

# Rural and Northern Perspectives: The View from Here

Spring, 2016: Volume 11, Issue 1

## Message From the Chair Submitted by Dr. Shelley Goodwin



What a busy winter it has been. While most might say the constant theme of any Canadian winter is cold and snow, for me, it has been a theme of integrated and collaborative care. (And very little of the white stuff has been seen in SouthWest Nova Scotia and that made me

happy.) Integrated and collaborative care are definitely the buzz words within healthcare, from our provincial Department of Health here in NS, to regulatory bodies, to CPA to APA State Leadership Conference in Washington, DC. Of course the current APA president, Susan McDaniel, is making integrated collaborative care a theme of her presidency so that helps to create some of that buzz. However, right here at home CPA is discussing this more frequently in its publications. The idea has been around a long time but with current fiscal concerns, utilizing our resources to maximum benefit serves everyone's best interests, but especially our clients. Rural and Northern regions are well known for collaboration and working together so this approach can really serve to enhance how practice meets the needs of our clients and communities. If you are not well versed in it you may be missing the boat so take a few minutes to read up on this approach to care. I encourage you to check out some of the work that is occurring at Memorial University under Olga Heath and her team.

Over the past few months things have been busy in our section. Some of the things we have been working on include the CPA convention events and terms of reference for our section. The Executive of CPA

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## Message from the chair, continued...

has requested that each section change the wording of their Bylaws to Terms of Reference to meet the new manner of Governance. This was done in early 2016 and we are awaiting the Boards direction. We were successful in having our Research Symposium accepted for the CPA convention in June and our Student Rep, Colton Macdonald will be moderating. Please join us for our 2<sup>nd</sup> annual Research Symposium on June 9<sup>th</sup> at 10:30 in the Metchosin Room. If you have any questions please contact James Colton Macdonald ([jamescoltonmacdonald@gmail.com](mailto:jamescoltonmacdonald@gmail.com)) or me ([slgoodwin@eastlink.ca](mailto:slgoodwin@eastlink.ca)). If you are interested in presenting your rural research in our research symposium in Toronto in 2017, please contact me.

We are very pleased to have **Dr. Bob McIlwraith** as our guest speaker in **Victoria on Thursday June 9<sup>th</sup> at 16:00**. He will be speaking on "Twenty Years of the Rural & Northern Psychology Program in Manitoba: What we have learned". Many of you may already know of Bob's dedication and tireless work in promoting rural psychological practice. Among many accomplishments, he served as Head of the Department of Clinical Health Psychology in the Faculty of Medicine of the University of Manitoba and Medical Director of the Winnipeg Regional Health Authority's Clinical Health Psychology Program from 2005 to 2015. I look forward to hearing about this building stage of rural psychological practice in Manitoba and Canada.

If you are interested in serving on the executive we would like to hear from you. I have thoroughly enjoyed my time with the executive, in all the varied roles I have held. I have learned many things that contribute to both my development as a psychologist but most importantly do the development of my beloved profession. The colleagues I have met and friends I have developed are at the core of my rewarding executive experience. If you are interested in contributing to your profession and career development by joining the executive, please feel free to contact one of the executive for more information.

I will be putting the idea forward at the AGM to develop an award for distinguished professional contributions to rural and northern practice. It is hoped that this award will provide an opportunity to recognize the many outstanding rural and northern practitioners in Canadian psychology who promote and advance the practice, often alone, and quite isolated from peers. They are the researchers, the supervisors and practitioners who steadily promote practicing in remote, northern and rural settings.

I would like to hear your thoughts on all these ideas and look forward to seeing everyone at the **AGM and reception on Thursday June 9<sup>th</sup> at 17:00 in the Saanich Room**. See you there!



## Information on the 2016 CPA Rural and Northern Keynote Address Delivered by Dr. Bob McIlwraith, C. Psych.

The Rural and Northern Section is pleased to announce that Dr. Bob McIlwraith will be giving the keynote address for our section at CPA this year in Victoria, on **June 9th at 16:00**. His talk is entitled “Twenty Years of the Psychology Program in Rural and Northern Manitoba: What we have Learned”.

Dr. McIlwraith received his B.A. (Honours Psychology) from the University of Winnipeg, his M.A. (Clinical Psychology) from Acadia University, completed his Internship in Clinical Psychology at the Kitchener – Waterloo Hospital, and received his PhD (Clinical Psychology) from University of Manitoba. He practiced at the Health Sciences Centre in Winnipeg for the next 34 years.

From 1989 to 1999 Dr. McIlwraith was the Director of the Clinical Psychology Residency in the Faculty of Medicine at University of Manitoba. In 1996, the Department of Clinical Health Psychology obtained funding from the Manitoba Department of Health to establish the Rural & Northern Community-Based Psychology Training Program, which hired doctoral-level clinical psychologists into rural and northern communities and funded three new residency positions. So far, the program has recruited and supported 19 doctoral-level psychologists in Manitoba communities, and trained 48 psychology residents in the skills of rural and remote community practice. The program is ongoing.

Dr. McIlwraith was promoted to Professor in 1999. He served as Head of the Department of Clinical Health Psychology in the Faculty of Medicine of the University of Manitoba and Medical Director of the Winnipeg Regional Health Authority’s Clinical Health Psychology Program from 2005 to 2015.

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### Other Section Events at CPA on Thursday, June 9

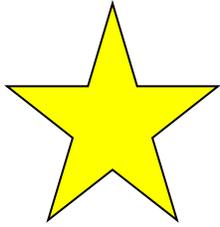
Research Symposium—10 :30 in the Metchosin Room

Poster Session B—14:15—15:45 Carson Hall (Salon B) Victoria Conference Centre

AGM—17:00 in the Saanich Room

Reception—18:00 (following the AGM)

## North Star Award Information



***“The winning submission will be recognized with a certificate and monetary award..”***

Are you a student member of the Rural and Northern section of CPA and presenting at the 2016 convention in Victoria?

The ***North Star Student Award*** 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 (Thursday, June 9th). 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.

Please contact Chair, Dr. Shelley Goodwin, **by e-mail** ([slgoodwin@eastlink.ca](mailto:slgoodwin@eastlink.ca)) if you wish to be considered for this award or if you have any questions.

## Call for Nominations to the Executive: Chair-Elect

Nominations are now being accepted for Chair-Elect of the Rural and Northern section of CPA. Duties include:

- Provision of overall supervision and administration of the affairs of the Section and ensure that all policies and actions approved by general membership or by the Executive Committee are properly implemented.
- Preside at general meetings of the Section and chair meetings of the Executive Committee.
- Represent the Section on the CPA Committee on Sections, to the CPA Board of Directors, and to external bodies. (CPA By-Law VII.7 states: The Section shall elect or appoint a representative to sit on the Committee on Sections of the Association and shall regulate through the Section By-Law the method of appointment or election and the terms of office.)
- Provide an annual report to the members and the CPA.
- The Chairperson-Elect is available to carry out duties assigned by the Chairperson or requested by the Executive Committee or the general membership.

**For further information regarding this position please contact Dr. Shelley Goodwin by email at [slgoodwin@eastlink.ca](mailto:slgoodwin@eastlink.ca)**



## Private Practice in a Rural Setting Submitted by Dr. Shelley Goodwin

Our last newsletter set the stage for opening a rural private practice. As agreed I would explore group work questions, how to deal with ethical considerations and some other issues in this edition.

### Group work

Many models exist for group work however, in a rural area where people know each other, I have found it very challenging to get people to sign up for group therapy. I find psycho-educational information sessions (which tend to be more open and not therapy based), attract more people who attend for information on a variety of topics such as ways to deal with stress, sleep challenges, or bullying for teens and at work. However, group therapy has not been successful for me within my business model. Folks who have called for my CBT for insomnia (CBTi) tend to ask for individual sessions even though it is more expensive. They appreciate the flexibility in appointment times (my group sessions are usually the same time each week for 8-10 weeks) and the anonymity. In a small community where everybody seems to know everybody this is an important consideration for community members. I would love to hear how others experience group work in rural areas.

*“...dual roles  
can be a  
challenge to  
avoid...”*

### Dual Roles

Our current 3<sup>rd</sup> edition of the Canadian Code of Ethics offers guidance around dual roles, while the next edition (4<sup>th</sup>), which I have had the opportunity to review, appears to offer increased sensitivity to rural and cultural factors influencing our practice. Anyone who has practiced in a rural, remote, or small community for any period of time knows that personal information gets shared or obtained by community members and that dual roles can be a challenge to avoid without isolating yourself within your community. There are a number of reasons why community isolation is not preferable nor favourable. If you are to be in business, you can't isolate yourself and stay in business for very long. Secondly, being part of the community is part of the lure of rural living. Belonging, sharing, and engaging in your community is part of being healthy; finding groups and activities that interest you and that you can participate in is important. Forming your own social

## Private Practice Continued...

activity group can be very rewarding and this would allow you some control to make the group ethically a good choice for you. For example, I did this with my quilting group and horseback trail riding crew. Yet I realize this is not an ideal situation all the time. I know one colleague who socializes with other psychologists, but her area of practice is a bit bigger and has a larger number of psychologists around. Navigation of dual roles takes some practice and patience. In my case it also takes another psychologist to discuss situations with. Learning how to navigate the myriad of opportunities for dual roles, boundary setting, ethical dilemmas, and conflicts can be a steep learning curve but also offers an unparalleled richness.

A slightly different angle is if you grew up in a small town and you are planning to return and practice in that small town. This can create different challenges. I still recall my father calling my mother for my personal phone number because somebody wanted to call me for an appointment. He felt that it was ok to give out my home phone number. My mother fortunately had listened to my request that they not do this and gave my business number instead. Sometimes acquaintances of my parents would ask them about me and they just thought they were asking about me in general, not realizing that they were going to call me for an appointment. My parents would then regale them about my latest trip or barn yard adventure. Way more information than I would typically disclose to my clients! But my parents would never realize the real reason they were asking. Educating family about privacy can be quite a challenge but necessary. Again, supervisors and colleagues become key in navigating these challenges.

### Office scheduling software

One of the interesting discussions that has been occurring at several of the psychology tables that I sit around is how to make your private practice office appointment scheduling software *Personal Information Protection and Electronic Documents Act* (PIPEDA) compliant. Several of the more common programs being discussed (e.g., FullSlate) houses their servers in the United States which makes all information on the system fall under the auspices of the US statues. This means that in some instances this information can be accessed by government agencies. PIPEDA (processing personal data across borders) suggests that if you are using

*“Navigation of dual roles takes some practice and patience.”*

## Private Practice continued...

*“Donating to worthy causes can create a challenge for psychologists in small towns.”*

these programs than you should be advising your clients of this technicality to ensure transparency. Jane is a Canadian company (<https://janeapp.com/>) that can eliminate this confidentiality issue. Of course my “old fashioned” hard copy day timer does not cause cross border difficulties. My husband, who is also my office manager and a true techy, is always giving me a hard time about my daytimer. However, when it comes to this discussion my “old ways” win. But I must admit I sometimes miss scheduling errors that a computer program would pick up.

### Philanthropy

Martin Luther King Jr. said, “Life's persistent and most urgent question is 'What are you doing for others?'”. Philanthropy nourishes everyone's life circumstance. It is an act that benefits all involved. However, donating to worthy causes can create a challenge for psychologists in small towns. How do you give to one cause and not to another? What if a client asks for a donation? How do you handle this? Having a business policy around donations to worthy causes can be helpful. For example, alternate donations each year among worthy causes. Then, if a client asks for a donation you can say this year I am donating to the designated specific cause for the year. The client is less likely to take it personally and as a business person in the community you are seen as contributing and giving back, a valued characteristic.

Personally I helped organize a 100 Women who cares group (see <http://www.100wwc.org> for more information). This is a group that gets together four times a year and each person in the group writes a \$100 cheque for a charity resulting in at least \$10,000 going to a charity four times a year (there is also a 100 Men Who Care group). Quite an accomplishment for only 1 hour of work 4 times a year. This allows me to contribute to my community without being seen as playing favorites.

In closing, if you have questions or ideas for future topics to be discussed within the newsletter, please let us know. We are always interested in your feedback and suggestions.

## Feedback Opportunity for Rural and Northern Database Submitted by Colton MacDonald

As our section grows and changes we are always looking for ways to better serve you, the membership, as a whole. Currently we are investigating the creation of a database of resources for the rural communities across Canada that we serve. By creating this resource we hope to aid in informing people of the different programs and organizations. This will be a topic discussed at the AGM in Victoria this June. Prior to this meeting we hope to have your input to help guide us as this project evolves. The questions I pose are:

- Who would you like the audience of this resource to be, rural clients, or practitioners? Once we have determined who the focus is we can define what the content of the database will contain.
- Would you like to see resources for clinicians, programs for clients, the latest research in rural topics?

Once I receive feedback I will compile this data to present at the AGM to be decided on at that time. However, if you should have any other suggestions please feel free to contact me by **email at [jamescoltonmacdonald@gmail.com](mailto:jamescoltonmacdonald@gmail.com)**, we are always happy to hear from you.

*“...creation of a database of resources for the rural communities across Canada that we serve.”*



## Editor's Feature: Meet the Executive

*In this edition, the executive of the Rural and Northern Section were asked to answer the same four questions as a means of introduction to our readers and membership. The following responses were included for submission to the spring edition.*



### Dr. Shelley Goodwin

**Position on the executive:** I have held the Secretary/Treasurer position in the past and am now Chair.

**Is your work-related position primarily student/research/clinical?** My work is wonderfully eclectic. I work in my own independent practice serving children/teens and adults. I sit 2-3 times a month for hearings on the NS Criminal Code Review Board. I conduct research with my most recent study being a partnership with faculty at Dalhousie School of Nursing on Inter-professional collaborative practice in Rural Nova Scotia. I also teach as a sessional instructor with Acadia and University St. Anne.

**Clinical/Research interests:** I have conducted research on equine facilitated recreation and children with a diagnosis of Autism Spectrum Disorder. My most recent interest area is in Inter-professional collaborative mental health practice.

**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** The greatest challenge of my rural practice is learning how to say "no". There are so many opportunities around me and it challenges me frequently to say no to opportunities that excite me. The greatest benefit for my rural practice is all those opportunities and doing it in a place that has the quality of life that my family and I seek and thrive on.

## Meet the Executive continued...

### Dr. Cindy Hardy

**Position on the executive:** Past Chair.

**Is your work-related position primarily student/research/clinical?** All of the above - I teach at a university, I do research, and I do clinical work.

**Clinical/Research interests:** child and youth clinical psychology; rural health including rural practice of psychology.

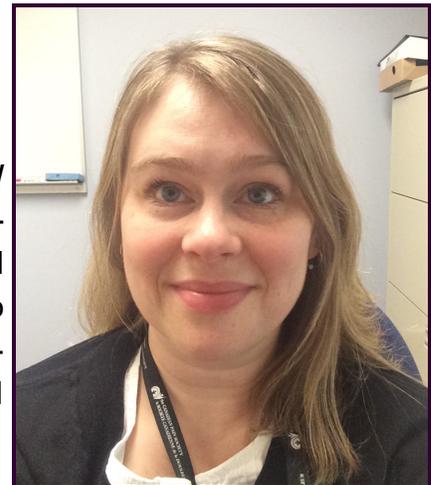
**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** The biggest challenge is the overall lack of specialized referral resources. The greatest benefit is helping clients.

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### Dr. AnnaMarie Carlson

**Position on the executive:** Secretary-Treasurer

**Is your work-related position primarily student/research/clinical?** My work-related position is a cross-appointment between the University of Manitoba and the local health region. I primarily provide clinical health psychology related services to individuals in the area, but am also involved in training psychology and medical residents, and the occasional research project. I also have a small private practice.



**Clinical/Research interests:** My interest is in the behavioral management of and adjustment to health problems. More recent research that I have been involved with has related to predicting success among individuals trying to lose weight, and a stepped-care model of providing psychological service to individuals with diabetes.

**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** I have found research to be a challenge. There are fewer people who are trained and interested in conducting research to collaborate with; and typically with the sample I am interested in researching, it is likely those individuals might be or become a client of mine which has also posed an additional challenge. A benefit I have found is that it seems as though there is better collaboration between multi-disciplinary health services in the rural areas, and I enjoy the variety afforded to me in my job.

## Meet the Executive continued...

### Colton MacDonald



**Position on the executive:** I am a student representative with the Rural and Northern Section. I have also taken on the role of webmaster to help keep our website up to date. This role has given me an insight into the workings of the organization, and put me in a position to voice my opinion on issues regarding the section going forward.

**Is your work-related position primarily student/research/clinical?** To broaden my first hand skills of dealing with people who suffer with mental illness, I took a job with the Canadian Mental Health Association. In this position I try to engage members of “the club” into activities that may help them with coping or just to increase their wellbeing. I also work with Child and Youth Services as an Autism Interventionist. With this role I provide respite care, taking the children I work with out in the community to increase their social skills, and for them to have fun at the activities of their choosing.

**Clinical/Research interests:** My current interests in research surround neuropsychology. However, being a second year university student I have some time left before I can begin to develop my own projects. Currently I am reviewing literature surrounding the lateralization of the amygdala and hope this will be the basis of my research. My current clinical interests are that of those who have suicided. Having taken a course, and about to take another, I have put myself in a unique position to help train community members to have the skills and awareness of those that may be seeking help with suicide.

**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** The lack of resources in rural settings has been a major challenge I have seen as well as the heightened stigma in small communities. This is something that is becoming increasingly better and more manageable over time though. The greatest benefit through my student eyes has been the ability to reach more people that may be suffering in silence.

## Meet the Executive continued...

### Alex Kruse

**Position on the executive:** Student Representative

**Is your work-related position primarily student/research/clinical:** Student

**Clinical/Research interests:** Rural and Northern psychology encompasses both my main clinical and research interests, particularly the mental health and wellbeing of Indigenous peoples. I'm also interested in harm reduction within addictions, particularly problematic alcohol use and gambling.



**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit of rural/northern practice?** The most difficult challenge in rural/northern practice is simply the distance between clients and myself; clients have to give up so much of their time to travel for mental health care. I always enjoy traveling to the surrounding communities not only to make care more accessible, but to also see the context in which my clients live and my research can make a difference.

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### Dr. Amanda Lints-Martindale

**Position on the executive:** Newsletter Editor

**Is your work-related position primarily student/research/clinical?** Clinical, with opportunities to supervise residents and engage in research.

**Clinical/Research interests:** My clinical interests include cognitive-behavioural treatments for anxiety, depression, and trauma as well as consultation to mental health workers. My research interests are in providing increased access to rural and northern populations, including stepped-care models to facilitate appropriate access to treatment.

**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** Being the only psychologist in the area, it can be difficult to access specialty services. For this reason, I have greatly appreciated the opportunity to consult with my departmental colleagues regarding assessment and treatment options. The greatest benefit includes the multi-faceted aspects of my rural position – consultation, treatment, assessment, supervision, education, research, and administrative opportunities mean that I am constantly cultivating new avenues of interest.

## Meet the Saskatchewan Provincial Representative: Lyndsay Foster



**Is your work-related position primarily student/research/clinical?** My position mostly includes the provision of clinical services for child, youth, and adult clients from Prince Albert, SK, and the surrounding rural and northern communities. These clinical services are quite broad, ranging from diagnostic assessments and psychotherapy, to consultation and facilitating educational workshops. I occasionally travel to other communities or see clients through a video-conferencing system, but other clients drive as far as 350 km for services here. I have also had the opportunity to supervise practicum students and pre-doctoral residents at our site.

**Clinical/Research interests:** My main interests include neurodevelopmental disorders, anxiety disorders, trauma, interpersonal relationships, as well as sexual concerns.

**In your experience, what has been the most difficult challenge of rural/northern practice and greatest benefit?** The most difficult aspect of rural/northern practice I have experienced is meeting the huge diversity in service requests. I receive referrals for clients with a wide variety of problems, resources, and co-morbidities. It can be challenging to manage practice boundaries when specialized client services are inaccessible. At the same time, the variety is also my favourite part of rural/northern practice. Generalist work is never dull or repetitive! Plus, there is incentive to collaborate and maintain competence in several different areas of practice.

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## Volunteer Opportunity!

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 across the country. If you are interested in representing your province, please contact our chair, Dr. Shelley Goodwin at [slgoodwin@eastlink.ca](mailto:slgoodwin@eastlink.ca).

## Editor's Comments

### Submitted by Dr. Amanda Lints-Martindale



Greetings! I hope that you have enjoyed this issue of *The View from Here*—our Rural and Northern Newsletter. I'd like to thank our contributors for their excellent submissions and the executive for their support of this publication and their responses to our "meet the executive" introductory questions. If you would like to make a contribution to *The View From Here*, please contact me directly by email ([Amanda.Lints-Martindale@umanitoba.ca](mailto:Amanda.Lints-Martindale@umanitoba.ca)). Submissions can also be forwarded to our chair, Dr. Shelley Goodwin. Submissions 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!

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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.

*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.*

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