Rural and Northern Perspectives: The View from Here

Spring 2019 Volume 14, Issue 1

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Message From the Chair

Welcome to the Spring 2019 issue of the Rural and Northern Section's newsletter, the View from Here.

This will be my last column as chair. I want to begin by thanking the membership for having allowed me the opportunity to represent the section in this way. I would also like to thank the executive over the past two years, for their guidance and assistance, and I would like to welcome Amanda Lints-Martindale into her role as Chair. She has already served as Newsletter Editor and is current Secretary-Treasurer. The section is lucky to keep someone on the executive with her passion and experience.

I would like to highlight different activities of our members and CPA. First, heart-felt congratulations go out to Michelle Conan (Newsletter Editor) and Nichole Faller (Student Representative) on their receipt of a CPA Certificate of Academic Excellence. How lucky we are to have such gifted individuals as part of our team! Shelley Goodwin (Past Chair) was able to travel to Washington DC and Tanzania as part of her work in partnership with the APA (read her article to learn more). Her commitment and investment in learning about and advocating for ongoing development of rural psychology is truly admirable. As Shelley lives in Nova Scotia, she likely has some recommendations for sightseeing and restaurants in and around Halifax to share with all of us!

This coming May, CPA is hosting a Summit on the Future of training of psychologists and the future of psychological science training. With the support of CPA, we are fortunate to have three delegates from the section attending the two summits. If you have any particular ideas about what may be helpful in these areas to support Rural and Northern psychology, please pass them along to me at

Message from the Chair, continued...

Annamarie.carlson@umanitoba.ca. Back in November, Karen Cohen was able to speak to the Standing Committee on Agriculture and Agri-Food about mental health challenges of Canadian farmers, ranchers, and producers. See http://www.ourcommons.ca/Committees/en/AGRI/StudyActivity?studyActivityId=10109435 (and select witnesses) if you're interested in the different groups representing the mental health needs of these individuals as well as to see Karen's report. It is encouraging to see these concerns are on the radar of our Federal Government.

Now looking to the future, I am eagerly anticipating access to fresh sea food (hard to find in SouthWest Manitoba) while taking advantage of the opportunity for our Rural and Northern community to connect, learn together, and plan for the future at the CPA convention in Halifax. We have invited Dr. Christy Simpson to speak on ethics in rural practice. There will also be a poster session, chair's address, two symposiums, and general meeting as part of the Rural and Northern Section events. The preliminary schedule has been posted. Participants interested in participating in the meeting virtually will have the opportunity to do so again this year – look for details at the start of May. Please also keep in mind the North Star Awards for student papers and posters, and the Award for Distinguished Professional Contribution to Rural and Northern Practice. The section will also be looking for a Secretary-Treasurer and Student Representative for the next year. Please contact me at Annamarie.carlson@umanitoba.ca if you are interested or would like more information. I hope to see many of you in Halifax and enjoy the newsletter!

AnnaMarie Carlson, Ph.D., C.Psych.
Rural and Northern Section Chair

Volunteer Opportunity: Provincial Representatives

Would you like to be more involved in the Rural and Northern section of CPA? **The Rural and Northern section of CPA is currently looking for provincial representatives** from each province and territory across the country. We currently have representatives from British Columbia, Saskatchewan, Manitoba, Northwest Territories, Nova Scotia, and Nunavut; all other provinces and territories do not yet have a designated representative! If you are interested in representing your province, please contact our chair, Dr. AnnaMarie Carlson at AnnaMarie.Carlson@umanitoba.ca.

Call for Nominations for the Distinguished Professional Contributions to Rural and Northern Practice Award

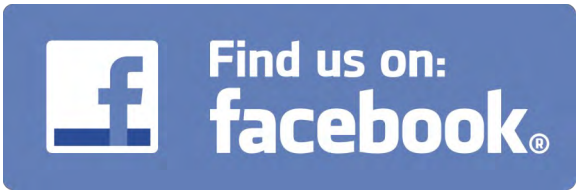
This award is intended to recognize outstanding rural and northern practitioners in psychology. Nominations will be considered for psychologists working in any area of rural and northern psychological practice (e.g., education and health services provision, consulting); and/or provide services to any patient population or professional clientele in a rural and northern setting. Services provided to diverse client groups or patient populations, including but not limited to children/adolescent/adults/older adults/elders, rural/remote/northern populations, minority populations, and persons with serious mental illness will be considered. Contributions may be judged distinguished by virtue of peer recognition, advancement of the public's recognition of psychology as a profession, advancement of rural and northern practice through supervision/ research/scholarly pursuits, relevant professional association honours, or other meritorious accomplishments denoting excellence as a rural and northern psychologist, including advancement of the profession.

Nomination packages must include:

1. A letter of nomination from a current Rural and Northern Section member detailing the nominees distinguished contribution.
2. At least two letters of support from individuals (beside the nominator) who know this persons' distinguished contribution to rural and northern practice. The letter is to be current, meaning written in the last calendar year.
3. A current curriculum vitae for the nominee.

Deadline for submission is May 10, 2019.

The recipient will be announced at the AGM of the Rural and Northern Section on May 31, 2019. Send nomination packet *by email* (in pdf format) to annamarie.carlson@umanitoba.ca



Connect on Social Media!

The Rural and Northern Section is on Facebook! Like our page to get up-to-date information about section activities!

North Star Student Award — Now Accepting Applications

Are you a student member of the Rural and Northern section of CPA and presenting at the 2019 convention in Halifax?

The ***North Star Student Award*** ($200 value) has been 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. Any student whose presentation/poster has been accepted into the Rural and Northern Psychology Section Program is encouraged to apply. 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. Winning submissions will be recognized with a certificate and a monetary award, presented during the section's annual business meeting. The student will also be invited to describe his/her work in the fall issue of the Rural and Northern Psychology Newsletter, *The View from Here: Perspectives on Northern and Rural Psychology*.

To be eligible for this award you must:

- Be first author of a presentation/poster that has been accepted into the Section Program at the annual CPA convention, and a student at the time you did the work described in the paper.
- Notify the Section Chair that you wish to be considered for this award.
- Be prepared to attend an award ceremony at the convention (awards will be presented during the section's Annual Business Meeting).
- Be a member of the Rural and Northern Psychology Section at the time of the submission.

Deadline for submission is May 27, 2019.

Please contact Chair, Dr. AnnaMarie Carlson, via e-mail: AnnaMarie.Carlson@umanitoba.ca if you wish to be considered for this award or if you have any questions.

APA International Learning Partner Program (ILPP)

Submitted by Dr. Shelley Goodwin, C. Psych.

It has been several days since my return from Tanzania with the APA International Learning Partner Program (ILPP) and I continue to reflect on the depth of my experience, both professional and personal. Many colleagues and friends have asked about my experience and I must admit that I have struggled to capture the depth of my experience in a concise manner. Yet I am compelled to continue to try as this experience has been so meaningful. There were many attention-grabbing events but I will describe only a few to provide a snap-shot of the incredible experience.

Each Tanzanian greets you by asking about your visit, your sleep or wellness. It is a pleasantry that is ubiquitous throughout the country. The meaning is simple - before we conduct business we meet as social beings, as individuals caring for each other. It is a lovely expression of caring that speaks to a deeper meaning of caring for each other. It heightened my awareness of how we, as Canadians, frequently dive right into the business at hand and negate the personal engagement that is the foundation of our meeting. This was a significant take away for me.

At one treatment centre in Bagamoyo I had the opportunity to speak with a man about his road to recovery. He had previously traveled internationally and spoke of the challenges of finding treatment in Canada, the United States and finally in his home country. He also spoke of the difficulties of finding treatment in rural areas where his family lived. As someone who works and lives in rural Canada, I immediately came to see the similarities of our mental health difficulties and this resonated with me. It also broadened my perspective of service provision and ways in which we might collaborate with Tanzanians to promote rural initiatives. After the professional portion of the trip, several of us chose to travel to the northern part of the country for a safari. During this trip I further noted the rural living experiences of farmers, herders and the Indigenous Maasai peoples. I witnessed their determination, resilience and dedication to their way of life despite the significant hardship. It was inspiring but also strengthened my awareness of the lack of access to health care in these rural and northern areas.

During our visit to the One Stop Trauma Centre at Mnazimmoja Hospital, in Zanzibar the Interprofes-sional collaboration that

was woven into the team was apparent and motivational for me. The woman who spoke to us was forthcoming and honest in her need for program support, staffing needs, and education. When one participant in our group asked her how the team engages in their own self-care given the significant opportunity for vicarious trauma, she became teary and it became obvious that while she provided support for others, there was not the supports in place for herself or team members. This was heart wrenching as in our country this type of support is known to be a critical part of psychological service.

At a youth center in Zanzibar several of the youth acted out a skit for us. This was a short informal performance that depicted the serious issue of drinking water availability and the need for conservation. It also depicted what I had been observing every day as we drove the streets of Dar es Salaam and Zanzibar. As someone who is aware of the effects of climate change, the importance of reducing plastic, using BPA free water bottles, and the large number of water bottles being used and not recycled struck me as very alarming. This was all in addition to the fact that clean water is precious in this country. However, it also heightened the awareness of how we could help to educate and increase understanding of climate change by using psychological knowledge and research.

There were many instances in which I saw children, adults and the elderly in heart wrenching circumstances. Yet I also saw many instances of incredible resilience, determination, and generosity. Instances where my heart swelled with admiration. And I was humbled to bear witness to the work that psychologists were doing every day in this country. We were joined most days by psychologists and students who deepened our understanding of what we were seeing. They also spoke of their determination to grow their association of psychology (ZAPCA) to further advance the profession.

On my flight from Amsterdam to Toronto, I happened to sit beside a woman from Toronto. Originally from Kenya she still had family in Tanzania that she had been visiting. During the 10-hour flight across the Atlantic she spoke of her desire to return to her graduate studies in psychology which had been put aside as she raised her family. She spoke of her desire to work with new Canadians to help them with the

APA International Learning Partner Program (ILPP)...Continued

Submitted by Dr. Shelley Goodwin, C. Psych.

transition to Canada and to provide mental health services to those immigrants who have gone through much hardship in getting to a safe country. I suggested to her that psychology needed individuals just like her and we shared contact information. This relatively short discussion reminded me of the importance of growing our profession no matter where we are.

For those who have international psychology interests in their career, who may have a sense of adventure and urge for humanitarian work, I strongly encourage you to consider a trip with the APA ILPP. It has been personally and professionally a pivotal moment.

Rural Psychology: Rural and Remote Memory Clinic (RRMC)

Submitted by Dr. Megan O'Connell, University of Saskatchewan

Clinical psychologists have been integral to the **Rural and Remote Memory Clinic** (**RRMC**) since its inception. Morgan et al. (2009) implemented the one-stop diagnostic RRMC in 2004 as a demonstration project funded by the Canadian Institutes of Health Research, and the RRMC is now a sustained provincial government-funded clinical resource. The RRMC model was devised to reduce travel burden for rural and remote residents of the province of SK; consequently, the model includes a single full-day assessment with diagnosis provided by the end of day. The RRMC is an interprofessional clinic with a neuropsychology team, a neurologist, a nurse, a physical therapist, and a registered dietitian when available. Consistent with best-practices in diagnosis of dementia, family members are encouraged to attend the assessment to provide collateral information. When families attend the RRMC, they complete consent procedures, a medical history, and a medication review with the clinic nurse. This information is provided to the interprofessional team who subsequently join the family for a joint interview (neurology, neuropsychology, and physical therapy). The interprofessional joint interview has the advantage of being time-efficient and allows all team members to hear the clinical history.

After the joint interview, the patient completes a neurological exam (including a comprehensive blood panel and a head CT) while the family remains with the rest of the team. The patient then attends a neuropsychological assessment, which is a brief battery of approximately two hours that assesses the domains of premorbid cognitive status, suboptimal effort, language, visuospatial processing, attention, speed of mental processing, semantic memory, episodic memory, executive function, and social cognition. Neuropsychological batteries are adapted as needed clinically. During at least two breaks in the neuropsychological battery, the testing materials are left outside the testing room for a psychometrist to score concurrent with testing. This procedure allows for the results from the 2-hour neuropsychological battery to be rapidly available to the supervising psychologist.

Concurrent with the neuropsychological battery, family members (many of whom are caregivers) complete standardized scales of informant reports of the patients' instrumental and basic activities of daily living, health status and health-related habits (such as alcohol use), neuropsychiatric symptoms, and sleep patterns. Family members also report on their own perceived burden, psychological distress, and quality of life. The completion of these standardized scales is followed by an interview from the neuropsychology team. This process has the advantage of allowing the collateral informant to freely discuss the patient without the patient present, but with knowledge of the limits of confidentiality. Patients also complete standardized scales of depressed mood.

Finally, the team meets and discusses the profession-specific findings (the neurologist interprets the head CT and blood work) and the neurologist and neuropsychologist come to a consensus diagnosis. This process occurs for two families on clinic day: the intake and feedback interviews are staggered and while one family is performing the neuropsychology assessment the other family is receiving the physical therapy assessment. The in-person follow-up procedure is similar, but the neuropsychological battery is only one hour as is the physical therapy assessment. If the

"...the RRMC model was devised to reduce travel burden for rural and remote residents"

Rural and Remote Memory Clinic, Continued

neurologist needs to repeat the neurological exam, families travel into Saskatoon, otherwise neurological follow-up occurs by Telehealth.

The RRMC's impact is limited to diagnosis and medication management, and there remains a need for interventions for rural residents with dementia and caregivers. As Team 15, Rural, in Phase II of the Canadian Consortium on Neurodegeneration in Aging (CCNA) that began 1 April 2019, we will expand the RRMC and research a novel model of remote healthcare. A PhD level Clinical Psychologist will deliver a suite of interventions province-wide via Telehealth from the **RRMC-interventions** (**RRMCi)**. Although the suite interventions offered from the RRMCi will be provided to urban and rural dwelling residents, the use of technology for remote delivery will ensure access for rural and remote residents. Telehealth SK has over 400 secure broad-band Telehealth suites across the province in local healthcare centres, even in communities where commercial broad-band access is not readily available. The following RRMCi projects were modified to respond to their expressed needs of persons with lived experience with dementia and of stakeholders in rural dementia care.

1. Cognitive rehabilitation (CR) is an individual, person-centered Intervention that helps persons with MCI and dementia achieve personally meaningful goals (Bahar-Fuchs, Clare, & Woods, 2013) and improve everyday function (Clare et al., 2019). Burton and O'Connell (2018) demonstrated with a RCT that CR can be delivered by Telehealth. We propose that the RRMCi deliver a single-case controlled multiple baseline trial of Telehealth CR to demonstrate the impact on mood, quality of life, and satisfaction with goal attainment for persons with MCI or dementia and their caregivers.

2. Cognitive behavioural therapy for insomnia adapted to dementia (CBTid). CBTi is a well-supported treatment of insomnia (Brasure et al., 2016), which modifies sleep in 5 or 6 visits using stimulus control, sleep restriction, relaxation, and cognitive therapy. CBTi appears efficacious in traumatic brain injury (Nguyen et al., 2017; Ouellet & Morin, 2007), but the evidence base is lacking for mild cognitive impairment (MCI) or dementia. Sleep disturbance is common (up to 50%) in persons with dementia (Guarnieri et al., 2012; Rongve, Boeve, & Aarsland, 2010) and caregivers (Rongve et al., 2010). We propose (a) modifying CBTi using cognitive rehabilitation for persons with dementia - CBTid - and a feasibility RCT of CBTid for Telehealth delivery; (b) RRMCi delivery of a waitlist controlled RCT of CBTid with rural caregivers and persons living with MCI or dementia to improve self-reported sleep, mood, and quality of life for the dyads. Our longer-term goal is to adapt a manualized dyadic sleep intervention that uses lightboxes (NITE-AD; McCurry, Gibbons, Logsdon, Vitiello, & Teri, 2005 and DREAMSTART; Livingston et al., 2018) trials) for remote delivery. We will then randomly assign persons with moderate

Rural and Remote Memory Clinic, continued...

Submitted by Dr. Megan O'Connell, University of Saskatchewan

to severe dementia with chronic insomnia to receive CBTid versus the adapted dyadic intervenient to explore which method is preferable when cognitive impairment is marked.

3. *Driving cessation* can lead to adverse psychological consequences (Chihuri et al., 2016; Rapoport, Cameron, Sanford, & Naglie, 2017). We are collaborating with another CCNA Team (Team 16 Driving) to translate their driving cessation support group program augmented by problem solving therapy to adapt this intervention for Telehealth delivery. Finally, we will deliver the adapted driving cessation support group from the RRMCi and evaluate efficacy for rural families.

4. *Social inclusion intervention*. Social support is essential to enable caregivers to adapt to role-related distress (Dam, Boots, van Boxtel, Verhey, & de Vugt, 2018). Caregivers' depression and quality of life are correlated with their self-reported number of friends, community connections, and support network satisfaction (Haley, Levine, Brown, & Bartolucci, 1987). Social networks can, however, be impaired due to cognitive biases and poor identification of social supports (Adamchak, Bond, MacLaren, Magnani, & Nelson, 2000). Sex and gender impact social inclusion. Older men are less socially engaged than older women (Thomas, 2011) and male caregivers are less likely to ask for help (Papastavrou et al., 2011), but receive more informal social support than female caregivers (Brazil, Thabane, Foster, & Bédard, 2009; Schwartz, 2013). This suggests that traditional gender roles affect informal support networks (e.g., females are "natural caregivers" and may not be perceived as needing assistance) (Brazil et al., 2009). Few interventions focus on informal social networks (Dam, de Vugt, Klinkenberg, Verhey, van Boxtel, 2016). From a systematic review of clinical psychology interventions to improve informal social support networks with an emphasis on gender roles in caregiving and informal social supports, we will adapt an intervention for caregivers of persons with dementia and for remote delivery by the RRMCi, using a feasibility trial.

5. *RuralCARE app*. *A Telehealth support group* of spousal caregivers of persons living with atypical, young onset dementias was developed by O'Connell et al. in 2009 and evaluated (O'Connell et al., 2014), and adapted by the Alzheimer Society of Saskatchewan as a sustained provincial resource. The original support group requested a move from Telehealth to an *asynchronous model (via secure mobile app).* This app development work is being funded elsewhere, but we will need the RRMCi psychologist to help deliver the app as an adjunct to the current Telehealth support groups, and we will measure the impact on mood and perceived social support. Our data show how sex and gender impact caregiving (Stewart et al., 2016), and how specific behaviours from persons with dementia impact caregiver wives differently than caregiver husbands (O'Connell et al., 2014); consequently, we will create the option for separate sex and gender-based discussion forums in the RuralCARE app.

"...develop Indigenous caregiver support groups that can be offered province-wide and remotely facilitated."

Rural and Remote Memory Clinic, continued...

6. *Indigenous caregiver support*. From our clinical experience in the RRMC and from work conducted in CCNA Phase I, culturally safe caregiver supports for Indigenous caregivers were found to be lacking and are critically needed. As part of a joint project with CCNA Team 18, Indigenous, we will work with the File Hills Qu'Appelle Tribal Council in Southern SK to collaboratively develop Indigenous caregiver support groups that can be offered province-wide and remotely facilitated by the RRMCi. Qualitative evaluation will use Indigenous methods and implementation science approaches. Future finding will be sought to expand this model nationally.

Training the next generation of clinical psychologists. The RRMC and the newly developed RRMCi provide clinical practicum placements to students in the Graduate Program in Clinical Psycology at the University of Saskatchewan. I typically supervises two students a year in the RRMC. We initially plan to supervise one student in the RRMCi, but we plan to increase this over time once the newly hired clinical psychologist is fully registered to practice independently. Clinical psychology practicum students are exposed to the unique challenges faced by rural families of persons living with dementia, are exposed to advanced techniques in cognitive assessment, and are exposed to working within an interprofessional context. Finally, in the RRMCi they will be exposed to the unique ethical challenges that accompany remote service delivery and learn how in-person interventions have to be slightly modified for remote delivery.

About the author

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Clinical Psychologist, Neuropsychology Team, Rural and Remote Memory Clinic
NPI CCNA Team 15, Rural, Lead, Rural and Remote Memory Clinic-interventions
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Rural and Remote Memory Clinic, continued...
Submitted by Dr. Megan O'Connell, University of Saskatchewan

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Schedule for Rural and Northern Section Events at CPA 2019

Friday, May 31, 2019
11:15am - 12pm Chair's Address presented by Dr. AnnaMarie Carlson
2:45pm - 3:45pm Symposium
3:45pm - 4:45pm Invited Speaker, Dr. Christy Simpson
4:45pm Annual General Meeting (Stay tuned for information on how to participate virtually!)

Saturday, June 1, 2019
11:30am - 12:30pm Symposium

Sunday, June 2, 2019
1pm - 2pm Poster Session

*Please note this is a preliminary schedule and may change. See the website for the most up-to-date information.

https://convention.cpa.ca/

CPA•SCP 2019 Halifax

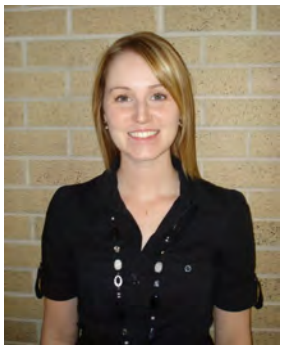
What's *Your* View Photo Challenge!

We encourage our readers to submit their photos from around the country! *What's Your View?* Send us your favourite picture of the geography outside your door, and we will post it in the newsletter!

Below:
University of Manitoba Rural Residency Group Supervision
Near Winnipeg, MB
(Residents: Michelle Conan & Whitney Taylor)

Editor's Comments

Submitted by Dr. Michelle Conan, C. Psych. Candidate



I hope that you have enjoyed this spring issue of *The View from Here*—our Rural and Northern Newsletter. I am pleased to have the role of newsletter editor for our section. I'd like to thank our previous editor, Dr. Amanda Lints-Martindale for her contributions over many years.

If you would like to make a contribution to *The View From Here*, please contact me or Dr. AnnaMarie Carlson by email at Michelle.Conan@umanitoba.ca or AnnaMarie.Carlson@umanitoba.ca. Submissions can be made at any time, and can include:

- **an article for our regular feature "a week/day in the life of a rural and/or northern psychologist"**
- research findings and summaries
- information on upcoming conferences and training opportunities
- articles on the experience, challenges, and benefits of practicing in rural and/or northern locations
- photos
- ethical dilemmas
- book review(s)
- any other topic related to rural and northern psychology in Canada!

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.

RURAL AND NORTHERN PSYCHOLOGY
SECTION OF THE CPA
CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE
PSYCHOLOGIE DES COMMUNAUTÉS RURALES
SECTION DE LA SCP