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Walden University

College of Social and Behavioral Sciences

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Sarah J. Horne

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Walden University
2020

Abstract

The Lived Experiences of Rural Clinical Social Workers in North Carolina

by

Sarah J. Horne

MSW, University of North Carolina at Chapel Hill, 2010

BS, Western Carolina University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

August, 2020

Abstract

Rural clinical social workers face unique challenges when providing services to members of rural communities. To face these challenges and deliver culturally competent services, clinical social workers in rural communities must be specifically prepared for rural clinical social work. This study addressed issues of preparedness for rural clinical social work centered around rural clinical social work supervision in the context of the systems theory. The phenomenological design allowed for the exploration of the lived experiences of rural clinical social workers. Study participants who volunteered for study after being contacted via information provided to the North Carolina Social Work Board were associate level Licensed Clinical Social Workers engaged in clinical supervision and clinical practice in rural communities in North Carolina. Ten interviews were completed and the data obtained from those interviews were analyzed for themes and codes. Themes of the data included issues related to transportation, spirituality, travel requirements, support and isolation, and preparedness for rural clinical social work. If rural clinical social workers are properly prepared and supported in their roles and service delivery, residents of rural communities may be positively impacted and less oppressed by culturally uninformed practice.

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Chapter 1: Introduction to the Study

This study involved a phenomenological approach to addressing the issue of rural clinical social work supervision and professional development. In this chapter, I describe the history of the research topic including a review of related literature. Further, the presenting problem and the purpose of the study are presented. Moreover, a theoretical framework for the study is identified as well as a research methodology. Finally, the significance of the study is identified as well as ethical considerations.

Background

Individuals who inhabit rural communities experience insufficient availability of professional clinical social workers and professional clinical social work services (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010; Church et al., 2010). Multiple consequences of this inadequacy include the requirement of clients to travel far distances for service engagement, which can be associated to a decreased use of services, delays in service provision, and additional expenses related to service engagement (Brownlee et al., 2010; Stozer, 2012). Further, due to the lack of existing and appropriately trained social work supervisors, new master's level social workers as well as associate level licensed social workers in rural communities are often obligated to travel outside of their home communities to participate in supervision and other professional development opportunities (Warren et al., 2014). Finally, a compounded consequence of rural seclusion is the scarcity of professional resources, which can result in smaller or less than adequate professional networks in rural communities (Brownlee et al., 2010; Hastings & Cohn, 2013).

Rural social work, like other professional activities, involves the development and practice of a definite professional identity. Facets of social work professional identity include adequate training and clinical supervision, professional capability, ethical practice, and professional development (Karpetis, 2014; Levy, Shlomo, & Izhaky, 2014). Though there is some consideration in the literature to the rural experience and rural clinical social work, the consideration in the existing literature to the needs of rural social service clients and social service providers is limited (Creswell, 2013; Slovak, Sparks, & Hall, 2011). The literature describes the challenges of rural social work, but it does not plainly define or explore the lived experiences of clinical social workers practicing in the rural setting (Brownlee et al., 2010; Hastings & Cohn, 2013). Additionally, the literature does not fully depict the consequences of managing challenges of rural social work and factors related to resiliency are not comprehensively described.

This qualitative study may provide a more conclusive understanding of the rural clinical social workers' experience, as the study involved exploring the lived experiences of rural clinical social workers regarding supervision and professional development. If these lived experiences were understood, there may be a greater understanding of the issues that contribute to the recruitment and retention of social workers in rural communities.

Problem Statement

Social workers who engage in social work practice in rural communities encounter unique challenges (Brownlee et al., 2010; Unger, 2003; Warren et al., 2014). If the literature and the professional community do not address these unique challenges, the subsequent consequences include shortfalls in the delivery of social services in rural communities that affect

rural residents (Brownlee et al., 2010). The challenges that rural clinical social workers face include their limited access to professional supports and resources, limited anonymity in the community in which they work and possibly live, difficulty maintaining professional boundaries, professional seclusion, and an insufficiency of mental health professionals (Brocious et al., 2013; Hastings & Cohn, 2013). But the strengths and opportunities of rural practice include the possibility for the development of an advanced generalist practice, financial motivations, harmony of values and beliefs, and the opportunity for integrated care (Hastings & Cohn, 2013).

The current research does not include a comprehensive description of the consequences or the effects of these challenges that rural clinical social workers face. Further, research has not determined what results in successful social work engagement in the rural community, which may be related to the recruitment and retention of rural clinical social workers. It is important to research the recruitment and retention of rural clinical social workers due to the advanced age of current rural clinical social workers in the field (Hastings & Cohn, 2013). Future research can also help understand the impact of stressors on rural clinicians as well as the qualities that are attractive or challenging about rural clinical social work practice (Hastings & Cohn, 2013). In this study, I explored the lived experiences of rural clinical social workers specific to clinical social work supervision and professional development for identifying and examining common themes. Examination of the lived experiences of rural clinical social workers might lead to a greater understanding of what is connected with the recruitment and retention of rural clinical social workers.

Purpose of the Study

This study was completed for exploring the lived experiences of rural clinical social workers in North Carolina who are actively providing clinical services. The social workers who participated in this study were within 1 to 2 years postgraduation from a Council on Social Work Education (CSWE)-accredited master of social work program. The issue addressed in this study is time sensitive, as the literature indicates the advancing age of social workers, including those in rural communities, requires strategies to recruit and retain social workers who are actively involved in service provision in rural settings (Hastings & Cohn, 2013). Currently, a lack of available supervision for social workers in rural communities results in a lack of available licensed clinical social workers engaging in necessary specialized practice in rural communities. Finally, the need for sufficiently trained and credentialed social workers in rural communities does not rise to the need of these communities; therefore, satisfactory services are not available for rural residents (Brownlee et al., 2010).

Research Questions

The research question associated with this study is “What are the lived experiences of clinical social workers practicing in rural settings regarding engagement in clinical social work supervision and professional development?”

Theoretical Framework for the Study

Theory encompasses a set of constructs or connected ideas that provide explanation to or predict phenomena or occurrences based on a recognized set of connotations between or among variables (Creswell, 2013). Systems theory was applied inductively in this qualitative study. Inductive reasoning allows the researcher to study an individual’s identified description of a

problem from a set of assumptions or from a theoretical framework (Creswell, 2013). Because theory was used inductively in this design, I worked from the assumption that the interconnected systems involved in rural clinical social work inform the phenomenon that was studied and the lived experiences of rural clinical social workers (Cabrera, Cabrera, & Powers, 2015). As evidenced by the rural isolation described in the literature, the exchanges and interactions between and among mental health professionals in the rural community may influence the professional identity, training, education, and supervision of rural clinical social workers (Brownlee et al., 2010; Hastings & Cohn, 2013). Finally, the systems theory allowed for the study of the organization of the interactions between and among experiences and the lived experiences of rural clinical social workers from the prospective of the social worker (Cabrera et al., 2015).

Nature of the Study

A phenomenological approach was engaged in this qualitative study. Phenomenological methods are naturalistic and typically used to explore a specific phenomenon or phenomena within a specific contextual setting (Deegan & Terry, 2013). Phenomenology allows for a review of the comparison of the similarities in the experiences of multiple research participants (Creswell, 2013). In this qualitative approach, I sought to develop an understanding of the lived experiences of participants (Cole & Grothaus, 2014). A phenomenological research methodology is suitable for this study because I sought to explore lived experiences of rural clinical social workers (Creswell, 2013; Maxwell, 2005). I wanted to reduce the individual experiences of these research participants into a pattern or identified phenomenon (Creswell, 2013), focusing on supervision and professional development related to rural social workers.

Qualitative data are typically collected in a participants' natural setting utilizing inductive methods of inquiry and the researcher is a tool in the data collection process (Creswell, 2013). This qualitative study included data collection through semistructured, individual interviews with each research participant (see Creswell, 2013). All interviews included scripted questions about the participants' experience of clinical supervision and professional development in the context of their rural settings as well as questions about the participant's perceptions of challenges regarding such. Interviews were audio-recorded and later transcribed (see Creswell, 2013).

In qualitative studies, sample sizes are traditionally smaller than those in quantitative studies due to the extensive details collected for each participant in qualitative designs (Creswell, 2013). The number of participants or the amount of data collected is also not the focus in qualitative designs or collected data. Instead, the focus is the richness of the data collected. The purpose of qualitative research is not to obtain generalizable findings but instead to understand specific details in the larger experience of research participants (Creswell, 2013).

The sampling strategy in which analysis is completed on patterns of data until no new information is presented through the research process is data saturation (Patton, 2015). Using this strategy, when data saturation is acquired, there is adequate information to repeat the qualitative study (Fusch & Ness, 2015). Failure to reach data saturation in any qualitative study may limit the validity of the study (Fusch & Ness, 2015). In this study, I intended to interview a minimum of six research participants and up to 10 participants or until data saturation was attained.

Participants included rural clinical social workers in North Carolina who were providing clinical services within one to two years following graduation from a CSWE accredited Master of Social Work degree program. A pilot study including a minimum of three participants was

used to test potential interview questions for reliability and validity (Chenall, 2011). These participants were not included in this study.

Definitions

Rurality is determined based on factors including population, land-use, administrative, and economic influence (Deen, Bridges, McGahan, Arthur, & Andrews, 2012). In 2014, the U.S. Census identified 80 of North Carolina's 100 counties as rural (Rural Counties in North Carolina, n.d.). The Census Bureau defined rural as a county with an average population density of 250 residents per 250 square miles or less (Rural Counties in North Carolina, n.d.). This definition can be limiting because defining rurality by population or density does not address the diversity that exists within similar sized or similarly populated communities (Brownlee et al., 2010). An alternate definition of rural is a large geographical area with low-density populations that has less than adequate social services when compared to more densely populated urban areas (Brownlee et al., 2010). In 2010, the U.S. Census Bureau reported that 21% of the United States Population are identified as rural residents (Paulson, 2013). Counties in North Carolina identified as rural by the Census Bureau by 2014 standards were identified as rural in this study.

Assumptions

I assumed that rural and urban clinical social work supervision are not entirely similar. If these differences exist, differences must be studied and interventions must be created to address these differences. It was also assumed that rural and urban can be clearly defined.

Scope and Delimitations

This study included clinical social work supervisees in rural North Carolina. It may have been possible to address the research question in this study using a case study design. This would

have allowed for in-depth exploration of a specific case or a series of cases, but a phenomenological design was used because the phenomenon of the study is not entirely understood. This study did not control for all aspects of intersectionality, so findings cannot be transferred or generalized to other populations.

Limitations

This study did not include a full review of rural clinical social work or rurality in general. Further, this study did not include a full review of supervision across other behavioral health fields. The scope of this study included rural clinical social work supervision. However, an audit trail, triangulation, and other research design tools were utilized to address limitation related to researcher bias and certify reliability and validity.

Significance of the Study

Social workers engage in social change interests and social justice pursuits through advocacy for equal opportunities and by challenging social injustices (Jansson, 2014). A core value acknowledged in the social work code of ethics is social workers' attention to social justice by way of engagement in social change is (National Association of Social Workers, n.d.). Social justice addresses just and fair relations between individuals and their communities. Just relationships require cultural competence and in the case of rural clinical social work, require awareness of rural specific issues in all clinical engagements. To ensure equal quality clinical social work services in rural communities, it is necessary that social workers are educated, trained, and supervised by competent and prepared professionals. If rural clinical social workers are properly trained and supported, rural residents who engage in clinical social work services may receive more effective culturally competent services. Thus, bringing attention to the needs

of rural clinical social work can help to develop a more socially just and culturally competent field of rural clinical social workers.

This study contributes to the existing literature regarding the experience of rural clinical social workers, social work supervision, rurality, and rural social service provision, specifically in North Carolina, which may be associated with social change. In addition to social change pursuits, this study makes an original contribution to the current literature, as it offers multiple opportunities for social change research pursuits (Rudestam & Newton, 2015). The social justice concern that is addressed in this study is the lack of social services available in rural communities. The results of this study may lead to changes in the social work education curriculum, social services program assessment, and supervisory engagement within the population of rural clinical social workers. Additionally, this study may impact the professional development needs of rural clinical social workers and may contribute to addressing the barriers to social work engagement in rural communities (Mackie, 2013). This study has implications for rural social work supervisors, social workers in rural communities, residents of rural communities, professionals who provide professional development opportunities, recipients of social services within rural communities, and the CSWE in regard to social work curriculum (Edwards & Addae, 2015).

Summary

The experience of rural social work service provision is a necessary issue of study that can impact social justice for rural behavioral health care recipients. The unique challenges presented to rural clinical social workers justifies special attention. A review of the literature supports the study of clinical social work supervision in the rural setting. The social change

opportunity associated with this research is the increased attention to the social justice issue of cultural competency regarding rurality and rural specific issues in clinical practice.

Chapter 2: Literature Review

Introduction

The strengths of rural practice include the potential for integrated care, an advanced generalist practice, financial incentives, and harmony of values and beliefs (Hastings & Cohn, 2013). For instance, although resources are limited, the connectedness to available resources in the rural community is a strength, as relationships are important and valued (Paulson, 2013). But social workers who participate in social work practice in rural communities encounter unique challenges (Brownlee et al., 2010; Unger, 2003; Warren et al., 2014). Social workers have difficulty maintaining professional boundaries, limited access to professional supports and resources, limited anonymity in the rural community, a scarcity of behavioral health professionals, and professional isolation (Brocious et al., 2013; Hastings & Cohn, 2013). If the literature and professional communities do not address these challenges, the consequences may include deficits in the delivery of social services in rural communities, which affects rural residents (Brownlee et al., 2010). Not included in the research is a comprehensive description of the consequences of these challenges that rural clinical social workers encounter. Moreover, it is not clearly understood what contributes to successful social work service in the rural community, which may be associated with the recruitment and retention of clinical social workers in rural communities. Thus, there is a need for further research on the recruitment and retention of rural clinical social workers due to the advanced age of current rural clinical social workers in the field as well as on the impact of stressors on rural clinicians as well as the qualities that are attractive or challenging about rural clinical social work practice (Hastings & Cohn, 2013).

A review of the literature shows extensive study of the function and purpose of supervision and clinical social work supervision; however, what is missing is a review of the effects of the specific cultural context of rurality on the supervisory experience. This study addresses the clinical social work supervision experience in the context of the rural experience. In this study I explored the experience of rural clinical social workers in North Carolina who are providing clinical services within 1 to 2 years post-graduation from the CSWE-accredited master of social work program. Study of the lived experiences of rural clinical social work clinicians may lead to a clearer understanding of what is connected with the retention and recruitment of rural clinical social workers. This is a necessary issue to address because of the advancing age of social workers creating a need to recruit and retain social workers in rural settings (Hastings & Cohn, 2013) and the current lack of available clinical supervision for social workers in rural communities, which leads to a lack of social workers in specialized practice in rural communities. If the need for sufficiently trained and credentialed clinical social workers in rural communities is not met, adequate services may not be available for rural residents (Brownlee et al., 2010).

Literature Search Strategy

The following key words were used in the literature search: s*upervision, clinical supervision, rural, social work supervision, supervision, clinical social work supervision, rural, rural social work, rural social work*, and *rurality*. Keywords also utilized in the literature search included *rural clinical social work, rural social work, clinical social work, clinical social work supervision*, and *social work supervision*. Specific databases including PsychInfo, Social Services Abstracts, SocINDEX, and Academic Search were searched to obtain relevant research

related to the problem identified. The literature review on the topic of rural clinical social work supervision included recent literature within a defined time frame of 5 years to ensure the relevance of the research (Walden University, 2014). Additionally, seminal writing on the topic is included in the literature for the purpose of establishing historical context as well as other relevant literature from related fields Additional resources in this literature were found through a review of the references utilized dissertations and research articles related to this research topic.

Theoretical Foundation

Theory involves the consideration of a set of ideas that explain or predict phenomena based on associations between or among variables (Creswell, 2013). Systems theory was utilized in this study in an inductive manor. In systems theory, problems occur because of interactions between and among people (Karakurt & Silver, 2014). Using the theory inductively, I worked from the assumption that the interconnected systems involved in rural social work inform the studied phenomenon and the lived experiences of rural clinical social workers (see Cabrera et al., 2015). Rural isolation is often a result of the lack of behavioral health professionals in rural communities and limited possibilities for professional networking (Brownlee et al., 2010). Due to this isolation, the exchanges between and among mental health professionals in the rural community may influence professional identity, training, education, and supervision of rural clinical social workers (Brownlee et al., 2010; Hastings & Cohn, 2013). These relationships may be more influential due to the relatively fewer interactions experienced by rural clinical social workers. Social work education programs, training opportunities for clinical social workers, clinical supervision all impact the phenomenon addressed in this study (Beecher, Reedy, Loke, Walker, & Raske, 2016). Thus, the systems theory allowed for the study of the organization of

the interactions between and among experiences and the lived experiences of rural clinical social workers from the perspective of the social worker (Cabrera et al., 2015), which addressed the purpose of the study to develop an understanding of the lived experiences of participants (Cole & Grothaus, 2014).

Review of the Literature

There is inadequate attention in the literature to the unique social services needs of rural residents and the unique clinical supervision needs of rural clinical social workers (Paulson, 2013; Slovak, Sparks, & Hall, 2011). The significant differences between rural and urban social work necessitate considering rurality as an area of cultural competence in clinical social work supervision. Although clinical social work skills are largely unchanged between practice environments, the application of these skills varies and must be adapted to meet the specific needs of the practice population (Unger, 2003). Culturally competent social work practice specific to the rural culture may be correlated with culturally competent social work practice (Hendricks, 2003).

Clinical Supervision

Clinical supervision is supervision that is focused on the dynamics and engagements of client/social worker engagements and clinical interventions facilitated by the clinical social worker, which encompasses the education and supportive functions of supervision (Gibelman & Goodyear, 1997). Clinical supervision is an independently occurring intervention and is the pedagogy of the mental health profession (Bernard & Goodyear, 2013). Social work supervision includes education, supportive oversight and case consultation, and administrative functions (Bernard & Goodyear, 2013). The educational function of social work supervision provides

information about specific skills, social work ethics and functions, and professional development while focusing on the improvement of these skills (Bernard & Goodyear, 2013). The supportive role of social work supervision involves the supervisor providing reassurance, emotional support, and validation (Bernard & Goodyear, 2013). The administrative function of supervision is focused on work performance and ensuring proper service delivery (Bernard & Goodyear, 2013).

Within the clinical supervision process, the supervisor serves multiple roles including a counselor, a teacher/trainer, and a consultant (Bernard & Goodyear, 2013). Supervision occurs over a period and is person centered and evaluative (Bernard & Goodyear, 2013). The success of a supervisory relationship involves many factors including the requirement that the clinical supervisor is culturally competent. Supervision should facilitate a supervisee's understanding of culture for developing cultural competence (Hendricks, 2003). Adequate, culturally competent supervision is focused on the development and maintenance of an understanding of the impact of systematic, cultural, political, and contextual issues of each supervisee and each client of the supervisee (Inman & Deboer, 2013). A clinical supervisor should address diversity both within the supervisory relationship and within the supervisee's relationships with clients (Tsong & Goodyear, 2014). Clinical social work supervisors must also maintain their own standards of cultural competence including multicultural beliefs, skills, knowledge, attitudes, and awareness (Tsong & Goodyear, 2014). In this culturally competent supervision experience, dimensions of diversity including a client's multicultural identity, social and political influences, and interpersonal aspects including bias and prejudice are addressed (Bernard & Goodyear, 2013). Further, clinical social work supervisors must be consistent and intentional in their engagement of culturally competent supervision (Inman & Deboer, 2013). Specific to clinical supervision in

the rural setting, the experience of rurality must be addressed for ensuring cultural competence. Culturally competent supervision for rural clinical social workers should address factors affecting rural social work practice.

Additionally, a lens of intersectionality should be considered in all culturally competent interventions (Rosenblum & Travis, 2011). Intersectionality is used to examine gender, class, race, and other systems as overlapping systems that contribute to and influence one other (Rosenblum & Travis, 2011). Culturally competent social work practice demands awareness of cultural diversity including diversity that is within socially constructed categories of identity. Supervisors who engage in discussion of intersectional cultural identity with supervisees normalize differences and open the dialogue for processing these issues in supervision and in clinical practice (Bernard & Goodyear, 2013). Supervision facilitates the supervisee's progression of gaining awareness of his or her own cultural identity, which influences all culturally competent social work practice (Hendricks, 2003).

Social workers in rural communities should be advanced generalists, being prepared to engage clients with a variety of presenting concerns (Unger, 2003; Warren et al., 2014). This need was identified and reported as early as the 1960s within the context of studying rural social work (Ginsberg, 2006). Further, rural clinicians should be prepared to work with clients of a variety of cultural backgrounds due to the limited number of clinical social work providers in rural communities (Warren et al., 2014). Because of the limits of referral sources, social workers in rural communities are often required to develop a broader working knowledge of diverse clinical issues when compared to their urban counterparts (Brownlee et al., 2010). The requirement of an advanced generalist orientation in the rural clinical setting may require social

workers to practice at the limits of their professional competency. This requirement further justifies the necessity of multiculturally competent clinical social work supervision with specific attention to rurality (Brownlee et al., 2010).

One of the challenges in supervision for rural social workers it that rural clinical social workers often practice in isolation and without the opportunity of face-to-face supervision (Humble, Lewis, Scott, & Herzog, 2012). This isolation is created to due to a lack of available professionals but also geographical isolation specific to the rural community. Further, isolation and lack of professional resources can lead a social work to evaluation his own performance as poor, which can lead to job dissatisfaction (Riebschleger, Norris, Pierce, Pond, & Cummings, 2015).

Though clinical supervisors impact supervisee outcomes and the outcomes of clients served by the supervisee, measuring the effectiveness of clinical supervision can be difficult because of lack of valid and reliable measuring instruments. But the Supervision Outcome Scale is one way to measure the impact of supervisors on supervisees and the clients they serve (Tsong & Goodyear, 2014). However, there is a lack of empirical studies in the literature connecting supervision with supervisee or client outcomes, as most studies are focused on job satisfaction and retrospective accounts rather than empirical examination (Wilkins, Forrester, & Grant, 2017).

The function of clinical supervision is to develop a supervisee's professional engagement and clinical intervention, to monitor the professional performance of a supervisee, and to ensure the maintenance of the standards of the profession through the gatekeeping process (Bernard & Goodyear, 2013; National Association of Social Workers, 2008). Thus, the quality of social work

supervision may be an indicator of the quality of a supervisee's social work practice (Warren et al., 2014). Researchers have found that some supervision sessions have focused on the how and why or supervisee engagements while others have focused on the what and when (Rush, 2007). Based on a study of 11 supervisors in an agency in London, most supervision sessions involve a discussion of administrative tasks and responsibilities as well as a review of active client cases, but there is a lack of discussion on emotional experiences by a client or the supervises (Wilkins et al., 2017). A structure for supervision including a specific vision for supervision can lead to improved social work outcomes (Wilkins et al., 2017).

Rural Clinical Social Work

Rural social work is recognized by the National Association of Social Workers and the CSWE with a rural caucus and is recognized by the U.S. National Institute of Mental Health with a rural program (Ginsberg, 2006). The National Association of Social Workers calls for addressing multiple factors affecting rural social work including rural poverty, resource inequality, issues of cultural diversity, social work curriculum, and barriers to care in the rural community (Riebschleger et al., 2015). Though there has been some scholarly attention given to rural social work prior to World War II, the cultural focus in the 1960s was American urbanization, which resulted in limited focus on social problems in rural communities (Ginsberg, 2006). A lack of focus on rural clinical social work needs and possible redistribution of training, knowledge, and literature could marginalize the rural community, creating social injustice to rural residence.

Rural social work practice is defined in the literature as well as the necessity of scholarly contributions to the literature specific to rural social work practice. For example, Slovak, Sparks

and Hall (2011) presented a review of the literature on rural social work, identifying 71 articles on rural populations during the 2004-2008 but finding the literature inadequate. Because rural populations are vulnerable populations, there is a need for attention to this population in social work literature, in the social justice framework, and in the social work code of ethics (Slovak et al., 2011). Rural people and rural culture are a minority group and therefore deserve attention as a social justice issue (Riebschleger et al., 2015).

Though there is a lack of research on rural social work, researchers have identified different needs for social work in rural settings. For example, Beecher, Reedy, Loke, Walker, and Raske (2016) explored the barriers to establishing and adequate behavioral health workforce in the rural community and concluded that rural communities need an advanced generalist clinical orientation for clinical social workers. This may require rural specific or regional specific training for rural providers (Beecher et al., 2016). Brownlee et al. (2010) also examined how communication technologies have impacted social work practice in remote Canadian areas and found relationship and boundary concerns, inadequate access to supervision, resource limitations, professional isolation, lack of available training, and lack of anonymity. Though other studies have shown benefits of communication technology including improved access to services (Riding-Malon & Werth, 2014). Further, the increased use of distance education in rural communities may promote social work education and continuing education opportunities for rural clinical social workers (Stozer, 2012).

Researchers have also presented issues related to job satisfaction and retention in rural communities (Hastings & Cohn, 2013). The challenges commonly associated with clinical social work in rural communities include matters associated with interpersonal boundaries and dual

relationships, maintaining anonymity, job satisfaction, professional isolation, counselor visibility, and limitations in resources (Hastings & Cohn, 2013). These challenges are related to the potential for burnout for rural mental health professionals (Hastings & Cohn, 2013). Participants have also reported areas of perceived incompetence in clinical practice including sexual offender treatment and substance abuse treatment (Hastings & Cohn, 2013). These areas of incompetence or perceived incompetence and lack of adequate training while working as an advanced generalist which is often required in the rural setting are associated with negative consequences such as provider burn out and ultimately poor quality clinical services for rural residents (Hastings & Cohn, 2013).

Cultural competence enables clinical social workers to engage with clients in a way that avoids stereotypes and biases which can undermine intervention efforts (Collins, 2011). In a literature review, Hastings and Cohn (2013) described society's misperceptions about rural life and behavioral health service delivery in the rural community. Misperceptions or misinformation about culture may lead to culturally insensitive treatment. Cultural competence is a core social work value and it is necessary for ethical social work practice (National Association of Social Workers, n.d.). Cultural competence includes a social worker's ability to provide services to a client, clients, or a community with cultural sensitivity that is developed though cultural knowledge and awareness (Johnson & Munch, 2009). Clinicians who engage in service delivery with any population must demonstrate cultural competence. Culture is not only to be understood in the context of an individual client but also in the context of a larger system (Kirmayer, Rousseau, & Lashley, 2007). In clinical practice, cultural competence requires a person-centered

approach and intervention planning that is culturally sensitive (Gallardo, Johnson, Parham, & Carter, 2009).

In a qualitative study, Collins (2011) visited the home of an African-American elder in a rural community for the purpose of observing and understanding the individual's cultural experience in an attempt to better engage in the client in his healthcare and social services needs. Collins (2011) concluded multiple issues related to cultural competency in her study including awareness of the role of spirituality and natural or informal supports in the community, cultural traditions, and unique styles of communication. Failure to achieve cultural competency for rural residents could be associated with unsuccessful treatment engagement and lack of access to services for rural residents (Collins, 2011).

Edwards and Addae (2015) reviewed ethical decision-making processes in rural social work practice. The authors described examples of ethical dilemmas that have presented in rural communities and suggests strategies for addressing these issues. According to the Edwards and Addae (2015), ethical issues that present uniquely in rural communities include dual relationships, confidentiality, and conflicts of interest. This qualitative research study included undergraduate social work students who were enrolled in an elective course in a Bachelor of Social Work program as participants. These participants explored ethical dilemmas occurring in the rural setting to determine appropriate responses (Edwards & Addae, 2015). Students applied an ethical decision making model to determine responses to ethical dilemmas as well as the Social Work Code of Ethics (Edwards & Addae, 2015). Finally, the authors explored the application of ethical principles and behaviors in the rural setting. Specifically, the authors reported upon the implications of ethics applications to rural social work practice (Edwards &

Addae, 2015). Edwards and Addae (2015) found that rural social workers may have difficulty avoiding confidentiality and boundary challenges that are unique to rural communities. Specifically, the authors suggest that rural social workers use an ethical decision making model and develop self-awareness in order to maintain necessary ethical boundaries (Edwards & Addae, 2015).

Levy, Shlomo, and Izhaky (2014) describe social work professional identity. Using a quantitative, systems approach, the authors described elements of professional identity as well as specific social work competences. The authors addressed the implications of social work education and supervision on professional identity (Levy, Shlomo, & Izhaky, 2014). Attention to given to social work values, ethics, and principles as well as other potential inputs and outputs into the systematic development of professional identity. Research participants included social work students in a bachelor's level social work program in their third year of study. Research participants were identified as individuals who were about to complete social work course work including field work practicum. These participants completed a questionnaire that included questions related to professional identity, competencies, and supervision (Levy, Shlomo, & Izhaky, 2014). The output factor, professional identity, was studied in the context of relationships between inputs and throughputs. Inputs included: satisfaction with supervision, self-differentiation, and sense of coherence (Levy, Shlomo, & Izhaky, 2014). Throughputs included personal and social values and empathy (Levy, Shlomo, & Izhaky, 2014). All input factors were found to be related to personal stress. Specifically, personal stress was negatively associated with coherence and self-differentiation. Personal stress, which refers to an individual's feeling of stress when others are distressed as part of an empathetic response, was

positively related to satisfaction with supervision (Levy, Shlomo, & Izhaky, 2014). Another finding inconsistent with the literature is that the identified inputs did not show a significant contribution to empathic concern (Levy, Shlomo, & Izhaky, 2014). The authors suggest that these inconsistent findings could be attributed to the developmental stage of research participants (Levy, Shlomo, & Izhaky, 2014).

Paul Force Emery-Mackie's, also a seminal writer in rurality, has helped to facilitate an awareness of the need for focus on rural issues in research. His work has helped heighten awareness of the differences between rural and urban qualities and challenges (Force-Emery Mackie, 2015). In a 2013 study, Emery-Mackie used criteria established in previous research to compare and contrast job descriptions for advertised positions in higher education located in rural and urban schools of social work. He identified research questions including those associated with the general characteristics of social work employment opportunities, differences in social work faculty employment announcements between public and private universities, and differences between faculty announcements between doctoral and nondoctoral conferring institutions (Force-Emery Mackie, 2015). Additional questions included questions about differences in social work faculty employment announcements between rural and non-rural institutions and questioning if employment announcements meet CSWE's 2008 Educational Policy and Accreditation Standards expectations for hiring social work faculty (Force-Emery Mackie, 2015). In this study design, open social work faculty position postings were studied for a period of eleven months. The purpose of this study was to determine differences between rural and urban expectations for position fulfillment including degrees, specific skills, and experience in hiring for higher education (Mackie, 2013). Job postings from various sources were identified

and coded for data analysis. The study's author hypothesized that there are differences in the social work faculty expectations when comparing rural and urban positions (Mackie, 2013). Findings of the study suggested that there are differences in the degree requirements of faculty in rural settings and also that there are differences in the expectations of other faculty qualities and expectations including student advising and service. Specifically, doctoral conferring institutions placed more emphasis on scholarship while non-doctoral conferring institutions place more emphasis on teaching and other student-oriented activities (Force-Emery Mackie, 2015). Both public university and private university postings noted a preference for a doctoral degree while public institutions were more likely to expect a production of research when compared to private universities (Force-Emery Mackie, 2015). Further, rural universities were less likely than their urban counterparts to require post-Master of Social Work experience (Force-Emery Mackie, 2015). Finally, the author indicated that the differences in expectations may be attributed to the lower expectations of rural institutions to focus on research and scholarship when compared to urban institutions (Mackie, 2013).

In a 2014 quantitative study, Warren et al. researched and reviewed training needs and ethical concerns of rural mental health professionals. Using a quantitative design, the authors mailed surveys to certified and licensed social work professionals working in rural settings for the purpose of obtaining information regarding ethical issues and needs for ethical training (Warren, et al., 2014). These surveys were created by two research authors with 23 and ten years of experience in rural mental health settings (Warren, et al., 2014). Surveys were mailed to every certified or fully licensed mental health and social work practitioner in the state of Wyoming to include 1,324 professionals (Warren, et al., 2014). The results of the study indicate three primary

ethical issues including competence, confidentiality, and dual relationships. Additional findings indicate three primary ethical training needs including supervision, boundaries, and state rules and regulations. The authors described the unique presentation of ethical issues in the rural setting and rural specific limitations including limited professional resources, professional isolation, and the advanced generalist model of rural social work practice (Warren, et al., 2014). The advanced generalist model can become an ethical dilemma when clinicians practice outside of their expertise due to the lack of available resources. Additionally, the authors suggest that rural social workers and other professionals pay particular attention to identifying boundaries at treatment initiation, specifically that these boundaries should be detailed in client consent documentation (Warren, et al., 2014). These same boundary discussions should exist within the context of the supervision relationship as well (Warren, et al., 2014). In conclusion, Warren et al. (2014) suggests further exploration of the supervisor/supervisee relationship in rural communities including possible differences in these relationships compared to their rural counterparts due to fear of discussing ethical dilemmas possibly due to dual relationships in the supervision relationship.

Clinical supervision for social workers in a rural setting requires competence in rural specific issues (Paulson, 2013). Adequate clinical supervision is important in any professional field but is of particular importance to rural clinical social workers as they are often required to practice beyond their competencies due to lack of specialty resources or professional resources (Paulson, 2013). In a phenomenological study, Paulson (2013) studied ten supervisors' experience providing supervision in rural areas. Participants included supervisors of mental health practice in multiple disciplines of mental health. Paulson (2013) used focus groups and

individual interviews to understand the experience of providing supervision in the rural setting. In a qualitative analysis of data collected, the following themes were identified as impacting the functioning and development of rural supervisors: role overload, isolation, ethical and cultural challenges, rural interdependence, and lack of resources (Paulson, 2013).

Challenges in Rural Clinical Social Work

Church, et al. (2010) described challenges related to social work service delivery in rural communities including professional isolation, limited access to resources, few adequately trained and credentialed mental health professionals, and the retention of licensed and credentialed mental health professionals in rural communities. Hastings and Cohn (2013) utilized an online survey sent to mental health professionals in the Appalachian region to address the following research questions: the benefits and challenges of employment in rural mental health, what extent do practitioners perceive their training to be adequate preparation for the engagement of rural practice, and benefits and challenges of residing in rural communities (Hastings & Cohn, 2013). The authors sought to answer the following research questions: Benefits and challenges or residing in rural areas, benefits and challenges of employment in rural health care, and practitioner perceptions of readiness for the demands of rural practice (Hastings & Cohn, 2013). Survey results indicated that rural practitioners report practicing within a large scope for which they may or may not have received adequate training (Hastings & Cohn, 2013). Supportive relationships to include nurturing, collegial relationships, were found to be protective factors in burnout as well as obtaining advanced generalist skills (Hastings & Cohn, 2013). Challenges related to rural social work practice are described including limited anonymity in the rural

community, limited access to professional supports and resources, difficulty maintaining professional boundaries, and a shortage of mental health professionals (Hastings & Cohn, 2013).

In a 2013 study, Brocious, et al. described rural clinical social work practice and the unique application of social work ethics in the rural environment. The authors described rural social work practice and ethical expectations in all social work practice. Further, the experience of rural social work in specific Alaskan communities was described. The authors provide an in-depth description of dual relationships as well as the ethical and clinical implications of said relationships. In a qualitative design, the authors collected data collected to describe the experience of rural clinical social workers in rural Alaskan communities (Brocious, et al., 2013). Study participants included ten rural social workers in Alaska, all of whom were long-term members of their rural communities. Multiple themes emerged from the data collected including the need for professional development, the reality of the dual relationship experience in rural communities including the potential benefits of dual relationships, and the skills that rural clinical social workers utilize to respond to dual relationships (Brocious, et al., 2013).

Dual relationships are relationships that occur between a clinical social worker or other professional and a client or consumer of services outside of the relationship defined by the therapeutic context (Pugh, 2007). The Social Work Code of Ethics discourages and even forbids these types of relationships due to their potential harm to clients and threats to safety and privacy for clinical social workers (Pugh, 2007). Dual or multiple relationships may exist outside of the rural setting, but they are more likely to occur in the rural setting due to physical proximity, lower population, and decreased anonymity of social work professionals in the rural setting (Pugh, 2007). Further, the consequences of dual and multiple relationships can be exacerbated in

the rural community due to increased social visibility (Pugh, 2007). Clinical social workers who reside and work in the same rural community face exacerbated challenges associated with anonymity and dual relationships (Humble, Lewis, Scott, & Herzog, 2012).

Paulson's (2013) findings in a qualitative, phenomenological study supported these themes and included the following additional challenges experienced by rural clinical social workers: role overload, professional isolation, rural interdependence, and limited resources. Paulson (2013) examined the experiences of ten supervisors who provide supervision in rural communities using focus groups. Clinical social work supervisors working in rural communities must make efforts to limit dual relationships and the negative effects of these relationships for clients and social workers. Further, social work supervisors should work to ready clinical social workers for rural social work by helping social workers to prepare for the challenge of overlapping relationships and roles as well as increased visibility and accountability (Humble, Lewis, Scott, & Herzog, 2012).

Strengths in Rural Clinical Social Work

Writers and researchers on rural social work report upon social worker satisfaction related to work in rural communities identifying multiple strengths including the opportunity to establish personal credibility, professional autonomy, and personal investment in professional endeavors (Pugh, 2007). A strength of the rural community is collaborative problem solving and this strength is mirrored in clinical social work in rural communities (Lewis, Scott, and Calfee, 2013). Clinical social workers in rural communities are able to work collaboratively with other health professionals as well as community stakeholders including schools and faith-based organizations (Lewis, Scott, and Calfee, 2013). This informal network or decision making body

works to meet the unique needs of individual clients and is therefore congruent with social work ethics and individualized treatment of each service recipient (Munn & Munn, 2003).

Social Work Education

Recruitment and retention of qualified, clinical social workers is more challenging in rural communities as compared to urban communities for many reasons including the lack of education resources accessible to residents of rural or remote communities (Morris, et al., 2013). Social work curriculum is ill equipped to prepare social workers for rural social work (Riebschleger, Norris, Pierce, Pond, & Cummings, 2015). Leon Ginsberg (2006) wrote about his process of introducing rural context and focus into social work curriculum in the 1960s as supported by his professional experiences, curriculum development, and empirical research. He wrote about his experience of spearheading conversations and developments about developing rural specific curriculum and a rural agenda (Ginsberg, 2006).

Rural social work should be specifically addressed in social work education. Rural issues must first be addressed via social work education in order to ensure that rural clinical social workers and their supervisors are adequately trained and prepared to provide clinical social work services in rural communities (Mackie, 2007). Currently, there is no specific training required for rural social work supervisors (Mackie, 2007). The literature indicates that students who are trained in rural settings or those who are educated about rural cultural competency are more likely to pursue professional clinical social work in the rural community (Maple, 2010). Church, et al., (2010) came to similar conclusions supporting the need for addressing rural specific needs in formal social work education.

Training

In a mixed methods study, Church, et al. (2010), studied professional development opportunities accessible to rural mental health professionals in six specific Canadian communities. In this research design, the Rural Mental Health Interprofessional Training Program was implemented and then evaluated. The authors describe rural specific mental health practice and also interdisciplinary engagement and training (Church, et al., 2010). Participants in the education program included professionals representing 15 disciplines in six rural Canadian communities all of whom participated to some degree in an interprofessional education program in mental health (Church, et al., 2010). Program participants reported satisfaction with interacting with other professionals in the program and dissatisfaction with videoconference technology (Church, et al., 2010). This interdisciplinary program could be utilized in the future to disseminate mental health training to professionals in rural communities.

Access to research utilized to incorporate Evidence-Based Practice can be limited in rural communities (Lee, 2016). Further, Heflin and Miller (2012) suggest that the urban-centric bias in social work training and professional development opportunities may result in less adequate or appropriate service delivery in rural communities due to the differences in the needs and presentation of urban residents. Evidence-based practice considers the most current and best evidence of intervention efficacy and appropriateness when addressing presenting client problems (Royse, Thyer, & Padgett, 2016). When engaging in evidence-based practice, a social worker considers available evidence of method effectiveness and appropriateness but also a social worker’s own expertise and training, and a client’s preferences and values (Royse, Thyer,

& Padgett, 2014). Use of evidence-based practices is a part of the social work ethical principle of providing the best available treatment to clients (National Association of Social Workers, 2008).

The term and philosophy of Evidence-Based Practice (EBP) was coined in the medical profession in 1997 (Shdaimah, 2009; Traube, Pohle & Barley, 2012). EBP describes a practice by which social workers and other professionals follow a specific method for identifying evidence through empirical research (Shdaimah, 2009). Core competencies were identified within evidence-based practice and this philosophy was adapted and utilized in other fields (Traube, Pohle & Barley, 2012). Specific to evidence-based practices and the application of research, the majority of academic research is completed in the urban setting and that research is not necessarily generalizable to the rural practice setting (Lee, 2016). Rural clinical social workers have less access to training on evidence-based practice and other professional development opportunities when compared to their urban counterparts (Lee, 2016). Riding-Malon and Werth (2014) describe the potential benefits of utilizing technological resources to increase opportunities for training for rural clinical social workers and other practitioners. Additionally, the authors suggest utilizing telehealth technology to increase prescription privileges and collaboration for rural training programs (Riding-Malon & Werth, 2014).

Summary and Conclusions

While the literature addresses issues in clinical supervision for social workers seeking licensure, limited information is available regarding the delivery of clinical supervision for unlicensed social workers and those social workers who are not seeking licensure. Further, rural clinical social workers may have limited access to adequate clinical supervision (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010). The total impact of this problem is not fully

described in the research though multiple studies identify specific consequences of these challenges.

Social work ethics require that recipients of social work services are not harmed and that all social work services are conducted with dignity given to clients. Further, social work ethics require that services are provided with a multicultural orientation and that all social work services are delivered by a competent provider (National Association of Social Workers, 2008). Consequences of inadequate clinical supervision may include poor social worker competence, ethical violations, and limited professional growth (Warren et al., 2014). Clinical social work supervision addresses the clinical engagement of the supervisee including intervention, professional development, and ethical practice (Bernard & Goodyear, 2013). Social work ethics specifically require that social work intervention is provided to vulnerable populations (National Association of Social Workers, 2008). According to Slovak, Sparks, and Hall (2011), rural populations could be considered a vulnerable population and therefore eligible for social work's mission of social justice.

Rural communities experience a deficit in specialized professional resources and, by consequence, clinical services (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010). Consequences created by this deficit may include the requirement of clients to travel long distances for service receipt which may be linked to financial burden, decreased use of services, and delay in services (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010). Additionally, rural clinical social workers are challenged with providing services for clients and residents who are geographically dispersed (Riding-Malon & Werth, 2014). For social work professionals, rural isolation may include the shortage of professional resources and less than adequate professional

networks (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010). This limited professional network may result in limited peer supervision as well as reduced access to necessary clinical supervision (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010).

In many rural communities, there are too few mental health professionals including clinical social workers (Unger, 2003). While there is already a shortage, the need for professionals in rural communities is increasing (Beecher, Reedy, Loke, Walker, & Raske, 2016). The effect of this presenting issue is addressed in the literature, but it is not fully defined. Social workers in rural communities experience stressors and challenges exacerbated by the unique rural experience. In rural communities, clinical social workers and other mental health professionals face challenges including limited access to professional development opportunities, professional isolation, and sometimes limited access to adequate clinical supervision (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010; Duncan, Brown-Rice, & Bardhoshi, 2014). The consequences of professional isolation are numerous and may include resource limitations and limited commitment to professional social work identity (Unger, 2003). Finally, these challenges and opportunities of rural clinical social work demonstrate the need for a supervisory experience focused on rural specific multicultural competence (Warren, et al., 2014).

Chapter 3: Research Method

Introduction

Unique challenges are present in rural clinical social work. If these challenges are not addressed, there may be deficits in the delivery of clinical social work services in rural communities, which may result in negative consequences for rural residents (Brownlee et al., 2010). Currently, the research lacks a comprehensive description of the consequences and what adds to successful clinical social work engagement in rural communities. These limitations can be associated with the concerns related to the recruitment and retention of clinical social workers in rural communities.

To address gaps in the literature, I studied the lived experiences of rural clinical social workers, specifically clinical social work supervision and professional development, to identify and explore common themes. I explored the lived experiences of rural clinical social workers in North Carolina who are providing clinical services in rural communities who are within 1 to 2 years post-graduation from a CSWE-accredited Master of Social Work program. The advancing age of clinical social workers, including those in rural communities, is creating the need for strategies to recruit and retain clinical social workers who are providing services in rural settings (Hastings & Cohn, 2013). Investigation of the lived experiences of rural clinical social workers can lead to a better understanding of what is connected to the recruitment and retention of rural clinical social workers. Currently, a lack of available supervision for clinical social workers in rural communities results in a lack of available licensed clinical social workers engaging in specialized practice in rural communities (Brownlee, et al., 2010). This supervision is unavailable or not adequately available due to many factors including a lack of trained and

prepared clinical social work supervisors. Finally, the need for effectively trained and credentialed clinical social workers in rural communities does not meet the presenting needs of these communities; therefore, acceptable services are not available for rural residents (Brownlee et al., 2010).

Research Design and Rationale

Framework

This study was focused on the research question "What are the lived experiences of clinical social workers practicing in rural settings in regard to engagement in clinical social work supervision and professional development?" A systems theory was utilized inductively in this qualitative study. I worked from the assumption that the interconnected systems involved in rural social work inform the lived experiences of rural clinical social workers (Cabrera, Cabrera, & Powers, 2015). The systems theory also allowed for the study of the lived experiences of rural clinical social workers from the prospective of the social worker (Cabrera et al., 2015).

Phenomenological inquiry allowed for understanding the lived experience of rural clinical social workers who participated in this study (Creswell, 2013). This methodology created the framework in which the meaning of lived experiences can be ascertained without focus on generalizations only the lived experience of the individual participant. In this study, I sought to address limitations in the existing literature regarding the experiences of rural clinical social work and create opportunity for continued study.

Role of the Researcher

As the researcher in this study and in congruence with traditional phenomenological study, I conducted interviews, transcribed interviews, reviewed interview transcripts, identified

codes in the transcripts, and presented the research findings. Due to the role of the researcher in the instrumentation in qualitative designs, research bias may exist due to the inherent bias of the researcher (Chenall, 2011; Davidson, 2012). Thus, it is important as the researcher to be transparent about the potential bias in the reporting of data (Miles, Huberman, & Saldana, 2014; Patton, 2002). Because I am a rural clinical social worker, I carried the bias of my everyday knowledge and professional experience to my role as a researcher. I was aware of this bias, and I used a reflective journal to assess my own understandings and reactions as potential bias in this study. Further, the interview process in the qualitative design is guided and structured by the interview protocol (Creswell, 2013), which limited researcher bias.

Additionally, member checking was utilized for validating data and encouraging rapport between me and research participants (Carlson, 2010). As a part of this process, transcripts from interviews were given to the research participants for review and confirmation of data collected (Carlson, 2010). Interviews were transcribed and sent to the participants through password-protected e-mail for the participants' review and determination of accuracy.

Finally, the validity of collected qualitative data relies on the meticulous record keeping and maintenance of the integrity of collected data (Maxwell, 2005; Pearson, Albon, & Hubbal, 2015). Transcription allows for an accurate reporting of information shared without the presentation of preconceived judgements or other issues that could adulterate data (Creswell, 2013). I read each transcribed interview a minimum of two times to understand the overall themes and information conveyed as well as to ensure the accuracy of the transcription. I also utilized an audit trail to ensure that procedures and protocol is followed to ensure content validity.

Methodology

In qualitative research designs, the data are provided by the contribution of individual experiences. The focus of qualitative research is in the research process and in the assessment of the meaning that participants assign to their experiences (Atieno, 2009). Qualitative research is exploratory and therefore does not include hypotheses (Creswell, 2009); however, the research must be sufficiently framed and directed toward addressing identified research questions (Atieno, 2009; Creswell, 2009). Qualitative research data are typically collected in a participant's natural setting through inductive methods of inquiry (Creswell, 2009). Finally, the analysis of this qualitative data includes identifying and reporting patterns and themes found within the data (Creswell, 2009).

In this qualitative design, I collected data by completing interviews with participants. The interviews were semistructured and conducted with each participant (Creswell, 2013). Each interview included scripted questions about the participants' experience of clinical supervision and professional development engagements in rural settings. The semistructured interview allowed me to ask follow-up questions that functioned as subquestions to the primary interview questions. Interviews were audio-recorded during the face-to-face session and then later transcribed (Creswell, 2013).

Participant Selection Logic

Sample sizes in qualitative studies are usually smaller than sample sizes in quantitative studies due to the details collected for each participant (Creswell, 2013). Additionally, the focus in qualitative designs is the richness of the data and not the number of participants. The purpose of qualitative research is to understand specific details of the or the experiences of participants

and not to determine generalizable findings (Creswell, 2013). Further, in phenomenological qualitative designs, an analytic focus is accessed for the purpose of studying one or several related cases (Gentles, Charles, Ploeg, & McKibbon, 2015). In phenomenological studies, the sample sizes can range from one participant to up to 325 participants (Creswell, 2013), and typically qualitative research does not require specific sample sizes (Marshall, Cardon, Poddar, & Fontenot, 2013). An adequate sample size is determined by the research, and it is based on the qualitative methodology and the specific needs of the specific study. The ambiguity of the sample size requirements is consistent with the flexible nature of qualitative research (Marshall et al., 2013).

Data saturation is a sampling approach in which analysis is completed on patterns of data until no new information is presented (Patton, 2015). When data saturation is acquired, there is assumed to be adequate information to replicate the qualitative study (Fusch & Ness, 2015). Failure to reach data saturation in any qualitative study may limit the study's validity (Fusch & Ness, 2015). In this study, I intended to interview a minimum of six participants and up to 10 participants or until data saturation was attained.

Participants included rural clinical social workers in North Carolina who have graduated from a CSWE accredited Master of Social work program. Participants were actively engaged in clinical supervision with the intention of obtaining an unrestricted clinical social work license (licensed clinical social worker) and held an associate license in clinical social work. I did not personally know these participants. A pilot study including three participants was completed for testing potential interview questions for reliability and validity (Chenall, 2011). These participants were not included in data collected in this study.

Participants were known to meet the identified criteria by a verification of licensure. I verified each potential participants' licensure via the North Carolina Social Work Board website. Further, I verified the potential participants' county as rural as defined by the U.S. Census Bureau. A participant's role as a clinical social worker was verified by his or her job description or statement of engagement in clinical private practice.

Instrumentation

Specific tasks must be completed for effective interview engagement. To begin, a script was utilized for interview facilitation in this study (Jacob & Furgerson, 2012). The interview script included information about the purpose, process, and function, of the interview as well as a review of procedures for confidentiality and ethical research engagement (Jacob & Furgerson, 2012). Additionally, before beginning engagement in the interview, the interviewee provided consent and demonstrated comprehension of the purpose and function of the interview as well as the research purpose to proceed (Chenall, 2011).

Procedures for Pilot Study

The interview questions used in this study were developed using a protocol for a semi-structured interview and following establishment of validity and reliability from a pilot study. Interview questions included basic demographics as well as those aimed at understanding participant's individual experiences. Open ended questions were utilized to encourage robust responses and all questions outside of the demographic questions will be related to the central phenomenon of the study. Participants in the pilot study were interviewed using the same protocol utilized in the full study.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited via social media advertisement as approved by the institutional review board (IRB). Social media outlets included Facebook, Twitter, and LinkedIn. In addition, the researcher requested an advertisement be placed on the North Carolina Social Work Board website. Potential participants contacted the researcher via email. Each potential participant identified was contacted via phone or email and an interview was scheduled. It is not indicated in the literature if there are differences between and among social workers who work in different settings in the rural community, however, this researcher recruited participants from a variety of settings in rural clinical social work including but not limited to private practice settings, school social work, agency clinical social work, hospital social work, and community health center social work.

Interview questions in this study addressed the phenomenon central to the research question identified in this study (Creswell, 2013). Interview questions utilized in this study were open-ended. Open-ended questions typically elicit more information from interviewee responses than closed-ended questions (Jacob & Fergerson, 2012). Further, questions in this study were designed to move in order from the simplest to answer to the most difficult or complex (Jacob & Fergerson, 2012). The purpose of this ordering of questions is to establish rapport throughout the interview process (Schulman-Green, McCorkle, & Bradley, 2009).

Before beginning the interview, the researcher explained to the interviewee the function and purpose of the interview engagement as well as the recording procedures that were utilized in the interview session (Laureate Education, 2010c). The interviewee was informed that the interview can be stopped at any time, that he or she may choose not to answer any question, and

that transcripts of the interview were provided to the interviewee for review. The interviewer informed the interviewee of the time scheduled for the interview and that the interviewer would take notes and record the interviews in their entirety. Interviews were held in the individual offices of each research participant or in a confidential, private space of the interviewee's choosing. The interviewer facilitated the interview process including the introduction and review of previously developed interview questions (Jacob & Furgerson, 2012). Following the completion of the interview, the researcher verbally reviewed the purpose and function of the interview as well as procedures regarding the release of interview documentation with the interviewee as provided prior to interview engagement (Laureate Education, 2010c).

The research questions and other information identified in the interview protocol informed the method of investigation as well as the approach to the interview process (Creswell, 2013). Each interview question was related to the central phenomenon addressed in this study (Creswell, 2013). Interview questions were tested before their use for the purpose of determining their reliability and validity (Creswell, 2013). Validating the interview questions increases the likelihood that the interview questions address the information sought by the researcher (Creswell, 2013). Testing the instrument for data collection, in this case the interview protocol, increases probability of adequate and appropriate data generation (Chenall, 2011).

When research questions address only the identified subject and this is done using appropriate sampling, content validity is demonstrated (Laureate Education, 2010). The pilot study completed as a part of this research established content validity as was adherence to interview protocol and procedures. Finally, accurate and rigorous reporting of information ensures the quality and validity of the content presented.

After interviews were completed and transcribed, the research participant received a copy of his or her transcribed interview via email for review. When the researcher received no response regarding need for corrections or confirmation that the transcription was accurate, the interview process was considered complete. Each research participant was informed of his or her rights to confidentiality within the interview protocol and information was provided regarding referral availability for up to ten days should there be a need for continued processing of presented issues. Participants were offered a referral for the provider of his or her choice.

Data Analysis Plan

Data must be prepared and organized for analysis (Creswell, 2013). Codes allow for this organization and are developed through the researcher's interpretation of important themes and a review of a previously completed research (Gibbs & Taylor, 2005). In this research design, the researcher predicted the use of emergent coding which provides the opportunity for themes to emerge while reviewing the data when organizing this data (Creswell, 2013).

When coding was complete, the researcher interpreted the data (Creswell, 2013). The interpretation of data involves identifying the meaning of the themes that emerge from the data that is analyzed (Creswell, 2013). In this study, the researcher interpreted the data within the context of the theory of the research study and also within the context of the literature that informs the research questions in this study (Creswell, 2013). The interpretive process of coding allows for the organization of data so that it is prepared for analysis and interpretation (Evers, 2016; Gibbs & Taylor, 2005). Interviews completed with research participants were transcribed for coding and analysis. When the interviews were transcribed, the researcher reviewed the data for the purpose of increasing familiarity and gathering impressions and tones. Interpretation of

the data informed the conclusions and recommendations developed from the research study. Finally, findings were reported within the appropriate context for the purpose of providing a transparent report of data collected therefore enhancing the validity of the study (Pearson, Albon, & Hubbal, 2015).

This researcher used software in the coding process of this study. The use of software in the coding process allows for graphical and numerical representation of qualitative data. NVivo can be utilized to analyze multiple types of data including the qualitative data gathered from the completion of interviews in this study (Leech, 2011). Additionally, this additional rigor of using software including can improve the validity of the researcher's interpretations of the data (Welsh, 2002). Further, the software allows for a more accessible and systematic way to search and review collected data (Blaney, Filer, & Lyon 2014). Disadvantages of using this software for coding in this study include the possibility of limiting the intimacy facilitated between the researcher and the data when data is received without the facilitation of software (Creswell, 2013). There are some additional limitations in the NVivo software regarding node identification and the inter-relationships of such (Welsh, 2002).

The use of software allows the option of graphical and numerical depiction of qualitative data. Further, using software allows for the study of large sets of data therefore providing more chances for qualitative study (Leech, 2011). NVivo can be utilized to analyze numerous types of data that is obtained in qualitative research (Leech, 2011). Additionally, this thoroughness within the data analysis process may improve the validity of the researcher's interpretations of the qualitative data (Welsh, 2002). Further, the software permits for a more accessible and methodical approach to searching and studying data (Blaney, Filer, & Lyon 2014). The

automated processes used in NVivo may be less time consuming than traditional hand coding methods (Blaney, Filer, & Lyon, 2014). A disadvantage or using coding software for qualitative data coding include the elimination of some intimacy between the researcher and the data (Creswell, 2013).

Issues of Trustworthiness

The audit trail used throughout the interview process provides a step-by-step description of the research process and ensured the validity and trustworthiness and dependability of the protocol and procedures of this study. Internal validity was established partially using researcher triangulation. This triangulation occurred as the researcher's dissertation committee members were asked to review completed work including interview transcription and coding. This committee member involvement as well as IRB involvement in the proposal process served to establish study validity.

While the purpose of qualitative research is not to obtain generalizable study results, the sample utilized in this study and the protocol utilized does all for interpretation of results when compared to a comparable population. This study did not, however, control for all aspects of intersectionality and therefore cannot be transferred or generalized to other populations. This is an acknowledged limitation of this and all qualitative research.

Ethical Procedures

The IRB functions to ensure that research completed by University students and associates meets the university ethical standards as well as federal regulations regarding ethical research (Edicott, 2010). Specifically, the Walden University IRB functions to ensure that all research endeavors engaged uphold the ethical principles of beneficence, justice, and respect for

persons (Walden University, 2010). IRB approval is required before research studies may be engaged.

No vulnerable populations were included in this study, and no methods were used that threaten direct harm to participants. Further, the interview that was utilized in data collection addressed perceptions of rural living and rural professional engagement. It did not include personal questions about professional experiences or behaviors nor does it request information about protected health information. The IRB review included only collection of non-sensitive information from non-vulnerable adults (Walden University, 2010). The potential risks associated with this research are minimal.

The researcher and committee members were the only people with access to the data collected in this study. The data was recorded using an audio recording devise then transcribed and coded using computer software. Tapes, transcriptions, and any other recording or review of collected data will be stored behind two locks in a cabinet in the researcher’s private agency office and kept for five years before being properly destroyed. All research participants were identified only by first and last initials in all written or transcribed data.

Summary

This qualitative study utilized a phenomenological design and incorporates participant interviews for data collection. I recruited participants and complete interviews to the point of data saturation then coded the data using computer software. Adequate attention to research bias and issues of reliability and validity ensured the quality of this study.

Chapter 4: Results

Introduction

Clinical social workers in rural communities experience unique challenges, which may lead to deficits in the delivery of clinical social work services if not addressed (Brownlee et al., 2010). But the current literature lacks a comprehensive description of the consequences of these challenges. Additionally, the literature is not clear about the what factors make clinical social work engagement in the rural community successful. There are also concerns related to the recruitment and retention of clinical social workers in rural communities. In this qualitative, phenomenological study, I explored the lived experiences of rural clinical social workers in North Carolina related to rural clinical social work supervision and professional development.

Pilot Study

A pilot study including three participants was completed for establishing the validity and reliability of the semistructured interview questions intended for use in this study. Interview questions included basic demographics as well as those aimed at understanding participant's individual experiences. The interview questions in the pilot study were utilized in the current qualitative study without edit. Participants in the pilot study were identified through a process of convenience sampling. Participants included clinical social workers in the rural community who met participant criteria and I personally knew.

Setting

No changes were made to the study design in response to organizational conditions or personal considerations. Interviews were completed with voluntarily participants who were

identified via the participant recruitment strategy described in the study design. There are no known issues that could influence the interpretation of study results.

Demographics

Participants included rural clinical social workers in North Carolina who graduated from a CSWE-accredited Master of Social Work program. Participants were actively engaged in clinical supervision with the intention of obtaining an unrestricted clinical social work license (licensed clinical social worker) and held an associate license in clinical social work. I did not know the participants, however, I knew the two who participated in the pilot study. Ten participants who met the criteria explained in this study were interviewed. Participants met the identified criteria by a verification of licensure through the North Carolina Social Work Board website, and I verified each participants' county of work as rural as defined by the U.S. Census Bureau. Each participant's role as a clinical social worker was verified by his or her job description or statement of engagement in clinical practice.

Data Collection

Ten participants were interviewed before data saturation was achieved. Participants were located via a list serve document listing all e-mail addresses of associate level licensed clinical social workers in North Carolina provided by the North Carolina Social Work Board. No participants were recruited via social media inquiry and none were recruited via posting on the North Carolina Social Work Board website. Each participant completed the semistructured interview as described in Chapter 3. Each interview was recorded using an external audio recording device and each interview was transcribed. Data were collected via phone interview and face-to-face interview as allowable by geographical location and travel capacity. Each

interview lasted between 30 and 60 minutes. Interviews were recorded and transcripts of individual interviews were sent to participants for review. There were no variations between the data collection method and the process by which the data were collected. There were no unexpected circumstances in data collection.

Data Analysis

Interviews with participants were recorded and transcribed for review and analysis. I used an emergent, inductive coding process for organizing data for review and interpretation. As the interviews were transcribed and coding was completed, impressions and tones were derived. Finally, an emergent method of coding was utilized in the coding process for identifying codes as they emerged from analyzed data (Creswell, 2013). NVivo was used in the coding process of this study. The use of software in the coding process allowed for graphical and numerical representation of the qualitative data collected in this study.

Codes utilized in this analysis included spirituality, travel, transportation, isolation, preparation, resources, and availability of supervision. Categories included transportation in rural communities, travel requirements for rural clinical social workers, faith-based ideals, preparedness for rural clinical social work, access to supervisory support, and isolation. Themes that emerged from this set of data included concerns with transportation in rural communities, spirituality and issues of faith-based ideals, preparation for rural clinical social work, travel requirements when working in rural communities, isolation that is associated with work in rural communities, and the limited availability of resources for social work services in rural communities. Extensive commonality was presented in comparison of interviews, and there were no discrepant cases.

In all 10 interviews, participants discussed issues related to travel required of rural clinical social workers. This travel included travel to supervision appointments, travel between primary work locations, and travel to services sites which may include multiple offices in rural settings, client homes, school or other community settings, and other locations in which the physical presence of the social worker is required. One participant stated that she is required to travel more than 1 hour to receive face-to-face supervision in her clinical practice in addition to the requirement of traveling across more than three counties to deliver clinical social work services.

Spirituality was also discussed as a factor in the experience of provision of rural clinical social work services in more than half of interviews. One participant stated, "there's no choice as far as religion in the area…people are stuck…and I can tell that they are stuck," whereas others described an understanding of the role of spirituality and religion in the rural community as a strength for the rural practitioner. Another participant described having knowledge of the role of spirituality and religiosity as a necessity for successful rural clinical social work engagement and noted this lack of understanding as a significant limitation in the participant's preparation for rural specific clinical social work.

More than half of all interviewed participants described the requirement of client travel as a limitation in the availability of clinical social work services delivery. A participant described his attempt to provide a necessary clinical social work service but was unable to because of a lack of available transportation for the client to receive services. "We can't get him transportation" was the resounding theme of this participant's discussion of frustrations associated with access to services.

Participants discussed limited access to professional and peer support, namely clinical supervision and support readily available in the rural sites in which rural clinical social workers provide services. Several participants described traveling more than one hour to meeting with their assigned supervisor and others reported that their supervisors were largely located offsite. This offsite support was largely associated with feelings of limited confidence in their supervisor's rural clinical social work competence and the supervisee's limited perceptions of his or her own preparedness for rural specific clinical social work. One participant, however, described an experience with her onsite supervisor in which she felt supported and prepared and also as though her supervisor was competent in rural clinical social work engagement. This participant reported that she associates this positive and supportive experience with her confidence in rural social work cultural competence.

Rural isolation is a theme that presented in at least three interviews. Isolation resulted in perceptions of lack of support, limited opportunities for collaboration, increased expectations of performance and productivity due to a lack of other supporting professionals, and limited positive treatment team engagement. While isolation was typically presented as a limitation, one participant described having limited local professional supports but using this experience as an opportunity use creative channels to include non-traditional supports including coaches, librarians, and other community members to support clients and treatment teams in working towards identified treatment goals in clinical social work engagement. Further, several participants discussed the creative use and attainment of resources in rural communities when resources are limited.

All participants reported a lack of preparation for clinical social work in at least one domain: supervisory support, educational preparation, or professional development. One participant stated "If I had not had the experience [of rural clinical social work] I had with my undergrad, compared to some other people's and then going into grad school…with supervision, I would have had a reality shock. It is very…it is unlike any other. I think that if you are not prepared for those realities, then you are going to be burning out a lot quicker." Two participants, both of whom received their formal educational training in rural settings, reported feeling prepared for rural clinical social work. All participants who completed field training experience in the rural setting reported increased perceptions of preparedness for rural social work. Further, some participants indicated feeling prepared for rural social work as a result of positive and supportive clinical supervision. No participants indicated feeling prepared for rural clinical social work as a result of professional development training with the exception of in-service training provided by the participants' employing agency in the rural setting.

Evidence of Trustworthiness

Findings in this study are reported within the appropriate context for the purpose of providing a transparent report of data collected therefore enhancing the validity of the study (Pearson, Albon, & Hubbal, 2015). NVivo was utilized to increase the thoroughness by which the data was analyzed. This thoroughness within the data analysis process may improve the validity of the researcher's interpretations of the qualitative data (Welsh, 2002). Further, the software permits for a more accessible and methodical approach to searching and studying data (Blaney, Filer, & Lyon 2014).

The interview questions used in this study were developed using a protocol for a semi-structured interview and following establishment of validity and reliability from a pilot study. This protocol was utilized in each interview. All measures in the study design intended to establish credibility were followed. Due to the role of the researcher in the instrumentation in qualitative designs, research bias may exist due to the inherent bias of the researcher (Chenall, 2011; Davidson, 2012). Transcripts from interviews were given to the research participants for review and confirmation of data collected (Carlson, 2010).

As the researcher in this study and in congruence with traditional phenomenological study, I conducted interviews, transcribed interviews, reviewed transcripts, identified codes, and presented the research findings. Because I am a rural clinical social worker, I carried the bias of my everyday knowledge and professional experience to my role as a researcher. I am aware of this bias and I utilized a reflective journal to assess my own understandings and reactions as potential bias in this study. Interviews were transcribed and sent to the research participants through password protected email for the participants' review and determination of accuracy. Finally, I read each transcribed interview a minimum of two times to understand the overall themes and information conveyed as well as to ensure the accuracy of the transcription.

Transcription of the interviews completed in this study allowed for and accurate reporting of information shared without the presentation of preconceived judgements or other issues that could adulterate data (Creswell, 2013). This process reduced bias and ensured the quality of the data presented. Further, the interview process engaged in this study was guided and structured by the interview protocol (Creswell, 2013). Finally, I utilized an audit trail to ensure that procedures and protocol was followed to ensure content validity.

This study included clinical social work supervisees in rural North Carolina. This study does not control for all aspects of intersectionality and therefore cannot be transferred or generalized to other populations. The nature of the phenomenological study is to explore the lived experiences of participants; therefore, the data cannot be assumed to apply to non-participants.

Results

Rural clinical social workers who participated in this study reported that education preparedness, supervisory support specific to rural issues, and ongoing professional development training specific to rural clinical social work issues are necessary for successful rural clinical social work service provision. Further, all study participants identified rural clinical social work as a specific specialty requiring specific attention in social work education and research. Participants identified rural specific concerns and all identified eagerness to engage in additional rural clinical social work training opportunities.

Each participant in this study identified an unsatisfied interest in participating in readily available professional development opportunities specific to rural topics or rural cultural competency. Participants reported participating in agency specific trainings that may include an element of rural specific concerns due to the nature of working in a rural community, however, these trainings were not generalizable to rural clinical social work nor were they perceived to be designed for rural clinical social work service provision. Participants all described an eagerness to increase their cultural competency specific to rurality even when a minimal level of competency had been attained.

Participants each identified interest in rural specific discussion or engagement in clinical supervision and some indicated that this is a focus of their supervision experience. One participant whose supervisor had extensive experience in rural clinical social work engagement reported that rural specific topics and cultural competency is a consistent focus of the supervisory experience and this experience was identified as pivotal in the process of achieving rural clinical social work cultural competency. Participants who did not experience rural specific discussion and engagement in clinical supervision identified this lack of attention as a limitation in their process of achieving cultural competency regarding issues of rurality.

Participants who obtained formal social work education in rural communities indicated that this unique experience of being educated in a setting that was rural as a strength in their preparation for rural clinical social work. One participant attributed her cultural competency to participating in a field education experience in a rural community. Participants who were educated in a traditional school location not in a rural community reported no attention to rurality in their formal social work education.

Summary

The lived experiences of rural clinical social workers are as unique as the strengths and challenges that they face. While issues considered to be areas of growth such as isolation and the requirement of an advanced generalist orientation, when these issues are viewed as strengths they can promote resilience in both the rural clinical social worker and the clients served by these providers. The lived experiences of rural clinical social workers include issues of resilience and strength when coupled with preparation and adequate support. When these issues are addressed,

they may result in improved cultural competence, improvement in educational preparedness, and resulting improvement in service delivery.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Rural clinical social workers have unique needs and require specialized support and training to provide adequate and appropriate services in the rural community. In this qualitative, phenomenological study, I explored the lived experiences of rural clinical social workers through semistructured interviews. Results were analyzed to identify and explore common themes. This chapter includes an interpretation of the findings and recommendations.

Interpretation of the Findings

The findings in this study are consistent with what is reported in the literature: Clinical social workers in the rural community have unique needs and therefore require unique training, supervision, and education. Participants in this study described similar issues related to rurality and clinical social work service engagement including the role of spirituality, rural isolation, limited access to professional development opportunities, limited opportunity for professional connection, and unique requirements and expectations of rural clinical social workers. Further, a need for rural specific clinical training, supervision focus, and education was universally desired by the participants, and each member found deficits in their rural specific training, education, or supervision. It is evident in participants' responses that the interconnected systems of professional development including formal social work education, clinical supervision, and ongoing professional training do not adequately address the professional development needs of these participants as they are related to rural clinical social work service engagement.

Limitations of the Study

All aspects of intersectionality are not controlled in this study, and therefore the findings cannot be transferred or generalized to other populations. This study did not include a full review of rural clinical social work or rurality in general. Further, this study did not include a full review of supervision across other behavioral health fields. The scope of this study includes only rural clinical social work supervision.

To address potential limitations with researcher bias, an interview protocol was utilized to limit bias and increase the validity of the data. An audit trail, triangulation, and other research design tools were also utilized to address issues of researcher bias and certify reliability and validity.

Recommendations

The first recommendation is further study on how specific elements of social work education, clinical supervision, and professional training are related to clinical social worker perceptions of cultural competency. Multiple participants shared their perceptions of their own limited cultural competency, and two participants described specifically how their formal social work education contributed to their cultural competency. Further, several participants spoke to the lack of cultural competency elements in their supervision experience, and those who did consistently indicated their perception of increased competence.

The second recommendation is further study on the perceptions of the importance of cultural competency and the relationship of perceived cultural competency to the retention of clinical social workers in rural communities. Future research can address whether rural clinical social workers who identify as culturally competent express greater job satisfaction than those

who do not identify as culturally competent. Research can also address whether social workers who perceive themselves to be culturally competent on rural issues seek job opportunities in rural communities.

The third and final recommendation is further review of how rural social work education is implemented in social work education and the possibility of increasing the dissemination of this information though diversity curriculum. Future research can address whether rurality is identified as an issue of cultural diversity across social work curriculums. Additionally, researchers may look at how rural clinical social work is introduced or discussed in the social work curriculum.

Implications

This study may have implications for rural social work supervisors, social workers in rural communities, residents of rural communities, professionals who provide professional development opportunities, recipients of social services within rural communities, and the CSWE in regard to social work curriculum (Edwards & Addae, 2015). If rural residency can be considered as an issue of intersectionality, perhaps information regarding cultural competency will be studied further and interventions to address these needs can be developed. If clinical social workers are better prepared for and supported in their roles in rural communities, rural residents may experience improved quality of social work services. If clinical social workers are more culturally competent regarding rural issues, their treatment engagement may be more effective, resulting in more positive treatment or service outcomes. A clinical social worker who is able to understand and engage the rural culture and interact with members of the rural community with more awareness. If rural specific issues are not thoroughly addressed in

professional training, education, and clinical supervision, it is possible that the element of cultural competency specific to rurality may be missed.

A social change issue is addressed in this study's research problem, purpose, and question. Social workers engage in social change interests and social justice pursuits through advocacy for equal opportunities and by challenging social injustices (Jansson, 2014). A core value acknowledged in the social work code of ethics is social workers' attention to social justice by way of engagement in social change is (National Association of Social Workers, n.d.). The social justice concern that is addressed in this study is the lack of adequate and culturally competent social services available in rural communities.

Implications for Policy Change

This study may impact the professional development needs of rural clinical social workers and may contribute to potential solutions to address the barriers to social work engagement in rural communities (Mackie, 2013). This study may have implications for rural social work supervisors, social workers in rural communities, residents of rural communities, professionals who provide professional development opportunities, recipients of social services within rural communities, and the CSWE regarding social work curriculum focused on the needs of rural communities (Edwards & Addae, 2015).

The experience of rural social work service provision is a necessary issue that can impact social justice for rural behavioral health care recipients. The unique challenges of rural clinical social workers justifies special attention in education, in the literature, and in training and supervision. A review of the literature as well as the findings in this study support the study of clinical social work supervision in the rural setting.

Conclusion

Rural clinical social work service provision is guided by just and fair relationships between consumers of services, service providers, and consumer communities. Just relationships require cultural competence and in the case of rural clinical social work, they require awareness of rural specific issues in all clinical engagements. To ensure equal quality clinical social work services in rural communities, it is necessary that possible unique qualities of rural clinical social work are explored and that that rural clinical social workers are educated, trained, and supervised by competent and prepared professionals. This social justice issue must be infused into professional training for rural clinical social workers to provide for cultural competence and thus the pursuit of social justice for rural residents. If rural clinical social workers are effectively education, trained, and supervised, it is possible that rural residents who engage in clinical social work services may receive culturally competent and therefore more effective services. Bringing attention to the possible unique needs of rural clinical social work can help to develop a more socially just and culturally competent field of rural clinical social workers. Social justice cannot be achieved if the potentially unique needs of rural communities are not met.

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Appendix A: Interview Questions

1. How did you come to be a rural clinical social worker?
   a. What were your previous clinical experiences?
   b. In what geographical locations did you work previously?

2. Tell me about your academic training in rural social work.
   a. Did you receive rural specific social work educational training?
   b. Did you intend to engage rural social work practice?

3. How do you obtain professional development training?
   a. Do you look for trainings or continuing education online?
   b. Do you attend face to face training or continuing education?
   c. Have you sought out training on rural specific topics?
   d. Do you desire training on rural specific topics?
   e. What rural specific training topics are you interested in?

4. Tell me about your experience in professional supervision accessed for the purpose of obtaining licensure.
   a. Did or do you find your supervisor to be culturally competent in rural social work practice?
   b. Did or does your supervisor address rural specific topics in supervision?
   c. Does your supervisor have professional experience in rural clinical social work?

5. What methods of supervision have you accessed?
   a. Have you used technology assisted supervision?
   b. Have you utilized group supervision?
   c. Have you utilized face to face supervision?

6. How has your clinical supervision prepared you for rural clinical social work?
   a. Have you discussed rural specific issues in your clinical supervision?

7. How well do you believe you are prepared for rural clinical social work?
   a. Do you feel as if you are culturally competent in rural social work practice?
   b. Do you feel prepared to engage in rural clinical social work?

Appendix B: Interview Protocol

Script Prior to Interview:
Thank you for being willing to participate in this interview. Transcripts of this interview will be used in the data analysis for my dissertation study on rural clinical social work supervision. As we have discussed, I am studying the lived experiences of rural social workers in clinical social work supervision. This interview will be used to document your lived experience in clinical social work supervision. Our interview today will last up to one hour. I will be asking you questions related to your academic and professional training as well as questions about your experience in clinical supervision.

Review Consent Form
Before our meeting today, you reviewed a consent form that indicated that I have your permission (or not) to audio record our interview session today. Do I still have your permission to record our interview today? ___Yes ___No

If yes: *Thank you (participant name)! If at any point you wish to stop the recording or take something that you said off of the record, please let me know.*

If no: *Thank you for letting me know. I will honor your wishes and only take notes during our interview.*

Do you have any questions before we begin our interview today?
[Discuss interview questions]

If at any point during our interview questions arise, ask them at any time during our interview.

Interview Questions
Sub questions are possible follow up questions to the main questions in this semi-structured interview.

8. How did you come to be a rural clinical social worker?
   a. What were your previous clinical experiences?
   b. In what geographical locations did you work previously?

9. Tell me about your academic training in rural social work.
   a. Did you receive rural specific social work educational training?
   b. Did you intend to engage rural social work practice?

10. How do you obtain professional development training?
   a. Do you look for trainings or continuing education online?
   b. Do you attend face to face training or continuing education?
   c. Have you sought out training on rural specific topics?
   d. Do you desire training on rural specific topics?
   e. What rural specific training topics are you interested in?

11. Tell me about your experience in professional supervision accessed for the purpose of obtaining licensure.
  a. Did or do you find your supervisor to be culturally competent in rural social work practice?
  b. Did or does your supervisor address rural specific topics in supervision?
  c. Does your supervisor have professional experience in rural clinical social work?

12. What methods of supervision have you accessed?
  a. Have you used technology assisted supervision?
  b. Have you utilized group supervision?
  c. Have you utilized face to face supervision?

13. How has your clinical supervision prepared you for rural clinical social work?
  a. Have you discussed rural specific issues in your clinical supervision?

14. How well do you believe you are prepared for rural clinical social work?
  a. Do you feel as if you are culturally competent in rural social work practice?
  b. Do you feel prepared to engage in rural clinical social work?

Conclusion

Before we conclude this interview, is there anything else that you would like to share that you believe influences your work in the rural community or your supervision experience?
Please remember that I will use the recording that we created today to create a transcribed interview. I will email that interview to you at the address that you provided within two weeks for your review. You will have the opportunity to review the transcription to ensure it's accuracy before the data is used for the completion of this study.
Please also remember that if you feel that you need to debrief this interview today, I can refer you to a clinical provider of your choice including opportunities for referral to community based agencies with free or low cost services within ten days of the completion of your interview.
Thank you, again, for participating in this interview today.