

CLINICAL SUPERVISION IN RURAL, REMOTE, & NORTHERN CONTEXTS

MICHEALA SLIPP, EDD (CANDIDATE), CCC-S, ATR, SEP
DR BLYTHE SHEPARD, PHD, CCC, CCC-S



Overview

- ❖ Defining Terms
- ❖ Challenges and Opportunities in Rural Communities
- ❖ Counselling Practice and Challenges
- ❖ Supervision Practices
- ❖ Providing Better Support for Rural Practitioners
- ❖ Guiding Questions

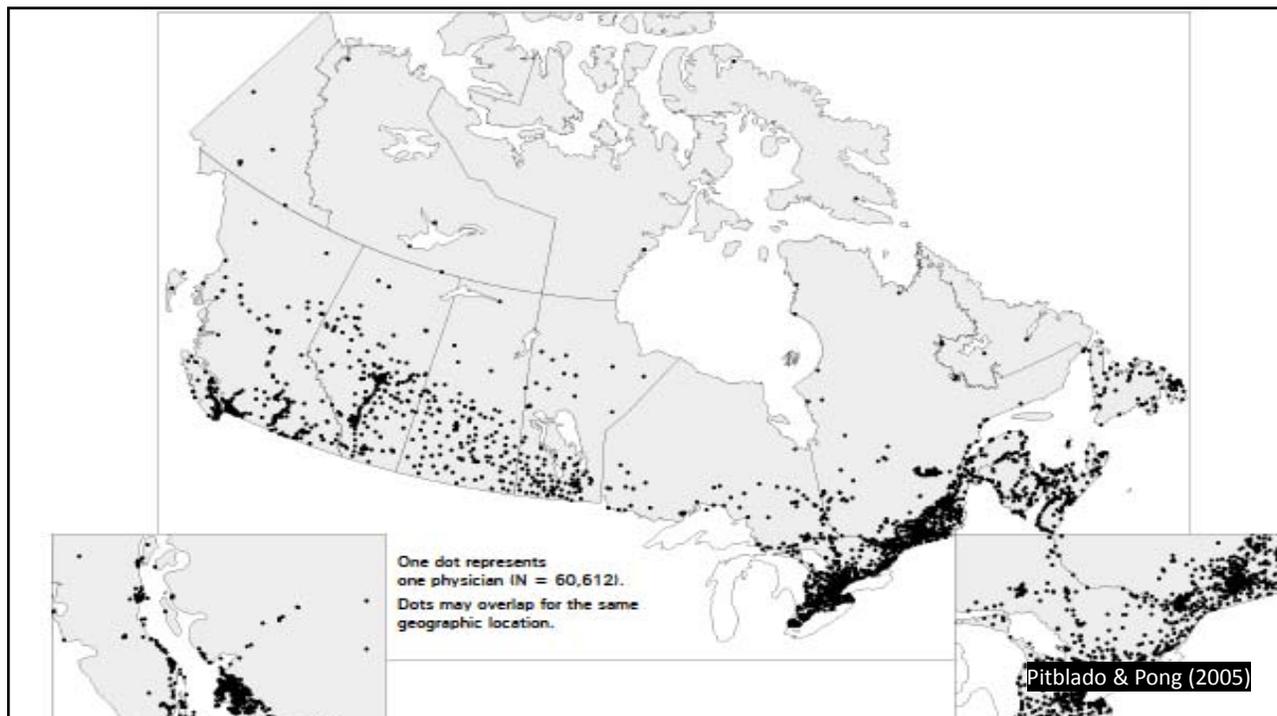
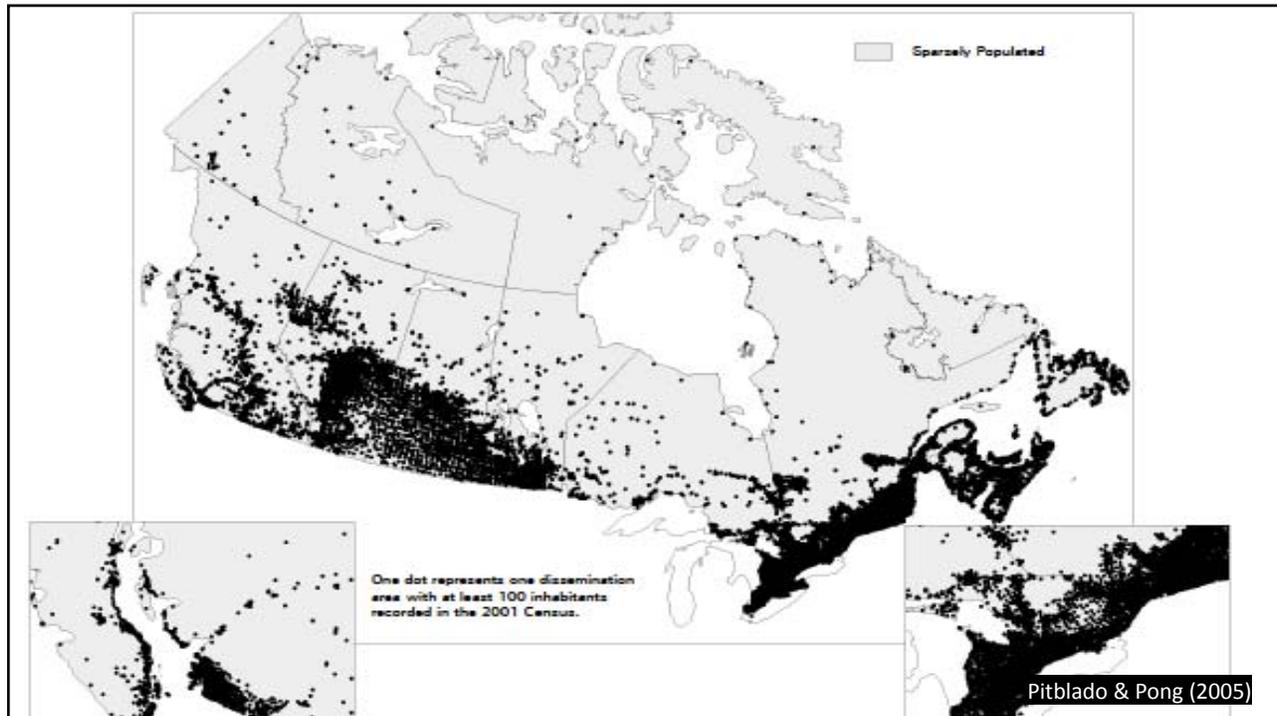
WHAT IS CLINICAL SUPERVISION?

Clinical supervision is “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, and is acknowledged to be a life-long process (Martin, Copley, & Tyack, 2014, p. 201).

DEFINING TERMS: POSSIBLE DEFINITIONS

- Rural: *“rural and small town” definition. This is the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. outside the commuting zone of centres with population of 10,000 or more)* (duPlessis, Beshiri, Bollman, & Clemenson, 2001).
- Remote: *‘Remote’ communities are those without year-round road access, or which rely on a third party (e.g. train, airplane, ferry) for transportation to a larger centre* (Minister of Health and Long-term Care, 2011).
- Northern: *wide diversity with varying social, cultural, agricultural and economic implications* (Kassam, 2001).

Does the term non-metropolitan (MIZ) fit?





CHALLENGES FACED BY RURAL COMMUNITIES

- Rural, remote, northern health indicators (Canadian Institute for Health Information [CIHI], 2018; Ministerial Advisory Council on Rural Health, 2002; Young et al., 2016)
 - Poverty, education opportunity, unemployment, complex trauma
 - 35 million inhabitants, 6 million or 18% of Canadians are living in rural and remote communities.
 - Higher incidents of preventable death
 - Higher incidents of preventable hospitalization
 - Higher infant mortality rates
- Over half of the 1.4 million indigenous peoples in Canada live in rural, remote and northern communities; Indigenous populations – life-expectancy can vary as much as 16 years compared to urban settings (CIHI, 2018)

OPPORTUNITIES IN RURAL COMMUNITIES

- Provide the opportunity to serve as a generalist, practicing across the life span (diversity of clients and client issues)
- Work within multigenerational families provides a unique opportunity to understand issues from multiple informants
- Develop the skills of teamwork, and integrative and collaborative care because resources are scarce
- Collaborative care enhances and promotes creativity in the delivery of services
- Emphasis on family bonds, self-reliance, and traditional values
- Increased freedom, flexibility, autonomy as a practitioner

See: Hastings & Cohn (2013)

COUNSELLING PRACTICE IN RURAL COMMUNITIES

- Identified that geographical and professional isolation, lack of access to resources, or coping with limited resources; working at the “edges of competency” were experienced
- Developed greater insight as to the link among cultural, social, biological, and psychological determinants of health, particularly in Indigenous communities
- Identified their limits and learning needs when counsellors had more life and professional experience
- Needed to be self-directed working in remote communities and to self-regulate their learning
- Needed to be responsible for finding information immediately in order to advocate for clients (proactive)

See O'Neill, L., Koehn, C., George, S., & Shepard, B. (2016). Mental health provision in northern Canada: Practitioners' views on negotiations and opportunities in remote practice. *International Journal for the Advancement of Counselling*, 38(2), 123-143.

PROFESSIONAL CHALLENGES FOR RURAL COUNSELLORS

- Lack opportunities for collaboration, referrals, and support among therapists is limited.
- Unable to travel long distances to obtain supervision which takes time away from their community that is already underserved.
- Lack of qualified supervisors in rural areas
- Listening to stories of trauma (e.g., historical and intergenerational trauma): Practitioner vicarious trauma
- Negotiating membership in the community (e.g., Insider or Outsider status)
- Walking in two worlds
- Dealing with ethical issues common to rural communities.

SUPERVISION IN RURAL COMMUNITIES

- Receiving inadequate supervision leaves rural counsellors feeling overwhelmed, having lower job satisfaction, perceiving their service quality to be lower, and being susceptible to burnout (Reese et al., 2009).
- Reported supervision was more valuable for job satisfaction and professional support than for non-rural counterparts.
- Must address personal issues interfering with their work performance and finding protected time for supervision - prioritizing it (Dawson et al., 2013)
- Identified need for consistency in supervision practice rather than an ad hoc approach, the need for training in supervision
- Requires that supervisors be available, approachable, and willing to be called whenever they were needed (cited as important safety needs)
- See: Ducat and Kumar, 2015

SUPERVISION PRACTICE IN RURAL COMMUNITIES

- Rural counsellors more likely to engage in distance based supervision
- Distance and telesupervision is an affordable and efficient way to address the need for professional support.
- Supervision by videoconferencing and email led to higher levels of satisfaction and feelings of reduced isolation.
- Research on supervision (from rural Canada and Norway) indicates that respondents experienced increased insight, increased ability to perceive cues embedded in verbalizations, and an increase in their ability to sort out chaotic feelings and thoughts.
- Supervision at a distance requires supervisees to verbalise clinical situations and to make their thinking audible
- Remote supervision creates what Vygotsky termed an “optimum challenge point” for learning – learners can complete a task with verbal instruction or assistance.
- Questions remain whether supervisees find group supervision or individual supervision to be the best format by telehealth.

See: Wearne, Dornan, Teunissen, and Skinner (2012)

POSSIBILITIES FOR BETTER SUPPORT OF RURAL PRACTITIONERS

- Offer a rural experience as part of their practicum/internship
- Encourage/entice counsellors to work in rural areas by providing supportive supervision and mentoring.
 - Group and individual
 - Use video-based supervision
- Develop professional networks (e.g, rural supervision networks)

See: Rourke, J. (2010). WHO recommendations to improve retention of rural and remote health workers – important for all countries. *Rural and Remote Health, 10*, 1654 (Online).

REFERENCES AVAILABLE UPON REQUEST

CONTACT: M.SLIPP@SLIPP.CA

QUESTIONS

- What guidelines can we develop to assist practitioners and clinical supervisors to set up ongoing effective clinical supervision in rural, remote, and northern communities?
- Definitions (e.g., Non-Metropolitan or MIZ) ?
- What are the barriers and challenges that need to be addressed in providing clinical supervision to these communities?
- What solutions and ideas can we generate to address these barriers and challenges?
- How can training/counsellor education programs better prepare graduates to work in rural, remote, and northern communities including Indigenous communities?

QUESTIONS

- Given the high proportion of indigenous communities that fall within the scope of rural, remote and Northern definitions, should we consider strategies towards decolonizing counselling/ supervision practice? What would this look like ?
- What are the unique opportunities and strengths that come with practice in this area ?
- What methods of service delivery for clinical supervision are you currently using?
- Do you have success stories to share ?