at the June Board meeting based on the process developed by the committee. In October the Governance Committee led the Board discussion of possible new governance models. In December, the Board approved a proposed new governance model in principal. The plan is to inform the membership of the review and the proposed model. A membership wide consultation will be undertaken after the convention.

Submitted by: **Dr. Connie Kushnir**, Chair, Governance Committee

CONVENTION COMMITTEE

The 2011 OPA Convention was held at the Toronto Eaton Centre Marriott Hotel. It was held over two days, utilized a workshop format and realized a small surplus when not taking into consideration the total human resource costs.

The evaluations of the convention by attendees were positive (venue, presenters, infrastructure etc). Suggestions for improvement related to services (e.g. coffee breaks), presenters (e.g. not engaging enough, handouts different from slides) and suggestions for other presenters and topics. One person complained that the session did not adequately compensate for her hearing disability.

The Convention would like to thank the exhibitors for their support and particularly MHS and Pearson Canada for their sponsorship of workshop presenters. Pearson also hosted a reception for attendees.

The OPA Awards were presented during the Awards Luncheon and a Town Hall was held during the second luncheon. The latter was designed to give the members information about issues and activities being addressed by the Association and to give them an opportunity to ask questions and make suggestions to the Board and staff.

Planning for the 2011 OPA Convention began in February, 2010. The members of the Convention Committee were **Drs. Ruth Berman** (Convention Committee Chair), **Cheryl**

Pohlman, Greg Hamovitch, Doug Saunders, Joel Goldberg and Kate Hays. They deserve a huge thank you from the membership for all of the hours they contributed to the success of the Convention. It literally could not have been done without them. Thanks also go to the staff members who dealt with the logistics of the convention and did an excellent job; **Carla Mardonet and Anna DiDonato.**

The current 2012 Convention Committee consists of the following members: **Drs. John Service (Chair), Leah Shapira, Cheryl Pohlman, Greg Hamovitch and Doug Saunders, Ms. Karen Zhang** (student), **Mr. David Podnar** (student representative on the OPA Board of Directors) and **Ms. Carla Mardonet** (staff). The Committee thanks the retired members **Drs. Ruth Berman, Joel Goldberg and Kate Hays** for their excellent work and significant contributions over the years.

Submitted by: **Dr. John Service, Chair, Convention Committee**

RELOCATION COMMITTEE

After advance work by the Relocation Committee in 2010, the Board of Directors worked directly with staff in 2011 to accomplish the Association's move from the old office at Yonge and Bloor to the new space at St. Clair and Yonge in Toronto. The move from the larger space at the Yonge street address was necessary due to the age and unsatisfactory conditions of the office suite and the unsustainable rental price. A search led to the review of about 10 locations with a short list of 3 properties.

The St. Clair address was chosen for a number of reasons, including a rental price below market value for the space, generous lease hold improvements, the excellent condition of the building, amenities of the neighbourhood, the stability of the landlord (General Electric) and the ease of access to public transportation (directly adjacent to St. Clair subway and streetcar stations).

The one drawback is the size of the space. It accommodates only 3 offices and a small meeting room. The new premises will meet most of the demands. Larger board meetings will need to occur in other rented space.

Submitted by: **Dr. John Service, Executive Director**

EXTERNAL AFFAIRS

RXP COMMITTEE

Co-Chairs **Drs. Diana Velikonja and Jane Storrie.** There are an additional 15 OPA members who are part of this committee.

Terms of Reference:

The Prescriptive Authority Committee endeavours to promote psychopharmacological expertise among psychologists, and to integrate that knowledge into the practice of

clinical psychology, in order to better serve the public. Our ultimate goal is to secure prescriptive authority for those Psychologists in Ontario who would voluntarily seek this scope of practice following the completion of post-doctoral training. To reach that goal, the RxP Committee will:

Encourage the development of Canadian post-doctoral training opportunities in psychopharmacology.

Encourage the College of Psychologists of Ontario to formally recognize competency in psychopharmacological consultancy.

Encourage the public, political leaders, and other professionals to view psychologists as possessing the necessary expertise to offer sound, thorough, and specific advice on the safe and efficacious implementation (or non-implementation) of psycho pharmaceutical agents.

Work to ensure that underserved populations have greater access to all psychological services, including access to appropriately trained expertise in psychopharmacology.

Forge interprovincial and international alliances with other psychologists and appropriate committees and associations, with other professions, with politicians, and with any other individuals or organizations who may prove to be beneficial to these goals.

Work closely with the College of Psychologists of Ontario to encourage regulatory initiatives consistent with the identification of a psychopharmacological scope of practice.

Current Initiatives:

1. Working on liaising with the Canadian Psychological Association regarding the initiative to develop an educational program for RxP. Two of our committee members are members of the CPA task force and division on RxP and will work at developing this relationship.

2. Our committee will have a booth at the Annual Convention to update OPA members on our initiatives and respond to questions and concerns regarding this advocacy initiative. The committee will continue to work with the OPA membership to maintain ongoing updates and dialogue.

3. The committee will work with Dr. John Service, OPA Executive Director, to establish a dialogue with the College of Psychologists of Ontario regarding RxP initiatives. A relationship with the College is considered important as they would have a key role in developing the standards for this scope of practice. Various subgroups within our committee are developing lists of contacts in various Ministries and special interest groups who could benefit from psychologists having prescription privileges in terms of improving access to much needed services. We hope to obtain their support in moving

forward to propose having the Minister of Health request that HPRAC open this area of practice for psychologists.

4. Our committee has developed a document outlining the benefits of psychologists having prescription privileges which we hope to develop into summary points and supporting documents as we move forward politically advocating to include prescription privileges in our scope of practice. These will be part of our submission to HPRAC for psychologists to obtain prescription privileges. Currently there is a draft form of this document.

5. We are seeking to also develop a relationship with the American Psychological Association's Division 55 to help us in our advocacy as they have developed a Tool Kit to help various states and provinces in working on their initiative to extend prescription privileges to psychologists.

Submitted by: **Dr. Diana Velikonja**, Co-Chair RxP Committee

PUBLIC EDUCATION INITIATIVES

Committee Members: Dr. Richard Amaral (Chair), Drs. Oren Amitay, Maria Kokai, Pat Mc-Garry Roberts, Doug Saunders, John Service, Connie Kushnir, Ms. Vivien Lee, Ms. Kyleigh Schraeder.

The Public Education Committee (PEC) identified Psychology Month as the major initiative over the 2011 year.

Psychology Month 2011

In December 2010 and January 2011, a reminder about Psychology Month was sent to all members. Information about Psychology Month 2011 was revised to be sent to all members. The information was posted on the OPA website in January. A presentation delivered by **Kendra Fisher** – former goaltender for Canada's Women's Ice Hockey team – took place at Ryerson University in late February. A total of 55 people were in attendance.

At the Annual Convention in February, committee members staffed a table to provide information about public education materials and Psychology Month. **Dr. Richard Amaral** created a two-page handout on Anxiety, which was made available to all conference registrants. The annual OPA Media Award was awarded to **Ms. Libby Znaimer**. Ms. Znaimer has discussed psychology-related topics on her Zoomer radio shows and magazine, particularly in its relationship to those over the age of 45.

New Chair and Provincial Representative

In May/June, **Dr. Richard Amaral** was asked by **Dr. Connie Kushnir** to be chair of the Public Education committee. He accepted the position and has chaired subsequent meetings since June 2011.

In October 2011, **Dr. Maria Kokai** asked **Dr. Richard Amaral** to replace her seat as APA's Public Education representative to the OPA. Since that time, **Dr. Amaral** has registered with the APA and will be attending the State Leadership Conference to be held in Washington D.C. in March, 2012. **Dr. Amaral** also met with **Dr. Kokai** in December 2011 to be oriented on the position and what it entails, as well as on the resources available to PEC representatives.

Psychology Foundation of Canada

In November, **Drs. Richard Amaral, Connie Kushnir, and Maria Kokai** attended the **Breakfast of Champions** hosted by the Psychology Foundation of Canada. This breakfast provided an excellent opportunity for networking with other professionals.

Summary of Meetings in 2011

There were a total of four (4) PE meetings held in 2011. These meetings addressed issues such as:

- Preparing for Psychology Month 2011
- Reviewing Psychology Month 2011 and planning for the upcoming year
- Discussing strategies for delivering psychology-related information and promoting awareness through social networking mediums such as Facebook, Twitter, and other innovative approaches
- Reviewing policies and guidelines for inviting speakers to Public Education Committee events
- Preparing for Psychology Month 2012

Initiatives for 2012

- Exploring the possibility of partnering with this Psychology Foundation of Canada for events that fall within the mandate of OPA's Public Education Committee
- Editing the content for OPA's new website
- Increasing student involvement with the Public Education Committee
- Increasing the dissemination of psychology related wellness information amongst University undergraduates

Submitted by: **Dr. Richard Amaral** Chair, Public Education Committee

DISASTER RESPONSE NETWORK (DRN)

The Disaster Response Network(DRN/OPA) included the following members: **Drs. Ester Cole** (Chair), **John Service** (ED), **Anna Baranowsky** , **Linda McLean**, **Gerald Goldberg**, **Douglas Saunders**, **Margaret Weiser**, **Lori Gray**, **Rajko Seat**, **Maggie Gibson**, and **Pushpa Kanagaratnam**. Non OPA members: **Mr. Alan Dick**, Supervisor – Psychosocial Health, EMAT; **Mr. Brian Cole**, St. John's Ambulance – Director, Standards & Support. The Canadian Red Cross is represented by **Mr. John Saunders**, Manager, Disaster Services, International and Youth Programs; and **Mr. Tom Windebank** – Canadian Red Cross – Manager, Disasters Management.

In 2011, the Committee held 4 meetings (January 20, March 24, June 23, and November 1). The June meeting was held at the OPA office, and the other consultations took place by teleconference. The role of the committee, based on a Memorandum of Understanding, is to partner with the Canadian Red Cross; continue to plan professional development; review and disseminate current resources based on emerging needs and interests; consultation and collaboration with related committees; and networking with CPA and APA.

The core DRN goals centre on:

- (a) The coordination and provision of pro bono services to communities impacted by disaster and/or crisis situation(s);
- (b) The distribution of updated information and access to DRN mental health training for OPA members;
- (c) Support of/consultation with members in their provision of disaster response services;
- (d) Upholding of professional standards regarding disaster mental health care; and
- (e) Collaboration with other organizations providing disaster relief services and short-term volunteer interventions.

2011 Activities and Reviews:

- Consultations with CPA and the National Emergency Preparedness Advisory Consortium (NEPAC);
- Consultations with APA (preparations of community handouts; DRN Advisory Committee's ongoing work);
- Presentation on Cultural Awareness Post 9/11- APA/DRN Coordinators meeting Conference;
- Members' review of community services;
- CAMH Webinar presentation (June 28)- A Multicultural Perspective on Working with Children and Families in Disaster Situations;
- Presentation on DRN frameworks and service models at CPA June Convention;
- Updates of OPA/DRN website information and national/international resources;
- Information about E-Learning programs related to seniors' care and emergency management; courses on trauma from an e-learning platform ;
- Started discussions about the need to develop an OPA comprehensive emergency communication strategy within the Association, and one concerning external organizations, stakeholders and government;
- A number of Committee members consulted with the media about applicable background information, and/ or gave interviews;
- Learned about online local resources including www.health.gov.on.ca/emergency.

Goals for 2012:

- Strengthen consultation ties with the Canadian Red Cross;
- Recruit new members;
- Reorganize the OPA/DRN website;
- Investigate options concerning the offering of Webinars as a venue for professional development.
- Update OPA's member information by completing the volunteer information questionnaire. Members are asked to contact the local branch of the Ontario Red Cross for training sessions and to attend a First Aid Course. They are also asked to notify the Association office staff about their local training. Copies of the Memorandum of Understanding between OPA and the Canadian Red Cross are available to the membership.
- Encourage members to share information on the DRN / OPA listserv.

Submitted by: **Dr. Ester Cole**, Chair, OPA/DRN.

PSYCHOLOGICALLY HEALTHY WORKPLACE

The former Business of Practice Network (BORN) was formally changed to the Psychologically Healthy Workplace Program in April 2011 at its business meeting which was held on April 10, 2011. The OPA Psychologically Healthy Workplace Committee met on April 13, 2011. Members included **Drs. Connie Kushnir, Douglas Saunders, Carol Vipari, Sara Aharon, and Niki Fitzgerald**. It was determined that the program, to be successful, required at least a part-time coordinator. In order to leverage finances for this program, a meeting was arranged with the Psychology Foundation on June 21, 2011. Although there was a detailed discussion with the Foundation regarding the objectives, scope, target audience, financials, accountabilities, and partner arrangements, the Foundation decided that it could not take on the initiative. The next potential partner to be approached was the Ministry of Health Promotion. Unfortunately, this Ministry has ceased to exist in Ontario. At this point in time, the future of the OPA's Psychologically Healthy Workplace Committee is under review.

Submitted by: **Dr. Mary Broga**, Chair, Psychologically Healthy Workplace Committee

DIVERSITY TASK FORCE

The Diversity Task Force of the Ontario Psychological Association aims to encompass and address issues of diversity with psychological practice and service delivery within Ontario. As the new chair of the Diversity Task Force I am pleased to note great strides in 2011. After a lengthy hiatus, we revitalized the Diversity Task force with new members and renewed energy. We created a new mission statement which is as follows:

“The focus of the OPA's Diversity Task Force is to raise awareness of the importance of diversity, and to promote ongoing efforts to influence related social change in the field of psychology practice in Ontario.”

We believe that the creation of this mission statement will offer the Diversity Task Force a platform for promotion as well as a clear directive. We have also decided that the Task Force would like to focus both on increased OPA membership awareness of diversity issues through quarterly round table discussions as well as community outreach and education. We will be having our first round table discussion entitled “Is Psychology for Everyone” on Thursday February 23, 2012. Additional plans in 2012 include the creation of an OPA Diversity Task Force Logo as well practice guidelines. We are very excited at the renewed focus and energy of the OPA Diversity Task Force and anticipate great things in 2012.

Submitted by: **Dr. Natasha Browne**, Chair Diversity Task Force

MINISTRY OF EDUCATION LIAISON COMMITTEE

The Ministry of Education Liaison Committee for 2011 included the following members: **Drs. Lynne Beal, Pat Carney, Ester Cole, Maria Kokai, Cheryl Pohlman, John Service; Caroline Koekkoek (President of OAPA) and Dr. Carolyn Lennox (chair).**

The role of the Committee is to share information and discuss issues with the Ministry of Education concerning the provision of psychological services in Boards of Education.

Committee meetings: In 2011 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.

Liaison with the Ministry Special Education Policy and Program Branch: the Chair of the Committee and the Education Officer designated by the Special Education Policy and Program Branch of the Ministry set up the meetings for the Committee. In 2011 two meetings were held: May 5, 2011 and December 8, 2011.

May 5, 2011:

The Ministry shared information regarding the status of current initiatives, including Learning for All K-12, Special Education Guide, Special Equipment Amount changes to process and impact, Mental Health and Addictions Strategy, and funding for mental health in schools. In terms of the Mental Health and Addictions strategy, this was noted to be a priority area, due to clear communication from stakeholders. The committee shared the important involvement of psychology in mental health initiatives in schools. In terms of Learning for All, the Ministry shared projects from several Boards of Education in the Province. The OPA committee provided updates and concerns about Criteria for Exceptionalities; proposed registration requirements; inclusion of well being as a measure of success and early literacy and language initiatives.

Dec. 8, 2011:

The agenda included the Special Education Policy and Program Branch updates in terms of Learning for All K – 12, revised and to be posted to the website; Anti-bullying

legislation (Bill 13); and an update on the Mental Health and Addictions Strategy. The Anti-bullying legislation was in 2nd reading, and the Learning Environment Branch was currently working on a memo to explain folding amendments to PPM 144 and 145 into Bill 13. In terms of the Mental Health and Addictions Strategy, there has been a great deal of inter-ministerial work (MCYS, MOE, MOHLTC, MTCU, M Aboriginal). The Ministry asked for involvement re: indicators of success. There was discussion about students with ADHD and learning needs.

As well, the Liaison Committee has continued to consult with the Ministry with regards to the impact of Bill 157 on services to students and schools.

Submitted by: **Dr. Carolyn Lennox**, Chair

AUTO INSURANCE TASK FORCE

In its 23rd year, the OPA Auto Insurance Task Force confronts profound changes in the accident benefits system in the context of the worldwide deleveraging financial crisis. Auto Insurance is often the “canary in the coal mine,” signalling major changes ahead in economic conditions and health care policy. We are likely in 2012 and ongoing to see profound changes in delivery of public health care in Ontario, paralleling to some extent the major cuts and system changes seen in accident benefits in 2010.

The focus of the Task Force has been ongoing consultation with the Financial Services Commission, IBC, other health professions, lawyers, and the Ministry of Finance regarding issues important to the workings of the accident benefits system particularly for patients with psychological impairments. This has included addressing the stigma and minimization of the impact of psychological impairments and associated treatment needs, and acknowledgement of psychological expertise in the system. Some of this activity is carried out in conjunction with the Coalition of Health Care Associations in Auto Insurance (Coalition). We are represented on the HCAI data and anti fraud committees by Dr Faith Kaplan. Dr Ron Kaplan was one of four experts on catastrophic impairment who sat on the FSCO Catastrophic Impairment Expert Panel.

A major focus has been advocating around the issue of the appropriate acknowledgement of psychological expertise which suffered a significant blow when the government determined that with the exception of brain injuries, all OCF 19 Catastrophic impairment applications must be completed by physicians. Psychologists could no longer confirm the catastrophic impairment status of patients with mental and behavioural impairments but all physicians, could continue doing so. The removal of our profession from this important role was surprising as the government’s proposal for reform emphasized that cat assessments should be carried out by those with the relevant credentials and expertise. We continue to advocate for return of psychologists to the list of those professionals who could sign the OCF 19. We have stressed the importance for patients to be able to access psychologist’s expertise in diagnosis, measurement, rating, and quantification to prepare most credible applications. Similarly insurers should be able to rely on psychologist’s expertise to conduct the most credible insurer examinations.

2011 has been the first full year to observe the major changes from the September 2010 reforms and to understand the implications for psychological practice. Reports from psychologists indicate that we have experienced a reduction in their fees for assessments with the imposition of the \$2000 cap, have no longer been funded for rebuttal reports, have seen some insurers misusing the provision for insurer discretion and denying applications without an appropriate basis for a “medical or other reason”. There has been an overall reduction in insurer examinations being requested, and we have seen dramatic changes in the IE business with the take over of many smaller companies by large firms including foreign ones.

Those injured since the September, 2010 changes have much more limited funds for rehabilitation with the reduction to \$50,000 including assessments. In addition, some patients are being blocked access for psychological and neuropsychological services when initially placed in the Minor Injury Guideline (MIG) for their soft tissue injuries.

A survey that psychologists participated in through the Coalition, (along with the Alliance and the AIAC) provided information regarding significantly increased denials of assessment and treatment by adjusters and possibly by fellow psychologists carrying out insurer examinations. Backlogs in the dispute resolution system are causing great burdens for many of our patients who must wait years for resolution of disputes regarding such issues as income replacement, catastrophic impairment, assessment and treatment plans. Delay in access to dispute resolution not only affects our patients but may be an incentive to inappropriate behaviour by insurers. Overall, the regulation changes have produced a dramatic lowering of loss costs for insurers and virtually stopped the rise in premiums. The reformed accident benefits system provides much more limited treatment for the bulk of MVA victims and moves away from a system covering the full needs of everyone. This new system requires that our patients understand their situations much earlier and make choices regarding utilization of limited resources.

In 2012 we expect further refinements in the reforms with emphasis on making the dispute resolution system of mediation and arbitration more effective and timely, a host of initiatives to reduce fraud by clinics and providers, possible revision of the catastrophic impairment definitions, a research program to study effective treatment of minor bodily injuries, and possible initiatives to create standards/guidelines for insurer examiners and to control inappropriate behaviour by insurers.

We want to thank the OPA officers, board, and staff for their continued support. We continue to require your input regarding your experiences providing psychological services within the system. Please continue to send your comments, observations and questions to the OPA Auto Task Force, c/o ron@kaplanpsychologists.com

Submitted by: **Dr. Ron Kaplan**, Co-chair, Auto Insurance Task Force

MENTAL HEALTH ACCESSIBILITY TASK FORCE

Mental Health Accessibility Task Force (MHATF) grew out of an interest in pro bono psychological services which **Dr. Silver** had pursued with OPA and OPF unsuccessfully over a period of six or more years. In March 2011 he presented the concept of Mental Health Parity and of forming an OPA committee directed to realizing it informally to **Dr. John Service**, executive director of OPA at an honorary meeting for the previous executive director. From ensuing mental health parity initiative it became recognized by the OPA Board of Directors as the present MHATF. The goal of MHATF is to establish mental health services on a comparable level with medical care in Ontario. Its strategy is clear, to develop an appropriately brief but documented information package on mental health accessibility for MPs, MPPs and deputy ministers of health, etc. The aim is to persuade one or more legislators and/or deputy ministers to table legislation establishing mental health accessibility. Laws of this nature currently exist in United States, Australia and Scandinavian countries.

An information table at the forthcoming OPA convention and literature on MHA in attendances' information packages have been prepared as well as a petition to bring more psychologists on board in support of mental health accessibility.

Contacts has been made and positively received by officers of OASW to collaborate on MHA. Other professional mental health groups have been less forthcoming but effort to engage them as well will continue credit for these efforts is duly shared **with Dr. Alicia Araujo de Sorkin, Dr. Rafaela Davila, Dr. Saima Hossian and Dr. Marilyn Miller**

Submitted by **Dr. Albert Silver**, Chair, Mental Health Accessibility Task Force

CPA PRACTICE DIRECTORATE

Psychology Month

Plans for Psychology Month were at the top of the list of issues discussed during the recent winter meeting of the CPA Practice Directorate (PD) held in Ottawa on January 14th and 15th, 2012. A one pager is being developed which will be made available to all practitioners in the country which will have the same basic message. Information will also be made available which can be sent to family physicians. There is also a power point presentation providing basic information about psychology and psychological disorders which will also be made available. Canada's psychological associations agreed on a strategy to provide Canada's health ministers with the same messages going into their important meeting to be held in Winnipeg in mid February. The meeting is focused on mental health promotion and prevention with a particular emphasis on children, youth and families. Psychology will be represented through invitations to PD Chair and Manitoba Psychological Society President, Dr Andrea Piotrowski and CPA Chief Executive Officer, Dr Karen Cohen. A draft letter was provided to all provincial associations to use to request that the association be invited to this meeting. OPA, under

Dr. Weiser's signature, has requested the Minister of Health that we be invited to this meeting.

National Advocacy Campaign

The national advocacy campaign developed in consultation with Delta Media will be launched in February by all associations through a central web site. The national survey, whose results are very interesting and available at <http://www.cpa.ca/polls/> was the first step. (These results were previously made available to OPA members in the fall of 2011.) Based on the results, associations will begin contacting key stakeholder groups (professionals and patient advocacy groups) to request that they complete a survey. While Delta Media will contact the stakeholder groups, OPA will also need to ensure that all of the appropriate groups are contacted. The goal is for OPA to work together with these groups to improve access to psychological services in particular and mental health and health psychology services in general. These activities will begin during Psychology Month.

Policy

Policy positions were taken regarding the prevention of concussions in sport and recreation, parity in public funding for mental and physical health services, recovery as an important principle in mental health and patient centered services that provide the most appropriate services for patients and clients in the most timely and cost effective way.

Associations were asked to consult with their members as to whether the PD should be advocating for Medicare coverage for registered psychologists. This discussion will start at the next meeting in June.

Doctoral Standard

Last June (2011), the associations discussed the possibility of passing a motion stating that the PD supports the adoption of the doctoral standard as the required educational level for licensing as psychologists across Canada. This discussion continued at the January 2012 meeting and the motion has been tabled to the June 2012 meeting to allow further discussion within some of the associations. Associations who do not yet support the doctoral standard will be consulting with their membership over the next few months in order to have a response for the next PD meeting in June. CPA has developed a 5 page document outlining the arguments for a doctoral standard which will be shared with the associations.

Government Relations

The meeting was introduced to Meagan Hatch, CPA's new Manager of Government Relations. Meagan is available to assist the Practice Directorate and to provide guidance to individual associations. She comes to CPA with four years experience as a political

staff person on Parliament Hill, several years of experience in the private lobbying business and one year with the Canadian Psychiatric Association. She led a discussion regarding lobbying and advocacy.

CPA/APA Dues Agreement Changes

Dr. Karen Cohen (CEO of CPA) provided an update of CPA's efforts to maintain the status quo in terms of the current dues arrangement between the two organizations. Currently, a member of one can have membership in the other associations for half price. Although CPA previously surveyed CPA members who are also APA members, they plan to survey these members again and ask what they would like CPA to do: that is to argue for the status quo or to pursue international affiliate status. Provincial associations who are members of APA were asked to provide CPA with a list of benefits provided by APA.

Insurance

Dr. Rodney Hancock of McFarland Rowlands indicated that the insurance company is able to offer more features as part of the professional liability package. The features will be offered with no premium increase and the associations indicated agreed to broadened coverage which will include coverage for expert witnesses (College proceeding) and complaints to a labour board, human rights commission or privacy commissioner.

Future Initiatives

The PD will begin meetings with the Chair of CCPPP (Training Directors) and with the Education Director of CPA at the CPA conference in June 2012 to discuss the interface between current education and training opportunities in Canada with the public need for specific psychological services and the number of psychologists in Canada per population per province/territory and region.

For more information on the Practice Directorate, please go to the CPA web site at <http://www.cpa.ca/practitioners/practicedirectorate/>.

Submitted by: **Dr. Connie Kushnir**, OPA Representative

APA COUNCIL OF REPRESENTATIVES

During 2011, the APA Council of Representatives (COR) met in Washington DC both for its mid-winter meeting and at the time of the APA Convention. The major organizational themes this year were: continuing to consolidate and solidify APA's resources (staff, finances); implementation (with funding) of initiatives from APA's new strategic plan; extend APA diversity initiatives begun in previous years; revisit APA funding and support of small state associations; initiatives to address the diminishing membership numbers; and increasing revenues from licensing APA materials and databases.

With regard to fiscal matters, the organization reported steady increases in assets despite

anticipated decreases in revenue in 2011, due primarily to diminishing membership numbers. In the year after the release of the latest version of the APA Publication Manual enabled the organization to post a budgetary surplus for 2010, the Board was able to apply some of the 2010 surplus (about \$6 million) to reduce membership fees and create across the board fee reduction and eliminate special discounts for certain member groups.

One of these was the discount for APA members who were also member of CPA. This was based on a longstanding bilateral agreement between the two organizations for reciprocal dual membership discounts. There was considerable dissension and opposition within Council to APA withdrawing from the agreement with CPA, especially because it was done unilaterally by APA Board without consultation with CPA. The APA Board was directed to initiate talks with CPA towards returning to Council with a new proposal which will be part of the February Council meeting

Plans continue apace to build a special 'Investment in APA' fund to preserve and grow the APA publications stream by creating new (typically electronic) products, expand the organization's marketing efforts and enhance APA's infrastructure (primarily IT) to support this expansion.

APA's strategic plan initiatives saw Council agree to setting aside \$2.1 million in 2012 for initiatives that support and advance APA's three strategic goals: maximize organizational effectiveness, expand psychology's role in advancing health and increase the recognition of psychology as a science. Altogether, seven projects are funded:

- Improvements of APA business models, member communication and the convention to increase member engagement
- Analysis of the psychology work force to meet national (U.S.) needs
- Develop and promulgate treatment guidelines to promote the translation of psychological science into health interventions
- Expand the continuing APA public education campaign to include the entire discipline of psychology
- Extend opportunities for graduate education and continued professional development in order to advance psychology's participation in interdisciplinary health delivery and interdisciplinary science
- Increase support for research, training, public education and interventions that address and reduce health disparities among underserved populations
- Forge alliances with health care organizations to increase the number of psychologists working in integrated health-care settings

These are multi-year projects whose progress will be evaluated to determine further funding on a year-by-year basis. Council also:

- approved new national standards for the teaching of high school psychology that include seven learning domains: scientific inquiry, biopsychology, development

and learning, sociocultural context, cognition, individual variations, and applications of psychological science;

- approved amending the Association rules and Council procedures to more clearly specify review standards for APA reports and/or policy statements;
- approved Guidelines for forensic psychology to advise psychologists particularly those that specialize in forensic work on their roles and responsibilities when testifying in court or sharing psychological expertise before judicial, legislative or administrative bodies; posted at www.apa.org/practice/guidelines/index.aspx
- adopted a resolution directing the APA central office to increase and measure its advocacy of psychology as a science;
- approved changes in the way the programming hours at the annual convention are allotted to create more thematic and collaborative programming and fewer competing sessions
- reviewed the 2011 operating budget that is expected to produce an operating surplus of about \$2.8 million on an overall budget of \$112 million and a forecasted 2012 with no revenue growth that will require tight budget controls to ensure a balanced or better-than-balanced budget
- voted to change the eligibility requirements for life status category of membership. These changes required amendments to the Association Bylaws that were put to a vote of the membership in the Fall of 2011. The result of the vote was that the proposal to change the Bylaws for this purpose was defeated.

In the Fall of 2011, the APA Advisory Steering Committee for the Development of Clinical Treatment Guidelines established its first panel to develop treatment guidelines for depressive disorders across the lifespan. The Advisory Steering Committee will also be establishing a panel to develop clinical treatment guidelines for obesity.

At the end of 2011, APA announced a new communication tool exclusively for APA members. *APA Access* is an e-newsletter that will be distributed to all APA members twice a month. The newsletter, part of the initiative to foster greater member engagement is intended to keep APA members update twice a month on APA activities, achievements, services and products in an attractive and easy-to-access format.

As the Ontario representative on Council, my role includes liaising between Council and OPA, as well as representing OPA and Ontario members at Council meetings regarding both services and governance. I make use of the OPA members listserv (generously hosted by APA) to keep members updated regarding APA activities, opportunities, and information. I also provide information, linkage, and support to OPA members seeking information about APA. Finally I inform APA of relevant OPA activities and initiatives.

Submitted by: **Dr. Doug Saunders**, APA Council Representative

CONCLUDING REMARKS

2011 was a very busy, productive, and constructive year for the Ontario Psychological Association. As your President, I am inordinately proud of all the work done by the Association. I cannot emphasize enough how remarkable it is that so many individual members find the time, commitment, energy, and persistent interest to be engaged in the wide range of activities undertaken by the association in 2011/2012.

The volunteers who generously donate their time are invaluable. I must express my thanks to one and all, especially to the members of the board of directors – both present and past. It is a pleasure to recognize some of their efforts with Awards during our annual Convention. Our past-presidents remain an inspiring part of our Association, and our students and early career psychologists continue to push for new ventures and expanding our reach. Our President-Elect, Dr. Connie Kushnir, has represented our provincial interests at the federal Practice Directorate, and she has provided invaluable feedback for me during this busy year. Thank you, Connie.

All of the work that we do as volunteers is made real and put into action by our dedicated staff in the OPA office, Ms. Carla Mardonet and Ms. Anna Didonato. Our staff are making it all possible by fielding calls, updating material, reminding us all of timelines, and keeping the board and members up to date. Every year lets me appreciate more how important it is to organize and access essential information. On behalf of the Board and the Association, thank you!

I am also ever mindful of the fact that we need to “maintain our footprint” as our “OPA garden” at times appears to be encroached upon by other demands, and by others’ expectations. We need a strong core of volunteers to make sure we can sustain our involvement in all of the vital activities we have started. We also need to ensure that we have the capacity to respond quickly to new opportunities and issues.

Let me remind you of several active areas of advocacy that need your involvement, and that have been described in past issues of PsychBytes; 1) our RxP task force; 2) our Auto Task Force; 3) the Mental Health Accessibility task force; 4) the Diversity initiative; 5) our Disaster Response Network. There will be opportunity to learn more about each of these ventures this month, either at our Convention or later during Psychology month events. And finally, we may also need hands-on volunteers to help with editing materials for our website “renovation” this spring.

There can be no doubt at all – the OPA needs a broader base of active, involved, and dedicated volunteers. You can help. We can achieve so much more with just a few hours of your time.

Finally, my heartfelt thanks are most certainly owed to Dr. John Service - and to his spouse, Hannah and his family in Ottawa who so generously share some of his daylight hours with us “down south”. His patience, humour, vast knowledge and astute coaching skills have been indispensable for the Board, and for me personally. Thank you, John.

And now, I am pleased to hand over the gavel to Dr. Connie Kushnir. Bonne chance – it is the Year of the Dragon, after all!

Dr. Margaret Weiser
President