



# Chronicle

College of Psychologists of British Columbia

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

Double Issue 2019

## Letter from the Chair of the Board

Dear Colleagues,

Welcome to the 2019 edition of the CPBC Chronicle Newsletter. This issue provides you with information about 2020 renewal and continuing competency opportunities as well as new practice checklists to help guide your practice.

It is my honour to be writing this Letter from the Chair as the first public member to be Chair of the College Board. I've been a member of the Board for over 5 years, and this feels like a natural progression in our ongoing commitment to ensuring the public is receiving safe and effective psychological services. I've appreciated the support I've received from professional and public colleagues on the Board. I've also had the opportunity to meet with registrants at College information sessions and AGMs, and I continue to appreciate that engagement.

The regulation of health professions in BC has been under the microscope this year. The report of Harry Cayton's investigation into the College of Dental Surgeons of British Columbia has driven a public discussion of professional self-regulation and public expectations, and that discussion will come to a head this fall when the Steering Committee, which

includes the Health Minister as well as the Opposition Health Critic and a member of the Green Party, concludes its review of feedback and proposes a path forward. Mr. Cayton's report includes several recommendations which, if undertaken, would see a significant re-structuring of the accountabilities and processes of health professions regulation.

A prominent feature of the public discussion these past months has been speculation about the amalgamation of smaller colleges. While Mr. Cayton's report didn't describe how amalgamations might be undertaken, he did suggest government encourage them. Just how the Steering Committee responds to these points will be seen in their white paper to be released perhaps as early as this fall. This will likely be followed by a brief opportunity for public input, and government has said may lead to legislation as early as the spring session 2020. The College will make sure you are up-to-date on this initiative in coming months.

Following up on the very positive response from registrants to the AGM presentation by Dr. Lesley Lutes on the

integration of psychological practice into primary care settings, the College is sponsoring a workshop in October "Psychologists in Integrated Primary Care" led by Dr. Lutes, with Dr. Kari Kirian and Dr. Marissa Carraway. These opportunities are timely as government moves forward on implementing its vision of Primary Care Networks across the province. Led by a partnership between Divisions of Family Practice and health authorities and implemented on a community by community basis, these networks and the dedicated funding from government to support them, are intended to ensure physicians and their patients are accessing services from other primary care providers, allied health care providers, health authority service providers, and community organizations. The College has heard from registrants who are eager to contribute to this new model and is pleased to be able to sponsor activities which support skill development in the area.

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### COLLEGE BOARD

- Kenneth Cole, *Ph.D., R.Psych.*
- Catherine Costigan, *Ph.D., R.Psych.*
- Lindsey Jack, *Ph.D., R.Psych.*
- Sandra James, *Public Member*
- Pippa Lewington, *Ph.D., R.Psych.*
- Marlene Moretti, *Ph.D., R.Psych.*
- Marina Navin, *Public Member*
- Lisa Seed, *Public Member*
- Charles T. Wormeli, *Ed.D., R.Psych.*

The “Psychologists in Integrated Primary Care” workshop is just one of the continuing competency opportunities the College makes available to registrants. As we approach renewal for 2020, I want to remind registrants that several past workshops are available online through the registrant portal, and offer excellent information on important subjects such as cultural competency and professional regulation. Included in this newsletter are two new practice support checklists on telepsychology and alternative services. These additions enhance an already substantive library of general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice in a number of aspects of psychological practice.

This fall the College will also be holding its annual information sessions in Victoria and Vancouver and I want to encourage registrants to take advantage of the opportunity to attend and hear from Dr. Andrea Kowaz and her staff more detail about some of the initiatives I’ve outlined above, and to bring forward issues and questions to help inform the work of the College going forward. These are interesting times, with some uncertainties as well as some opportunities, and your participation in ensuring the College builds on its record of effectively regulating the profession in the public interest is welcome. I encourage you to consider inviting a colleague to come with you who perhaps has not been a regular participant in a College event.

Of note, there are two open Board positions for registrants. The Notice of Election and Call for Nominations for the College Board can be found in this issue. I am delighted to report that Dr. Lindsey Jack has agreed to let her name stand for re-election.

Thank you for taking the time to read this edition of the Chronicle and I hope you will find in it useful and practical information.

Ms. Lisa Seed, Public Member  
Chair of the Board

## RENEWAL 2020

The renewal process will start mid-November. Please ensure that the College has a current email on file as all renewal information and correspondence will be sent electronically. Detailed instructions and FAQs on how to log into the registrant portal, complete the online form and submit payment will be sent via email. This information will be posted on the College website as well. Please take the time to review these materials to avoid errors and delays.

In order for your renewal to be complete, both form and payment must be received at the College by December 31st 2019. Registrants are encouraged to use electronic payment to pay their renewal fees. This ensures that your payment will not be impacted by seasonal or other delays in mail delivery. Credit cards are not accepted.

Be sure to contact your professional executor before you renew. See the article in this edition of the Chronicle for more information regarding this requirement. We invite you to contact the College if you have questions.

The year is a very busy time for the College and your patience is appreciated. As in previous years, the College will have dedicated times and days throughout renewal to receive your phone call should you have questions or require assistance. These details will be included in the renewal information email which you will receive next month.

## PROFESSIONAL EXECUTOR

As per *Code of Conduct* Standard 14.6, making provisions for practice records is a requirement of all registrants. When someone is called upon to act as a professional executor, he or she is expected to take over the care and management of files that someone else has created, and to be responsible for their secure storage and accessibility in the same way as they are responsible for files they have created themselves.

As more professional executors have found themselves called upon to provide the services to which they have agreed for indisposed or deceased colleagues, it has become apparent that careful thought on the parts of both the designating registrant and the professional executor is required to facilitate a smooth transition of record management for all concerned.

As registration renewal approaches the College strongly recommends that all registrants consult with their professional executor to review this requirement and the information necessary to fulfill their role.



## ONLINE CONTINUING COMPETENCY PRESENTATIONS

Available and free to all registrants, through the registrant portal, are recordings of the most recent Annual General Meeting (AGM) as well as previous AGM continuing competency presentations including:

**“Integrated Primary Care: Psychologists can be pivotal in addressing our current physical and mental health crisis in Canada”**

**“Typical Aging – Is It Working For You?”**

**“Safely Integrating Technology Into Your Clinical Practice”**

**“Cultural Competency In Professional Practice”**

Registrants are also reminded of the existing online workshop: “Lessons from the Past and Prepping for the New Reality”: This workshop includes the accumulated wisdom of the Inquiry Committee and the translation of that wisdom into practice, including lessons learned from complaints and top tips for best practices and understanding the College’s obligation to investigate complaints. Collaborative care and expectations for registrants to engage routinely and productively with other health professionals is also highlighted as part of this workshop. Completion of the workshop, including the required readings and successful completion of the post workshop quiz, will meet regular continuing competency requirements for 2019 or can be banked for next year.

## COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA INFORMATION MEETINGS

*Vancouver Information Meeting,*  
November 21st, 2019 6:00pm – 8:00pm

Arbutus Club  
2001 Nanton Avenue  
Vancouver, BC V6J 4A1

*Victoria Information Meeting,*  
November 26th, 2019 5:00pm – 7:00pm

Delta Hotels by Marriott  
Victoria Ocean Pointe Resort  
100 Harbour Road  
Victoria, BC V9Z 0G1

**- RSVP -**

Please RSVP by November 19th, 2019 if you plan to attend either the Victoria or Vancouver information meeting. By telephone: (604) 736-6164 or Toll-Free in BC (800) 665-0979 and press 307 when the auto-attendant picks up to leave a message. By fax: (604) 736-6133. Via email: [rsvp@collegeofpsychologists.bc.ca](mailto:rsvp@collegeofpsychologists.bc.ca)

If you are interested in having an information session in your area (Groups of 10 registrants or more), please contact the College

## NEW REGISTRANTS SINCE LAST CHRONICLE

Dr. Karen Wei Auyeung  
*Registered Psychologist*

Dr. Lesley Baker  
*Registered Psychologist*

Dr. Michael Berry  
*Registered Psychologist*

Dr. Kimberly Anne Brayman  
*Registered Psychologist*

Dr. Kajal Chaudhry  
*Registered Psychologist*

Ms. Deborah Comeau  
*Registered Psychologist*

Dr. Allison Connolly-Zubot  
*Registered Psychologist*

Mr. Michael Coupland  
*Registered Psychologist*

Dr. Julie Demarble  
*Registered Psychologist*

Dr. Margaret Drewlo  
*Registered Psychologist*

Ms. Tami-lee Duncan  
*Registered Psychologist*

Dr. Katherine Elliott  
*Registered Psychologist*

Ms. Justine Gael Fines  
*Registered Psychologist*

Dr. Allan Gordon Fitz  
*Registered Psychologist*

Dr. Heather Friesen  
*Registered Psychologist*

Dr. Daniel Garfinkel  
*Registered Psychologist*

Ms. Olivia Elizabeth Griffioen  
*Registered Psychologist*

Dr. Marie Habke  
*Registered Psychologist*

Dr. Andrea Hamel  
*Registered Psychologist*

Mr. Keith Houston  
*Registered Psychologist*

Dr. Kirby Huminuik  
*Registered Psychologist*

Ms. Kim Jo Dean Hummel  
*Registered Psychologist*

Dr. Gabriela Nicoleta Ionita  
*Registered Psychologist*

Dr. Elena Ivanova  
*Registered Psychologist*

Dr. Anna Jeznach  
*Registered Psychologist*

Dr. Katia Jitlina  
*Registered Psychologist*

Dr. Susan Johnson  
*Registered Psychologist*

Dr. Lakshmi Priya Kannan  
*Registered Psychologist*

Dr. Danielle Kingdon  
*Registered Psychologist*

Ms. Dayna Lidster  
*Registered Psychologist*

Dr. John Dylan Ken Lum  
*Registered Psychologist*

Dr. Leanne Mak  
*Registered Psychologist*

Dr. Damini Malhotra  
*Registered Psychologist*

Dr. Chipu McNichols  
*Registered Psychologist*

Dr. David Lee Mensink  
*Registered Psychologist*

Dr. Sheena Miao  
*Registered Psychologist*

Dr. Humaira Mohsin  
*Registered Psychologist*

Dr. Sumin Na  
*Registered Psychologist*

Dr. Jill Nesbitt  
*Registered Psychologist*

Dr. Melanie Parkin  
*Registered Psychologist*

Dr. Deandra Pimentel  
*Registered Psychologist*

Dr. Gabrielle Poon  
*Registered Psychologist*

Dr. Kimberley Routledge  
*Registered Psychologist*

Dr. Jaleh Shahin  
*Registered Psychologist*

Mr. Michael Sorsdahl  
*Registered Psychologist*

Dr. Mickey Stein  
*Registered Psychologist*

Dr. Tricia Ann Teeft  
*Registered Psychologist*

Dr. Carmen Thompson  
*Registered Psychologist*

Dr. Jonathan Thursfield  
*Registered Psychologist*

Dr. Oona Tiplady  
*Registered Psychologist*

Ms. Laura Vilness  
*Registered Psychologist*

Dr. Robert Watts  
*Registered Psychologist*

Dr. Alishia Dawn Williams  
*Registered Psychologist*

Dr. Thomas Kristopher Wiens  
*Registered Psychologist*

*The College's online directory is the most up to date resource for information regarding registration status, date of initial registration, highest degree as well as other information about our registrants. If you require official confirmation of your own or another registrant's status on the register, please contact the College in writing.*

### IN MEMORIAM

*The College was recently made aware of the death of the following registrants:*

Dr. Neill Neill (#1112)  
*Former Registrant*

Dr. Gloria Burima (#1116)  
*Former Registrant*

## ARE YOU USING A RESERVED TITLE IN YOUR COMPANY OR BUSINESS NAME THAT INVOLVES SOME FORM OF GROUP PRACTICE?

Registrants of the College of Psychologists of British Columbia are entitled to use titles that are reserved under the *Psychologists Regulation*. Since these titles are specifically reserved under the Regulation, non-registrants are restricted from using them unless they meet certain exceptions set out in the *Regulation*. The Ministry of Health has proposed amendments to the *Psychologists Regulation* that will include the removal of some of the currently existing exceptions, further restricting access to these reserved titles.

Do you own, directly or indirectly, in whole or in part, a company or business that uses or incorporates a restricted title or otherwise implies that the services offered are based on the expertise of a psychologist? If so, are you meeting all of the requirements specified in Standard 10.19 of the *Code*? (See sidebar for a copy of Code Standard 10.19 in its entirety.)

Standard 10.19 sets out specific requirements for registrants who include as part of the name of a company or other business owned directly or indirectly, in whole or in part by them, either a reserved title or another title, description or words that imply training, experience, or expertise as a psychologist. Included in the requirements set out in this standard is that all services offered by the company or business are provided directly by, or supervised by, a registrant of the College who is authorized to provide the services.

If some of the services provided by your company or business are offered by one or more non-registrants, are you in compliance with all relevant provisions of the *Code of Conduct*, including those cited in this Practice Support Corner? Are you or another responsible registrant supervising all services provided by any non-registrant in your business or company? Could the public be misled by your business or company name regarding the nature of the services they are receiving and who is responsible for them?

Do you need to review *Code of Conduct* requirements with specific attention to your business or company name and your business or company structure to ensure that you are in compliance with all relevant provisions of the *Code*?

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Section 10.19 of the *Code of Conduct* is as follows:

A registrant who includes as part of the name of a company, or other business owned directly or indirectly, in whole or in part by the registrant either a reserved title, or another title, description or words incorporating the word “psychology,” “psychological,” or “psychologist,” or otherwise implying training, experience, or expertise as a psychologist, must ensure that:

- a. all of the services offered by the company or business fall within the definition of “practice of psychology” as set out in the Psychologists Regulation;
- b. all of the services offered by the company or business are provided directly by, or supervised by, a registrant of the College who is authorized to provide those services;
- c. the company or business name does not use a reserved title in a manner contrary to the best interests of the public or to the maintenance of the high standards of the profession;
- d. the company or business name does not assert or imply a fact that is false, inaccurate, unverifiable, or misleading;
- e. the company or business name is unlikely to create an unjustified expectation of the results which can be achieved;
- f. the company or business name does not compare the quality of services provided with those provided by another professional;
- g. one or more responsible registrants’ names are prominently displayed whenever and wherever the company or business name is used for advertising or promotional purposes or for otherwise communicating with members of the public (if the company or business name does not itself include the surname of one or more responsible registrants); and
- h. the College is advised immediately if any of the above conditions are no longer met, and, if so, such action is taken as may be directed by the College, including changing the company or business name if so directed.

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## ARE YOU USING A RESERVED TITLE IN YOUR COMPANY OR BUSINESS NAME THAT INVOLVES SOME FORM OF GROUP PRACTICE?

The *Code of Conduct* specifically recognizes the importance of protecting access to reserved titles and ensuring that the public has clear and accurate information regarding the identity of individuals who are regulated by the College. The various standards in Sections **9.0** and **10.0** of the *Code* set out a number of specific requirements related to representation of services and credentials, and advertising and other public statements. Included in these are:

- **Standard 9.1** specifies that registrants must identify themselves as registrants of the College in their professional activities and advertisements.
- **Standard 9.5** specifies that registrants must not represent or imply that an individual is a registrant if he or she is not registered with the College.
- **Standard 9.6** requires registrants to correct any misrepresentations made by others regarding their own credentials, qualifications, or affiliations, and regarding the status of a non-registrant when the registrant knows the individual is not a registrant.
- **Standard 10.4** prohibits registrants from associating with or allowing their names to be connected with any service or product that misrepresents the service or product, their association with the service or product, and their degree of responsibility for the service or product.
- **Standard 10.7** requires registrants to ensure that all public statements, including advertisements and name displays, comply with the Code.
- **Standard 10.11** prohibits registrants from permitting, counselling, or assisting those who are not registrants to represent, promote, or advertise themselves as registrants.
- **Standard 10.16** prohibits registrants from making public statements that are false, deceptive, misleading, or fraudulent, whether by what is stated, conveyed, or suggested, or by what is omitted.

The College continues to recommend its strong preference of registrants simply using their last name along with the term “psychological services”

# NEW ADDITIONS to Continuing Competency Program Requirements

Quality assurance programming amongst health regulators is changing to meet public and government expectations about continuing competence of health professionals and the quality of the services they provide. Continuing education (or “competence maintenance”) is recognized as an ongoing process necessary to maintain and/or enhance competence but is no longer viewed as sufficient as a single quality assurance measure. Government expects regulators to move beyond reliance on continuing education (CE) requirements with a shift to programming incorporating competency-based assessment.

Beginning in 2015 the College began a review of the Continuing Competency Program (CCP) with the above principles in mind and this issue has been raised at each of the information meetings and AGMs over the past several years. As part of their review, the Quality Assurance Committee sought registrant feedback regarding competency-based assessment of practice. The survey asked for registrants’ views on various assessment methods including written examinations, self-assessments, multi-source feedback, objective structured clinical examinations (OSCE), file audits, chart stimulated recall and office visits.

The issues that registrants have identified as important for the College to consider as part of developing the new requirements included: validity of methods, relevance to practice and cost / time burden on both registrants and the College. These were key issues also identified by the Quality Assurance Committee and were fully considered as they moved forward with their review of options.

One of the changes already made to the CCP was introduced in 2018 with the introduction of an additional mandatory activity: Category E: Self-Care and Self-Monitoring. This requirement is

intended to ensure that registrants formally consider the impact of their particular circumstances and stressors on their professional activities, and actively take steps to engage in appropriate self-monitoring and selfcare to maintain their competent practice.

The Quality Assurance Committee has identified two important additional requirements that are now under consideration and about which registrant feedback and comment is invited.

## Annual Practice Review and Quiz

Following a thorough review of the various assessment methods currently employed by health profession regulators and health profession educators the Quality Assurance Committee is actively considering two new requirements to be piloted in 2020: an Annual Practice Review and Quiz. The annual practice review questionnaire will ask registrants to reflect on their own known risks to competence as well as known protective and supportive factors that have been identified in the emerging scientific literature. The quiz will be focused on topics such as changes to legislation that affect practice, emerging areas of clinical practice and other aspect of practice that have resulted in either complaints to the College or contact with Practice Support. Data collected will be anonymous. The proposed additions are intended to be educational for registrants and will also inform development of additional College practice support resources and continuing professional development needs of psychologists. The plan is to take a formal proposal forward to the College Board for approval of adding these two requirements with piloting to begin in 2020.

Registrant comment and feedback is an important part of the piloting phase. More information will be provided in upcoming College email announcements.

Information about the current Continuing Competency Program Requirements can be found at:  
<https://collegeofpsychologists.bc.ca/registrants/continuing-competency-program/>

## Tips for the Aging Healthcare Professional

At the recent education day for the BC Health Regulator’s (BCHR) group, Dr. Brenda Kosaka, R.Psych. was invited to give a keynote presentation on the topic of the aging healthcare practitioner. Similar to her well-received presentation at last year’s AGM, Dr. Kosaka had the opportunity to canvas this topic with a wide array of health profession regulatory staff as well as Board members.

In addition to our College’s requirements of self-assessment, documentation of continuing education and regular contact with colleagues, Dr. Kosaka had other tips for practitioners choosing to work into their later years (e.g., 70 and beyond):

- Part-time work or a job share
- Reduced case load
- Not full days, not everyday
- Organize a “case” club
- Set aside time to have a 1:1 with a trusted colleague to discuss difficult or interesting cases
- Mentor young psychologists as a means of sharing wisdom and accumulating new knowledge

# NOTICE OF ELECTION AND CALL FOR NOMINATIONS FOR COLLEGE BOARD

Nominations are invited for serving on the College Board. Please provide your name and registration number and insert your nominee's name and registration number with his/her signature consenting to stand for election on this form. Return deadline is **November 15, 2019**. The *bylaws* which govern election to the College are listed on the next page. Please review these carefully to ensure both the nominator and nominee meet the eligibility requirements.

Eligible registrants are encouraged to become involved in the College by serving on the Board. Registrants who have served on College committees or have other significant relevant experience are especially encouraged to run for election to the Board. The Board meets typically for a half day meeting (held on Fridays) every other month. As College Committees are chaired by Board members, potential candidates should expect an on-site time commitment of 1 ½ days per month on average. Most Committees meet on a monthly basis. Additional time is required to read materials for Board and Committee meetings.

In addition to the formal requirements, the College promotes excellence in governance and encourages the nominations of registrants to the Board who have demonstrated commitment to the College through public service including past service on Committees or as a regulatory supervisor or oral examiner. The knowledge and experience of registrants who have worked with the College enhances the effectiveness of the Board. The College also recognizes that a diversity of professional skills, experience, and approaches is key to successful Board performance, and encourages nominations of registrants who reflect the cultural and geographical makeup and diversity of the psychology profession.

**Board Election Dates** – This Official Notice of Election is included with the Fall 2019 issue of the Chronicle for all eligible registrants. This Official Notice includes information about the nomination procedure, election procedure, and nomination forms. All nomination forms must be received by the College by 4:30pm on **November 15, 2019**. Nominated candidates that are deemed eligible will be contacted to provide a brief biography respecting their activities on behalf of the profession. Eligible registrants will receive on or before **December 4, 2019** the election materials consisting of ballot, biographies, and notice of the time and date by which ballots must be received by the College.

**Oath of Office** – *The Health Professions Act* places an obligation on all Board members to swear an Oath of Office. The text of the oath is found here: [http://www.bclaws.ca/civix/document/id/lc/statreg/275\\_2008#Schedule1](http://www.bclaws.ca/civix/document/id/lc/statreg/275_2008#Schedule1)

**Candidate Nomination Form Bylaw Requirement** – **By Order of the Minister of Health, the College *Bylaws* were amended and brought into force as of November 27, 2017. The *Bylaws* outline a nomination policy that requires candidates for nomination complete a [Candidate Questionnaire](#) and a [Conflict of Interest Disclosure Statement](#). The Registrar must make a candidate questionnaire provided by a candidate under subsection (5)(c) available for inspection by any registered psychologist registrant at all reasonable times during regular business hours, from the time the registrar declares that person a candidate for election under subsection (6) until the time and date specified in the notice under subsection (8)(c) for the purpose of assisting them in assessing the candidacy against the skills and experience that is expected of board members so that they may cast informed votes in the election. These two forms can be found in the *Bylaw* Schedule section of the College website and should be submitted along with the nomination form below.**

**Eligibility** – Only a registered psychologist registrant in good standing is eligible to vote or be elected in an election until section 17(3)(a) of the *Health Professions Act*. As defined in the *College Bylaws*, "in good standing" means, in respect of a registrant, that the registration of the registrant is not suspended under the *Act*, and there are no limits or conditions imposed on the registrant's practice of psychology under section 20(2.1) or (3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, 39.1 of the *Act*.

## NOMINATION FORM

A registered psychologist registrant may nominate up to 2 registered psychologist registrants.

My signature below confirms that I have read all of the information on the 'Notice of Election and Call for Nominations' for College Board Form

Name of Nominator \_\_\_\_\_

Registration No. \_\_\_\_\_

Signature of Nominator \_\_\_\_\_

Name of Nominee	Registration Number	Nominee's Signature



## COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA – EXCERPT OF ELECTION BYLAWS

### 3. Election procedure

- (1) The registrar must supervise and administer all board elections and, subject to these bylaws and any board policies not inconsistent with these bylaws, may establish procedures for that purpose.
- (1.1) Subject to subsection (1.2), only a registered psychologist registrant in good standing is eligible to vote or be elected in an election under section 17(3)(a) of the Act.
- (1.2) A registered psychologist registrant is ineligible to be elected in an election under section 17(3)(a) of the Act if, at any time during the five-year period preceding the deadline for nominations for the vacant position, limits or conditions were imposed on the registrant's practice of psychology or the registration of the registrant was suspended or cancelled under section 32.2, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, unless otherwise directed by the inquiry committee or discipline committee, as the case may be.
- (2) The registrar must notify every registered psychologist registrant of a board election by giving written notice at least 60 days before the term of office of a board member expires.
- (3) The notice under subsection (2) must contain information about the nomination procedure and the election procedure, including nomination papers.
- (4) A registered psychologist registrant in good standing may nominate not more than two registered psychologist registrants for each vacant position on the board.
- (5) A registrant making a nomination must deliver the following to the registrar at the offices of the College not later than 45 days before the term of office of a board member expires:
  - (a) the nomination papers;
  - (b) the written consent of the person nominated;
  - (c) a candidate questionnaire completed by the person nominated, in the form established in Schedule A;
  - (d) a conflict of interest disclosure statement completed by the person nominated, in the form established in Schedule A.1.
- (6) If the registrar is satisfied that a person nominated under subsection (5)
  - (a) is eligible for election,
  - (b) has been nominated within the time and as required under these bylaws,
  - (c) has given the required consent,
  - (d) has completed the required candidate questionnaire, and
  - (e) has completed the required conflict of interest disclosure statement, and has not declared any conflict of interest of such a nature as to disqualify the person from serving as a board memberthe registrar must declare that person a candidate for election.
- (7) A person declared to be a candidate for election under subsection (6) may deliver the following to the registrar within five days after the date the candidate's nomination papers were filed:
  - (a) a brief biography of the candidate;
  - (b) a brief statement concerning the candidate's contributions to the profession.
- (7.1) Information delivered by a candidate under subsection (7) must not be inconsistent with the oath of office prescribed for the purpose of section 17.11 of the Act.
- (8) Not later than 28 days before the term of office of a board member expires, the registrar must send to each registered psychologist registrant
  - (a) one election ballot,
  - (b) any information provided by a candidate as permitted in, and within the time required by, subsections (7) and (7.1), and
  - (c) notice of the time and date by which election ballots must be delivered to the offices of the College for counting.
- (9) The registrar must make a candidate questionnaire provided by a candidate under subsection (5)(c) available for inspection by any registered psychologist registrant at all reasonable times during regular business hours, from the time the registrar declares that person a candidate for election under subsection (6) until the time and date specified in the notice under subsection (8)(c).
- (10) Each registered psychologist registrant in good standing may cast one vote for each board position to be elected.
- (11) The registrar must be satisfied that each ballot is submitted by an eligible voter and that the anonymity of each voter is assured in the counting of ballots.
- (12) The candidate for election receiving the most votes on the return of the ballots is elected.
- (13) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (14) The registrar must resolve any dispute or irregularity with respect to any nomination, ballot or election.
- (15) Where the number of persons nominated is less than or equal to the number of board positions at the close of nominations, all the nominees are elected to office by acclamation.
- (16) The registrar must publish the results of the election on the College website within a reasonable period of time after the election.

### 4. Terms of office

- (1) The term of office for an elected board member is three years.
- (2) An elected board member may serve a maximum of two consecutive terms.
- (3) An elected board member may resign at any time by delivering a notice in writing to the registrar and the resignation is effective upon receipt by the registrar.

# REGISTRATION RENEWAL 2020

## A. General Requirements (see Bylaw 51)

### 1. Due Date: The following is due at the College office on or before December 31st\*:

- (a) online renewal form including signed attestation and all the information requested therein (including any updates to this information).
- (b) renewal fee paid via cash, cheque, online payment, or money order.

*\*Online payments and forms can be completed up to and including the deadline of the 31st. We encourage all registrants to complete the payment process electronically.*

**2. Reinstatement:** The registrar must cancel the registration of a registrant who has failed to pay a renewal fee or another fee within the required time: see *Health Professions Act* s. 21 (3). Registrants should also refer to Bylaw 52(1) (c) which requires payment of any "outstanding fees, levies or debts owed to the College."

**3. Possible Disciplinary Action:** Individuals who have been removed from the Register but continue to practice will be considered in violation of the *Psychologists Regulation* and the *Code of Conduct*.

**4. Annual Certificate:** Please see Bylaw 55(4). Registrants will receive an annual registration certificate by mail at the completion of renewal. Additional copies of certificates can be requested on the renewal form, for a fee. Bylaw 55(4) requires that current certificates be prominently displayed.

## B. Fees

**1. No Late Payments:** The College can accept cheques post-dated no later than December 31 of this year. Please see *HPA* s. 21(3)(b). Online payments must be made no later than December 31st 2019. Registrants may be required to provide evidence that a request for an online payment was made on or before that date.

**2. Amount Due:** As noted above, Bylaw 51(2) paragraphs (b) and (c) require every registrant to deliver the amount of applicable fees for renewal as well as any outstanding fees, levies, or debts owed to the College in order to maintain registration. The College does not accept or provide for payment plans.

**3. Returned Cheques:** Registrants whose cheques are returned by the bank for any reason will be considered to have not paid their renewal fee. In addition, an administrative fee of \$50.00 will be charged. Registrants who fail to pay all fees owing by the deadline will have their registration cancelled as per *HPA* s.21(3)(b).

**4. Paying Online:** Registrants are invited to submit their renewal fees by using the online bill pay option of any of the following: Royal Bank of Canada, Scotiabank, Bank of Montreal, Toronto Dominion Bank/Canada Trust, HSBC, CIBC, or credit unions. Your invoice number is your four-digit registration number. Follow the instructions of your online banking program, select the College of Psychologists of BC as your payee, and print off the receipt of your payment for your records.

## C. Professional Executor

As per Bylaw 51(2)(d) Registrants are required to provide a declaration of confirmation of the appointment of a professional executor and any updated information with regard to their professional executor at renewal.

# REGISTRATION RENEWAL 2020

*continued from previous page*

## **D. Moving Into the Non-Practising Class of Registration at Renewal or Reinstating to Active Practice as of January 1st.**

**1. Out of Province:** Registrants placing themselves in the Non-Practising (Out of Province) class must submit documentation of their registration/ licensure to practice psychology by a regulatory body in the other jurisdiction.

### **2. Reinstating to Active Practice from Non-Practising:**

Registrants who were non-practising due to medical reasons and wish to move into an active practice class must submit documentation attesting to their readiness to resume the practice of psychology.

Applicants for reinstatement will be required to submit [verification of licensure / registration](#) for any jurisdiction in which they are currently or previously registered. This includes non-practising registrants who were temporarily on parental or medical leave.

Applicants for reinstatement will be required to attest that they've been in compliance with all continuing competency program requirements for any calendar year ending between the date of their previous active registration and the date on which they are seeking to resume active practice. Out of Province registrants may meet the requirements by completing equivalent activities in their home jurisdiction. Depending on the length of time away from practice, additional information may be required regarding continuing competency activity.

In circumstances where a non-practising registrant has not fully met the continuing competency program requirements prior to reinstatement, the Registration Committee can consider reinstating the registrant to active practice as a Temporary (Supervised) registrant provided the registrant undertakes to complete any outstanding requirements and agrees to practice under supervision and in accordance with an approved plan.

Non-practising registrants should carefully plan their return to active practice by ensuring that they've fulfilled their continuing competency activities for the year(s) of inactive practice prior to the date on which they wish to return.

## **E. Changes/Additions to Information on the Renewal Form**

**1. Change of Register Address:** Registrants should refer to *HPA* s. 21(2) and 54(1), and Bylaw 55.3. An address for physical premises is required (i.e., post office boxes are not acceptable, except for rural addresses, in which case a registrant should provide both a land address and a post office box).

**2. Change of Address where Records are Kept or Change of Directory Address:** Registrants should indicate such changes in the space provided on the renewal form.

**3. Change of Name:** Registrants who have changed their legal name over the past year under the *Name Act* must provide the College with their full legal names for inclusion on the Register. The College may request supporting documentation. Registrants who have adopted new professional, business, or trade names, as a result of marriage or otherwise, must also provide these names to the College, exactly as spelled or punctuated in actual use.

## PRACTICE SUPPORT: NEW DRAFT CHECKLIST

The College is pleased to present in this double issue of the Chronicle a draft document titled "Psychological Assessments". Many thanks to the good work of a handful of registrants who developed an earlier version of this document specific to family law assessments. The product of their work was so impressive, the College integrated it into a draft assessment checklist that had not yet made it into circulation. The comprehensiveness and length of the document makes it unique among checklists which previously had more typically targeted specific issues arising in practice.

Registrants are encouraged to review the Draft Checklist and to provide any comments or feedback to the College by November 30, 2019. Feedback should be sent via email at: [feedback@collegeofpsychologists.bc.ca](mailto:feedback@collegeofpsychologists.bc.ca).

### Psychological Assessments [DRAFT]

It is recognized that registrants may be asked to provide assessment services in a broad range of contexts, for a diverse range of clientele, and in response to various referral types or assessment needs. This checklist is intended to assist registrants in thinking about services they offer that require assessment skills and judgements, be that in the role of a non-treating professional providing diagnostic opinions and/or recommendations based on a formal psychological assessment, or in the role of a treatment provider who is being asked to provide evaluative opinions based on that treatment relationship, such as whether symptoms of a disorder have responded to treatment. It is understood that a treatment relationship and an assessment relationship are considered to be mutually exclusive due to various ethical considerations. Although this checklist is primarily concerned with situations requiring a formal psychological assessment, it also contains some items of relevance for treatment providers who are being asked to provide evaluative opinions.

The following items are provided to assist registrants in thinking about the assessment services they offer, including whether those services are within one's area of competence, and a match for the client, the referral question(s), and/or the context under consideration. Psychologists bring unique skills to assessment, with reliance on an empirically informed and scientific hypothesis testing model that is the hallmark of all psychological assessments. There are additional important issues that distinguish assessments in specialized areas of practice, such as family law assessments. Registrants who conduct assessments in the area of family law or other specialized contexts may be at a higher risk for receiving complaints. This checklist is designed to assist registrants in ensuring they are in compliance with the Code of Conduct, including the Code requirement to maintain knowledge of governing statutes relevant to one's area of practice.

Relevant Code of Conduct Standards and other resources are indicated in brackets following the checklist items.

#### A. PRIOR TO THE ASSESSMENT

- 1. I have the requisite education, training, and experience to provide the type of assessment being requested. **(3.3, 3.5, 3.10, 3.11, 3.15, 3.21, 3.22, 3.25, 11.1)**
- 2. I maintain current awareness of professional developments in the area(s) in which I offer assessment services. **(3.2, 3.3, 3.7, 3.15)**
- 3. I maintain current awareness of all relevant federal and provincial statutes and regulations, any relevant agency and professional bylaws, codes of conduct, and practice advisories related to the area(s) in which I offer assessment services. I have reviewed any and all legislation pertaining to my contemplated assessment service(s), and will conduct my assessment, report writing, testimony, and record keeping in compliance with all relevant legal and professional requirements. **(2.1, 3.1, 3.8, 18.1)**
- 4. I have clarified with the parties any issues regarding the referral question(s), the scope of the assessment, and what questions may be answered or opinions offered from the assessment process. **(4.9, 8.2, 11.4)**
- 5. I have the requisite education, training, and experience to respond to the specific referral question(s). **(3.3, 3.5, 3.10, 3.11, 3.15, 3.21, 3.22, 3.25, 11.1)**
- 6. I have the requisite education, training, and experience, and appropriate methodology, to provide assessments for any specialized referral issues I undertake, such as whether an individual meets the criteria for CLBC support, an assessment related to the Family Law Act or other legal or forensic context such as to assist decision-makers with evaluating parole applications or other Corrections-related questions, to provide an assessment related to an insurance compensation issue, to provide an opinion on whether an individual needs an emotional support animal, whether a candidate is suitable for a specific workplace role or environment, etc. **(3.3, 3.5, 3.10, 3.15, 3.25, 11.1, 11.2, 11.3, 11.6, 11.15, 11.32, 11.33)**
- 7. My methodology, including test selection, is appropriate and sufficient to respond to the specific referral question(s). **(3.3, 3.10, 3.14, 3.15, 3.16, 11.1, 11.2, 11.3, 11.4, 11.6, 11.15, 11.22, 11.32, 11.33)**

[DRAFT] Psychological Assessments continued on next page...

***[DRAFT] Psychological Assessments continued...***

- 8. Where applicable, I have the requisite education, training, and experience, and appropriate methodology, to assess members of special populations such as those belonging to particular ethnic cultures, presenting with particular disabilities, belonging to or seeking to work in specialized work forces, having a primary language that is not English, having legal or Corrections involvement, etc. **(3.3, 3.5, 3.10, 3.14, 3.23, 3.24, 3.25, 11.9)**
- 9. I have evaluated whether or not the client(s) is/are a member(s) of a group for which special training, adjustments to test administration or interpretation, or nonstandard test selection is required due to factors such as gender, age, race, ethnicity, national origin, religion, gender identification, disability, language, socioeconomic status, peer culture, work culture, values, motivation, etc.. **(3.5, 3.10, 3.23, 3.24, 11.1, 11.6, 11.9, 11.15)**
- 10. I have evaluated whether or not the individual(s) to be assessed belongs to a group for which standard tests are inadequate or inappropriate, or for which test norms do not apply. **(3.10, 3.23, 3.24, 11.9, 11.15)**
- 11. As a treatment provider, having been asked to render any opinion on treatment progress, return to work readiness, further treatment required, readiness for Corrections programming or suitability for an alternative Corrections placement, hospital program eligibility, need for a support animal, or any other matter:
  - a. I have determined that I have a sufficient basis through my treatment role for providing the opinion sought. **(3.14, 3.16, 11.6)**
  - b. I have reviewed the referral questions to evaluate the likelihood of being engaged in an inappropriate dual role if I attempt to address them and, if so, I have considered making or recommending a referral to an independent assessor. **(5.10, 5.11, 5.12, 11.24)**
  - c. If I am providing evidence as a fact witness in a family law matter based on my treatment role with one or more parties (e.g., as one parent's treating psychologist, as the treatment provider to a child or children, as therapist for the couple), I will do so without making reference to parenting skills or abilities, and I will not provide any opinion regarding anyone with whom I have not been involved. **(3.14, 3.16, 5.10, 5.11, 5.12, 11.22, 11.24)**

**B. INFORMED CONSENT/ASSENT**

- 1. I have identified all parties from whom I need to obtain informed consent to proceed with the assessment service. **(4.1, 4.3, 4.4)**
- 2. I have identified all parties from whom I need to obtain informed assent to proceed with the assessment service. **(1.1, 4.1, 4.3, 4.4)**
- 3. I have reviewed the relevant referral documentation, such as the insurance referral letter, the Court Order, or other referral document, considered and defined my role with all of the parties in the case, and have disclosed any known, suspected, or potential conflicts of interest. **(4.1, 4.2, 5.2, 5.9, 5.13, 6.4)**
- 4. In the family law or other multi-party context: I have identified any prior contact with either party, and this has been fully disclosed as part of obtaining written consent that specifically includes acknowledgement of this prior contact from all relevant parties **(4.1, 4.2, 5.10, 5.12, 13.6, 18.1)**
- 5. I have provided written information about the assessment, including policies, procedures, fees, access to and release of information, and any other information that may reasonably be expected to influence a client's decision-making with respect to consent. **(4.2, 4.6, 4.9, 4.11, 5.13, 6.1, 6.3, 6.4, 12.1, 12.2)**
- 6. I have provided information regarding fee collection to the client(s), and the payer if different than the client. **(12.1, 12.2, 12.6, 12.7, 12.8, 12.9, 12.11)**
- 7. Wherever possible I have obtained the written consent of all relevant parties, and where this has not been possible I have thoroughly documented my informed consent process in my practice record. **(4.1, 4.2, 4.3, 4.4, 7.19, 13.6)**
- 8. I have thoroughly documented my informed assent process, if any. **(4.1, 4.3, 6.9, 6.10, 7.19, 13.6)**
- 9. I will continue to disclose any known, suspected, or potential conflicts if and as they become known during the assessment, and will document this and any resulting steps in my practice record. **(4.2, 4.5, 5.10, 5.12, 7.19, 11.25, 11.26, 13.6)**

*[DRAFT] Psychological Assessments continued on next page...*

***[DRAFT] Psychological Assessments continued...***

- 10. As a treatment provider, having been asked to render any opinion regarding my treatment client and having determined after careful consideration that providing the requested opinion does not conflict with my obligations under the Code of Conduct:
  - a. I have reviewed with my client the nature of the requested opinion, the basis upon which I will provide the opinion, any anticipated risks and other information that may affect my client's willingness to consent, and any associated fees and who will be responsible for these. **(4.1, 4.2, 4.5, 5.1, 5.2, 5.26, 12.1, 12.2)**
  - b. I have documented my informed consent process and I have obtained the client's signed consent to proceed. **(4.1, 4.2, 4.5, 13.6)**

**C. THE ASSESSMENT PROCESS**

- 1. I have selected a sufficiently broad range of tests and other sources of information in order adequately to capture the data required to assess the question(s) under consideration. **(3.3, 3.14, 11.2, 11.3, 11.6, 11.15, 11.32, 11.33)**
- 2. I have considered whether my use of any standardized assessment battery is appropriate and sufficient for the particular client(s), the particular context, and for these particular referral questions. **(3.3, 3.14, 3.23, 3.24, 11.2, 11.3, 11.6, 11.9, 11.15, 11.32, 11.33)**
- 3. I have selected assessment tools/tests of sufficient relevance and with appropriate supporting research for this particular type of assessment **(3.3, 3.10, 3.14, 3.15, 11.2, 11.15, 11.18)**
- 4. My assessment procedures adequately evaluate issues that may influence or invalidate the results, such as secondary gain, exaggerating or minimizing problems, specific client values, level of rapport, etc. **(3.3, 3.14, 11.2, 11.3, 11.6, 11.9, 11.15, 11.19, 11.32, 11.33)**
- 5. I have employed appropriate normative data specific to contextual and cultural factors, used caution with computerized interpretations, especially when they do not reflect population- or context-specific norms (e.g. child custody assessment, evaluation of candidates for specialized work forces, etc.), and considered and stated limitations to the validity of the testing results based on the normative data that was used. **(3.3, 3.14, 3.15, 3.18, 3.23, 11.9, 11.11, 11.18, 11.19)**
- 6. I have created, signed, and will maintain detailed, legible records (in whatever form, be that physical, electronic, etc., as appropriate) of all aspects of the evaluation in such a manner as to preserve confidentiality and in such a format as can be readily produced when I am called upon to do so. **(6.5, 7.19, 7.20, 7.21, 13.1, 13.2, 13.10, 13.3, 13.6, 13.7, 14.1, 14.2, 14.3, 14.4, 14.5, 14.6, 14.7, 14.13)**
- 7. I have refrained from making or communicating any interim recommendations without an appropriate basis for doing so. **(3.12, 3.13, 3.14, 11.27)**
- 8. The tools/tests selected are of sufficient empirical basis for use in the particular assessment context and have sufficient reliability and validity. **(3.3, 3.10, 3.14, 3.15, 3.23, 3.24, 3.25, 11.2, 11.3, 11.6, 11.9, 11.15, 11.18, 11.32, 11.33)**
- 9. For family law assessments:
  - a. I have assessed factors that are statutorily defined, presented in the court orders and joint referral letter, and other factors deemed pertinent based on research and professional judgment. **(3.3, 3.10, 3.14, 3.15, 11.2, 11.3, 11.4, 11.6, 11.15, 11.32, 18.1)**
  - b. My assessment procedures and methods are balanced, parallel, reflect a multi-method approach, and are appropriate and sufficient to address the issues of concern and provide a basis for opinions and recommendations to address the best interests of the child(ren) and specific referral questions. **(3.3, 3.14, 3.16, 3.19, 11.1, 11.3, 11.30, 11.33)**
  - c. I have attempted to control for, or discuss limitations associated with, the influence of extraneous variables, including, but not limited to, observer effects, parental stress associated with assessment, timing and sequence of interviews/observations, primacy/recency effects, etc. **(3.3, 3.14, 3.18, 3.25, 11.1, 11.2, 11.3, 11.6, 11.9, 11.11, 11.13, 11.19, 11.28, 11.33)**
  - d. I have assessed in person each party and all adults who perform (or are petitioning to perform) a substantial parenting role, or have included in my report reasons for not doing so and any limitations to my findings and opinions. Where other caregiving adults reside with or co-parent with a party, or are expected to do so within a reasonable time relative to the report, I have considered the other adult's relationship with the child and their impact on the party's ability and willingness to meet the child(ren)'s needs. **(3.14, 3.16, 3.18, 11.3, 11.6, 11.11, 11.22, 11.27, 11.28, 11.30, 11.31, 11.32, 11.33)**

*[DRAFT] Psychological Assessments continued on next page...*

## ***[DRAFT] Psychological Assessments continued...***

- e. I have individually assessed each subject child, sibling relationships, and the relationships between the child(ren) and each party/caregiver, using empirically supported methods, unless there are valid reasons not to assess a specific person or relationship, such as age in the case of a very young child. **(3.10, 3.14, 3.15, 3.16, 3.25, 11.3, 11.6, 11.15, 11.22, 11.30, 11.31)**
  - f. I have screened for family violence as defined under the Family Law Act (FLA). Where family violence is presented as an issue by the parties, I have assessed factors relevant to family violence, including those specified in the FLA, and those within the professional research literature. **(3.7, 3.8, 3.15, 11.2, 11.3, 11.6, 11.33, 18.1)**
  - g. I have ensured any allegations are brought to the attention of the opposing party to afford an opportunity to respond. **(3.12, 3.13, 3.14, 11.3, 11.27, 11.28, 11.30)**
- 10. For assessments in a compensation context, I have considered and addressed the key differential diagnostic issues in my assessment. **(3.3, 3.25, 11.2, 11.3, 11.4, 11.6, 11.28, 11.33)**
  - 11. As a treatment provider, I have adequately considered issues related to secondary gain, the possibility of a client exaggerating or minimizing problems, client motives, reliability of self-report, possible incongruence between in vivo and in vitro presentations, the impact of my existing treatment relationship on my objectivity, limitations to my opinions based on information available to me in my role as a treatment provider, etc. **(3.12, 3.13, 3.14, 3.16, 3.18, 11.6, 11.28, 11.29, 11.33)**

### **D. THE ASSESSMENT REPORT**

- 1. I have presented the assessment results in an accurate, balanced, clear, and understandable manner, and included any limitations (and the impact if any of those limitations) to my opinions and recommendations. **(3.12, 3.13, 3.14, 3.18, 3.19, 3.20, 11.4, 11.9, 11.10, 11.11, 11.20, 11.28, 11.33)**
- 2. I have included in the report a discussion of limitations associated with any procedures, testing, data, opinions, conclusions, or recommendations. **(3.13, 3.18, 11.9, 11.11, 11.15, 11.28)**
- 3. I have included a discussion of any and all limitations to my opinions or recommendations that may be present due to client factors, contextual issues, and any other factors. **(3.13, 3.18, 3.23, 3.25, 11.9, 11.11, 11.27, 11.28)**
- 4. I have ensured that all opinions and recommendations follow logically from the information gathered in the assessment. **(11.6, 11.32, 11.33)**
- 5. For any court ordered assessment, I have written and produced a report in compliance with directives in the relevant legal statutes (e.g., Supreme Court Family Rules, Family Law Act), and the court order or consent document. **(3.8, 3.25, 7.19, 18.1)**
- 6. For any assessment in the compensation context, my report contains appropriate analysis of the differential diagnostic issues that are key in assessments in this context. **(3.3, 3.15, 3.25, 11.4, 11.6, 11.33)**

### **E. POST-REPORT PSYCHOLOGICAL SERVICES, INCLUDING RELEASE OF INFORMATION**

- 1. I have provided, in writing, policies surrounding my post-report services and communication. **(4.1, 4.2, 4.6, 4.11, 6.3, 6.4)**
- 2. I have continued to ensure that I have full informed consent from all parties for any post-report services or releases of information, and to document this appropriately. **(4.1, 4.2, 4.3, 4.4, 4.5, 13.6)**
- 3. I have reviewed relevant Code standards prior to releasing any information and/or records **(6.2, 6.11, 6.12, 6.13, 11.12, 11.13, 11.14, 11.16, 18.1. See also two PS checklists on ROI)**
- 4. New services, such as update reports, are managed with properly updated consent and documentation. **(4.1, 4.2, 13.6)**
- 5 For any court related assessment, including family law assessments:
  - a. I have conducted myself in all post-report activities in such a manner as to preserve my role as an independent, neutral expert for the court. **(3.12, 5.10, 5.11, 5.12, 11.24, 11.25, 11.26)**

*[DRAFT] Psychological Assessments continued on next page...*

**[DRAFT] Psychological Assessments continued...**

- b. I have maintained awareness of issues related to established agreements, consent, parallel procedures, balance, and objectivity in all post-report activities, requests, and communication, in compliance with Code of Conduct standards and professional standards, including within the following areas: responding to requests for information; bilateral communication; release of testing to qualified professionals; file production, copying and fees; not altering the original file; expert witness testimony; etc. **(3.12, 3.13, 3.25, 4.1, 4.5, 6.2, 6.5, 6.12, 6.13, 8.3, 11.12, 11.28, 12.3, 13.7, 14.5, 18.4)**
  - c. If called upon to testify in Court, I will continue to preserve my neutrality regarding the litigants and will testify in accordance with relevant legal statutes (e.g, Supreme Court Family Rules, Family Law Act, etc.). **(3.12, 3.13, 3.19, 11.27, 11.28, 11.30, 18.1)**
6. As a treatment provider:
- a. I will continue to ensure that I have the fully informed consent of my treatment client(s) for any post-report services, and will ensure this is documented in my practice record if not already addressed by my previous consent process and documentation. **(4.1, 4.2, 4.5, 13.6)**
  - b. I will continue to clarify my role as required, identifying myself as a treatment provider and not an independent, neutral assessor for the court or other party. **(3.13, 3.18, 11.24, 11.25, 11.26, 11.28, 11.29)**
  - c. I will continue to clarify the limitations to my opinions. **(3.13, 3.18, 11.28, 11.29)**

*The College welcomes feedback regarding the Practice Support Service, or any other matter. Please note that only practice support inquiries should be sent via email to the Practice Support email address. All other matters should be directed to the College via regular post, courier, or facsimile.*

Practice Support Service  
College of Psychologists of BC  
Telephone: (604) 736-6164 (or toll free in BC at 1-800-665-0979), option 4 for Practice Support  
Facsimile: (604) 736-6133  
Email: [practicesupport@collegeofpsychologists.bc.ca](mailto:practicesupport@collegeofpsychologists.bc.ca)



The information provided in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, or any other official College communications. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct. In the case of any inconsistency between this checklist and any Code standard, the Code standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

## Considerations Before Offering a Novel or Alternative Type of Service Checklist

This checklist is intended to assist registrants who are considering providing a novel or alternative form of service, be that a new type of assessment service or an alternative form of therapy. It is expected that a registrant considering offering any alternative type of assessment or treatment service will do so only after a careful determination that the service is a psychology service, that it falls within their scope of practice, that it is supported by relevant empirical research, and that it will not pose potential harm to the public. More detailed considerations reflecting these issues are included below. Relevant *Code of Conduct* standards are indicated in brackets following the checklist items.

- I have determined that the service and/or opinion I am considering providing falls within the practice of psychology as defined within the Psychologists Regulation. **(1.1, Psychologists Regulation)**
- I will not provide any service or opinion that falls outside the practice of psychology as defined within the Psychologists Regulation. **(1.1, Psychologists Regulation)**
- My decision to offer the alternative service is informed by appropriate psychological research. It is not an experimental assessment or intervention service that should only be offered in a research context as part of evaluating the service. **(3.7, 3.9, 3.10, 3.15, 11.5)**
- I have the appropriate education, training, and experience to provide the service competently and ethically. **(3.2, 3.3, 3.5, 3.11, 3.21, 3.22, 3.25, 11.5)**
- I will not provide any service or opinion that falls outside my scope of competent practice. **(3.2, 3.3, 3.5, 3.7)**
- I consult regularly with colleagues, both with those who are familiar with the alternative service and with those who offer conventional services and are in a position to offer a potentially challenging or corrective perspective on the alternative service, in order to ensure that I do not overlook any emergent concerns about the alternative service. **(3.2, 3.12, 3.21)**
- I maintain awareness of research and professional developments related to the service. **(3.2, 3.3, 3.7, 3.9, 3.10, 3.15, 3.21, 3.22, 3.25, 11.5)**
- I will offer the service consistently with all requirements of the *Code of Conduct*. **(2.1, 2.3, 3.1)**
- I will offer the service only if it is as safe as, or safer than, conventional services, and I will cease to offer the service if I become aware that it poses any greater risk to clients than do conventional services. **(5.1, 5.26, 8.2)**
- I will not offer the novel service to any client for whom the service could reasonably be considered to be inappropriate or insufficient. **(3.23, 5.1, 5.26, 8.2)**

- In addition to observing the basic elements of informed consent, when seeking to obtain informed consent from each client for a novel service, I will:
  - o clearly state the novel or alternative nature of the service I am offering;
  - o provide clear information regarding any risks of the service; and
  - o advise every client of the availability of more established and conventional services where these exist, and the client's right to choose which service they would prefer to receive. **(3.22, 4.1, 4.2, 4.6, 4.8, 4.11, 5.2)**
- I will not make any statements regarding the service that are false, inaccurate, unverifiable, or could reasonably be deemed to have the potential to mislead the public. **(3.12, 3.13, 10.1, 10.7, 10.14, 10.15, 10.16, 11.15, 11.17)**
- I will not make any misleading statements about the results a client may expect from my service, including in any advertising and in my direct conversations with prospective clients. **(3.12, 3.13, 10.1, 10.7, 10.14, 10.15, 10.16, 11.15, 11.17)**
- I will attend rigorously to requirements for accuracy in my public statements, in my discussions with clients, in any client reports, and in any publications. **(3.12, 3.13, 10.1, 10.7, 10.14, 10.15, 10.16, 11.15, 11.17, 11.27, 11.28)**
- I will clearly state any limitations to my opinions in my public statements, in my discussions with clients, in any client reports, and in any publications, including specifically any limitations attributable to the novel or alternative nature of the service. **(3.13, 3.14, 3.18, 11.6, 11.9, 11.11, 11.28)**
- I will seek specific informed written consent from every client if my service is being observed or recorded in any way. **(4.1, 4.2, 4.11, 4.12)**
- In the event I am conducting research on a novel service, I will clearly advise each prospective client that the service is being offered in the context of research, and obtain specific written informed consent from any client to be included in that research. **(4.1, 4.2, 4.13, 4.14)**
- I will not use data obtained from my clients for any research or other publication without their express written consent. **(4.1, 4.2, 4.11, 4.13, 4.14)**
- I will not seek any benefit other than appropriate agreed upon monetary compensation from any client to whom I am offering the service. **(5.4, 5.5)**
- If I am promoting the use of the novel service to other professionals, I will:
  - o ensure that I attend rigorously to requirements for accuracy;
  - o provide limitations of my opinions in all of my statements; and
  - o ensure I do not promote the use of psychological assessment or intervention techniques by unqualified individuals. **(3.12, 3.13, 3.14, 3.15, 3.18, 10.1, 10.7, 10.14, 10.15, 10.16, 11.5, 11.13, 11.15, 11.17, 15.5, 15.8)**
- I will not coerce or induce any client to accept the alternative service, and I will respect their right to choose a conventional service in addition to or in lieu of the alternative service **(4.2, 4.6, 5.1, 5.2, 5.5, 5.8, 5.26)**
- I am aware of any relevant legislation related to the service and I am in compliance with any and all applicable laws. **(3.8, 18.1)**

The information provided in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, or any other official College communications. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct. In the case of any inconsistency between this checklist and any Code standard, the Code standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

## Telepsychology Assessment Checklist

This document is intended to assist registrants who are considering providing assessment services via telepsychology. To be clear, assessment via telepsychology is an emerging practice and in-person psychological assessment remains the standard wherever possible. It is expected that any registrant considering telepsychology-based assessment is doing so only after determining that in-person assessment services are not possible or feasible.

**Please note, this checklist should be used in conjunction with the Telepsychology Services Checklist as issues noted there are not repeated here.** Relevant Code standards are indicated in brackets following the checklist items.

- I am contemplating an assessment via telepsychology in this specific circumstance because an in-person assessment is not feasible, or other specific circumstances are rendering this service necessary. (11.22, 11.23)
- I have reviewed the CPBC Practice Support **Telepsychology Services Checklist** to assist me in considering general requirements related to telepsychology services in conjunction with reviewing this checklist. (Practice Support Telepsychology Services Checklist)
- I am aware that I am fully responsible for the decision to provide telepsychology rather than in-person assessment services in each case I do so. (2.1, 3.1, 3.14, 3.16, 11.2, 11.6, 11.32, 11.33)
- I am aware that organizational/institutional preference or pressure is specifically not a sufficient basis for providing telepsychology-based rather than in-person assessment services. (3.1, 5.24, 7.18)
- I maintain current knowledge of developments with telepsychology assessment services. (3.2, 3.3, 3.5, 3.7, 3.8, 3.10, 3.11, 3.15, 3.21, 3.22, 3.25, 3.30, 11.15)
- I am competent with all aspects of the technology I am considering utilizing, including with issues related to ensuring confidentiality and security risks, and I maintain current knowledge of developments with the specific technology I plan to use. (3.2, 3.3, 3.5, 3.7, 3.8, 3.21, 3.22, 3.25, 3.30)
- I have a procedure in place for dealing with any technology failures that occur during an assessment, including considering any impact on the assessment process and results, and for addressing these in my report. (3.13, 3.18, 3.25, 3.30, 11.11, 11.28)
- I will only utilize assessment procedures for which I have established competence in face-to-face settings. (3.2, 3.3, 3.5, 3.7, 3.10, 3.11, 3.15, 3.25, 11.1)
- I have an established procedure for accurately confirming the identity of the client I am assessing. (3.1, 3.13, 3.14, 11.2, 11.3)
- If the client is in another jurisdiction, I am familiar with the relevant laws and regulatory requirements in the other jurisdiction, including those related to age of consent, mandatory reporting issues, any telepsychology-specific legislation, etc. (3.8, 3.30, 6.7, 6.8, 7.17, 18.1)
- I have established a process for obtaining informed consent to permit me to review any documents I wish to review prior to undertaking my interview, and testing, if any, with the client. (4.1, 4.2, 4.25)

- I will discuss with the client all relevant issues as part of obtaining informed consent to proceed, including all regular elements of consent for an assessment, and any elements specific to the telepsychology process and the technology being used. Specific elements may include possible limitations to my opinions due to the telepsychology nature of the service, any additional threats to confidentiality, etc. **(3.22, 3.30, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.12, 5.2, 5.13, 6.1, 6.4)**
- I have identified client characteristics that should be considered when determining whether a telepsychology assessment is appropriate, and I will undertake a consideration of these characteristics for each and every client prior to proceeding with an assessment. **(3.23, 3.24, 3.30, 5.1, 5.26)**
- I have considered specific client characteristics that may lead the assessment results to be influenced by the telepsychology medium itself (e.g., acute mental health status, cognitive ability, culture, language, socioeconomic status, familiarity with the technology, etc.), and I will address these in my report, including by noting any limitations to the assessment results and my opinions. **(3.13, 3.18, 3.23, 3.24, 3.30, 11.9, 11.11, 11.23, 11.28, 11.33)**
- I have an established procedure for evaluating the setting the client is in, including: whether anyone else is present, or enters the room after the assessment has begun; possible distractions that will not be apparent to me during the assessment (such as sights, sounds, or smells outside of my awareness); whether the client has access to response aids, such as to printed material, the Internet, or another person providing prompts; and any other setting-specific factors that may affect the assessment results. I will address this issue in my report. **(3.13, 3.14, 3.18, 11.1, 11.2, 11.3, 11.6, 11.9, 11.11, 11.16, 11.23, 11.28, 11.32, 11.33)**
- I will remain attentive during my assessment to any client characteristics or other emergent events or factors that suggest the assessment should be paused or terminated, and I have a plan for addressing this need should it arise. **(3.6, 3.23, 3.30, 5.1, 5.19, 5.26, 11.2)**
- I will consider the impact of the technology on the establishment and maintenance of rapport with the client being assessed and thereby on the assessment results, and I will address this issue during the assessment and/or in my report, as appropriate. **(3.13, 3.18, 3.23, 3.24, 11.9, 11.11, 11.23, 11.28, 11.33)**
- I have considered whether the use of any psychology test via telepsychology will create a threat to test security, and whether the test publisher has a secure online option available to users that would be preferable to use in this circumstance. **(11.1, 11.2, 11.14, 11.16)**
- I have reviewed any and all policies from the test companies regarding any opinion they have about using each test I am contemplating employing in a telepsychology format. **(11.1, 11.2, 11.15, 11.16)**
- I will not let any test materials out of my possession or the possession of an assistant who is under my supervision. **(11.1, 11.13, 11.14, 11.16)**
- I have carefully considered the standardized administration requirements specified for each psychology test I am contemplating utilizing as part of my assessment, and whether the integrity of the test's psychometric properties (including reliability and validity) can be maintained sufficiently to proceed via telepsychology. I will not utilize any psychology test via telepsychology if the planned administration will invalidate the test results or unduly threaten the security of that test, and for those tests I do use, I will note any limitations to the reliability and validity of the test results and to my opinions in my report as appropriate. **(3.13, 3.14, 3.18, 3.25, 11.1, 11.2, 11.9, 11.11, 11.14, 11.15, 11.16, 11.23, 11.28)**
- I have considered whether there is a greater risk of failing to detect client comprehension difficulties or other emergent problems due to the technology, and I will address this issue in my report and/or during the assessment, as appropriate. **(3.13, 3.14, 3.16, 3.18, 3.23, 11.1, 11.2, 11.3, 11.6, 11.9, 11.11, 11.15, 11.22, 11.23, 11.28, 11.32, 11.33)**
- I will ensure that I address any and all limitations to my assessment, the results, and any conclusions I draw, opinions I offer, or recommendations I make, whether these are related to client characteristics, issues related to the client's environment, test factors, the telepsychology medium, or any other factor. **(3.13, 3.18, 11.11, 11.23, 11.28)**
- I will ensure that any personnel with whom I do not have a supervisory relationship (e.g., persons escorting the client) who are located at the site where the client is situated either leave the room during the assessment or have agreed to confidentiality requirements, as appropriate. **(6.5, 11.7)**
- I bear professional responsibility for any personnel who are located at the site where the client is situated and who are assisting me with test administration or any other aspect of my assessment, and I will make this known to the client and any third-party payer. **(4.7, 5.21, 5.22, 5.23, 8.6, 8.7, 12.15)**
- I have considered that the client may need support or other local resources after the assessment and have taken steps to ensure the client is apprised of any available resources. **(5.1, 5.19, 5.26)**
- I have a plan in place to provide the client with feedback about the assessment, unless this is not possible due to the requirements or legal parameters of the assessment. **(4.11, 11.8, 11.10)**