

Rural and Northern Perspectives: The View from Here

Fall 2020 Volume 15, Issue 2

Message From the Chair

Welcome to the 2020 Fall issue of our newsletter, *The View From Here*! Since the spring of this year, 2020 has continued to present a number of challenges as Canadians continue to navigate life within a pandemic. New terminology such as “COVID fatigue” and “social distancing” has become common in our every-day conversations. Flexibility has become a key skill in meeting these changes; I think many rural and northern psychologists have plenty of experience stretching their “flexibility muscles”, which I think has served us well both at work and at home.



I have found it helpful to appreciate the silver linings of some of these challenges – for example, I have been forced to become much more comfortable with virtual platforms and virtual service delivery much more quickly as a result of the pandemic (if left to my own preferences, this likely would not have happened this year, or within the next 2 or 3 years...). Another silver lining I've appreciated is the increased professional connectivity that has happened as a result of so many psychologists moving to virtual meeting formats – for example the attendance at our recent AGM as part of the virtual CPA convention, or perhaps the numerous training opportunities that are now available online. For those of you interested, a 20% discount is currently available for CPA-related continuing

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Message from the Chair, continued...

education webinars until December 31, 2020, found at <https://cpa.ca/professionaldevelopment/webcourses/> with code "AUTUMN20". As I write this column for our fall issue, I hope that many of you also take some time to reflect on the positive outcomes that have emerged over the last 6 months, or at least pause long enough to enjoy the gorgeous Canadian autumn weather, where-ever you call home.

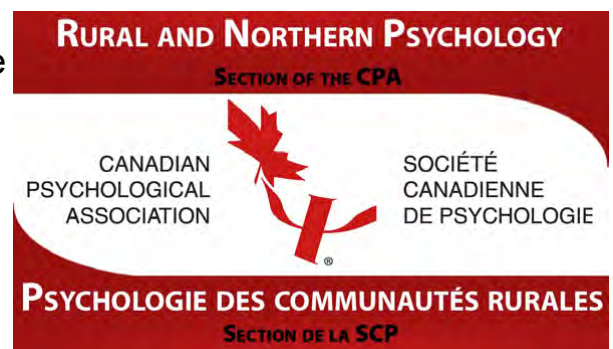
As you will see within the newsletter, our executive and provincial representatives have provided brief introductions. For myself, I am an Assistant Professor at the Department of Clinical Health Psychology at the University of Manitoba and am the Rural Lead for our department. I live and work in a small rurally-based city approximately 45 minutes southeast of Winnipeg, Manitoba. As a generalist working within a rural health region, I provide clinical services to individuals across the lifespan, including consultation to the community mental health team members. My favourite part of my position is the wonderful variety of service provision that accompanies rural practice and my commute which is both short and traffic-free. I absolutely love a good chai latte on a crisp fall day, and my husband and I have two fantastic girls (aged 8 and 5).

This issue of the newsletter has many items that will be of interest to you. In addition to our introductions, included are the minutes from our AGM and a review of the symposia that was presented at this year's virtual CPA convention. I would like to thank everyone for their contributions (especially the photos!) to this issue of the newsletter – without your submissions, we would be unable to connect across the country with our members. And of course, this newsletter would not be possible without the dedication and efforts of our wonderful newsletter editor, Dr. Michelle Conan. Thank you!

Please do not hesitate to contact me at Amanda.Lints-Martindale@umanitoba.ca if you have any questions about our section, or if you would like to become more involved.

I hope you enjoy the contents of the newsletter!

Amanda Lints-Martindale, Ph.D., C. Psych.



Introductions to Rural and Northern Executive and Provincial Representatives

AnnaMarie Carlson, Past-Chair

Hello! My name is AnnaMarie Carlson and I am currently the Past-Chair of the Rural & Northern Section. I have also served as Secretary-Treasurer. I live and work in Brandon MB, a city in South Western Manitoba. I grew up on an active grain farm in Saskatchewan. I earned my B.A. at the University of Saskatchewan and my Ph.D. at the University of North Dakota.

I am an Assistant Professor with the University of Manitoba. I have a generalist health psychology practice and work out of the regional health centre alongside health care providers. This has been helpful in creating a clear path for individual referral, group programming, or consultation for patients who are part of our regional secondary prevention/chronic disease management programs (i.e, Heart Rehab, Respiratory Rehab, Pain Clinic). Having psychology located in amongst the health care programs has helped reduce stigma for those accessing services for their mental health. I also take referrals from mental health workers, family physicians, medical unit, etc. so long as it's a health related concern. I enjoy the variety of work and independence that accompanies working in smaller city.

I am a supervisor with the Clinical Health Psychology residency training program. The resident matched to the Brandon stream spends time training both in Winnipeg and Brandon, creating a lovely opportunity for training in a generalist adult practice. If you are a trainee I would encourage you to consider applying. I would also encourage anyone reading this to consider getting involved with the R&N section executive.

Jolene Kinley, Secretary/Treasurer and Manitoba Representative

I am Jolene Kinley and I am the Rural & Northern Section Secretary/Treasurer as well as the Manitoba representative. I work as a consulting clinical psychologist for a rural health region in Manitoba with the child & adolescent mental health team, the adult mental health team, as well as our leadership team. I do primarily consultation, with some assessment and treatment. What I love most about rural practice is the generalist nature of the work. The breadth of populations, presentations, and services allow for constant learning and growth as a clinician. I can take perspectives and experiences across different settings to deepen my understanding of human behaviour. I also enjoy connecting with other rural psychologists across the country – and of course the easy highway commute and the free parking are a bonus!



Introductions to Rural and Northern Executive and Provincial Representatives, Continued

Cynthia Beck, Student Representative

Cynthia Beck is a Master's student in the Clinical Psychology program at the University of Regina. Under the supervision of Dr. Heather Hadjistavropoulos, Cynthia is studying the feasibility of Internet-delivered cognitive behaviour therapy for the agricultural population with an aim to increase access to mental health services for those living in rural areas. Cynthia and her husband, along with their two teenage children, farm in partnership with Wade's family. The Becks operate a mixed farming operation of cattle and grain near Milestone, SK.



Chad Nichol, Student Representative

My name is Chad Nichol and I am a fourth-year psychology student and Laurentian University in Sudbury, Ontario. I am thrilled to be a part of an amazing community in the Northern and Rural division of the Canadian Psychological Association. I am currently in the process of finishing my undergraduate studies and am actively pursuing graduate studies in Clinical Psychology. It is my goal to return to my home community of Grey-Bruce and Simcoe country to provide mental health services to those living with mental illness and support their families. During my spare time I enjoy mountain biking, snowboarding, yoga, and basically participating in any sport.



Introductions to Rural and Northern Executive and Provincial Representatives, Continued

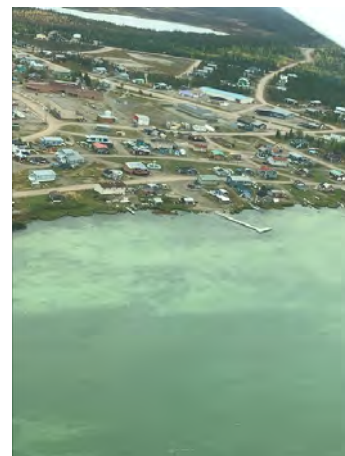
Merril Dean, Northwest Territories and Nunavut Representative

Merril Dean is the representative for Northwest Territories and Nunavut with the Rural and Northern Section. Merrill moved to the NWT 32 years ago with her husband. The plan was to stay a year or two in the north and then return to Saskatchewan. Instead the NWT has become home. An educator who worked in administration and inclusionary education, Merrill made a decision to return to school as an “older” student to complete a Masters in Applied Psychology through the University of Calgary in order to provide assessment and intervention support for northern students from the lens of a psychologist who has lived in the north and has some understanding of the unique challenges and strengths that the northern environment brings.



Since opening her full-time private practice in 2016, Merrill can travel up to 10,000 km a month visiting schools and communities around the north. Most of her work is centered in the NWT with the occasional excursion into Nunavut.

The NWT and Nunavut do not have psychologists employed by school boards. All assessments in the schools are currently conducted through private contracts with psychologists. This year with Covid 19, the two territories have enforced mandatory 14 day quarantine for anyone entering the territories and as such it is unlikely that many outside ‘experts’ will be travelling north. This will make accessing support for our students even more difficult.



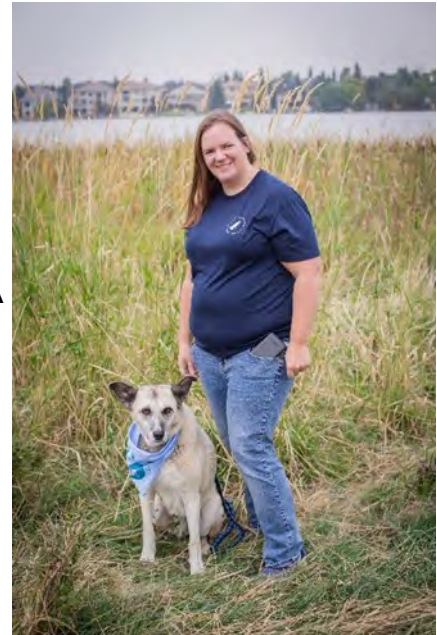
Introductions to Rural and Northern Executive and Provincial Representatives, Continued

Tiffany Mitchell, Alberta Provincial Representative

My name is Tiffany Mitchell, I am the Provincial Rep for Alberta. I am a registered Psychologist working in Private Practice in the areas East and South of Calgary. Out here anything over half hour drive from Calgary is considered Rural and brings its own unique way of life. A lot of farmers and those raised in generational farming families. I work in a variety of populations including children, adolescents, adults, and couples. A few of the areas I focus in include trauma (childhood, sexual assault, Motor vehicle), depression, anxiety and perinatal mood and anxiety disorders.

When I am not at work, I can be found at home in my small town with my husband, three kids, dog and cat or I am out at my parents farm working with the sheep and cattle. When I have time I love volunteering with a local group 'Community Therapy Dogs Society', where I get the opportunity to bring my dog into various schools, seniors homes, and occasionally hospitals and work with the individuals in a unofficial therapy manner with my dog Jezzie. I find it amazing the healing power an animal can provide for many.

Through my work I have become passionate about Rural and Northern Psychology especially in advocating that what works for larger city centres does not work in the country. One of these key points is in the barriers faced by rural communities including, internet band width, technological abilities, length of travel, farm emergencies and perspective and being understood culturally. For me I strongly believe that rural areas have their own distinct culture that often gets washed over when approaching from a city perspective.



Introductions to Rural and Northern Executive and Provincial Representatives, Continued

Shelley Goodwin, Nova Scotia Representative

In the past two decades I have enjoyed working in both rural public mental health care and independent practice in Yarmouth, Nova Scotia. I am now solely in private practice which allows me greater flexibility to engage in other professional and personal pursuits. Currently, I hold an Adjunct faculty position with the Faculty of Health Professions, Dalhousie University. I call the Rural and Northern (R&N) Section my CPA home and have enjoyed being part of this dynamic and talented group. I am currently the section's representative for Nova Scotia but have served as Secretary/Treasurer and Chair for the section as well. I currently sit on the CPA Board of Directors as the Director Representing Practice and the APA Council of Representatives. I strongly believe that it was my experience with the R&N section and my provincial psychology association executive (APNS) that helped me develop so that I could take on these different leadership roles.



Shelley and her horse, Nell



Nova Scotia's Kejimikujik National Park

My peer reviewed publications have mainly focused on rural interprofessional collaborative practice, ethical issues, and equine facilitated psychotherapy efficacy. Recently as part of a group of rural enthusiasts I co-authored an article, which is soon to appear in the *Journal of Rural Mental Health*, called "Tanzanian Rural Psychological Services: Opportunities and Challenges". Global rural psychological service is a new area of interest for me and takes our Canadian work as rural practitioners and scientists to another level of reach. I am looking forward to this new adventure.

Introductions to Rural and Northern Executive and Provincial Representatives, Continued

Veronica Hutchings, Newfoundland & Labrador Representative

I am the psychology half of Counselling and Psychological Services (CPS) at Grenfell Campus, Memorial University in Corner Brook, NL. Although considered faculty, I do not teach, but provide clinical services to students in addition to research and service to the campus of roughly 1300 students. My background is actually in gero-psychology and I previously worked in Halifax, NS as a clinical health psychologist in Geriatric Medicine/Seniors Health. However, I grew up in Corner Brook on the west coast of NL and the pull to move back home grew as my family did. As I had some experience as a part-time psychologist working at Dalhousie's CPS, and given there were no jobs for clinical gero-psychologists in Corner Brook, I made the switch from being a specialist in an urban setting, to generalist in a more rural setting. I have a small private practice which I limit to health psychology referrals and was thrilled when I was invited to serve as the inaugural director of the Aging Research Centre-Newfoundland and Labrador (ARC-NL). These activities help me stay connected to my gero-psychology roots.



With a population of almost 20K, Corner Brook can seem like the big city to many of our students from smaller outposts. But like the rest of our province we struggle to recruit and retain psychologists. The majority of psychologists in NL live and work in the St. John's area, 700km away. As a result, I often consult with my colleagues on the St. John's campus re: clinical matters. However, the differences in resources and supports available between our locations makes that challenging, which is why I am happy I stumbled into the R&N section meeting during 2019 CPA conference when my other meeting was cancelled. I am excited to serve as your representative for Newfoundland and Labrador!



Grenfell Campus, Corner Brook, NL

Introductions to Rural and Northern Executive and Provincial Representatives, Continued

Sandra Thompson, British Columbia Representative

Dr. Sandra Thompson completed her Ph.D. from the University of Manitoba in 2009. She completed her pre-doctoral residency at the Edmonton Consortium from 2005-2006. After this Dr. Thompson worked in Cranbrook, BC with the Ministry of Children and Family Development, Child and Youth Mental Health. In 2010, she returned to Manitoba to work as a Developmental Psychologist from 2010-2011. In 2011, Dr. Thompson accepted a position with the Rural Psychology program working as an Assistant Professor with the University of Manitoba and Consulting Clinical Psychologist with the Rural Health regions (NEHA and IERHA). In 2017, she and her family returned to Cranbrook, BC where she entered a private practice, opening and operating the Cranbrook office of Summit Psychology Group. More recently, she has become the Clinical Lead as a Consulting Clinical Health Psychologist for the Burnaby Family Practice where the group is launching the BWell Behavioral Medicine Program to promote positive health behaviors in patients in the primary care setting.



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 are currently looking for representatives from New Brunswick, Quebec, Ontario, Saskatchewan, and the Yukon.** If you are interested in representing your province or territory, please contact our chair, Dr. Amanda Lints-Martindale at Amanda.Lints-Martindale@umanitoba.ca.

Rural and Northern Section Annual General Meeting Minutes

Location: Zoom
July 21st, 2pm (central time)

Meeting called to order at 14:00 pm (central) by Amanda Lints-Martindale

In attendance: Amanda Lints-Martindale, Jolene Kinley, Marril Dean, Cynthia Beck, Chad Nichol, Paula Winstanley, Shayla Richards, Seint Kokokyi, Rob McGarva, Michelle Conan, Judy Malone, Pamela Black, Karen Dyck, Shelley Goodwin
Quorum established

1. Approval of Minutes from 2019 meeting (Amanda Lints-Martindale) (as published within the newsletter)

Approved by: Cynthia Beck Seconded: Shelley Goodwin
Motion passed without opposition.

2. Update from Chair (Amanda Lints-Martindale)

-Review section activity and membership for past year: Our section currently has 99 members, which is slightly higher than last year (86). The breakdown of members/students is currently unavailable but has been requested from CPA.

-The section published two newsletters this year. Many thanks to our newsletter editor, Michelle Conan, for her excellent work on these publications. Thank you to Jonathan Jette, for volunteering to provide a French translation of our minutes to be included in the newsletter. Also thanks to those who contributed to the newsletter in 2019-2020 – Cynthia Beck, Julian Torres, Christie Simpson, Michelle Conan, Jolene Kinley, Shelley Goodwin, AnnaMarie Carlson, Connor Barker, Alex McGregor, Michael Kral.

-Encouraging R&N voices to be heard – Psynopsis is an excellent way to reach our larger CPA audience, and to have our perspectives shared with that broader audience. for those interested, upcoming psynopsis topics:

Human rights and social justice: addressing systematic discrimination, oppression and marginalization due August 28, 2020.

Healthcare innovations – October 1, 2020 and

Climate change, January 20, 2021.

-CPA AGM minutes are posted online. CPA has done a great job in moving everything to a virtual platform as quickly as possible, given the COVID 19 challenges.

3. Secretary/Treasurer's Report (Jolene Kinley)

-From our perspective, the new CPA system of managing finances has been a positive change with no significant difficulties. Current balance \$2431.01 (mostly due to savings from last year, no awards this year, and no travel expenses for CPA 2020). This is consistent with CPA's suggestion for keeping balances under \$5000 to maintain non-profit status. Other sections are in similar positions, given that CPA is virtual this year.

-We will continue to sponsor the North Star Awards as well as the Distinguished Practitioner Award. Chair requested from the CPA webmaster that the student awards be advertised on the

Rural and Northern Section Annual General Meeting Minutes

student section's webpage specific to awards, in addition to being advertised on our section's webpage. These updates have been completed, and hopefully will help with award visibility for the section.

Budget approved by Shelley Goodwin

Seconded by Michelle Conan

4. Executive nominations & Elections (Amanda Lints-Martindale)

-Chair Elect

Continuing recruitment.

-Student (Thank you to our past student rep – Nichole Faller, for her contributions to our section).

Nominees: Cynthia Beck (U of Regina) and Chad Nichol (Laurentian)

By acclamation - motion passed without opposition

-Review of provincial reps

BC – Sandra Thompson, Saskatchewan – Lindsay Foster, Alberta - Tiffany Mitchell, NWT & NU - Merril Dean, Manitoba – Jolene Kinley, Nova Scotia – Shelley Goodwin, Newfoundland & Labrador – Veronica Hutchings

-We still need to identify representatives New Brunswick, Prince Edward Island, Quebec, Ontario, and the Yukon.

-Motion: place another call in the newsletter, along with a description of provincial representative duties.

Approved by Karen Dyck, Seconded by Merril Dean.

5. Other new business

-Open Letter to CPA re: social injustice as available online at <https://docs.google.com/document/d/126wUNiNMDuHI1XB5udUY1fP2yRM9ITY6pWX6nnz2Xno/edit> and CPA's response at <https://cpa.ca/cpa-statement-on-anti-black-racism/> Our section, along with SWAP, Sexual Orientation and Gender Identity Section, the Indigenous Peoples' Psychology Section, and the History and Philosophy Section, requested that students have a stronger voice in the discussion of CPA's action plan, rather than the single student rep who sits on the board. We also encouraged the authors of the Open Letter to attend meetings related to an action plan so that they can speak to their recommendations for change.

-Increase collaboration between provincial reps – possible bi-annual virtual meetings

-CPA 2021 – Ottawa

Please forward potential speakers to chair for consideration. Ideas include rural ethics, telepsychology from a rural perspective (minimum standard of access), someone from Lakehead- combination of ethics and telepsychology? Heather Hadjistavropoulos, climate change

-Partnership with other sections?

Meeting adjourned at 2:55

by Shelley Goodwin, seconded Shayla Richards

Rural and Northern Events at Virtual CPA 2020

Symposium: Spreading the Reach of Psychology in Rural Mental Health Programs via Group-Based Services

Speakers: Drs. Pamela Black, Michelle Conan, Greg Gibson, & Karen Narduzzi; Department of Clinical Health Psychology, University of Manitoba & Mental Health Program, Prairie Mountain Health, Manitoba

Implementation of Class-Based Psychoeducation in a Rural Mental Health Program (Drs. Michelle Conan & Pamela Black)

One approach to improving accessibility of mental health services is the introduction of a stepped care model (Chodos, 2017), in which individuals seeking help are diverted to the least intensive service option first and only move to more intensive levels of care if it is required. The implementation of a stepped care model in rural areas of Manitoba may be particularly advantageous, given the increasing rates of mental health concerns (see Chartier et al., 2018) and the limited number of psychologists; far fewer psychologists per capita compared to other regions in Canada (Votta-Bleeker & Cohen, 2014). To trial such a model in our rural health region, and to extend the reach of psychology, group-based psychoeducational classes were implemented as a first step, or the lowest intensity, of care, in the spring of 2019. Specifically, Cognitive Behavioural Therapy with Mindfulness (CBTm) classes (Sareen et al., 2016), a program comprised of four 90-minute sessions that deliver information about basic cognitive behavioural principles for symptoms of depression and anxiety, were introduced to our community mental health service. The facilitation of the CBTm programming was spearheaded by two registered psychologists who collaborated with community mental health workers (CMHWs; allied mental health professionals) to hold classes both in-person and via videoconference to more rural locations in our health region. Evaluation is ongoing to determine the quantitative impact of implementing a first-step of intervention in our outpatient service and we hope to share the outcome of that research once it is complete. In the interim, we are seeking to share the lessons we have learned throughout our efforts to improve service delivery and spread the reach of psychology.

There are several benefits to implementing class-based psychoeducation led by psychologists. First, we have observed capacity building within our mental health program, as CMHWs selected to co-facilitate the classes received specialized training in the content reviewed in the classes and continue to increase their familiarity with CBT and mindfulness at each class that they attend. Further, this

program has afforded opportunities to train all members of the service team in foundational CBT premises in order to support their ability to provide further intervention using this modality with their individual clients, and particularly those clients seeking a second step of intervention after completing the first-step psychoeducation classes. Second, offering a group-based first step of care has contributed to overall system efficiency. Whereas the original intake procedure was to assign all new referrals to an individual counsellor, this programming has allowed for new clients to be diverted to group-based services prior to being assigned to a counsellor. Given that, for many clients, attending the classes is sufficient to address their mild to moderate mental health concerns; they can be discharged from the service without ever being assigned to an individual counsellor. Similarly, for those clients who decide that they do not want further services or are not interested in CBT, they can simply leave the service without being assigned. Further, for those clients who do choose to pursue additional, individual services, they have already engaged in 6 hours of critical psychoeducation about CBT and are likely to require a shorter course of intervention. Third, psychology-led psychoeducational classes have resulted in increased awareness of evidence-based practice by clients, CMHWs, management, physicians, and the communities that we serve. For instance, the CBTm program affords the opportunity to teach others what CBT looks like in practice and communicate our belief in its effectiveness, especially in comparison to medication, which currently predominates as an intervention in our region. Finally, through being the first contact with many new clients and teaching and modelling evidence-based practice to clients and allied mental health professionals alike, this programming has allowed psychology to extend its reach within this community service.

Of course, there also are challenges to providing services in this manner. For example, originating an additional level of care for a community service involves significant administrative demands; many of which were taken on by the psychologist program leads. There also was noted resistance to revision of the traditional procedure for intake of new clients. Most prominent were concerns about the time required to make changes to the intake process and to refer clients to the psychoeducation classes and a lack of belief in the possible effectiveness of this programming. Ample time was required to build colleagues' belief in the program, especially with regard to improving overall program efficiency. Moving forward, additional time will need to be spent working with colleagues to review, discuss, and refine processes related to appropriate referrals. A third challenge is related to ensuring that the second step of service delivery builds upon the foundational knowledge of CBT taught in the first step. The psychologists responsible for the first step of care do not monitor the nature of the second step of

care, and, as such, it is not known whether clients continue to receive CBT with fidelity in individual counselling.

In conclusion, we believe that developing innovative methods to spread the reach of the few psychologists in rural regions in Manitoba is of critical importance. In implementing a stepped-model of care in which the first step is psychoeducation classes facilitated by registered psychologists, we have attempted to increase the role of psychology in treating clients, in training colleagues, and in informing a program/systems perspective in our community mental health programs. Early observations suggest that there is sufficient benefit to this approach to manage the challenges; research is ongoing to more rigorously understand the impact of this transition of service delivery. We recommend that psychologists interested in implementing a similar model in their community services take time to assess program needs to ensure that new services are relevant and can be sustained in the long term; we also caution others that successful implementation of a new program can be a complicated and lengthy process.

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Hoarding Intervention on the Prairies: A Current Group Initiative (Dr. Greg Gibson)

Hoarding occurs in 2-5% of the population (Grisham & Norberg, 2010); however, accurate assessment and treatment can be challenging, particularly in rural areas, as cases often go undetected. In situations of severe hoarding and squalor, successful treatment often involves coordination by formal and informal supports to manage clutter and support the client. The Prairie Mountain Inter

Agency Hoarding Coalition (PMIHC) is a multi-agency collective comprised of various regional partners who provide constituents of Prairie Mountain Health region with a coordinated response to severe incidents of hoarding and domestic squalor. One of the coalition's service goals is the provision of assessment and coordination of interventions to prevent, prepare, respond, and recover from incidents of severe hoarding and squalor. To enable the reach of psychological services within this team, the PMIHC, in partnership with Samaritan House Ministries, offers a 15-week cognitive-behavioural group therapy program directly targeting hoarding beliefs and behaviours; an approach that has demonstrated favourable outcomes individually and in groups. Further, group treatment for hoarding behaviours is promising in terms of economy of resources and symptom reduction (Tolin et al., 2019).

There were a number of challenges noted with group implementation, including a lower number of group members recruited. A few participants reported that they judged themselves harshly if they entered treatment for hoarding as opposed to depression or anxiety. Privacy was also a reported concern, which is common in rural areas, where the community is smaller, and within a group context, where there is an increased risk that you may meet your neighbour or neighbour's friend in the group.

Retention of members was an additional issue. Due to the small numbers initially, any member who dropped out would be felt when there was an initial group size of 5 members. Accurate diagnosis was also a concern, and inclusion criteria was expanded to include domestic squalor. Concerns regarding co-occurring disorders were also noted, namely additional mood or anxiety symptomology. Resource limitations were apparent, including the number of trained clinicians and dedicated space. Other challenges reported by the facilitators include client insight and understanding and client motivation and initiation.

Despite these challenges, and as this current project continues to grow and data is collected, this writer is impacted by the power of various disciplines and agencies coming together for this important cause and to see the important and unique role that psychology can play. According to one team member, "the hoarding program has been a huge help to many clients. The success of this program is that it offers people education about themselves specific to their behaviour, and that there is an opportunity for people to connect and share." As we continue our course, the intent is for our service team to continue to refine our means of service delivery so that individuals who are struggling with hoarding and who live rurally do not remain as "hidden" and can access services that effectively support their success in symptom management.

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A DBT-Informed Psychoeducational Skills Training Program in a Rural Community Setting (Dr. Karen Narduzzi)

Prairie Mountain Health participated in the Selkirk Mental Health Centre's Dialectical Behaviour Therapy training initiative in 2012-2013, which included sending a team of 10 clinical staff for 12 days of training in DBT with the explicit goal of implementing a DBT skills training program in PMH. Due to constraints in our region, however, some elements of a fully-adherent DBT program could not be implemented and we had to adapt our approach to address specific gaps between our treatment model and the standard DBT model. Our DBT-informed skills training group is viewed as being an important element of a comprehensive outpatient treatment approach however we are unable to provide clients with after-hours phone coaching provided by their own individual therapists. There are also unavoidable constraints on frequency of individual therapy sessions due to therapists' high caseloads.

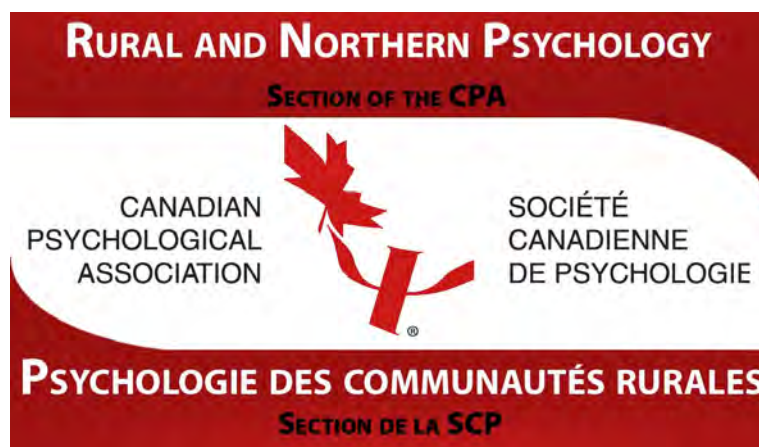
We have attempted to bridge these gaps by providing individual therapists with consultation services provided by PMH Clinical Psychology staff and by providing training to Crisis Services staff so they might be the ones to offer telephone-based services to clients outside of regular office hours. We have not been able to hold weekly consultation team meetings for individual therapists and group leaders however providing additional consultation services for the individual therapists who have clients in the group program has been helpful in this regard.

There was also a need identified for Psychology staff to provide ongoing training for Community Mental Health Workers who have clients attending the skills training group. Due to staff turnover there is an ongoing need for staff education. We have held several half-day workshops and tried to ensure that opportunities are available for staff to access additional training in DBT skills. There are ongoing efforts by our team to address other gaps in our services

(e.g., examining ways to reduce length of the waiting list, ways to extend services to clients in more remote areas of our region, and ongoing efforts to improve increase staff competencies in delivering DBT skills training).

The DBT team in PMH is also in the process of completing research on our program's effectiveness using various measures to assess changes in clients' skills in areas relevant to DBT. Assessments of relevant skill areas are completed at pre- and post-treatment along with a measure of anxiety, depression and stress symptoms, which is also completed every six weeks throughout the program. Preliminary results of our program evaluation research are beginning to show some evidence of program effectiveness but we are at an early stage in this process. Limitations such as attrition and problems with missing data have led to a low total sample size, which prevents us from drawing firm conclusions at this point. However, preliminary results are promising and future research will be completed to more fully evaluate the effectiveness of our program.

Developing and refining our "Wise Minds" group program requires a high degree of coordination and effective communication between staff of multiple mental health programs (inpatient, outpatient, crisis services) in order to ensure we can meet clients' needs. We are making efforts to provide adequate support for individual therapists and group leaders and stay as adherent to the DBT model as possible. Developing alternate means of program delivery is currently a priority for our team; partly this has been in response to COVID-19 but also it will enable us to extend services to clients in more rural communities of PMH.



Canadian Psychological Association's 2021 National Annual Convention

The CPA has continued to monitor the ongoing issues related to the COVID-19 situation in Canada and abroad, inclusive of federal and provincial government decisions taken in the service of community safety. Experts and all levels of government continue to warn or advise about the greater transmission risks posed by large gatherings of people.

While we do not know for how long COVID-19 will remain a public health emergency in Canada, we do know that at this time, restrictions continue to exist regarding in-person gatherings of more than 50 attendees, where proper physical distancing measures would be difficult to implement and maintain. Accordingly, the CPA has taken the decision to cancel our in-person 82nd CPA Annual National Convention in Ottawa, ON, scheduled for June 4-6, 2021, inclusive of all pre-convention workshops that would occur on June 3rd and pivot, once again, to a virtual event over the month of June.

We have made this decision based on the guidance and directives of experts and governments, and out of concern for the safety and well-being of our members and affiliates, attendees, staff, public and the various teams that support the annual convention. With the benefit of time to plan, we are excited and confident in our ability to plan a fabulous virtual event.

In accordance with our by-laws, the CPA will convene its Annual General Meeting (AGM) virtually in June; more details will follow in the months ahead. We will open the abstract submission system for the CPA2021 Convention by the end of October. We hope that you will consider submitting to and participating in our virtual event; it will feature familiar presentation types as well as some new formats that align with a virtual offering.

We appreciate your understanding and flexibility as we remain responsive to the ongoing situation that COVID-19 presents, while continuing to serve our members and affiliates, and the broader community of psychological scientists, practitioners and/or educators.

We recognize and appreciate that you are likely experiencing upheaval and disruption in your daily life, both personally and professionally. We continue to wish you strength and patience, both personally and professionally, as you cope with the ongoing pandemic and look forward to "seeing" you at our virtual event.

If you have any questions or want further information, please contact the CPA at convention@cpa.ca.



Student News

CANADIAN
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Career Fair

The CPA, in collaboration with the Canadian Society for Brain, Behaviour and Cognitive Science (CSBBCS), will be hosting a virtual career fair on Thursday November 12th from 12-4pm EST. Psychology lends itself to numerous career paths outside of clinical practice and academia; attend this fair to learn more! Visit <https://cpa.ca/careerfair/> for more information on the fair and to register. Space is limited and registration is restricted to student affiliates and members of the CPA and the CSBBCS. Please direct any questions about this Career Fair to science@cpa.ca.

Student Research Grants

The CPA is now accepting applications for its annual student research grants competition. Deadline for applications is Friday November 27th at 4pm EST. Funding up to \$1,500.00 is available per project; a maximum of 10 awards will be dispersed. Visit (<https://cpa.ca/cpas-student-research-grants-rules-and-eligibility-criteria/>) for more information on the call, eligibility criteria, general rules and the link to the application form. Please direct any questions about this competition to science@cpa.ca.

A Comparison of Psychological Report Writing Styles

By Dr. Matthew Pickard

Empirical support for psychological assessment in clinical health care settings has previously been found (Kubiszn, et al., 2000). But, there appears to be a shortage of research that directly asks physicians and nurses their opinions and preferences regarding psychological reports, as evident by the limited amount of results found during literature searches.

Previous authors such as (Brenner, 2003; Satler, 2006) have stated that when writing psychological reports, psychologists need to eliminate jargon, focus on referral questions, individualize assessment reports, emphasize client strengths, and write concrete recommendations. One way to achieve these recommendations could be through the use of a bullet report writing style. Judith Wiener's (1985, 1986, 1987) series of studies that measured the comprehension and preference of different report writing styles in the educational setting, heavily influenced this study, with the obvious difference that this study's focus was an integrated care setting, specifically, using physicians and nurses, and used a bullet format report writing style.

In an attempt to continue to deliver consumer-focused psychological reports, we should strive to seek feedback by asking the consumers what they want and or prefer in a psychological report. This is especially important when working with physicians and other allied health professionals, as asking their opinion could foster stronger relationships, and a report format that they find more beneficial, which may lead to an increase in the use of psychological reports and services within a medical setting, with the overall goal being to improve client care outcomes.

Because there continues to be a movement to have greater integration between psychology and the medical profession (Hunter, Goodie, Oordt, & Dobmeyer, 2009), and as noted, there appears to be little empirical data showing what medical professionals desire in psychological reports, the purpose of this series of pilot studies was to investigate the opinions, comprehension, and preferences of psychological reports and report writing styles from allied, medical health professionals.

Initially, this study was carried out with a physician in northern Ontario. It was then repeated with two other physicians and a nurse practitioner (APRN) from a rural, southern US state. All participants initially received a survey about the use of psychologists and psychological reports within their medical settings. The

survey contained descriptive questions including the type of practice they worked in (one physician and nurse worked at a university student health center, two physicians worked in an ER setting, with one also working in family practice) and who they worked with (they all worked with teenagers and adults). Other questions included their opinions about the use of psychologists in their work; and general information regarding their opinion, preference, and use of psychological reports. The participants then received, in random order, one of two different report-writing styles (narrative, long-form that contained full sentences and was 10 pages in length) or, a bullet format report that was five pages in length. Both reports were judged to have similar content by two independent practicing psychologists. As a validity check, random statements of “if you are reading this, place an x on the side of the page,” were scattered throughout the reports.

The participants were instructed to read the report, put it down, and then answer the questions regarding the report. They were asked to not refer back to the reports for answers. All agreed to do this. Two weeks later, the second report writing style was sent, along with a second questionnaire that asked identical questions regarding their comprehension and preferences.

Questions asked after reading the report included: What was the occupation of the individual; reason for referral; any difficulties noted in the background section; was the assessment valid; what was the diagnoses; how many x's did they record (validity check); if this was a real report, would it be helpful; opinions about the length of the report; how long it took to read the report; rate from 1 (did not prefer) to 10 (prefer the most) their preference for the report writing style, and lastly, they were provided with an opportunity to make any additional comments regarding the style, content of the report.

Below will describe the general information about the participant's use of and opinions of psychologists and psychological reports:

Can psychologists provide allied services: Results show that all participants believed psychologists have an allied role to play in delivering health care, especially in the long term care of their patients through assessment and counselling/psychotherapy services.

Psychological report use and descriptives: The number of psychological reports used in a week averaged around five. The length of the reports was consistently indicated to be two to three pages in length. The participants reported having between one to five minutes to read each report and recommended having a psychological assessment approximately five times a month. Regarding

feedback from the psychological assessments, two physicians received feedback 10-30% of the time, with the health care providers at the University stating feedback occurred 31-50% of the time. These participants also had in-house access to a psychologist/mental health provider.

Regarding their preferences: All the participants reported they preferred brief reports, with a mixture between brief bullet (3 participants) or, brief full sentence (1 participant) report styles. When asked to rank what they thought was most important in a report, with one being most important and five the least, the participants ranked: diagnosis (1,1,1,2); treatment recommendations (2,2,2,1); the rationale for treatment (3,3,3,5); assessment results (3,5,5,5); and case/social history (4,4,4,4).

Regarding what changes the participants would like to see happen in a psychological report: All the participants said easier access to psychologists, with the reports being more concise and condensed. They consistently stated that they do not have time to read lengthy reports.

Regarding the comparison between bullet format and narrative, long format reports: Overall, the participants answered more questions correctly using the bullet format report.

The reason for referral was consistently answered correctly in the bullet format report, compared to the long format report (3 out of 4 participants). Problems identified in the background section were answered more correctly with the bullet format (3 participants), and this question was consistently incorrectly answered in the long format. Identifying the diagnosis made in the report was consistently answered correctly in the bullet report compared to the narrative, long format (3 participants). Two participants (a physician and nurse from student health) answered the question about the validity of the assessment results correctly in both reports. In contrast, the other two participants were unsure what this question referred to, even though one answered it correctly in the bullet format report. Lastly, a question that was consistently answered correctly between both reports included the question about the patient's occupation. This was also the first question asked.

Regarding the validity checks of "if you are reading this, place an x beside the page" within the different reports, the participants consistently found more x's in the bullet format report. Only the nurse found all the validity checks in both reports. Regarding general comments about the reports, one physician admitted to not reading in full, the narrative, long format because they would not have time to do that at work, and stated they only have time to skim the report. All the

participants stated they preferred the bullet format style, noting that it was easier to read, and thought it would be more helpful. No participants thought that there was a loss of information between the two report writing styles.

Lastly, while all participants stated they had between two to five minutes to read a report, only the bullet format report was read within this time constraint. Two physicians indicated they spent one minute reading the narrative, long format and as noted, one participant admitted to not reading it in full with a comment being left that even if there is more information in the narrative, long format, that information is essentially lost because it will not be read.

In summary, this appears to be the first study completed regarding the comprehension and preference of report writing styles, using allied health professionals, and a bullet format report writing style. The hope for this series of pilot studies is to provide relevant information so that we can continue to integrate psychological services with medical services to improve client care.

For sure, this study could be improved upon. First, replicating this study would add more confidence to the findings due to its small sample size. Although numerous attempts were made to increase the number of participants, this study needed to rely on personal connections. Most emails went un-responded to, or a short response was provided stating they liked the idea, but they were too busy to participate.

Secondly, the different report writing styles could be made more similar, especially in regards to length, such that both reports are five pages long. However, this may be easier said than done as writing bullet-style appears to reduce the overall length of the report. Lastly, it may be helpful to focus only on one area of practice, for example, only focusing on physicians and nurses working in general family practice. However, these limitations should not take away from the overall findings of this study.

As with most research, this study required lots of help at different stages, which helped contribute to its overall success. As such, the following individuals, in no particular order, all contributed significantly to this study: Dr. Kyle Lansdell, Dr. Shawn Charlton, Dr. Amy Hufstedler, Dr. Evan Anderson.

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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!

Photo submitted by Dr. Amanda Lints-Martindale, Chair of Rural and Northern Section & Assistant Professor, Department of Clinical Health Psychology, University of Manitoba
Photo taken in Steinbach, Manitoba

Editor's Comments

Submitted by Dr. Michelle Conan, C. Psych.



I hope that you have enjoyed this fall issue of *The View from Here*—our Rural and Northern Newsletter. I am pleased to have the role of newsletter editor for our section.

If you would like to make a contribution to *The View From Here*, please contact me (michelle.conan@umanitoba.a) or Dr. Amanda Lints-Martindale (Amanda.Lints-Martindale@umanitoba.ca). Submissions can be made at any time, and can include:

- **an article for our regular feature “a week 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.

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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