

Rural and Northern Psychology

Volume 1, Issue 1

April 26, 2006

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Message From the Chair

I would like to begin by offering a very warm welcome to all the members of the Rural and Northern Psychology Section. It is because of all of your support and unbridled enthusiasm that this section has come to be. I have no doubt that, because of you, this section will have an ongoing and important presence within the Canadian Psychological Association.

As you may recall, the development of this section was fueled by the desire to enhance the sense of professional connectedness amongst rural and northern psychologists and to support the development of this unique and exciting area of practice. As many of you know first hand, providing psychological services in rural, northern, and remote communities can often mean that we are the only psychologist or one of few psychologists covering a large geographical area. Although this has the potential to create some challenges, it also offers us an abundance of highly rewarding and exciting opportunities. Within the rural and northern context we have the opportunity to become involved in a variety of activities (e.g., illness prevention, health promotion, education, administration, program development and evaluation) and provide a broad range of psychological services (e.g., individual, family and group treatment, assessment, consultation) to an underserved and extremely diverse population that varies with respect to demographics and presenting concerns. We also find ourselves stimulated by the unique ethical and professional issues and by the task of adapting our service delivery model to accommodate the unique characteristics of the communities in which we work. I can state with confidence that "boring" or "routine" are not within the vocabulary of rural and northern psychologists. While professional isolation is undoubtedly a potential issue for many of us it is one that, in my opinion, can be effectively ameliorated by the efforts, ideas, and support from our membership.

As you know, our section is very newly established (not yet a year old) and thus remains in its'

infancy stage of development. Nonetheless, I believe we're meeting our developmental tasks in a timely manner and I feel optimistic

about our continued growth and development. In speaking with other section chairs, I understand that some tasks will undoubtedly take more time (e.g., identifying volunteers to sit on the executive committee, organizing a section program for the annual CPA conference, setting up a useful website) and that persistence and patience are the key to success. Some of our exciting "first steps" include our second annual business meeting and our first section program (Thank you Cindy Hardy and Henry Harder!) at the upcoming CPA conference in Calgary. I hope many of you will be able to attend these events. I'm also very excited about the electronic publishing of the inaugural issue of the Rural and Northern Section Newsletter. The format was developed in response to input from various members regarding their hopes for our section. Consistent with this input, we've worked hard at including regular features that will help our members feel more connected to one another and also provide them with information that is relevant to their practice. On this note, I want to personally thank those of you who contributed to the content of this newsletter. Special thanks to Cindy Hardy for her editorial input and to Kari Harder for her work on the design and layout of the newsletter. We are currently planning to publish the newsletter biannually, with our next edition to be released in October. I encourage all of you to consider making a contribution to the content of this upcoming issue and look forward to everyone's ongoing input into the running and advancement of this section.

Karen Dyck, Rural and Northern Section Chair



It's a Small World

**Submitted by Torie Carlson, OrionHealth
The Canmore Pain Clinic, Canmore, AB.**

I am currently one of two Psychologists at OrionHealth-The Canmore Pain Clinic. Previous to this I was a part of the Northern and Rural Program at the University of Manitoba, Faculty of Medicine, Department of Clinical Health Psychology where I was working in the NorMan region of Manitoba as a consultant. I spent two years in this position and found it very rewarding not only with being the only psychologist for 25000 people, but the connection with a department of like-minded professionals. I was concerned that moving to Canmore would cause me to lose touch with the rural and northern work. I have been telling myself that Canmore's population is sure to be less than 10,000 (I seem to recall some internship seminar where Dr. Bob McIlwraith defined rural as under 10,000 people). Of course that does not include weekenders who swell the population to 14,000. I have been encouraged however, in that most of our clients are from rural or northern communities. I believe that one of the reasons our clinic is so successful in helping people is our rural outlook. We are a small clinic, in a relatively relaxed town, and clients find this more manageable than the clinics in downtown Calgary or Edmonton. Many of our clients are from rural or northern communities in Newfoundland, Yukon, the Northwest Territories or Nunavut. I am also leaving next week for a trip to Whitehorse where I am presenting to WCB employees to educate them about chronic pain and determine whether there is a need or opportunity to fly up regularly to provide ongoing service.

I had been interested in the internship program at the U of M for most of my graduate training. I had heard great things about

the program and been impressed with faculty and previous interns. When applying for spots I only applied to rural locations in Canada and the US. I was very thankful to complete my formal training in this program. I grew up in a rural community and feel my skill set is well suited for this field. I believe the independence and challenge of rural and northern work is what I am drawn to. I also appreciate the opportunity to provide service to under-served areas.



I am convinced that during my two years in The Pas, MB, I was the only person without an ice-shack or a snowmobile. I think my most favorite memory in rural and northern work relates to one of the reasons I enjoy this work so much—the adventure. My favorite memory so far is a trip I took with a social worker and health officer to Pukatawagen. This is a community only accessible by air or train during the summer. During the winter it is accessible by ice-roads. I had never been on an ice-road and was quite excited for the adventure. A three hour trip was broken up with intermittent stops to go ice-fishing. Quite the experience to pull to the edge of the cleared road, haul out the ice-auger, and start cutting holes in the ice. In keeping with my inability to catch fish, I was skunked while the two “veteran’s” caught our supper.

My hope for the rural and northern section is a forum for a discussion of issues unique to this area of work. A place to share ideas, provide encouragement and gain support for work that tends to isolate us by the nature of our location.

**Submitted by Todd Kettner, Summit Psychology
Group, Nelson, B.C.**

I started a private practice as a solo practitioner in a medical clinic 5 years ago here in Nelson. Since then, we have grown to a group of 3 psychologists in a separate clinic providing psychological/neuropsychological assessment, psychological treatment, and multi-disciplinary rehabilitation services to children and adults. Summit Psychology Group serves an area population of approximately 60,000 residents in the Kootenay region of south-eastern BC (Nelson, Trail, Castlegar, Creston and rural areas in between). More details at www.summitpsychology.org.

I became interested in psychology as a high school student. Growing up in a small rural agricultural community of approximately 5,000 residents, I approached our town's only psychologist, Dr. Gary Deatherage, for advice about being a psychologist in a small town. He subsequently mentored me through occasional meetings during university and graduate school – encouraging me to stay broad in my training and emphasizing the need to be a generalist with a wide array of assessment and treatment skills. I specifically sought out an internship in rural psychology

at the University of Manitoba that reinforced my long-term goal of living and practicing in a small town.

I find that one of the most rewarding aspects of rural/northern practice is being able to provide much needed services that would otherwise be unavailable to rural residents or would necessitate them traveling 7 or 8 hours to Vancouver or Calgary. The variety of the work that I do – assessment, treatment, consulting, and public education is extremely interesting and very rewarding to me.

A particularly memorable experience for me was being naked in the shower with a client and not actually having breached any ethics regulations in doing so - Funny things can happen in a small town when you join the local men's recreational hockey league.

My hope is that the Rural and Northern Psychology Section will allow members access to collaborative support regarding ethical issues unique to rural psychologists and assist them at becoming involved in some multi-site research related to rural and northern psychology.

It's a Small World: Continued

Submitted by Shelley Goodwin, Yarmouth Mental Health Centre, Yarmouth, NS.

My name is Shelley Goodwin and I have the pleasure of working in Yarmouth, Nova Scotia which is a small coastal community in South West Nova Scotia. It is 3 hours from Halifax and quite rural. I chose Yarmouth primarily because it is my home town but also because of quality of life issues.

When deciding to begin my second career as a psychologist I wanted to eliminate the 45 minute commutes that I had living in lower mainland, BC. I did not want to be "house poor" either. I now drive 5 minutes to work. What a treat. The idea of having two horses in my backyard instead of paying board (Oh, by the way, the price of boarding 2 horses in the lower mainland is double to that of my acreage on the water mortgage!). Yes, I miss Starbucks coffee, the variety of urban restaurants, the anonymity of urban work, and the easy access to specialty services. But the convenience of not commuting 45 minutes, enjoying open spaces, knowing our neighbours, community fires on the beach, every car that passes stopping to offer help when your car breaks down, and a significantly lower cost of living are well worth it.

One of the most memorable and tastiest experiences was the time the organizer of a workshop where I had been asked to present knew I liked lobster and as my thank you gift he gave me lobster. Lobster season had just started. Yum!

Quality of life is most rewarding in both the personal and professional areas of my life. I work in a hospital based community mental health clinic but also have a very busy private practice, including consultations on the side. I have taught several university courses as there are satellite campuses close by. Professional options are quite remarkable, which really surprised me as I expected there to be more constraints.

In Nova Scotia you can be registered with your Masters so I find myself practicing as a psychologist and studying for my doctorate in clinical psychology. I do this through the APA accredited program at The Fielding Graduate University, which is located in Santa Barbara, CA. It is a distributed learning model and allows for its students to continue to work while studying. This program is quite unusual as a significant proportion of us live and work in rural areas, including rural United States, northern Ontario and rural British Columbia. I have completed all degree requirements except the dissertation which I am seeing the light at the end of proverbial tunnel. I completed my internship at one of only two rural internship sites in Canada (Annapolis Valley Health, Nova Scotia and The University of Manitoba). This was a remarkable experience and one that has help provide a solid foundation to my rural career.

My hopes for this section include promoting rural practice. I see the need for more practica and internship experience as significant needs to advance rural practice. Most important is an opportunity to learn from each other and support those of us who undertake rural practice.

Upcoming Events

RURAL & REMOTE HEALTH TAKING ACTION TOGETHER

SEVENTH NATIONAL CONFERENCE OF THE CANADIAN HEALTH
RESEARCH SOCIETY

October 19-21, 2006

Prince George Civic Centre
Prince George, British Columbia

Participants will have an opportunity to share new knowledge derived from research specific to rural and remote populations. They will also have a chance to develop new partnerships designed to create new interdisciplinary research teams, and participate in the development of networks designed to improve the exchange of knowledge to help improve the health of people living in rural and northern regions.

The conference will examine:

- Aboriginal health
- Health in Social, Physical and Work Environments
- Mental Health and Addictions
- Access to Rural Health Services
- Preparing Health Practitioners for Rural Practice
- Health Status & Conditions of Rural Residents

- Impacts of Zoonoses in Rural Communities

The Abstract submission Deadline is May 2, 2006
For more information please go to the website at:
<http://crhrs-scrsr.usask.ca/princegeorge2006/>

67TH ANNUAL CANADIAN PSYCHOLOGICAL ASSOCIATION CONFERENCE

June 8 – 10, 2006

The Westin Calgary, 320 – 4th Avenue S.W., Calgary, AB

Rural and Northern Section Program

Rural and Northern Psychology in Canada

Conversation session by Cindy Hardy, Karen Dyck, & Henry Harder

Thursday, June 8th 3:00 – 3:50 p.m.

Eau Claire North, Arcade Level,
The Westin Calgary

Second Annual Rural and Northern Psychology Section Business Meeting

Friday, June 9th 8:00 – 8:50 a.m.

Bonavista Room,
The Westin Calgary

Literary Notes

Campbell, C.D., Kearns, L.A., & Patchin, S. (2006). *Psychological needs and resources as perceived by rural and urban psychologists*. *Professional Psychology: Research and Practice*, 37(1), 45 – 50.

The purpose of this study was to evaluate the perceived needs and resources of psychologists practicing in rural and urban communities. Psychologists practicing in the state of Oregon were asked to respond to survey questions related to various psychological services such as assessment and treatment with various populations. Rural psychologists rated resources as less available in every domain. Statistically significant differences were found on items addressing adequate access to psychotherapy services, psychological assessment services, psychological services for children, and psychological services for adults. As expected, rural psychologists perceived their communities as having fewer resources in these areas. Interestingly there were no significant differences between urban and rural psychologists in their perceptions of access to appropriately trained medication prescribers; both groups rated this item lowest with respect to community resources. Both groups also perceived medication management, services for clients of

low socioeconomic status, and services to children and adolescents as ones that were most lacking in their communities. Not surprisingly, rural psychologists reported having to send their clients about twice as far for inpatient psychiatric services as the urban psychologists. Rural psychologists also perceived their communities as having fewer professional resources than did the urban psychologists. The authors discuss the implications of these findings for rural practice, policy, and theory.

Helbok, C.M., Marinelli, R.P., & Walls, R.T. (2006). *National survey of ethical practices across rural and urban communities*. *Professional Psychology: Research and Practice*, 37(1), 36 – 44.

The purpose of this study was to examine ethical dilemmas and problems encountered by psychologists practicing in small town/rural and urban/suburban America. Small town and urban psychologists were asked to respond to survey questions related to multiple relationships, competency, burnout, confidentiality, and visibility. Results from this study suggest that small town/rural psychologists are more likely to encounter multiple relationships and that they tend to feel more highly visible than their urban

counterparts. As expected, rural psychologists were also more likely to unintentionally learn information about their client from other resources in the community and were more likely to prepare their clients for chance encounters in the community. Qualitative data included in this article offers the reader some additional insights into the ethical dilemmas faced by rural psychologists and the solutions employed by some of the participants. The authors discuss the implications of these findings for rural practitioners.

McIlwraith, et al. (2005). *Manitoba's rural and northern community-based training program for psychology interns and residents*. *Professional Psychology: Research and Practice*, 36(2), 164 – 172.

This article describes the pre- and post-doctoral internship training program developed by the Department of Clinical Health Psychology of the Faculty of Medicine at the University of Manitoba. Information regarding the establishment and maintenance of the program, the training model used, the experiences of the pre- and post-doctoral interns, and the success of the program is included in the article.

“Interestingly there were no significant differences between urban and rural psychologists in their perceptions of access to appropriately trained medication prescribers ...”

Useful Links

Research Grants

The Northern Research Development program of the Social Sciences and Humanities Research Council of Canada is offering grants of up to 40,000 (over 2 years) to support “research carried out north of the southern limit of sporadic discontinuous permafrost or research that is demonstrably relevant to social, economic, or cultural conditions or activities that characterize the Canadian North.” Competitions are held twice a year, with an upcoming deadline of May 25, 2006. Additional information can be found at: www.sshrc.ca/web/apply/program_descriptions/northern_e.asp

Publications

McIlwraith, R. & Dyck, K. (2002). *Strengthening rural health: The contribution of the science and practice of psychology*. Canadian Psychological Association, Ottawa ON.

Available at www.cpa.ca/rural.pdf.



Distance Treatment in Rural Communities

Submitted by Patrick McGrath, IWK Health Centre, Halifax, NS

Families in rural and remote areas often have challenges in accessing appropriate mental health care. Family Help is a research program that is designed to evaluate methods of helping families learn to deal with common problems in the comfort and privacy of their home. Family Help is a distance treatment service that provides up-to-date care and evaluates its effectiveness. We use community advisory committees that include front line clinicians and decision makers to help insure that the research is responsive to local needs.

Education and treatment is provided by trained coaches through telephone contact, written manuals, videotapes, and audiotapes. One major advantage of the Family Help Program is that it is more cost effective for families (no traveling or taking time off work). The Family Help Program schedules appointment times at the convenience of the families in the comfort and privacy of their homes.

All of our programs use a trained non professional coach who communicates with our families on a regular basis. We have created instructional videos and written materials. In some studies these are delivered on the Internet but most of the time we use handbooks and telephone contact.

The areas that we currently are studying include:

- Recurrent Headache and Stomach Pain: 9-16 years .
- Anxiety: 6-12 years
- Nighttime Bedwetting: 5-12 years
- Sleep Disorder: 5-12 years
- Disruptive Behaviour: 3-7 years
- Attention Deficit/Hyperactivity: 8-12 years
- Post Partum Depression
- Inflammatory Bowel Disease

We are funded by the Canadian Institutes of Health Research by means of a Community Alliance for Health Research grant and a New Emerging Teams grant. We also have funding from the Nova Scotia Health Research Foundation and the Hospital for Sick Children Foundation.

Family Help is led by Patrick McGrath, a psychologist who is funded by a Canada Research Chair.

We have just begun to provide service through the IWK Mental Health Services.

We have other rural health research in our New Emerging Teams grant. Two websites that explain our research are:

www.bringinghealthhome.com
www.bringinghealthhome.com/whirc/

“Family Help is a research program that is designed to evaluate methods of helping families learn to deal with common problems in the comfort and privacy of their home.”

Training Opportunities

Post-Doctoral Residency Training in Rural Psychology

The Residency training programme in Rural Psychology offered by the Department of Clinical Health Psychology is a one-year post-doctoral training experience in rural Manitoba.

The residency in rural psychology provides opportunities for a diversity of experience. The resident can structure time to suit training needs and interests. A wide variety of clients are served in terms of presenting problem, age, cultural and ethnic background. Residents conduct individual and family treatment and assessments and may also run groups. In addition to treatment, the resident is often asked to provide consultation services to mental health workers, other health professionals, and schools. In keeping with community psychology principles, the resident may choose to focus some attention on public education or continuing education for health workers in the region, or work with other agencies and self-help groups in the region to plan and implement public education programs. The 2006-2007 resident will begin his/her training September 1, 2006 and will par-

ticipate in a brief orientation in Winnipeg prior to beginning their placement in the Interlake Region of Manitoba.

Individuals who have completed (or will complete by September 2006) all doctoral degree requirements in Clinical Psychology, including an APA or CPA accredited pre-doctoral internship, may apply for this specialized training position. The deadline for receipt of applications is June 15, 2006.

Additional information about the Rural Residency can be found under the Postdoctoral Training link at: www.umanitoba.ca/faculties/medicine/clinical_health_psych/main.html or by contacting:

Dr. Valerie Holms
 Director of Training and Education
 Department of Clinical Health Psychology
 PZ 350 – 771 Bannatyne Avenue
 Winnipeg, MB R3E 3N4
 Tel: (204) 787-3960, Fax: (204) 787-3755
 Email: vholms@hsc.mb.ca

Student Column

Submitted By: Kristine Boksman

The Postdoctoral Residency in Rural Psychology with the Department of Clinical Health Psychology at the University of Manitoba is a programme that affords students tremendous potential for professional growth. I am the current occupant of this privileged position, and I can't really think of any way that this programme could be better, apart from having more students become aware of the programme and participate in it.

In my opinion, one facet that makes this programme quite unique is the fact that it is a *clinical* postdoc. Until I came to this department for a predoctoral internship, I had no idea that such postdoctoral appointments were even a possibility. While residents of this programme are very much encouraged to participate in research, the training focus is solidly upon skill building within the generalist reality that is psychological practice in a rural setting.

The meat and bones of the programme comprise individual (i.e. both adult and child) or family clinical assessment and intervention, in addition to activities that are designed to increase awareness of clinical issues and syndromes (e.g., presentations for school counselors or high school students), community-based interventions, and professional consultation with other helping professionals such as school psychologists, psychiatrists, mental health workers, school administration, and teachers, just to name a few. In addition, should the facilities suit an incumbent's training needs, placement(s) within the Selkirk Mental Health Centre, a large provincial mental health centre, can be utilized for additional research, assessment, or intervention training experiences within forensic or specialized residential inpatient programmes. At the mental health centre, I was also able to receive training in special courses such as Nonviolent Physical Crisis Intervention. Students can take

courses in CPR and other advanced training that can be helpful, interesting, and useful for workers in mental health settings. Of course, seminars, grand rounds, and case presentations with the rest of the department in Winnipeg are also regular features of the rural resident's smorgasbord.

While these clinical duties might not sound all that different from duties students have already performed in an urban area, these services are provided across a large geographic area, typically to people in smaller communities. This has several benefits and challenges. Personally, I have enjoyed the opportunity to get to know and more closely work with mental health professionals that are making referrals and frequenting consultation or assistance. My urban experiences have been drastically more arms-length and less collaborative than rural work necessitates, and I have found this facility to work within a team of helping professionals quite wonderful. Oftentimes your service users can also have special socio-economic or cultural experiences that need to be taken into serious consideration. I feel these special circumstances can make your work interesting and can serve to increase awareness of diversity issues. This diversity can also make this training experience refreshingly different from working in a large metropolitan centre. Of course there is much more driving required for this position than any "typical" psychologist would encounter. If you find driving more of a chore than a pleasure, even though you'll be in big sky country with vast amounts of sunshine to accompany you, this position probably isn't for you.

Overall, the Postdoctoral Residency in Rural Psychology, is a fantastic programme within which I am grateful to have been a small part. I would encourage everyone reading this newsletter to share the good word about this brilliant programme and, if you're at the stage in your career where you might be considering a postdoc, you would be well-served to check this out.

Call for Submissions

A RURAL CANADA" MEETING OF MINDS"
RRF, NRE & NRRN
 October 26-28, 2006
 Ottawa, Ontario, Canada

As day one of the three day "Meeting of Minds" event, the National Rural Research Network (NRRN) invites proposals for posters at its second annual conference, "Creating Rural Opportunities Through Research"

The conference committee welcomes proposals for posters that reflect the breadth and diversity of rural research and rural development practice in Canada. Researchers, practitioners, and users of research are all invited to submit proposals. If you know of research that contributes to viable and sustainable rural or remote communities we want to hear from you!

Proposals should be received by the Network Coordinator at: srutherford@monachus.com
 No later than June 30, 2006
 (Conference fees will be waived for those posters selected for display. Some limited travel subsidies may be available.)

The second day the New Rural Economy Project (NRE) will present "Insight and Policy Implications from the New Rural Economy Project".

The final day the Canadian Rural Revitalization Foundation (CCRF) will present "Rural Visioning Day".



Please forward all submissions to the attention of:
Dr. Karen G. Dyck
Section Chair
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Selkirk, MB
RIA 0Y4

Fax: 204-785-7749
E-mail:
dyckkg@ms.umanitoba.ca

www.cpa.ca

The Newsletter is produced by the Rural and Northern Section of the Canadian Psychological Association (CPA) and is distributed to members of the Section. The purpose of the Rural and Northern Section is to support and enhance the practice of rural and northern psychology. The goals of the section are: 1) Establish a network of professionals interested in the areas of rural and northern psychology (this may include individuals currently practicing in rural/northern areas of those with an interest in this area), 2) Enhance professional connectedness by facilitating linkages between rural and northern practitioners, 3) Distribute information relevant to the practice of rural and northern psychology, 4) Provide a forum to discuss practice issues unique to this specialty, and 5) Introduce students and new or interested psychologists to rural and northern practice. An application for membership in the Rural and Northern Section can be obtained from Dr. Karen Dyck, Section Chair, 200-237 Manitoba Ave., Selkirk MB, R1A 0Y4, dyckkg@ms.umanitoba.ca.

This issue of the Newsletter was edited by Karen Dyck and Cindy Hardy. Many thanks are extended to Kari Harder for her invaluable contributions to design and layout.

The opinions expressed in this newsletter are strictly those of the authors and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.

Name the News Letter

We have received two suggestions for our newsletter: We would like the members to vote on which name they prefer. The two choices are:

1. Rural Connections

or

2. The View From Here

Please forward all votes to the attention of Karen Dyck at:

dyckkg@ms.umanitoba.ca



Call for Submissions

The Newsletter Editors invite submission of articles and items of general interest to rural and northern psychologists. Faculty and students are encouraged to send submissions for the next newsletter to Karen Dyck, dyckkg@ms.umanitoba.ca. We also welcome submissions of photos of rural life and settings. The deadline for submissions is September 29th, 2006.