

The View From Here:

Perspectives on Northern and Rural Psychology

Volume 6, Issue 1

May 20, 2011

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Message From the Chair

I hope all of you were able to find time to enjoy our glorious Canadian winter. Unfortunately as much as we all look forward to spring this new season has brought with it some additional challenges. Certainly in my home province of Manitoba spring flooding has proven to be a challenge and hardship for many rural residents. I'm certainly aware that other provinces have been impacted as well and I truly hope none of you have been directly affected by this situation.

Our spring newsletter is typically the time we review our past section activities and to also explore new possibilities and directions. In keeping with this tradition, I offer the following information:

Membership and Executive Update

I'm pleased to announce that our membership has remained quite stable over the past year and is nearing 300 members. We've had a number of members come forward and volunteer for various positions but continue to experience difficulty recruiting members for the Executive. While I have enjoyed and continue to enjoy my role as Section Chair, I do believe there is great value in change and new ideas. As such, I would like to encourage those of you working in rural/northern communities to seriously consider nominating yourself for a position on the Executive. At this time we are seeking nominations for the positions of Student Representative and Chair-Elect (or Chair). Nominations (of yourself or someone else) can be made either by email (dyckkg@cc.umanitoba.ca) or in-person at the Annual Section Business Meeting, to be held at the upcoming CPA Convention in Toronto, June 2011. If you are nominating someone, please check with him/her first to ensure they are willing to accept this nomination. Assuming we have quorum, voting will take place at the business meeting.

I would like to express my heartfelt appreciation to the following section members for their following contributions to the section:

- Secretary-Treasurer: Judi Malone
- Student Representative: Laura Armstrong
- Newsletter Editor: Cindy Hardy
- Formatting of Newsletter: Crystal Rollings
- Professional Affairs Committee Representative: Judi Malone
- Task Force on Prescriptive Authority Representative: JoAnn Leavey
- Listserv Moderator: Hope Yungblut
- Webpage Manager: Melissa Tiessen

Message From the Chair Cont.

North Star Student Award:

The North Star Student Award was established by the Rural and Northern Psychology Section in 2008 to recognize the student with the most meritorious submission to the Rural and Northern Section of the CPA annual convention. There are two categories of competition; poster presentations and oral presentations (symposia, review, conversation sessions). One award will be available within each category. Students with multiple convention submissions across these categories may apply for the award in both categories. Although we did not receive any applications for 2010, we have received some applications for this year's convention. We look forward to presenting these awards at the business meeting on Saturday June 4th from 8:00 to 8:55 am in the Wentworth Room (mezzanine level). Refreshments will be served. I hope you can join us for the presentation.

Section Newsletter:

The section newsletter continues to be published twice yearly and appears well received by the section members. In response to feedback we have incorporated a new feature in this issue entitled, A Week in the Life of a Rural/Northern Psychologist. It is our hope that this will become a regular feature highlighting the rewards associated with working as a Psychologist in a rural/northern community.

Collaboration with Other Sections:

Many of you may recall that our section had the pleasure of collaborating with Section of Women and Psychology and the Aboriginal Psychology Section to organize a pre-convention workshop during the 2010 CPA Convention (entitled Mental, Spiritual, and Emotional Health of Aboriginal Peoples and other Diverse Populations: Theory, Research & Practice). This proved to be an extremely positive experience and one that I believe benefitted all those in attendance.

Cindy Hardy (former Treasurer/Secretary) and I also had some initial discussions with the Chair of the Student Section at the 2010 convention regarding strategies for advocating for loan repayment incentives for working in an underserved area. We continue to explore possible ways to approach this issue and would welcome any input into this issue. Please get in touch with me if you are interested in taking on more of a leadership role on this issue.

These experiences have reinforced my belief in the importance and value of collaborating with various sections. I hope to continue in my efforts to respond to and seek out opportunities to collaborate with other sections on various projects.

Annual CPA Convention

The section continues to work towards having a greater presence at the Annual Convention and I would certainly welcome any suggestions for how we might accomplish this. The section also continues to explore options (e.g., travel bursaries, technology) to support the participation of members living in more remote communities. Please get in touch with me if you have an interest in taking on more of a leadership role with either of these activities.

Section Activities at the Annual CPA Convention in Toronto, June 2011:

Thursday, June 2 (11:00 – 12:55) Dominion Ballroom - Rural and Northern Psychology Poster Session
Differentiating Clients Who Are Referred for Residential Treatment and Clients Who Are Never Referred for Residential Treatment in a Northern Ontario Social Service Agency (Erin Brock, Tracey Curwen)
M-CHAT and PDDST-2 as Predictors of Autism Spectrum Disorders in Young Children Living in Rural Canada (Shelley Goodwin)
Communities at Risk: Factors that Predict Elevated Suicide Ideation in Rural Youth (Laura Armstrong, Ian Manion)

Friday, June 3 (12:30 – 1:25) Wentworth Room - Round-Table Conversation Session
Professional Struggles & the Experience of Ethics (Judi Malone)

Saturday, June 4 (8:00 – 8:55) Wentworth Room - Rural & Northern Psychology Section AGM (refreshments provided)

I hope many of you will be able to join us.

Karen G. Dyck, Chair

What Does Equine Therapy Mean Anyway?

Submitted by Shelley Goodwin
slgoodwin@eastlink.ca

It has been recognized for some time that animals can be therapeutic for the humans who interact with them (Fine, 2006). Living in a rural area and owning horses I am frequently asked about equine therapy and if I offer it. Many people who are not horse enthusiasts or mental health therapists do not have an understanding of the many different forms of equine therapy. It is hoped that this article will clarify some of the questions around this progressive and fun form of therapy.

Therapeutic Riding (TR) - TR is not a new idea. It has been around in various forms for centuries but it is the accomplishment of Liz Hartel from Denmark that is generally acknowledged as the impetus for TR as we know it today. In 1952, while experiencing the affects of polio, she won a silver medal at the Helsinki Olympics in Grand Prix dressage. This high profile achievement drew the attention of both medical and equine professionals and centers for therapeutic riding began to appear in Europe and North America. The first Canadian program appeared in 1969, when J.J. Bauer and Dr. R.E. Renaud of Toronto organized the Community Association of Riding for the Disabled (CARD). This remarkable program is still providing programs to children and adults and putting smiles on faces. TR uses trained volunteers and certified TR instructors to deliver the horse riding experience. The Canadian Therapeutic Riding Association (CanTRA) is a registered charity that provides children and adults with disabilities the opportunity to challenge themselves and achieve a sense of greater empowerment through their interaction with horses. Since their beginning in 1980, they have been focusing on individuals with physical disabilities and challenges.

The focus of therapeutic riding is on teaching riding and horsemanship skills. The results of these horsemanship skills may result in a sense of empowerment, a sense of accomplishment, increased mobility, and life skills, such as better communication and social skills. However, this personal growth and development is not the focus of TR. This is often where it gets confusing as most recognize this as a considerable benefit of TR, but when these personal growth goals become the focus of the therapy session it is no longer TR.



Tanden Cook and his Canadian horse partner Venus are demonstrating a push up on the back of a horse (occupational therapy). Like all participants he is wearing a helmet in addition to having two spotters (one on each side of the horse) to ensure his safety.

What Does Equine Therapy Mean Anyway? Cont.

Hippotherapy - The word "hippotherapy" comes from the Greek *hippos* meaning horse and *therapy* meaning care. Hippotherapy is the utilization of the horse for therapeutic purposes rather than equestrian goals. In a hippotherapy session the goals and focus may be to improve a client's functional abilities in such areas as communication, gross or fine motor skills, or self help skills. These improvements are then measured in some way to evaluate outcomes of the program and treatment modalities. Unlike TR, hippotherapy therapists must be trained and credentialed in their respective professional area (e.g., physical therapist, occupational therapist, recreation therapist, speech-language pathologist) and they then use the horse as a treatment "tool." Treatment is based on a thorough assessment completed by the treatment team and may include identified needs in mobility, speech, cognitive, behavioral, and self help skills. The horse becomes the tool to facilitate or elicit therapeutic effects from the client. For example, treatment exercises may include verbal commands to encourage the horse to go forward and to halt (speech therapy), or clients squeezing their legs to move the horse forward, or grip the horse's mane (occupational therapy). Of course, there are many ways to encourage and engage a client who is on horseback. According to



Caleb Cook is demonstrating attending to the horse's body language (EFMH exercise/social cues) and working on gross motor skills/upper body strength(occupational therapy) with his horse partner Canadian Nell.

hippotherapy enthusiasts, the horse offers over 100 multidimensional movements that allow for various levels of stimulation for the client that are not easily equaled by any other means. As many have noted before, hippotherapy is fun and does not seem like therapy. This is frequently noted as the biggest benefit to equine therapy. If you have any doubt, look at a child's face, the smile will say it all.

While smiles are valued, the growing number of high quality research studies which have evaluated this form of equine-partnered therapy suggest that there is considerable value beyond clients' happy faces. Studies have indicated improvement in several areas including mobility, balance, and fine/gross motor abilities.

Equine Facilitated Mental Health (EFMH) - EFMH is an experiential form of psychotherapy that includes horses and goes by several different names. CanTRA titles their version Equine Facilitated Wellness (EFW) but acknowledges that other organizations have called it Equine Facilitated Counselling, Equine Facilitated Psychotherapy, Equine Experiential Learning, and Equine Assisted/Facilitated Psychotherapy. EFMH can include a number of activities such as grooming, longeing, handling, driving, and riding. All are mutually respectful of the individuals involved and the horse partners.

This is a much newer therapeutic area and the guidelines and policies are not as evolved as those in Hippotherapy and Therapeutic riding. In the best case scenario there is a credentialed Mental Health therapist/professional and a credentialed equine professional working with the client.

What Does Equine Therapy Mean Anyway? Cont.

CanTRA adheres to this standard but also allows the mental health professional to be a credentialed horse handler as well. Others do not require this level of training in the therapist nor require this high level of equine knowledge.

Ideally, the focus of therapy is identified through a thorough assessment and treatment goals can include self esteem and self help issues, boundary awareness and other personal growth and development concerns. This environment is carefully supervised and the process is professionally facilitated so that interactions occur with specially selected and trained equine partners. The idea is to bring individuals together with equine partners to provide a healing and learning environment. This interaction and experience is then explored and contextualized to the individual's life experience.

One of the challenges of any new therapeutic endeavor is to prove it is valid and effective. Hippotherapy has been utilized for a longer period of time and therefore has a developing foundation of empirical knowledge to support its utilization. Unfortunately, for those needing this knowledge source EFMH programs do not yet have this foundation of empirical validation. However, one small research study, completed by Leigh Shambo in collaboration with colleagues with the University of Washington, has shown good results using EFMH in the treatment of women with a diagnosis of Post traumatic stress disorder. It is hoped more quality research will follow.

Winston Churchill once said, "The outside of a horse is good for the inside of a man." For those of us who have horses in our lives we know this to be true. What is also true is that equine therapy is not just one thing but many. As professionals who live in rural areas we are bound to be asked about equine therapy. Having an understanding of this new form of therapy will help us provide important information to our clients.

References

- Fine, A. H. (Ed.). (2006). *Handbook of Animal Assisted Therapy* (2nd Ed.). New York: Academic Press.
- Shambo L., Seely S. K., & Vonderfecht H. (2010). A Pilot Study on Equine-Facilitated Psychotherapy for Trauma-Related Disorders. *Scientific and Educational Journal of Therapeutic Riding* ISSN 1174-6238

Recommended reading

- Hallberg, L. (2008). *Walking the way of the horse: Exploring the power of the horse-human relationship*. New York: iUniverse, Inc.

Shelley Goodwin, Ph.D. lives in Yarmouth, NS with her husband and an increasing number of their "Little horses of iron" - Canada's National horse.

Conference and Event Notices

Upcoming Conference and Call for Submissions

10th CONFERENCE of the Canadian Rural Health Research Society
KEEPING IT RURAL: Health, Multiculturalism & The Rural-Urban Interface
October 20th - 22nd, 2011 Marriott Vancouver Hotel in Richmond, BC
Deadline for Submissions: May 31st, 2011

The conference begins on October 20, 2011 with workshops and an evening reception. The next two days will include keynote speakers, concurrent sessions, poster presentations and meetings.

CONFERENCE OBJECTIVES

- To share the findings of recent and ongoing research on rural health
- To discuss intervention strategies and policy approaches designed to assist rural residents and their communities in achieving the best possible health outcomes
- To facilitate partnerships involving researchers and decision makers in new interdisciplinary research teams
- To share successful methods of knowledge mobilization
- To discuss ways in which rural researchers and decision makers can work together in developing policy-relevant research and creating evidence-informed rural health policies

WHO SHOULD ATTEND

This conference will provide opportunities for researchers, decision makers, practitioners, policy makers, graduate students, community members and other stakeholders interested in the health and well being of rural and Northern residents and communities. This conference will discuss current findings on rural and Northern health issues and explore means for enhancing communication between researchers and policy makers.

THEMES

- Multicultural Health and Rural Populations
- Physical and Work Environments
- First Nations Health
- Rural and Remote Health Services Delivery
- Health Professionals in Rural Locations
- Knowledge Translation Strategies
- Environmental Impacts on Rural and Remote Health
- Vulnerable Populations (e.g. Rural Senior's and Children's Health)
- Food Security
- Rural Communities and Health
- Rural-Urban Interface
- Other

ABSTRACT SUBMISSION

The conference language and abstracts are in English. Please submit electronically to:
<http://crhrs-scrsr.usask.ca/bc2011/>

If you cannot submit electronically, please contact the Scientific Committee chairperson for further instructions:
 Dr. Shelley Kirychuk Chairperson, Scientific Committee shelley.kirychuk@usask.ca

GENERAL INQUIRIES

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 Website: <http://crhrs-scrsr.usask.ca>

Upcoming Conference

**Inaugural OISE-IEN Indigenous Mental Health Symposium
Indigenizing Psychology: Integration of Teaching & Practice
June 1, 2011 Native Canadian Centre of Toronto, Toronto, ON**

This symposium is designed for students, practitioners, and researchers of all disciplines of applied psychology and Indigenous mental health who are interested in enhancing their knowledge and skills and exploring new ideas. Topics such as new teaching methods, recent advances in specialized areas of Indigenous counselling, psychotherapy, and issues of assessment will be covered. In addition to the four invited keynote speakers, there will be student and faculty research posters and cultural workshops.

In recent times, health service structures in Canada have put forth funding and services to address the erstwhile unmet mental health needs of Indigenous peoples. *The Inaugural Indigenous Education Network Mental Health Symposium* was organized in the spirit of continuing to address this need and to disseminate knowledge and skills of contemporary Indigenous mental health services by leading practitioners in the field. In essence, *The Inaugural Indigenous Education Network Mental Health Symposium* will open a local dialogue for students and professionals regarding Indigenous healing within the applied disciplines. Specifically, the symposium will explore six key topic areas via oral presentations, workshops presentations, and cultural workshops by leading Canadian Indigenous health and healing practitioners. As well, discussion groups and student posters will cover the following topics:

- Traditional Healing
- Indigenous counselling and psychotherapy theory/practice
- Psychological Assessment from Indigenous perspectives
- Integration of Indigenous and Western healing
- Research and Scientific Issues

Registration:

\$80 general fee; \$40 student & community members. To register email suzanne.stewart@utoronto.ca.

Conference Program:

9:00 am to 9.30 am	Traditional Opening by Don Waboose. Opening welcome by Dr Suzanne Stewart, IEN Chair
9:30 am to 10:45 am	1st session - Traditional Teaching on Psychology by Traditional Healer Wendy Hill, Cayuga Nation
10:45 am to 11:15 am	Poster Viewing and Networking -- Coffee/Tea Served
11:15 am to 12:30 pm	2nd session - Academic Workshop on Assessment, Mohawk Clinician Dr. Peter Menzies
12:30 to 1:45	Networking Lunch and Poster Viewing. Catered Lunch at the Native Canadian Centre of Toronto
1:45 pm to 3 pm	3rd Session - Academic Workshop on Psychotherapy by Dr. Lynne Lavalley & Elder Verne Harper
3:00 pm to 3:15pm	Refreshment Break
3:15pm to 4:30pm	Choice of Two Concurrent Cultural Workshops: 1) Drumming with Spirit Wind Hand Drumming Group or 2) Traditional Dancing with Deanne Hupfield
4:30 to 5:00 pm	Group Reflections. Closing remarks by Dr. Suzanne Stewart, IEN Chair. Traditional Closing by Don Waboose
5:00 pm to 5.30 pm	Final Poster Viewing and Networking

Upcoming Book Release

Health in Rural Canada

Edited by Judith C. Kulig and Allison M. Williams

November 2011

978-0-7748-2172-8

\$95.00

advance paperbacks will also be available for course use.

Health research in Canada has mostly focused on urban areas, often overlooking the unique issues faced by Canadians living in rural and remote areas. This volume provides the first comprehensive overview of the state of rural health and health care in Canada, from coast to coast and in northern communities. Three themes are highlighted: rural places matter to health, rural places are unique, and rural places are dynamic.

The contributors bring insights and methodologies from nursing, social work, psychology, geography, epidemiology, and sociology and from community-based research to a full spectrum of topics: health literacy, rural health care delivery and training, Aboriginal health, web-based services and their application, rural palliative care, and rural health research and policy. Taken together, these wide-ranging and multifaceted explorations of the dynamic relationship between health and place offer researchers and policy-makers, students and practitioners a valuable resource for understanding the special, ever-changing needs of rural communities.

Judith C. Kulig is a registered nurse and professor within the Faculty of Health Sciences at the University of Lethbridge.

Allison M. Williams is a health geographer and a faculty member in the School of Geography and Earth Sciences at McMaster University.

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A Week in the Life of a Rural/Northern Psychologist

Submitted by Dr. Cindy Hardy, RPsych
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I live in Prince George, BC and am on faculty in the Psychology Department at the University of Northern British Columbia (UNBC). I also conduct a private practice in child clinical psychology. In this column I am going to describe one week's activities, to give readers a sense of what I do.

In the week of interest, the Northern Attachment Network and the Infant and Child Development Association of BC held a professional continuing education conference on child development and mental health at UNBC. The conference spanned four days, with two days of preconference sessions focused on the Gesell Developmental Assessment tool. The Gesell tool is used by Infant Development Programs throughout BC to measure infants' and young children's neurological and developmental integrity. The third day of the conference offered presentations by local and provincial speakers on a variety of topics related to infant and child development and mental health, and the fourth day was a full day workshop by Dr. Bruce Perry on the effects of abuse and neglect on the developing child. As one of the conference co-chairs, I spent a lot of my time this week attending to organizational details for the conference.

Monday morning I was at my practice office, where my day started with a cancellation. I did some test scoring, and made a call to another professional about one of my clients. I then saw a young client for an assessment. In the afternoon, I worked from my home office, attending to details in preparation for the conference.

On Tuesday, the first day of the preconference workshops, I touched base with the conference services manager to ensure everything was running smoothly and wrapped up some last minute preparations. I then met with graduate students for the rest of the day, discussing the projects they are working on.

On Wednesday, I attended a team meeting for a large evaluation project I co-lead, and reviewed an ethics board application associated with that project. I made a call to a client's parent to book an appointment, and then prepared my introductory comments for Thursday morning's conference opening.

Thursday morning started early, with set up of display tables and a short orientation for volunteers helping out with individual conference sessions. Then the conference began with opening comments from the conference co-chairs, and a welcome to the traditional territory. The rest of the day was spent in conference sessions. The audience was made up of over 200 people from all over northern BC and included professionals,



The Agora courtyard and the Geoffrey R. Weller Library at the University of Northern British Columbia.

Image was provided courtesy of the University of Northern British Columbia.

A Week in the Life of a Rural/Northern Psychologist Cont.

paraprofessionals, and foster and adoptive parents. The importance of opportunities for people to get relevant training close to home, with colleagues from their communities, is one of the main reasons I get involved with offering local continuing education conferences. One session I attended included group discussion of how we experience and respond to secondary trauma in our work with children and families. Members of the audience spoke openly about how difficult it is to deal with secondary trauma in small communities, where personal relationships can overlap with helping relationships in a multitude of ways. They also spoke of the value of taking time to pause and reflect upon their work, which is something the conference offered them.

Friday's workshop by Dr. Bruce Perry was inspiring. Those of you who have heard Dr. Perry speak know he is a dynamic and entertaining presenter, with a talent for explaining neuroscience fundamentals to non-specialists. The audience's response to his presentation was very positive. I went home that day exhausted but exhilarated by the overwhelming success of the conference.

Although this week was not a typical work week because of the conference, the activities described above highlight some of the unique features of the work I do as a clinical psychologist in a small northern city. If you would like to describe a week in your life for future newsletters, please contact me at hardy@unbc.ca.



Northwest view of the University of Northern British Columbia, Prince George campus.

Image was provided courtesy of the University of Northern British Columbia.

Student Section

New Directions in Rural Mental Health: The Role of Future Psychologists

Submitted by Laura Armstrong, Student Representative, Rural & Northern Section
larms086@uottawa.ca

Students of today are the policy-makers of tomorrow. We are entering our profession with hopes and dreams, big plans, and a desire to improve the mental health system. Will we?

In rural communities, mental health resources are more limited than in urban regions and there are often more concerns about privacy: People have less access, and are also less likely to access services, in rural compared to urban areas. Some rural psychologists say that they are sole regional practitioner for 70,000 or more persons! Thus, there is a distinct need to change the way we think about mental health service delivery, particularly in rural regions, in order to have the largest impact in an effective, efficient manner.

How might rural services look different for future practitioners?

A greater reliance on prevention before mental health concerns emerge in childhood and adolescence would be relevant in decreasing later more costly, more stigmatized individual therapy. I was involved in a project in Northern Ontario where we carried out a "Communities that Care" youth survey to explore key regional risk and protective factors at the grade 7 level. Based on these risk and protective factors, as well as a community desire for a program allowing for ongoing training of local staff to implement the program, I drew up a menu of relevant evidence-based prevention programs from Blueprints for Violence Prevention, SAHMSA's National Registry of Evidence-based Programs and Practices, and Communities that Care lists. We then worked with the community to select the best program for the region's needs and followed this up with program implementation and evaluation. Such a system may be helpful in wide-scale mental health promotion and mental illness prevention.

Canadians are creative program developers, but often rely on clinical intuition and consumer satisfaction rather than evaluability and outcome assessment research. Thus, the body of empirically-based literature on effective prevention approaches in Canada lags behind other nations. Clinical intuition is a fuzzy lens. In fact, some programs that are believed to work, that have a high degree of consumer satisfaction, have been found to be completely ineffective in modifying stated outcomes when eventually researched (e.g., the D.A.R.E. program, which had been widely implemented). Therefore, if we are to focus on prevention efforts in rural communities, we need to make sure that our current students have a solid grounding in program evaluation skills.

Other emerging areas for rural psychology include telehealth, virtual reality, video therapy, and e-guided self-help programs. Using these technologies, however, can we truly establish a core foundational therapeutic alliance or will we merely be technicians prescribing tools? Although these new technologies are promising in that they allow us to see any client at any time, despite living distance from the therapist, they also open doors of responsibility to ensure that new modes of therapy are as effective as traditional services.

As policy-makers of the future, students have to dream big and discover ways to reach underserved populations. This must be balanced by a strong ethical and evaluative mindset to ensure that limited mental health resource dollars are used in the most effective way possible. Can we make a difference? Yes, we can. It is our gift back to the clients from whom we learn, and our responsibility: Through effective knowledge exchange, we can each create a small ripple which, in combination, can generate a synergistic wave driving positive changes in mental health.

Ethics in the Rural Context

"Current training models in graduate psychology are out of touch with the practice demands of rural psychologists." (Harowski, Turner, LeVine, Schank, & Leichter, 2006, p.158).

In this standing feature on ethics in the rural context we collectively share the story of professional ethics in Canadian rural practice through vignettes or reflections from our own practices. To date we have reviewed boundaries, privacy, generalist practice, & interdisciplinary collaboration. This 5th Instalment explores professional development & support.

Professional Development and Support

Submitted by Judi Malone

Consider the following vignette:

You meet regularly with a group of peers in rural practice. Everyone in your group is registered at the PhD level and you use this time for professional development and consultation. There have recently been requests from two Masters-level registered psychologists to join your group. They are from a different region but also in rural practice. Several members of your group are opposed to their inclusion and fear their involvement would be paramount to supervision rather than peer collaboration.

In addition to peer consultation, we are required to keep up to date through ongoing professional development (CPA, 2000). Johnson, Brems, Warner, and Roberts (2006) found that psychologists in rural practice had great interest in continuing professional education on ethics, particularly the management of clients with special issues. Rural-specific professional development, however, is not common and barriers like increased costs of accessing training, geographical barriers, & a dearth of rural-specific resources may be present.

Another consideration is the availability of consultation and supervision for those in rural practice. Options for supervision and consultation are often limited by geographical, environmental, and economic difficulties (Schank & Skovholt, 2006; Wood, Miller, & Hargrove, 2005). This may contribute to personal and professional isolation compounded by the fact that most psychologists in rural practice work individually in private practice. In the absence of collegial feedback, we may rationalize non-traditional practices, be less aware of unethical behaviour, and compromise standards due to isolation (Helbok, 2003).

Professional development issues can be managed with creative solutions that include fostering long-distance collegial networks, consulting with other professionals familiar with rural practice, and using technology to mediate distance for consultation and for professional development.

Think about the earlier vignette. How would you handle the situation? How do you meet your professional development and peer support needs? Perhaps you are like other rural practitioners who have been creative in getting your professional development & support needs met.

Current Dilemma – What Issues Arise for You?

I am looking for your ideas, stories, humour, & wisdom on ethics in professional psychological practice in rural Canada for this column. What ethical dilemmas do you experience? I will be editing Ethics in the Rural Context but we will be writing this column together. Give me your ideas or write a column! Judi Malone, R. Psych., judim@athabasca.ca, 780-645-8214

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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.

This issue of the Newsletter was edited by Karen Dyck and Cindy Hardy. Many thanks are extended to Crystal Rollings 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.

All submissions are reproduced as submitted by the author(s).

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.