



Chronicle

College of Psychologists of British Columbia

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

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Letter from the Chair

I am pleased to introduce this issue of the *Chronicle* and to highlight some new features of both the *Chronicle* and the College website:

Launch of New Website

We hope you enjoy the "new look" of this edition of the *Chronicle* and the new College website, which has been in the works for a number of months and will be launched in the coming weeks. The new website is designed to enhance readability and accessibility of information. One of the key new features is enhanced interactivity between registrants and the College. Registrants are invited to comment on any topic at any time by using the "Feedback/Comment" feature. We hope you will use this new feature to let the Board know your views. This feedback will be reviewed by the Board on an ongoing basis and summaries of views and comments of relevance to the College mandate will be provided to registrants in College publications. We will also be continuing our current practice of posting answers in the FAQ section of the website, to those questions of interest and value to registrants in general. We appreciate your patience as we work out any wrinkles in the new system in the first few months after it is launched.

New Features of the *Chronicle*

Hot Topics. A new feature of this edition of the *Chronicle* is its focus on a primary topic. We are hopeful that "themed" editions will provide registrants with a convenient reference for important practice issues. The topic of this issue is Supervision. This is a pivotal issue for College registrants for a number of reasons:

- a) Supervision is central to the professional preparation of psychology students who then apply for registration with the College.
- b) As announced previously, regular applicants for registration will be required (as of January 1, 2008) to submit a supervision plan as part of the application process to document how they will meet the requirement for supervision of psychological services provided while an applicant. This will be an ongoing requirement for regular applicants.

- c) Some registrants must complete supervision due to weaknesses identified on oral examination or as a result of a complaint investigation.
- d) The College has a role in evaluating supervision of students and of registrants who require regulatory supervision.
- e) The College has an obligation to monitor the practice of supervision and to set best practice standards for the profession.

The Legal Corner. You will notice the heading "The Legal Corner" which contains an article on registrants' obligations regarding reporting other registrants of our and other Colleges when there are fitness to practice concerns. The College has sought consultation on this important issue with the goal of helping registrants make good decisions in light of the enactment of several new sections of the *Health Professions Act*. On occasion, issues of the *Chronicle* will contain such articles. While not intended to be legal advice, it is the intent of the College to inform registrants regarding such legal obligations in order to assist them in maintaining best practices of the profession, and it is hoped that you find this article useful.

Included as an insert for registrants' purple binder is a separate document entitled "Legislation Affecting Psychologists in BC" which summarizes various pieces of legislation along with a highlight of the relevance of that legislation to psychology practice in British Columbia. This document was developed as part of a larger undertaking of the Quality Assurance Committee and because of its usefulness to registrants, is now being distributed and posted to the website.

Improving the Provision of Psychological Services in the Service of Public Protection

As you know, the College of Psychologists of BC takes its mandate to protect the public interest in the practice of psychology very seriously. Psychologists' ability to remain a self-regulating profession is dependent upon the College performing its public protection

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mandate to a high standard. That is why we are so appreciative of, and proud of, the large number of registrants who volunteer their time and expertise to assist the College in its public protection activities.

We are in the process of reviewing ways in which the College can better meet the objective of increasing public protection. We already do this in a number of ways: through informing the public of regulatory aspects of psychological service provision; by supporting the continuing competence of registrants; and by contributing to improving the quality of psychological services. Over the coming year, we will focus on identifying ways we can revitalize our profession's responsibility for, and contributions to, the public interest. Ultimately, these efforts will lead to better mental health for all British Columbians.

It is an exciting time for us as a mental health profession. Provincially and nationally, there is an increased awareness of the importance of mental health—and mental health professionals—to the overall well-being of our society. Two recent examples include, at the federal level, the recognition of the profession with the appointment of Canadian Psychological Association (CPA) Executive Director, John Service, to be the Executive Director of the Mental Health Commission of Canada, and at the provincial level, with the involvement of a number of our psychologist colleagues in the provincial Mental Health Alliance.

There are many opportunities for a self-regulating body to examine how it can participate in these public efforts. To start, we are beginning to work with stakeholders, including affiliated organizations, the provincial government, and other professions, to solidify a vision for improving the mental health of

British Columbians. We have also engaged a public policy consultant to help us with this initiative. Your ideas and participation will be critical to our success. There will be many opportunities in the months ahead for you to provide us with your input and wisdom.

Also enclosed with this edition of the *Chronicle* is a request from the CPA with regard to seeking registrants' interest in participating in a mental health survey of psychologists which is being undertaken with a grant that CPA received from the Public Health Agency of Canada. According to Karen Cohen, Associate Executive Director of CPA, this Agency has been particularly interested in services provided by psychologists, "*recognizing that we are the largest, regulated mental health provider group in Canada and that our activities are increasingly provided outside of the public health data collection systems.*" We include this request with this mailing and encourage registrants to participate. This project is consistent with our own efforts described above.

The Board was pleased with the enthusiastic participation in the Professional Wills Workshops which were sold out for each of the sittings in Vancouver and Victoria. The Board was also pleased to arrange a workshop for Okanagan area registrants. We will be scheduling additional workshops in future months. Registrants from other locations should write to the College if a group of registrants is interested in a workshop in their area.

We wish to remind registrants of our professional and ethical obligations to arrange for the secure transfer of our records in case of retirement, incapacity, or death (e.g., see

Code of Conduct sections 14.4 and 14.5). As previously announced to registrants, beginning with renewal for the 2009 year, we will formalize the existing *Code* requirements by requiring registrants to indicate in their renewal documents a professional executor to be responsible for their practice records in the event of disability or death. Registrants will be able to indicate an executor beginning with the 2008 renewal process. There is no obligation to complete a professional will. The workshops on professional wills are intended to provide registrants the opportunity to discuss and review issues involved in designating a professional executor and to use the format of a professional will as a means to work through these issues.

Note the Call for Nominations included with this *Chronicle*. I take this opportunity to thank Henry Harder for his service on the Board, which included serving as Board Chair, and Chair of both the Inquiry and Registration Committees. His integrity, diligence and humour will be missed. We hope he will stay involved with the College.

I look forward to working with the Board, committees, and individual registrants on these matters. If you have any suggestions or questions, feel free to forward them to my attention through the College office. You can contact me via regular post at the College mailing address, by sending a fax to (604) 736-6133, or by leaving a phone message on extension #307 at (604) 736-6164 or (800) 665-0979. As previously noted, with the launching of our new website in the next two months, there will also be a mechanism for direct feedback to the College via the website.

Michael Joschko
Chair

FAQ

Question: In my private practice I employ an assistant who helps me with administration and scoring of tests under my direction and supervision. What is the best title or description for this person?

Answer: "*Testing Assistant*" or "*Testing Technician*" would be appropriate descriptions, and would not contravene the title protection offered by the legislation regarding the use of the term psychologist or psychological assistance or abbreviations or derivatives of these terms.

Stay tuned for the launch of our remodelled website at www.collegeofpsychologists.bc.ca

INTRODUCTION

We are pleased to focus this edition of the *Chronicle* on the important topic of supervision. The issue of supervision is of significant relevance to the College, both in its capacity as the registering body for individuals wishing to begin engaging in the practice of psychology in British Columbia, and in its capacity as the entity charged with regulating the practice of psychology in this province. Of course supervision also has a pivotal role as a central means of training in the profession of psychology. Registrants have previously been informed that regular applicants for registration will be required, as of January 1, 2008, to submit a supervision plan as part of their application. This new reporting requirement may well result in an increase in the supervision registrants are asked to provide to new applicants. Supervision is also an essential component of the regulation of our profession. Some registrants must complete periods of supervision due to weaknesses identified on the oral examination they completed while an applicant. Other registrants agree to supervision to address problem areas identified in a complaint investigation.

The viability of supervision as a means of addressing weaknesses identified in the application process and as a constructive and effective alternative to discipline in the College's regulatory framework is of significant note. In addition to the considerable financial savings to registrants when application and complaint matters are addressed through supervision rather than through a formal discipline hearing, the centrality of supervision in the regulatory practice of the College provides a parallel to the centrality and importance of supervision in prevailing models of professional training in the profession of psychology. Supervision is an effective and economical means of achieving objectives as well as a typically positive experience of both supervisor and supervisee.

Included in this special addition are the following: One article summarizes some recent publications on competency-based supervision, and outlines some general issues that may be of interest to registrants who are either providing or receiving supervision. The emphasis on competency reflects the trend in our profession in recent years to anchor skill and training acquisition to specific competencies. Another article highlights a problematic aspect of supervision relating to the responsibility of supervisors with regard to the area of practice of supervisees. Highlighting a special sub-area of supervision of special relevance to the College is an article on regulatory supervision. This article offers a summary of how regulatory supervision is distinct from other supervision. There is also a short article which describes the

pending obligation of new regular applicants to provide a supervision plan to the College as part of their application, beginning in January 2008. There is an additional piece outlining a selection of Standards of the *Code of Conduct* specific to supervision. Finally, a summary of selected references and resources relating to the special topic of supervision is offered. The College hopes you find this edition of the *Chronicle* interesting and useful.

COMPETENCY-BASED SUPERVISION

The signing of the Mutual Recognition Agreement in June 2001 by all Canadian psychology regulatory bodies, including the College, marked national recognition of the importance of competency-based standards and requirements. This is especially so following the 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. This conference consisted of eight work groups, each focused on particular competency areas, as well as work groups on specialties and on the assessment of competence. The aim of this article is to describe the practice of supervision as a competency-based activity while highlighting relevant sections of the *Code of Conduct* and directing registrants to some useful references and resources. The article on regulatory supervision in this issue of the *Chronicle* describes how these issues are addressed in the special context of regulatory supervision.

Competence in Supervision

Supervision of psychological services is the provision of a psychological service, and registrants who supervise are expected to be competent in their provision of this service in the same way that they are expected to be competent in their provision of other psychological services offered by them. A supervisor is expected to be competent in the content area(s) being supervised, meaning that he or she is providing, or would be able to provide, competent service in the area being supervised, and is also able to teach and/or provide guidance to others in the provision of this service. Competent supervision includes being able to assess whether the supervisee has the combination of skills and supports needed to be able to provide a given service without harm to a client, and means that the supervisor is taking responsibility for ensuring that the client receives competent services. Competent supervision involves providing timely and accurate information to the supervisee about his or her competencies in providing psychological services, and doing so prior to the start of supervision, throughout

the supervision process, and at the end of supervision.

A number of issues of relevance in considering supervisory activities by registrants are considered below:

Knowledge

The competency captured by "knowledge" refers both to knowledge of the content area being supervised, and to knowledge of the process of supervision (see *Code of Conduct*, Standard 3.3). A self-assessment tool for supervisors can be found at <http://www.cfalender.com/self-rating.pdf>, and a table outlining supervision competencies can be found at <http://www.ablongman.com/bernard3e>.

Consent

There are two levels of consent needed when psychological services are being supervised. First, the supervisee is required to obtain informed consent from all clients prior to providing services that will be supervised (see *Code of Conduct*, Standard 4.5). Clients should be provided with an information sheet to which they can affix their signature indicating their informed consent that they are aware their case will be discussed with a supervisor, and that they have been provided with the name of that supervisor. Second, the supervisee must provide informed consent to receive the psychological service of supervision (see *Code of Conduct*, Standard 4.1). Thomas (2007) outlines the components of a supervision contract, which include: supervisor's background, supervisory methods, supervisor's responsibilities and requirements, supervisee's responsibilities, potential supplemental requirements, confidentiality policies (i.e., the protection of the supervisee's privacy), documentation of supervision, financial policies, risks and benefits, evaluation, complaint procedures and due process, professional development goals, endorsement, duration, and termination of the supervision contract. A sample supervision contract outline is available on Dr. Carol Falender's website at <http://www.cfalender.com/super.pdf>.

Confidentiality

There are two levels of confidentiality to be considered when psychological services are being supervised. First, the supervisor is required to keep information about the client confidential, just as if the supervisee's client was the supervisor's client. Second, the supervisee is also entitled to privacy and confidentiality. As in the provision of any psychological service, it is the responsibility

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of the provider of the service to clarify what information will be obtained and how it will be disclosed.

Feedback

One core supervisory skill involves providing and receiving feedback. In the training supervision of an applicant for registration, feedback may occur within the context of a positive supervisory relationship and include both formative and evaluative feedback to the supervisee. Regardless of the type of supervision provided, supervisors often find giving some kinds of feedback challenging.

An especially challenging aspect of providing feedback relates to the content of feedback. Personal feedback is often difficult for supervisors to address. In describing supervisors' experiences in giving easy, difficult, or no feedback to supervisees, Hoffman and her colleagues (2005) noted that "... *easy feedback was typically about clinical problems; difficult feedback was variably about clinical problems, professional concerns, and problems in the supervisor relationship and ... no feedback was typically about professional concerns*" (p. 7).

Boundaries

In providing clinical supervision, defining and maintaining boundaries is an important part of establishing a respectful relationship with a supervisee. Working within established boundaries is particularly important when discussing countertransference issues, and when developing a mentoring relationship. The interested reader is encouraged to consult Gottlieb and his colleagues (2007) for their series of questions to consider when contemplating the addition of another type of relationship to an existing supervisory relationship, or Johnson (2007), who focuses on the simultaneous roles of supervisor and mentor. These issues may be of particular interest to those involved in the supervision of trainees.

In their discussion of boundary violations in supervision, Falender and Shafranske (2004) note that addressing therapist countertransference is a particularly challenging area. They reflect that, while a supervisor's quasi-provision of therapy, sharing of personal information with a supervisee for non-clinical or non-educational purposes, and breaches of confidentiality reflect clear and significant violations, other violations may be less extreme and less clear. Supervisors need to be sensitive in addressing countertransference and interpersonal deficiencies and conflicts, and to be focused on the effects of countertransference and interpersonal shortcomings specific to the professional responsibilities of their supervisees.

Responsibility for the Client's Welfare and the Supervisee's Learning

Supervisors have two responsibilities that are intertwined: the client's welfare, and the training of the supervisee. At times it is difficult to balance the needs of both, and where there is a conflict the client's welfare takes priority. It is the supervisor's responsibility to assess the supervisee's level of competence prior to the supervisee's provision of a particular service. It is possible that the supervisee may need additional support, or may need additional education or training prior to embarking on the supervisory experience (see *Code of Conduct*, Standard 15.6). It is also the supervisor's responsibility to ensure that feedback to the supervisee accurately reflects the supervisee's level of competence (see *Code of Conduct*, Standards 15.7 and 15.8).

Context of Supervision

The most common type of supervision occurs when a registrant provides supervision to graduate students in professional psychology programs, on practica, or during internship. The registrant takes legal and ethical responsibility for the care of the supervisee's clients and as such: co-signs relevant documents on the client's file; identifies himself or herself as the supervisor to the client, to third parties, on the file, etc.; and requires signed consent from the client for the supervisee to share information with the supervisor. The supervisee is expected to follow the directions of the supervisor, necessitating that the supervisor obtain sufficient information about the client and the services provided to be able to provide guidance to the supervisee. The purpose of this type of supervision is to train the student to provide psychological services such that at the completion of the student's successful graduate training, registration and independent practice would be expectable and achievable outcomes.

The need for review of, and feedback on, one's practice does not end with graduate school. All registrants are required to maintain competence and to be in compliance with the Continuing Competency Program. One way to facilitate this is through consultation with a respected peer. In this situation, the registrant who is requesting a review maintains legal and ethical responsibility for the client, and may disagree with the consultant regarding how to proceed. Detailed information about the specific client may not be necessary to discuss the clinical issue at hand and therefore a signed consent may not be needed if the client's confidentiality is maintained in the consultation (see *Code of Conduct*, Standard 6.13). Although consultation is sometimes described as supervision if it is long-term and frequent, the defining feature of supervision

versus consultation is where the responsibility for the welfare of the client resides. While in consultation the person seeing the client retains responsibility for that client's welfare, in supervision the ultimate responsibility resides with the supervisor unless there is an explicit agreement stating otherwise.

Seasoned registrants may also wish to change their area of practice or to learn new psychological services. Consistent with the *Code of Conduct*, a declaration of competence by a registrant or an applicant requires appropriate training, education, and experience in a particular area of practice. Completion of only one of these components is insufficient preparation for self-declaration of competence in an area of practice (see *Code of Conduct*, Section 3.3). Thus, registrants may seek out, on their own initiative, formal supervision as part of their effort to gain competency in a new area.

References

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- Johnson, W.B. (2007). Transformational supervision: When supervisors mentor. *Professional Psychology: Research and Practice*, 38, 259-267.
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Note:

Dr. Falender will be speaking at Children's Hospital in October 2007, and the College of Psychologists hopes to invite Dr. Falender to speak to registrants later in the future.

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SPECIAL PROBLEMS IN SUPERVISION: INTERNSHIP AND AREA OF PRACTICE

Is this student ready for this internship? Is it in the student's area of practice?

The Registration Committee is charged with the task of reviewing applicants' qualifications for the practice of psychology. Part of that task involves examination of applicants' coursework, clinical training, and the areas in which they express intent to practice following registration with the College.

The committee has established a tripartite model for declaration in an area of practice: competence to practice in an area or in providing a particular psychological service requires a combination of **training, education, and experience**. Acquiring a sufficient foundation in one or two of these components is insufficient for declaring competence.

An issue that has arisen in recent months is the discrepancy between applicants' education and their self-declared area of practice. In some cases, the problem exists because the applicant has received clinical supervision in an area without having had previous formal coursework in that area. For example, an applicant might declare an intent to practice in the area of Clinical Neuropsychology with some clinical supervision experience in the area but no formal coursework.

This becomes increasingly problematic the further along the applicant is in their training (e.g., taking on a new area in their pre-doctoral internship) and the more specialized the area (e.g., neuropsychology or child psychology).

While the committee appreciates that an applicant may complete a degree with a broad array of experience and course work, the committee is still left with the job of reviewing consistency between training, education, and experience, and the applicants' self-declared area of practice.

One piece of this problem can be resolved at the level of supervision. Registrants who agree to take students for supervision are reminded of Standards 15.6, 15.7 and 15.8 of the *Code of Conduct*, which state:

15.6 Training limitations *A registrant must not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including, but not limited to, hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise to employ such techniques or procedures.*

15.7 Assessing performance *In academic*

and supervisory relationships, a registrant must establish an appropriate process for providing feedback to students and supervisees.

15.8 Actual performance *A registrant must evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.*

With regard to Standard 15.6, before agreeing to serve as a supervisor, registrants should ask themselves whether the training they are contemplating providing is in compliance with this standard, and whether it might be more appropriate to recommend that a student obtain the expected education before proceeding with the supervision.

As well, knowing that these supervisees will eventually be given the task of declaring an area of practice as well as determining the boundaries of their competence, registrants are responsible for providing feedback to supervisees and offering explicit feedback regarding competence in the areas under supervision.

Compliance with Standard 15.7 suggests that at the end of a supervised practice experience, registrants should provide detailed feedback regarding the supervisee's competence (e.g., types of client populations, types of interventions, types of assessments, ability to provide a formal diagnosis and/or to use psychometric tests, etc.) including any reservations about the supervisee's competence and any additional training that would be required to achieve competence in the particular area, etc.

Standard 15.8 emphasizes the importance of the parameters of evaluation and the importance of making clear the basis of the evaluation.

Appraisals of competence and boundaries of practice are part of the supervision process. Registrants should carefully consider this when agreeing to take students for supervision and to bear in mind the relevant sections of the *Code*, and the College's policies with regard to the requisite components of declaration in a particular area of practice.

SPECIAL ISSUES IN SUPERVISION – REGULATORY SUPERVISION

There are two main circumstances in which regulatory supervision is required. The first involves applicants for registration. Among the requirements for registration is successful completion of the oral examination. A small proportion of applicants who take this examination do not pass all eight examination areas. Oral examiners make recommendations

to the Registration Committee. Such recommendations may include a period of supervision to address weaknesses identified in the areas not successfully completed. The second main circumstance in which regulatory supervision takes place involves existing registrants. The College may enter into an agreement with a registrant for the registrant to participate in regulatory supervision as part of the resolution of a complaint brought before the College.

In either of these circumstances, unless otherwise specified, the supervising registrant will hold ultimate responsibility for the welfare of clients seen under supervision.

A total of 62 registrants have completed the College's training workshop for regulatory supervisors. When the opportunity arises for such supervision (such as for a new registrant who failed an area of the oral exam or in the case of an agreement to resolve a complaint through supervision of a specific area for a specified period of time), the College appoints a supervisor for the specific registrant requiring the supervision. This process centers on matching the areas of expertise and competence of the supervisor and supervisor availability with the supervision requirements in the specific circumstance. To date the College has arranged a total of 17 supervisory relationships under the direction of the Registration Committee, and a total of 18 supervisory relationships under the direction of the Inquiry Committee. Many of the complaints which were resolved through an agreement to undergo supervision would have proceeded to disciplinary action had the agreement with the registrant not been reached. Satisfactory resolution of a complaint in this manner leads both to cost savings for the College and improved practice for the respondent to a complaint, thus allowing the College to fulfill its public protection duties in a manner that also benefits the respondent registrant. Case examples of both kinds of regulatory supervision are provided in the boxes included in this article. While the details have been changed to preserve confidentiality, they represent real cases and actual resolutions and outcomes.

In addition to the case examples, a selection of FAQ's received by the College relating to questions about regulatory supervision are provided below.

Documentation

There are two key documents which outline the responsibilities of a regulatory supervisor for the College. The first document is the supervisor's contract with the College, which spells out the relationship in detail. The

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second document is the Letter of Undertaking signed by the supervisee, which articulates the purpose, length, and scope of the supervision. The College is in the process of developing a standardized supervision log form for the use of regulatory supervisors. Accurate and timely documentation is a key component to competent regulatory supervision.

FAQ. What do I need to document?

A. The following must be documented:

1. The date, time, and place of all interactions with the supervisee.
2. All requests that you make of the supervisee.
3. All responses the supervisee provides in relation to your requests.
4. Your observations as required by the terms of the supervision as set out in the Undertaking.

Responsibility

Responsibilities of regulatory supervisors are specified in the individual agreements signed between the College and the supervisor, and between the supervisee and the College. Such responsibilities may include: making initial recommendations about whether a supervisee is competent to practice a specific professional activity independently; communicating areas of competency to the supervisee and to the College; communicating those areas requiring further or ongoing supervision to the supervisee and to the College; and providing an opinion at the end of the supervision period regarding whether the supervisee is able to practice independently in specified areas.

FAQ. Who is ultimately responsible for a decision about a supervisee?

A. The Inquiry or Registration Committee is ultimately responsible for decisions about registrants under regulatory supervision. The regulatory supervisor makes recommendations to the Inquiry or Registration Committee, but the ultimate decision is that of the Inquiry or Registration Committee, as empowered by the *Health Professions Act*.

Consent

In cases of regulatory supervision, the supervisee should expect that what is discussed in supervision will be reported to the College as per the terms of the Letter of Undertaking. The supervisee can expect that information shared by a supervisor with the College will be treated as confidential and only used for the legal purposes for which it was provided. As with all other supervision, the limits of confidentiality need to be clearly articulated verbally and included in a written informed consent document. Among the matters to be addressed with the supervisee are the following:

1. Clarify that he or she is not the supervisor's client.
2. Clarify that the role of the supervisor is to supervise the practice of the registrant as set out in the Undertaking.
3. Explain that the supervisor will be reporting to the College regularly.

In regulatory supervision, the agreement to undertake the supervision under the specified terms serves as this written consent.

The regulatory supervisor should note the following key facts in reading the Undertaking signed by the registrant:

1. The specific aspects of the supervision (i.e., what is the nature of the supervision required).
2. Any limitation(s) on the supervisee's practice while being supervised.
3. The specified frequency of the supervision.
4. The specified duration of the supervision.
5. The terms under which the supervision may be extended.

Feedback

Regulatory supervisors are asked to address all types of concerns with supervisees. Supervisors are required to provide accurate and timely feedback to supervisees who are working to achieve the level of competence required (see *Code of Conduct*, Standards 15.7 and 15.8), and to the College, which is ultimately responsible for determining when a supervisee is no longer required to be supervised. Appropriate record keeping by the supervisor will facilitate the process of formulating and providing feedback, both to the supervisee and to the College, and is part of ethical supervision (see *Code of Conduct*, Standards 13.8 and 13.9). Non-compliance is one circumstance requiring immediate feedback, as a breach of an Undertaking is a disciplinable matter. The concern about a possible breach must be recorded in the log book, and reported immediately to the College.

It is the supervisor's responsibility to ensure that feedback to the supervisee and to the College accurately reflects the supervisee's level of competence (see *Code of Conduct*, Standards 15.7 and 15.8).

FAQ. How much information should be in my reports?

A. A report should provide sufficient information to advise the College as to the success or failure of the supervision. The amount of information required may vary depending on the circumstances leading to the supervision. The College will inform you if you have provided too little information. Direct the focus of the report on the supervision issues outlined in the Undertaking, and to any other matters of concern that have arisen.

In conclusion, supervision services are a key activity by which the College fulfills its duties to register and to regulate psychologists in B.C. Supervisors perform a crucial function both with respect to allowing for the continuity of our profession, and with respect to regulating the practice of our profession. There are many texts and articles available to the interested reader on issues related to supervision. Some of these are included in the reading list below. The College also provides monthly "open house" meetings for regulatory supervisors and oral examiners for the discussion of generic issues related to these important regulatory functions. The College welcomes inquiries from registrants who may be interested in providing supervisory services to the College.

CASE EXAMPLES:

#1: A male registrant terminated therapy with a female client. The therapy had lasted for three years with a focus on the client's history of childhood sexual abuse. The registrant initiated a sexual relationship with the client within four months of the termination of therapy. In lieu of a hearing of the Discipline Committee, the registrant agreed to supervision. The supervision lasted for two years with a focus on boundaries, transference, and countertransference. No subsequent complaints have been received about this registrant.

#2: An applicant failed one of the eight areas of the oral examination, professional judgment. In addition, at the end of the exam the applicant attempted to solicit clients for his new private practice from the registrants conducting the oral examination. Supervision was arranged with a focus on professional judgment. The supervision lasted for six months.

#3: A registrant provided marital therapy to a couple and subsequently married one of the partners. The ex-spouse filed a complaint against the registrant. Additional complaints highlighting boundary issues were received about this registrant over the same time period. The registrant agreed to an initial period of supervision and met on a regular basis with a regulatory supervisor. The supervisor evaluated the registrant's entire practice of psychology and provided recommendations to the Inquiry Committee. When investigation of the complaints was complete, the registrant agreed to a further period of supervision to address the number of issues highlighted in the complaint investigation. Supervision continued for an additional two years.

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SUPERVISION PLANS – A NEW REPORTING REQUIREMENT FOR REGULAR APPLICANTS

In addition to the supervision of new applicants who need supervision to remediate failed areas on the oral examination or supervision of registrants who have agreed to supervision as a means of resolving complaint matters, a third circumstance for supervision is on the horizon. Registrants have previously been informed that regular applicants for registration will be

required, as of January 1, 2008, to submit a supervision plan as part of their application. This new reporting requirement may well result in an increase in the supervision that registrants are asked to provide to new applicants.

All applicants are expected to be supervised by a registrant in their provision of psychological services. Those applying as of January 1, 2008 will need to include a supervision plan with their application to describe the supervision they will receive for their provision of psychological

services in B.C. while an applicant. It is important to emphasize that this is a reporting requirement for regular applicants and does not involve a new requirement or any additional supervised hours. Given the relationship of the supervision to the application process, it is important for all registrants who will be providing such supervision to be well informed about the issues addressed in the *Code of Conduct* and highlighted in this special issue of the *Chronicle*.

SELECTED STANDARDS FROM THE CODE OF CONDUCT ON SUPERVISION

Below is a selection of Standards from the *Code of Conduct* relating to supervision. Please note this is not intended to be an exhaustive list.

3.1 Responsibility. A registrant must assume and be fully responsible for their decisions made and actions taken in the performance of psychological services.

3.2 Incompetence. Without limiting any provision of this Code, the Bylaws, or the Health Professions Act, a registrant is professionally incompetent if the registrant shows a lack of knowledge, skill or judgement in the provision of psychological services to a client, or the registrant shows disregard for the welfare of a client of such nature or extent that could reasonably be regarded by registrants as bringing the profession of psychology into disrepute, or demonstrates that the registrant is unfit or unqualified to perform one or more of the responsibilities or core competencies of a registrant within the meaning of the Bylaws.

3.3 Limits on practice. A registrant must limit the practice of psychology and supervision of others in the practice of psychology to the areas of competence in which the registrant has gained proficiency through education, training, and experience.

3.5 Maintaining competency. A registrant must maintain competency in the areas in which the registrant practices through continuing education, consultation, or other procedures that conform with current professional standards.

3.7 Regulatory knowledge. A registrant must maintain current knowledge of all federal and provincial statutes and regulations, and other agency and professional bylaws, codes of conduct and practice advisories that relate to the performance of psychological services.

3.20 New competencies. A registrant who is attaining competency in a service or technique that is unfamiliar or new to them or to the profession must engage in ongoing consultation with other registrants or appropriate professionals, and seek appropriate education and training in that service or technique.

3.23 Training for special situations. Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect a registrant's work concerning particular individuals or groups, a registrant must obtain the training, experience, consultation, or supervision

necessary to ensure the competence of their psychological services, or must make appropriate referrals.

4.1 No services without informed consent. A registrant must not perform psychological services without informed consent.

4.2 Elements of informed consent. Although the required elements for informed consent may vary depending upon the particular circumstances, a registrant must ensure that the following general elements are satisfied when seeking informed consent:

- a. the client has the capacity to consent;
- b. the client has been informed of significant information concerning the psychological services;
- c. the client has freely and without undue influence expressed consent; and
- d. the consent has been appropriately documented in the client records or in the registrant's practice records, as appropriate.

4.5 Supervised services. If supervisees or student interns will be providing the psychological services under the supervision of a registrant, the registrant must ensure that the client is informed of the supervisee's status and name of the supervisor.

5.28 Appropriate training/supervision. A registrant must provide appropriate training to their employees and supervisees and must take steps to see that such persons perform psychological services responsibly, competently, and ethically.

5.29 Supervision to ensure standards. A registrant who supervises others in the provision of psychological services must ensure that the services provided meet professional standards and requirements of this Code.

5.30 Delegation. A registrant may delegate to their employees, supervisees, research assistants or any other person only those responsibilities that such persons are able to perform competently on the basis of their education, training, or experience, while unsupervised or with the level of supervision being provided.

5.34 No sexual relationships. A registrant must not engage in sexual relationships with individuals over whom they have supervisory or evaluative influence or other authority - for example, students, supervisees, employees, research participants, and clients.

8.1 Context of professional relationship. A registrant must provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role.

8.7 Accountability for supervisees. A registrant is responsible and accountable for the actions of any non-registrant who is providing psychological services under the registrant's supervision.

8.8 Obligation to advise of responsibility. Where a registrant supervises non-registrants in the provision of psychological services, the registrant must advise the client that the registrant has the professional responsibility and accountability for the supervised services.

8.9 Provision of services in sponsoring agency. Where a registrant offers psychological services or is directing the psychological services of others within a sponsoring institution and the registrant believes that the most appropriate service(s) to a client is not in accord with the expectations of the sponsoring institution, the supervising registrant must attempt to reconcile these differences with the administration of the institution in order to best respond to the client's needs.

13.8 Supervisory records. A registrant must maintain records respecting the supervision of an individual for a period not less than seven years after the last date the registrant supervised that individual.

13.9 Content of supervisory records. A registrant must maintain records of supervised sessions that include, among other information, the type, place, and general content of the session.

15.6 Training limitations. A registrant must not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including, but not limited to, hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise to employ such techniques or procedures.

15.7 Assessing performance. In academic and supervisory relationships, a registrant must establish an appropriate process for providing feedback to students and supervisees.

15.8 Actual performance. A registrant must evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

SELECTED REFERENCES AND RESOURCES IN SUPERVISION

References

Bernard, J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Philadelphia: Brunner-Routledge.

Falender, C.A., Cornish, J.A.E., Goodyear, R.K., Hatcher, R., Kaslow, N.J., Leventhal, G., Shafranske, E., Sigmon, S., Stoltenberg, C., & Grus, C. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology*, 60, 771-785.

Falender, C.A., & Shafranske, E.P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38, 232-240.

Clinical supervision issues in professional psychology (Special section). (2007). *Professional Psychology: Research and Practice*, 38(3).

Internet Resources

Association of Psychology Postdoctoral Internship Centers (APPIC) Website <http://www.appic.org>

- Resources for trainers and students (<http://www.appic.org/training/index.html>)
- Bernard & Goodyear's Website at <http://www.ablongman.com/bernard3e>

- Supervisor's Toolbox with links to other resources

- Supervision competencies from 2002 APPIC Competencies Conference

Falender's Website at <http://www.cfalender.com>

- Sample supervision contract outline (<http://www.cfalender.com/super.pdf>)
- Self-rating tool for supervisors (<http://www.cfalender.com/self-rating.pdf>)

Update: Requirement to designate another registrant as a professional executor in the event of incapacity or death.

As announced to registrants in previous communications, beginning with renewal 2009 is a requirement for all registrants to designate another registrant who has agreed to be responsible for your practice records in the event of your incapacity or death. The requirement will commence with renewal for the 2009 calendar year and will involve listing the designated member on the renewal form. For 2008, registrants will be encouraged to designate another registrant, but this will not be a requirement for renewal.

In the interest of facilitating discussion amongst registrants and providing information useful to registrants in meeting this requirement, the College is pleased to sponsor workshops on professional wills, including guidelines for the appointment of a professional executor. A total of 10 workshops have been held to date in Vancouver, Victoria and Kelowna. Registrants in particular geographic locations or work settings where multiple registrants would be interested in attending such a workshop are invited to write to the College expressing interest. The writing of a professional will is not a requirement for registrants. It is a useful way for registrants to address issues and concerns related to the requirement of naming a professional executor and may facilitate continuity of care in the event of incapacitation or death.

FAQ's

1. Are registrants obligated to have a professional will?

No. Registrants are obligated to appoint a professional executor to be responsible for their practice records in the event of incapacitation or death. This obligation commences with renewal 2009. Professional wills are one way to facilitate discussion and review of the issues which may arise in appointing a professional executor and for this reason the College has been sponsoring workshops on writing a professional will.

2. Why is the College requiring that we name a professional executor?

Registrants are responsible for client welfare and continuity of care which includes thoughtful planning for both unplanned events as well as for planned retirement as per the *Code of Conduct*. Providing the name of your professional executor to the College is a minimal requirement which will enable appropriate access to patient records and continuing care in the event of unplanned incapacitation or death.

This requirement is also seen as one component of the general effort to acknowledge and prepare for the changing demographic of the College, with our average age over 56 years old and over 60% of our current registrants being over the age of 50.

3. What is the relationship between a professional will and personal will?

Registrants concerned about the legal relationship between a professional and personal will should seek legal advice on this issue. It may be advisable for the personal will to make mention of the registrant who has agreed to be your professional executor as an entry in your personal will.

4. How is this requirement being introduced?

This requirement is being introduced gradually to ensure that registrants are provided with ample opportunity to ask questions and to discuss with the College, and with other registrants, the implications of this requirement, how to choose a professional executor and what the responsibilities of a professional executor are (and are not).

5. What are the responsibilities of the professional executor?

The primary responsibility of the professional executor is to facilitate appropriate access to practice records and the appropriate referral of current clients to other mental health professionals. One of the most common misconceptions about the responsibilities of being a professional executor for a colleague is the notion that by agreeing to serve in this role, you are agreeing to "take on" your colleagues' entire caseload. This is not the obligation of a professional executor. One advantage of completing a professional will is the opportunity it provides to spell out expectations in careful detail.

The Legal Corner:

REGISTERED PSYCHOLOGISTS' DUTY TO REPORT UNDER THE HEALTH PROFESSIONS ACT

Health professionals are charged with a host of legal and ethical obligations to ensure that the public is protected from harm. While many health professions have long recognized an ethical obligation to address the misconduct and incompetence of colleagues, changes to the *Health Professions Act* (the "Act") brought into force in 2006 have imposed a legal obligation on registrants of the College of Psychologists of B.C. (The "College") and other professional bodies governed by the Act, to report certain types of professional misconduct and concerns about competence. The purpose of this article is to provide registered psychologists with a basic understanding of the requirements of this duty to report and to equip them to discharge these obligations under the Act.

The duty to report under the Act supercedes other duties

In order to avoid any confusion about the status of the duty to report under the Act, it is important first to clarify that it is a mandatory legal obligation that applies to all registered psychologists, and that it is separate and apart from the obligation to report that exists under the College's *Code of Conduct* (the "Code") and Bylaws. In the event of any conflict, the legal obligation under the Act overrides other ethical obligations that may arise, including those covered by the Code. In other words, legal obligations to report under the Act supercede obligations arising out of any other codes or standards specifically governing the behaviour of registered psychologists.

Readers will recall that Standard 7.18 of the Code States: Report of Code Violations – A registrant who has reasonable and probable grounds to believe that there has been a violation of this Code by Another registrant must inform the College in writing.

Who has an obligation to report under the Act?

The Duty to Report applies to:

- Every registrant of the College;
- Each registrant of other professional colleges governed by the Act;
- Employers, partners, and business associates of a health professional; and
- Health care officials and physicians who admit a health professional to a facility for the treatment of a psychiatric disorder or addiction.

The obligation to make a report is triggered by different circumstances for each of these groups.

At present, professions covered by the Act include: dental hygienists; dental technicians; denturists; dieticians; massage therapists; midwives; naturopaths; licensed practical nurses; psychiatric nurses; registered nurses and nurse practitioners; occupational therapists; opticians; physical therapists; psychologists; and traditional Chinese medicine practitioners and acupuncturists.

In this article, "health professional" and "registered health professional" means a registrant of any college governed by the Act.)

What circumstances trigger a duty to report?

Two Sections of the Act are relevant in considering this question.

Section 32.2 (1) deals with the duty to report in cases relating to the competency of another registered health professional, where the registrant has reason to believe that the other health professional represents a danger to the public by reason of incompetence or physical, emotional, or mental impairment.

Section 32.4 (1) deals with the duty to report in cases where the registrant has reason to believe that a health professional has engaged in sexual misconduct.

The duty to report under the Act essentially deals with three types of scenarios:

1. Circumstances in which a registered health professional represents a danger to the public by reason of incompetence or physical, emotional, or mental infirmity (including alcohol and drug addiction) giving rise to a danger to the public;
2. Sexual misconduct by a registered health professional; and
3. Hospitalization of a registered health professional for psychiatric care or treatment for addiction to alcohol or drugs.

When is a registered psychologist under a duty to report?

The most common scenarios in which a registered psychologist will be subject to a duty to report are those in which he or she has reason to believe that another registered psychologist or other registered health professional either: (1) represents a danger to the public by reason of incompetence or physical, emotional, or mental impairment; or

(2) has engaged in sexual misconduct.

(1) Incompetence or impairment

A duty to report may potentially arise whenever a registered psychologist believes that another registered psychologist or other health professional is not competent to practice his or her designated health profession, or is suffering from a mental, emotional, or physical condition (including addiction to alcohol or drugs) that impairs his or her ability to practice. In order for the duty to report to apply, there must be "reasonable and probable" grounds for believing that the continued practice by such person of a designated health profession constitutes a danger to the public. It is important to note that no consent is required to be obtained from any patient(s) involved in the incident(s) leading to a report in such a circumstance. The duty to report incompetence or impairment under Section 32.2 (1) is unqualified and unconditional. This requirement highlights how duties imposed by the Act may supercede duties imposed by the Code. For example, even if a registered psychologist has come to believe that another registered health professional is not competent to practice based on information learned in the context of a therapeutic relationship, and the client providing the relevant information is unwilling or unable to provide consent to the release of that information, the registered psychologist is legally obligated to make a report.

(2) Sexual misconduct

Similarly, a registrant of the College must report a registered health professional if there are "reasonable and probable" grounds for believing that a health professional has engaged in sexual misconduct. In this case, however, if the basis for reporting sexual misconduct is a verbal or written report or complaint from a client or patient of the health professional, then before any report is made to a college, under Section 32.4 (1) the registrant must first obtain the consent of the patient to the making of the report or, if applicable, his or her parent, guardian, or committee.

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**RENEWAL 2008
Renewal material will be
mailed by mid-November.**

**RENEWAL DEADLINE:
Monday,
December 31st, 2007**

It should be noted that a separate legal duty to report exists under the *Child, Family and Community Services Act* if a person (including any registered psychologist) has reason to believe that a child (i.e., someone who is under the age of nineteen) is “in need of protection.” The *Child, Family and Community Services Act* defines a child to be “in need of protection” in circumstances which include those in which the child has been, or is likely to be, physically harmed, sexually abused, or sexually exploited by another person and if the child’s parent is unwilling or unable to protect the child. The duty to report under the *Child, Family and Community Services Act* is different from and paramount to the duty to report under the *Health Professions Act* in that: (a) it does not require the prior consent of either the guardian of the child or of the child; (b) the duty is not specific to registered psychologists; and (c) the report is made to the “director” appointed by the Minister responsible for administering the *Child, Family and Community Services Act* rather than to the registrar of a college to which the ‘offending’ health professional belongs. Thus, a registered psychologist who is unable to make a report to a health professions college of sexual misconduct against a minor under Section 32.4 (1) of the *Health Professions Act* due to lack of consent for disclosure, is still obligated under the *Child, Family and Community Services Act* to make a report to the “director” appointed by the Minister responsible for administering the *Child, Family and Community Services Act*.

The *Act* does not specifically define what types of behaviours are included in the concept of “sexual misconduct.” However, generally speaking, this term would encompass behaviour that is sexual in nature and directed toward co-workers, colleagues, patients, and/or members of the public. Sexual misconduct would obviously encompass criminal acts such as rape, sexual assault, or exploitation of minors. It may also include less serious forms of misconduct, such as sexual harassment, inappropriate touching, or making repeated or unwanted sexual demands or advances. More trivial forms of conduct, such as telling the occasional off-colour joke, while still not appropriate, would probably not be serious enough to be considered “sexual misconduct.” Nevertheless, it is important to remember that the duty to report is a mandatory legal obligation, and if there is any

doubt as to whether a report should be made, the registrant should seek advice.

What are “reasonable and probable” grounds?

The *Act* does not require a registrant to make a report unless there are “reasonable and probable grounds” for believing that a health professional is a danger to the public or has engaged in sexual misconduct. Determining whether reasonable and probable grounds exist requires the registrant carefully to consider the available evidence and its reliability, and then to evaluate whether the circumstances giving rise to the duty to report could reasonably exist. Reasonable and probable grounds will exist when: (1) a registrant actually believes there is a reliable basis for their suspicion; and (2) a reasonable person in our society placed in the registrant’s position would also believe that the evidence supports such a belief.

By way of example in considering reasonable and probable grounds, a mere conclusory report from an informant that a person is incompetent may not be sufficient to give rise to reasonable and probable grounds for a belief that they are a danger to the public. Observing a colleague engaged in practices that would generally be considered incompetent or unsafe, or receiving a report from a colleague who engaged in or observed such events, is more likely to satisfy this threshold. It is important to note that reasonable and probable grounds does not require definitive or conclusive proof of incompetence or misconduct. Only the existence of reliable and reasonable supporting evidence for a belief that a health professional is incompetent or has engaged in sexual misconduct is required to make a report. It is the mandate and the obligation of the appropriate college governing the reported health professional in question to investigate the validity, or lack thereof, of concerns regarding the conduct of that health professional.

What duties to report apply to employers, supervisors, partners, and business associates?

The *Act* imposes additional duties on employers, supervisors, partners, or business associates to make reports in any circumstances in which they have a belief that a registered health professional represents a danger to the public on the basis of incompetence or by reason of a physical, mental, or emotional impairment. Specifically, a duty to report by such persons arises when, for such reasons, employers, supervisors, partners, or business associates cause:

- a registered health professional to be terminated from employment;
- the revocation, suspension, or imposition of

restrictions on the privileges of a registered health professional; or

- the dissolution of a partnership or association with a registered health professional.

A duty to report also arises if a registrant intended to take any of the above actions, but the other person resigned or surrendered their privileges before the decision was acted upon.

Registered psychologists or psychological associates who have occasion to employ or supervise other registered health professionals or who are in a partnership or association with other health professionals should be aware of these obligations. If a registered psychologist decides to change or terminate his or her business relationship with another health care professional by reason of incompetence then a duty to report does arise.

What duties to report apply to those who provide health services to registered health professionals?

Although less likely to arise, a duty to report is also imposed upon the chief administrative officer of a hospital or private hospital and the physician caring for a registered health professional who is admitted to a facility for psychiatric treatment or treatment for addiction to alcohol or drugs.

To whom is a report made?

When a registrant has determined that they have reasonable and probable grounds for making a report under the *Health Professions Act* as outlined above, they are required to make a report to the college governing the practice of the health care professional about whom they are making their report. Thus, for example, if a registered psychologist had reasonable and probable grounds for believing that a registered nurse is not competent to practice due to a mental, emotional, or physical condition, then that registered psychologist would be required to make a report to the College of Registered Nurses of B.C. Similarly, if a registered psychologist had reasonable and probable grounds for believing that an acupuncturist had engaged in sexual misconduct with a patient, then that registered psychologist would be required to make a report to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. As a final example, if a registered psychologist had reasonable and probable grounds for believing that another registered psychologist is not competent to practice due to an addiction to alcohol, then that registered psychologist would be required to make a report to the College of Psychologists of B.C.

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Conclusion

It is important for registered psychologists to be cognizant of both their ethical and their legal obligations to report misconduct or competency issues of their colleagues within the profession of psychology and within other health professions. In addition to the duties set out above, the College's Bylaws and *Code of Conduct* impose other obligations on registered psychologist to report misconduct.

In appropriate circumstances, the law may also impose additional duties on professionals to protect their patients or other persons from foreseeable harm. While reporting colleagues and other professionals to authorities can be a difficult decision for professional persons, there is a mandatory obligation to be aware of, and to comply with, these legal and ethical responsibilities.

(Section 7.18 of the *Code*, for example, requires registrants to make a written report to the College of Psychologists of B.C. for any and all violations of the *Code*, not just those involving incompetence or sexual misconduct.)

FAQ

Question: I'm developing a written informed consent form. What should I include among the limits of confidentiality?

Answer: The *Code of Conduct* identifies several circumstances when registrants may disclose confidential information without informed written consent of the client (e.g., Standard 6.7 [Disclosure where risk of harm], Standard 6.11 [Court order]). Good practice would include a standard written form which includes the limits of confidentiality identified in the *Code of Conduct* as well as other limitations defined by statutes, as follows:

- When clients are at risk of imminent serious harm to themselves or others.
- When a minor is at risk of abuse or neglect.
- When an adult is at risk of abuse or neglect, and is unable to seek support and assistance.
- When the client has a condition which makes it dangerous to drive, and continues to drive after being warned of the danger.
- If a court orders the disclosure of the client's records.
- If another licensed health care professional might be a danger to the public if he or she continues to practice (e.g., engaged in sexual misconduct).

(References: *Code of Conduct*; *Adult Guardianship Act*; *Child, Family and Community Service Act*; *Health Professions Act*; *Motor Vehicle Act*. **See attached *Summary of Legislation Affecting Registrants in BC* document for further detail.**)

NOTE:

The Quality Assurance Committee is also considering the development of some template forms as part of its new project on tools for professional practice. Stay tuned.

Information Meetings

*Do you want to know more about the
regulation of psychologists in BC?
Come to an information meeting.*

VANCOUVER:

November 15th, 2007 – 7:00 - 9:00 pm
The Arbutus Club
2001 Nanton Avenue, Vancouver, B.C.

VICTORIA:

November 22nd, 2007 – 7:00 - 9:00 pm
Ocean Point Resort and Spa
45 Songhees Road, Victoria, B.C.

Please R.S.V.P. if you are planning to attend one of these meetings:

By Telephone: (604) 736-6164 or Out-of-Town: (800) 665-0979

and push 307 when the auto-attendant picks up to leave a message.

By Fax: (604) 736-6133

*If you are interested in having an
information session in your area,
please contact the College.*

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