SUSTAINING CLINICAL COMPETENCY IN WIDE OPEN SPACES:
A COMMUNITIES OF PRACTICE CASE STUDY OF RURAL SCHOOL
PSYCHOLOGISTS

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By
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Conor William Brooks Barker, candidate for the degree of Doctor of Philosophy in Education, has presented a thesis titled, *Sustaining Clinical Competency in Wide Open Spaces: A Communities of Practice Case Study of Rural School Psychologists*, in an oral examination held on March 6, 2020. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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ABSTRACT

The practice of a rural school psychologist is challenging and can be fraught with aspects of isolation, role confusion, and burn out (Hargrove, 1986). In many rural communities, the only qualified mental health professional may be a school psychologist. Thus, rural school psychologists require particular and generalist skill sets to meet the diverse needs of their community. This reality is in contrast to dominant discourses within the broader field of psychology, which promote limited scopes of practice within defined areas of clinical competency. A collective case study of rural school psychologists from across Saskatchewan using a Communities of Practice (Wenger, 1998) conceptual framework was undertaken to determine: (1) the domain of rural school psychology (i.e., the specialty competencies of rural school psychologists); (2) the community of rural school psychologists (i.e., how skill and knowledge is shared); and (3) the practice of rural school psychology (i.e., challenges and opportunities in practice). The study introduces Thematic Delphi Analysis as a novel methodology in community-based research. Eight (8) rural psychologists from Saskatchewan participated in semi-structured interviews and subsequently participated in the analysis through three rounds of Delphi review. The results of this preliminary study have identified the Knowledge, Skills, Attitudes, and Behaviours (KSABs) required of rural school psychologists, the ways in which rural psychologists engage in multiple communities to maintain their competency, and their ability to use creative practice when faced with limits of their competency so that they can support students, schools, families, and communities. This study acknowledges the unique role that rural school psychologists play within the field of psychology, with the challenge of working at the limits of their competency within a
space of knowledgeability. Within this space, rural school psychologists engage with creative practice procedurally and ethically, allowing for the development of innovative practices. These innovations may inform the broader field of psychology. Implications for this study promote the practice of rural school psychology and include rural psychologist perspectives in present discussions of competency.
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DEDICATION

For Besta
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LIST OF ABBREVIATIONS

APA – American Psychological Association

ASPPB – Association of State and Provincial Psychology Boards

CoP – Community of Practice

COPT – Communities of Practice Theory

CPA – Canadian Psychological Association

KSABs – Knowledge, Skills, Attitudes, Behaviours

KSAs – Knowledge, Skills, Attitudes

PAS – Psychology Association of Saskatchewan

PLC – Professional Learning Community

SKCP – Saskatchewan College of Psychologists
CHAPTER 1: Introduction

"You know, I might not be the best at my job, but I am the most local."

- Participant Quote

1.1 Overview

The practice of school psychology is challenging, as psychologists are often expected to have a full breadth of areas in which they are clinically competent (Harowski et al., 2006). That is, they must have broad knowledge, skills, attitudes, and behaviours (KSABs) in order to be effective. As such, school psychologists support the learning needs of students in a multitude of ways, including the provision of psychological assessments, assisting with program development, informing intervention services, and providing consultation to staff who work with diverse students (Saklofske et al., 2007). The provision of school psychology services is challenging in rural contexts. Rural schools, while having the same need for supports for students (Edwards & Sullivan, 2014), have fewer mental and behavioural health specialists practicing locally (Malone, 2012). To date, the complexities of the practices of psychologist as it pertains to competence have not been examined. In order to explore the practice of psychologists who work in rural schools, this research employs a Communities of Practice (CoP; Wenger, 1998) conceptual framework to tap into the knowledge that is developed among professionals through the process of negotiated meaning in the performance of a particular practice. Specifically, using CoP this study examined the domain of rural school psychology (e.g., the knowledge, skills, attitudes, and behaviours required of rural school psychologists), the community of rural school psychology (e.g., the ways, reasons, and outcomes of gatherings of rural school psychologists), and the practice of rural school psychology (e.g., the ways that the craft of psychology is practiced in rural areas).
This study takes place in the province of Saskatchewan, Canada. Saskatchewan is an ideal context to begin an exploration of rural psychology given its large geographic area (588,244 km$^2$) roughly the same size as France, and relatively small population (1.1 million) comparable to many major cities in North America (Statistics Canada, 2017a, Statistics Canada, 2017b). Roughly half of the population lives outside of the major urban centres of Saskatoon and Regina (Statistics Canada, 2017b). The agricultural and natural resource economic history has resulted in the development of 420 communities (i.e., cities, towns, and villages outside of the major urban areas) (Hall & Olfert, 2015), where 561 of the 771 provincially funded schools are located (Government of Saskatchewan, 2017). Saskatchewan also has the largest road network (26,211 km) per capita in Canada (Ministry of Highways and Infrastructure, 2019). Saskatchewan is significantly rural, and as such, may be the best context to study rural opportunities and challenges.

A collective case study (Shram, 2006; Yin, 2014) was employed in order to explore the research questions and objectives within the defined bounded system of rural school psychologists who practice in Saskatchewan. A collective case study involves examining multiple cases and then subsequently to draw learnings from the collection of cases in order to fully understand a phenomenon from a variety of perspectives (Goddard, 2010). This study explored how each psychologist has come to construct their understandings of domain, community, and practice within the context of rural school psychology in Saskatchewan. Through the Delphi analysis process, the participants developed a consensus construction of these concepts, which are developed, presented, and considered in this thesis.

The following thesis starts with my self-location in the research and follows with
a presentation of an overview of the domain of rural school psychologists, the community of rural school psychologists, and the practice of rural school psychology. Additionally, the challenges and opportunities that are present in the practice of rural school psychology are discussed with recommendations of how these practices can inform the broader field of psychology as well as improve service delivery to psychological clients. Further, the research objectives, methodology, and results are presented. The thesis concludes with a discussion of the results, limitations, and future research directions.

1.2 Self-Location

From the onset, especially within the context of qualitative research, it is imperative that the researcher identify their connection to the research and how they come to this subject, in order to name and acknowledge one’s assumptions and biases (Braun & Clarke, 2006). I am an educator, a psychologist, and a scholar. These identities come together in this work. As an educator, I seek to empower my students by teaching them the knowledge, skills, attitudes, and behaviours that they are going to require to meet their personal and professional goals. As a psychologist, I work with students, teachers, and school systems, listening to their concerns, collecting data, and making recommendations to support my clients towards their goals. As a scholar, I seek out and create new knowledge to inform my work in education and social justice. I am an advocate for students with learning differences, towards creating learning environments that are accessible to all students. In my research, I critically explore what works and what can be done to increase capacity for my students and accessibility for all kinds of learners.

The inspiration for this work came as I began to reflect on my first years of
practice as a psychologist practicing in a rural area of Saskatchewan. When I completed my training, I felt competent in individual counselling as well as psychoeducational assessments. When I became employed, I quickly realized that the job required many more skills than I had. This resulted in occurrences that caused me to question my suitability for practice, including one situation that necessitated me chasing a student running away from the school up and down the Swift Current Creek. In my reflections at that time, I asked myself, “what am I doing?”

Through a process of consultation, supervision, professional development, and experience, I am now in my ninth year of practice as a psychologist, and my sixteenth year working in inclusive public education systems. While I can confidently say that I know more than I did then, the issue of clinical competency continues to challenge me. I am challenged when at team meetings after the school explains in extensive detail about the difficulties they are experiencing with a student, the room goes silent, and all eyes turn to me expecting a brilliant course of action. I am challenged when I am delivering the results of an assessment to a family, and the family, in fear for the implications of the results, asks me not to share this information with his teacher as they are a family member (a common occurrence when working in a rural setting). I am challenged when I am being called for the fourth time about a student who continues to struggle, despite my best efforts the three previous times. I am challenged when the child who is a newcomer Canadian, newly learning the English language and school culture, is referred to me for attention issues.

Clinical competency issues challenge all psychologists, and the particular challenges experienced among rural school psychologists are significant. Psychologists
are often placed in expert roles and are called on when teachers, parents, and school administrators believe they have used every tool at their disposal. We are often called upon in crisis situations and are expected to take immediate and effective action to resolve the acute dilemmas. While in urban centres, psychologists have greater access to psychologists who may be experts in a specialty area, such as special education specialists, behaviour specialists, or assistive technology specialists, rural school psychologists are expected to have skills in each of these areas. This challenge also provides an opportunity for rural school psychologists to develop these competencies, which they otherwise would not have to as there would be others to take on such roles.

In the proceeding document, I will share what I have come to learn about the practice of school psychology in rural settings. Initially, I will share what I have learned from the literature and the broader field of psychology. After I will share how one particular community of psychologists in Saskatchewan collectively constructs our understanding of clinical competency in a rural context. As our community of rural school psychologists is small in Saskatchewan, each of the participants was known to me before the research study. I have had the opportunity to work with each of them in formal and informal roles, and I respect their work and dedication to serving children and families. There was much laughter, frustration, empathy, and support offered and shared between the participants and me through this research process. I am honoured to have the opportunity to share their stories, and what we have come to learn collectively through our experience in *Wide Open Spaces*. Let’s begin.

1.3 Domain: Rural School Psychology

1.3.1 School Psychology
According to Saklofske et al. (2007), the Canadian history of school psychology is primarily influenced by the United States and has mainly developed in lock-step with our southern counterparts. School psychology originates from clinical child psychology, having found its beginnings in the spaces between the disciplines of educational psychology and clinical psychology. Psychologists did not work in schools in Canada until the 1950s and were trained from a clinical psychology perspective. By the 1970s, school psychology became its own field of study within the discipline of psychology, and universities began to offer graduate programs at the masters and doctoral levels. School psychologists were employed to identify students with exceptional learning needs. As laws providing for equal access to educational opportunities were proclaimed, the need for psychologists within schools increased.

School psychologists are trained to support the learning needs of students within the context of schools and other institutions of learning (National Association of School Psychologists [NASP], 2010). While this may seem straightforward at first, the practice of school psychology includes elements from multiple disciplines within psychology, including: educational psychology (e.g., the psychology of learning); developmental psychology (e.g., how individuals change and adapt through the lifespan); clinical psychology (e.g., assessment of and intervention for psychopathology); counselling psychology (e.g., intervention to produce change); community psychology (e.g., creating psychologically healthy environments); and behavioural psychology (e.g., assessment and intervention of observable behaviour) (Saklofske et al., 2007; Sheridan & Gutkin, 2000; NASP, 2010). Some believe that school psychologists are defined by where they work, rather than how they trained (Johnson & Zwiers, 2016), however, given the
generalist nature of the training offered to school psychologists, psychologists trained within school psychology paradigms are also found to be working in health regions, private practice, government, industry, and correctional systems (Saklofske et al., 2007).

School psychologists provide a vast array of services, of which Saklofske et al. (2007) outline four. First, school psychologists complete psychological assessments for individual learners to determine present levels of cognitive, academic, and behavioural functioning, as it relates to the capacity for learning. Second, school psychologists provide direct intervention services (e.g., counselling interventions) as well as indirect intervention services (e.g., individualized program planning). Third, school psychologists provide referrals to community services and consult with other professionals (e.g., teachers, mental health counsellors, social workers, school administrators) on ways to work with individuals with exceptional learning needs. Fourth, school psychologists are also trained in crisis intervention, including assessment for risk of school violence, or responding to tragic events that may occur within schools. While many may consider the assessment role of a psychologist as their only function (Johnson & Zwiers, 2016), the school psychologist has a generalist capacity to be proactive in the betterment of learning and mental health issues, through intervention and consultation (Corkum, French, & Dorey, 2007; Johnson & Zwiers, 2016), and in supporting the needs of both exceptional and typically developing learners. School psychologists support individuals towards their goals (e.g., academic, vocational, social or personal) and, therefore, need to be incredibly versatile in the services they can provide, making them ideal for working within rural contexts. For this reason, a number of researchers have explored the issues that underlie psychology in rural settings (Campbell & Gordon, 2003; Clopton & Knesting, 2006;
The following discussion identifies the present gaps in the literature and presents how the current study contributes to our understanding by applying what we know about rural psychology to the context of rural school psychology in Saskatchewan.

1.3.2 Rural Psychology

How one defines a rural area is the subject of some debate (Edwards & Sullivan, 2014; Goforth et al., 2017), and consensus has not been reached in the literature. Statistics Canada provides limited guidance on the issue, indicating that a rural town or village is any that has a population of less than 10,000, having a postal code where the second digit is “0” (i.e., indicating no direct postage available), or be considered a non-metropolitan region if living outside an urban centre of 50,000 people or more (du Plessis et al., 2001). Thus, depending on the metric used, the rural population of Canada can be considered to be between 22-38% of Canada’s population, and within Saskatchewan, between 37-62% (du Plessis et al., 2001). Given the difficulty of defining rural, it also stands to reason that regions considered rural are diverse across geographies, populations, sociocultural factors, sustainability, student success, and public health (Edwards & Sullivan, 2014). The differences can be stark if considering rural across comparisons to urban, suburb, town, rural fringe (e.g., near a centre of 10,000), rural distant (e.g., within driving distance of a centre of 10,000), or rural remote (e.g., fly-in or ice-road communities) (Edwards & Sullivan, 2014; Sutherland et al., 2017). As such, what is
considered within research contexts as “rural” is mostly self-declared by the researcher and the respondents (Malone, 2012). The current study defines rural as being outside the major urban centres of Saskatoon and Regina.

Individuals who live in rural regions tend to acknowledge the fact of their living in a rural region as a significant part of their identity. This identity is characterized mainly by having close relations with neighbours and family within the geographical region (Campbell & Gordon, 2003; Malone, 2012). Rural communities tend to be homogenous unto themselves. However, they are quite varied between each other (e.g., immigration histories, socioeconomic factors, religious practices; Pelling & Butler, 2015). Rural regions tend to be proud of their communities, and often the town’s school is an indication of a town’s overall health and sustainability (Edwards & Sullivan, 2014). Rural areas tend to be beset with seasonal work and inconstant economic conditions (Edwards & Sullivan, 2014). There also appears to be higher health risks associated with smoking, alcohol use, obesity, a lack of formal education, and inconsistent income (Pelling & Butler, 2015). Rural populations are as likely to be exposed to violent trauma as their urban counterparts (Laye & Mykota, 2014). There continues to be a gap in mental health services in rural areas (McPherson, 2016), with few providers serving a vast complexity of needs. Also, many of the young adults tend to move away from rural communities, leaving a disproportionate number of either elderly persons or children who may not contribute to the overall town economy (Curtin et al., 2016; Edwards & Sullivan, 2014).

The extant research about rural psychological practices comes primarily from the United States, Canada, and Australia. The initial research started in the 1980s (Fagan,
1989; Fagan & Hughes, 1985; Hargrove, 1986; McLeskey et al., 1986). During this period, the researchers discussed how psychologists working within the rural context faced numerous challenges, including a lack of access to community resources, poor community understanding of exceptional learning needs of students, heavy caseloads, inadequate facilities, difficulty working with community members, and high staff turnover (McLeskey et al., 1986). Fagan (1989) argued at that time for rural psychologists to move away from merely testing students with exceptionalities and towards working with all students regardless of capacity so as to be preventive rather than reactionary within the work. Fagan and Hughes (1985) also indicated that psychologists should not merely look at the challenges of rural psychology, but instead, acknowledge the advantages of smaller centres to be creative and maximize their service delivery.

Following the works published in the 1980s, there was a lull in the research until Clopton and Knesting (2006) surveyed rural school psychologists. The results from their survey indicated that the aforementioned conditions remained static and that challenges continued to be related to access to resources, community challenges, high workload, and extensive driving. Despite these limitations, Schank et al. (2010) suggested that psychology practices in rural contexts could also inform other niche areas of psychology with small client populations (e.g., LGBTQ counselling, therapists who counsel other therapists, and faith-based counselling). As such, rural psychologists have unique opportunities to form connections with the community, interact with their clients in and out of session, be highly visible, and be regarded as knowledgeable and able to help (Schank et al., 2010). Thus, the discussion of the challenges and opportunities of rural psychology practice continued.
In the 2010s, significant articles emerged discussing different facets of rural psychological practices. Osborn (2012) reviewed the specific ethical dilemmas that are faced by psychologists who practice in rural regions. One area of concern is the area of competence, as often there are very few, if any, mental health practitioners available. Next are concerns around the issue of multiple relationships, given that within small communities a client may also be connected to the therapist in another way (e.g., is a teacher in the school where they work, is the town hairdresser, is dating a family member) or even may be seen at community events or around town. Finally, issues of confidentiality regarding being seen in the therapist’s office or having to engage with the therapist in public after receiving services.

Additionally, Malone (2012) undertook a survey exploring the practice of psychologists in Canadian rural contexts. The results produced four themes. First, a conflict between psychologists and other mental health practitioners was identified, including general practice physicians, and concerns whether individuals were getting competent services or whether they were just accepting what was available (e.g., a physician providing a mental health diagnosis within a 5-10 consultation compared to a multisession comprehensive assessment completed by a psychologist). Second, factors presented by the government in terms of funding positions or making policies around the provision of mental health services in rural areas were identified (e.g., funding specialized positions in urban centres with no counterpart in rural areas). Third, the participants relayed concerns with the contemporaneous movement advocating for pharmacological prescription authority to be added to the scope of practice of psychologists (a move which, for many rural psychologists, would assist their clients in
getting access to pharmacological treatment, and for others would represent an area of concern regarding competence and capacity). Fourth, concerns regarding registration and mobility among psychologists were present, as a result of different requirements for registration as a psychologist in each Canadian province and territory.

Edwards and Sullivan (2014) conducted a review of rural psychology practices in the United States. They advised school psychologists who work in rural centres to be mindful of some challenges. School psychologists must be understanding and engage with the local school community as there is often reluctance to work with someone from outside the community. It is essential to be visible in the community and have positive community relationships. Psychologists must consider the multiple relationships that form within rural contexts, and acknowledge that they are not avoidable; therefore, there must be reasonable boundaries put into place. Ethical considerations of privacy and confidentiality are more significant in the rural setting and must be effectively managed. Finally, with a lack of access to resources and services, the psychologist must be more creative in their service delivery while still practicing competently.

Pelling and Butler (2015) surveyed psychologists in Australia who practice in rural and remote areas of the country. Their results indicated that there are independent attitudes that prevail in rural areas, which impact upon the willingness of rural individuals to access psychological or therapeutic services. They echo the results of other researchers who identify ethical challenges across multiple relationships, privacy, and confidentiality. They further identify that there is a lack of diversity among therapists, with most being mature, white, Christian, heterosexual, and women. They further describe psychology as becoming an “urban-centric profession” (p. 95) due to lack of consideration for rural
challenges in research, professional literature, and practice guidelines. They caution the
definitions of competency, as “comfort working in a certain area is not necessarily
competence.” (p. 102).

1.3.3 Rural School Psychology

Most recently, Goforth and colleagues (2017) conducted a mixed-method study of
rural school psychologists’ experiences as compared to the experiences of urban or
suburban school psychologists. The authors asserted that previous research into rural
school psychology noted: “it may not be the practice of school psychology that may
differ; rather, it may be the experience and context of rural settings that make being a
rural psychologist unique” (Goforth et al., 2017, p. 60). They remarked that rural settings
are marked with strengths of the community, close relationships, and independence.
However, they are challenging in terms of multiple relationships, high turnover, and
challenging ethical problems (e.g., confidentiality, multiple relationships, competency).
Their results suggest that rural school psychologists are similar to urban school
psychologists in some ways, including the number of students served, access to resources
(except behavioural specialists), and professional development. Challenges noted
included rural school psychologists having greater travel distances and less local access
to professional development. The focus group interviews highlighted four themes: (1)
benefits and drawbacks to rural schools; (2) cultural diversity in rural schools; (3)
professional challenges; and (4) ethical considerations. In general, the authors supported
the notion that while the practice of psychology is not very different (consistent with
Listug-Lunde et al., 2013), the context of the rural environment presents unique
challenges.
1.3.4 Needs Identified within Rural School Psychology.

A recurring theme in the literature speaking to rural school psychology is that of three needs: (1) isolation (both social isolation as well as isolation from the psychological community); (2) role confusion (including ethical dilemmas); and (3) burnout (limited access to supports for both the psychologist and the client) (Hargrove, 1986; Owens et al., 2013). These areas may provide an opportunity for further study and consideration within rural psychology.

1.3.4.1. Isolation. The issue of isolation in the present context is defined as the lack of other mental health practitioners who overlap with the rural school psychologist to provide additional supports, as well as the social isolation that can occur when entering into a tight-knit community (Edwards & Sullivan, 2014; Pelling & Butler, 2015). While the research indicates that rural schools have improved since the 1980s in terms of having additional services available (e.g., specialist teachers, speech-language pathologists, educational assistants), and the use of technology to help connect different groups (Fischer et al., 2017), there are still few other psychological professionals (e.g., clinical psychologists, behavioural specialists; Curtin et al., 2016; Goforth et al., 2017) within the immediate community. Isolation is mainly problematic for practitioners, both in terms of professional support needed for any psychologist’s wellbeing but also so that one psychologist is not expected to be all things to all people in a rural community.

1.3.4.2 Role Confusion. Being the only psychologist within a rural community can quickly lead to role confusion. As indicated by Campbell and Gordon (2003), the rural school psychologist, once accepted within the community, can find themselves in a position of authority within the community, and someone who is sought out for advice on
all manners of psychological issues. In this way, school psychologists become the general practitioners of the mental health service delivery model in rural communities (Harowski et al., 2006). This disconnection from the broader field of psychologists (Malone, 2012), with the additional competency demands, as well as not wanting to abandon a client in need (Osborn, 2012; Pelling & Butler, 2015) may result in “rural psychologists [who] have a higher tolerance for blurring of personal and professional boundaries” (Campbell & Gordon, p. 432), or perhaps providing service to a client in an area where they do not have sufficient competency. With the expansion of the role and expectations of the psychologist over time, and limited access to research, supervision, or clinical feedback, a psychologist may end up confused as to their actual role in a given rural community, which can also impact on their perception of competency to practice.

1.3.4.3 Burnout. With the stresses of isolation and role confusion, subsequent burnout is often experienced (Samios, 2017). The relative ages and experience levels of rural psychologists are low, given high turnover within the discipline. Despite reporting reasonable job satisfaction (Goforth et al., 2017; Perkins et al., 2007), many psychologists leave work in rural areas. This is a further concern as little experience is developed and passed on within the field of rural school psychology as well as a limited possibility of mentorship within a rural setting.

1.4 Practice: Clinical Competency

1.4.1 History

There have been multiple groups who have contributed to the development of the clinical competency frameworks presently used within the field of psychology, including: (1) the fraternal organizations of psychologists; (2) the schools and universities who train
psychologists; and (3) the government regulators of the practice of psychology (Rodolfa et al., 2014). It is essential to recognize the role of each of these groups regarding the development of the competency frameworks, and the paradigms which may have influenced each group.

The first group that has contributed significantly to the development of clinical competency frameworks is the fraternal organizations of psychologists (Kaslow 2004; Kaslow et al., 2004). In Canada, the national fraternal organization of psychologists is the Canadian Psychological Association (CPA), and in the United States, the national fraternal organization is the American Psychological Association (APA). These organizations strive to advocate for the profession of psychology, by promoting the services of psychologists to the benefit of society, to promote excellence and innovation in research, education, and practice within the field of psychology, to promote the dissemination of psychological knowledge, and to provide services to their members (CPA, 2018). The focus on competency, in large part, has been in their desire to accredit training programs in psychology to assure that competency standards are consistent across new graduates who intend to practice in psychology. As such, the focus has been to get at the essence of quality psychological practices.

The second group has been the universities and training centres that train future psychologists. This group includes the National Council of Schools and Programs in Professional Psychology (NCSPP; Rodolfa et al., 2014). This group is also interested in developing a quality program of training for future psychologists through the development of research, evaluation methods, quality assurance, and program area diversification. These centres, while interested in maintaining accreditation with the CPA
and APA as partners, may also be interested in ensuring an ambitious research agenda and might have to weigh concerns around accreditation with research interests, student marketing opportunities, and institutional politics and funding.

The third group that has been involved has been the regulators of psychology (Rodolfa et al., 2013), which are the organizations that regulate the title of “psychologist” and work in the public interest to regulate the practices of individual psychologists to assure public safety. The Association of State and Provincial Psychology Boards (ASPPB) is the association of the different regulators across the United States and Canada. Their stated goal is to advance public protection by being experts in the examination and credentialing of psychologists (ASPPB, n.d.). As such, concerns in regards to public protection are at the forefront of the regulator's point of view.

Together, the fraternal organizations, the training centres, and the regulators have been the most significant contributors to the development of competency frameworks in psychology. It is important to note that while each has an interest within the field of psychology, the objectives of each group are somewhat divergent and lead to some differences and controversies in the field (Rodolfa et al., 2013). Further, their attention to the training and entry aspects to the field of psychology have left some areas less attended to in the research. A review of the progression from an academic study of psychology to the advocated culture of competency will follow.

1.4.1.1 From Curriculum to Culture of Competency. Rodolfa et al. (2014) and Rubin et al. (2007) provided a comprehensive review of the history of the competency framework developed within the field of psychology. Before 1945, the psychology profession was mostly unregulated. The first regulatory board was formed in 1945 in
Connecticut in response to the Department of Veterans Affairs' request for competent psychologists to work with veterans returning home from World War II who were flooding the health care system. The American Psychological Association (APA) collaborated with Veterans Affairs to develop the first training model for psychologists using the scientist-practitioner model in 1949. From 1945-1977 each jurisdiction in the United States and Canada developed its own regulatory board in psychology. At that time, the requirements to register as a psychologist included graduating from a recognized program in psychology and completing supervised hours. There was no focus on the actual skills that individual practitioners had, as they were merely assumed through the completion of an academic curriculum in psychology (Rodolfa et al., 2014).

Recognizing the differences between different training programs, the National Council of Schools and Programs of Professional Psychology (NCSPP) developed the first position paper on the use of competencies within the training programs in 1986. This represented the first transition away from a curriculum-based approach to psychology (i.e., a focus on the subjects covered in the coursework) to a competency-based approach that focused on the demonstrated skills and aptitudes of the students (Kaslow, 2004; Nelson, 2007). This work was the first to focus on the development of KSABs of different aspects of psychological practice. The APA’s Committee on Accreditation responded by adding guidelines and principles to include competencies. The discussions on competencies within the field of psychology expanded, and multiple frameworks of competencies were developed by the APA, NCSPP, and Association of State and Provincial Psychology Boards (ASPPB) in the years that followed.

In 2002, the APA arranged for a conference to focus on competency development.
There, the different stakeholders, including institutions of higher learning, regulators, and fraternal organizations, formed workgroups that further developed a competency-based framework for all stakeholders in psychology (Kaslow et al., 2004). From this collaboration, two significant frameworks emerged. The first was the Cube Model for Competency Development (Rodolfa et al., 2005), which outlined the foundational, functional, developmental and specialty skills required by competent psychologists. This model provided the framework of foundational competencies, functional competencies, and stages of professional development from graduate school to continuing education, and is discussed in greater detail below. Further, this conference introduced the consideration of a cultural shift within the field of psychology towards a Culture of Competence.

A Culture of Competence refers to “a shift to a culture that emphasizes acquisition and maintenance of competence as a primary objective and shifts to a culture that promotes the assessment of that competence at all levels over time” (Roberts et al., 2005, p. 356). This cultural shift was argued to be essential but requires that the professional community agrees upon what constitutes good and competent practice within the field of psychology. This conversation is ongoing between the institutions of higher learning, the regulators, and the profession, within North America, and internationally (Rodolfa et al., 2014; Schaffer et al., 2013).

1.4.1.2 Canada’s Mutual Recognition Agreement (MRA). Possibly the most important application of competency frameworks in Canada has been the Mutual Recognition Agreement (MRA, 2001) between Canada’s provincial regulators. Canada’s provincial regulators created a competency-based framework to assure all psychologists
in Canada have the same basic competency requirements to practice in response to pressures to increase the mobility of professionals across provincial borders. In 2001, the regulators signed the MRA, outlining six areas of competency in psychology. These areas are defined and discussed regarding core knowledge and skills that are needed to practice competently. The areas are: (1) interpersonal relationships (i.e., establishing and maintaining working relationships with clients); (2) assessment and evaluation (i.e., drawing on methods of psychological evaluation to respond to assessment questions); (3) intervention and consultation (i.e., engaging in activities that promote optimal functioning); (4) research (i.e., understanding of scientific method); (5) ethics and standards (i.e., following all necessary rules, regulations, and ethical codes of the profession); and (6) supervision (i.e., teaching or promoting competency in others). These six areas represent the core knowledge and skills required of all psychologists to practice at a minimal standard in Canada.

1.4.2 Current uses of competency frameworks.

Competency-based approaches and frameworks have been used in the United States and Canada since the 1990s (Kaslow, 2004). The movement towards a competency-based framework in psychology has many different applications for different stakeholders. The following will discuss how competency frameworks are used across training centres, regulatory authorities, and by psychologists themselves.

1.4.2.1 Training. First, the trainee psychologist benefits from having a clear sense as to what will be expected of them when they begin their career. The CPA has outlined the ethical requirements of competency within the Code of Ethics for Psychologists, which requires that psychologists practice only within domains in which they are
competent (CPA, 2017). They allow the schools to focus on the foundational competencies initially and allow for the functional competencies to develop further in the practicum and internship portions of their program. Training programs can review the competency frameworks to assure that their students will be set to begin their careers in psychology (Rubin et al., 2007). Competency frameworks provide a language to discuss issues of competency, allowing for opportunities to provide enrichment to a practicing psychologist’s practice or remediation if needed (Hatcher et al., 2013). They also allow for functional skills to be broken down into their component parts and essential features (e.g., interpersonal skills could be discussed in terms of empathy, responsiveness, etc.; Hatcher, 2015).

To further support the training centres, Kaslow et al. (2009) provided a competency assessment toolkit. This toolkit provides multiple methods for schools to assess and provide feedback using multiple tools. It is informed from a competency perspective and can be administered at the multiple stages of development. This is further reinforced by the benchmarks provided by Fouad et al. (2009) to use as a guide. By having these consistent tools, guidelines, and language, students and schools are best able to train future psychologists and equip them with the KSABs needed to practice competently.

1.4.2.2 Regulation. Rodolfa et al. (2013) reviewed the work of the ASPBB in the development of their competency areas as compared to the work that was completed by the APA. The differences identified are primarily in terms of organization of their competency framework and not in the conceptualization of competency (Schaffer et al., 2013). However, it still may create some confusion among the stakeholders in terms of
language, priority, and application. Where this can become an issue is when competency is challenged through the complaints process. If a member of the public complains to a regulator about the competency of a psychologist, the regulator is assisted in how to respond by having a clear set of competency measures. Each province in Canada has developed regulations and professional practice guidelines based on ethical practices (e.g., record keeping, advertising, administration, general ethical practices); however, there continues to be a gap for the regulators to determine competent practice (i.e., a practice that is beneficial to the client). As such, the regulators often ascribe to a “minimal level of competence” when adjudicating competency for licensure (Saskatchewan College of Psychologists, 2014).

1.4.2.3 Ongoing Practice. The Cube framework (Rodolfa et al., 2005), noted previously, is a useful tool for practicing psychologists, from beginning student to an expert clinician, to reflect on their practice. When a psychologist faces a practical concern, they can refer to the model and reflect on where they might stand to enrich their practice. For example, if a school psychologist was performing a consultation but was not feeling quite right about it, they could consider the practice along with the foundational domains (reflection, scientific knowledge, relationships, ethics, diversity, interdisciplinary systems) or across the career spectrum (novice, intermediate, advanced, proficient, expert, master). Considering these skills within a framework can help a psychologist in their practice by referencing their area of concern, and the behavioural anchors they should be demonstrating given their training and experience. While psychologists can use this model potentially, there is no research to suggest it is being used in this way. A potential reason is that the grid is designed for a general practitioner,
and early in a psychologist’s independent practice, a psychologist tends to work on specialized competencies (i.e., niche client diversities, specific therapy modalities, different contexts) rather than foundational or functional competencies. The Cube Model, while referencing this reality, does not directly address how specialty competencies are developed.

1.4.3 Current Issues and Challenges of Competency Models

There are some critiques in the literature in regard to the competency models presented by the schools of psychology, associations of psychologists, and regulators of psychology. The first critique identifies the challenges of describing competency, given its complex nature. The second critique highlights the challenges of measuring competency, especially after the training and development period. Each of these areas of concern is discussed below.

1.4.3.1 The Complexity and Simplicity of Competency. The movement from a curriculum-based (i.e., knowledge-based) model of training to a competency-based model of training is not without its challenges. The goal of the Competencies Conference was to come up with an agreed-upon model so that all fields of psychology could agree on what would constitute a competent psychologist (Kaslow, 2004). In essence, the resulting model needed to simplify the complex nature of clinical competency. The structure of competency needs to be comprehensive, but not so overly complicated as to not be useful (Rodolfa et al., 2014): “[t]he process of differentiating and dividing complex skills into a number of components then differentiating and dividing again may lead to a mix of competency domains and proliferation of sub-domain items that will serve to obscure rather than accentuate the true character of the competent practitioner” (Gonsalvez &
Calvert, 2014, p. 2015). Competencies are interrelated, and we should not think of them within their own silos (Belar, 2009).

There are several concerns related to the development of a global model of clinical competence in psychology. An over-focus on competencies can also have a detrimental effect on the practice of psychology. An emphasis on competencies can encourage academic programs to focus on minimum standards rather than on academic excellence and innovation (Hodges, 2006), as the focus shifts from creative applications and new practices in favour of old and accepted practices. Academic institutions could become training and technical institutions rather than spaces of innovation, creativity, and ingenuity.

Beyond the competency concerns, there are also personality concerns that may predispose individuals to competency issues. Roberts et al. (2005) argued that “personal suitability or fitness for the profession” (p. 359) might be another area of focus. There are questions as to the validity of the competency models as they were written by experts and not ascribed to entry-level psychologist practitioners (McCutcheon, 2009). It is also important to be wary of overly rigid standards and consider the contexts of service delivery, client, and environment where the services are rendered (Schulte & Daly, 2009).

A further concern discussed in the literature is that the APA and ASPPB models of competency only consider training at the doctoral level when, in many provinces and states, psychologists are trained at the master’s level (either as a psychologist or psychological associate who have similar scopes of practice). Slaten and Baskin (2014) outlined some of these concerns, as many who practice within schools as school counsellors are trained at the master’s level. As such, many doctoral graduates from APA
programs have little to no experience in schools, as it is not an area where they often employ doctoral-level practitioners. How then can schools assure that their counselling staff are providing competent services if there are no doctoral practitioners with experience in schools, and the master’s trained counsellors are not represented in current training and competency models? Thus, the present competency models seem to narrowly focus on concerns within the domain of clinical psychology training and practice, and not school psychology.

1.4.3.2 Assessment of Competency. A major challenge identified in the field is the measurement of competency constructs. Another benefit of competency frameworks is their application to regulated practice (Hatcher et al., 2013). The regulators of psychology, ASPPB, have developed the Examination for Professional Practice in Psychology (EPPP) to evaluate core knowledge. It has been recognized that this exam does not adequately evaluate the competency areas, but instead merely samples knowledge points (DiLillo & Tremblay, 2009). As such, the ASPPB developed a second part to the EPPP, which will involve the psychologist-in-training to interact with a standardized client in an online environment through the use of avatars. This supplemental exam is presently in use in early adoption jurisdictions, beginning in January 2020 (ASPBB, 2018).

Further, the considerations of assessment of competency have been reviewed in the literature. Competencies must be assessed by multitrait, multimethod, and multi-informant processes (Kaslow et al., 2007). The leaders of the Competency Conference further provided an assessment toolkit of competencies that can be utilized within training programs (Kaslow et al., 2009). Assessment of competency must be coherent and
applicable across training programs, supervision, and licensure levels (Kaslow et al., 2007). The assessment of competency must be conducted in valid, reliable, and practical ways (Kaslow et al., 2007). The client must also perceive competency. Thus, with regards to ecological validity, stakeholders should feel that their psychologist is capable of helping them (Belar, 2009). Assessment of competency should provide for both formative assessment (i.e., providing feedback to the practitioner to improve their practice) as well as summative assessment (i.e., to determine if an individual is fit to practice; Hatcher et al., 2013; Kaslow et al., 2007; Roberts et al., 2005). The assessment should be holistic, providing opportunities for self-reflection, as well as feedback from clients and supervisors (Kaslow, 2004). It further must be assessed both with foundational competencies, as well as functional competencies (Kaslow et al., 2007). Through the use of formative assessment, competency can be supported and remediated as needed (Kaslow et al., 2007).

Others have identified many ways to assess competency across the training period. However, minimal tools are available to assess the competency of post-licensure psychologists within their practices of 20-40 years. Considerations of assessing competency are further complicated as psychology works in the domain of relationships, feelings, and subjectivities, and not all things can be quantitatively measured (Gonsalvez & Calvert, 2014).

1.4.4 Identified Gaps in the Literature.

Upon review of the existing literature, two significant gaps became apparent. The first gap observed relates to the conceptualization of competency as something to be assessed only in the period before a psychologist is practicing independently. The second
gap observed is a discussion on the specialized competencies required of school psychologists who practice in rural contexts. Each of these gaps is discussed in detail below.

1.4.4.1 Competency After Licensure. Students and practitioners who have problems with clinical competency represent a significant challenge to the field, and without competency measures, it is difficult to remediate or address issues related to these individuals (Nicholson Perry, Donovan, Knight, & Shires, 2017). In the currently accepted frameworks (e.g., Rodolfa et al., 2005), competencies can be assessed through the developmental period. However, once licensure is achieved, there are no further formative assessment processes. A psychologist can be considered competent until such time that a complaint is lodged, and a disciplinary process is undertaken. As such, the present model suggests a psychologist is considered competent until they can be proven not to be (Falender & Shafranske, 2012, p. 2012). This presents a danger within the field of psychology, as it is often late-career practitioners who are determined to be practicing incompetently with issues of lack of academic or clinical skills, personality or psychological problems, or weak moral character (Brown-Rice & Furr, 2013). Competency assessment and support needs to continue throughout the career lifespan of the psychologist and not just during the training period (Kaslow et al., 2007). Presently, there are few points where competency is measured (Roberts et al., 2005). By expanding the discussion of competency throughout a psychologist’s career, concerns around incompetent practice should be reduced as members of the profession are consistently discussing issues from a competency standpoint.

1.4.4.2 Rural School Psychology Competencies. There is a requirement for the
different domains of psychology to develop their competency frameworks within their specialty areas. On the one hand, school psychology has developed a competency framework through the National Association of School Psychologists in the United States (National Credential of School Psychology; Rossen, & Williams, 2013), which includes competency in the domains of (1) diversity in development and learning; (2) research and program evaluation; (3) legal, ethical, and professional practice; (4) data-based decision making and accountability; (5) consultation and collaboration; (6) interventions and instructional support to develop academic skills; (7) intervention and mental health services to develop social and life skills; (8) school-wide practices to promote learning; (9) preventative and responsive services; and (10) family-school collaboration services (NASP, 2010).

Additionally, Sutherland and Chur-Hansen (2014) have developed a KSA document to review the essential skills needed by rural psychologists in Australia. These include knowledge in the areas of (1) personal limitations; (2) diverse client presentation; (3) local knowledge of the communities served; (4) indigenous culture; and (5) rural presentations of mental health concerns. Skill areas include: (1) the effective use of technology, including online service delivery; (2) networking with multiple community members and stakeholders; (3) working outside the domains of psychology; (4) having both generalist skills as well as specialist skills, and knowing when to apply which; (5) boundary setting; (6) self-care; (7) ability to manage multiple relationships and seeing your clients in public; (8) adapting interventions as needed; (9) providing community education around mental health; and (10) compartmentalizing different knowledges that are acquired (e.g., seeing two clients who are family members or who are on opposite
sides of a conflict). In terms of attitudes, a rural psychologist must: (1) be willing to travel; (2) be resourceful; (3) be flexible; (4) be willing to step outside comfort zone; (5) be approachable; (6) be community-minded; (7) value a rural lifestyle; and (8) be passionate about psychology. Other authors have identified other diversities in rural areas to consider, including: managing transitions from secondary to post-secondary (Atkinson et al., 2015), LGBTQ seniors (Fredriksen-Goldsen et al., 2014), and migrant workers and their families (Vega et al., 2015).

Another question remains if the competencies among rural school psychologists are different from the competencies among urban school psychologists. As noted by other researchers (e.g., Goforth et al., 2017), the practices of school psychologists might not change; however, the context in which services are delivered might result in some differences. These ways of understanding practice tend to be esoteric and best known by the practitioners who gather together to discuss and create meaning around their work contexts. The following discussion reviews how these communities gather to negotiate meaning and create knowledge.

1.5 Community: Communities of Practice Theory

Communities of Practice Theory (COPT) (Fox, 2000) is the term used to describe the theoretical underpinnings from Wenger’s (1998) conceptualization of Communities of Practice (CoP). COPT has experienced a great deal of academic attention. In a recent search (August 4, 2019) on Google Scholar, 54,574 scholarly articles were found to have cited Wenger’s (1998) seminal *Communities of Practice: Learning Meaning and Identity*. As remarked by several authors, the use of the term “Communities of Practice” (CoP) is ubiquitous and has developed a plethora of different meanings and uses (Cox, 2005;
Farnsworth et al., 2016; Handley, Sturdy, Fincham, & Clark, 2006; Roberts, 2006; Storberg-Walker, 2008; Tight, 2015). This section discusses the original theoretical conceptualization, the subsequent evolution by its authors, the terminology that will be used in this study, the current criticisms and challenges to COPT, and the opportunities for future research using COPT.

1.5.1 Historical Context

The origins of situated learning theory are rooted in the thoughts of Peirce’s concept of Community of Inquiry (Shields, 2003), Dewey’s principle of learning through occupation (Wallace, 2007), and Vygotsky’s theories of learning (Kimble, 2006). These models emphasized that learning is inherently a social enterprise. Within Pierce’s model, a community would gather with an open spirit towards a scientific problem, leaving fixed notions behind to determine new ways of approaching problems and finding solutions (Denscombe, 2008; Shields, 2003), thus originating the first conceptualizations of learning communities. Dewey’s learning through occupation emphasized the learning that can occur by doing meaningful work (Wallace, 2007), thus signalling the first conceptualizations of learning through practice; in fact, Dewey would argue that both theory and practice are of equal importance (Noddings, 2005). As well, Vygotsky (1978) proposed the zone of proximal development, which discussed how learning occurs between a teacher and a learner, or in between learners, in a manner that is appropriate and adaptable to the developmental skill of the learner. These initial educational philosophers in pragmatist and social learning provided the grounding to move from a cognitivist theoretical orientation of learning (i.e., learning through conceptual development and skill demonstration), towards a social theory of learning (i.e., learning
that occurs through negotiated meaning-making between human actors; Handley et al., 2006).

Lave and Wenger (1991) first described situated learning. Situated learning is a theory which explains how learning occurs within situated contexts of place, practice, identity, and relationship. The theory originated from the observations of learning that occurred within apprenticeship models and represented a departure from classroom-based methods (e.g., cognitive didactical) that were classically popular (Tight, 2015). Situated learning was developed through the observation of different cultural groups and practices within organizations through an anthropologic and ethnographic lens (Brown & Duguid, 1991; Kimble, 2006; Lave & Wenger, 1991). In a situated learning model, experts or masters train their apprentices not through direct instruction, but rather by showing and demonstrating the craft. The apprentices learn the craft in a multiplicity of ways. To begin, the apprentices observe the craft on the peripheral, that is, they watch the master as they complete the task, they one day aspire to do on their own. After some time, the apprentice will participate in some portion of the task with the guidance and supervision of the master. Their direct participation in the craft increases as the master observes their competency. Finally, the apprentice becomes the master as they grow in experience and independence with the craft.

Situated learning provided the concept of legitimate peripheral participation to describe how learning occurs within this context (Lave & Wenger, 1991). There are three elements to this concept, the first being legitimate, recognizing that the learner is accepted into the community. Within the concept of the master and the apprentice, the apprentice is made legitimate by being accepted by the master. Regarding developing a
craft, legitimacy is formed by the group or community of practitioners who participate in this craft, thus becoming a part of a guild, union, or professional group would also provide legitimacy. Peripheral refers to the progression from distal to central aspects of performing the practice. Initially, the apprentice would observe from the periphery and progressively move towards performing the core practices. Learning can occur not only through central or core practice but can also occur by observing from the sidelines. Third, participation refers to the active doing of the trade. Participation is not a passive, but rather an active engagement with the craft, even if that participation is not direct. Observing the master, rehearsing the techniques, making predictions, asking questions can all be forms of participation that can produce learning outcomes. Legitimate peripheral participation thus represents a social form of learning that was in contrast at the time to cognitive learning models and has had a multitude of applications in education (Tight, 2015).

Situated learning explains learning that occurs within the context of an apprenticeship, but is not a grand theory that purports to explain all learning which occurs in general. Within the situated learning model, for someone to master a craft, there needs to be a knowledgeable other (Vygotsky, 1978) who holds the critical knowledge sought by the apprentice. In this way, the knowledge acquisition is unidirectional, that is, from the master to the apprentice, and fails to consider the new learning that, conceivably, must occur by the master through the apprenticeship and teaching process. Further, it fails to consider the creative and new aspects of crafts as general knowledge evolves, develops, and changes. Thus, the work of Wenger (1998) represents an evolution from legitimate peripheral participation towards the theoretical framework of COPT.
Wenger (1998) expanded on situated learning towards a broader social theory of learning. Wenger’s theory represents a confluence of theories of practice (i.e., ways in which individuals engage in accepted daily behaviours within a field of practice), social structures (i.e., ways individuals conform to social norms and rules), situated experiences (i.e., ways individuals act in specific contexts and environments), and theories of identity (i.e., ways in which one comes to know the self, and how they interact with the world). Additionally, Wenger is influenced by theories of collectivity (i.e., how social formations are formed in groups and organizations), subjectivity (i.e., how individuals experience things differently), meaning (i.e., how individuals produce understandings of their own), and power (i.e., how individuals are influenced by others). Learning in this context is much broader than merely rehearsing a craft, and recognizes the influence that others have on the self-regarding identity, knowledge, skill development, and in particular, meaning-making.

Wenger (1998) formalized the term CoP, although he recognizes that the term was developed with his colleague, Jean Lave. At this point, it is essential to note the CoP represents a particular group, while COPT represents the broader theory. A CoP is a group of practitioners that come together that share a craft or profession, to learn and make meaning while forming identity and community (Baker & Beames, 2016; Wenger et al., 2002). COPT recognizes that learning occurs both in functional domains (e.g., skills of the craft) as well as the affective domains (sense of meaning and identity), within the context of participation in a group (the community). While in legitimate peripheral participation the knowledge is kept by the master practitioner, within a CoP framework, each individual can both be a master and an apprentice, with opportunities to teach and to
learn. CoPs are also flexible in terms of membership and participation level, allowing for experienced practitioners to serve in central roles within the CoP, and newcomers to participate on the periphery; however, these roles are no longer fixed, and the learning can be multidirectional between members, and participation by individuals can flow between central and peripheral roles. This flow occurs as new practitioners introduce new learnings and findings in the field, while experienced practitioners learn about innovations in the field.

1.5.2 Key Components to COPT

Wenger (1998) expanded our understanding of learning from a cognitive or behaviourist model of learning (e.g., from teacher to student through conceptual and skill development through reward or punishment), to a social theory of learning which emphasizes the learning that can occur through meaning-making as negotiated between individual people within a community. Wenger theorized four elements of social learning in this model: (1) identity (learning as becoming); (2) community (learning as belonging); (3) meaning (learning as experience); and (4) practice (learning as doing). This next section will review these four elements and their parts.

1.5.2.1 Learning as Becoming. A core tenant for Wenger (1998) is that through learning (or the negotiation of meaning), one creates an identity. This identity is comprised of two processes: (1) identification (e.g., submitting to the norms of the group); and (2) negotiability (e.g., influencing the norms of the group). The resulting experiences can result in identities which engage with the practice group (i.e., identities of participation), or identities that do not conform with a particular group, and may be either neutral or antagonistic to the practice group (i.e., identities of non-participation).
An individual may display their mode of belonging across engagement (e.g., social engagement with a group), imagination (e.g., visioning of possibilities), and alignment (participation in the group’s activities; Wenger et al., 2002). As such, individual identities as they engage in the practice community can have different outcomes in how they come to know and understand the practices of the group and how they, in turn, respond.

An example of identity among a group of psychologists may be as follows. A mental health practitioner decides whether or not they would like to register as a psychologist, thus submitting to the rules and regulations of the profession, or decide to be a “life coach,” eschewing the fees, academic requirements, and ethical accountability that come with identifying as a psychologist. This decision would represent an identity of participation (e.g., joining the psychologist group) or an identity of non-participation (e.g., becoming a life coach). Each of these decisions would influence their level of engagement, imagination, and alignment with the stated norms of the psychologist group. Further, this decision changes how they view themselves and their influence on the profession of psychology (e.g., identification and negotiability). Further, if the psychologist group determines a new and potentially useful therapy, the individual with an identity of participation would likely have contributed to that outcome and is likely to use it, while the individual with an identity of non-participation was likely not consulted, and may question the validity of such an approach. In each of these ways, one’s thinking and affect are influenced by how this identity is formed.

1.5.2.2 Learning as Belonging. A community of practice is not merely a community (e.g., a neighbourhood association), nor is it defined by a rehearsal of rote skills (e.g., practicing piano), it is a community of professionals who gather together to
discuss issues about the profession. In this way, community cannot be extracted from practice, and the practice is not extracted from the community. Wenger (1998) describes three main elements of a CoP: (1) mutual engagement; (2) a joint enterprise, and (3) shared repertoire. Mutual engagement refers to the relational nature of the CoP. Mutual engagement refers to the behaviours that are associated with building a community, doing things with the community, and maintaining the community structure. It values the diversity of the group and the different skills and abilities that are presented. Joint enterprise refers to the tasks for which the community gathers to accomplish. It encourages the accountability of its members and creates the social norms for the group. It also establishes the goals for the group and determines the activities in which the group will partake. Shared repertoire refers to the shared experiences of the group. Shared repertoire can involve the group's stories and historical events. It can also refer to the previous discussions and agree upon concepts and language that is used by the group. It can also explain why certain behaviours are encouraged while others are discouraged. The shared repertoire represents the corporate memory of the group, and the shared understandings and language shared by members. Together, the three concepts of joint enterprise, mutual engagement, and shared repertoire constituted the three core elements COPT respectively: domain (profession), community (local group), and practice (activities of the group aligned with the profession).

1.5.2.3 Learning as Experience. Meaning is a core tenant to COPT (Wenger, 1998). Wenger defined meaning as “an experience of everyday life.” (1998, p. 52). These experiences embody both the grand questions of the meaning of life, as well as the minutia of details within a task. Through our experiences individually and collectively,
we form schemas and representations and thus create meaning in our works and learnings. Wenger (1998) suggested that meaning is created by three modalities: (1) negotiation, (2) participation, and (3) reification. Negotiation occurs as part of our experiencing the world: “[w]hether we are talking, acting, thinking, solving problems, or daydreaming, we are concerned with meanings” (Wenger, 1998, p. 53). Thus, negotiation of meaning can be an internal process (e.g., thinking, daydreaming, reflecting) or an external process (e.g., discussing, explaining, teaching). It can use language, or it can be abstractly reflected upon. Meanings can be definitive, unstable, changing, or static depending on the current information available to the individual creating the meaning. Meaning-making is an active process and is dependent on our historical and ever-changing experience. Thus, negotiation is an ongoing process by which we synthesize, analyze, criticize, and create new meaning. Participation occurs when we actively engage with our world: “[p]articipation refers to a process of taking part and also to the relationships with others that reflect this process. It suggests both action and connection.” (Wenger, 1998, p. 55). Participation involves the active process of being in the world, engaging with others, being a member of a group, and acting out. Through this participation, we accumulate experiences from which we can negotiate meaning. Thus, participation is a necessary action by which we gather the necessary experience to create meaning. Reification is the products that we create to represent our understandings and memorialize our meaning makings. Reification involves “a wide range of processes that include making, designing, representing, naming, encoding, and describing, as well as perceiving, interpreting, using, reusing, decoding, and recasting” (Wenger, 1998, p. 59). Reification is the process by which we create signifiers of concepts for which we have
derived meaning.

These three processes signify how learning and meaning are created. Through negotiation, the meaning is ascribed to our experiences. Through participation, experiences are gathered, and meaning is created. Further, by reification, products are created which come to symbolize understanding and meaning. This model of meaning-making suggests that it is not only through receptive experiences that new knowledge and skills are formulated, but also through discussion, teaching, and representing, new knowledge is created.

1.5.2.4 Learning as Doing. Practice involves the shared tasks done by the community. This can involve the knowledge that is required to perform these tasks, the skills required to perform these tasks, or the ability and opportunity to complete these tasks. Elements of practice include conceptual understandings, and well as behavioural performances. Practices vary from group to group, and often individuals are members of multiple communities of practice. Wenger-Treyner and Wenger-Treyner (2015) further developed the notion of practice to include notions of competence and knowledgeability, across the landscapes of communities and practices. They argue that competency is the accepted norm of current practices accepted by a community of practitioners. This definition of competency holds notions of accountability and legality. When a professional sees the landscapes of all things that are involved in the profession, competency is not possible across all contexts and bodies of knowledge. What is necessary is a knowledgeability and familiarity of practices and that the knowledge exists as individuals approach the boundaries of their competencies.

1.5.2.5 Further Development of COPT Theory. The next iteration of COPT
came from the publication of *Cultivating Communities of Practice* (Wenger et al., 2002). This work represented a shift from naturally occurring CoPs between cooperating individuals, to a managerial framework to support the development of knowledge and innovation within communities (Cox, 2005; Kimble, 2006). Further works, including an edited volume *Learning in Landscapes of Practice* (Wenger-Trayner et al., 2015), expanded the theory to include notions of competency and knowledgeability within and between communities of practice, as well as expanding the application opportunities across multiple contexts.

**1.5.3 Challenges to COPT**

Many authors and fields have used COPT theory. In general, applications have been found in the fields of education, healthcare, private industry, and the social sector (Wenger, 2011). The theory is not without its critiques, and the three main issues that have been highlighted include (1) inconsistent use of terminology across studies, (2) limited ability to generalize knowledge derived within individual CoPs; and (3) failure to consider issues of power within the theoretical model. Each of these issues is discussed below.

**1.5.3.1 Inconsistent Terminology.** A consistent criticism from the literature is that COPT researchers often use COPT terms intuitively rather than consistently (Amin & Roberts, 2008). This criticism is further levied on Wenger himself when he advocates that COPT is a perspective at times, and theory at other times (Storberg-Walker, 2008). The terms are muddied as they can often interrelate (e.g., notions of community and participation might be confused). As there have been rapidly expanding uses of COPT across many different fields and perspectives, an incoherence between authors has
emerged (Storberg-Walker, 2008).

A lack of differentiation between the terms also makes it difficult to operationalize the concepts (Storberg-Walker, 2008). The lack of operationalizing of key concepts within COPT makes it challenging to determine the quality of individual CoPs. For example, in a study completed in the Netherlands, the respondents were not able to identify elements of mutual engagement, shared repertoire, and joint enterprise on a self-report questionnaire, while these elements were actually endorsed by outside observers (Brouwer et al., 2012). Part of the problem is that COPT is often unchallenged in the academic sphere (Kimble & Hildreth, 2004). Thus robust operationalizing has not occurred (Storberg-Walker, 2008).

CoP should be differentiated from professional learning communities (PLC), which focus directly on strategies for teaching and learning, rather than the refinement of practice and identity. Within the field of education, the terms CoP and PLC (Hord, 1997) can be interchangeable. However, they diverge regarding functionality. While CoPs enjoy a broader application, PLCs are found almost exclusively within the domains of education. PLCs are mostly externally controlled, and mandated, with deliverables reported (Kruse & Johnson, 2017). CoPs tend to be more grass-roots and involve learning within an interested and volunteered community (Blankenship & Ruona, 2007). PLCs demonstrate positive outcomes; however, in most studies, only in self-reporting of outcomes (Vescio, Ross, & Adams, 2008).

Amin and Roberts (2008) completed a systemic review of the published literature to-date using COPT frameworks. These authors lamented that the term CoP has been reused and repurposed so many times, in so many contexts that its use is failing to have
meaning. The authors argued that there were four varieties of situated knowledge exist within a CoP framework: (1) craft/task-based (learning that is concerned with replicating practices, not forming interventions); (2) professional (evolving practices, innovation as new evidence emerges but limited by professional codes and standards); (3) epistemic/creative (researchers considered with highly creative and emerging work), (4) virtual (sharing knowledge through a screen or other technology, quick, fleeting, and incidental knowing). CoPs must be concerned with issues of proximity and space, as well as with issues of evolving or repeating practices. Each of these situated learnings is valid and have evidence to support their use. There can also be some confusion at times in terms of which direction the learning is occurring within COPT models, “Partly at issue is the question of whether we are supporting preservice students in their enculturation into the existing community of practice, or whether we are trying to transform that practice, or, most likely, whether we are doing both at the same time.” (Evans & Powell, 2007, p. 211)

1.5.3.2 Generalizing Knowledge Developed by CoPs. One of the critical academic groups that have called attention to COPT has been in the domain of business and knowledge economies sector (Fox, 2000; Cox, 2005). There is considerable interest in developing techniques that can develop knowledge within groups of an organization, and then share knowledge between those groups or between members. A criticism of COPT is that the knowledge formed within the CoP remains within that community, and does not have a mechanism that can be shared. Further, as groups evolve and change and members come and go, the CoPs deteriorate, and the collective knowledge is often lost from an organizational perspective.
1.5.3.3 Power and CoP. A major theme among those that are critical of COPT is that Wenger did not directly address issues of power within COPT (Tight, 2015). Power can influence a CoP in many ways (Kimble & Hildreth, 2004). Fox (2000) argued that CoPs are inherently powerful with the creation of new knowledge. There should also be considerations of outside power factors. For example, institutions that mandate CoPs often can stifle their productivity (Howlett, Arthur, & Ferreira, 2016). There can also be power dynamics between members of the CoP by not allowing individual members’ core knowledge, which would allow them to move from the peripheral to the core of the group. There is also the pressure of non-human actors (actants) such as workspaces, practice guidelines, and employer goals, which can influence outcomes of CoPs (e.g., laws, regulations, space, time, logistics; Fox, 2000).

1.5.4 Opportunities for COPT

While there are challenges to the model, there are also opportunities for continuing research using this theoretical perspective. Within the literature, there were three opportunity areas identified: (1) COPT allows for knowledge to develop from the practitioners who perform the practices; (2) COPT allows for power structures to be challenged, and (3) COPT is adaptable to multiple settings and environments. Each of these topics is discussed below.

1.5.4.1 Developing Knowledge from the Grassroots. COPT provides a unique opportunity to develop knowledge from the individuals who are directly impacted by its outcome. In several studies among teachers, a problem with disseminating information around evidenced-based practices is that research is inaccessible in its current format (e.g., journal articles, conferences). If teachers want information, they want to talk to
another teacher who has the information or the experience working with it (Cook & Cook, 2016; Meagher-Stewart et al., 2012). COPT provides a method to disseminate research findings within a group (Adedoyin, 2016), and further, provides an opportunity for new insights and skill-building through the meaning-making process. As Buysse et al. (2003) indicate:

“The potential for practitioners and researcher to co-construct knowledge exists in this model because communities of practice represent an ongoing enterprise that invites both groups to share, build upon, and transform what they know about effective practices” (p. 265).

Denscombe (2008) suggested that COPT, with its pragmatic underpinnings, may be a useful way to interpret data generated from mixed-method approaches, particularly in higher education settings. Denscombe (2008) suggested that understanding the different voices (the field, dominant discourses, funders, and needs for the research) can influence the outcomes of any given study. Thus, the academy can be analyzed by meaning, identity, practice, and community, allowing for a pragmatic interpretation of research findings.

1.5.4.2 Challenging Power Structures. One of the criticisms of COPT can also be an opportunity. Professional employees (e.g., teachers, nurses, psychologists) can be difficult for managers to manage, given the manager’s inability to manage specific professional tasks (Kimble & Hildreth, 2004) since the manager may not have the training and certification of a teacher, nurse, or psychologist. As such, CoPs have the opportunities for similar practitioners to gather to solve problems that are presented in the hierarchical, legal, or ethical dimensions that they work in. Elmualim and Govender
(2008) explored the use of CoP in the case of two construction companies in the UK. They found that the implementation of CoP within an organizational context required managerial support and time to foster growth. Benefits of CoP were identified in terms of encouraging best practices among staff as well as creating innovations to solve problems. Some authors question whether CoPs are social phenomena or something that can be created within organizations (Harvey et al., 2013). COPT frameworks can also assist groups in determining what went wrong within a group or organizational context (Johnston, 2016).

**1.5.4.3 Applications in a Variety of Environments and Formats.** COPT research has been integrated across a wide variety of fields, including business, non-profit organizations, government, education, professional groups, social sector, and international government (Baker & Beames, 2016; Hodges & Jong, 2014; Wenger, 2011). It has also been used in face-to-face delivery formats, as well as online and virtual formats (Adedoyin, 2016; Andrew et al., 2009; Cuddapah & Clayton, 2011). As such, the applicability of COPT is limitless, as there are opportunities to apply this model whenever a group of people gather around a topic of interest and engage in meaning-making activities to generate new ideas and knowledge.

**1.6 Bringing it Together: COPT Research in Rural School Psychology**

**1.6.1 Addressing Rural School Psychology**

COPT offers a perspective to address the three areas identified in the research that require addressing: isolation, role confusion, and burnout. COPT focuses on the elements of community, domain, and practice as it addresses learning and meaning-making. In terms of community, it comprises the elements of mutual engagement, joint enterprise,
and shared repertoire. By combining these concepts, COPT provides a way to address the areas of challenge and opportunity identified within rural school psychology practices. The following discussion demonstrates how COPT concepts can work together to potentially address the identified issues of isolation, role confusion, and burnout.

1.6.1.1 Community – Mutual Engagement – Isolation. Within the COPT model, the community is an essential element of learning and meaning-making. Through the process of mutual engagement, practitioners meet to discuss issues of clinical and personal importance. Further to this, past research suggests that CoPs can help combat the isolation of practitioners (Wisker et al., 2007). Areas of inquiry can include: (1) what types of communities are rural psychologists engaging in, and (2) would the support and structure of a CoP assist in combating issues of isolation among rural school psychologists?

1.6.1.2 Domain – Joint Enterprise – Role Confusion. The domain represents the topic or area of interest that a group would gather around to discuss. Joint enterprise embodies the elements of identity formation, participation, and meaning-making through engagement, imagination, and alignment with the accepted norms within the field. CoPs have been used to help define one’s role in previous research (Woods et al., 2015). As such, a COPT perspective would allow for a review of how rural school psychologists remain connected to the field of psychology and how a CoP could assist in clarifying a rural psychologist’s role.

1.6.1.3 Practice – Shared repertoire – Burnout. The practice represents the actual day-to-day tasks that are accomplished by the group. Shared repertoire represents the “shop-talk,” memories, sayings, and understanding that develop between members of
the CoP. It further can develop both the knowledge and the competencies of the members of the CoP. It is well known that collaboration is a promising practice (Harowski et al., 2006; Meyers et al., 2015; Miller et al., 2017; Nichols et al., 2017; Shernoff et al., 2016), and participation in a CoP can further the opportunities to collaborate on practices. As such, a COPT perspective can address concerns of burn out by collaborating and determining sustainable courses of action (Buysse et al., 2003). A COPT would allow for an inquiry as to what rural psychologists can do to maintain sustainable practices while working in rural environments.

1.6.2 COPT Competency Linkages

COPT is a promising theoretical orientation to review potential competency issues. COPT provides an opportunity to consider professional issues through the concepts of the domain (e.g., the field of psychology), community (a group of practitioners practicing in a similar context), and practice (e.g., practicing of psychology in a rural context). COPT includes the following elements: (1) identity, (2) community, (3) meaning, and (4) practice. Wenger (1998) describes these four domains as learning as becoming, learning as belonging, learning as experience, and learning as doing. Each of these domains will be discussed below and their relation to clinical competency.

1.6.2.1 Learning as Becoming. The first domain in COPT addresses the identity that is formed through engagement with a professional group. In this case, the identity of being a psychologist is of interest. The cube competency model (Rodolfa et al., 2005) highlights the foundational and functional skills that are minimal in order to be admitted to the profession of psychology and earn the title of psychologist. Once these benchmarks have been achieved through the training and regulatory processes, an individual can form
an identity as an independently practicing psychologist. However, identity formation does not stop there. Continued development of specialized competencies, each requiring different KSABs, changes the psychologist to identify with their specialty (e.g., rural school psychologists). Considering competency as identity formation provides some interesting perspectives. Presently, there is a lack of identity among school psychologists in light of the changing role of the school psychologist from dominantly assessment roles, to preventative and consultative roles (Atkinson et al., 2015). As a psychologist is presented with a challenging landscape of needs, they may feel a sense of identity confusion if their KSABs are not aligned with the needs of their school or employer. Practicing psychologists should further support their training programs by providing them with feedback as to the core knowledge needs in the field (Belar, 2009), and through a comprehensive evaluation of what it means to identify as a rural school psychologist, identification of the necessary KSABs can assist training programs, psychologist organizations, and regulators to instill these skills in developing psychologists.

1.6.2.2 Learning as Belonging. The second domain of COPT reviews the learning that occurs by being a part of a community of practitioners. As stated by Wenger-Trayner and Wenger-Trayner (2015) “If your doctor informed you that he had seen many patients in the last twenty years, but had not talked to any colleague, read any new article, or participated in any conference, you may question whether he was really qualified to deal with your health. Conversely, if he told you that he had read countless articles, but not treated any patients, you would have the same question about his legitimacy.” (p. 14). Being part of a community that is engaged in the practice of your field is an essential element of learning and meaning-making, and contributes to
competency. Current competency definitions (e.g., Epstein & Hundert, 2002; Kaslow, 2004) focus on the development of competency as an individual process, while a COPT approach may consider competency within a social learning context, requiring competent practitioners not work in isolation but in consistent collaboration and connection with other psychologists. Reviewing competency in terms of its connection to the community allows for questions on how communities should gather and form around practice, and further address issues of diversity among psychologists (as most tend to be mature female, white, and heterosexual; Pelling & Butler, 2015).

Indeed, there have been efforts to encourage adequate supervision (e.g. Falender & Shafranske, 2017; Harris et al., 2018; Vannucci et al., 2017), but there has not been a review of communities coming together to support competent practice in psychology. Current discussions on supervision challenge the traditional notion of a supervisor being a supportive mentor to being a gatekeeper to evaluating competency (Hatcher et al., 2013). Supervision is also a subjective process making it challenging to correct ineffective behaviours (Branson, Cardona, & Thomas, 2015). There is a need for not only supervision but for supportive networks to support clinical practices (Vannucci et al., 2017). Competency requires interpersonal skills and professional development (Kaslow et al., 2007).

1.6.2.3 Learning as Experience. In the third area of COPT, the notion of meaning is addressed. Within COPT, the notion of meaning is negotiated between individuals, through processes of participation (engagement), and reification (forming of artifacts). Meaning-making is an active process, and it is a shared process. An application of meaning-making can be considered on two planes; first within the individual who
makes meaning for their own personal learning through engagement with the domain, and second from the individual to the domain, where their development of KSABs can inform the domain as a whole. By reviewing competency from the notion of meaning-making, one can undertake a review of the different meanings and applications of foundational and functional competencies to specialized contexts that can be accomplished and how these learnings, in turn, can inform the entire field.

One promising activity that has been evidenced in the research is self-assessment of competency. Self-assessment is a vital skill for a psychologist (Belar, 2009). Self-reflection and self-assessment are essential features of the measurement of competency (Kaslow et al., 2007). Self-assessment is the process by which a practitioner can evaluate the degree to which they are practicing competently. By expanding this notion to a community of practitioners, this meaning-making can be disseminated among a group, or further to the entire domain of psychologists.

**1.6.2.4 Learning as Doing.** Finally, the fourth and last domain in COPT is a reflection on the learning that occurs through practice. This area could represent the newest frontier in terms of clinical competency development. Competencies are ever developing and require the integration of knowledge, skills, attitudes, and behaviours (Kaslow et al., 2007). Psychologists, regulators, and schools are somewhat tentative about discussing the learning that occurs by just doing the work of a psychologist. Fears of practicing in a way that might harm the client, or result in a complaint of incompetence are likely at play. The reality is, however, every day, psychologists are placed in situations where their competence is tested. Psychologists with varying KSABs, with different levels of experience, interact with clients who are diverse across many aspects...
(e.g., ability, achievement, neurodiversity, etc.). While there are attempts to break up the field into manageable chunks of competency (e.g., school psychology, clinical psychology, child psychology), the reality is that clients will present diversities that do not fit within a clean model. Nowhere is this more evident than in a rural setting, where the incidence of mental health and academic challenge is on par with what occurs in urban centres, but the availability of multiple psychologists of multiple specialized competencies may not be. The challenges presented to rural school psychologists require additional capability beyond basic competence, and as indicated by Kaslow et al. (2007), this capability is the enhancement of competence. Psychologists require the “complex cognitive skills fundamental to all clinical decision making” (Belar, 2009, p. s64).

1.6.3 COPT Clinical Competency Model

The current study proposes the COPT Clinical Competency Model (Figure 1) as a way to consider and understand clinical competency. The model crosses the elements of Wenger’s (1998) social learning theory and applies it to the condition of rural school psychology. There are four main elements described in the model: (1) core knowledge; (2) professional networks; (3) research; and (4) creative capacity. Each of these domains contributes to the overall sustaining of clinical competency. Each of these domains is discussed and operationalized further below.

The first quadrant represents Core Knowledge (Learning as Becoming; Wenger, 1998). This knowledge is the minimum amount of knowledge needed to enter into the field and have official status as a psychologist. It is the culmination of KSABs that have been determined by the regulatory and fraternal organizations of psychology as minimum competency, as well as additional KSABs that are needed for specialized competencies.
Figure 1

**COPT Clinical Competency Model**

- **Core Knowledge** (Learning as Becoming)
  - Knowledge
  - Skills
  - Attitudes
  - Behaviours

- **Professional Networks** (Learning as Community)
  - Collaboration
  - Supervision
  - Interprofessional

- **Research** (Learning as Experience)
  - Consumer
  - Producer

- **Creative Capability** (Learning as Doing)
  - Clinical Judgement
  - Solving Novel Problems

Clinical Competency
Once achieved, this qualifies a person to use the title of psychologist and the ability to form a legitimate identity as a psychologist.

The second quadrant represents Professional Networks (Learning as Belonging, Wenger, 1998). This quadrant contributes to competency through connections to mentors, collaborators, colleagues, and even other professionals (e.g., speech-language pathologists, social workers, counsellors, teachers, educational consultants) to mutually enrich their understanding of their fields of practice. Participation in this group assists the psychologist as s/he continues to practice in ways that are acceptable to the group and maintain an ethical practice.

The third quadrant is Research (Learning as Experience; Wenger, 1998). This element contributes to competency by having the practitioner consider their practice through the processes of participation (e.g., engaging with and consuming research), and reification (e.g., producing or sharing research). This process solidifies and codifies meaning within the field of psychology.

Finally, the fourth quadrant is Capability (Learning as Doing; Wenger, 1998). This element focuses on the actual practice of psychology, with live clients, dynamic situations, and problems to solve. While the practice of psychology is a science with accepted norms, each case is different and requires a level of creativity and confidence to be able to solve. It is in this quadrant that individuals typically find themselves in boundary situations (e.g., situations where their competence is challenged), where the skills they have might not be a match for the problems they come up against, and through these situations, learning and innovation occur (Farnsworth et al., 2016) and where aspects of competency and knowledgeability can be explored (Wenger-Trayner & Wenger-
1.7 Research Objectives

The objective of the current study is to explore the concepts of clinical competency that are constructed and understood among rural school psychologists in Saskatchewan. The above review of the literature highlights how COPT could provide a theoretical underpinning for research completed within a rural community. School psychology is a generalist field that requires many competencies and knowledgeabilities to practice effectively. School psychologists who practice in rural settings face additional concerns of isolation, role confusion, and burnout. Using a COPT approach, issues of role confusion can be addressed through a review of the domain, issues of isolation can be addressed through a review of community, and issues of burnout can be addressed through a review of practice.

The literature further demonstrated how clinical competency is conceptualized and measured and identified gaps in the literature. The field of psychology has been progressively moving towards a culture of competence that moves away from methods of training and regulation that assume competency to instead instill a sense of necessity to maintain ethical and competent practice throughout one’s psychologist career. Competency models within psychology have been established and widely agreed upon by fraternal organizations, regulatory bodies, and schools of psychology. However, these models are necessarily broad in order to capture all of the different fields of psychology under one model. Continued attention to specialized competencies is needed, particularly within the domains of rural school psychology. The widely accepted Rodolfa et al. (2005) Model and MRA are useful within training and licensure to attaining minimal
competency to practice. They do not, however, inspire excellence and best practices, particularly in specialized fields.

1.8 Purpose

The current study uses a collective case study methodology (Shram, 2006; Yin, 2014) and the COPT Clinical Competency Model, to identify the specialized competencies required within rural school psychology, the nature and quality of the CoP of rural school psychologists, and explores the boundary experiences which lead to a creative capability application. This study explores three research questions framed by domain, community, and practice (itemized below). By addressing these research questions, the current study: (1) identifies the specialized competencies required from rural school psychologists; (2) provides a model to support the sustaining of clinical competency among rural school psychologists; and (3) discusses how limits to competence create spaces where creative practices can emerge and new learnings develop.

1.9 Research Questions

1. **Domain:** What are the specialty competencies required of rural school psychologists in Saskatchewan?

2. **Community:** How can Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?

3. **Practice:** How do rural school psychologists engage with spaces of knowledgeability and competence?
CHAPTER 2: Methodology

2.1 Epistemological Assumptions

The current study uses a social-constructivist approach to answer the research questions. The constructivist paradigm views knowledge as being individually constructed across ontology (what is considered to be real, worldview), epistemology (beliefs on how knowledge is formed), methodology (ways that knowledge can be found), and axiology (personal values that influence one's process; Lincoln, 2005). When thinking from a constructivist lens, one considers the multiple realities that exist for each individual as they approach new knowledge or new understandings. The constructivist paradigm focuses on meaning that is made through the interpretation of language, or that is constructed through meaning-making between individuals (Lincoln, 2005). Often, constructivist paradigms are combined with interpretive paradigms, although many would suggest they differ in terms of who is making the interpretation (e.g., the subject or the researcher; Savin-Baden & Major, 2013). For the current study, the research outcomes will be co-constructed between the researcher and the participants.

While a significant portion of psychological research is positivist in nature, a constructivist approach recognizes that psychology is a field that places value both on measurable (i.e., positivist) aspects of psychology, as well as constructed meanings that occur within individuals and that are negotiated between individuals. Constructivist approaches are useful in describing how clinical competency can be conceptualized. In the current study, each individual psychologist has come to an understanding of the domain, community, and practice of rural school psychology, and subsequently (through several rounds of Delphi analysis) they compared and contrasted their understandings.
with others in order to refine and expand these concepts towards developing a consensus understanding.

2.1.1 Research Setting

This case study focuses on the understandings of clinical practice among rural school psychologists who work in Saskatchewan. From the onset of this study, it was necessary to consider three significant assumptions within this research setting. The following discussion will define (1) Saskatchewan; (2) rural; and (3) school psychologists.

2.1.2 Saskatchewan Defined

Saskatchewan operates in an area of 588,244 km² (Statistics Canada, 2017a) with regional, geographic, and cultural differences as a result of indigenous historical migration, economic activity (agricultural and natural resource development), immigration and settlement (historical and current). Saskatchewan has a total population of 1,098,352 (Statistics Canada, 2017b). The major urban centres (Saskatoon and Regina) have a total population of 461,482, which leaves 636,870 (58%) residing outside the major areas (Statistics Canada, 2017b). Within the Saskatchewan school system, there are a total of 184,004 students enrolled. Of these, 106,059 (58%) students attend a school outside of the major urban centres. An important distinction for Saskatchewan is that outside of its major urban centres, the rural population is spread out across a large geographic area with multiple sustainable communities. Saskatchewan has the highest number (n = 781) of municipal and regional governments per capita governments, including urban municipalities, rural municipalities, and northern incorporated municipalities (Hall & Olfert, 2015). Saskatchewan’s rural environment is vast and
sustaining and provides an optimum environment to study rural challenges and opportunities.

Records from the Saskatchewan College of Psychologists (SKCP), the regulatory body for psychologists in Saskatchewan, indicated the following statistics (SKCP, personal communication, December 20, 2018). There are a total of 547 psychologists practicing in the province, which includes 444 full practicing members (i.e., independently practicing); 54 non-practicing members (i.e., retired or members who are off-work), and 49 provisional members (i.e., new members to the college who are undergoing a period of supervision and/or examination towards full practice). Furthermore, 194 (35%) of the total membership reside outside the two major urban centres of Saskatchewan. There are 246 (45%) psychologists who declare competency in educational psychology. While no statistics were available on how many school psychologists reside in rural areas, assuming that the distribution is even, there are approximately 86-88 rural school psychologists in Saskatchewan. These statistics suggest that there are fewer psychologists proportionally working in rural environments (approximately one psychologist per 7200 population) compared to urban environments (approximately one psychologist per 1000 population).

2.1.3 Rural Defined

As highlighted by other authors (Edwards & Sullivan, 2014; du Plessis et al., 2001; Goforth et al. 2017, Malone, 2012, Sutherland et al., 2017), the definition of rural is a topic of ongoing debate and is often self-declared by research respondents. Within the context of the province of Saskatchewan, generally speaking, individuals identify themselves as living in a rural environment if they reside outside Saskatchewan’s major
urban centres of Saskatoon and Regina. This same definition of a rural environment will be used for the purposes of this study. Rural Saskatchewan can further be defined by four quadrants: Southwest (in and around the area of Swift Current), Southeast (in and around the area of Weyburn), Northwest (in and around the area of North Battleford), and Northeast (in and around the area of Melfort). The boundaries tend to be defined as the city of Saskatoon operating as the centre, and highway 11 (which runs mostly north-south) delineating east and west, and highway 16 (which runs east-west) delineating north and south. As the northern two-thirds of Saskatchewan is sparsely populated, the northern quadrants are significantly larger geographically.

2.1.4 School Psychology Defined

In Saskatchewan, in order to register as a psychologist, a potential member must complete graduate training at either the master’s or doctoral level and declare their areas of competency (SKCP, 2017). Competency areas include clinical psychology, counselling psychology, educational psychology, rehabilitation psychology, forensic psychology, neuropsychology, among others. Each competency area has criteria specific to its domain of practice. School psychologists can declare their competency in “educational psychology” in two potential ways: (1) they could complete graduate study in educational psychology; or (2) they could demonstrate competency through a combination of approved experience, research, and supervised practice. Most school psychologists do both (i.e., graduate-level training and experience), however, some school psychologists, due to personal or employment factors, may have training in one area, and experience in another (e.g., studied school psychology but do not work in schools, or work in schools but studied another type of psychology).
In practice, school psychologists in Saskatchewan are employed by three major groups. They can be employed by school divisions to provide assessment, consultation, and intervention services. They can be employed by health regions in the provision of clinical assessment and intervention. Also, they can provide fee-for-service in private practice for individuals, school divisions, post-secondary institutions, or employee assistance programs.

2.2 Collective Case Study Design

A collective case study approach has been selected to answer the research questions. Case studies are used when the study is defined by its focus on an “individual event, activity, episode, or other specific phenomena” (Shram, 2006, p. 106). A case study format allows for a more adaptive design (Yin, 2014) and a more varied grouping of data collection and analysis methods. Suter (2012) suggested that a case study approach is useful when a particular condition is evident, or access to sufficient information on a particular case is available, which is right in this case. Case studies “describe the real-life context in a causal chain, illustrate specific constructs, and illuminate a situation when outcomes are not clear” (Suter, 2012, p. 366). Case studies provide a detailed description of the setting and the case itself. While case studies cannot generalize the findings directly (McKellar, Pitzul, Yi, & Cole, 2014), the findings from case studies can be applied to the degree to which others use the ideas presented within the studies and, as Suter pointed out, “usefulness may be more important for case studies than wide generalization” (p. 266). Case studies can also allow for research questions to be applied within a particular setting or context, and can often allow for testing of theory (Suter, 2012). The reflexive and reflective nature of case studies allows for a research
design that can adjust to the research context.

Case studies provide rich data and in-depth analysis in response to research challenges (De Neve & Devos, 2017). As such, many COPT studies have utilized case study formats (e.g., Jäppinen, Leclerc, & Tubin, 2016; Jolliffe, 2014). Case studies are particularly useful for exploring theory (Hartmann, 2016; Suter, 2012), and applying it to a specific context. In general, case studies are the most common approach to studying CoPs, as each individual CoP is particular to the domain, communities, and practices of that particular group.

In this case, the current study reviews how clinical competency is conceptualized among practicing school psychologists working within rural contexts in Saskatchewan. The participants will tell stories from their practices, which exemplify the challenges that are faced by rural school psychologists. The data derived in the current study provides a detailed description of situations that are faced by rural school psychologists, and are presented in such a way to be relatable to other rural psychologists or other stakeholders on the periphery of school psychology practices.

A significant concern for using a case study for this present research is that of confidentiality. Psychologists are bound ethically, legally, and morally to keep client information confidential (CPA, 2017). As such, it would be inappropriate to share the perspectives from the participants, or even the researcher’s experiences, in any format where an individual or individual(s) could potentially be identified, as such a collective case study (Goddard, 2010; Shram, 2006; Yin, 2014) is performed.

A collective case study involves the review of multiple individual cases within a similar bounded system to look for patterns, commonalities and contrasts to more fully
examine the phenomenon under investigation (Goddard, 2010). In the current study, each participant had the opportunity to negotiate and refine their conceptualizations of the domain, community, and practice of school psychology in rural Saskatchewan. Following this, using the thematic Delphi procedure (to be discussed in section 2.4.1), they had an opportunity to review their own conceptualizations, as well as compare and contrast them with those of their peers. Finally, the participants had the opportunity to voice their agreement with the research outcomes towards a consensus outcome. Throughout this process, participants had the opportunity to expand further or refine their individual and collective conceptualizations of the research questions and their practice as rural school psychologists.

2.3 Procedure

2.3.1 Recruitment

The current study was approved by the University of Regina Behavioural Research Ethics Board (Beh-REB) in December 2017. Participants were recruited through email (see Appendix B for recruitment email). The email list was generated by gathering contact information from the public listing of psychologists available on the SKCP and PAS websites. Recruitment emails were sent to members who: (1) publicly listed their email address and; (2) declared competency in Educational Psychology OR had a Master’s Degree in Education; and (3) indicated that they resided in a rural area. A total of 71 potential participants were contacted in this manner. Recruitment emails were also sent to the entire membership for SKCP and PAS through their administrators (an additional 500 potential participants). A total of 15 participants responded to the recruitment indicating interest in participation. A purposive recruitment grid was created
in order to assure that a representative sample of Saskatchewan rural school psychologists participated in the current study. The study sought to recruit at least one participant from each of the four quadrants of the province (SW, SE, NW, NE), and recruit at least two from each significant employer group, including school, health, and private practice settings. Nine participants were selected based on the purposive sampling criteria, and interviews were ultimately arranged with eight participants. Participant inclusion criteria included: (1) being a member of the Saskatchewan College of Psychologists; and (2) presently practicing in a rural area of Saskatchewan. Participants must be school psychologists as defined by either (1) completion of graduate training in school psychology, or (2) presently working in a school environment.

Selected and non-selected participants were invited to join a Facebook group that was created so that members could connect with one another during the study. These members were invited to join the Facebook private group, and had to confirm their eligibility by answering three qualifying questions:

(1) Are you either trained as a school psychologist or working as a school psychologist?

(2) Do you work in a rural area of Saskatchewan (e.g., outside of Saskatoon or Regina?)

(3) Are you aware that the information that you provide to this website is not confidential and is part of a doctoral study, and will you agree to follow the posting guidelines of this group?

Members had to answer affirmatively to all three questions, plus be on the public registry of psychologists in Saskatchewan in order to be given access to this closed
group. Members were then provided with a copy of the informed consent (Appendix D). Participants were encouraged to invite other qualified participants to the online CoP. It was hoped that this online group would be robust; however, conversations on the page were minimal and deemed to be of no use as data for the current study.

Prior to their participation, all potential participants reviewed the research process with the principal investigator through the informed consent process (Appendix C). The time commitment expected of participants was approximately 4-8 hours. The participants were interviewed by the researcher (1-2 hours), completed transcript review and release (1-2 hours), and the data analysis process (2-4 hours). The participants were informed of their right to withdraw at any time, which one participant did at the initial interview, recognizing that they did not have the time to commit to the study. Thus, the final number of participants was eight.

2.3.2 Interview

Each participant was interviewed by the researcher. The interviews were semi-structured (see Appendix H), with a question guide provided, and with opportunities to probe as needed. The eight individual interviews were conducted between August and December 2018. The interviews ranged from 51-134 minutes.

The interview was structured to explore the four elements of the COPT Clinical Competency Model. The interview began with some general questions pertaining to the participant’s clinical context, including their years of experience, clinical areas of focus, and clientele served. Further, each participant was asked to describe the necessary attributes of rural school psychology. This part of the interview intended to collect demographic information, as well as explore the context of rural school psychology.
The second part of the interview focused on core knowledge, which includes questions relating to how each participant developed their knowledge, skills, attitudes, and behaviours in their practice. A focus was placed on their graduate school experiences and meeting licensure demands. These questions explored the Core Knowledge domain and maps onto the first research question (i.e., the domain of rural school psychology).

The third part of the interview focused on the participants’ professional networks. Of interest are occasions where the psychologist accessed supervision or consultation when faced with an ethical or competency dilemma. The availability and quality of the professional network are of interest, as a psychologist may have access to a number of other psychologists with whom they can consult. These questions focus on how these individual psychologists cultivate their professional networks and how these individual networks are constituted. These questions map onto the second research question (i.e., the community of rural school psychologists.)

The fourth part of the interview focused on research. Psychologist training models typically follow a scientist-practitioner style, and the field has focused on the use of evidence-based practices (i.e., those practices that have been determined to have enough clinical data to support their use). This question sought to understand the research that is both consumed (i.e., utilized, purchased, reviewed, incorporated into practice) by the individual psychologist, as well as how the psychologist participates in the creation of new research. The questions from this part also mapped onto the second research question (i.e., the community of rural school psychologists) and are focused on the connection to the broader field of psychology rather than on individual relationships.

The final area focuses on creative capacity. This section asks the respondents
about times when their competency has been stretched or challenged and how they handled these situations. Further, it asks an evaluative question to see whether, in their view, creativity is encouraged within the field of psychology. These questions map onto the third research question (i.e., the practice of rural school psychology).

2.4 Analysis

2.4.1 Thematic Delphi Theory

This study used a hybrid of two analysis procedures in order to address the research questions. The first form of analysis was qualitative content and thematic analysis, which is a common strategy in qualitative research (Braun & Clarke, 2006; Creswell & Creswell, 2017; Sandelowski, 2000). The thematic analysis involves a six-step method (Braun & Clarke, 2006). First, the transcripts were read through entirely with notes and memos generated by the researcher. Second, the transcripts were read within their question clusters with responses to the research question noted. In the third phase, the responses were collapsed into potential themes. In the fourth step, the coded text is reviewed to confirm the chosen themes across participants. In the fifth step, the transcripts were reviewed again to refine the themes further and to see if any further text was missed. Finally, in the sixth step, the selected text was pulled of each theme relating back to the original research questions. This process was employed by the current study in order to develop the themes that responded to the research questions.

While considering the epistemological foundations of this study, it was essential to the researcher that his own views as a rural school psychologist did not unduly influence the participants. During the interview process, meanings were generated through candid discussions between professional colleagues, but the only common factor...
in those discussions was the researcher himself. As such, a new approach was needed when developing the themes that involved each of the participants. Previous research examining psychologist competency (i.e., Atkinson et al., 2015), employed the Delphi method in their analysis. In this method, the same questions are asked of a panel of experts (Hasson et al., 2000; Powell, 2003). Goodman (1987) reviewed the use of the Delphi technique, which allows for a structure for group discussion and consensus development among a group of experts. In general, the Delphi technique is done by providing other respondents’ responses anonymously in order to eliminate interpersonal biases. The Delphi method bases its validity on the notion that it is more likely many people will get the right answer instead of the wrong one (Hasson et al., 2000).

The current study did not employ a traditional Delphi, but rather a modified one that was focused on expansion and exploration of themes and concepts rather than distilling to consensus response to the research questions. This approach, which the researcher has termed a *Thematic Delphi*, combines the steps of thematic analysis with a group approach that is manageable and workable within a group of professionals. The steps of the thematic Delphi analysis went through three rounds of review and feedback: (1) transcript and thematic review; (2) theoretical review; and (3) consensus review. Each of these rounds is discussed below.

### 2.4.2 Round 1: Transcript and Thematic Review

Following the interviews, the audio recordings were transcribed and read through by the researcher. The transcripts were loaded into the NVivo (v. 12) software program, where initial codes were identified by the researcher. These codes were gathered and placed in a summary response sheet for the respective participants. Significant and
interesting quotations from the interviews (e.g., stories and anecdotes) were also gathered and edited in order to remove or modify information that may potentially identify a third party. Once this process was complete, three documents were generated: (1) a clean-verbatim transcript (e.g., removal of filler words and repetitions); (2) a summary response sheet of the codes that related to the research questions; and (3) a list of quotations from the interview which may appear in the final publishable product.

Once this process was complete (generally in a 2-4 week turn-around time), the three documents were sent to the respective participants by email. The participants were asked the following questions:

(1) Is there anything you wish to add, change, or delete from this transcript?

(2) Do you approve of the release of this transcript for the purposes of this study?

(using the prescribed Release of Transcript form from the University of Regina, Appendix E)

(3) Upon your review of the summary, is there anything you wish to add, change, or delete from the summary?

(4) Do you approve of the release of the narratives provided? Are you satisfied that they are sufficiently de-identified for publication?

Most participants completed their review within four weeks of receiving the transcript and summary and provided feedback by email or by editing the document. The summaries once approved, were uploaded to NVivo, along with the edited transcripts. Two participants requested that we do the review by phone, which was accommodated. The researcher took notes of the additions and edits in this case and subsequently uploaded these documents to NVivo. During one interview, the audio recorder failed.
Immediately following this interview, and in consultation with the research supervisor, the researcher immediately wrote down his recollections and placed them in the summary sheet and sent this to the participant who subsequently approved the summary.

2.4.3 Round 2: Theoretical Review

In the next phase of analysis, the transcripts, summary responses, approved quotations, and feedback from the participants formed the collection of data used for the analysis. The researcher reviewed the collected data and created any new codes that were made apparent from the participant feedback. All codes were subsequently clustered and mapped to the research question areas in themes: (1) Domain (e.g., What are the specialty competencies of rural school psychologists); (2) Community (e.g., How do communities of practice support and sustain competency among psychologists?); and (3) Practice (e.g., How do psychologists engage with spaces of knowledgeability and competence?). Three documents were created from this process: (1) a summary of themes relating to domain; (2) a summary of themes relating to community; and (3) a summary of themes relating to practice.

These three documents were then sent to the respective participants. In order to assist the participants in understanding the theoretical underpinnings of the research areas, a short literature review with a definition of themes was provided as an introduction. These documents were sent out to the entire group via email every two weeks from January 2019 – February 2019. It was broken up so that the participants did not have to spend more than 30 minutes at a time to review and provide a response. The participants were all known to the researcher, but they were not known to each other. As such, the emails were sent using the “blind copy” email function. At this time, each
member was asked:

(1) Is your view adequately represented in response to the research question; and

(2) Based on your review of this document, is there anything you wish to add, change, or would like removed?

Each of the participants was able to provide feedback in the second round. Most were able to keep up with the two-week pace (75%; n = 6), and two others (25%) required additional time and preferred to provide their feedback over the phone. The researcher kept research notes of these conversations. The feedback provided was uploaded to NVivo and was used to review and reorganize themes to respond to the research questions.

2.4.4 Round 3: Consensus Review

In the final phase of the analysis, the researcher integrated the feedback into the final themes in response to the research question. The themes were developed into statements for which the participants had an opportunity to indicate their level of agreement. The document of statements was developed through Google Forms. An initial draft of the results document was also developed and included extended descriptions of the themes, along with the approved quotations from the research participants, which mapped onto the research questions. As such, this round of researcher analysis resulted then in the development of two documents: (1) the thematic consensus scale; and (2) the results document.

These documents were sent out to participants by email, using the blind copy method described above, and a link to the Google Form. The participants responded to the Google Form directly, rating each thematic statement from on a 1-6 Likert scale.
(absolutely disagree, strongly disagree, somewhat disagree, somewhat agree, strongly agree, absolutely agree). At the end of each section (and sometimes subsection), participants were asked: (1) if their view was adequately represented, and (2) if they wished to add, remove, or edit their viewpoint. All participants agreed that their viewpoint was ultimately represented in the thematic analysis. Participants were also given the opportunity to review the entire response document to make edits or changes. Only two participants provided additional feedback to this document. These documents were sent in April 2019 and were completed by June 2019.

2.4.5 Final Reporting

Once each of the participants completed the Google Form, and those who chose to provide additional feedback did so, this additional information was added to the results document. The Likert scale responses were averaged across all responses with scores above 4 indicating “moderate” agreement; scores above 5 indicating “strong agreement”; a max score of 6 indicating absolute agreement from all participants. Overall representation of their viewpoint as answered as a “yes/no” question, with 100% of the participants indicating that their view was represented. Feedback from the participants, as well as the research committee, to improve readability is presented in chapter 3.

2.5 Rigor and Trustworthiness

Within qualitative research, care in terms of the trustworthiness must be ascertained to assure that the findings of the study are accurate and useable within the field of rural school psychology, and applicable across other applications and settings. While a positivist paradigm would rely on constructs of reliability and validity, a constructivist treatment would utilize the concepts of credibility, transferability,
confirmability, and dependability (Shenton, 2004). Each of these areas is discussed below, as well as how they are addressed in the current study.

2.5.1 Credibility

Credibility is the degree to which the researcher is confident in their research findings, and is likened to internal validity (e.g., that the research measures what it intends to measure; Yin, 2014; Shenton, 2004). Care was taken to ensure the current study’s credibility in the following ways: (1) employed a research methodology (i.e., collective case study) that has been well established in other studies; (2) the researcher is a rural school psychologist for eight years himself and has a familiarity with the field; (3) participants had the right to not participate in the study, or refuse to answer questions that they are uncomfortable answering; (4) frequent review and feedback from research participants was assured through the thematic Delphi analysis procedure; (5) complete descriptions were provided to the participants; and (6) links to other research has been made. One potential threat to the credibility is that the participants were collected through purposive sampling (e.g., selected to create a representation of rural school psychologists across clinical settings, career stage, and geographic location) and not by random sampling. Further, there may be bias in terms of individuals who are willing to participate fully in this process as compared to individuals who are not interested and do not have time to commit to this study. This threat, however, is mostly mitigated by the above aspects of credibility.

2.5.2 Transferability

Transferability refers to the degree to which this study can be applied to other settings and can be likened to external validity (Yin, 2014; Shenton, 2004). The
transferability of the current study is mainly to other rural school psychologists, and is bolstered by (1) multiple settings (e.g., schools, health regions, private practices), (2) multiple individuals who participated in the study; (3) the opportunity for the participants to be part of the analysis of the data; (4) the length of time in which data was collected (August-November, 2018), and analyzed (January-April, 2019); and (5) multiple opportunities for participants to engage with the study and provide input. The most significant threat to transferability is that this study focused on a bounded system in Saskatchewan, and thus, different pressures may be present in rural settings outside of Saskatchewan. Also, this study is focused on a particular practice of psychology and may be different as compared to other domains of psychology. There would, however, likely be an opportunity for other professions (e.g., medical doctors, lawyers, accountants, law enforcement) to review these findings and determine if there are connections to their settings as well.

2.5.3 Dependability

Dependability refers to the degree to which this current study can be repeated. As this chapter has outlined, there is a clear procedure of how the current study was conducted through semi-structured interviews, clear analysis procedures, and transparent data presentation. This current study was designed to be reflective, providing the researcher’s view and development as the research occurred. Hart (2002) advises that we consider our own positionality and reflexivity when we approach qualitative research. Guba and Lincoln (1994) indicate that the purposes of constructivist research require the researcher to include their values, and be a “passionate participant” to voice the reconstruction of ideas and concepts. In terms of my position, I am a practicing school
psychologist. I have worked in educational (K-12 and post-secondary), health region, and private practice fields. I come to this research passionately, wanting the field of psychology to know the challenges of rural school psychology. These values guide the work that will be completed.

2.5.4 Confirmability

Confirmability is the degree to which objectivity is present in this study. As Shenton (2004) notes, confirmability in qualitative research is difficult, as the entire process depends on the skill of the researcher and the decisions they make (p. 72). To improve objectivity, the researcher in the current study utilized an audit trail of the step-by-step procedures and original source data, including email communications and transcripts, as well as the thematic codes used are all available to the research co-supervisors. Further, the agreement using the Likert scale provides evidence that the research participants’ views and reflections are included in the final product.
CHAPTER 3: Results

3.1 Participant Demographics

The case of participating psychologists included eight psychologists from across Saskatchewan: Three (3) from Southwest Saskatchewan, one (1) from Southeast Saskatchewan, three (3) from Northwest Saskatchewan, and one (1) from Northeast Saskatchewan. One participant worked in multiple settings (i.e., private practice and school). Overall, 63% \( (n = 5) \), worked in school settings, 25% \( (n = 2) \) worked in health settings, and 25% \( (n = 2) \) worked in private practice. The average years of practice were 7.1 years (\( SD = 7.14 \)) with a range of 1 – 22 years of practice. In terms of service delivery, 100% \( (n = 8) \) of the sample indicated that they provided assessment services, 50% \( (n = 4) \) provided counselling services, 38% \( (n = 3) \) provided some form of behavioural intervention services, and 25% \( (n = 2) \) provided consultation services.

In terms of academic background, all participants had a Master of Education degree. Only one (13%) of the participants held a Bachelor of Education degree, the rest had Bachelor of Arts degrees in Psychology (88%; \( n = 7 \)), indicating that only one school psychologist had teaching experience prior to becoming a psychologist. Most participants had completed graduate research (75%; \( n = 6 \)), related to topics which include: bullying and cyberbullying, anxiety and perfectionism, decision making, sex offenders, grade retention, career education and transitions, and minority groups.

3.2 Outcomes

3.2.1 Research Question 1 – Domain.

The first research question asked: “What are the specialty competencies required of rural school psychologists in Saskatchewan?” Responses were categorized across
### Table 1:

**Research Question 1 (Domain) Summary**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Theme</th>
<th>Sub Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Community Knowledge</td>
<td>Cultural contexts, Multiple relationships, School capacity, Student perceptions of support</td>
</tr>
<tr>
<td></td>
<td>((M = 5.75))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Knowledge</td>
<td>Drawing from multiple domains of psychology, Exposure to low incidence situations, Managing expert role</td>
</tr>
<tr>
<td></td>
<td>((M = 5.62))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System Knowledge</td>
<td>History of school psychology in the province, Systems of support within and outside the school, Increasing access to supports for learning</td>
</tr>
<tr>
<td></td>
<td>((M = 5.62))</td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td>Relationship Skills</td>
<td>Long term relationships, Community relationships, Managing conflict, Maintaining rapport, Sustaining boundaries</td>
</tr>
<tr>
<td></td>
<td>((M = 6.00))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core Psychologist Skills</td>
<td>Comprehensive assessment batteries, Behavioural analysis, Collaboration and Consultation skills, Broad intervention applications</td>
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KSABs and ranked by the final level of agreement. Table 1 reviews the overall themes that emerged within each factor. Within the knowledge factor, the themes of community knowledge \(M = 5.75\), general knowledge \(M = 5.62\), and system knowledge \(M = 5.62\) emerged. Within the skills factor, the themes of relationship skills \(M = 6.00\), core psychologist skills \(M = 5.88\), efficiency skills \(M = 5.88\), and communication skills \(M = 5.88\) were indicated. Under the attitudes factor, the themes of flexibility \(M = 5.88\), openness \(M = 5.88\), and compassion \(M = 5.88\) arose. Finally, within the behaviour factor, themes of being responsive \(M = 5.88\), being empowering \(M = 5.38\), being available \(M = 5.00\), and being procedural were signalled \(M = 4.68\). All participants indicated that their view was represented in response to the first research question. Each of the factors, themes, and subthemes with exemplar statements is presented below.

**3.2.1 Knowledge.** The knowledge factor includes the concepts that a practitioner of psychology needs to know and understand in order to be competent. This factor explored the respondents’ answers as they related to knowledge. The themes of community knowledge, general knowledge, and systems knowledge are discussed below.

**3.2.1.1 Community Knowledge.** The participants indicated strong agreement \(M = 5.75\) with the statement, “Rural School Psychologists need to have knowledge about the communities they serve.” Rural School Psychologists need to be aware of and knowledgeable about the communities they serve. Participants described the unique contexts where they work and emphasized the need to understand the history of the area, in terms of the settlement, religious affiliation, family systems, and cultural practices and understandings and its implications on their practice. Schools across Saskatchewan include Hutterite Colonies (a communal agrarian Anabaptist group similar to the Amish
or Mennonites), Indigenous students living on or off-reserve, and populations with significant religious affiliation (e.g., Catholic, Mennonite, Evangelical). This type of knowledge is location-bound and varied across participants. As one participant indicated, “Those are I guess all sorts of things outside the school division, but you think about them more in a rural situation than you do in a large urban centre.”

Another knowledge-related issue presented by the participants is the differing values rural psychologists encounter in terms of education, and the role education has in society. This can be particularly true in communities with a strong connection to agriculture, where daily work skills may be valued by some families more than academic skills. One participant described it this way:

_I think what I found I repeated a lot to myself or in a lot meetings, you’re working in an environment with teachers, principals and lots of professionals that obviously have a strong opinion about the quality, about education and about the importance of it. I think it’s important to remember that not everybody holds education to that level of importance. Yes, it is important and we know that, but you have to see where your clients are coming from. They may not have had very good experiences in school and may not hold school to be as important as what we do, so just keeping that in mind. It will have a better effect if you just feel a more understanding and open with their families that want your kids to get educated. It’s not saying that they don’t hold it as important as what we might._

Rural school psychologists also need to understand the multiple relationships that
occur in rural areas. Often times, schools are staffed with individuals who live and are long-standing members of the community, while, more commonly, the psychologist is not from that particular area. Understanding the dynamics of the school systems, power systems in communities, maintaining confidentiality while working in often multiple-relationship contexts is vital to rural school psychologists.

Finally, rural school psychologists must also acknowledge that many rural schools in rural settings do not experience the diversity of student learning styles that the psychologist is exposed to. Different schools have different experiences and capacities to manage learners who challenge the school environment. As one participant stated,

*I'm surprised by some of the populations I've run into. In my previous work, I was in a rural school and things that were the 'end of the world' to the school, in the big picture or very minuscule to what I've seen now in my role in multiple schools as a psychologist. They would have a student that had certain behaviour and they're thinking, "This is the end of the world. We've never encountered this here in 'small town' Saskatchewan". But then you look at the big picture, once you get in some of the bigger schools or other communities, and it's like, "Oh, that was tiny. That's an ant. This is a monster over here in the situation." That's something that has been surprising.*

Rural school psychologists need to have a keen sense as to the capacity and knowledge base that schools have. Further to this, they must also understand the community and school perception of receiving help and support from the psychologist. As one participant described,
We only have one high school here. I'm thinking of a smaller community where if there's only 10 people in your Grade 9 class and so-and-so is gone for a week, well what happened? There's maybe more stigma related to that. That would be one reason. Well, she can't miss a week at school, what would her peers think? That's always with teens, they can't be without their phone for a week or whatever. In a bigger center, I'm thinking of when I was in high school, there's so many kids in various different classes. You wouldn't notice if someone's not there unless you were close with them.

3.2.1.1.2 Generalist Knowledge. The participants indicated strong agreement (M = 5.62) with the statement “Rural School Psychologists need generalist knowledge.” The participants identified that rural school psychologists are behavioural and mental health specialists, and oftentimes, the only specialists who regularly travel out to their communities. As one participant indicated:

Well, I think in so many ways you're a generalist. It's hard to be a specialist because you have to know a little bit about a lot of things. I mean, if you know more than a little, it's a bonus.

The expectation becomes that rural school psychologists are generalists, having to draw knowledge from multiple domains of psychology. The participants describe their practices as involving assessment, counselling, consulting, and intervention services. Within each of these practice areas, different bits of knowledge are required. As such,

I feel like we need to know a little bit about everything. We are the resident expert in all the areas. We give that information in all of the
areas, and then we spread it out as much as we can, but we are often the
go-to I find in the school division while we do have other professionals. I
feel like they jump to psychology first, and then we're later dispersing
things out to others. Anything comes up, it's like, "Ask your psychologist.
Go to them." We also need to know where to go to get the people who are
the experts in those areas, and who do we access?

Traditionally, the view of a rural school psychologist would be to conduct
psychoeducational assessments to determine the presence of common learning disorders,
such as Specific Learning Disorder (SLD), Attention Deficit Hyperactivity Disorder
(ADHD), and Intellectual Disability (ID). Increasingly, schools are requiring rural school
psychologists to determine the presence of other disorders such as Generalized Anxiety
Disorder (GAD) or Autism Spectrum Disorder (ASD). As one participant indicated, “I
also think that one of the generalist skills should be a strong working knowledge of case
conceptualization as a means to inform the psychodiagnostic process.” Another
suggested:

I also think that one of the generalist skills should be a solid foundation
in psychodiagnostics in general. One of the big issues of being a rural
psychologist is that you are the expert; as such, your skills in
psychodiagnostics and differential diagnosis should be broad.

Due to the relative isolation from other mental health practitioners, the context of
rural settings allows for exposure to multiple situations and experiences for rural school
psychologists. Knowing when to refer, while still being helpful in the moment,
recognizing that the logistics, both temporal and geographical, to get to a specialist may
be a significant barrier to services. School psychologists need to have a broader knowledge base as students may not have access to specialized services. As one of the participants indicated:

[Rural school psychologists require] a broad knowledge of many different types of interventions. In my role, assessment is one part but most everyone is interested in what we are going to do with the information in order to help the student/client/family. I find myself spending more and more time researching interventions for various low incidence occurrences. For instance, I recently had a referral for scatolia (poop smearing) at a PreK; this was definitely not part of my graduate curriculum! Additionally, as a psychologist you get called in often for the kids that no one knows what to do with. Therefore intervention skills (and a broad knowledge of different types, including ABA, family systems, cognitive/problem-solving strategies, social skills training, parent-child relationship/attachment interventions, sleep interventions, toilet training, etc.) is a vital part to successful work as a rural psychologist.

Being viewed as a generalist practitioner has its challenges, knowing the boundaries and limits to one’s knowledge and competency:

In some of this that I’m working on, that’s really it. Families are like, "You know what? Diagnosis would be great, thanks a lot. But, really we want to know how can we help this child." It’s really been pushing the need to focus a lot more on the interventions. Like our assessments are
beautiful and nice. It's a great report, but no one reads it unless it's somehow attached to how we're going to help this child.

3.2.1.3 Systems Knowledge. The participants indicated strong agreement ($M = 5.62$) with the statement, “Rural School Psychologists need to have knowledge of the support systems in place in rural communities.” Rural school psychologists also require knowledge of the systems of which they are a part. An initial component of that knowledge includes the history of school psychology in the province and, more specifically, the ways in which education funding influences service delivery models. This includes changing roles of school staff (e.g., administrators, student services teachers, general classroom teachers), changing philosophies in special education (e.g., multi-tiered systems of supports), and varying degrees of collaboration between special education departments and curriculum departments. Presently, the focus in Saskatchewan is on data-based outcomes, which emphasize supports going to students with the potential of reaching grade-level expectations in literacy and math. There is increasing pressure to provide more support with less access to resources (including teacher time or educational assistant support), given overall decreased funding for supports for learning in rural areas. The pressure from the government towards school boards, superintendents, school-based administrators, classroom teachers, and students is evident and school psychologists need to understand how to best advocate for students. The participants recognize that academic improvement may be best measured on an individual basis rather than aggregate school, division, or provincial datasets.

Outside of school systems, rural school psychologists must be aware of the associated support services that are available to students and families. These resources
may be available online, within the community, or may require travel. Support services include physicians, health region services, non-profit organizations (e.g., Learning Disabilities Association of Saskatchewan), community agencies, library supports, social services, justice and police services, and municipal government programs. As one participant indicated,

*I think one of the key things has always been and I know it's changing lately, but in terms of even figuring out what health region you're in, which social services region you're in and how that overlaps with the school division you're in. As an example, in my northern schools, for the most part we always had far better or far more consistent access to support through the health regions ASD team. In fact, it was actually better in a rural center than it was in the large urban center, ironically in the large urban centre there was huge turnover and typically unfilled positions whereas it was consistently filled in the rural. That was always different and challenging, but to make a long story short, in terms of having an awareness of who are your contact people, who are your connections when certain situations need outside support. Also, even just knowing, does that particular town have a medical clinic? Do they have a doctor on site at this point in time, or is it a nurse practitioner? Who did the students have access to as needed?*

Finally, rural school psychologists need to understand how students access specific programs or services. Often, rural school psychologists have the “power of the pen” to make recommendations or diagnoses in order to increase access to community
supports, as their signed reports and consultations result in access to additional supports, programs, or different interventions provided by teachers or other allied professionals. Knowing how, when, and why to do this in order to support the needs of children is a vital role of the rural school psychologist.

I’ve had in testing cases where they're kind of on the fence. There’s one kiddo I can think of where parenting was a huge piece, but he also barely met the criteria for ADHD. It was a judgment call. Do we label this kid with the diagnosis or do we just work with the parents? Long story short, we didn't do the diagnosis just because he was not being supported well at school. He did meet the criteria but it was mild. This way, he was given some supports at school. They don’t just say, "This is a bad kid, we need to work on this, this, this and this." This was one I did get feedback on and he’s doing very well.

3.2.1.2 Skills. The skill factor includes the ways in which a practitioner of psychology needs to apply their knowledge. Skills can be defined as “the ability to use one’s knowledge effectively and readily in execution or performance; a learned power of doing something competently: a developed aptitude or ability.” (Vallera & Bodzin, 2016, p. 107). This factor explores the respondents’ answers and is coded across the themes of core psychologist skills, efficiency skills, relationship skills, and communication skills. Each of these domains is discussed below.

3.2.1.2.1 Relationship Skills. The participants indicated absolute agreement ($M = 6.00$) with the statement “Rural School Psychologists need to have well-developed relationship skills.” Interpersonal relationships are vital to the work of all psychologists,
but within the context of rural school psychology, these skills are of increased importance. As one participant says “Interpersonal skills [are] big, especially because of how much small towns talk. You have a bad experience […], everybody's hearing about it.” One of the unique skills required of rural school psychologists is the ability to maintain relationships with schools and families over the long-term. By being accessible and a known entity, a psychologist can be more productive in their work. One participant described it this way:

Some of my schools I've been in now for 13-14 years and in some ways I love it because you develop relationships with people, you know how things function. You even get a sense of the vibe in that particular town as it were. Sometimes it's incredibly helpful when there's a referral coming in, and that student is made more comfortable by the fact that their mom and dad know you and their older brother worked with you. It probably is, okay. You're not an unknown commodity or however you put that. I think that in many ways is extremely helpful.

Another participant said,

I can think of a situation where I encountered the same student in five different schools. I just laughed when I heard that as it turns out, he had moved to this fifth school as it were and I just laughed and thought, "Oh my gosh, wait until I say hello to him in the hallway." He saw me and he's like, "Are you everywhere?" I said, "Yes. Yes, I am. I'm everywhere."

Rural school psychologists also must be adept at managing conflict. They need to have diplomacy when required to negotiate differences of opinion between stakeholders
including teachers, administrators, and families. One participant explained,

One of the things I guess that that really jumps out at me is, you need to be able to follow your instincts a little bit based on your knowledge of how things operate at that school. There are some teachers, you know how it is, if a certain teacher is telling you there's an issue that you might be going okay, because of what I know about that teacher, that tells me that they have tried a lot before they even brought it to the table versus the other one who their first plan of action is actually to talk to you before anything else.

Rural school psychologists need to be trusted and need to be whom the stakeholder needs them to be within the moment. At times, they need to be an expert and provide relevant background information. Other times, they need to be a counsellor and assist the stakeholder in determining the next course of action. Sometimes they need to take an active role, other times a passive role. One participant suggested that it is like being a “social chameleon,” being able to fit into situations and being accepted into the community, a psychologist may have a different personality in each school they work in, and it’s whom they need to be for that setting. Knowing when and why to use these skills assists the psychologist in performing their role. A participant describes it in this manner:

[Psychologists need the] ability to build rapport with a wide age and ability range of [stakeholders]. Not only this, but the ability to build rapport with "difficult" or "challenging" students. These are necessary skills given that our populations are diverse and we can't easily refer to someone with more expertise.
One final relational skill required of rural school psychologists, as described by one participant, is the ability to maintain and sustain boundaries within their social lives in the community, and their professional practice:

You know [some clients] know lots about me, and I want me to be able to address them in public and talk to them and they're open about it. Then you have other clients that are "Don't even make eye contact with me or I'll never talk to you again in my life." Playing that dance and how much--I usually address it when I'm-- Of course there's more counselling now but I'm going to be in public. How would you like me to deal with that? Often if you were to address me I'd address you but we aren't going to talk about anything in public. I'm just a regular joe, hockey mom at the rink or whatever for you, because I have had, sitting in the stands with parents, and they want to talk about the assessment but they want to talk about the work that I am doing and yes managing it in that moment is [hard].

Another example was provided by this participant:

I think that's only one component it's that generalist kind of approach that you got to just have to be kind of comfortable with. The other thing too is that your clients are often your neighbour. You have to really learn a new set of skills and new ways of being. Then on my last practicum [that was in an urban setting] my supervisor said, "You know, you've got to really be careful of crossing those client-therapist boundaries. If you are shopping at a store and a client works there maybe consider
shopping at a different store.” You don’t really have that option in a rural area. There’s just one store.

3.2.1.2.2 Core Psychologist Skills. The participants indicated strong agreement (\( M = 5.88 \)) with the statement, “Rural School Psychologists need to have well-developed core psychologist skills.” Just like other psychologists, rural school psychologists require a general skill set across assessment and intervention tasks. Within the field of rural school psychology, a psychologist must be able to conduct comprehensive assessments using cognitive, academic, behavioural, and mental health test batteries. They must be able to work with students of all school ages and abilities and be proficient in applying appropriate diagnostic criteria. Within a rural environment, there are few specialized practitioners (e.g., clinical psychologist, neuropsychologists, developmental psychologists) as such, a rural school psychologist requires a broad ability to determine student learning needs, including students who present with rare presentations (e.g., multiple diagnoses) or very low abilities.

An emerging need in the field is for rural psychologists to be involved in behavioural analysis and behaviour intervention plans. The participants indicated that increasing behaviour concerns are present within rural classrooms and that the observed incidence of disorders such as ADHD, ODD, GAD, and ASD is increased. Further, increased class sizes, reduced counselling supports, economic strife, and transient populations further exacerbate these concerns. Thus, rural school psychologists are increasingly being called to perform assessments and interventions to create learning environments that are safe for the student, staff, and school community, as well as provide support to school administrators and parents to assist them in managing
challenging behaviours.

 Particularly as it applies to behavioural intervention, psychologists have to be able to provide psychological consultation with different stakeholders (e.g., parents, teachers, administrators, other health professionals), recognizing that many do not have the background that the rural psychologist has. At times, this involves providing foundational information to schools and families before interventions are put into place. This may often include working with data that is inconsistent with our psychometric tools and processes (e.g., Fountas and Pinnell benchmark reading assessment system (Fountas & Pinnell, 2010), school division-based assessment data). As one participant pointed out:

It's understanding how people operate and being able to find out what they've done first and what data is in place, you need to be able to weed through the things that are less earth shattering and the ones where it's like oh my goodness, am I ever glad you brought to my attention.

3.2.1.2.3 Efficiency Skills. The participants indicated strong agreement ($M = 5.88$) with the statement, “Rural School Psychologists need to have efficiency skills.” The participants identified that rural school psychologists must have efficiency skills in order to be successful. Rural school psychologists need to be able to manage their time well and make the most out of slower moments. They have to be highly organized and make the most out of a trip to a school, mainly if the school is many hours away from the school division office. Rural school psychologists often have multiple tasks to accomplish or complete at one site in order to minimize travel, all the while striving to be present and supportive of the school-based staff, which may be at times result in doing fewer of the planned tasks. This skill was discussed by one participant who indicated,
It always used to be, like people would make these glib comments about how you’re living the dream if you get a job in division office, because you can show up at-- People would say these things. Like, “You can show up at ten o’clock. You can wear jeans all day; you can come and go when you want. You can go to Timmy’s when you want and get coffee. You just bounce around.” I’ve always said like, “My goodness, you want to follow me around and see what it looks like when I go to such and such a rural school where you hope that you get a chance to go to the bathroom at some point?” At recess you’re going on site and you’re doing observation. Or you need to bounce something off a teacher because you really need to talk to them, but they’re on supervision all day, so you have to follow them. During lunch it’s like, “Okay I’m responding to emails. I’m going to try to proofread this one report. Then this other teacher wants to talk to me. All the admins said they want to run this situation by me.” You just go, and go and go, and then you get in the car to go home and you’re going, “Oh my gosh. Why am I so tired?”

Your brain just never ever, ever stops.

Rural school psychologists recognize that they have to prioritize their caseload as they are not able to get to all of the possible needs in a particular school. They depend on good relationships and communications with their schools, particularly in situations where the psychologist plans to meet with a student at a school a number of hours away. For example, if a child is ill or absent from school, the psychologist can be notified so they can change plans and avoid wasting time. These travel and logistical issues cause
difficulty for rural school psychologists as they often have to balance doing quality work with the amount of time they have to accomplish the work especially given additional time constraints. One participant described it this way:

*When I think of being efficient in a rural setting, I think of the challenge of balancing caseload demands with the desire to complete thorough and good quality work. Because the numbers and distance are so large, it is difficult to be as comprehensive and meticulous as I'd like. For example, after doing an assessment I might not realize that I should have followed up on discrepant scores in [long-term memory]. If my student is 2 hours away, it's hard to justify making that trip to administer the follow-up testing. So few of us covering such vast distances creates tension between the desire to do your best work, and the desire to support as many students as you can.*

**3.2.1.2.4 Communication Skills.** The participants indicated strong agreement (*M* = 5.88) with the statement, “Rural School Psychologists need to have well-developed communication skills.” Rural school psychologists need to have excellent communication skills. They must be able to explain technical information (e.g., psychometrics, theories of cognition, brain structures, etc.) so that it is accessible to stakeholders. Psychologists must provide clear communication, be succinct with their language, and have strategies to know that they have been understood. Psychologists must be wary of being overly candid, as stakeholders at times walk away with the wrong message that is misunderstood, and rumours can quickly spread. This is also balanced with being overly technical or proper which can be off-putting to stakeholders. A participant recalled,
I found that out the hard way when I would send stuff home and they wouldn't have a clue what was going on or you'd meet them and they were very angry. After you do the assessments and, not angry that it happened, just defensive about the whole process. My kid's not stupid. Well, of course, they're not, but that's the impression they're given.

Rural school psychologists also must manage resistance to new ideas. Many times, there are “traditional” or “common sense” views that are held by the community [e.g., a student misbehaves primarily to get attention, if a student cannot read it is because they do not want to, punishment strategies (including corporal punishment) are the most effective to teach good behaviour], and the ideas/interventions presented by the psychologists are met with resistance (e.g., “we tried but it didn’t work.”; “who is supposed to do this extra work?”; “whatever, you’re the expert.”). Using resistance deflecting strategies and questioning assumptions can be powerful tools.

3.2.1.3 Attitudes. The attitude factor includes the personal qualities of a competent practitioner of psychology. Attitudes are defined as the values displayed by individuals who are successful in psychological practice. This factor explores the respondents’ answers and is coded across the themes of flexibility, openness, and compassion that are displayed by rural school psychologists.

3.2.1.3.1 Flexibility. The participants indicated strong agreement \((M = 5.88)\) with the statement, “Rural School Psychologists need to be flexible.” Rural school psychologists recognize the need to be flexible in their practices. This flexibility is required as different resources and services are available, given limitations of staff capacity, classroom size, and available space. One participant described the need to be
flexible as follows:

*I think one of the things that I have learned is that each of my schools is different because it does cover such a vast space. I work in some schools where there's 300 kids and some schools where there's 20. We need to be flexible in the things that we're able to offer. Whereas, if you're working in [an urban centre], you're working at one school. You're always working with the same team of people always using the same approach. ...the way that I approach ADHD at one school maybe looks different at a different school because of what's available. In terms of even teacher to student ratios and how many people have eyes on that student at any given time.*

Flexibility involves knowing when to be accommodating to a particular school's needs, and when to set boundaries. It also involves being able to have multiple strategies available in case circumstances necessitate. Further, rural school psychologists are often given complex background histories and scenarios, and are often required to answer point-blank questions (e.g., “what do we do with this?”) from teachers, parents, and administrators who have already exhausted the strategies they know.

**3.2.1.3.2 Openness.** The participants indicated strong agreement ($M = 5.88$) with the statement, “Rural School Psychologists need to be open.” The participants identify that rural school psychologists need to have an open style in order to support their students, schools, and families successfully. One part of being open involves understanding different values of education (e.g., contemporary vs traditional models). Yet another is being able to adjust practices to meet the needs of the community. Rural
school psychologists recognize that each school has its own culture, resources, skills, philosophies, and opinions as to best practices in schools. Having an openness to different ideas and values of education is essential, while still staying rooted in evidence-based practice. In many ways, openness involves being confident in your recommendations while still being willing to change your mind if you are provided with the evidence to support it. This type of openness is exemplified in this participant’s statement:

That's just part of my personality too is that I really do want to be good at my job and I want to be competent. I don't like to do things wrong. If I'm unsure, chances are I'm going to check with somebody who knows. You can't be afraid to be wrong and ask questions.

This openness also requires a degree of respectfulness, valuing the knowledge of the community, its members, and the ways that they do things. Many times when rural psychologists come into their schools, they are seen as outsiders. School psychologists generally go into the school environments; they do not come to us. Respecting the values of the community is essential when introducing changes that may benefit students. This openness allows for a great deal of creativity in the practice of psychology, which can both be an opportunity and a challenge as one participant suggests, “Yes. I think in an urban area there's a lot, definitely more territorial. This is my area that is yours. Here, it's the wild, wild west, man.”

3.2.1.3.3 Compassion. The participants indicated strong agreement ($M = 5.88$) with the statement, “Rural School Psychologists need to be compassionate.” Compassion is valued among rural school psychologists. Compassion involves an understanding of
individuals working through the system and the challenges and frustrations that are present for students, teachers and families when students struggle in school. Rural school psychologists need to display empathy and caring for all stakeholders so that they can be placed in a helper role. Psychologists must be motivated to support students and be motivated by their successes. Finally, rural school psychologists are advocates since, many times, the student-clients are those for whom our present system simply does not work. Psychologists voice concerns and trends as they are observed on the frontlines in classrooms and school principal offices. One participant provided this example of compassion shared with a student.

I remember a student many years ago who was so sweet and he was so challenged. He had so many issues and he was eventually apprehended and he was incredibly delayed. Here I am, I’m administering a spelling subtest and he barely knows any words. It’s one of those things where you had to discontinue so fast, but he had the most beautiful printing. [So I said,] “The other task I have for you is I really want to see upper and lowercase letters from you and so you can create an actual page full of his work.” Whether that’s the assessment task or not showing what he can do and what he can do well as opposed to a page where you had a baseline and a discontinue that consisted of the bare number of items. Where you just completely go in a different direction so that he can say, “I did all that work and I did it well.” Whether it was the work you wanted him to do or not but just so that he can walk away saying, “I showed somebody what I can do,” not, “Somebody what’s hard for me.”
Those kinds of things, I guess-- Again, I’m rambling but just in terms of treating the process and the students with respect and ensuring that it’s as comfortable and non-threatening an experience as possible for them. It’s something that I feel I do well.

3.2.1.4 Behaviours. The final factor, behaviour, includes the observable abilities demonstrated by practitioners of psychology. Behaviour is defined as the actions displayed by psychologists consistently in their work. This factor explores the respondents’ answers across the themes of being responsive, being empowering, being available, and being procedural.

3.2.1.4.1 Being Responsive. The participants indicated strong agreement ($M = 5.88$) with the statement, “Rural School Psychologists need to be responsive.” This area was somewhat controversial among the research participants. There is an overwhelming sense of urgency to be responsive to the needs of the student and the school community. When students are struggling, the rural school psychologist strongly desires to help and quickly assist in changes that are needed to meet to needs of the student. This oftentimes requires that school psychologists be “quick on their feet” and expected to respond to requests at the moment. Many participants recognize that this is not when best decisions are made and, in fact, a more profound reflection is what is required in order to best serve the needs of the student, school, and family. Given the generalist nature of rural school psychology, there are sometimes requests that are outside one’s competence, and it’s important not to react to these requests too quickly.

I consulted a lot with my supervisor, and she consulted with other people who work in a school division and consulting a lot with my colleagues as
well. Well, I guess one of the things is, you probably know more than you think you know. It might be overwhelming in the moment, but if you actually get back to your office, look at it from a distance with fewer eyes on you then you're like, "Okay, so what diagnosis did this actually look like? What does the research tell us we should do for a student like this?"

3.2.1.4.2 Being Empowering. The participants indicated strong agreement (\(M = 5.38\)) with the statement “Rural School Psychologists need to empowering.” This behaviour summarizes the overall purpose of a psychologist. Rural school psychologists often are called in situations where stakeholders are tired and frustrated. Schools and teachers are stretched to the limit, and students and families are sad or angry. By the time the psychologist has arrived, the stakeholders are looking for hope. One participant described it like this.

[Psychologists] need to be confident. They need to be firm yet understanding, because I feel like teachers need someone, they need the confidence, they need the, "You know what, we need to do this." They need someone giving them permission. Psychologists need to take on that role. They're giving permission a lot of the times. They need to have that attitude that "I can do this. I know what I'm doing," to an extent. Even if I don't feel like 100% of what I'm doing, I need to exude confidence and let them feel like, "Okay, she knows what she's doing. She's got this." I think that's huge because I've seen colleagues in my short five years that don't have the confidence. They have schools that don't respect their
recommendations. They have schools that walk all over them and just "No, that won't work." I think you need that coming in, like I said, whether or not you absolutely believe it in yourself. You just have to show it.

The empowering nature of the work should not be understated, and essentially combines the knowledge, skills, attitudes, and behaviours towards that ultimate goal, that is, the success of all students, classrooms, schools, and families.

### 3.2.1.4.3 Being Available

The participants indicated strong agreement ($M = 5.00$) with the statement, “Rural School Psychologists need to be available.” One of the behaviours that distinguish rural school psychologists is their availability to teachers and schools. While many other health practitioners would have students and families travel to their offices, rural school psychologists go to their schools and meet with their clients. While concerns about travel time and cost continue to challenge this, advances in technology and teleconferencing are becoming more available. For some families, travel of 45 minutes to a service provider might be an insurmountable barrier. Rural school psychologists should be seen as supports to teachers, who are often busy juggling many responsibilities during the day. One participant described it this way:

*It's just really difficult because you're not out there very often. You want to be as accessible as you can be and at the end of the day when you're walking down the hallway and somebody says, "I just want to ask you something." You're not going to say, "No, I have to go." It's like, "I'm not going to be out here again for two weeks. Sure, what do you want to ask me? By all means."*
3.2.1.4.4 Being Procedural. The participants indicated moderate agreement ($M = 4.63$) with the statement, “Rural School Psychologists need to be procedural.” One behaviour that is essential for a rural school psychologist is to follow a systemic process when addressing challenging situations. The structured methods of receiving informed consent, explaining releases of information, providing written documentation, collecting background information, following through with standardized assessment procedures, reviewing consent continuously are invaluable processes that often serve to protect the student, family, school, and psychologist themselves. At times, these processes may be sidetracked in an effort to be expedient. However, these processes are designed to prevent problems, which is much easier than solving them once mistakes have been made. It is vital that the decisions that are made by rural school psychologists are justified, and not based on guilt or emotion. The process is important.

3.2.2 Research Question 2 – Community

The second research question asked: “How can Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?” Responses were categorized across the CoP factors of mutual engagement, joint enterprise, and shared repertoire and ranked by final level of agreement. Table 2 reviews the overall themes that emerged within each factor. Within the mutual engagement factor, the themes of local communities ($M = 5.00$), field community ($M = 5.00$), and virtual communities ($M = 4.63$) emerged. Within the joint enterprise factor, the themes of casework ($M = 5.75$), professional development ($M = 5.75$), and interprofessional collaboration ($M = 5.63$) were indicated. Finally, within the shared repertoire factor, themes of improved clinical skills ($M = 5.88$), increased clinical confidence ($M = 5.75$),
Table 2:

*Research Question 2 (Community) Summary.*

<table>
<thead>
<tr>
<th>Factors</th>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual engagement</td>
<td>Local ((M = 5.00))</td>
<td>✓ In office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Personal connections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Travel</td>
</tr>
<tr>
<td>Field ((M = 5.00))</td>
<td>✓ Professional groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Professional development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Access to research</td>
</tr>
<tr>
<td>Virtual ((M = 4.63))</td>
<td>✓ Access to technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Social media</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Message boards</td>
</tr>
<tr>
<td>Joint enterprise</td>
<td>Case work ((M = 5.75))</td>
<td>✓ Case consultations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Connection to literature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Ethical decision making</td>
</tr>
<tr>
<td>Professional development ((M = 5.75))</td>
<td>✓ Supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Regulatory work</td>
</tr>
<tr>
<td>Interprofessional collaboration ((M = 5.63))</td>
<td>✓ Working with non- psychologist</td>
<td></td>
</tr>
<tr>
<td>Shared repertoire</td>
<td>Improved clinical skills ((M = 5.88))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased clinical confidence ((M = 5.75))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased exposure to rare and complex cases ((M = 5.38))</td>
<td></td>
</tr>
<tr>
<td>Challenges</td>
<td>Quality ((M = 5.13))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessibility ((M = 4.88))</td>
<td></td>
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</tbody>
</table>
and increased exposure to rare and complex cases ($M = 5.38$) were identified. Additionally, two challenge themes were highlighted: accessibility ($M = 4.88$) and quality ($M = 5.13$). All participants indicated that their view was represented in the collective response to the second research question. Each of the factors, themes, and subthemes with exemplar statements is presented below.

### 3.2.2.1 Mutual engagement

This factor discusses how rural school psychologists gather in communities and the contexts in which they gather with other psychologists. The participant responses highlight how psychologists gather in local settings, virtual settings, and with the broader field of psychology. Each of these areas is discussed below.

#### 3.2.2.1.1 Locally

The participants indicated strong agreement ($M = 5.00$) with the statement, “Rural School Psychologists find community local, in-person contexts.” The most intimate way that rural psychologists gather is in their immediate work environments. Generally, psychologists work in offices with a team of two to five other psychologists. Often times, they have access to other allied professionals such as expert teachers (e.g., coordinators, consultants, superintendents), speech-language pathologists, occupational therapists, social workers, and school counsellors. One of the significant ways that communities gather is around case consultations. One participant provided this description:

*I guess I'm looking for a group of people that have similar interests and desires that I have to help people. You want a network that-- I find too, when I call up the school psychologist, they're always willing to help me and vice-versa. I never feel judged like, "Here were go. She needs help*
again." That caring aspect which I think comes in this profession anyway. We're out there to help people, so that's a huge one, and being approachable and knowledgeable in the area.

Rural school psychologists also maintain relationships with other psychologists who work in other areas or regions. These personal relationships can include graduate school classmates, colleagues in other disciplines or practice areas, and previous/current mentors. When possible, psychologists gather with these individuals in person at the office, over lunch, on the phone, through text messaging, or via email. One participant described it this way:

*I practice independently but I also am always in consultation, whether it's over the phone or in person or via email, there's continuous consultation. I have one good friend who works up north who I talk to probably once every couple of weeks on the phone about different cases that we're encountering and so-- You have to seek that out. That's not something that's built into the job, not at all.*

Another psychologist described their growth within the psychologist community like this:

*I do get phone calls from other psychologists and other professionals asking, "What would you do in this situation?" Often, had you asked me two years ago, I wouldn't know how to answer that question, but because of my experiences-- I think a lot of it would be word of mouth, I guess, just through consultation. Often I call you up and I have a question, then*
you often have a question for me as well. It goes both ways all the time.

One formalized way that psychologists gather is in the supervision process required by new psychologists who wish to attain independent licensure. This process includes one-on-one supervision with a mentor/supervising psychologist and group supervision with other provisional psychologists. This process provides benefit to the provisional psychologist who gains insight from the supervisor and also encourages the supervisor to be more aware of their own practice. Generally, this process results in a trusting relationship between the provisional and supervisor and career-long collaboration.

Just keeping me in check insofar as not getting carried away with one way of looking at things. I think especially in working in rural practice, where you might not be in close contact with people all the time. If you aren’t collaborating, you can just kind of get sloppy, in a sense. You start to be able to justify things in a certain way that you might not be able to get away with if you actually had people talking to you.

Some participants also indicate that they will travel to urban centres in order to consult with other psychologists. This is particularly useful when the urban centre has specialized programs that work with specific populations (e.g., indigenous), or certain conditions (e.g., developmental disorders). As one participant described:

I roll up the sleeves and dive in. Whenever possible I do try to find people that I can consult with. Especially around autism spectrum which seems to be popping up everywhere. I just spent some time, I spent a couple of days down at the [Urban Specialist] program just to suss
things out, to get some people to ask interesting questions for me, to what some of their assessments, and have a better idea of how to make a better referral to them when I'm sending kids their way.

3.2.2.1.2 Field. The participants indicated strong agreement (M = 5.00) with the statement, “Rural School Psychologists find community by accessing the field of psychology and the literature.” Rural school psychologists engage with the broader field of psychology. One way that this occurs is through the provincial psychology bodies in Saskatchewan. There are two groups, SKCP, which provides a regulatory function, and PAS, which is the fraternal and advocacy body. These groups gather their members to perform the functions of the organization, and this provides an opportunity for rural psychologists to gather. Some participants indicated that they prefer committee work to other forms of professional development as it is active, and they are involved in making substantive changes in psychological practice. These agencies also distribute notices and practice updates as they are available. Some participants also indicated that they participate at the national level through CPA.

Professional development, such as conferences, presentations, annual meetings, and specific training, is another way that rural psychologists gather. Professional development events were historically significant, as it represented the only time that psychologists would physically get together. Professional development is regarded positively among the participants. However, there was an acknowledgement that there is a lot of logistical barriers to participation, including time away from work, financial costs, and access to professional development funding. One participant described the benefits this way:
I think a lot of the times, because especially as a new practitioner, it's easy to go to a professional development or something like that or get new training and then think, "This is obviously the right way to be doing it. I should just carry this through."

One other way that psychologists gather is when delivering professional development to groups of psychologists, or to other non-psychologists. The process of preparing and answering questions of psychologists and non-psychologists is a useful exercise to review current knowledge, reconnect with the research literature, and continue in a more in-depth reflection of contemporary practice.

Rural school psychologists also connect with each other is through print resources, such as academic journals, websites, newsletters, and databases that are disseminated by other psychologists, both researchers and practitioners. Access to research was regarded as necessary by the participants, as it allows rural school psychologists to reflect on their practices and resist getting stuck in the same ways of doing things. Research is also vital to the generalist nature of rural school psychology. New or rare cases may require an extensive review of the literature. The participants also indicated that there is a great deal of pop or fad psychology out there, and rural school psychologists require excellent research skills themselves to assist in their evaluation or potential critique of emerging trends in research. The participants also acknowledge that there was little research coming out of rural Saskatchewan that speaks to our present context.

3.2.2.1.3 Virtual. The participants indicated moderate agreement ($M = 4.63$) with the statement, “Rural School Psychologists find community in virtual environments.”
Virtual CoPs include all forms of technology that psychologists are using when they cannot connect directly face-to-face or by phone. As one participant points out, staying connected was far more difficult prior to the advent of improved technology (e.g., email, social media, web meetings). Previously, gathering at events was far more critical (e.g., conferences, annual meetings). This has provided new opportunities for rural school psychologists to connect. One participant highlighted one of the opportunities technologies create:

*I also disagree that face-to-face is more beneficial than virtual. While it is a nice-to-have, it is not essential. In fact, in many cases it is wishful thinking in the rural and remote parts of the province. In a perfect world, we would be able to have a Starbucks in our local hamlet and be able to chat about all these things in person for hours on end, but that's not reality. I will take what I can get; the fact that I can get virtual connection with others at a similar level of practice is a blessing.*

Rural school psychologists use many forms of technology to stay connected and share resources with each other. Social media is one way that this is accomplished. As one participant described:

*We also have this Google Doc, so one of the things that will do is we share resources on this Google Doc. That is one of the ways. If we ever have, for example, there was a kid that we had been discussing last year who had selective mutism. I knew very little about it so I posted in this group, "I have a client who we suspect might be dealing with selective mutism. Has anybody ever done any reading, have any experience with*
these students? Let's share some info."

Online resources have also allowed asynchronous participation in psychology groups. These resources include the NASP message board and consultation network. Podcasts are a favourite among travelling psychologists who can listen to them as they drive to their multiple locations. Some psychologists recognize the value of webinars to get access to a wide array of research and practice opportunities while not having to travel to a conference. One participant described their participation in this way.

I go online, I ask people in my forums or groups about what do they think? I'm fortunate to have supervisors still as opposed to consultants. I try to align myself with the staff in the school divisions I worked with. I do meet with their psychologists at least once a year, more if possible, just to keep those relationships strong. I know the OTs and SLPs because we work together. Definitely, I try to be humble enough.

One participant indicated the potential of competency constellation as an emerging practice in Saskatchewan. A competency constellation is a conceptual framework where psychologists gather to discuss case studies from their practices. They are mixed groups of different levels of experience and worksites to focus on maintaining and sustaining competency. Virtual constellations of rural school psychologists could improve practices in the field overall:

In terms of mutual engagement, one additional type of group is a competency constellation. The goal of such a group is to maintain and/or enhance clinical/ethical/general competency, which is very different from the other joint enterprise aspects, which tend to look at skill, resources,
or etc. (...) it is also my hope that this model will become more common among SK practitioners, as consultation is good, but accountability for maintaining competency is better. In addition to the other outcomes, one outcome of this type of group is deliberate practice of one’s skills, and accountability to practicing competently.

3.2.2.2 Joint Enterprise. This factor discusses what tasks rural psychologists work on when they gather in communities. These responses discuss the reasons why rural psychologists come together, including through their casework, professional development, and interprofessional collaboration. Each of these areas is discussed below.

3.2.2.2.1 Casework. The participants indicated strong agreement (\( M = 5.75 \)) with the statement, “Rural School Psychologists access communities in order to improve their casework.” The participants indicate that a primary reason that they get together is to gain support in their casework. Casework includes the different clients, referrals, contexts, and challenges faced by rural school psychologists. In a case consultation, psychologists will often review a case and provide relevant background information. They will then share client experiences, things that have worked before or mistakes that were made that could be avoided. They may also share research findings that might help guide the next steps for a particular case. At times the psychologists discuss the process and confirm where they are in the process and determine if any steps were skipped or need to be reviewed. Further, they always consider ethical implications and whether there are any concerns that need to be addressed. Finally, a plan is set and determination of any interventions that need to occur to support the student, school, and family. This entire process assists the psychologists involved in having confidence in their clinical judgement and decision making.
making, mainly when a clear path is not apparent.

3.2.2.2 Professional Development. The participants indicated strong agreement \((M = 5.75)\) with the statement, “Rural School Psychologists access communities for professional development.” Professional development tasks include supervision, regulatory work, and standardizing practices among psychologists in a work setting. As mentioned previously, the supervision process is one that is required of new psychologists entering the field prior to receiving a full licence to practice independently. This process is beneficial to both the supervisor and supervisee in terms of sustaining competency. One participant indicated:

*Especially my counseling practice. To have somebody say, "I understand where you’re coming from but also, "I understand that this might not be the best way to practice. In my experience of 25 years or whatever, this might not be the best way to approach our clients with all this."

Another professional development task involves work from SKCP and PAS. This includes advocacy tasks, which may include educating employers as to ethical requirements relating to legislation, communicating limits to psychological practices, or promoting events such as psychology awareness month. Regulation work may include a review of work that may be below minimum expectations, consulting about ethical practices, and determining next steps in case of a client complaint. Other tasks may include developing consistent practices among psychologists working for the same agency in light of new practice guidelines or advisories from SKCP.

3.2.2.3 Interprofessional Collaboration. The participants indicated strong agreement \((M = 5.63)\) with the statement, “Rural School Psychologists access
communities in order to engage in interprofessional collaboration.” This prompt refers to
the collaboration between psychologists, expert teaching staff (e.g., consultants, coordinators, superintendents), and allied health professionals (e.g., occupational therapists, speech-language pathologists). As one participant stated “Working with other professionals is great. However, we have to be clear on our roles and theirs, where there are overlaps and oversteps.” Interprofessional work is of increasing importance given that psychologists are spending more time with non-psychologists, and clarifying roles and capacities is essential to avoid conflicts. Interprofessional work is viewed positively by the participants in the current study as it allows rural school psychologists to expand their perspective in terms of developing supports for students.

3.2.2.3 Shared Repertoire. This factor reviews the outcomes and shared understandings that are developed as a result of gathering in communities. These responses discuss these outcomes that were presented by the participants. The themes emerging from the participants include improved clinical skills, increased clinical confidence, and increased exposure to rare and complex cases.

3.2.2.3.1 Improved Clinical Skills. The participants indicated strong agreement ($M = 5.88$) with the statement, “Engaging in communities of practice results in improved clinical skills.” One of the primary outcomes of CoP that the participants report is that of improved clinical skills. Specifically, benefits were found in terms of access to research and increased capacity to read research critically and from multiple perspectives. There is an increased ability to work interprofessionally and to gain an understanding of another field’s conceptualization of student learning. Improvements are also experienced in the area of report writing, specifically in terms of improving the descriptions of how the
student presents and the quality of the recommendations provided. One of the ways that communities are most effective is when there are a variety of experiences from members who think and practice differently. One participant stated:

*I have one particular colleague actually that we think very differently.*

*It's very important. We get along very well. Somebody that can help you think differently is, equally or more important because sometimes you need to step back and look at the situation from a different angle. For the quality, it's availability. Sometimes if you have a colleague that isn't available there, you're less likely to reach out to them. The quality is understanding, just being thoughtful, and it's good to have a network.*

*Like I said, there are people with different backgrounds again or working with this person would be good or faced with this challenge. I think they've worked with this or that. Just what to look for in a professional network.*

3.2.2.3.2 Increased Clinical Confidence. The participants indicated strong agreement ($M = 5.75$) with the statement, “Engaging in communities of practice results in increased clinical confidence.” Overall, clients have a better experience with their psychologist if the psychologist is confident that the course of action that they are undertaking is the correct one. Communities also allow for an opportunity to step away from their practice and reflect on appropriate next steps. There is also a reciprocal nature to communities that equally allow for psychologists, no matter their level of experience, to have a sense of being supported while knowing that they are also supporting others.

Two participants described it this way,
Remembering that you do actually have more knowledge and probably more skills than most of the people who are asking you for help. I learned that I need to rely more on myself and give myself a little bit more credit than I probably had originally and that you can get lots from asking other people questions, too. You're not on this island by yourself, expected to be the expert. You are the expert, but you're also connected with lots of other people who have ideas that they can share with you too. I guess one of the challenges in being in a rural situation too is that you just have access to fewer people who have probably seen those really extreme cases or those really unique-- you have fewer people that you can connect with directly who would have experience with that.

And the other,

How do I know I'm doing a good job? I think that there are a couple of ways. Checking in, consultation is a big part of that and maybe we shouldn't always only be relying on our other colleagues to be telling us that we're doing a good job, but that does seem to be the most common source of feedback for me. I think that consulting with my colleagues and then, getting feedback like, "I would've done the same thing," or "You worded that really well," or those kinds of comments make me think things like, "Okay, well, you're a senior psychologist and you're telling me you're going to steal this wording from my report? Awesome. That makes me feel very good."

And a third,
I think working rurally it is sometimes harder to feel confident even though we are competent in an area just because we are often the only one working in our location. This is where collaboration and consultation with other psychologists is so crucial! Just being able to say “hey this is a tricky case I have and based on these tests this is what I think” and bouncing it off someone else helps to build that confidence that newer psychologists might need.

3.2.2.3 Increased Exposure to Rare and Complex Cases. The participants indicated strong agreement ($M = 5.38$) with the statement, “Engaging in communities of practice results in increased exposure to rare and complex cases.” One of the benefits of community supports for psychologists includes increased shared knowledge of rare and complex cases. Given that many psychologists working in isolation may not see a rare case more than a few times in their career, the shared experience allows for greater learning from situations for all the psychologists in this network.

Another situation is that specialized knowledge can be developed from within a group that is working in a similar context, as is the case in rural psychology. In some settings, the psychologist may be the only psychologist in their office or agency. When they can call another psychologist who works in a similar setting, they can develop new ways of addressing their issues. They can also share resources and experiences to support their clinical practices.

3.2.2.4 Challenges to Communities. While the participants readily acknowledged that there are many benefits to working in communities of practice, they also acknowledged a number of the challenges to community formation. The following
responses discussed these concerns regarding the quality of communities, as well as the accessibility of the communities.

3.2.2.4.1 Quality. The participants indicated strong agreement (\(M = 5.13\)) with the statement, “Rural School Psychologists can find it difficult to create a quality community of practice.” Communities of high quality have high levels of engagement and productivity, and they are self-sustaining. Communities of low quality tend to form quickly, and also quickly dissipate. The participants suggested that there must be a balance between similar areas of interest, as well as diversity in terms of approach and background. Members need to be available (i.e., will pick up the phone or answer an email) and have time to commit to the work of the community. Psychologists can also tend to be overcritical of their work or of other psychologists’ work, which can further isolate some members; this can be particularly damaging in a supervision context. Community meetings must be respectful and trusting so that critical feedback can be provided and accepted. Some members suggest that groups are most successful when they have a specific task they are accomplishing (e.g., committee work) where sidebar conversations and consultations happen organically. Members all must be independently competent as well, as a member with poor skills can impact the cohesion of the group.

The field of psychology can also be experienced as isolating for rural psychologists. Much of the available professional development that is available in rural areas is targeted at large groups (such as teachers, social workers, nurses, other therapists) in order to increase numbers of registrants. This results in professional development opportunities that lack specificity to psychological practice. There is limited professional development locally and the quality suffers when a superficial (albeit more marketable)
treatment is applied to specific issues or topics. There is limited research that speaks to the concerns presented in rural psychology and even fewer in rural school psychology. Furthermore specializations such as early childhood psychology are similarly neglected.

3.2.2.4.2 Accessibility. The participants indicated moderate agreement ($M = 4.88$) with the statement, “Rural School Psychologists can find it difficult to access a community of practice.” There are fewer psychologists within rural regions. Travel can be a barrier to face-to-face connections, and so developing an initial trust may be more difficult. Professional development opportunities often require additional travel, time, and financial cost. As one participant put it, “Networks are important in emergency situations. You can’t order a book when you need an answer today. Doesn’t get much more isolated than a farm in Saskatchewan.”

3.2.3 Research Question 3 - Practice

The third research question asked: “How do rural school psychologists engage with spaces of knowledgeable and competence?” The following narrative provides an example of competency can be stretched when working in a rural setting:

I had a client that I was working with in a counseling setting. This was the semi-urban, semi-rural situation, but he was living rurally, even more rurally. He came into our practice because he didn’t want to get services in his small town because he didn’t want people to find out. He also was quite suicidal. We had a bi-weekly phone call set up in between his sessions so that I would be able to check in. There was a time when I called him and I was working in another town. I was many, many hours away from him at that point and he told me that he had had a suicide
**Table 3**

*Research Question 3 (Practice – Boundary Areas) Summary*

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<thead>
<tr>
<th>Factor</th>
<th>Subfactors</th>
<th>Themes</th>
</tr>
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<tbody>
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<td>Boundary Practices</td>
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<td>✓ Diagnostic practices ( M = 5.38 )</td>
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<td>✓ Being placed into expert role ( M = 5.00 )</td>
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<td></td>
<td>Practices</td>
<td>✓ Cross-cultural psychology ( M = 5.38 )</td>
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attempt the night before. In that moment, I did a risk assessment. I'm sitting in a school office. I was about to go and assess another person. I had to do this now. The clinical judgment I think in this situation was, is he actively at risk? Which he was not from the risk assessment that I did in that moment, but also the recognition that there were so many steps that I would have had to do to actually assist him in that setting. Having to make the call as to, do I call the RCMP and try to say like, "Do you know this person?" I'm having to not just break confidentiality but do it in what felt like a really extreme way because it's such a small neighbourhood. Ultimately, just because the risk assessment came out a particular way, wasn't necessary. What was invaluable to me in that moment was the fact that I had the supervisor that worked a little bit closer to that place and I was able to call her and consult with her right away afterward, go through everything that I had already done with him. Basically, we came to the same conclusion that I'd covered my bases, had to do a follow-up call with him later on in the evening to make sure that he had connected with his resources in town and his family and all of these things. This is somebody who's already at risk of withdrawing from services altogether. How do you navigate that? Ultimately there was a happy ending and so far is-- he had become so comfortable with discussing his mental health. He had never told anybody before. He, in fact, told his parents, his mom, his sister, some of his close friends by the end of the sessions that we had together that he was finally comfortable
The responses to the third research question are broken down into three CoP factors (Wenger, 1998) and are presented in three parts. The three CoP factors are: (1) boundary areas (i.e., events when competency is challenged); (2) boundary engagements (i.e., strategies to manage challenges to competency); and (3) new learnings (i.e., insights into competency that were generated by a CoP in rural school psychology in Saskatchewan). Each of these factors is discussed below.

**3.2.3.1 Boundary Areas.** The first factor within the third research question discusses the times when competency is challenged among rural school psychologists. Responses were categorized across CoP practice subfactors of boundary practices, overlapping practices, and peripheral practices and ranked by final level of agreement. Table 3 reviews the themes that emerged within each subfactor. Within the boundary practices subfactor, the themes of workplace pressures ($M = 5.63$), diagnostic practices ($M = 5.38$), being placed into expert role ($M = 5.00$) and relationships ($M = 4.13$) emerged. Within the overlapping practices subfactor, the themes of access to referrals ($M = 5.50$), filling the gaps ($M = 5.13$), and working with allied professionals ($M = 4.50$) were indicated. Finally, within the peripheral practices subfactor, themes of rare conditions and multiple diagnoses ($M = 5.88$), and cross-cultural psychology were signalled ($M = 5.38$). All participants indicated that their view was represented in response to the boundary areas question. Each of the subfactors and themes with exemplar statements is presented below.

**3.2.3.1.1 Boundary Practices.** Boundary practices occur when the competency of an individual is challenged as a result of being asked or required to do things that, at the
moment when it is required. This can occur in situations and contexts that are different from those that have already been mastered through one’s initial education, training, and supervision. The participants identified four main times that they experienced boundary practices: workplace pressures, diagnostic practices, being placed in the expert role, and relationships.

The participants indicated strong agreement ($M = 5.63$) with the statement, “Rural School Psychologist competency is challenged by workplace pressures.” There is pressure on psychologists to provide full services for which individuals may not have competency. Even if one has training in an area of psychology (e.g., counselling), they are not necessarily competent unless they have adequate supervised experience and are up-to-date on the literature. The pressure to work faster and quicker further exacerbates this challenge. One psychologist described their experience:

> Students with really severe or extreme behaviours. Like I said, I didn't feel like grad school had prepared me for dealing with those. Then getting into a situation where you are expected to be the expert, and you feel that there's a couple other people in the room who could do a better job than you, but you're expected to come up with a plan for these extreme behaviours. That was a situation where I felt completely overwhelmed but I don't think that that's particular to being a rural psychologist, that was just being just out of grad school and not having enough experience under my belt.

The participants indicated strong agreement ($M = 5.38$) with the statement, “Rural
School Psychologist competency is challenged in diagnostic practices.” Rural school psychologists often define competency in terms of diagnoses that they are familiar with and feel comfortable diagnosing. As one participant stated “There are certain diagnoses that in my wheelhouse, others that are outside of that.” At times, students do not fit diagnostic criteria neatly, creating a challenge for competency. Rural psychologists see fewer of the rare cases, and there are fewer around who have seen these rare cases before. There is not always an available second opinion. While rural school psychologists become competent in the common diagnoses (e.g., SLD, ID) there is not sufficient exposure to become competent in the less common ones. However, rural school psychologists recognize that while they may not be fully competent, they must be knowledgeable and know what to look for and provide initial treatment and recommendations for these students.

The participants indicated strong agreement ($M = 5.00$) with the statement, “Rural School Psychologist competency is challenged when they are placed in expert roles.” The rural school psychologist is often placed in an expert role by others (e.g., parents, teachers, supervisors), and is expected to solve any manner of student issues, even if they are well outside their defined competency areas. Here are examples from two participants:

You see everything. Unlike what some people think, we can’t actually do everything. Working with [other] school psychologists has been really helpful, getting to know where to refer to in the bigger centers, and how to support families to get there. Being seen as the expert in an area when you are the only one. Like you said, in such a large area. That has been a
huge challenge. I definitely do get a fair share of referrals that are outside of my competencies. It has been a challenge trying to figure out, "Well, what do we do with those?" "How do we support this family?"

Because we can't just say no, we can't just turn them away. That's probably one of the biggest challenges.

The participants indicated moderate agreement ($M = 4.13$) with the statement “Rural School Psychologist competency is challenged in managing relationships.” While practices such as informed consent help structure relationships, the work and conclusions that a psychologist makes can be difficult for schools and families to accept. A number of participants described it this way:

My very first parent meeting, the dad was angry and glared at me, and the mom cried before I even said a word, and you're just going, "Oh, my gosh." Then a student had said that I had told her that Indians were all a bunch of drunks. The mom called me and asked me why I had said that to her and I'm going, "Oh my gosh, that's not what happened during my counselling session with the student." There's just a lot of stuff. I remember thinking, "I'm going to go back to making sandwiches." That had been the job that I'd had all throughout university.

Another participant said,

I did an assessment last year. It was a really quite a complex case because the student had quite a few diagnoses. Then we did an assessment and it looked a lot like an ID but he had had previous assessments where that ID should have been diagnosed and it wasn't.
Then this student was supposed to be going off to post-secondary and based on this kid's profile I didn't think he'd be successful. I had to decide whether I was going to go with the previous diagnosis, which is no diagnosis in the previous assessments or go with what I saw, which was an intellectual disability. Then ultimately have that conversation with mom that post-secondary is going to be very very difficult. It actually ended up being a good experience because mom had suspected that that is what it was and she was really frustrated that that diagnosis hadn't been given sooner because they could have accessed some financial supports. She also was relieved because she thought maybe there was a different program that they should be pursuing and it did lead them to pursue a different program. One that was less demanding, I guess. Yes. I had to use my clinical judgment because this was affecting big decisions for this family and affecting how mom had perceived her kid for so long. I really did feel like I was doing it for the benefit of this kid and it was an accurate diagnosis. I had all this stuff to back it up.

And another participant indicated:

I find that when working in rural centers, a lot of times the students you are working with have parents who also work in the schools (e.g., EAs, teachers, administration). It's important to be aware of these relationships and be aware of how this is impacting the situation. For example, I have had schools connect with me in order to be the voice that delivers the message that a student is struggling, so that the school staff
do not have to be the bearers of bad news to their colleague and friend....it is important to have knowledge of the community dynamics and multiple relationships within the school.

3.2.3.1.2 Overlapping Practices. Overlapping practices occur when a practitioner’s role overlaps with another profession’s role and the negotiation of this overlap results in challenges to competency. Often, rural school psychologists must engage with other professionals (e.g., teachers, physicians, social workers) in an effort to support the learning needs of children. Many times, there can be allied professions that make requests that require action on the part of a rural school psychologist. A participant gave this example:

*Oh, my gosh. There are so many things that you don't realize until you get out there. The first time you ever get a call from a lawyer, what are you supposed to do with that?*

The proceeding responses discuss the overlapping practices discussed by the participants. They include access to referrals, filling the gaps, and working with other allied professionals. Each of these themes is reviewed below.

The participants indicated strong agreement (\(M = 5.50\)) with the statement, “Rural School Psychologist competency is challenged by limited access to referrals.” Often times, rural psychologists recognize a need to refer to another service provider for additional services to support the learning needs of students. In a rural setting, outside referrals are often far away and have long waitlists, creating a barrier to service. A participant described this common experience:

*Outside referrals are often far away, and have long wait lists, creating a*
barrier to service. Difficulties present when you are a great distance away from your clients in crisis situations. Often times [clients] have a horrible experience and never want to go again – they go in for 15 minutes for a convo on medication, and they are very disappointed, but then ask to see another psychiatrist – the problem isn’t that you don’t want to include others, you need to have a plan in the meantime – we need to prepare people for … child adolescent psychiatry in this province, what will it offer [and] what it won’t.

Further, rural school psychologists acknowledge that while many supports may be available in schools, there are many others that should be available in the community, and generally are in larger urban centres. This creates a challenge for psychologists to develop recommendations that are feasible. In the words of one participant,

_When providing recommendations for students, especially around development of social skills or work skills, having to figure out community-specific supports – how can we get students involved and strengthen these areas? (e.g., Programs such as Big Brother Big Sister do not really operate effectively in smaller centres; limited access to counselling or coaching resources)_

Another psychologist acknowledged,

_One thing I was thinking about earlier was the constraints that the distance puts on and how often you’re going to access some of your schools just based on how far away they are. Like my schools that are the furthest away, it seems like they receive the least service just because_
they're far away. That doesn't necessarily mean that they have fewer needs. Then you have the constraints of the school division that don't want you to travel but maybe you have a really high needs kid out there who needs you out there ... So that's definitely-- you could have high needs that are further away and they're not receiving services they need just based on where they're located.

The participants indicated strong agreement ($M = 5.13$) with the statement, “Rural School Psychologist competency is challenged by filling the gaps between other services.” As the above discussion indicated, overlaps in services have the possibility to occur but often do not due to geographic and related economic constraints that impact on accessing related or supplementary services. Indeed, the reality is that overlaps are rare in a rural setting, requiring rural school psychologists to fill the gaps where services should be provided. Three participants described their attempts to fill such gaps in these ways, by providing recommendations:

*In the meantime, I'm giving recommendations from my research that are apparently supposed to help, that might be best practice, but we don't actually know if that's the diagnosis we're operating on because it's not within my competence [...] If it's, "Okay, we need to go to Regina for this one." I had a case, for example, where there were a lot of symptoms that led me to believe there might be an alcohol effect for that child prenatal. The parent did disclose prenatal alcohol use. I'm not an expert in that area, but I have that base knowledge so I know what to do. I'm finding out, okay, where is the province of Saskatchewan where can I*
help this family? Where can I send them? And it ended up being Regina.

Building that bridge for the family and communicating and- Getting them connected. Yes. In the meantime, I'm giving recommendations from my research that are apparently supposed to help, that might be best practice, but we don't actually know if that's the diagnosis we're operating on because it's not within my competence. We are sometimes, but we're doing what is in our mind in the best interest of the kid. There's a lot of clinical judgement that comes in there.

Another rural psychologist used their connections in the field:

Well, something I guess we were talking about in terms of interdisciplinary stuff is making sure that you're using those connections that you do have if it is something outside of your discipline specifically. I haven't been in this situation thus far where I've had to provide maybe a crisis service where I'm going outside of my competency and I'm the one applying that intervention.

And a third by continuing their professional development and self-education, I'd say probably like trying to keep myself informed. There's so much self-education, I think, that goes along with working in these settings where you are that go-to professional. So, spending a lot of time becoming more knowledgeable about stuff that maybe I wouldn't have otherwise but, ultimately coming back to as much as I can, pulling on different services and seeing what's out there. I'm thinking of this again, because in one northern community I'm doing an assessment with a child
that's never had their eyes checked because the nearest optometrist is four hours away and not being able to provide a certain diagnosis because of recognizing that this could clearly be an alternative explanation for the struggles they are having with reading.

The participants indicated moderate agreement ($M = 4.50$) with the statement “Rural School Psychologist competency is challenged when working with other allied professionals.” A significant factor is the culture in schools and the goals and intentions of classroom teachers and in-school administrators. Generally speaking, schools request support from their psychologist after their efforts have been exhausted, and they desire quick, decisive action to ameliorate the situation. One participant described it like this,

\[
I \text{ think it's being that immediate problem solver in the moment that is really hard. This is so much for students that you get referral for because if you get a referral you're going to get a chance to delve in and get working with them. It's more like a model that we used to have. We're not doing it so much this year for different reasons. We have these twice a year team meetings at schools, where for half a day, schools could bring up three or four, sometimes they would bring up 10 students that they wanted to collaborate as an interdisciplinary team. The OT might be there, might not. More often than not they weren't because they just have too many schools. Sometimes the SLP would be there but some of our SLPs would refuse to go if it was for an older student because they just focus on K-3. Then the counsellor would be there and you would have to sit there. Sometimes you would get information about the student ahead}
\]
of time and sometimes you wouldn't other than a name. Then you would sit there for an hour and try to come up with a plan for a student or even if they were going to talk about 10 in that half day, you might have to come up with a plan in 20 minutes. Those situations are really challenging and you feel incredibly guilty when all I do is sit there and ask questions because I feel like I can't offer you any solutions until I get to know more first. Then the administrator says, "Nobody has said anything at this table that's going to help this teacher when she goes back to the classroom." Then you feel incredibly guilty and useless. It's like, "I still don't know enough about this kid to be able to offer you an informed series of strategies."

Another participant indicated the awkwardness of being the perceived expert, Then getting into a situation where you are expected to be the expert, and you feel that there's a couple other people in the room who could do a better job than you, but you're expected to come up with a plan for these extreme behaviours.

Another common overlapping practice is when rural school psychologists are asked about medications, and recommendations as to pharmacological or homeopathic remedies to resolve conditions such as ADHD. While psychologists do not prescribe medications, they do have a working knowledge of standard treatment and signs to watch for if it is having an effect or not. They are also aware of incorrect information that is often shared about medication or pharmacological treatment. The discussions around medications can be tricky to navigate.
3.2.3.1.3 Peripheral Practices. The final boundary area is peripheral practices, which are experienced when new information comes in that changes the nature of the action required and creates a challenge to competency. Two themes emerged under peripheral practices: rare conditions, and cross-cultural psychology.

The participants indicated strong agreement \((M = 5.88)\) with the statement, “Rural School Psychologist competency is challenged by rare conditions and multiple diagnoses.” Even while doing routine work, at times there are rare syndromes or multiple diagnoses that can impact the overall treatment. As one participant described,

*I have certainly been in an assessment setting with a child and realize that they're dealing with what looks like a PTSD type episode, and knowing that I can provide some information to the staff just about what that child might be going through in those times, that might make the next day of class easier for them. That might be considered like working outside of my competency, but [I cannot be] there doing a full-on session with a child trying to help them work through their trauma.*

The participants indicated strong agreement \((M = 5.38)\) with the statement, “Rural School Psychologist competency is challenged by cross-cultural psychology.” Another challenge can be while working in cross-cultural settings, depending on the psychologists’ own positionality. One participant described it this way,

*In the North, parents and children almost never have the same last names. In certain neighbourhoods they don't deal with the legal system much at all. If you ask, somebody might say, ”Oh, Grandma is my guardian right now.” “Well, did you go to court and documentation for
"Absolutely not." They live six hours from the closest courthouse. There's not a chance they're going down there.

Processes need to be flexible in order to deal with new information as it comes up, and treatment plans need to be considerate of all manner of different diversities that come up in rural practice.

3.2.3.2 Boundary Engagements. The second factor within the third research question discusses how rural school psychologists engage with challenges to their competency. Table 4 reviews the themes that emerged. The themes include: (1) taking time (\(M = 5.62\)), (2) seeking supports (\(M = 5.50\)), and (3) trying something (\(M = 4.38\)). All participants indicated that their view was represented in response to the boundary engagement question. Each of the themes with exemplar statements is presented below.

3.2.3.2.1 Taking Time. The participants indicated strong agreement (\(M = 5.62\)) with the statement “Rural School Psychologists reflect before acting on the spot.” With the overwhelming pressure to work quickly. The participants emphasized the need to take time and reflect before taking the next steps. While answers are requested at the moment, psychologists should be wary for responding to such requests. In this way, rural psychologists know that one must be comfortable being uncomfortable in those moments and take the time that is needed to reflect and plan an appropriate next step.

My supervisor was good and helped learn about ... taking everything and taking time. My supervisor was really good about, you know you'd get in a panic because everybody pressures you, "We need this now. We need this yesterday," and being able to say, "No, this is what I have available for right now and no one's dying.” Like in our profession, no
Table 4:

Research Question 3 (Practice – Boundary Engagements) Summary

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<thead>
<tr>
<th>Factor</th>
<th>Themes</th>
<th>Subthemes</th>
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</thead>
<tbody>
<tr>
<td>Boundary Engagements</td>
<td>Taking time ( (M = 5.62) )</td>
<td>✓ Reflect before acting on the spot</td>
</tr>
<tr>
<td></td>
<td>Seeking Supports ( (M = 5.50) )</td>
<td>✓ Community ✓ Research</td>
</tr>
<tr>
<td></td>
<td>Trying something ( (M = 4.38) )</td>
<td>✓ Ethical considerations ✓ Setting Limits</td>
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one is dying. We are providing education and we are having some quick strategies to give to help support and the time and then do your best and that’s okay.

Another psychologist described it this way,

*I consulted a lot with my supervisor and she consulted with other people who work in a school division and consulting a lot with my colleagues as well. Well, I guess one of the things is, you probably know more than you think you know. It might be overwhelming in the moment, but if you actually get back to your office, look at it from a distance with fewer eyes on you then you're like, "Okay, so what diagnosis did this actually look like? What does the research tell us we should do for a student like this?"

3.2.3.2.2 Seeking Supports. The participants indicated strong agreement (M = 5.50) with the statement, “Rural School Psychologists access multiple supports when facing a challenge.” Rural school psychologists seek out supports as they need to. If faced with limits, psychologists seek supervision and avoid working in areas where they are not competent. These supports can include accessing a community of practice or consulting with the relevant literature. Two participants described how they did this in clinical practice,

*I think the other issue that is important to raise here is that being in generalist practice requires one to continue learning across a wide swath of areas. While certain things are more comfortable/in my wheelhouse, the reality is that I am often asked to jump into situations I
have not been adequately prepared for. That is why I believe it is important to seek out training across broad areas that may not necessarily be my preferred wheelhouse. For instance, I am currently doing training in functional behavioural analysis/applied behavioural analysis, as I am often sent kids that present with behavioural concerns that I may not be adequately equipped to support with my ed psych background. I am also planning on doing some additional reading and training in the area of sensory integration, as this seems to be something that often overlaps other concerns in my work with youngsters. As such, I am a proponent of continual learning.

Another participant described it this way,

When I was provisional still, we had one where it turned out-- It was a behavioural referral. We ended up querying. We're thinking social communication disorder, the new Asperger's spectrum thing. Brand new to me. It was new that year. I think the new DSM just came out. That family, I did all the primary testing. They ended up getting tested by my supervisor as well who has competency with autism, which I don't. Then we also needed the school SLP to do some testing as well. We worked collaboratively there to help this family out. I was able to observe my supervisor, too, and then learn. He did end up with that diagnosis. For me, that was a huge learning piece. Because until you really see a disorder, it's just a disorder in a book. Until you experience it, it doesn't really have-- For me, it sticks with you a little bit more once you've met
someone who has it.

3.2.3.2.3 Trying Something. The participants indicated moderate agreement ($M = 4.38$) with the statement, “Rural School Psychologists try something before referring to a specialist outside the community.” After taking time and seeking support, and with limited options of referral to other specialists, rural school psychologists tend to try something. This was an area of discomfort among the participants as there is a conflict between the concept of working within one’s area of declared competency and assuring that a client is not left without services. Many times, some form of service is better than no service at all. As one participant stated,

*I would far rather say, "This is outside my area. This is not something I know really well," then try to let people think that I do and steer them down the wrong path. There are situations when you’re in rural Saskatchewan and sometimes there are transportation issues in terms of people even being able to access something that in your mind may not be terribly far away, but getting to see a doctor 45 minutes away is, in fact, not going to be that easy or getting to see the counsellor who goes to the rural health center once a week isn't going to be all that easy either. You just have to say, "I feel like something is probably better than nothing but there are going to be limits to how much this will benefit. We will talk further. We will monitor and see if we can try something and then revisit that if it's not working.*

Trying something new may also require setting limits around the practice, and providing clarity to stakeholders as to what service can be provided and what cannot. One
participant indicated that they provide psychoeducation, but they are not providing therapy. It is essential for stakeholders to know the type of service that they are receiving so that they can make an informed choice about their participation.

One participant provided the following example,

*I think perhaps saying something like acknowledging our limitations, but supporting people using the applicable skills acquired through work within our areas of competency (e.g., a student who has disclosed that they have been struggling with an eating disorder, but you only have training in counselling people with anxiety and depression from a CBT framework. You would still be able to support the student emotionally, but it would be unethical to ...begin treating that eating disorder directly without any consultation).*

Finally, as some participants note, sometimes the sphere of support needs to be expanded beyond just the student, to include the student’s family. This is particularly important when capacity issues are at play. As our ethical guidelines would indicate, as a student or family’s vulnerability increases, so does our responsibility to provide care.

### 3.2.3.3 New Learnings from Rural School Psychologists

The final factor within the third research question discusses new learnings that were developed through the research process among the participants. Responses were categorized across COPT clinical competency subfactors of core knowledge, communities, research, and creative practice and ranked by final level of agreement. Table 5 reviews the themes that emerged within each subfactor. Within the core knowledge subfactor, the themes of ethical guidelines \((M = 6.00)\), strength of rural communities \((M = 5.62)\), and generalist practices
(M = 5.00) emerged. Within the communities subfactor, the themes of other rural health professionals (M = 5.38), and getting feedback (M = 5.25) were indicated. Within the research subfactor, the themes of staying up to date (M = 5.75), and reviewing past work (M = 4.75) were identified. Finally, within the creative practice subfactor, themes of creative practice as a skill (M = 5.63), diverse skills (M = 5.50), and reflective practice (M = 5.00) were signalled. All participants indicated that their view was represented in response to the question of creative practice. Each of the subfactors and themes with exemplar statements is presented below.

3.2.3.3.1 Core Knowledge. The participants indicated absolute agreement (M = 6.00) with the statement, “Rural School Psychologists must follow ethical guidelines in their practice.” Rural school psychologists need to be aware of ethical codes that guide their practice. They must set limits to their practice, and understand when they are operating outside of their areas of competency. Processes such as informed consent and standardization of assessment procedures are useful in slowing down the process and being deliberate in one’s actions. As one participant noted, many problems can be avoided before they happen by following a good process.

Further, while rural school psychologists acknowledge the challenges of rural environments, they also observe the opportunities as well. When asked, “Rural School Psychologists recognize the strengths displayed within rural communities” the participants rated their agreement with a mean of 5.62, indicating strong agreement. The greatest strength of a rural community is how it looks after its members. As one participant described,

Yes, I guess the power of the way that a small town can support
### Table 5

**Research Question 3 (Practice – Creative Practices) Summary**

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<thead>
<tr>
<th>Factor</th>
<th>Subfactor</th>
<th>Themes</th>
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<tbody>
<tr>
<td>New Learnings</td>
<td>Core Knowledge</td>
<td>✓ Ethical guidelines ($M = 6.00$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Strength of rural communities ($M = 5.62$)</td>
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<tr>
<td></td>
<td></td>
<td>✓ Generalist practices ($M = 5.00$)</td>
</tr>
<tr>
<td></td>
<td>Communities</td>
<td>✓ Other rural health professionals ($M = 5.38$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Getting feedback ($M = 5.25$)</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td>✓ Staying up to date ($M = 5.75$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Reviewing past work ($M = 4.75$)</td>
</tr>
<tr>
<td>Creative Practice</td>
<td></td>
<td>✓ Creative practice as a skill ($M = 5.63$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Diverse skills ($M = 5.50$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Reflective practice ($M = 5.00$)</td>
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somebody, unlike any institution that I'd ever really been a part of, up until that point. In a way, on a positive note, it's being able to see the strengths of somebody who in almost any other setting would really struggle to meet certain expectations. Probably like a piece of it being that we do have to remember that the numbers on these tests don't mean everything to everyone and that there's a lot more to the story.

The participants acknowledged that rural school psychologists are called to be the generalists. The participants indicated strong agreement ($M = 5.00$) with the statement, “Rural School Psychologists are the general practitioners within the field of psychology.” They define that being knowledgeable is knowing what to do while being competent is actually being able to do it. This is a cause of internal conflict for rural school psychologists that is exemplified in the following responses:

I think one of the most unique things here that you are always kind of a bit of a generalist. You really see everything. Right now on my caseload I'm querying, I've been referred to a child who's presenting with social impairment that looks a lot like autism. I have a child with specific phobia of medical intervention. There's one that they querying selective mutism. I've got a couple of kids with global developmental delay, and I mean this toilet training as well. I really see a very broad variety of clients that I probably wouldn't see if I was in a city where things are a lot more specialized.

This is contrasted with:

You really can't be an expert in absolutely everything. There are going to
be things that people will tell you, things that you will see, and you will just rub your forehead and go, "I don't know. I have absolutely no idea."

It's the fact that-- I'm not really good off-the-cuff. I really like speaking about students that I've worked with and I love talking about them and following up with them in years to follow once you have developed that base of knowledge because I take a lot of time to really get to know students and get to know their history and try to follow up as much as I can even though I wish it were more.

3.2.3.3.2 Communities. The participants indicated strong agreement (M = 5.38) with the statement, “Communities of practice are useful to connect with other rural health professionals.” Rural school psychologists in Saskatchewan acknowledge the importance of communities. While rural school psychologists may wish to see the community support with each other, they also may benefit from connecting with other rural professionals in their community. The participants value not only their colleagues who are local to their community, but extended networks that are available by phone, text, or email, or with whom they may meet at events, conferences, or professional development opportunities. The psychological community in Saskatchewan is small, and among rural school psychologists it is smaller still. Connections between one another are essential and vital to competent practice.

Feedback on practice is vital in a rural setting. One of the principal reasons is that it is difficult to know if one is practicing competently without feedback, as often the outcomes of your work are not available to you. The participants indicated strong agreement (M = 5.25) with the statement “Communities of practice are useful for
receiving feedback on practice.” In assessment, you might not see if your recommendations were useful or even implemented. In counselling, a client may stop attending. As one participant stated, “It’s not easy to know if you are doing well at your job without feedback.” This difficulty was further expressed by this participant:

I would say in counselling, it's a little bit, easier to know I've done a good job. I've had quite a few long-term clients. I can think of when one teenager specifically who had thoughts of suicide, just was really struggling. Fast forward a year later, we were able to end our work and she felt good about things. It took a long time, but in that case, I was actually the one person that she felt comfortable with talking.

When I went on maternity leave it was like, "Do you want to see someone else?" She said, "No." She liked working with me. It makes you feel nice. That makes me feel like I'm doing a good job. When you get adolescents to trust you and to really open up to you. It's hard work, but once you're there, then that's good. Closing a file, I guess, in mental health. When you're done, you don't have anything else to work on. That makes me feel like I'm doing a good job.

With testing, it's a little bit harder to know if you're doing a good job because we often get the referral, do our piece, and never hear about them again. Sometimes I'll ask, "Hey, how's so and so doing?"

Sometimes we hear they're doing well, sometimes they're not. I would say this is an area where we don't actually get a lot of feedback so it's hard to say, "Am I doing a good job?"
3.2.3.3 Research. The participants indicated strong agreement ($M = 5.75$) with the statement, “Research is important to stay up-to-date in practice.” Rural school psychologists recognize the value of research, although they recognize that they consume more research than they produce. One participant indicates that tracking one’s written work over their career can demonstrate how one progresses as a psychologist.

The participants indicated moderate agreement ($M = 4.75$) with the statement, “Rural School Psychologists review their past work to observe their growth.” It is essential to stay up to date in current research trends, ethical considerations, and treatment modalities. As one participant comments,

*I feel like we use clinical judgement constantly. It’s in every report you write, in every diagnosis we make. I find when I’m using clinical judgement, this is a general sense, what I’m learning is where I need to learn more, and where I need to go research more, and where I need to consult more, and where I need to expand my competence. That’s what I’m learning constantly.*

3.2.3.3.4 Creative Practice. Rural school psychologists exemplify creative practice in their daily work. It is a source of motivation, as well as a reason to be intentional in the practice of psychology.

The participants indicated strong agreement ($M = 5.63$) with the statement, “Rural School Psychologists require creative practice skills.” The following excerpts represent situations and occasions shared during the interview that exemplify the creative capacity of rural school psychologists. They have been edited to avoid identifying any individual or clinical practice.
From a rural school psychologist considering a diagnosis,

*I think it's also important to note that while diagnosis plays an important role, oftentimes we bypass diagnosis (or shelf it temporarily) and begin to address the client's presenting needs, as opposed to creating a diagnosis. For some of our ambiguous kids, we can identify the needs they present with, even though they may not fit our classification systems neatly. In those cases, our mantra is "needs determine services, not a diagnosis." We then work as collaboratively as possible with our school teams (teacher, student services teacher, parents) to come up with strategies to support the needs that are apparent. Of course, wherever possible we will refer out in order to address the diagnostic query, but at least intervention provides help while we wait for that process.*

From a rural school psychologist managing a sub-threshold diagnosis,

*There's this one situation that is just very salient to me. It's the kids who really present [with symptoms of an Autism Spectrum Disorder] but don't meet all of the markers. Those kind of kids. The ones that don't fit nicely in the category. A lot of times, it's just you've got to rely on what you know. You got to be able to say, "I don't know," when you don't know. If there is someone you refer and a lot of times it's like, "You know what? Here's what I know, here's my limited knowledge, let's try this."*

From a rural school psychologist supporting a school team,

*I was just in a programming meeting last week where it's like, "You know what? We don't know how to get kids to function in the classroom. What*
we do know he's going to kindergarten next year and if we don't start helping him now, regardless of whether he gets any type of diagnosis from another specialist, we need to help this child now." A lot of times it's this rolling up of sleeves, cobbling together what you do know, and kind of doing your best.

From a rural school psychologist helping a mother,

I had a child that the caregiver, she came to the clinic, she said, "My child is a devil child. This is the worst child ever. She hates me, everything is bad," and blah, blah, blah. She's just talking to me about how non-compliant and defiance her child is and I was like, "I don't know what to tell you but I do know that supposedly, [Particular Treatment] is kind of the ticket for those kinds of problem." I went online, bought some books, studied up about how to deliver the program then I did it. A part of me is like, "I need to become accredited," but a lot of it's like, "I can't even become accredited because the freaking training is in Vancouver." I'm going to have to do the best that I can with this model and hope for the best.

From a rural school psychologist managing an increased incidence of anxiety,

Right now actually, there's another problem that I'm trying to solve, is we've gotten so many referrals for pre-school anxiety. I'm in the middle of working with child and youth to try like a[n] inter-departmental program where we can have a flexible age range for kids and we can start doing some parents psycho-education for how to help their children
either to prevent the onset of an anxiety disorder or help them with an undiagnosed or diagnosed anxiety disorder. We're busy collaborating right now. We found some materials that we think are at least, not terrible and the nice thing is there is some opportunity to do some online training. I'm in the process of that right now because this is what our school partners have asked for and our parents. This is the new service that we're launching, despite the fact that it's probably a little bit outside of our mandate and it kind of crosses over. You got to do it though, like that's where the referrals are.

The participants indicated that rural school psychologists are always growing in their capacities. Often psychologists may lack confidence, and they could be reminded through a CoP that they have more skills and knowledge than they believe themselves to have. The participants indicated strong agreement (M = 5.50) with the statement “Rural School Psychologists have diverse skills.” Being confident and having good self-awareness is essential. Rural psychologists are aware of referral avenues; however, recognize the geographical, temporal, and/or economic barriers for some families to access specialized services. As such, they are more willing to try something and monitor its effectiveness before effecting or awaiting the referral.

The participants acknowledge that an essential part of the creative process is to be reflective. The participants indicated strong agreement (M = 5.00) with the statement, “Rural School Psychologists are reflective in their practice.” Often times, the notion of clinical judgement reflected similar ideation to creative practice. Clinical judgement is in every part of rural psychologist’s work. A psychologist must know what they know and
know what they do not know. By identifying these limits, they know when they are acting consistent with their areas of competence, or if they are experimenting with new procedures that are appropriate for the student and context. This skill among psychologists is what makes them useful to students, schools, and families, and often is what precipitates the idea that they are experts in all areas. The rural school psychologist must use this capacity carefully and take their time to use it well.
CHAPTER 4: Discussion and Conclusion

This study explored the practice of rural school psychology in Saskatchewan, across the themes of clinical competency, professional communities of practice, and creative practices by employing a collective case study. This is the first study to have been undertaken to represent the voices of rural school psychologists in Saskatchewan. The proceeding chapter will review the key findings from the study, identify the contributions this study has made, and finally conclude with a synthesis of the study limitations and opportunities for future research.

4.1 Discussion of Key Findings

This section will discuss the key findings from the current study in relation to the research questions and make connections to previous research. The section will begin with a presentation of a conceptual model of the overall findings, and will subsequently break down the findings as they related to the research questions. The discussion will summarize: (1) the specialized competency of practicing school psychology in a rural environment; (2) how rural school psychologists access communities of practice and highlight the necessity of community work to sustain clinical competency; and (3) how rural school psychologists manage limits to their competency and engage with creative practices.

Figure 2 displays the overall findings in a visual model, and how the three aspects of domain, community, and practice interact within the context of rural school psychology. The model emerged from the data and provides a conceptual framework for how competency is developed bidirectionally, from the profession to the clinician and also from the clinician to the profession. There are three conceptual elements that are
Figure 2

Overall findings

Clinical Competency: Rural School Psychology

Communities of Practice

Creative

Taking Time
Accessing Supports
Trying Something
presented. The first element of clinical competency (i.e., the COPT clinical competency model) and is applied to the outcomes relating to the specialty competency of rural school psychology. Clinical competency is informed, developed and agreed upon by the field of psychology through a process of feedback or research that is done by clinicians. The second element is communities of practice, which is presented as a spectrum from negotiations of meaning within the self to negotiations of meaning with the broader field of psychology. As knowledge transfers to the field, agreed-upon norms of practice are accepted and are labelled as competency and acknowledged to be aligned with accepted norms of practice involving the necessary KSABs. As the KSABs transfer to the individual clinician, that clinician becomes more able and competent. In the final element, creative practice, the individual clinician is challenged through boundary experiences and must develop new ways to solve novel problems. This knowledge can then be known to the self, shared with the community, and may eventually become accepted knowledge by the field. Each of these elements is discussed in greater detail below.

4.1.1 Research Question 1 (Domain)

The first research question asked, “What are the specialty competencies required of rural school psychologists in Saskatchewan?” This research question asked the participants to discuss the specialist competencies of rural school psychologists. Foundational competencies have been outlined by the CPA and the regulators of psychology in Canada under the Mutual Recognition Agreement (CPA, 2001) to include: Interpersonal Relationships, Assessment and Evaluation, Intervention and Consultation, Research, Ethics and Standards, and Supervision. While these areas are essential to the
practice of rural school psychologists, they were not the primary interest of this question, but rather, this question seeks to determine the specialized aspects to practice within rural contexts. Specialty competencies (Rodolfa et al., 2005) refer to the competencies required in specialized contexts that are in excess of defined foundational competencies. The specialty competencies are described across: Knowledge (i.e., cognitive understandings), Skills (i.e., sequential processes used to accomplish tasks, actively engaged), Attitudes (i.e., values and beliefs), and Behaviours (i.e., habits and ways of being in the world). All eight participants indicated that their views were reflected in the data shared in response to the first research question.

4.1.1.1 Knowledge. Three core areas of knowledge are identified in the current study: general knowledge, community knowledge, and systems knowledge. Rural school psychologists require knowledge from multiple disciplines of psychology, beyond educational psychology. These include but are not limited to clinical psychology, developmental psychology, counselling psychology, and increasingly forensic psychology. The push towards a generalist practice appears to be driven by: (1) fewer mental health practitioners operating in rural areas; (2) that psychologists are subsequently placed in “expert” roles when it comes to mental health; (3) travel to major centres being a barrier to referral service provisions; and (4) rare and low-incidence conditions having similar prevalence rates across the population, and thus occurring with consistent regularity in both urban and rural contexts.

Psychologists who work in rural areas maintained that in order to be successful, they have to have good knowledge of their communities. It should also be noted that a rural school psychologist often serves multiple rural schools in multiple communities.
Each of these communities presents unique cultural dynamics, and no two rural communities are the same

(Pelling & Butler, 2015). Rural psychologists need to take the time to know their communities, understand their capacities to support students and families, be familiar with the history, and observe the relationships between members of the community. Failing to do so may result in an ineffective psychology practice, and could cause conflicts between the psychologist and community, which could result in a further limiting of access to mental health services for vulnerable students.

Further, psychologists need to be aware of systems of supports that are available to communities. They need to understand how their workplace operates and the limits to the services that can be provided. Outside of the school, they need to be aware of any medical, social services, justice, and allied health services that may be available. Often, the school is the only place that families will come to for mental health support, and the psychologist needs to be knowledgeable about how to connect families and schools to support their students.

Sutherland and Chur-Hansen (2014) identified the knowledge required of rural and remote psychologists working in South Australia. In their review of knowledge, they identified five areas: knowledge of own limitations, diverse knowledge base, local knowledge, knowledge of indigenous culture, and knowledge of rural presentations. Most of these knowledge units correspond with the current study’s findings of generalist knowledge, community knowledge, and systems knowledge. Sutherland and Chur-Hansen identified ‘knowledge of own limitations’ (p. 276), which did not emerge in response to the questions related to the knowledge construct in the current study.
However, participants did amply address knowledge of one limitation in relation to the practice component of this study, which was part of the third research question. Indigenous knowledge was emphasized in the Sutherland and Chur-Hansen study. However, it was not especially prevalent in the Saskatchewan sample, although two respondents from the northern region of the province did speak to this area of knowledge directly. While supports for Indigenous students were acknowledged as much needed in Saskatchewan, it would suggest that the emphasis is region-specific. Some rural school psychologists work in areas where there are few Indigenous communities, while other psychologists may serve many Indigenous communities. Overall, it would appear that the current study’s findings on specialist knowledge are consistent with Sutherland and Chur-Hansen’s results.

4.1.1.2 Skills. Four core skills were identified in the current study: (1) psychologist skills, (2) efficiency skills, (3) relationship skills, and (4) communication skills. The core psychologist skills included comprehensive assessment skills, including cognitive, academic, and behavioural assessment strategies. Rural school psychologists have broad intervention skills to serve their students and schools. They also are able to collaborate and consult with teachers and other service providers. These skills are not unlike those that are required by psychologists in general (e.g., MRA, 2001). However, they may be more pronounced given the generalist knowledge required to serve a rural area.

Efficiency skills were also highlighted among the participants. Specifically, they identified that they needed to be flexible with their time management, be able to prioritize their work, and balance quality with the quantity of work that can be completed. A
significant driver for the need for efficiency skills came from the travel requirements. Many participants spoke about how many of their schools could be 1-2 hours' drive from the school board office where they are based. Whether the student came to the office, or the psychologist came to the school, time was a precious commodity, made all the more so by the non-contact time necessitated by the significant hours spent in transit. Complications such as student illness, special events at the school, recess and lunch breaks, gym class schedule, and teacher time-related constraints (e.g., recess, supervision, and extracurricular) all contribute to pressures on the psychologist’s time. Given the few hours in a day, and the few minutes where students, teachers, or parents are available, being efficient is a necessary skill that is well tested in rural school environments.

Relationship skills were of high importance among rural school psychologists. Particularly among the more experienced participants, the long-term relationships that are built with families and communities are useful for doing quality work with their students and families because of built-up trust over time. Rural school psychologists can have varying degrees of relationships with the community, whether they live in the community or need to travel to the community. Multiple relationships can be problematic, as following an awkward family meeting, the psychologist likely will run into that parent at the grocery store, restaurant, or a community event. They must be able to manage conflict and set appropriate boundaries with their community members. As indicated by other researchers (e.g., Edwards & Sullivan, 2014), the relationships in the community can be the most significant opportunity for service delivery, but they can also be the most difficult challenge for the psychologist.

Finally, the last skill was communication. Psychologists acknowledged the
importance of being clear in their communications, and that they use strategies to assure
that what they have said is understood. When a child is having difficulty at school, it can
be an emotionally-charged situation for everyone involved, including the student, parents,
and teachers. Following a meeting, when the psychologists leave the room, the
community will talk, and words may be placed in the psychologist’s mouth. Assuring that
communications are clear and well understood is necessary. As such, psychologists use
strategies to confirm understandings, are relational and approachable if there are
questions later, and deliver their recommendations in person within the context of a
helping relationship that is supplemented with written documentation.

Sutherland and Chur-Hansen (2014) identified several relevant skills among rural
psychologists in Australia. They include technology skills, networking skills, ability to
work outside psychology, generalist-specialist skills, ability to set boundaries, self-care
skills, strategies for managing accidental meetings, ability to adapt interventions,
community education skills, and ability to compartmentalize. For the most part,
Sutherland and Chur-Hansen and the current study produced similar findings. However,
there were some key differences. Specifically, Sutherland and Chur-Hansen identified the
need for technological literacy, which was not found in our study. However, technology
was credited as important for rural school psychologists to access CoPs. Rural school
psychologists in Saskatchewan are generally adept at using their cell phone and email in
order to stay connected in their schools; however, primary service delivery still is face-to-
face, and often in the school environment. With the development of further telehealth and
remote use technologies, it will be interesting to see how the field of school psychology
adapts and how rural communities respond to such a change. Sutherland and Chur-
Hansen also identified the need for self-care in their study, which would certainly be an important factor in reducing turnover and burnout.

One area that emerged in the current study but was absent from Sutherland & Chur-Hansen (2014), was the expanded use of assessment tools and batteries. The discrepancy is likely reflective of Sutherland and Chur-Hansen’s methodology, as their study was not specific to school psychologists. Overall, relationship skills, with an emphasis on setting boundaries (e.g., compartmentalizing, managing accidental meetings), as well as generalist skills (e.g., generalist-specialist skills, ability to adapt interventions, ability to work outside psychology) were agreed upon findings of both studies.

4.1.1.3 Attitudes and Behaviours. The current study identified three core attitudes, and four core behaviours required of rural school psychologists. Rural school psychologists are flexible and able to address the many demands placed on them. They are open and approachable for students, teachers, and families. They are compassionate and caring towards their clients and stakeholders. In terms of behaviours, rural school psychologists are present and available to their schools. They are responsive to their schools’ needs, they follow accepted practices in rural school psychology, and they work to empower their students, teachers and families.

Sutherland and Chur-Hansen (2014) identified 15 attitudes and personality attributes identified among their sample of rural psychologists in Australia. Findings are consistent in three key areas: flexibility (e.g., being proactive, flexible resourceful); openness (e.g., approachable/down to earth, open to new experiences); and being available (willing to travel). Sutherland and Chur-Hansen identified two other core ideas,
the first being independence (e.g., autonomous, self-directed, resilient, and high level of responsibility), and the second being connected to the rural community (e.g., community-minded, appreciative of the rural lifestyle, passionate about rural psychology). The current study found that compassion, being responsive, being procedural, and being empowering were additional attributes. There was a great deal more diversity of responses in this section of the current study, which demonstrates the complexity and multiplicity of skill sets needed in rural areas, and provides an opportunity for further review and study.

4.1.1.4 Role Confusion. The first research question focused on the domain of rural school psychology in an effort to reduce role confusion. The current study evidenced how and why role confusion occurs within rural environments. Role confusion can occur when rural school psychologists are expected to expand their competency faster than may be realistic. Individuals who serve as psychologists in rural areas do so because they are open and responsive to their students, schools, and families, and they want to provide excellent and adequate services. As their competency is stretched, the role confusion occurs on two levels. First, the psychologist is confused and may not already have boundaries in terms of the limits to their practice. Second, the community is confused as they see the psychologist as both a mental health and a behavioural expert and may perceive the psychologist as simply lacking confidence or, worse yet, avoiding the provision of services.

The present review of the KSABs required of rural school psychologists should serve to assist psychologists in setting more definite healthy boundaries. First, there is a recognition that a rural psychologist is going to be asked more often to expand their
competency. As such, psychologists should have a clear sense of what they are able to do and what they are not able to do. Rural school psychologists require a clear professional development plan to expand their skills progressively and have procedures in place to handle areas they do not yet master. Second, there are a number of skills that are required of rural school psychologists, including communication, flexibility, and relationship skills. These are often skills learned on the job and require quality mentorship in order to develop. Finally, it appears that there is a wide degree of variance of attitudes and behaviours, and likely, these are attributable to personal differences between psychologists.

4.1.2 Research Question 2 (Community)

The second research question asked, “How can Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?” This question reviewed how rural school psychologists use communities to inform, support, and sustain clinical competency. COPT, as defined by Wenger (1998), suggested that communities of practice consist of three principal characteristics: mutual engagement (that participants engage with one another); joint enterprise (working towards a common goal); and shared repertoire (collective knowledge and understandings shared by the group). Previous research has indicated that CoPs have been a useful way to develop group knowledge in the fields of nursing, education, veterinary medicine, and business; however, limited research exists in its application to psychology and psychologists, especially in rural areas. This question sought to determine how psychologists engage with communities in order to maintain their competency. The responses were coded using COPT categories of mutual engagement, joint enterprise, and shared repertoire (Wenger,
1998), and further highlighted the opportunities and challenges encountered by rural school psychologists endeavouring to gather as a CoP. All eight participants indicated that their views were reflected in the data shared in response to the second research question.

4.1.2.1 Mutual Engagement. This theme reviews how rural school psychologists gather in communities. There were three principal ways this was accomplished: (1) locally; (2) virtually; and (3) with the broader field of psychology. The most common way that psychologists gather in a community is with those who are physically closest to them. At times this is with other psychologists, but more often it is with allied service providers such as teachers, speech-language pathologists, occupational therapists, social workers, counsellors, and physicians. Psychologists are also increasingly gathering using virtual settings, such as social media, message boards, shared file programs (e.g., Google docs and Dropbox). They also are connected to the field through participation in regulatory and fraternal groups, accessing professional development, and producing and sharing research. This spectrum of communities from proximate to distal serve different purposes towards maintaining and sustaining competency among psychologists.

This spectrum of relationships is also evident in the work of Johnson et al. (2013). Johnson’s work focused on psychologists generally, and not specifically in rural contexts. Johnson and colleagues suggest that psychologists have five rings of communities: (1) the psychologist themself, (2) the inner core (closest colleagues), (3) collegial community, (4) collegial acquaintances, and (5) professional culture. This conceptualization speaks more to the intimacy of the relationships rather than the physical distance. The current study views the differences in a community in terms of their quality, availability, and
accessibility. The quality is found in colleagues who have similar experiences (e.g., other psychologists who work in rural schools). The availability is the responsiveness of a given community when they need to be activated. Available community members may include other psychologists, allied professionals, or personal relationships. The accessibility is how to get a hold of them, which, in this study, was presented by in person, virtually, or connection to the literature. As many rural school psychologists operate in isolation, connections to community are made more often through technology (e.g., email, text, phone) by participants in the study.

4.1.2.2 Joint Enterprise. This theme captures the work that is completed by the communities when they gather. The participants indicated three main areas: (1) casework; (2) professional development; and (3) interprofessional collaboration. The casework portion involves being able to review current and past cases and plan for a future course of action. It also considers the related published empirical research and any ethical consideration that may be at play. Psychologists also gather for the benefit of the profession, to assist new psychologists in entering the field, and also participate in self-regulation. Finally, psychologists work with non-psychologists and work on clarifying roles towards supporting the needs of their students, families, and schools.

The spectrum of tasks discussed by the participants was also reviewed in Johnson et al. (2013) competency constellation framework. Within higher degrees of intimacy, psychologists can share more specific details and dilemmas in their casework. Psychologists are always careful not to breach confidentiality. However, they do share details of their work with colleagues to receive feedback and perspective as to best practices. As the psychologist engages with individuals with less intimacy, they provide
less specific information and discuss matters in terms of ideas and concepts. This information, as it is generally not confidential, is able to be shared, debated, further refined and eventually disseminated to the field through the research process.

One of the barriers to group formation is a lack of joint enterprise. In order for a community of rural school psychologists to gather, they need a task to be working on. Psychologists who are engaged in research, or in professional regulation do not have difficulty making connections and forming a community. Rural school psychologists who simply want to engage with a colleague regarding their casework may find it challenging to find a colleague who is immediately available. Also, not all psychologists will necessarily get along with each other. A psychologist who is perceived as very needy and or with little to offer a community may find it challenging to find a community. Likewise, a psychologist who is arrogant and does not question their own practices will find it challenging to be in a community. As Johnson et al. (2013) emphasize a level of reciprocity and productivity is needed in order for the community to function.

4.1.2.3 Shared Repertoire. The final theme under the community question reviewed the outcomes of the communities of practice. The participants identified three significant outcomes: (1) improved clinical skills, (2) increased exposure to rare and complex cases, and (3) increased clinical competence. Rural psychologists were able to identify better ideas for assessment, intervention, and consultation after consulting with their community. They also were able to talk about complicated diagnostic queries, and atypical presentations of student mental health, behavioural, or learning problem. They further felt a sense of reassurance and confidence in their practice following a consultation with their community. It should be noted as well that confidence is not
synonymous with competence. Confidence refers to an intrinsic feeling of assuredness, while competence is an external measure of capacity. Ideally, participation in a CoP should result in both, but competence is the higher ideal.

According to Higgins and Thomas’ (2001) theory of social support, there are a number of positive outcomes that are facilitated by strong interpersonal relationships with peers. Outcomes of social support are (1) emotional support (e.g., caring relationship), (2) appraisal support (e.g., feedback on performance), (3) informational support (e.g., research and resources), and (4) instrumental support (e.g., direct assistance). The current study results are consistent with Higgins and Thomas’ identification of the outcomes of emotional and informational support. However, the present results were less consistent in terms of appraisal support and instrumental support. As Johnson et al. (2013) indicate, competency is still viewed as an individual process when perhaps a community treatment may be more beneficial. Providing feedback, outside of a supervisory relationship, is generally not done. While psychologists see communities as useful, they are not presently using them to the full degree that they could. Given that psychologists operate mostly in isolation, instrumental support is challenging to provide. Geographic isolation may be a significant contributor to this limitation.

4.1.2.4 Isolation. The second research question aims to explore the issues of isolation among rural psychologists. In general, the participants view communities favourably. They access communities of practice locally, online, and with the broader field of psychology. They engage in case consultations, professional development, and collaborate with non-psychologists. This work improves their clinical skills, increases their exposure to challenging and complex cases, and increases their clinical confidence.
Despite these positive attributes, communities of practice are an underused resource among rural school psychologists. Challenges include time to participate, accessibility of potential community members, and the quality of the communities that are developed informally. The work of Johnson and colleagues (2013) offers some promise, and moving towards a competency constellation model (e.g., a regulatory requirement to participate in a competency constellation group or CoP) may help support the development of communities from a “nice to have” to an ethical necessity.

4.1.3 Research Question 3 (Practice)

The third research question asked, “How do rural school psychologists engage with spaces of knowledgeability and competence?” This research question explored how rural school psychologists engage with limits of their clinical competency. Wenger-Trayner and Wenger-Trayner (2015) suggested that competency is the accepted norm of current practices accepted by a community of practitioners. This definition of competency holds notions of accountability and legality. When a professional can see the landscapes of all things that are involved in the profession, competency is not possible across all contexts and bodies of knowledge. What is necessary is a knowledgeability and familiarity of practices and that the knowledge exists as individuals approach the boundaries of their competencies. In each of these practices, an opportunity for innovation and creativity occurs, which expands what is known in the field of psychology. As CoPs move and interact, they expose the boundaries that occur within the context of rural school psychology. It is in these boundaries that innovation and new practices have the potential to develop (Farnsworth et al., 2016). The participants in the current study presented information across three themes: (1) boundary areas (situations
were clinical competency challenged; (2) boundary engagements (how psychologists deal with these challenges); and (3) new learnings from rural school contexts.

4.1.3.1 Boundary Areas. Boundary areas are situations where individuals experience limits to their competency. COPT (Wenger, 1998) identified three principal areas where boundary areas occur: (1) boundary practices (i.e., identified limits); (2) overlapping practices (i.e., approaching the boundary with another professional or group); and (3) peripheral practices (i.e., new information coming into what is known).

During the discussion of boundary areas, the participants brought forward four main themes. First, school psychologists often identified as an expert in a rural community given that, many times, they are the only mental health professional who is present within the community. This presents a challenge, as there are heightened expectations that need to be managed by the psychologist. Second, rural school psychologists have to manage multiple relationships in the communities in which they work. Third, school psychologists quickly reach limits to their diagnostic practice, as often they leave graduate school being able to identify learning disabilities and cognitive disabilities, whereas their role requires them to be knowledgeable or competent in a variety of diagnostic areas, namely behavioural disorder (e.g., ADHD, ODD, CD), developmental disorders (e.g., ASD), mood disorders (e.g., GAD, major depressive disorder, phobias), and trauma disorders (e.g., adjustment disorders, acute stress disorders, and post-traumatic stress disorders). Finally, their workplace or community partners have broader requests for services than their urban counterparts in terms of assessments, diagnoses, completion of legal forms and documents, or completion of tax forms in order to support the student. In many ways, the participants acknowledge that
their graduate training was insufficient to prepare them for the roles they have taken on in rural settings and that they must learn how to manage these demands and engage in further training and learning while on-the-job.

The expanding nature of the rural school psychologist’s job creates a challenge for sustainability in the field of psychology. With recent reductions in financial supports for learning, there are fewer school psychologists in the province. The few psychologists are also required to do more with higher caseloads. The National Association of School Psychologists (2010) advocates for an expanded role of the psychologist, creating added pressure for all psychologists to do more than they already are doing. Rural school psychologists are thus in an overwhelming context of fewer systemic supports overall for children, families, and schools. While psychologists may have a high capacity to support learning, they are human beings who have limits to the number of system demands they can respond to in a quality manner.

Overlapping practices were also discussed. Within rural school psychology, overlapping practices were described when working with allied professionals (e.g., expert teachers, speech-language pathologists, occupational therapists, counsellors, physicians), negotiating referrals between partners, and attempting to fill gaps between different service providers. Rural school psychologists need to understand their role within their own work environments. Often, rural school psychologists provide the gap service between the service providers (e.g., if a student qualifies for a program provided by a health authority, but require a diagnosis of ID or ASD in order to get access, this falls to the psychologist to complete), or even within a school system (e.g., access to specialized programs, assistive technology, and accommodations require the recommendation of a
The gatekeeper role of a psychologist can be stressful, given that programming and supports may be delayed if a psychologist is otherwise occupied with other cases for review.

Working with allied health professionals is necessary for rural school psychologists; however, it can present a challenge. Allied health professionals can collaborate with psychologists to coordinate service delivery, provide a program of intervention, and assist in determining appropriate academic programming and supports. Rural school psychologists are also wary of non-psychologists taking on psychologist’s practices (e.g., allied professionals communicating a diagnosis without the licence to do so). This may place a psychologist in a policing role to other health providers, which could create an uncomfortable situation for all concerned. Managing these overlaps presents a significant challenge to rural school psychologists, as they would welcome the opportunity to collaborate with others; however, the others may not have the same practice groundings as psychologists, nor the same legal and ethical obligations.

The third theme was peripheral practices. These occur when new factors enter into the competency space of rural school psychologists. Primary concerns in this theme were rare conditions, multiple diagnoses, and cross-cultural psychology. Across the field of psychology, these concerns were endorsed; however, they are more exacerbated in a rural area, given the lack of other specialists to refer to and the travel barriers to access services.

In terms of overall boundary areas that impact rural school psychologists, it can be said that the high degree of expectation, with the relatively few supports, make working in a rural environment challenging. The rural school psychologists from the
current study expressed their passion for their jobs and a strong desire to do these jobs well. While the above situations are difficult, the rural school psychologist does have some degree of knowledge and skill in order to provide some form of support. Wenger-Trayner and Wenger-Trayner (2015) refer to this as *Spaces of Knowledgeability*. The rural school psychologist may not know how to manage a particular situation, *but they have some ideas on how to*. The following section will review how psychologists manage these challenges.

**4.1.3.2 Boundary Engagements.** While the above discussion presented the challenges of rural school psychology practice, rural school psychologists continue to provide quality services to their students, families, and schools. The participants identified three principal strategies: (1) taking time, (2) seeking supports, and (3) trying something. Each of these areas is discussed below.

‘Taking time’ was a topic that engendered debate among the participants, as some indicated that it was important for rural school psychologists to be “quick on their feet” in response to the many questions and challenges posed to them. The participants acknowledged that while rural school psychologists have many requests upon them, that the best work was not completed “in the moment” and, in fact, some participants indicated that they could not work that way. The value that a psychologist brings to a rural school is their evidence-based approach to service. As with any research project, good results take time. When a psychologist is asked for direction, they need to have the right information, they need to be able to make a conclusion based on available data, and they need to plan the next steps to support the student. If being “quick on their feet” means that psychologists might have to skip a step in their process, such expectations
would not be likely to lead to the best outcomes. This reminder to take time was a significant finding in the current study.

The next strategy is to seek support. The challenges, as outlined in the previous section, do not have simple answers. As rural school psychologists often feel isolated, they acknowledge that when their competency is limited, they need to seek support from their community or from the research and literature. They will seek their community through their local networks, extended networks, and connections to the research, as they discussed in research question two.

After considering the issue and seeking supports, in most situations, the rural school psychologist will try something. This finding, while seemingly common sense, is not discussed in the competency research. While the general recommendation is for rural school psychologists to avoid working in areas in which they are not competent, the travel barrier to another service provider may result in a student not receiving any support at all. Psychologists use informed consent processes and ethical decision making (including a risk-harm analysis) so that the service is transparent to schools and parents, and has a low risk of harm. The experience of rural school psychologists is that if their strategy works, then they have created a new strategy. As indicated by other authors, the creative application of competency results in the enhancement and expansion of competency (Kaslow et al., 2007; Wenger-Trayner & Wenger-Trayner, 2015).

4.1.3.3 Burnout. The final research question attempted to resolve the issue of burnout among rural school psychologists. The field of rural school psychology is particularly challenging, given the increased expectations and reduced supports. This is inconsistent with GoForth and colleagues' (2017) findings, which suggested that
psychological practices are the same just in a different locale. The participants of the current study supported the notion that rural school psychology is a generalist practice of psychology. They described how rural school psychologists need to be knowledgeable about multiple fields of psychology beyond educational psychology and require good ethical decision-making skills. The participants valued their CoP, took opportunities to give and receive feedback, and connected with other allied service providers. The participants recognized the need to stay current with research, and further observed that rural contexts are not well represented in present research discourses. Rural school psychologists may need to give themselves permission to think and practice creatively by being reflective in their practice, and documenting their successes, and sharing it with the field of psychology more broadly.

4.2 Contributions

This current study presents a number of contributions to what is presently known about competency, particularly in rural contexts. There are three main contributions of the current study: (1) identification of specialty competencies required of rural school psychologists in Saskatchewan; (2) understanding the roles of communities in the development of clinical competency; and (3) recognizing the role of creative practice that is exemplified in rural settings. Each of these contributions is discussed below.

4.2.1 Rural School Psychology Competencies.

The current study identified the knowledge, skills, attitudes, and behaviours that are perceived by the participants as requirements of rural school psychologists, which are displayed as the first element in Figure 2. Rural school psychologists need to have a general knowledge of psychology beyond educational psychology, they need to have
knowledge of the communities they are working in, and they need to have knowledge of systems of supports. Rural school psychologists must have well-developed core psychologist skills, efficiency skills, relationship skills, and communication skills. Rural school psychologists need to be flexible to varying demands, open to building relationships with communities and be compassionate in their work. Rural school psychologists must be available to their schools, be responsive to requests for support, be procedural in their work, and be empowering to the individuals they work with.

The COPT Clinical Competency Model (Figure 2, element 1) displays the competencies required of rural school psychologists across core knowledge, communities, research, and creative practice. Each of these aspects interacts with one another within the competently practicing psychologist. This model was developed by the participants in the present research study and may vary from other similar groups; however, it does provide a basis from which to understand and discuss competency as it develops over time with different groups and as groups change.

4.2.2 Communities of Practice.

The current study suggests that there are multiple ways that rural school psychologists access CoPs in order to sustain their clinical competency. These ways can be measured by relational proximity and can begin with self-reflection or self-knowledge, in-person networks, virtual networks, and then the field of psychology. In this way, they are on a spectrum from personal to public. This study suggests that psychologists should have access to each level of the network, as each level serves a different purpose. As the community engagement becomes more public, there is increased sharing of knowledge and experience, increased number of community members, increased validity/reliability
as the ideas are debated and refined, and increased experience and expertise available. As
the community engagement becomes more personal, the psychologist gains knowledge
and experience, the information becomes more useful in its application, it increases in
trustworthiness, there is increased direct participation, there are increasing attempts to
integrate ideas into practice, and there is increased confidentiality.

The second element (In Figure 2) exemplifies how psychologists interact with
communities of practice in order to develop new knowledge and understandings, as well
as translate research findings into clinical practice. This is a dynamic model that has
information going from the practitioner to the field, as well as information going from the
field to the practitioner. Intermediating these transfers of information are different
groups, including the in-person networks available to the clinician, as well as virtual or
online groups. As the information passes from the field to the practitioner, the
practitioner gains knowledge, the information becomes more useful, the information
becomes more trustworthy, and the clinician engages in the practices of the field. As the
information goes from the practitioner to the field, there is increased sharing of
information and experience, the community exposed to this information grows in
number, as it is tried out and tested it becomes more valid and reliable. Within this
model, information can get stuck. If stuck on the clinician’s end, the field does not
generate research or accepted norms that can inform training and regulation. If stuck on
the field’s end, the research never gets translated into general practice in the wider
community. Also, during different periods of a clinician's career, they may be taking in
more information during the novice period, and sharing more information as they grow in
experience.
4.2.3 Creative Practice

The current study presents the concept of creative practice as it relates to the practice of psychology. Rural contexts may allow for more experiences of these practices, given the fewer practitioners available and reduced accessibility to referral services. This sample of rural psychologists identified the need for general knowledge of psychology, and a good understanding of ethical guidelines and processes. They also recognize the value of accessing a CoP, including non-psychologists, in making clinical decisions. They value up-to-date research and recognize that published intervention studies may not consider rural realities, resources, and available supports. As such, when utilizing creative practice, rural school psychologists recognize the need to take time to think and reflect on the case at hand and develop a quality case conceptualization. They must access community supports and resources, including reviewing ethical guidelines and most current research. Finally, they need to try something that has a high potential to help and a low potential to harm, and clinically observe the outcome. If the outcome is positive, reporting this to the community of psychologists, and if the outcome is poor or neutral, attempt to access another specialist’s support. As Wenger-Trayner and Wenger-Trayner (2015) suggested, the nexus of a limit to competency and creative practice is a space of innovation and potential promising clinical ideas and interventions may well be generated in these spaces.

The third element in Figure 2 represents a new way to consider how competency is developed by individual practitioners of psychology. While present discourses, as well as regulation, would require that psychologists should only practice in areas where they are competent, the reality is that competency is challenged as a result of boundary
experiences and challenges. Rarely is the practice of psychology relegated to the case studies presented in textbooks, or the evidenced-based practice fits the exact presentation of a particular client. What is needed by all clinicians, and evidenced within rural settings, is the need for creative practice. The clinician must use the knowledge they have in order to support their student or client but may have to apply ideas in ways that have a high likelihood of success and a low risk of harm. Rural school psychologists in the current study demonstrated that they go through a three-step process: (1) taking time (e.g., resisting the urge to act impulsively and taking time to reflect); (2) accessing supports (e.g., seeking a community or conducting research); and (3) trying something (e.g., implementing an intervention, measuring success, reporting findings).

4.2.4 Thematic Delphi Analysis.

As an example of creative practice, this study utilized a novel research method in order to derive its outcomes by combining the tenants of thematic analysis with the Delphi review process. This process allowed for a robust analysis of the research data, and allowed for additional engagement of the research participants throughout the process, while not overwhelming the participants. Future studies can employ this method, not only for use with psychologists but with other groups where there are few representative practitioners available to derive research outcomes.

4.3 Applications

The applications of this study are multiple and can apply to the multiple stakeholders involved in psychological practice. This section will review the current study’s findings in how they may be applied to (1) psychologists; (2) employers of psychologists; (3) trainers of psychologists; and (4) regulators and fraternal bodies of
Psychologists.

4.3.1 Psychologists

Psychologists could apply these findings in a number of different ways. As evidenced by the participants, all psychologists encounter limits to their competency on a regular basis. Using the COPT model of clinical competency, psychologists can determine the particular areas where they may need to spend more time and focus in order to develop their competency (e.g., core knowledge, professional networks, research, and creative practice). If one of these quadrants is lacking, the psychologist can make efforts to develop in that area. Psychologists can also recognize the nature and quality of the professional networks they are involved in, whether they are engaged in active self-reflection, in-person networks, virtual networks, and with the field of psychology at large. If they are not, they risk reducing their capacity and competency. The findings suggest that psychologists may try something when working with complex or challenging cases after taking time to reflect and seeking resources. Finally, it supports the work of supervisors of psychologists to provide a framework for supporting their students within rural contexts.

4.3.2 Employers of Psychologists

These findings may also be useful to employers who hire rural school psychologists in a number of ways. In terms of hiring and recruitment, it provides a skill set that employers should look for in a potential candidate. Further, this study suggests that a healthy work environment also involves time for their psychologists to work as a group, conduct case consultations, access research and professional development, and have access to online services to stay connected to the broader field of psychology and
assure that their psychologists are staying current. Finally, this study provides some clarity to the challenges of working in rural areas and hopefully creates an understanding on the part of non-psychologists to the challenges that they face.

4.3.3 Trainers of Psychologists

These study findings may also inform trainers of psychologists within institutions of higher learning, mentors, and supervisors. These findings may assist them in program development for potential rural school psychologists. Many of the participants in this study indicated that they were not prepared for the job when they arrived and learned many of these skills on the job. Given the unique challenges in a rural environment, and the high degree of need, consideration of practicum placements in rural areas is recommended. Further, expanding the course selection to clinical, developmental, counselling, and behavioural intervention would support future rural school psychologists in their general roles.

4.3.4 Regulators of Psychologists

These study findings would also be informative for discipline regulators of psychology as they come to conceptualize competency. First, beginning psychologists and supervisors could consider rural applications to psychological practice across the KSABs that have been highlighted. Additionally, it is important to recognize that competency is not a terminal or individual goal (Kaslow et al., 2007; Rodolfa et al., 2005), but rather an ongoing endeavour that requires a community of support (Johnson et al., 2013). Further to continuing education requirements, regulators of psychology should consider a requirement of psychologists to be part of a professional network and access peer review of their work at specific intervals. This would require a paradigm shift in the
conceptualization of ongoing clinical competency among psychologists. Fraternal bodies of psychology such as CPA and PAS could consider a more concerted effort and provide supports for psychologists to access communities of practice.

4.3.5 Rural Professionals

Beyond the scope of psychologists, the current study can apply to other professionals who work in rural settings. Examples of professionals can include lawyers, physicians, accountants, speech-language pathologists, occupational therapists, and teachers. Similar to school psychologists, these professionals may similarly be called to be generalists as they and their clients have less access to specialized services. They could be encouraged to engage with a CoP in order to build their capacities in their roles. Further, within the bounds of ethical considerations, they can also engage in creative practices when their competencies are challenged.

4.4 Limitations

This study provides novel and valuable insights into the practice of rural school psychology and has applicability to the fields of inclusive education and psychology at large. However, there is a number of study limitations to consider. First, the current study was a case study and, as such, may not be generalizable to all rural school psychologists or practice, although the results are consistent with similar work completed in Australia (Sutherland & Chur-Hansen, 2014). Second, as the interpretation of this data was conducted with the researcher and the research participants, it is possible that a different group of practitioners would come up with different themes, applications, and recommendations. However, strategies were employed to increase the trustworthiness of the current study (i.e., multiple rounds of feedback and revision). Third, the study was
also within the bounded system of psychology as it is practiced in a rural school in Saskatchewan, and different regulatory and job setting circumstances may have affected some outcomes. Finally, as this is the first implementation of the thematic Delphi analysis, future studies using this approach are needed to confirm its application and utility.

4.5 Future Research

Further research is needed in two main areas: (1) increasing the presence of rural discourses in the field of psychology; and (2) collecting new learnings from creative practices. There is limited extant research from rural perspectives in psychology, despite a significant portion of the population who live and work in rural areas. This study represents the first done among rural school psychologists in Saskatchewan. In general, limited studies have been conducted among rural psychologists in Canada (Malone, 2012). Researchers should consider building upon these discourses as they could provide novel interventions and treatment ideas from the field. This study highlighted the presence of creative practices in rural conditions. However, it is highly probable that other psychologists practice creatively as well. Future studies exploring creative practices and learning can be helpful in creating new and innovative practices that can benefit students, parents, teachers, and schools.

4.6 Conclusion

The current study contributed to the existing literature in a number of ways, including: (1) the identification of rural school psychology competencies; (2) highlighting the importance of communities of practice; and (3) emphasizing the use of the creative practice in psychology. Additionally, this study expanded the use of Delphi analysis for
thematic content, that can be employed to involve groups in the data analysis process to solicit additional feedback. To conclude this effort, I would like to provide the reader with a participant statement which best summarizes the current study,

\[
\text{I was talking to a family physician [...]}. \text{ she [asked], "So, you're thinking about buying a house, you're putting down roots?" I'm all like "Blah, blah, blah. I want to go back to the city and have Starbucks." I said to her, "One of the big things is this whole-- is that I'm always going to be a generalist and it's so frustrating sometimes, because I never really feel like I'm getting good at anything other than being a generalist." She said, "You know, I was talking to some of the old family physicians and they said, you're in the right place, if you want to help people, you are in the right place to do what you're doing. If you want to specialize, then you have to go to a city. So, then if you're okay with just helping people and you know, plugging holes where you can, this is where you'd do it". It was her gentle way of kind of chiding me a little bit, but also really giving me a different perspective. Very important perspective.}
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APPENDIX A : Ethics Approvals

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**Research Ethics Board Certificate of Approval**

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>DEPARTMENT</th>
<th>REB#</th>
</tr>
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<tr>
<td>Conor Barker</td>
<td>Faculty of Education</td>
<td>2017-213</td>
</tr>
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**SUPERVISOR:** Dr. Laurie Carlson Berg

**TITLE:** Using Communities of Practice to develop clinical competency with rural school psychologists

**APPROVED ON:** December 19, 2017  
**RENEWAL DATE:** December 18, 2018

**APPROVAL OF:** Application for Behavioral Research Ethics Review, Recruitment Email, Consent Form, Sample questions and Transcript Release Form, Group Consent Email.

- [ ] Full Board Meeting  
- [x] Delegated Review

The University of Regina Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol, consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

**ONGOING REVIEW REQUIREMENTS**

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: [http://www.uregina.ca/research/faculty-staff/ethics-compliance/human/forms1/ethics-forms.html](http://www.uregina.ca/research/faculty-staff/ethics-compliance/human/forms1/ethics-forms.html)

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Laurie Clune, PhD  
Chair, Research Ethics Board

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Please send all correspondence to:  
Research Office  
University of Regina  
Research and Innovation Centre 109  
Regina, SK S4S 0A2  
Telephone: (306) 585-4776  
Fax: (306) 585-4953  
research.ethics@uregina.ca
PRINCIPAL INVESTIGATOR: Conor Barker
DEPARTMENT: Faculty of Education
REB#: 2017-213

SUPERVISOR: Dr. Laurie Carlson Berg

TITLE: Using Communities of Practice to develop clinical competency with rural school psychologists

AMENDMENT APPROVAL OF:

- Addition of Dr. Joel Thibeault as co-supervisor to the project
- Use of GoTranscrip.com for transcription services
- Revised project title: Sustaining Clinical Competency in Wide Open Spaces: A Communities of Practice Case Study of Rural School Psychologists
- New withdrawal deadline of July 1, 2018
- Amended Consent Form, Recruitment Email, and Transcript Release Form to reflect these changes

NEXT RENEWAL DATE: December 18, 2018
AMENDMENT APPROVAL DATE: April 10, 2018

AMENDMENT CERTIFICATION
The University of Regina Research Ethics Board has reviewed the changes to the above-named research project as outlined in your memo dated April 9, 2018, and they are approved.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:
http://www.uregina.ca/research/for-faculty-staff/ethics-compliance/human/forms1/ethics-forms.html

Ara Steininger
Research Ethics Board

Please send all correspondence to:
Research Office
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Regina, SK S4S 0A2
Telephone: (306) 585-4775
Fax: (306) 585-4863
research.ethics@uregina.ca
Principal Investigator: Conor Barker
Department: Faculty of Education
REB#: 2017-213

Supervisors: Dr. Laurie Carlson Berg and Dr. Joel Thibeault

Title: Sustaining Clinical Competency in Wide Open Spaces: A Communities of Practice Case Study of Rural School Psychologists

Amendment Approval:
- Increased scope from a localized community to province wide
- Addition of a closed Facebook group page
- Additional recruitment through the Psychology Association of Saskatchewan via emails and snowball sampling
- Revised interview Consent Form to reflect these changes
- Online Forum Consent Form, Facebook Recruitment Email and Group Settings
- Revised Recruitment Email

Amendment Approval of: DEC 18, 2018
Next Renewal Date: July 27, 2018
Amendment Approval Date: July 27, 2018

Amendment Certification
The University of Regina Research Ethics Board has reviewed the changes to the above-named research project as outlined in your memos dated July 18, 2018 and July 26, 2018, and they are approved.

Ongoing Review Requirements
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for the renewal and closure forms:

https://www.uregina.ca/research/for-faculty-staff/ethics-compliance/human/ethicsforms.html

Ara Steininger
Research Ethics Board

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Fax: (306) 585-4863
research.ethics@uregina.ca
APPENDIX B: Individual Recruitment Email

Dear (Name),

I am writing to solicit your participation in a research study which reviews the practices of rural school psychologists in sustaining their competency through the use of Communities of Practice (CoP).

Your involvement would be a one-hour individual interview in Fall 2018, optional participation in online or in-person CoP group meetings, and a final one-hour individual interview in Spring 2019, so your total participation time would be 2-4 hours. You will also be given the opportunity to review the transcripts from the interviews you participate in, and approve them for the project.

Please see attached the consent form which outlines the details of your participation. Your participation is completely voluntary, and you are/will be free to drop out at anytime. If you are willing to participate, please sign, and email it back to me and we will arrange for interviews at your convenience.

If you have any questions, let me know. Thank you for considering this request,

Kind Regards,

Doctoral Candidate
APPENDIX C: Consent Form (Interview Participants)

Behavioral Research Ethics Board

Consent form

You are invited to participate in a research project entitled Sustaining Clinical Competency in Wide Open Spaces: A communities of Practice Case Study of Rural School Psychologists. Please read this form carefully, and feel free to ask questions you might have.

conor.barker@uregina.ca
Faculty of Graduate Studies and Research

Research Co-Supervisors:
Dr. Laurie Carlson Berg & Dr. Joël Thibeault,
laurie.carlson.berg@uregina.ca
joel.thibeault@uregina.ca
Faculty of Education.

Purpose and Procedure: The purpose of the study is to explore the use of Communities of Practice (CoP) in the development of clinical competency in a sample of rural school psychologists. Your participation will involve a one-hour individual interview, optional participation in online or in-person group meetings, and a final one-hour individual interview, so your total participation time would be 2-4 hours. You will also be given the opportunity to review the transcripts from the interviews you participate in and approve them for the project.

Online Participation: As part of this study, a closed group on the Facebook platform has been developed to facilitate discussion among both research participants. The discussions on this page will focus on clinical issues, and will discuss current research, practice questions, regulatory matters, and other topics of interest for the group. Any discussion on the online portal will not be anonymous nor confidential and may be summarized for the present research project.

Potential Benefits: The data will be used as part of a doctoral dissertation. The information will be shared publicly to inform practice and scholarship of School Psychology.

Potential Risks: There is little possibly of negative risks associated with participation in this study, however, if you should experience any distress you may discontinue at any time.

Storage of Data: The data will be electronic in nature and will be deleted of any hard drives at the conclusion of the study. Hard copies will be printed and stored with Conor Barker for a period of 7 years and then destroyed. Your data will be transcribed by a third-party transcription service who has signed a non-disclosure agreement and will delete all files following completion of the transcripts.

Confidentiality: Your name and place of work will not be published as part of this study. You will be provided drafts of manuscripts of your personal interviews so that you are comfortable with the information that may be shared publicly. Confidentiality cannot be guaranteed; however, every attempt will be made to do so through the use of pseudonyms, and exclusion of identifying
information whenever possible.

**Right to Withdraw:** Your participation is voluntary, and you should only answer those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort. If you withdraw from the research project at any time, any data that you have contributed will be destroyed at your request. Your right to withdraw data from the study will apply until May 31, 2019. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

**Focus Group Participation.** As part of this study, you may be asked to participate in a focus group. Your participation is voluntary and you may answer only those questions that you are comfortable with. Should you wish to withdraw, you may leave the focus group at any time. Due to the nature of focus groups your data cannot be withdrawn from the study after it has been collected as it forms part of the context for information provided by other participants. The researcher will undertake to safeguard the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality.

**Questions:** If you have any questions concerning the research project, please feel free to ask at any point through email; you are also free to contact the researchers at the emails provided if you have other questions. This project has been approved on ethical grounds by the University of Regina Research Ethics Board (REB 2017-213) on December 18, 2018. Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect.

**Follow-Up or Debriefing:** If you would like to receive an executive summary of the results, please contact Conor Barker at conor.barker@uregina.ca

**Consent to Participate:**

I have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form may be copied for my records.

___________________________________  __________________________________
(Name of Participant)  (Date)

___________________________________  __________________________________
(Signature of Participant)  (Signature of Researcher)
APPENDIX D: Consent Form (Online Forum Participants)

Consent form

You are invited to participate in a research project entitled *Sustaining Clinical Competency in Wide Open Spaces: A communities of Practice Case Study of Rural School Psychologists*

Please read this form carefully, and feel free to ask questions you might have.

**Researcher(s):** Conor Barker, M.Ed., R. Psych.
conor.barker@uregina.ca
Faculty of Graduate Studies and Research

Dr. Laurie Carlson Berg, Research Co-Supervisor
laurie.carlson.berg@uregina.ca
Faculty of Education.

Dr. Joël Thibeault, Research Co-Supervisor
joel.thibeault@uregina.ca
Faculty of Education.

**Purpose and Procedure:** The purpose of the study is to explore the use of Communities of Practice (CoP) in the development of clinical competency in a sample of rural school psychologists. Your participation in an online discussion forum. The online forum will be hosted on Facebook. A closed group on the Facebook platform has been developed to facilitate discussion among both research participants. The discussions on this page will focus on clinical issues, and will discuss current research, practice questions, regulatory matters, and other topics of interest for the group. Any discussion on the online portal will not be anonymous nor confidential and may be summarized for the present research project.

**Potential Benefits:** The data will be used as part of a doctoral dissertation. The information will be shared publicly to inform practice and scholarship of School Psychology.

**Potential Risks:** There is no confidentiality on an online forum. Statements posted to the forum could result in social repercussions from one’s peers, co-workers, or employer. As this discussion will be on the Facebook platform, the Facebook data policy will apply which states: “We (Facebook) collect the content, communications and other information you provide when you use our Products, including when you sign up for an account, create or share content and message or communicate with others.” Full details of Facebook’s data policy can be found here: [https://www.facebook.com/full_data_use_policy](https://www.facebook.com/full_data_use_policy). Participants are reminded that even though the forum is a closed group to psychologists, people in the forum may not be whom they think. Although unlikely it is possible that someone may join the forum with a fake account to say, monitor an employee, or co-worker.

**Storage of Data:** The data will be electronic in nature, and the forum may continue following the research project if the members wish for it to continue. You may delete your content from the forum at any time during the study, or upon the study’s competition. Hard copies of data used for the study (collected on or about April 30, 2019, as will be notified to the group) will be printed...
and stored with Conor Barker for a period of 7 years and then destroyed.

**Confidentiality:** Your name and place of work will not be published as part of this study. Confidentiality cannot be guaranteed within the forum. Within publications, the researcher will aim to exclude identifying information.

**Right to Withdraw:** Your participation is voluntary, and you should only answer those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort. If you withdraw from the research project at any time, any data that you have contributed will be destroyed at your request. Your right to withdraw data from the study will apply until April 30, 2019. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

**Questions:** If you have any questions concerning the research project, please feel free to ask at any point through email; you are also free to contact the researchers at the emails provided if you have other questions. This project has been approved on ethical grounds by the University of Regina Research Ethics Board (REB 2017-213) on December 18, 2018. Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect.

**Follow-Up or Debriefing:** If you would like to receive an executive summary of the results, please contact Conor Barker at conor.barker@uregina.ca

**Consent to Participate:**
I have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form may be copied for my records.

___________________________________  ____________________________
(Name of Participant)  (Date)

___________________________________  ____________________________
(Signature of Participant)  (Signature of Researcher)
APPENDIX E: Transcript Release Form

TRANSCRIPT RELEASE FORM

Research Study: Sustaining Clinical Competency in Wide Open Spaces: A communities of Practice Case Study of Rural School Psychologists

I,__________________________________, have reviewed the complete transcript of my personal interview, and focus groups, in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Conor Barker. I hereby authorize the release of this transcript to Conor Barker to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_________________________  _________________________
Name of Participant        Date

_________________________
Signature of Participant   ________________________
Signature of researcher
APPENDIX F: Facebook Recruitment Email

*To be sent through the Saskatchewan College of Psychologists mailing list and the Psychology Association of Saskatchewan mailing list

Dear Member Psychologists,

As part of a doctoral research project, I am writing to solicit School Psychologists who work in rural settings to participate in an online Community of Practice. The purpose of this group would be to discuss clinical issues as they relate to rural school psychology. Participants are required to work or have worked in a rural area in Saskatchewan, and have either been trained as a School Psychologist, or are working as a School Psychologist.

This discussion group will be hosted on Facebook, and as such, anonymity and confidentiality cannot be assured within the platform. The group will be closed, only allowing for practicing psychologists to participate, and will be moderated by myself. The discussions will focus on clinical issues in a general sense, such as new research, regulatory matters, professional development opportunities or resources. Clinical vignettes would not be appropriate for this forum given privacy concerns, however discussion on intervention techniques could happen. It will further assist in members to make connections with other practitioners and build professional networks. The discussions on the platform may be summarized as part of the research project.

This project has been approved on ethical grounds by the University of Regina Research Ethics Board (REB 2017-213) on December 18, 2017. Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. This project is supervised by Dr. Laurie Carlson Berg (laurie.carlson.berg@uregina.ca) and Joel Thibeault (joel.thibeault@uregina.ca) within the Faculty of Education at the University of Regina.

If you are interested to join, please go to the following URL (https://www.facebook.com/groups/707103409633778/). You will be asked a series of questions, as well as complete a consent form, when you first ask to join.

Thank you, and if you are interested in more information regarding this study, please contact me at conor.barker@uregina.ca

Kind Regards,

Doctoral Candidate, University of Regina
APPENDIX G: Facebook Group Settings

**Group Name:** Rural Sask School Psychs – Community of Practice

**Group Type:** Closed Group – Anyone can find the group and see who is in it. Only members can see posts.

**Group Description:** This is a discussion group for Rural School Psychologists who practice within Saskatchewan. Members are registered psychologists who work/have worked in a rural setting and have either trained as a School Psychologist or are working as a School Psychologist.

The purpose of this group is to connect Rural School Psychologists and discuss clinical issues that relate to practicing in a rural setting. Members are encouraged to participate in discussion threads, post articles of interest, ask questions, and plan events to gather and network.

As this page is hosted on Facebook, anonymity and confidentiality are not assured, despite this being a closed group. As such, personal or client information is not to be shared in this forum. Clinical vignettes or consultations are not permitted. Seeking resources for general interventions or reviewing therapeutic techniques would be more appropriate. This page will be moderated to remove any content which may be in violation of the Saskatchewan College of Psychologist Professional Practice Guidelines, or the Canadian Psychological Association Code of Ethics.

This page has been developed as part of a doctoral research project conducted by Conor Barker, M.Ed., R. Psych., a graduate student at the University of Regina. As such, any data shared on this page may form part of a summary as part of a dissertation. You may choose to delete your data from the group at any time. If you would like more information about the study, or to become a research participant, please contact Conor Barker directly.

This project has been approved on ethical grounds by the University of Regina Research Ethics Board (REB 2017-213) on December 18, 2017. Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. This project is supervised by Dr. Laurie Carlson Berg (laurie.carlson.berg@uregina.ca) and Joel Thibeault (joel.thibeault@uregina.ca) within the Faculty of Education at the University of Regina.

This research is supported by the Social Sciences and Humanities Research Council of Canada

**Group Rules:**

A Community of Practice: Members of this group are required to be registered
psychologists in Saskatchewan, who are trained or are working as School Psychologists in a rural setting (i.e., outside of Saskatoon and Regina).

Confidentiality and Privacy: Members are reminded that given the Facebook platform, the discussions are neither private, nor confidential. Please consider this in light of our Professional Practice Guidelines and Code of Ethics before posting. You are free to delete your statements at anytime.

Engage!: This group is intended to connect members from across the province. Members are free to post articles of interest, questions, or events. Clinical vignettes are not encouraged. Members may request resources or suggestions for common issues (e.g., ADHD resources)

This is a Research Project: This page is part of a research project conducted by Conor Barker, M.Ed., R. Psych, as part of his doctoral dissertation. The information shared here may be summarized as part of the dissertation or publication. Individual statements or members will not be published without prior consent from the member.

More information?: If you would like more information about the study, please contact Conor Barker, or the supervising faculty: Dr. Laurie Carlson Berg (laurie.carlson.berg@uregina.ca) or Dr. Joel Thibeault (joel.thibeault@uregina.ca). This project has been approved on ethical grounds by the University of Regina.
APPENDIX H : Interview Guide

A) Demographic Questions (10 min)
   a. Describe your current psychological practice?
   b. How many years have you practiced in a rural area?
   c. What academic training have you completed?
   d. What academic research have you completed and/or published?
   e. How did your academic training prepare you for your present career?
   f. In what areas has your academic training not prepared you for your position?
   g. In your view, what is unique about practicing psychology in a rural area?

1) Core Knowledge (10 min)
   a. What do rural school psychologists need to know?
   b. What do rural school psychologists need to be able to do?
   c. What attitudes must a rural school psychologist demonstrate?
   d. What behaviours must a rural school psychologist have?
   e. Where did you learn these things?

2) Professional Networks (10min)
   a. What groups are you a part of that help you maintain your competency?
   b. What are the qualities of a meaningful or useful professional network group? What do you look for in a professional network?
   c. How do you stay connected to your professional networks?
   d. What are some of your experiences with collaboration that have helped you maintain your competency?
   e. What are some of your experiences with supervision that have helped you maintain your competency?
   f. What interprofessional experiences have you had that have helped you maintain your competency?

3) Research (10 min)
   a. How do you stay connected to current research in your field?
   b. What professional development opportunities have you found to be the most helpful?
   c. In what ways do you use research principles in maintaining your competency?
   d. How do you know you are doing a good job?
e. How do you inform the field about your practices?

4) Creative Capacity (20 min)
   a. Tell me about some of the challenges you face clinically as a rural school psychologist?
   b. Sometimes as school psychologists we approach limits to our competency, however, there is not another service provider available. How do you meet this challenge?
   c. Tell me about a time when you had to use clinical judgement. What did you learn?
   d. Tell me about a time you had to solve a problem that you were not prepared for
   e. Tell me about a time you learned from a mistake
   f. Tell me what areas of your practice you feel competent in
   g. Tell me some areas of your practice that you feel knowledgeable about, but not necessarily competent.
   h. How do you assure you are doing the best you can for your client?
APPENDIX I: Final Consensus Questionnaire

Questionnaire was distributed using the Google Forms platform. It has been reformatted in this appendix for readability purposes.

Wide Open Spaces: Consensus Review

Thank you for reviewing the results document. After reviewing this, please answer the following questions.

A. Please provide your initials:

For each of the following sections [in brackets] please indicate your level of agreement:

1. Disagree Completely
2. Mostly Disagree
3. Somewhat Disagree
4. Somewhat Agree
5. Mostly Agree
6. Absolutely Agree

B. What are the specialty competencies required of rural school psychologists?
   1. [Rural School Psychologists need to draw from multiple domains of psychology]
   2. [Rural School Psychologists need exposure to low incidence situations]
   3. [Rural School Psychologists need to manage their expert role]
   4. [Rural School Psychologists need generalist knowledge]
   5. [Rural School Psychologists need to have knowledge of their community's cultural context]
   6. [Rural School Psychologists need to have knowledge about the multiple relationships that occur within a community]
   7. [Rural School Psychologists need to know their school's capacity to support students]
   8. [Rural School Psychologists need to understand how their students perceive their support]
   9. [Rural School Psychologists need to have knowledge about the communities they serve]
   10. [Rural School Psychologists need to know the history of school psychology in the province]
   11. [Rural School Psychologists need to know the systems of support within and outside the school]
   12. [Rural School Psychologists need to how to increase access to supports for learning]
13. [Rural School Psychologists need to have knowledge of the support systems in place in rural communities]
14. [Rural School Psychologists need to be able to use a comprehensive assessment battery (e.g., multiple cognitive, academic, and behavioural measures) ]
15. [Rural School Psychologists need to be able to conduct behavioural analyses. ]
16. [Rural School Psychologists need to be able to collaborate and consult with other stakeholders]
17. [Rural School Psychologists need to have broad intervention skills]
18. [Rural School Psychologists need to have well developed core psychologist skills]
19. [Rural School Psychologists need to have flexible time management skills]
20. [Rural School Psychologists need to be able to prioritize their work]
21. [Rural School Psychologists need to be able to manage their travel]
22. [Rural School Psychologists need to balance quality vs. quantity of work]
23. [Rural School Psychologists need to form long-term relationships with their students and schools]
24. [Rural School Psychologists need to manage community relationships]
25. [Rural School Psychologists need to be able to manage conflict]
26. [Rural School Psychologists need to be able to maintain rapport with stakeholders]
27. [Rural School Psychologists need to maintain boundaries]
28. [Rural School Psychologists need to have well developed relationship skills.]
29. [Rural School Psychologists need to clear in their communication]
30. [Rural School Psychologists need to be able to manage resistance to new ideas]
31. [Rural School Psychologists need to have well developed communication skills]
32. [Rural School Psychologists need to be flexible]
33. [Rural School Psychologists need to be open]
34. [Rural School Psychologists need to compassionate]
35. [Rural School Psychologists need to be available]
36. [Rural School Psychologists need to be responsive]
37. [Rural School Psychologists need to be procedural]
38. [Rural School Psychologists need to empowering]
39. In your opinion, do the above Knowledge, Skills, Attitudes, and Behaviours (KSABs) represent the competency required of a Rural School Psychologist overall?
40. Are there any knowledge, skills, attitudes, or behaviours that you believe should be added or removed from the above list:

(Text Response)

C. How do Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?

1. [Rural School Psychologists find community with personal connections]
2. [Rural School Psychologists find community through the supervision process]
3. [Rural School Psychologists find community by travelling to other communities]
4. [Rural School Psychologists find community local, in-person contexts]
5. [Rural School Psychologists find community by accessing technology (e.g., email, cell phone)]
6. [Rural School Psychologists find community through social media]
7. [Rural School Psychologists find community through message boards]
8. [Rural School Psychologists find community in virtual environments]
9. [Rural School Psychologists find community through professional organizations and groups (e.g., SKCP, PAS, CPA)]
10. [Rural School Psychologists find community through professional development]
11. [Rural School Psychologists find community by accessing research]
12. [Rural School Psychologists find community by accessing the field of psychology and the literature]

13. In your view, do the above statements reflect the ways that Rural School Psychologists engage with communities of practice?

(Text Response)

14. Please indicate any ways that rural school psychologists engage with communities of practice that you would add or remove from the list above.

(Text Response)

D. How do Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?

1. [Rural School Psychologists access communities in order to consult on their casework]
2. [Rural School Psychologists access communities in order to connect to the literature]
3. [Rural School Psychologists access communities in order to assist their ethical decision making]
4. [Rural School Psychologists access communities in order to access supervision]
5. [Rural School Psychologists access communities in order to undertake regulatory work (e.g., SKCP)]
6. [Rural School Psychologists access communities of non-psychologists (e.g., physicians, SLPs, OTs)]
7. [Rural School Psychologists access communities in order to improve their case work]
8. [Rural School Psychologists access communities for professional development]
9. [Rural School Psychologists access communities in order to engage in interprofessional collaboration]

10. In your view, do the above statements reflect the reasons why rural school psychologists gather in communities of practice?

   (Text Response)

11. Please indicate any reasons for communities of practice that you would add or remove from the list above.

   (Text Response)

E. How do Communities of Practice inform, support, and sustain clinical competency among rural psychologists in Saskatchewan?

1. [Engaging in communities of practice results in improved clinical skills]
2. [Engaging in communities of practice results in increased exposure to rare and complex cases]
3. [Engaging in communities of practice results in increased clinical confidence]
4. [Rural School Psychologists can find it difficult to access a community of practice]
5. [Rural School Psychologists can find it difficult to create a quality community of practice]

6. In your view, do the above statements reflect the overall outcomes and challenges for communities of practice among rural school psychologists?

   (Text Response)

7. Please indicate any outcomes, or challenges of communities of practice that you would add or remove from the list above.
(Text Response)

F. How is competency challenged among rural school psychologists?
   1. [Rural School Psychologist competency is challenged when they are placed in expert roles]
   2. [Rural School Psychologist competency is challenged in managing relationships]
   3. [Rural School Psychologist competency is challenged in diagnostic practices]
   4. [Rural School Psychologist competency is challenged by workplace pressures]
   5. [Rural School Psychologist competency is challenged when working with other allied professionals (e.g., physician, SLP, OT)]
   6. [Rural School Psychologist competency is challenged by limited access to referrals (i.e., making referrals to another clinician)]
   7. [Rural School Psychologist competency is challenged by filling the gaps between other services]
   8. [Rural School Psychologist competency is challenged by rare conditions and multiple diagnoses]
   9. [Rural School Psychologist competency is challenged by cross-cultural psychology]

10. In your view, do the above statements reflect the overall ways that Rural School Psychologist's competence is challenged?
    (Text Response)

11. Please indicate any challenges that you would add or remove from the list above.
    (Text Response)

G. How do rural school psychologists manage challenges to their competency?
   1. [Rural School Psychologists reflect before acting on the spot]
   2. [Rural School Psychologists access a Community of Practice to assist]
   3. [Rural School Psychologists review research before acting]
   4. [Rural School Psychologists review ethical considerations before proceeding]
   5. [Rural School Psychologists set limits to their practice]
   6. [Rural School Psychologists try something before referring to a specialist outside the community]

7. In your view, do the above statements reflect the overall ways that Rural School Psychologist manage limits to their competence?
8. Please indicate any steps that you would add or remove from the process outlined above.

(Text Response)

H. Overall, please rate your agreement with the following statements.
   1. [Rural School Psychologists are the general practitioners within the field of psychology]
   2. [Rural School Psychologists must follow ethical guidelines in their practices]
   3. [Rural School Psychologists recognize the strengths displayed within rural communities]
   4. [Communities of practice are useful for receiving feedback on practice]
   5. [Communities of practice are useful to connect with other rural health professionals]
   6. [Research is important to stay up-to-date in practice]
   7. [Rural School Psychologists review their past work to observe their growth]
   8. [Rural School Psychologists are reflective in their practice]
   9. [Rural School Psychologists have diverse skills]
   10. [Rural School Psychologists require creative practice skills]

11. In your overall review of the data from the present study, do you have any insights, comments, or responses? Please provide them below:

(Text Response)

*To thank you for your time and participation in this project.*