



# **PRESIDENT'S ANNUAL REPORT**

**2009**

## 2009 PRESIDENT'S REPORT

The 2009 Annual Report has been prepared with contributions by the Ontario Psychological Association President, **Dr. Mary Broga**; 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 2010 Annual General Meeting to be held on February 5, 2010 in conjunction with the Association's Annual General Meeting at the Toronto Hilton Hotel.

### *BOARD OF DIRECTORS*

In 2009, the Association continued to support its political advocacy agenda. The Association was supported by the guidance and leadership of its Board Members, which **included Drs. Mary Broga (President); Margaret Wiser (President-Elect), Connie Kushnir (Financial Officer), Joyce Isbitsky (Thunder Bay-Sudbury Regional Director), Christina Lee (Independent Practice Area Director), Andrew Matthew (Director-at-Large), Maria Kokai (Education Practice 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), Dhalia Chapnik (Early Career Psychologist), Jeremy Frank (Director-at-Large), Oren Amitay (Toronto Regional Director), Brian Bigelow (Justice Practice Director), and Vivien Lee (Student Director). Drs. Kate Hayes and Ruth Berman sat as ex-officio members. Ms Carla Mardonet, the Association's administrative officer, served as the recording secretary for the Board meetings. The Board would like to extend its sincere appreciation to Ms. Mardonet for her dedicated support and helpfulness to the board members.**

The Board of Directors met on the following dates in 2009: April 17; June 19, October 16; and December 11, as well as February 4, 2010. At the June meeting, the Board held a Communications Retreat during which it looked at ways to improve its communication with members, stakeholders, and the general public. The Board will be working on various initiatives in the coming year to improve its dialogue with others. One key component will be a review of the Mission, Vision, and Values of the organization to see whether they are still relevant in today's times.

With the assistance of Mr. Gilbert Sharpe of Fasken Martineau, the Board continued its work on political advocacy. Many meetings were held with representatives of the Ministry of Health to advocate for a legislative amendment under the Psychotherapy Act, exempting the five professions that can perform the controlled act from the title restriction. In the end, the

restriction on the title was amended to allow the five professions, including psychology, to use the title.

Mr. Sharpe was also instrumental in helping the OPA to meet the then Minister of Health, David Caplan. The OPA was able to speak directly to Minister Caplan about the title issue, its desire to have a review of the scope of practice of psychology with the hopes of pursuing prescriptive authority, and its potential role within primary health care. Minister Caplan was gracious enough to speak at the Convention last February. Moreover, with this connection, Dr. Berman was appointed to the Minister's Advisory Committee on Mental Health and Addictions. This is an important committee which is shaping the future direction of public delivery of mental health and addictions services. A Summit was hosted by Minister Caplan to showcase the draft mental health strategy in July of this year. Several OPA Board members attended to offer input and to participate in the various focus groups. As life would have it, Minister Caplan has been replaced by a new Minister of Health and Long-Term Care. The OPA has written to Minister Deb Matthews requesting a meeting so that the dialogue which had been started with her predecessor may continue.

The Prescriptive Authority Task Force, chaired by Dr. Jack Ferrari, continued to be active throughout the year. The main event was a forum which was held in August in conjunction with the APA Convention. Mr. Sharpe hosted the forum at his office. Participants included representatives from the APA who have experience in this area, as well as representatives from CPA, the College of Psychologists of Ontario, and HPRAC. The goal of the forum was to develop a coalition of support for continuing to pursue Prescriptive Authority for psychologists in Ontario.

On behalf of the Board, we wish to extend our sincere appreciation to Mr. Sharpe. He has helped move the Association forward in its political advocacy and has helped to build our capacity to initiate and sustain our own political advocacy goals and programs. He has introduced us to political representatives and it will be up to the Association to continue to build and capitalize on these relationships.

This year has seen the beginning and the end of various partnerships and initiatives. Mr. LeBlanc, who has been the Association's legal counsel for many years resigned. He has been replaced by Julia Martin, a founding partner of the LeBlanc legal firm. Our very successful Ministry of Education project has been completed. We are preparing for the impact of the new harmonized sales tax and will be monitoring its effect on our budget. We are on the brink of the debut of our new website and are hopeful that this will help in our communication strategy. Dr. Diana Velikonja has agreed to be Chair of the Programs Committee to help us meet the educational needs of our members.

I wish to thank the members of the Board for their support and hard work throughout the year. You helped to make my role fun!

Submitted by: **Dr. Mary Broga**, President

## ***INTERNAL AFFAIRS***

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

Committee Members: **Drs. Mary Broga, Margaret Weiser, Don Rudzinski, Brian Wilson, Charles Nelson, Ruth Berman, and Ms. Carla Mardonet.**

The OPA Finance & Audit (F&A) Committee is responsible for the management of the association's fiscal affairs, and that regularly includes preparation of an annual budget, production of an annual audit, investment management, fiscal policies, fund development, and budget management.

The F&A committee met quarterly by teleconference to review the financial statements and to plan prudently for the future of our association. An additional teleconference was held to discuss the GST/PST issue.

Submitted by: **Dr. Connie Kushnir**, Chair, Finance and Audit Committee

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

The Human Resources Committee met in January 2009 to set the performance goals for the Executive Director. At year end, a performance review was conducted based on these mutually established goal areas. The HR Committee also developed a Succession Planning strategy which it brought to the Board for approval. A survey was developed to determine a role profile for any new Executive Director position. This was done to be proactive so that the Board could be thinking about the future needs of the Association.

Submitted by: **Dr. Mary Broga**, President

### ***MEMBERSHIP TASK FORCE***

In December 2008, the Board approved the recommendations of the Membership Task Force regarding changes to the fees for certain classes of membership. The purpose of the Membership Task Force is to enhance and sustain membership in the Association. While the OPA views itself as the "voice" of psychology in Ontario, less than half of the psychologists in the province are members. To introduce more members to the Association and to allow them to experience the benefits of membership for one year, the Board approved the following changes. The Task Force recommended that focusing on students and recent graduates was one means of attracting new members. To this end, the Student Affiliate fee was reduced from \$75 to \$25 per annum. As well, all newly registered members in the profession were invited to join the Association at no fee for the first year of membership. There was also a 60% reduction in the regular

membership fee to all first time eligible applicants who were not Early Career Psychologists for 2009. The strategy did have a positive impact as new members did join the Association in 2009. The Membership Task Force will evaluate whether this strategy led to those new members renewing in 2010. During 2009, new Recruitment material was developed, as well as updated information on the Benefits of Membership. Both materials will be available on the website.

Submitted by: **Dr. Mary Broga**, Chair, Membership Task Force

### ***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 will soon complete the website redesign, including a conversion to a contemporary database, content management system, and online payment system. The new website will substantially increase administrative efficiency given the database upgrade. As well, the new content management system will allow OPA staff and Board members to directly update the content and front-end of the website without the need to contract our information and technology service provider, Discovery Commons. Consequently, the OPA will be able to save costs associated with website management. Finally, the new website will be equipped with an online payment system for membership fees. This will provide members with the ease and convenience of online payment, while decreasing the OPA's costs associated with mail-based payment (and ultimately reducing burden on the environment).

The complexity of the OPA membership fee structure (e.g. graduated payment for early career psychologists) combined with the untimely transition from PST and GST to HST has significantly complicated the backend programming of the online payment system. Be that as it may, Discovery Commons and OPA staff are working together to ensure that the necessary programming will be completed shortly.

In the beginning of this website redesign process we agreed upon a 4 phase approach to the website construction: 1) Foundation- needs assessment, project planning, and interface design and construction; 2) Content analysis and migration; 3) Programming of the database for data integration, and Admin User and User administration, functionality and interface; 4) Admin User training regarding data manipulation, hosting and site maintenance. As soon as the final "online payment" programming is completed, we will be ready for data integration. This means that we are likely only weeks away from beginning phase 4. Phase 4 will occur concurrently with the launch of the website. At the time of the launch, we will be asking the membership to visit the new site and provide us with comments and suggestions for improvement. We encourage you to help us in our goal of developing and maintaining a dynamic website that is helpful to all stakeholders.

Submitted by: **Dr. Andrew Matthew** – Chair, IT/Website Task Force

## ***ETHICS AND POLICY COMMITTEE***

This year, the Ethics and Policy Committee was composed of **Dr. Ruth Berman (ex-officio), Dr. Harvey Brooker, Dr. Ron Frisch, Dr. Joyce Isbitsky, Dr. Christian Keresztes, Dr. Ian Nicholson (chair), Dr. Doug Reberg, Ms Erin Ross, Mrs. Judy Schapira, Ms Leah Shapira, Dr. Carole Sinclair, and Dr. Lynn Wells.** They met five times during the year. It should be noted that Dr. Carole Gentile resigned from the committee this past year and she is to be thanked for her many years of work for the membership on the committee.

The Committee, through the leadership of Dr. Carole Sinclair, developed Fee Guidelines for members, after several drafts and numerous consultations with relevant stakeholders. These guidelines were approved by the Board of Directors in October 2009 and are currently available to members.

Under the leadership of Drs. Berman and Brooker, the Committee offered a three day workshop in September on Legal, Ethical, and Professional Issues in Psychology. This workshop, held in conjunction with York University, was well attended and well received, with over 60 attendees. The workshop is available for purchase from OPA, either directly online or as a CDROM. Cost to members is over \$100 less than for non-members.

In August, the Committee made an invited presentation on ethics education to the State and Provincial Ethics leadership at the annual meeting of the American Psychological Association in Toronto. This presentation focused on the model for online/CDROM learning from the previous OPA workshop on Legal, Ethical, and Professional Issues in Psychology in 2005. This presentation was well received by APA and the over 25 state leaders present.

The Committee is beginning a set of regular columns, led by Drs. Reberg and Sinclair, in the OPA member publication “PsychBytes” on ethics issues. This is similar to the highly popular column that had been provided by Dr. Reberg in the “Ontario Psychologist” in the 1980s and 1990s.

The Third-Party Working Group, which was looking at developing guidelines for psychologists in working with third parties, was forced to go on hiatus for part of the year due to a series of unforeseen circumstances. However, the working group, under the leadership of Drs. Reberg and Sinclair, has started its work again and a plan to complete the group’s work should be available by early 2010.

Numerous issues were discussed at length by the committee. These included, but are not limited to, concerns from members relating to the College of Psychologists of Ontario’s definitions of “Areas of Practice” in the determination of competence, the difficulties for non-hospital psychologists in accessing Research Ethics Boards for research, issues relating to upcoming legislative changes – including the development of the College of Psychotherapists and Mental Health Therapists, comparisons of the OPA policy on supervision to the new Guidelines for Supervision from the Canadian Psychological Association, issues relating to “effort testing” in

child/adolescent psych-educational assessments, changes in mandatory reporting requirements for regulated health professionals, the federal Agreement on Internal Trade, mandatory reporting of sexual abuse by regulated health professionals, and possible protections from complaints for psychologists involved in custody and access assessments. While some of these issues will continue in the new year, they have all resulted in lively and thoughtful discussions amongst members of the committee as they advise the OPA Board of Directors on how to proceed on many matters of importance to the membership.

Submitted by: **Dr. Ian R. Nicholson**, Committee Chair

### ***CONVENTION COMMITTEE***

The 62<sup>nd</sup> Annual Convention was held on the weekend of February 21-22, 2009 at the Toronto Eaton Centre Marriott Hotel. As in the previous year, the conference format was structured around the delivery of either full day or half day workshops, and along three thematic streams; adults, children and professional issues.

In relation to adults, topics in 2009 included workshops led by Dr. Zindel Segal (Mindfulness and Relapse Prophylaxis in Major Depression); Drs. Christopher Peterson and Nansook Park (Perspectives from Positive Psychology); and Drs. David Corey, Rhonda Nemeth and John Lee (New Findings Lead to Effective Interventions in Chronic Pain).

On children's mental health, workshops were offered on "Assessment and Intervention of Children/Youth with Complex Learning and Mental Health Profiles" (Dr. Sam Goldstein); and on "Anger in Children and Adolescents and Anger Management Treatments" (Dr. Ray Di Giuseppe).

Three half day workshops were also held; one being the OPA annual Auto Insurance Update; the other two organized by the new Diversity Task Force, who had a scholarly presentation, "An Integrative Framework for Cross-Cultural Psychotherapy", presented by Dr. Ka Tat Tsang, followed by a panel presentation of OPA members discussing "Applications in Working With Ontario's South-Asian Communities."

The convention program also included luncheons on each of the two days. Dr. Raisa Deber, a Professor with the Department of Health Policy at the University of Toronto, was our guest speaker on Saturday February 1<sup>st</sup>, speaking on "Public and Private Roles" in the delivery of health care in Canada. Unfortunately, David Caplan, the then Minister of Health, was unavailable to present at Sunday's luncheon, but did accommodate us by agreeing to speak instead at an impromptu plenary session that morning. In lieu of Minister Caplan, our government relations consultant, Mr. Gilbert Sharpe, shared with us at the luncheon that day his perspective on Minister Caplan's earlier remarks, updated attendees on our advocacy efforts to date, and shared his future vision for positioning psychology within the larger health care system.

A highlight of the convention was our Saturday evening event, led off by the Annual General

Meeting, followed by dinner, award presentations and the theatrical presentation “Type 2”, all hosted by our Early Career Psychologist Task Force.

Unfortunately the convention in 2009 was not successful from a financial point of view due to reduced attendance. Feedback from those who did attend was, however, positive in terms of the educational value, quality of speakers and camaraderie the convention provided.

Much thanks is due to the members of the planning committee, who in 2009 included: **Drs. Joel Goldberg, Doug Saunders, Cheryl Pohlman, Kate Hays, Greg Hamovitch**, along with myself again as chair of the conference.

Submitted by: **Dr. Ruth Berman**, Chair, Convention Committee

### ***EARLY CAREER PSYCHOLOGIST TASK FORCE***

Committee Members include **Drs. Andrew Matthew, Jeremy Frank, Michael Cheng, Silvina Galperin, Sandra Doyle-Lisek, Marlene Taub-Schiff, Marnee Maroes, Nikki Fitzgerald, Paul Basevitz, Brent Hayman-Abello and Parmjit Sanghera**

The Early Career Psychology Taskforce organized a number of well-attended gatherings in the Toronto and the Hamilton areas, including presentations by Dr. Rick Morris on Tricky Ethical Issues and Anas Nadar on effective web design. Other informal, networking gatherings were also arranged and well-attended. The ECP Taskforce hosted the evening programme at the annual OPA convention in February. In June, the ECP Taskforce organized a full day seminar with Dr. Iris Jackson, Dr. Peter Farvolden, Dr. Irwin Butkowsky and Dr. Edward Blackestock presenting on the topic of "The Keys to Building a Successful Private Practice."

The Early Career Taskforce has focused on creating educational and social opportunities for new members at the Convention, as well as during informal evening get-togethers for early career psychologists. In partnership with the Membership Taskforce, we have launched a series of graduate school visits so as to encourage students to become familiar with the mandate of OPA and, thereby, increase student membership. A new fee structure was developed in 2008 and implemented in 2009, with the ECP payment schedule extended by one year, beginning with a free year for all new psychologists.

Submitted by: **Daliah Chapnik**, Chair, Early Career Psychologist Task Force



## ***NOMINATIONS COMMITTEE***

Positions open in the 2009 roster of our Board of Directors included two Directors at Large, and Director positions for Independent Practice and Education.

Results from the Call for Nominations, mailed to all members in November 2008, were reviewed by the Nominations Committee to develop a slate of candidates to be brought forward at the Annual General meeting in February 2009. For the first time in many years, we received more nominations than positions open.

Should any election be held in January 2010, the names of individuals to serve on the OPA Board of Directors for 2010, and any remaining vacant seats, will be presented to the membership for ratification at the February 2010 Annual General Meeting.

Submitted by: **Dr. Margaret Weiser**, Chair, Nominations Committee

## ***GOVERNANCE COMMITTEE***

In 2009 – 2010, the Ontario Psychological Association Governance Committee included **Drs. Maria Kokai, Cheryl Pohlman, Doug Saunders, Mary Broga (President), Ruth Berman (Executive Director), and Margaret Weiser (President-Elect).**

The Governance Committee met quarterly by teleconference. Activities and discussion of this committee included a review and update of our current Policy and Procedures manual.

Bylaw amendments proposed last year were approved by the Board and ratified at the Annual General Meeting in February 2009.

Submitted by: **Dr. Margaret Weiser**, Chair, Governance Committee

## ***EXTERNAL AFFAIRS***

### ***RHPA TASK FORCE***

This year the RHPA Task Force was comprised of **Dr. Ruth Berman, Dr. Mary Broga, Dr. Jack Ferrari, Dr. Nina Josefowitz, Dr. Ian Nicholson (chair), Dr. Doug Saunders, and Dr. Margaret Weiser.** They drafted responses for the Board of Directors on two government initiatives relating to the Regulated Health Professions Act and related legislation.

In February 2009, they drafted a response to the Minister of Health and Long-Term Care on the Health Professions Regulatory Advisory Council (HPRAC)'s report on the "Critical Links : Transforming and Supporting Patient Care: A Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration and a New

Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions”.

In November 2009, the Task Force drafted a response for the Board on Bill 179: An Act to amend various Acts related to regulated health professions and certain other Acts (also known as the Regulated Health Professions Statute Law Amendment Act) that was submitted by OPA to the Standing Committee on Social Policy of the Legislative Assembly of Ontario.

Submitted by: **Dr. Ian Nicholson**, Task Force Chair

### ***PUBLIC EDUCATION INITIATIVES***

**Committee Members: Drs. Oren Amitay, Joyce Isbitsky, Maria Kokai, Christina Lee, Pat Mc-Garry Roberts, Doug Saunders, Connie Kushnir (Chair) and Ruth Berman; Ms. Vivien Lee. Ms. Vivien Lee has recently agreed to co-chair this committee.**

Report submitted by **Dr. Connie Kushnir**

The Public Education Committee (PEC) focused on two major initiatives: Psychology Month and provision of public education materials (posted on the website and provided to all members for wider distribution to the public). In February, committee members staffed a table at the Annual Convention to provide information about public education materials and Psychology Month. In November, a reminder about Psychology Month was sent to all members, and in December information about Psychology Month 2010 was revised to be sent to all members. The information was to be posted on the website in January. Dr. Maria Kokai has continued to provide information for the website, which may be of interest to the general public. The information can be accessed through the “OPA Helpline” button on the website.

In December of 2008, the Board approved the establishment of an OPA Media Recognition Award. This award was presented in February 2009 to the Globe and Mail for their series on mental health and the mental health crisis in Canada.

PEC recently invited OPA members to join the APA public education social networking site and several members have joined.

PEC has continued to explore the use of an electronic newsletter to facilitate a more effective distribution of psychological information to the public through OPA membership.

OPA awarded the Toronto Police Service (TPS) the Psychologically Healthy Workplace Award in May of 2008. In March of 2009, TPS won a Best Practices Award from APA. TPS was nominated to be considered for a National Award by APA for March 2010.

Drs. Connie Kushnir, Maria Kokai and Doug Saunders attended the State Leadership Conference in Washington in March.

Submitted by: **Dr. Connie Kushnir**, Chair, Public Education Committee

## ***DIVERSITY TASK FORCE***

### **DISABILITY ISSUES SUBCOMMITTEE REPORT**

**CHAIRPERSON:** Dr. Tammie Ricci  
**COMMITTEE MEMBERS:** Drs. Patricia Minnes; Lot Mambalo; Cathy Chovaz

The disability subcommittee typically meets monthly. Our focus has been on collecting information regarding services available to persons with disabilities in undergraduate and graduate psychology programs in Ontario. To date we have created 2 surveys; one was sent to internship directors and the other to Heads of Faculty in psychology departments in Ontario Universities which offer graduate psychology programs. We are currently in the process of collecting responses from the survey and plan to then write up findings and responses in a document that could easily be distributed to Universities in Ontario for use by students and faculty to create awareness and discuss potential gaps in service. We also hope to send out surveys to practicing psychologists to gain information on services they offer clients with disabilities.

In late Spring 2009, Dr. Doug Salmon, Diversity Task Force, Co-Chair, upon Dr. Ruth Berman's recommendation in relation to the Task Force focus, was appointed to the Healthy Communities Subcommittee of the Ontario Minister of Health's Advisory Committee on Mental Health and Addictions. Participation on this subcommittee allowed for useful input, particularly with respect to diversity issues in the context of efforts to improve health outcomes of Ontario subpopulations who are currently below par. Given that the "Health Communities" theme group utilized a Social Determinants of Health framework, many of the subcommittee's recommendations were wide ranging, spanning across government, social, housing, educational and business sectors, among others. As such, it proved to be a highly educational experience, although unfortunately the time commitment involved, resulted in other Task Force endeavors being placed on hiatus. With the subcommittee work now wrapping up, it is anticipated that other Task Force initiatives will resume again shortly.

Submitted by: **Dr. Douglas Salmon**, Co-Chair, Diversity Task Force

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

In 2009, the Disaster Response Network(DRN) included the following members: **Drs. Ester Cole** (Chair), **Ruth Berman** (ED),**Anna Baranowsky** (on leave), **Linda McLean**, **Gerald Goldberg**, **Douglas Saunders**, **Margaret Weiser**, **Lori Gray**, **Rajko Seat**, **Helen Lathrop**, **Pushpa Kanagaratnam**, **Brian Cole**, St. John's Ambulance – Director, Standards & Support. The Canadian Red Cross is represented by **John Saunders**, Manager, Disaster Services, International and Youth Programs; and **Tom Windebank** – Canadian Red Cross – Manager,

Disasters Management. The Committee held several meetings related to planning professional development, review of resources, consultation, and networking with CPA and APA.

The partnership with the Canadian Red Cross focused on exchange of information, committee members presenting at a Red Cross conference in the fall, and the training of volunteer OPA members throughout the province. The core DRN goals focus on:

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

The Disaster Response Network (DRN) Committee organized a professional development workshop on October 19, 2009. The topic “**Mental Health Services in Disaster Response: A Proactive Approach with Defined Populations**” was supported by OPA’s Psychology in Education Section, and the Section on Independent Practice. **Drs. Gerry Goldberg, Lori Gray** (members of the DRN Committee), and **Mr. Peter Rotolo** (Manager of Special Operations, Toronto Emergency Medical Services) were the keynote speakers of the evening. Some prepared hand-outs were given to participants, and related materials will be posted on the Association’s website. Thirty five attendees had the opportunity to learn and expand their network with colleagues, graduate students, staff from Canadian Red Cross, Toronto Fire Department, Police Services, and St. John Ambulance Services.

The DRN chair participates on the DRN/APA Advisory Committee and, together with other members, consults with provincial coordinators, national Red Cross and psychology organizations, including CPA, and the National Emergency Preparedness Advisory Consortium. Recent topics included H1N1 public education materials and sources of information for service providers. In addition to a panel presentation at the APA Convention on the topic of self-care, APA coordinators held a meeting in November, 2009 in order to share relevant information and coordinate training and volunteer efforts. Ontario, British Columbia, Alberta, and Manitoba represented the Canadian provinces.

During 2009, OPA members continued to update their volunteer information questionnaire. Volunteers are encouraged each year to contact the local branch of the Ontario Red Cross for training sessions, and attend a First Aid Course. Members are asked to notify the Association office about their local training. Copies of the Memorandum of Understanding between OPA and the Canadian Red Cross continue to be available to the membership. Related materials will be shared with interested participants at the 2010 OPA Annual Convention.

The OPA/DRN website information is available to the membership. This page is updated regularly. The website contains links to other resources, such as disaster response literature, PowerPoint presentations, new publications, and helpful services. The APA Deployment Kit, for

example, and a document on communicating with children, have been posted. Members are also asked to share information on the DRN / OPA listserv. The committee has welcomed new members this year, and plans to develop its agenda for effective channels of consultation in times of need.

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

### ***MINISTRY OF EDUCATION LIAISON COMMITTEE***

The Ministry of Education Liaison Committee for 2009 included the following members: **Drs. Lynne Beal, Ruth Berman, Ian Brown, Ester Cole, Maria Kokai (Chair), and Cheryl Pohlman**. As per the OPA BOD decision (in 2008), an affiliate member representing OAPA, **Caroline Koekkoek**, President of OAPA, joined the Committee in 2009.

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.

Committee meetings: In 2009 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 for meetings with the Ministry of Education.

Meetings with the Ministry: 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 2009 two meetings were held:

#### **May 19, 2009:**

The summary of activities in the psychology sector (school boards psychology services, OPA, OAPA, PFC) was shared with the Ministry in terms of psychology support for Ministry initiatives, as well as mental health services, teacher training and parent education. With regards to psychology services in schools, the following was pointed out:

1. psychology is responding to a wide range of needs from schools (e.g. mental health needs, building teacher capacity, parent education; Safe Schools, Student Success; character education; multicultural perspective);
2. psychology's scope of involvement is much wider than strictly assessments, but staff allocations have not increased to reflect that, on the other hand boards often narrowly focus on the assessment backlog; psychology's mandate should be recognized as broader in school boards;
3. teacher training in mental health, and in other areas is a significant need that psychology can address;
4. parent education is already part of psychology's activities and we can provide more support;

5. school psychologists are often left out of communications with the Ministry, would appreciate a more effective way of receiving communications regarding Ministry initiatives.

The Ministry shared information regarding the Auditor General's Report (released in May 2009), and regarding the status of current initiatives, including Learning for All, Safe and Caring Schools, autism, etc.). Assistance in these initiatives and other areas was offered to the Ministry by OPA.

**December 15, 2009:**

The agenda included discussions about the topic of student mental health, in the context of OPA's response to the Ministry of Education consultation regarding the "Mental Health and Addictions Strategy", and of the Ministry's new resource "Safe and Caring Schools," which OPA already was consulted about. The significant role the psychology sector already plays in these areas in schools was highlighted, along with a need to implement already existing consultation, prevention and intervention services in a more systematic way. OPA offered assistance to the Ministry to facilitate such implementation.

Other activities:

1. input was collected from the psychology sector in education and the chief psychologists of school boards on psychology's involvement in various Ministry initiatives in education, and it was shared with the Special Education Policy and Programs Branch;
2. information was provided to the Ministry about current issues in school psychology via SLATE (newsletter of the Section on Psychology in Education);
3. presentation by the Ministry on "Learning for All" organized for the October 2009 meeting of the Association of Chief Psychologists of Ontario School Boards;
4. submission to the Ministry on the Mental Health and Addictions Strategy (Stakeholder Engagement, Ministry of Education Consultations) – November 2009.

Ministry requests for consultation:

The Committee responded to one request for input from OPA:

Consultation regarding the creation of a Ministry resource guide for school administrators on Safe and Caring Schools K - 12 to support a positive teaching and learning environment for all students, including students with special education needs; consultation took place in January 2009.

Submitted by: **Dr. Maria Kokai**, Chair, Ministry of Education Liaison Committee

***WSIB TASK FORCE***

The WSIB Fee-Setting Advisory Committee, which has overseen the development and implementation of the various "Programs of Care", has been less active this past year, as no new Programs of Care have been introduced, in favour of evaluating the status and level of participation of those programs currently in operation. Although a "Program of Care" to address

“Chronic Pain” received approval from the Fee-Setting Committee for roll out, this has not happened to date, as the WSIB has much concern about the lack of active participation in the existing “Programs of Care” and, as such, the implications of rolling out yet another program, one that is even more costly, in the absence of any assurance of active participation. In fact, it was alluded to at one meeting of the committee that the entire undertaking was at risk of being abandoned, in favour of moving to a preferred provider system that would ensure that the provision of services was in keeping with the protocols within “Programs of Care”.

In an effort to avert this, and to ensure a more open marketplace for all providers, those on the Fee-Setting Committee representing the health professions decided to send a letter in support of the current “Programs of Care” model and pledged to encourage greater participation on the part of our respective memberships. We also encouraged early implementation of the proposed “Chronic Pain Program of Care”. The decision to forward such a letter was supported by a discussion with the OPA Executive, as well as by **Dr. Faith Kaplan**, who participated in the discussion, in view of the potential impact of shifting to a “Preferred Provider” model on other payer systems, such as auto insurance. To date, no formal response to the letter has been received from the WSIB and we are still waiting to hear if a shift in their policy on delivery of health care is being considered.

Submitted by: **Dr. Ruth Berman**, on behalf of the WSIB Task Force

### ***AUTO INSURANCE TASK FORCE***

The Task Force enters its 21<sup>st</sup> year with arguably the most far-reaching reforms of the accident benefits (AB) system since the 1990 creation of the OMPP, when the no-fault AB system was created.

The Task Force responded to the five-year review of auto insurance in 2008 (Bill 198 in 2003 mandated a review), with a wide-ranging survey of members and a detailed submission to FSCO. FSCO reviewed numerous submissions and came forward with recommendations in the summer of 2009. The FSCO recommendations were modified, and revised proposals were announced by the government in November 2009. Regulations are presently being written with an expectation of implementation in 2010.

Although an informal discussion hour with OPA members did occur in December, 2009, to discuss how to approach the proposed regulation changes; the Task Force has not scheduled a formal presentation at the OPA Annual Meeting in February 2010, but instead will await public release of regulations before scheduling a workshop to discuss implementation of the new regulations.

The initial FSCO reform proposals in summer 2009 recommended that AB cost control be achieved by: reducing the basic benefit level from \$100,00 to \$25,000; reducing numbers and associated costs of assessments (Sec 24, 42 and 42.1); simplification/ reduction of complexity; use of a physician gate-keeper.

The focus of OPA's efforts in responding to these proposed reforms was to advocate for: maintaining sufficient funding for accident victims, especially those with psychological impairments and brain injuries, without shifting costs to public health and other systems; maintaining direct access to psychological services, without requirement of referral; that assessment costs be based on Guidelines for time required and hourly fees; maintaining that psychological and brain injury impairments be included and combined in CAT impairment determination.

Efforts to this end involved working with the Coalition of Health Professional Associations in Auto Insurance, using the assistance of a government relations lawyer, meetings with FSCO, the Ministry of Finance, and MPPs, and numerous written and verbal submissions to each of these.

The last set of government proposals on which regulations will be based are described as measures to: protect consumers, (both accident victims and premium payers); increase consumer choice; streamline the auto insurance system; and reduce transaction costs.

The key recommendations include: that the basic level of benefits be reduced to \$50,000, including costs of assessments; optional buy-ups be included to cover removal of other benefits from basic coverage, e.g., housekeeping, care giving; Sec 24 and 42 assessment fees be capped, with \$200 for examinations to complete a form, and \$2000 available for all other examinations; rebuttals be eliminated; and, a Minor Injury Guideline expansion be added that includes a \$3,500 interim measure for minor injuries. Catastrophic impairment criteria are to be reviewed at a later date.

OPA recently participated in a joint Alliance/Coalition submission and meetings with FSCO and government MPPs around these new proposals. The group's recommendations to government were that the Minor Injury Guideline not be used as a "cap", that clinical assessment costs not be included within the benefit limit, that assessment costs be limited by hours and disciplines required, rather than capped, that in "In-Home" Assessments be allowed, that adjusters be given increased discretion to deny plans, and that rebuttals continue in certain circumstances.

OPA is also advocating that children not be restricted to the new basic level benefit, in view of the fact that their benefits last beyond the basic ten years. With regard to proposed later revision of catastrophic impairment criteria, OPA is advocating for more inclusive criteria and that the government not remove the present processes for catastrophic impairment determination, but rather revise them when new criteria are implemented.

OPA hopes to be represented in the next stage of the reform process regarding revision of the forms, the catastrophic impairment criteria, and expertise of IE and catastrophic assessors. We also hope to continue to be involved in an advisory capacity with HCAI implementation.

2010 will be a significant year for practice under auto insurance and ongoing dialogue will be needed to develop effective practice models. The Auto Task Force will be asking for input from the membership on various issues. We plan to have a workshop on the new regulations, once they are announced publicly.

We thank the Board of Directors and Dr. Ruth Berman for their support this past year.

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



## ***COALITION OF REGULATED HEALTH PROFESSIONAL ASSOCIATIONS (CORHPA)***

The Coalition of Regulated Health Professional Associations (CORHPA) is an informal body established shortly after the enactment of the RHPA to provide a forum for the exchange of information, mutual support and, where indicated, collaborative action among the RHPA professional associations. It is intended to serve as the collective voice of the health care provider community in Ontario and a counter-force to the Federation of Regulatory Colleges.

CORHPA has acted as a vehicle for debate on legislation and public policy issues impacting the provider community as a whole, as well as professional associations directly. During the past two years a primary focus for CORHPA was on both Bills 171 and 179, as these included amendments to the RHPA, involving the introduction of new professions and titles, increased transparency in terms of colleges' public registers, increased powers by the Ministry and new obligations on the part of providers. In both cases, CORHPA prepared and submitted a written response reflecting the consensual view of its membership in relation to issues of collective concern. CORHPA, as well, this year reviewed Bill 175, legislation furthering amending the RHPA to ensure provincial compliance with the new Agreement on Internal Trade related to enhanced inter-provincial labour mobility. Despite clarification by Ministry of Health staff, concerns remained regarding areas of ambiguity and the impact of non-compliance on Colleges and, ultimately, its registrants. A letter to the Minister of Training, Colleges and Universities (MTCU), the minister assigned to oversee Ontario's compliance, was drafted and supported by the CORHPA membership. A response from MTCU is still pending.

CORHPA has, as well, devoted considerable time this year to re-examining its structure and funding, and is developing a model for sustaining its ongoing activities and management.

On the agenda for early 2010 is an examination of the potential impact of HST, which comes into force in July 2010, on professional associations and its individual members.

Submitted by: **Dr. Ruth Berman**, OPA Representative to CORHPA

## ***APA COUNCIL OF REPRESENTATIVES***

During 2009, the APA Council of Representatives met twice: in Washington DC in February, at its mid-winter meeting, and in Toronto in August, during the APA Convention.

Major themes during the year included the impact of the world-wide recession with regard to APA and its activities; U.S. health-care reform; action with regard to the 2008 petition resolution prohibiting psychologists from working in national security detention settings; and further steps with regard to APA's strategic plan.

With regard to fiscal matters, the organization saw dramatic decreases in assets and revenue, with concomitant cuts to spending, such that Year 2010 is likely to be markedly more stable. Staff have been actively engaged in working with members of Congress with regard to health care reform, following specific priorities with regard to mental and behavioural health care. Actions in regard to the implementation of the petition resolution included receiving the report of the Presidential Advisory Group on the Implementation of the Petition Resolution; APA's Ethics Committee was directed to propose appropriate changes to the Ethics Code to reflect the intent of the resolution.

Strategic planning during 2009 included the adoption of a Vision Statement and goals, objectives and core values following from that. In turn, this followed on APA's earlier adoption of a mission statement: *The mission of the APA is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.*

The Vision Statement (designed to describe the type of organization APA aspires to be and the impact it hopes to make over a 20- to 30-year horizon) is:

#### **APA VISION STATEMENT**

The American Psychological Association aspires to excel as a valuable, effective and influential organization advancing psychology as a science, serving as:

**An effective champion** of the application of psychology to promote human rights, health, well being and dignity.

The goals for the organization can be found @ <http://www.apa.org/monitor/2009/10/strategic-plan.aspx>

In other matters, Council:

- Adopted updated Guidelines for Child Custody Evaluations in Family Law Proceedings
- Received the report of the Task Force for Increasing the Number of Quantitative Psychologists.
- Established a continuing Committee on Human Research
- Received the final report of the Div. 19 (Military) and Div. 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues) Joint Task Force on Sexual Orientation and Military Experience
- Voted to adopt as APA policy Guidelines Regarding Psychologists' Involvement in Pharmacological Issues
- Voted to adopt as APA policy a resolution that endorses the concept of recovery for people with serious mental illness.
- Voted to establish an APA "designation program" for education and training programs in psychopharmacology (as opposed to program accreditation).
- Voted to invite a non-voting delegate from each of the four National Ethnic Minority Psychological Associations to attend Council meetings for an additional three year period

- Received the Report of the Presidential Working Group on the Representation of Diversity on the Council of Representatives
- Approved the creation of two new division journals: *Sport, Exercise and Performance Psychology* (Div. 47, Exercise and Sport Psychology) and *International Perspective in Psychology: Research, Practice and Consultation* (Div. 52, International).

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 continued to make extensive use of the OPA members' email list to keep members informed of APA activities, opportunities, and information; provided information, linkage, and support to those OPA members seeking information about APA; and continued to inform APA of relevant OPA activities and participants. It has been my pleasure and honour to serve OPA through my work on the APA Council of Representatives during these past six years.

Submitted by: **Dr. Kate F. Hays**, APA Council Representative

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

CPAP met twice during 2009. At its January 18 and 19 meeting, CPAP dedicated itself to developing a national brand and media training in order to further its goal of developing and implementing a national advocacy strategy. PR POST surveyed CPAP/CPA participants in order to solicit information on how to define psychology/psychologist. The responses from the survey were summarized and presented to CPAP delegates in order to condense the themes into a 'message matrix'. The 'message matrix' was further refined into key messages, which were tested in simulated interviews as part of the media training workshop. PR POST was to develop a proposal which it would present to CPA to develop a national advocacy strategy with branding and messaging recommendations. The issue of a CPA Practice Directorate was also discussed in terms of its role, function, and accountability to the CPA board. CPAP would function as the Council for the Practice Directorate. The Executive was asked to prepare a proposal of how the directorate would be structured.

At the CPAP meeting held on June 14 and 15, it was noted that to launch a public relations campaign as presented by PR POST would be very expensive. Instead, it was decided that the Practice Directorate would be the priority. The Terms of Reference for the Practice Directorate were approved by the CPA Board. One stipulation was that all delegates to the Council must be members of CPA, in addition to being members or staff of the jurisdictional association which they represent. The next step involved the hiring of a staff member for the Directorate. The search committee would be looking for an individual who can develop policies; strategize on how to promote the profession; lobby stakeholders; advocate for system improvement; market the profession; and use the media effectively. The goal was to have someone hired by January 2010.

Submitted by: **Dr. Mary Broga**, CPAP Representative

## ***CONCLUDING REMARKS***

As I complete my two year term as President of OPA, I wish to extend my heartfelt gratitude to all the Board members I had the pleasure of working with. Each and everyone of the Board members has been an inspiration to me. What I will remember the most is the exceptional support each member has of the Association and how doing the very best for the membership was always the priority. And, despite the difficult decisions that were often presented to the Board, I was so impressed by the diligence that was taken in sorting through issues in a respectful and professional manner. I would also like to express my gratitude to the Association's staff - our Executive Director, Dr. Ruth Berman, Administrative Officer, Carla Mardonet, and office staff members, Anna DiDonato and Jenna Barclay. All the staff work as a team to continually meet the needs of our Association and beyond.

This has been an interesting term as we worked so closely with Mr. Gilbert Sharpe from Fasken-Martineau. Political advocacy was identified as the priority by the membership during our Membership Survey. One thing I have learned through this process is that decisions made by government are all political - science comes next. As psychologists, this is not the order in which we think. I believed in the beginning that getting one's message across would be easy, especially if it were rational and fact based. I quickly learned that decisions are not made on that basis. Many times it felt we took one step forward, only to take two steps back. The issue of access to the psychotherapist title is case in point. A seemingly clear request took almost two years to be accepted after numerous meetings with politicians and bureaucrats. The other lesson learned is that we need to have our own house in order. We need to have our facts at hand, as well as partners who also support our position and are willing to speak on our behalf. There is no doubt that we need to continue pursuing political and legal advocacy. We need our membership to clearly identify what the goals should be, and then we need both monetary and person support.

Involvement with the Association has many benefits. It provides a learning experience one does not readily get exposure to through psychological practice. I encourage you to join a Committee and/or the Board. I believe that you will find it a growthful experience. We need members to be active in the Association. Moreover, we need more members to truly represent the "voice of psychologists in Ontario". As a strong Association we will continue to advance the profession and ensure that its potential is fully harnessed.

