

The View from Here: Rural & Northern Perspectives

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Message From the Chair



As we gear up for the June convention it is time to review and reflect on the work we've done through the winter.

Thanks to Karen Dyck and Shelley Goodwin who attended the Canadian Psychological Association supply and demand summit held Nov. 8 and 9, 2013 in Ottawa. The purpose of the summit was to develop a strategic plan and identify data needs to support psychology's ongoing contributions to the health of Canadians.

Thanks also go to Lorne Meginbir and Michael Decaire who served as reviewers for the Rural and Northern Section's annual program for the CPA Convention. The Rural and Northern Section has two symposiums and one poster presentation at this year's convention, and as usual we will have an annual business meeting and reception.

As Section Chair, I participated in discussions with CPA staff about section planning and support processes. CPA central office staff is working hard to improve efficiencies in the work done by sections' executive members and I thank them for that.

Looking forward, we have the following business.

- Volunteers (2 or more) are needed to adjudicate the North Star Award for student presentations at the annual conference (see notice in newsletter). Reviewers should be full members of CPA and the Rural and Northern Section and able to attend all relevant sessions at the conference.
- The Rural and Northern Section needs a representative on the Professional Affairs Committee. The person should be a practicing psychologist able to represent the interests of rural and northern psychologists in Canada. Details about the Professional Affairs Committee is available at <http://www.cpa.ca/aboutcpa/committees/professionalaaffairs/>.

Please contact me if you are interested in volunteering for either of these roles. I am looking forward to meeting all of you at the June convention!

Dr. Cindy Hardy
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Feature Interview: A Brief look at an Internet-based CBT program

As technology becomes increasingly available to individuals across Canada, internet-based programs aimed to help individuals struggling with mental health difficulties are becoming increasingly popular. In this feature interview, **Dr. Heather Hadjistavropoulos**, Professor of Psychology at the University of Regina and her graduate student, **Lindsay Friesen**, M.A., speak about their exciting internet-based CBT program.

“With all of our ICBT programs combined we have now screened over 750 clients and treated approximately 450.”

Dr. Amanda Lints-Martindale (ALM): Dr. Hadjistavropoulos, why did you start the internet-based CBT program?

Dr. Heather Hadjistavropoulos (HH): I was intrigued by the research literature on therapist-assisted Internet-delivered Cognitive Behaviour Therapy (ICBT) showing that the approach results in large effects for individuals who have depression and anxiety, consistent with effects seen for face-to-face cognitive behaviour therapy. This evidence combined with my interest in training students in this approach and the potential to improve access to cognitive behaviour therapy in Saskatchewan led me to start The Online Therapy Unit for Service, Education and Research. I was also fortunate to receive funding from a Partnership for Health Systems Improvement grant from the Canadian Institutes of Health Research to support the development and evaluation of Unit. This grant involves a partnership between researchers and knowledge users to conduct research that reflects the emerging health needs of Canadians and the evolution of the health system.

The Online Therapy Unit has created a web application that allows trained therapists (students and community providers) to provide ICBT to residents of Saskatchewan who have difficulties with depression and anxiety. The Unit is now responsible for: 1) setting policies and procedures for ICBT practice; 2) training providers in the delivery of ICBT; 3) screening clients and coordinating ICBT; 4) working with health regions to incorporate ICBT into service options and 5) conducting ICBT relevant research.

ALM: How long has the program been running, and how many people have benefitted from the program?

HH: The Online Therapy Unit first began offering treatment on a regular basis in 2011. With all of our ICBT programs combined we have now screened over 750 clients and treated approximately 450.

ALM: I understand that the programs are primarily based in cognitive behavioural therapy. How does the e-therapist monitor homework and provide feedback to program participants?

HH: We’ve taken a few different approaches since we started providing therapist-assisted ICBT. Initially, we had clients complete forms and submit them for review by the therapist



Dr. Heather Hadjistavropoulos (left) and her graduate students

Feature Interview: Internet-based CBT continued...

over our secure server. Currently, clients are provided with various homework sheets. They decide which sheets they then want to share with their therapist over our custom built messaging system on our secure server.

ALM: Telehealth services are becoming more and more popular, yet many psychologists have not received formal training or supervision providing service using telehealth media. Given your association with the University of Regina, do you provide training opportunities for graduate students through the program?

HH: All of our PhD students are offered the opportunity to receive training in therapist-assisted ICBT. It is optional, but 100% of our current PhD students have been trained in and delivered ICBT to at least one client.

ALM: Are any of the programs currently available across Canada?

Lindsay Friesen (LF): The Pain Course for Fibromyalgia is currently being offered to all Canadians. The Pain Course for Fibromyalgia is designed to teach people diagnosed with Fibromyalgia how to manage pain, depression, and anxiety symptoms. The course aims to provide good education and guidance on simple but effective techniques for managing symptoms. Very broadly, the course helps people with thoughts, behaviours, and physical symptoms related to pain, depression, and anxiety. It consists of 5 lessons and typically takes 8 weeks to complete. It is a self-directed course. More information can be found at <https://www.onlinetherapyuser.ca/fibromyalgia/welcome/>.

ALM: This program sounds like it has an enormous potential to reach individuals who reside in rural and northern areas of Canada. Has this been the case? Are individuals from rural and northern areas accessing your program?

HH: We recently completed a trial of over 200 clients who were offered treatment for depression, generalized anxiety, or panic. 27% of clients were from rural or remote locations. These clients have been truly appreciative of the treatment often indicating that without the treatment they would not have received therapy.

ALM: What are some of the future plans for the program?

HH: We are currently focused on: 1) developing and evaluating an online presentation to inform patients about ICBT; 2) implementing and evaluating an online screening questionnaire to identify patients who are candidates for ICBT; and 3) implementing and evaluating a 5-session transdiagnostic ICBT program that can be used for depression and or anxiety either as a form of stepped care, an alternative to care or adjunct to face-to-face care.

A number of my students have also been working on offering and evaluating ICBT for specific populations, such as: 1) maternal depression (Nicky Pugh); 2) generalized anxiety in older adults (Shannon Jones); 3) depression and anxiety after cancer treatment (Nicole Alberts); 4) depression, anxiety and pain in fibromyalgia (Lindsay Friesen).

ALM: What advice do you have for psychologists who would like to take part in a web-based service?

HH: I'd definitely recommend collaborating and working as a team. I've received amazing support from colleagues in Australia (Britt Klein, David Austin, Nick Titov, Blake Dear) who have led the way in this field. We have licensed all content on our website from Australia and

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“By far, the best part of offering this program has been helping clients...”

Feature Interview: Internet-based CBT continued

didn't develop our own programs. I also work with a very large team made up of researchers from multiple disciplines (e.g., computer science, social work, medicine, public policy), providers and decision makers throughout the province, along with staff and graduate students who are passionate about this area of research and clinical practice.

ALM: What has been the most rewarding part of this program?

HH: By far, the best part of offering this program has been helping clients who would not normally have access to cognitive behaviour therapy because of time, location, cost, or concerns about privacy. This is the first time in my career, I've been able to work on something that allows me to help so many people, while at the same time being able to fulfill my research and teaching responsibilities at the University.

ALM: Thank-you both for taking the time to participate in this interview!

Dr. Heather Hadjistavropoulos is featured in a pre-convention workshop at CPA this year, entitled “Therapist-assisted Internet-Cognitive Behaviour Therapy: From Research to Practice”. For more information on this workshop, please go to <http://www.cpa.ca/convention/preconventionworkshops/#Workshop007>.

Research Opportunity! Burnout among Rural, Remote, and Northern Therapists

Do you work in a rural, remote or northern community? Do you find yourself feeling stressed or overwhelmed? Is your primary role to provide therapeutic services? If you answered yes to any of these questions, we'd like to hear from you!

You are invited to participate in a study for a doctoral dissertation. The focus of this research is to learn about your thoughts and feelings concerning your job, and possible factors that contribute to stress and job burnout. We'd like for you to complete a very short survey (about 5-10 minutes) regarding your work experiences. Your responses will remain confidential and the findings will be used to help expand the current knowledge base regarding the predictive value of demographic and job satisfaction factors. To participate in this study please see the web link as seen below.

Here is the link to the survey <https://www.surveymonkey.com/s/L5PHDPV>

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Transcending Categories: Transdiagnostic Approaches in Rural and Northern Practice



Submitted by: Alexandra S. Kruse, M.A. Student, Department of Psychology, Lakehead University (pictured far left), Gregory K. Tippin, M.A., Ph.D. Student, Department of Psychology, Lakehead University (pictured left) & Christopher J. Mushquash, Ph.D., C.Psych. (Supervised Practice), Department of Psychology, Lakehead University, and Northern Ontario School of Medicine (pictured far right)

Psychologists practicing in rural and northern settings face a number of unique practice challenges (Barbopoulos & Clark, 2003; Cotton, Nadeau, & Kirmayer, 2014). Indeed, few clinical psychology training programs prepare pre-doctoral clinicians for rural and northern practice that recognizes the unique cultural and contextual aspects associated with working with diverse populations. Currently, there are only a few pre-doctoral internship training programs offering specific rotations in rural and/or remote clinical settings. This results in a disconnect between the rural and northern psychologists' training, and the realities of practice in these settings. We suggest that transdiagnostic approaches to assessment and treatment might offer an evidence-based alternative to traditional categorically-derived approaches and a potential solution for the unique challenges in psychological practice in rural and northern contexts.

In addition to training limitations, there are inherent difficulties with providing psychological services in rural and northern settings. Psychologists practicing in these settings are often called upon to practice as generalists and deliver services to a broad range of clients with complex and chronic symptom presentations. In addition, rural and northern psychologists tend to be somewhat isolated both geographically and professionally relative to clinicians in urban settings. Although other mental health professionals may also provide clinical services in these settings, they may not have the same depth of training in evidence-based interventions as psychologists at best, and at worst, may not appreciate the importance of "doing what we know works".

What is evidence-based treatment for rural and northern psychologists?

Numerous interventions have been created to treat the various individual mental disorders defined by the DSM. Traditionally, these interventions were developed to treat a single disorder and their standardized treatment protocols were validated using a very specific clinical or non-clinical population (often unrepresentative of rural and northern practice), resulting in their identification as an evidence-based treatment. Despite the predominance of these protocols, they have yet to become standard practice for many clinicians in both urban and rural and northern settings for a number of important reasons. First, clinicians often find themselves attempting to fit the clients' complex symptom presentations within a system of categorical diagnosis, perhaps akin, at times, to fitting a round shape into a square hole. This process can be difficult when clients present for treatment with symptoms meeting the criteria for several comorbid disorders, when clients report a range of clinically significant symptoms that fail to meet the diagnostic threshold for any disorder (leading to NOS diagnoses), or when practicing in rural and northern settings where access to comprehensive diagnostic services may not be available.

Once clinicians are able to find a diagnosis that (more or less) fits the client's salient symptoms, the next hurdle is to try and choose between the many different treatment protocols

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Transcending Categories Continued...

that have been developed for a given DSM diagnosis. This is not always an easy task; for example, at least 15 treatment protocols have been developed solely for the purpose of treating panic disorder (Wilamowska et al., 2010). Treatment protocols typically differ very little in their key content, making it unclear as to the benefits and limitations of selecting one approach over another. Even when a disorder and protocol match is found, comorbidity may render the standardized treatment for a single diagnosis a poor fit, and, furthermore, the efficacy and effectiveness of many of these interventions with rural and northern populations is unknown. As such, there is little to no substantiation of evidence-based treatment protocols in rural and northern practice, despite the need for such research.

Taking into consideration the aforementioned complications to practice, cultural differences present additional challenges for the rural and northern psychologist. Many psychologists in these settings work with First Nations, Inuit, and Métis peoples, as well as Francophone and tight-knit religious communities, and may have limited training and experience delivering services to these culturally diverse groups. As well, any evidence-based protocols have not been validated for use with these unique populations and the content of the protocols may not be relevant to these individuals. For example, most evidence-based psychotherapies are based on conceptualizations of mental disorder developed from a Western worldview and understanding of mental health. This conceptualization may not be congruent with understandings of mental health from different cultural groups. Identifying psychological treatments that target common symptoms, rather than overarching disorders, may help clinicians to target the core processes underlying a client's mental disorder, while providing the flexibility to respond appropriately to the influence of a client's culture.

The potential of transdiagnostic evidence-based treatment

The notable limitations of categorical diagnosis and associated evidence-based protocols in rural and northern practice suggests the need for a more flexible means of classifying, assessing, and treating mental disorder. A transdiagnostic framework provides a symptom-based approach to practice that may have greater utility to psychologists in rural and northern practice. Transdiagnostic psychological treatments are not simply vague, developmental therapies, but provide evidence-based interventions in a novel modality. Transdiagnostic treatment stems from theory and evidence suggesting that several common factors underlie a range of psychopathology defined as categorically distinct by the DSM (see Clark & Taylor, 2009), notably in the case of anxiety and mood disorders (i.e., emotional disorders; Barlow, Allen, & Choate, 2004). These factors include constructs such as negative affect, repetitive negative thinking (i.e., rumination and worry), and avoidance, among others. The identification of shared factors suggests the potential benefit of identifying treatments that target these core symptoms across disorders (i.e., transdiagnostic treatments). A transdiagnostic treatment targets these core features as opposed to focusing treatment on a wide range of symptoms specific to a discrete diagnosis, resulting in generally applicable treatments that are not limited to a single diagnosis or its overwrought treatment protocol.

To date, several transdiagnostic treatments have been endorsed for use, including motivational interviewing, psychoeducation, behavioural activation, mindfulness-based interventions, psychological awareness (i.e., thoughts, emotions, behaviours), cognitive restructuring, and exposure-based interventions (i.e., interoceptive, cognitive, situational; Wilamowska et al., 2010). By isolating individual interventions and viewing their efficacy and effectiveness both alone and in combination across varying symptom presentations allows us

to better understand what works, and for whom. In addition, given the nonspecific nature of these interventions, they may be tailored to the unique symptom and cultural presentation of each client. For example, while behavioural activation may be tailored for either anxiety or low mood, it may also be responsive to the idiosyncrasies of a given individual and her or his culture.

Perhaps most importantly, the identification and validation of core psychological treatments with efficacy and effectiveness across mental disorders may assist in establishing a sort of *minimum standard of mental health practice*. This approach has the potential to help psychologists and other mental health professions develop a proficiency in using, at the very least, a set of fundamental transdiagnostic interventions in their work with clients. Furthermore, these interventions would be supported by an evidence-base for their general effectiveness in treating mental disorder, rather than being limited to a specific population or diagnostic category. In the context of rural and northern practice, this may provide clinicians with the needed flexibility to adapt to various challenges and difficulties of practice, while ensuring a minimum standard of care for our diverse clients.

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Editor 's Comments

After a record-breaking winter here in Manitoba and across Canada, I welcome the opportunity to provide our readers with the *Spring* edition of our Rural and Northern Newsletter!

I would like to extend my sincere thank-you to the contributing authors of this edition of the newsletter; all our authors were wonderful to work with and provided articles for our readers that are both interesting and informative.

If you have something that you would like to submit to *The View from Here*, please contact me (lintsmar@cc.umanitoba.ca) or our Chair, Dr. Cindy Hardy (cindy.hardy@unbc.ca). Submissions can include: an article for our regular feature "a week (or day) in the life of a rural/northern psychologist", research findings, information on upcoming training and conference opportunities, articles on experiences of a rural practitioner, photos, ethical dilemmas/considerations, challenges of rural/northern practice, and/or any other related topic.

I look forward to hearing from you!

Dr. Amanda Lints-Martindale, C. Psych
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North Star Award Information

Are you a student member of the Rural and Northern section of CPA and presenting at the 2014 convention in Vancouver?

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 (Friday June 6th). 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*.

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

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, Friday June 6th).
- Be a member of the Rural and Northern Psychology Section at the time of the submission.

Please contact **Dr. Cindy Hardy, Chair, by e-mail (cindy.hardy@unbc.ca)** if you wish to be considered for this award or if you have any questions.

Save the Date for these Exciting Events!

CPA 2014 information:

CPA's 75th annual convention will be held in **Vancouver, BC, June 5-7, 2014**, at the Hyatt Regency Hotel.

The Rural and Northern section of CPA will hold the annual business meeting during the convention. The meeting will be on **Friday, June 6th 5pm-5:55pm** in the Dover/Cavendish/Tennyson 75 Theatre, located on the 4th floor of the Hyatt Regency Vancouver hotel. A reception will immediately follow the annual general meeting. This is an excellent opportunity to meet your fellow rural and northern colleagues. *We hope to see you there!*

Other Conferences of Interest:

The **7th International Symposium on Safety & Health in Agriculture and Rural Populations: Global Perspectives** will be held October 19-22nd, 2014 in Saskatoon Saskatchewan. For more information, go to <http://cchsa-ccssma.usask.ca/sharp2014/>.

Submission Information

Do you have something to submit to the section's newsletter, *The View from Here: Perspectives from Rural & Northern Psychology*? If so, we want to hear from you!

Please contact our newsletter editor, Dr. Amanda Lints-Martindale (lintsmar@cc.umanitoba.ca) or our Section Chair, Dr. Cindy Hardy (cindy.hardy@unbc.ca) with your submission.

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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