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The Lived-Experiences of Clinical Supervisors in Rural Mental Health Settings

Lauren Kuhn

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THE LIVED-EXPERIENCES OF CLINICAL SUPERVISORS IN RURAL MENTAL
HEALTH SETTINGS

A Dissertation

Submitted to the School of Education

Executive Counselor Education and Supervision Program

Department of Counseling, Psychology, and Special Education

Duquesne University

In partial fulfillment of the requirements for
the degree of doctor of philosophy

By

Lauren R. Kuhn

May 2009

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Lauren R. Kuhn

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DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education

Dissertation

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For the Degree of Doctor of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

Presented by:

Lauren Kuhn
Edinboro University, B.A., 1996
Edinboro University, M.A., 1999

February 16, 2009

THE LIVED-EXPERIENCES OF CLINICAL SUPERVISORS IN RURAL MENTAL
HEALTH SETTINGS

Approved by:

_____, Chair
William J. Casile, Ph.D.
Associate Professor

_____, Member
Nicholas J. Hanna, Ph.D.
Professor

_____, Member
Lisa Lopez Levers, Ph.D.
Associate Professor

ABSTRACT

THE LIVED-EXPERIENCES OF CLINICAL SUPERVISORS IN RURAL MENTAL HEALTH SETTINGS

By

Lauren R. Kuhn

May 2009

Dissertation supervised by William J. Casile

Supervision is an essential component to the counseling field and is a distinct intervention (Bernard & Goodyear, 2004). The primary purpose of supervision is to enhance a counselor's professional development and ensure client welfare. The role of a supervisor carries a tremendous amount of professional, ethical, and legal responsibilities. Therefore, supervisors require specific training, skills, and knowledge related to the provision of mental health services in rural areas in order to provide quality supervision services. The intent of this study is to provide a rich description of the supervisor's experience of supervision in the rural context and its effect on the development and functioning of the rural supervisor.

This study provided the opportunity for supervisors to share the benefits, challenges, and concerns of providing supervision in the rural context. This study contributed to the understanding of the benefits and challenges of rural supervision and provided a basis for recommendations to improve supervision in rural areas. An analysis

of relevant themes that emerged from focus group and individual interviews with ten rural supervisors provided a rich description of the experience of supervisors in rural settings.

The results of this study demonstrate that working in rural mental health settings provides unique challenges and barriers to the development and functioning of rural supervisors. Rural supervisors struggle with the lack of initial and continuing education and training, lack of peer and professional supports, and lack of resources and funding in rural areas. These challenges are unique to the rural context and can have a profound effect on the quality of supervision and the quality of services provided in rural areas.

The findings of this study identify the need for specific training and field experiences to prepare workers for the challenges often faced working in rural settings. This study provides specific recommendations to counselor educators to prepare people for work in rural areas. This study identifies risk factors and protective factors that enhance or impede supervisor development, and it provides specific recommendations to support supervisors currently practicing in rural areas.

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CHAPTER I

“Nor rural sights alone, but rural sounds, exhilarate the spirit, and restore the tone of languid nature.”- William Cowper (1785).

INTRODUCTION

The rural mental health professional is faced with many advantages and disadvantages specific to the rural context. The rural counselor has the benefit of experiencing close knit families and ties, the natural beauty of rural areas, professional freedom, a slower lifestyle, cleaner air, and a lower cost of living (Stamm, 2003). Due to the positive factors listed, many counselors enjoy the quality of life that rural settings provide. For example, an autonomous counselor might enjoy the professional freedom of working independently and having lower overhead costs. Mental health professionals may even choose to work in rural areas due to these unique characteristics and benefits. However, the majority of research on mental health services in rural areas paints a deficient-based framework. Compared to urban counterparts, rural counselors face many unique challenges including geographical and accessibility issues, diversity of clients, boundary issues and dual relationships, lack of professional support, multiple and diverse roles, professional isolation, and other issues related to service delivery in rural areas (Barbopoulos & Clark, 2003; Birk, 1994; Bushy, 1997; Helbok, 2003; Hoyt, Conger, Valde, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). While each rural region is unique, most have several characteristics, benefits, and challenges in common.

The rural counselor must have specific skills and personal characteristics to work with the diverse and unique concerns presented by rural populations. The rural counselor must be prepared to work from a generalist perspective, deal with professional isolation, heavy case loads, lack of privacy, and limited professional development and supervision opportunities (Coll, Kovach, Cutler, & Smith, 2007; Hargrove, 1991; McMahon & Patton, 2000; Morrissette, 2000; Pugh, 2003; Weigel & Baker, 2002). Working from a generalist perspective requires counselors to have a broad range of knowledge on multiple mental health issues and treatment interventions to work in this context with a diverse range of clients and problems. This requires the counselor to be flexible, adapt to the needs of clients, and function in different roles such as counselor, case manager, crisis intervention worker, and advocate. In addition to having a broad range of knowledge and skills, workers in rural settings are faced with dual relationship issues and report professional isolation and limited professional growth opportunities (Morrissette, 2000). The aforementioned factors, such as lack of competency and ethical dilemmas, coupled with lack of supervision and supports, poses as a challenge for rural mental health workers. The helping profession has been identified as a high-risk field for professional burnout (Skovholt, 2001). If a rural mental health worker is faced with challenges unique to the rural context while lacking professional support and training opportunities, the risk of burnout may be even greater (DeStefano, Clark, & Potter, 2005; Kee, Johnson, & Hunt, 2002; Skovholt, 2001). A study by DeStefano, Clark, Gavin, and Potter (2005), found that support from a supervisor improves job satisfaction of counselors in rural areas and reduces overall stress. This highlights the need for support and supervision of rural mental health workers. Finally, another concern of practicing in the field of mental

health in rural areas is the limited opportunities for professionals to practice in a specialty area. Rural populations typically present a wide variety of mental health issues making it difficult to have enough clients to sustain an area of specialty. This presents another barrier to recruiting trained professionals to work in rural areas, as there are more opportunities for higher pay and specialized work in urban areas.

In summary, rural mental health workers face several challenges that are unique to the rural context. Due to these challenges, rural workers may have a decrease in the quality of their professional work or experience stress and burnout. Therefore, rural mental health workers need to have consistent support and supervision to mitigate against any negative outcomes for workers and their clients.

The rural counselor is faced with many unique challenges specific to working in the rural context. These issues and challenges illuminate the need for supervision in rural settings. Supervision is an essential component to the counseling field and is a distinct intervention (Bernard & Goodyear, 2004). The primary purpose of supervision is to enhance a counselor's professional development and ensure client welfare. A holistic definition of supervision is provided by Bernard & Goodyear (2004):

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality for professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession (p.8).

Supervisors are the gatekeepers to the field of counseling and have an ethical obligation to ensure counselor competence in order to provide quality care and protect client welfare. The American Counseling Association (ACA, 2005) Code of Ethics reads: “A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervise clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.” (F.1.a.)

Supervision has grown in importance in the field of counseling and is seen as an area of specialization requiring specific skills, knowledge, and training (Campbell, 2006). Supervisors are legally and ethically responsible for supervisees’ actions. Two legal concerns are vicarious liability, which means that supervisors can be held accountable for supervisees’ actions, and malpractice, which emphasizes practicing within one’s scope of competence (Campbell, 2006). It is a legal and ethical responsibility for supervisors to be prepared and trained to provide supervision services. In most states, in order to become licensed, one must accumulate supervision hours. Therefore, not only are supervisors required to ensure competency and client welfare, supervisors provide evaluation and feedback regarding quality of care. The American Counseling Association Code of Ethics (2005) cites: “Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills.” (F.2.a) The role of supervisor carries a tremendous

amount of responsibility and supervisors must have training to provide such services. To become a supervisor, most regulatory boards require supervisory training. For example, the Association for Counselor Education and Supervision (ACES, 1993) requires supervision training before taking on a supervisory role.

The rural population requires that effective counseling be conducted with an awareness and understanding of the cultural characteristics and lifestyles found in that setting. In addition to addressing the unique characteristics and challenges of rural areas, rural supervisors must develop a culturally appropriate approach to working with and supporting counselors in rural settings. Supervisors must have an understanding of the rural culture, in addition to, the basic supervisory skills, knowledge, and competencies needed to work effectively with diverse rural clients and their supervisees (Campbell, 2006; Inham, 2006). The American Counseling Association Code of Ethics (2005) mandates that supervisors be aware of and address multiculturalism/diversity concerns (F.2.b).

Rural school, family, and couples counselors report concerns with lack of professional supervision experiences and supports and feelings of professional isolation (Morrisette, 2000; Weigel & Baker, 2002). Due to these concerns, rural mental health workers need to have specific characteristics and training to be prepared to cope with the unique issues of working in rural areas. In addition, rural counselors are faced with the challenge of providing services to a wide range of mental health populations. If a counselor is one of the only providers in an area, the counselor is bound to come face to face with a concern that is out of the scope of their training. Rural counselors need to work from a generalist perspective and often work out of their scope of training or

competency, thus creating an ethical dilemma (Hargrove, 1991; Helbok, 2003; Weigel & Baker, 2002). There is a lack of understanding and limited studies regarding solving ethical dilemmas in rural areas (Helbok, 2003). An understanding of such ethical dilemmas would provide a foundation to support workers making ethical decisions. The ethical dilemmas presented by the rural context illuminate why supervision is especially important (Stamm, 2003). The rural counselor could compensate for lack of experience and training through supervision and continuing education. Supervision provides support for professional growth to cope with stressors, work through ethical dilemmas, and ensures that the counselor is working within the scope of their training.

The existing literature highlights the many challenges that rural mental health workers face such as lack of resources and supports, professional isolation, multiple relationships and roles, and other ethical concerns (Hargrove, 1991; Helbok, 2003; Weigel & Baker, 2002). Despite the limited available research on the experiences of rural supervisors, one might conclude that rural supervisors face many of the same concerns that parallel supervisees. Parallel process occurs when a problematic issue the supervisee is experiencing “beams out” and can affect the supervision and therapeutic relationship (Bernard & Goodyear, 2004). Therefore, the supervisor may experience directly or indirectly the same concerns that rural counselors face. Another phenomena experienced in the supervision relationship is isomorphism. Isomorphism supposition is that the supervisory relationship parallels are present between different systems. In other words, it is important to look beyond the supervisee to resolve problems (Campbell, 2006). In addition to addressing counseling concerns and ethical dilemmas, rural supervisors may personally encounter additional areas of need beyond those expressed by

rural counselors. For example, rural supervisors must address the needs of counselors who might not be prepared for work in rural areas, while personally dealing with professional isolation and lack of resources.

The purpose of this study is to examine the lived-experiences of clinical supervisors in rural mental health settings. This study will analyze the relevant themes that emerge from focus group and individual interviews with supervisors working in rural areas in an attempt to develop a rich description of the experience of supervisors in rural settings. This type of study will contribute to the limited available literature on the needs of the rural supervisor.

Statement of the Problem

To date, there is a limited amount of research on the effect of supervision in mental health settings and of the rural context on the rural counselor (Scultz, Ososkie, Fried, Nelson, & Bardos, 2002; Scott, Nolin, & Wilburn, 2006; Weigel & Baker, 2002). In a review of available published literature, there has been even less research on the experiences of supervisors providing clinical supervision in rural mental health settings. There is a need for research to describe the day to day experiences and challenges faced by rural supervisors. The goal is to explore, describe, and understand the experiences of supervisors working in rural areas. To have these supervisors explain the essence of their experiences provides an opportunity for the field of counseling and supervision to gain a better understanding of this phenomenon. The current research does not have an understanding of the types of supervision conducted in rural areas (clinical vs. administrative), the day to day life or experiences of rural supervisors, and the needs of or challenges faced by rural supervisors. The counseling and supervision literature has yet

to answer many questions regarding this phenomenon. Not knowing the experiences, challenges, needs, or concerns of rural supervisors presents a problem for the counselors and clients served in rural areas, as well as counselor educators. If supervisors are not getting their professional needs met, they may not be providing effective supervision. Investigating the experience of supervisors and the effect of the rural context is a practical research problem. The results of this research will add to the literature and knowledge base regarding the effect of the rural context on the rural supervisor. Due to the limited available research, counselor educators do not have an understanding of the needs of supervisors in rural settings to better prepare students for rural work. In addition, the results of this qualitative research will generate hypotheses for future research of this phenomenon and address the remaining unanswered questions. Gaining a better understanding of the issues or challenges faced by the rural supervisor can ultimately enhance the provision of services to clients.

Rural counselors need specific training to deal with the unique culture and issues presented by rural populations (Birk, 1994; Kee, Johnson, & Hunt, 2002; Kruse & Aten, 2007; Morrisette, 2000; Slama, 2004; Weigel & Baker, 2002). The rural population is a unique milieu with characteristics specific to the rural culture. The rural population is a close-knit community that is often suspicious of outsiders (Ginsberg, 2005). This creates a challenge for a new counselor attempting to provide services in a small town community. In a study by Birk (1994), psychologists reported they were not properly trained for rural work as their training was from an urban model. It is important for mental health workers to understand and appreciate the dynamics and context of rural America. Campbell (2006) states that supervisors are often placed in supervisory

positions with no experience or training. In addition, clinicians typically move to administrative positions rather quickly in rural areas (Hargrove, 1991). Many training programs do not prepare workers for this type of role. According to Hargrove (1991) a person cannot effectively move from the role of clinician to administrator without specific training. The position of supervisor requires specific skills, knowledge, and training. Most master-level supervisors lack training in supervision (Casile, Gruber, & Rosenblatt, 2007) let alone training in providing supervision in rural areas. Supervisors, overall, are not adequately trained and feel anxious providing supervision (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Working in an unfamiliar context, such as a rural setting, may exacerbate the anxiety of providing supervision. Campbell (2006) cites that supervision and training of supervisors are not a focus in work settings. The available counseling and supervision research fails to provide an understanding of the training and preparation of supervisors in rural areas.

Studies of rural counselors demonstrate that there are limited professional development opportunities, resources, and supports in rural environments (Coll, Kovach, Cutler, & Smith, 2007; Hargrove, 1991; McMahon & Patton, 2000; Morrissette, 2000; Weigel & Baker, 2002). Campbell (2006) cites there is limited information on the needs of supervisors who face challenges in delivery systems, which can include rural settings. There is no available literature and foundational understanding of how rural supervisors are supported. Due to parallel process and isomorphism phenomenon discussed earlier, rural supervisors might experience some of the challenges that rural supervisees face. It seems logical to assume that rural supervisors experience lack of supports and

supervision. This study would help the counseling field gain a better understanding of how to provide better supports to supervisors in rural areas.

In a study by Birk (1994), psychologists working in rural areas reported limited opportunities for continuing education. Coll, Kovach, Cutler, and Smith (2007) cite that rural counselors have lower professional memberships and attend fewer professional conferences. The lack of or limited training of master-level counselors in supervision demonstrates the importance of continuing education and development for rural supervisors. Based on this researcher's professional supervisory experience in rural areas, it would seem logical to assume that the rural supervisor faces limited continuing education and training opportunities. There is no available literature on how the rural supervisor either compensates for their lack of supervision training or continues their professional education and development activities.

Rural counselors often experience professional isolation and burnout that could negatively affect their work and service delivery in rural areas (DeStefano, Clark, & Potter, 2005; Skovholt, 2001). In a study by Kee, Johnson, and Hunt (2002), rural counselors were found to be at risk for greater emotional exhaustion, burnout, and a lower sense of personal accomplishment due to isolation and inadequate professional and social supports. In addition, counselors often report confusion between administrative supervision and clinical supervision (Campbell, 2006). Limited studies have been conducted on the quality and type of supervision provided to counselors in rural areas (McMahon & Patton, 2000) and their supervisors. Understanding if and how counselors and their supervisors are supported will enhance the quality of services provided in rural mental health settings.

Birk (1994) found that workers did not believe their training programs prepared them for work in rural areas and many counselors do not feel prepared to work with diverse clients. Of the research conducted, the following recommendations have been made for counselor preparation in rural settings: practicum and internship opportunities (Birk, 1994; Coll, Kovach, Cutler, & Smith, 2007; Morrissette, 2000); sensitivity to the rural culture and inherent ethical dilemmas (Birk, 1992; Helbrok, 2003); skill development in networking, collaboration, and communication technology (Cook & Hoas, 2007; Morrissette, 2002); training from a generalist perspective and exposure to literature on rural culture (Morrissette, 2002); and comfort with isolation, autonomy, and ambiguity (Weigel & Baker, 2002). There is limited literature on how training programs have prepared supervisors for work in rural areas. The literature and counselor educators would benefit from hearing the recommendations rural supervisors make for preparation and support of supervisors working in rural settings.

In conclusion, the available literature does not provide an understanding of the experiences of supervisors providing supervision in rural areas. The available literature on counselors' experiences in rural areas demonstrates that rural counselors face many challenges working in rural settings. Challenges include professional isolation, lack of resources, supports, and supervision, and the need to work from a generalist perspective. These challenges illuminate the need for rural counselors to seek and receive clinical supervision (Weigel & Baker, 2002). Supervision is an essential component to the counseling field and is a distinct intervention that parallels the process of counseling (Bernard & Goodyear, 2004). The primary purpose of supervision is to enhance counselors' professional development and ensure client welfare. The role of supervisor

carries a tremendous amount of ethical and legal responsibility and supervisors must have training to provide such services. To complicate matters, the rural population is a unique milieu that requires an awareness and understanding of the distinctive culture and lifestyle. Rural supervisors must develop a culturally appropriate approach to working with and supporting counselors. In addition, rural supervisors may experience parallel limitations and challenges that rural counselors face. There is no available published literature on the experiences of supervisors providing clinical supervision in rural settings. In order to improve service delivery in rural areas, there is a need to hear the voice of rural supervisors. Hearing the voices of rural supervisors regarding their experiences can provide the opportunity for a better understanding and recommendations to improve supervision and ultimately, the provision of services in rural areas.

Significance and Need of the Study

The field of counseling and supervision would benefit from gaining a better understanding of the day to day experiences and challenges faced by rural supervisors. This study is important in providing a voice to supervisors of counselors in rural mental health settings. There is a need for a better understanding of the rural supervisor's experiences, expressed needs, and recommendations to counselor educators to help prepare supervisors for work in rural areas. The rural context provides many unique challenges, and this study will examine how the rural context affects supervision. Counselors, supervisors, and counselor educators need to hear the voice of rural supervisors if they are to improve services to clients in rural mental health settings.

Ruralness can be considered a culture with unique features, values, and characteristics. The rural counselor needs to work from a generalist perspective and often

works out of the scope of their training or competencies (Weigel & Baker, 2002). The rural counselor can compensate for this lack of experience and training through supervision and education.

Justification for this qualitative study is grounded in the American Counseling Association's Code of Ethics (ACA, 2005). The ACA Code of Ethics (2005) specifies that counselors and supervisors must monitor client welfare and work within the scope of competencies. If a counselor is working out of the scope of experiences and training, they are in violation of the ACA Code of Ethics. Due to the ethical obligations of the profession, lack of training and supports of rural counselors highlight why supervision is even more important to counselors in rural settings. This should cause alarm to the counseling profession if counselors are working out of the scope of their training and competency.

Counseling supervisors must be trained and competent to address multicultural and diversity issues. This includes working with the diverse and heterogeneous rural population and addressing multicultural/diversity issues in the supervisory relationship. The American Counseling Association Code of Ethics (2005) states that counselor educators must include material on diversity issues faced in counseling in all coursework (F.2.b.). The results of this study will provide valuable information to counselor educators to consider and implement in developing course curriculum.

This study will add to the extant literature on how to prepare supervisors and counselors for work in rural areas (Jones-Hazledine, McLean, & Hope, 2006; Walter, Morotti, Herrick, & Tibury, 2001; Morrissette, 2000; Lonborg, 2004). The concerns of working in rural areas have been examined by related disciplines such as psychology

(Barbopoulos & Clark, 2003; Birk & Sue, 1995; Helbok, 2003; Kruse & Aten, 2007; Schank & Skovholt, 1997; Smith, 2003), psychiatry (Cook & Hoas, 2007), social work (Pugh, 2003; Riebschleger, 2007; Van Hook & Ford, 1998), marriage and family counseling (Hovestadt, Fenell, & Canfield, 2002; Morris, 2007; Weigel & Baker, 2002), nursing (Starr, Campbell, & Herrick, 2002), school counseling (McMahon & Patton, 2000; Morrissette, 2000; Suttin, 2002) vocational rehabilitation (Arnold & Seekins, 1997), and in other countries such as Australia (Endacott, Wood, Judd, Hulbert, Thomas, & Grigg, 2006; McMahon & Patton, 2000) and the United Kingdom (Pugh, 2003). According to Birk and Sue (1995), the literature focuses on the diagnostic and treatment issues of rural populations, rather than on the experiences of workers in rural areas. Most of the current literature has focused on the advantages and disadvantages of working in a rural environment. There has been an outcry for additional research on burnout in rural areas (Kee, Johnson, & Hunt, 2002), and preparing psychologists (Birk, 1994; Kruse & Aten, 2007), rural marriage and family therapists (Morris, 2007), and rural school counselors (Morrissette, 2000) for work in rural settings. In a review of available research, there is limited literature on supervision and the experience of supervisors in rural areas. Hargrove (1991) recommends research on the background and training of individuals who have worked successfully in rural areas. The counseling profession would benefit by gaining a better understanding of the phenomenon of working in rural areas (Barbopoulos & Clark, 2003; Helbok, 2003; Pugh, 2003).

By contributing to the limited research and knowledge base of supervision in rural areas, the results of this study will benefit supervisors working in rural settings. Not only will the results provide a better understanding of the issues, concerns, and needs faced by

rural supervisors, the study may provide practical solutions and suggestions to enhance the effectiveness of supervisors working in rural areas. For example, research on rural counselors suggests strategies such as use of supports and networking, technology, seeking supervision, accepting professional uncertainty or doubt, and specialized training in rural issues (Kee, Johnson, & Hunt, 2002; Morrissette, 2000; Sampson, Kolodinsky, & Greeno, 1997; Weigel & Baker, 2002). This study can normalize the experiences of rural supervisors and provide suggestions to enhance skills, knowledge, training, and services.

This study will enhance the professional development of rural counselors and supervisors. The results of this study will provide recommendations from rural supervisors that will contribute to the professional development of both the rural counselor and supervisor and ultimately enhance patient care in rural areas. Studies show that the rural counselor faces professional isolation and lacks professional development opportunities (Coll, Kovach, Cutler, & Smith, 2007; Hargrove, 1982; McMahon & Patton, 2000; Morrissette, 2000; Weigel & Baker, 2002). One purpose of supervision is the professional development of the counselor. This study can enhance the supervision provided to the rural counselor and therefore improve professional development.

The outcome and practical solutions of this study will benefit counselor educators to prepare supervisors for work in rural areas. The results of this study will provide valuable information to counselor education programs to better prepare counselors and supervisors for work in rural areas. Currently, there is no specific specialization or certification in rural counseling or supervision and specific strategies and suggestions will enhance counselor education courses and practicum and internship experiences.

This study will be of value to funding agencies, administrators, and stakeholders in rural mental health clinics. In this day and age of accountability, this study will assist agencies in enhancing program development and providing quality care to patients in rural areas. In addition, the results of this study will provide justification in requesting funding for clinical supervision.

Finally, and most importantly, this study will ultimately enhance the quality of care provided to clients living in rural areas. If supervision is provided to rural counselors to enhance skills and knowledge, the clients will ultimately receive enhanced quality care. This outcome alone should justify the need to enhance the counseling profession's understanding of the needs of supervisors working in rural settings. The literature and research that have been reviewed and previously conducted informs and directs this study.

Purpose of the Study

The purpose of this study is to examine the lived-experiences of clinical supervisors in rural mental health settings. This study will analyze the relevant themes that emerge from focus group and individual interviews with supervisors working in rural areas in an attempt to develop a rich description and understanding of the experiences of supervisors in rural settings.

This study presents a description of the culture, experiences, challenges, needs, and limitations, as well as, the benefits and advantages of providing supervision to counselors in rural mental health settings. Research on the advantages of working in the rural setting includes the beauty of rural areas, low overhead, less competition, greater autonomy, and collegial relationships with other professionals (Birk & Kim, 1995). In

contrast, the rural worker must be prepared to work from a generalist perspective, deal with professional isolation, heavy case loads, multiple relationships, lack of privacy, and limited professional development and supervision opportunities (Coll, Kovach, Cutler, & Smith, 2007; McMahon & Patton, 2000; Morrissette, 2000; Pugh, 2003; Weigel & Baker, 2002). The goal of this study is to gain a better understanding of the day to day life of the rural supervisor. There is limited research providing recommendations for supervisor preparation and the information from this study will contribute to the counseling literature to better prepare supervisors for work in rural areas. There is a need to develop an effective supervision framework for work in rural areas. The objective of this study is to gain an understanding of the effect of the rural context on supervision, the factors that influence the performance of rural supervisors (internal, system, external, clientele, lack of support, professional dilemmas), and self-care and preventive strategies used by supervisors. The information from this study will give specific strategies to counselor educators and supervisors.

The central goal of this study is to contribute to the limited available literature in the field of rural supervision. The aim is to better understand the effect of the rural context and specifically to determine the factors that impact the performance of rural supervisors. This study will allow supervisors to discuss the complexities of the unique issues faced and assist in meeting the needs of both supervisors and supervisees. Pugh (2003) stated that “the planning and delivery of rural services needs to be based upon reliable information about the nature of rural communities and their needs.” (p 81) Asking supervisors directly about experiences, concerns, and needs will contribute to a better understanding of supervision and how to enhance service delivery in rural areas.

Research Questions

The following questions drive this study and were developed through a review of related literature and this researcher's expertise providing counseling and supervision services in rural settings.

1. What is the experience of supervisors working in rural areas?
2. How have supervisors been prepared to provide supervision in rural areas?
3. How are rural supervisors supported? What resources are utilized?
4. What is the nature of supervision provided in rural settings?
5. How should counselor education programs better prepare students to work as supervisors in rural areas?
6. What are the professional development needs of supervisors in rural areas?

The purpose of this study is not to test hypothesis, as the relevant research in the field has failed to provide an understanding of the experiences of supervisors working in rural areas. This study will provide a description and greater understanding of the lived-experience of supervisors in rural mental health settings. This study contributes to the knowledge base and prospective hypothesis for future research of supervision in rural areas.

Theoretical and Conceptual Framework

This qualitative research draws upon the theoretical framework of the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and the Integrated Developmental Model (IDM) of Supervision (Stoltenberg, McNeill, & Delworth, 1998). The ecological model has been used in previous research to explore the field of counseling (Coyne & Cook, 2004). These two models provide a lens to illuminate

and understand factors that influence supervisor development, specifically in rural environments. The relationship between the person and the environment is dynamic and the development of the person cannot be separated from the social networks in which they are engaged (Bronfenbrenner, 1979, 2005).

Bronfenbrenner's bio-ecological model (1979) attempts to explain how individual development is influenced by multiple, layered, and interactive environments. Looking at supervisor experiences in rural areas from an ecological perspective allows for a more holistic understanding of supervisor's experiences (Levers, 1997). The bio-ecological model of human development serves as a lens or pathway to understanding supervision development across interrelated systems, specifically in rural settings. This theory provides a framework to analyze the connections and processes that shape the development of supervisors both indirectly and directly. This interaction of biological and social forces allows for the examination of development of rural supervisors in the context of their environment; In other words, rural settings. This model describes the interrelated structures of the immediate and remote environment's influence on the development of the supervisor.

Bronfenbrenner's (1979, 2005) ecological model consists of four interrelated spheres or systems that are "nested inside the other" and includes the microsystem, mesosystem, exosystem, and macrosystem (p. 3). The innermost sphere closest to the individual or supervisor, is called the microsystem and includes structures in the supervisor's immediate environment, or lived space (Van Manen, 1990). According to Bronfenbrenner (1979), the microsystem has the most impact on the supervisor's development. Microsystems include the supervision dyad or supervision environment.

The next system, moving away from the individual, or supervisor, is the mesosystem. The mesosystem includes coworkers, agencies, friends, and extended family members. In the mesosystem, processes take place between settings or microsystems, such as home and work (Bronfenbrenner, 1979). This can also include the culture of an organization in which one works and the support or lack of support for supervision. The next sphere is the exosystem which includes the community, society, and culture and processes that take place between two or more settings, one in which a person may not be immediately contained but can still influence development. Included in this sphere related to supervision can be state and national government initiatives, managed care systems, and county mental health administration. The rural context falls within this sphere and is important for rural supervisors to understand how to navigate and support supervisees in this system. Finally, the macrosystem, or outermost sphere, is more global and includes societies' overall beliefs or culture. Mental health stigma and stereotypes fall within the sphere. When working with rural populations, it is important for rural supervisors to assist supervisees to navigate concerns that emerge in the macrosystem. Finally, a change in any layer or sphere will have a ripple effect on the other layers in which supervisors are nested.

Supervisor development is a complex, multidimensional phenomenon that is grounded in interactions among personal, situational, and socio cultural factors. Bronfenbrenner's bio-ecological model provides a general framework of human development and serves as a larger backdrop in understanding the experience of rural supervisors.

The second theory used in this study is Stoltenberg, McNeill, and Delworth's (1998) Integrated Developmental Model (IDM) of Supervision. In the IDM model, over time the supervisor, supervisee, and subsequent relationships change. The process of becoming a competent supervisor is a developmental process and is not a one-time, single event (Bernard & Goodyear, 2004). If a supervisor is not getting their needs met due to constraints in their environment, this will impede development and effectiveness of supervision. According to Ronnestad and Skovholt (1993), there is a need to research the impact of supervisor's developmental level on the supervisee's development.

Individuals do not develop in isolation and are influenced by biological, political, environmental, social, and cultural forces. It is imperative to examine the interaction between supervisors and their environment to develop a better understanding of the phenomena of rural supervision. Therefore, this study integrates two primary theories that combine contextual and temporal domains (Rigazio-DiGilio, 1998) to gain a better understanding of the development of supervisors in a rural milieu. It is important to consider multiple factors that influence the supervisor and supervisee's development, including the social environment (Montgomery, Hendricks, & Bradley, 2001). Both supervisors and supervisees are influenced by individual experiences, such as family and cultural backgrounds, and by the context in which they interact, such as rural settings (Rigazio-DiGilio, 1998).

Operational Definitions

Rural Counselors, Mental Health Workers, and Rural Workers will be used interchangeably in the study. The definition for rural counselors, mental health workers, and rural workers includes any person that provides mental health services in rural settings.

Rural- There are many definitions of rural and the United States Census Bureau (2000) uses population density as a means to determine rural. The Census Bureau (2000) defines rural as anything that is located outside of urbanized areas and clusters. The core blocks or clusters have at least 1,000 or more people per square mile or at least 50,000 people. For the purposes of this study, rural is defined as areas that are medically underserved and experience mental health worker shortages (Stamm, 2003).

Supervision - Supervision is an intervention with the purpose of enhancing the professional development of the supervisee and monitoring the quality for professional services and client welfare.

Rural Supervisor- A mental health professional that provides clinical or administrative supervision to rural counselors, mental health workers, and rural workers.

Rural Mental Health Setting- Any agency that is located in a rural area that provides mental health services.

Summary

The purpose of this study is to examine the lived-experiences of clinical supervisors in rural mental health settings. This study will analyze the relevant themes that emerge from focus group and individual interviews in order to determine the needs of supervisors in rural mental health centers. There is limited literature on this

phenomena and this study will contribute to the knowledge base of supervision in rural areas that can improve the quality of services provided to rural populations. In addition, this study will provide practical recommendations for preparation and support of rural supervisors.

CHAPTER II

REVIEW OF THE LITERATURE

The following chapter provides an introduction to the theoretical framework used to guide this study of the phenomena of rural supervision. Following the introduction to the theoretical framework for this study, an overview of literature pertaining to rural areas is presented. Included in the review are the characteristics of rural areas, the advantages and disadvantages of working in rural mental health, and recommendations from the literature to prepare for work in rural settings. This chapter concludes with an overview of the importance of supervision in rural areas.

Theoretical Framework

The focus of this study is to examine the lived-experiences of clinical supervisors in rural mental health settings. In order to understand the individual development of supervisors in a rural context, two primary theories are employed to interpret the data collected from focus group and individual interviews with rural supervisors. The two approaches used in this investigation to account for the multidimensional intricacies of the rural supervision phenomena include the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and integrated developmental model of supervision or IDM (Stoltenberg, McNeill, & Delworth, 1998). These two models provide a lens to illuminate and understand factors that influence supervisor development, specifically across the multiple complexities of rural environments. Supervision includes an active interaction among the individual and social, cultural, and environmental factors. The relationship between the person and the environment is dynamic, and the development of the person cannot be separated from the social networks in which they are engaged

(Bronfenbrenner, 1979, 2005). Looking at supervisors' experiences in rural areas from an ecological perspective allows for a more holistic understanding of individuals (Levers, 1997) or, in this study, supervisors' experiences. In addition to a brief overview of each theory and the relevance to this study, a review of supervision will be provided.

Bio-ecological Model of Human Development

Bronfenbrenner's bio-ecological model (1979) attempts to explain how individual development is influenced by multiple, layered, and interactive environments.

Bronfenbrenner (1979) defines the ecology of human development as:

The scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (p 21).

This model is useful when looking at supervision and supervisor development. Supervision and supervisor development is a multifaceted phenomenon that includes an interaction among the individual and social, cultural, and environmental factors. In addition, becoming a supervisor is a "never ending process" of development (Cohen, 2004, p. 199). The bio-ecological model of human development serves as a lens or pathway to understanding supervision development across interrelated systems, specifically in rural settings. The relationship between the person and the environment is dynamic and the development of the person cannot be separated from the social networks in which they are engaged (Bronfenbrenner, 1979, 2005). In other words, the whole is greater than the sum of the parts. This theory provides a framework to analyze the

connections and processes that shape the development of supervisors both indirectly and directly. This interaction of biological and social forces allows for the examination of development of rural supervisors in the context of their environment - in other words, rural settings. This model describes the interrelated structures of the immediate and remote environment's influence on the development of the supervisor.

Bronfenbrenner's (1979, 2005) ecological model consists of four interrelated spheres or systems that are "nested inside the other" and includes the microsystem, mesosystem, exosystem, and macrosystem (p. 3). The innermost sphere closest to the individual or supervisor, is called the microsystem and includes structures in the supervisor's immediate environment, or lived space (Van Manen, 1990). According to Bronfenbrenner (1979), the microsystem has the most impact on the supervisor's development. Microsystems include the supervision dyad or supervision environment. In this "supervisory ecology" (Bernard & Goodyear, 2004) the phenomena of parallel process and isomorphism occurs. The significance of these two phenomena will be discussed later in this chapter. According to Bronfenbrenner (1979), bidirectional influences are greatest at this level. For example, if one member of the supervision dyad undergoes a process of change or development, the other is affected and is likely to change. If supervision is lacking or ineffective, this can have an impact on the development of the supervisor and supervisee's level of functioning. According to Lynch and Levers (2007), there are environmental protective and risk factors that impact a person. Protective factors can serve as a "buffer" and risk factors can be a barrier to an influence on functioning and development. It is important to identify environmental risks, or barriers, and protective factors to supervisor development. For example, when

looking at psycho-social risk factors (or barriers) of rural supervisor development, burnout is a concern (DeStefano, Clark, & Potter, 2005; Kee, Johnson, & Hunt, 2002; Skovholt, 2001).

The next system, moving away from the individual, or supervisor, is the mesosystem. The mesosystem includes coworkers, agencies, friends, and extended family members. In the mesosystem, processes take place between settings or microsystems, such as home and work (Bronfenbrenner, 1979). This can also include the culture of an organization in which one works and the support or lack of support for supervision. In addition, when an individual experiences a change, such as a change in role from counselor to supervisor, this is considered an ecological transition (Bronfenbrenner, 1979). This ecological transition normally occurs in the mesosystem and can have a lasting impact on the supervisor's development.

The next sphere is the exosystem which includes community, society, and culture and processes that take place between two or more settings, one in which a person may not be immediately contained in but can still influence development. Included in this sphere related to supervision can be state and national government initiatives, managed care systems, and county mental health administration. The rural context falls within this sphere, and it is important for rural supervisors to understand how to navigate and support supervisees in this system.

Finally, the macrosystem, or outermost sphere, is more global and includes society's overall beliefs or culture. Mental health stigma and stereotypes fall within this sphere. When working with rural populations, is important for rural supervisors to assist supervisees to navigate concerns that emerge in the macrosystem. Finally, a change in

any layer or sphere will have a ripple effect on the other layers in which supervisors are nested.

Supervision and supervisor development is a complex, multidimensional phenomenon that is grounded in interactions among personal, situational, and socio-cultural factors. Bronfenbrenner's bio-ecological model provides a general framework of human development and serves as a larger backdrop in understanding the experience of rural supervisors.

Next is a discussion of supervision, the role of supervisors, and supervisor competencies and training requirements. Finally, there will be a review of the components of a supervision development model, specifically, The Integrated Developmental Model (IDM) of Supervision (Stoltenberg, McNeill, & Delworth, 1998).

Supervision

Supervision is an essential component to the counseling field and is a distinct intervention that is no longer viewed as an extension of counseling (Bernard & Goodyear, 2004). The primary purpose of supervision is to enhance counselors' professional development and ensure client welfare. A holistic definition of supervision is provided by Bernard and Goodyear (2004):

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality for professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession. (p. 8)

The purpose of supervision is to foster professional growth, clinical skills, professional identity development, decision making skills, emotional awareness, and preserve client welfare (Bernard & Goodyear, 2004; Dollarhide & Miller, 2006).

The role of a supervisor carries a tremendous amount of professional, ethical, and legal responsibilities. Supervisors are the gatekeepers to the field of counseling and have an ethical obligation to ensure counselor competence in order to provide quality care and protect client welfare. The American Counseling Association (ACA, 2005) Code of ethics regarding client welfare reads:

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the ACA Code of Ethics. (F.1.a.)

Supervision has grown in importance in the field of counseling and is seen as an area of specialization requiring specific skills, knowledge, and training (Bernard & Goodyear, 2004; Campbell, 2006). Supervision is a specific intervention that requires a different skill set than counseling. Supervisors are legally and ethically responsible for supervisees' actions. Two legal concerns for supervisors include vicarious liability, which means that supervisors can be held accountable for supervisees' actions, and malpractice, which emphasizes practicing within one's scope of competence (Bernard & Goodyear, 2004; Campbell, 2006). In other words, if a supervisee inflicts harm or injury

to a client through negligence, perhaps by providing services beyond their scope of practice, supervisors may be held liable for supervisees' actions. Other legal obligations include duty to warn, duty to protect, duty to report, and privileged communication. It is the legal and ethical responsibility of supervisors to be prepared and trained to provide supervision. In most states, in order to become licensed, one must accumulate supervision hours and training experience. Therefore, not only are supervisors required to ensure supervisee competency and client welfare, supervisors provide evaluation and feedback regarding quality of care to supervisees. In order to minimize the liability and risk, supervisors must be trained in supervision and risk management (Bernard & Goodyear; Campbell; Magnunson, Norem, & Wilcoxon, 2000).

The American Counseling Association (ACA, 2005) Code of Ethics cites: "Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills" (F.2.a). The supervisor role carries a tremendous amount of responsibility, and supervisors must have specific training to provide supervision services. Borders and Leddick (1987) report that many supervisors do not feel adequately trained or prepared for their supervisory role and few counseling education programs offer formal supervision training courses. Campbell (2006, p. 9) provides the following recommendations for supervisor competencies:

1. Knowledge of the role and function of clinical supervisors.
2. Knowledge of ethical, legal, and regularity guidelines that apply to supervision.

3. Understanding the importance of the supervisory relationship and the ability to facilitate this relationship.
4. Competencies in all areas of client care in which one is supervising.
5. Ability to set goals and create and implement a supervision plan.
6. Knowledge of the models, methods, and techniques in clinical supervision.
7. Knowledge of strategies for supervision and ability to be flexible in style and choice of strategies.
8. Knowledge of the role of systems, cultural issues, and environmental factors and their impact on supervision.
9. Familiarity with methods of evaluation and the ability to implement them appropriately.
10. Understanding of the existence of dual relationships in supervision and the impact on supervisory objectivity and judgment.
11. Strategies to limit harm that may come from dual relationships in supervision.
12. Knowledge of multicultural issues and the ability to respond to multicultural differences.
13. Documentation skills necessary for supervision.
14. Awareness of the requirements and procedures required for licensure and certification if applicable.

The Association for Counselor Education and Supervision (ACES, 1993) requires supervision training before taking on a supervisory role. The *Best Practice Standards for Counseling Supervisors* (ACES, 1993) includes the following components:

1. Supervisors should be effective counselors and have specific training in supervision that includes knowledge, theory, skills, and research.
2. Effective interpersonal skills and awareness of the range of individual differences that can affect the supervisory relationship.
3. Competence and skills in providing consistent summative and formative evaluation and feedback.
4. Understanding of legal, ethical, and regulatory issues that can arise in supervisory situations.
5. Knowledge and skills in documentation, report writing, and other administrative responsibilities required in providing supervision.
6. The ability to conceptualize cases and monitor services and client welfare.
7. Commitment to continued education and training.

Campbell (2006) cites that many counselors are promoted to administrative positions because of their excellent clinical abilities and are not properly trained to provide supervision. This can cause anxiety and interfere with supervisor's ability to provide effective supervision. The skill set for effective supervision is different from effective counseling skills. In addition, supervisors must be competent in the areas in which they are providing supervision (Campbell, 2006).

In contrast to the above competencies, studies demonstrate characteristics of ineffective supervision. In a study by Magnuson, Wilcoxon, and Norem (2000) six principles emerged to describe poor or ineffective supervision:

1. Unbalanced
2. Developmentally inappropriate

3. Intolerance to differences
4. Poor model of professional/personal attributes
5. Untrained
6. Professionally apathetic

As the aforementioned study demonstrates, supervisors need to have training and competencies in order to provide effective supervision. Supervision can be seen as a continuation of the professional development of counselors. This is a developmental process that takes place over time.

Most supervisor development models are an extension of counselor development models and describe basic qualitative stages supervisors experience in their development and growth. This type of active organism model uses epistemological constructivism, where supervisors are active in their development and construct knowledge (Stoltenberg, McNeill, & Delworth, 1998). Overall, in the beginning stage, supervisor developmental models describe supervisors as feeling overwhelmed, insecure about their identity as a supervisor, and preoccupied with their own needs. As supervisors gain more experience and training, they feel more confident, less anxious, and are able to focus on the needs of the supervisee.

Watkins (1994) identifies four issues that supervisors face in their development: (a) competency versus incompetence; (b) autonomy versus dependency; (c) identity versus identity diffusion; (d) self-awareness versus unawareness. Watkins (1994) describes four stages of supervision development: role shock, role recovery and transition, role consolidation, and role mastery. In the first stage, supervisors in training are anxious and question their abilities for the new supervisory role and typically think

and act in a concrete manner. During this stage, supervisors of trainees are recommended to provide a “holding ground” to support and encourage the supervisor’s growth. In stage two, supervisors in training begin developing a sense of identity and become more comfortable in the supervisory role. During this stage, Watkins recommends that supervisors of trainees begin to allow more independence while providing support to encourage self-reflection and awareness. In stage three, supervisors in training become more realistic in assessing their own strengths and weaknesses, consolidate their identity as a supervisor, and become less controlling in supervision sessions. In this stage supervisors of trainees can focus on process in supervision, specifically transference, countertransference, and parallel process. In the final stage, supervisors in training feel a sense of competence in their role and identity as a supervisor. Supervisor trainees in this stage are well grounded in supervision theory and are consistent in their own self-appraisal. During this stage, supervisors of trainees can move to a consultant role and a more challenging role (Watkins).

Stoltenberg’s Integrated Development Model of Supervision

The characteristics, skills, and techniques in clinical supervision differ significantly from counseling. Similar to counseling, there are several models, theories, or approaches to clinical supervision that provide a working foundation for supervisors. Developmental models are one of the most widely researched and accepted models of clinical supervision. This review will focus on Stoltenberg, McNeill, and Delworth’s (1998) Integrated Developmental Model of Supervision (IDM). This model is one of the most researched, comprehensive, and heuristic models of supervision (Warnke, Duys, Lark, & Renard, 1998).

In the IDM model, supervisor development includes movement through stages or levels that parallel counselor developmental levels (Stoltenberg, McNeill, & Delworth, 1998). The IDM model is an extension of previous developmental models and suggests that over time the supervisor, supervisee, and subsequent relationships change.

The process of becoming a competent supervisor is a developmental process that is not a one-time, single event (Bernard & Goodyear, 2004). The overall premise behind the developmental model is that supervisor development moves through four stages of development (level 1, level 2, level 3, level 3i). In each stage, the supervisor develops among three structures (self/other awareness, motivation, and autonomy) across eight domains.

The three developmental structures include self other awareness, motivation, and autonomy. Self/other awareness includes self-awareness and self-focus versus other and client awareness. Motivation is the supervisee's primary incentive and effort they provide in supervision. Autonomy can be understood in the developmental context of independent versus dependence or autonomy versus self-doubt. The eight competency domains include: intervention skills, assessment, interpersonal assessment, client conceptualization, individual differences, theoretical orientations, treatment plans and goals, and professional ethics.

A Level 1 supervisor has little knowledge of their role as a supervisor and is typically anxious, wants to know the right answer, and is self-focused. A Level 1 supervisor tends to employ highly structured supervision and takes on the expert role. Supervisors often experience role confusion during this stage. A Level 2 supervisor has more supervisory experience and this stage is usually characterized by turmoil,

confusion, and conflict (Bernard & Goodyear, 2004). In this stage, supervisor motivation varies and supervisors often want their own supervisors to be experts (Bernard & Goodyear, 2004). Supervisors are able to move the focus on supervisees. In this stage, novel situations can spur a supervisor to regress to a previous stage (Stoltenberg, McNeill, & Delworth, 1998). In terms of human development, this stage is similar to an adolescent stage. In Level 3, supervisors become autonomous and are capable of more accurate self-reflection and appraisal. During this stage, supervisors seek consultation and supervision, when needed. Finally, Level 3 integrated (i) supervisors are considered master supervisors (Bernard & Goodyear, 2004) and work well with a variety of counselors at different developmental levels. On a final note, Stoltenberg, McNeill, and Delworth (1998) maintain that in order to be successful, supervisors should have reached at least a level 2 counselor prior to providing supervision.

If a supervisor is not getting their needs met due to constraints in their environment, this will impede development and effectiveness of supervision. In addition, if supervisors are not trained in a model of supervision, they will not be able to adapt to the changing needs of supervisees (Stoltenberg, McNeill, & Delworth, 1998). According to Ronnestad and Skovholt (1993) there is need to research the impact of supervisor's developmental level on the supervisee's development. Supervisors who have not received supervision training may not be able to function and facilitate supervisee growth. Working from a developmental model, supervisors need to know how to assess supervisee's development level and implement appropriate supervision strategies (Pearson, 2001). In addition, supervisors need specific training to recognize relationship dynamics that may affect the supervisory triad, decide on topics to discuss during

supervision, and determine the appropriate role to take between teacher, counselor, or consultant (Pearson, 2001). An example provided by Ronnestad and Skovholt (1993), an inexperienced supervisor might not be able to handle supervisory relationship dynamics, such as projective identification. This can limit the development of supervisees.

Summary

Individuals do not develop in isolation and are influenced by biological, political, environmental, social, and cultural forces. It is imperative to examine the interaction between individuals and their environment to develop a better understanding of the phenomena of rural supervision. Therefore, this study integrates two primary theories that combine contextual and temporal domains (Rigazio-GiGilio, 1998) to gain a better understanding of the development of supervisors in a rural milieu. It is important to consider multiple factors that influence the supervisor and supervisee's development and social environment (Arthur & McMahon, 2005; Montgomery, Hendricks, & Bradley, 2001). Both supervisors and supervisees are influenced by individual experiences, such as family and cultural backgrounds, and by the context in which they interact, such as rural settings (Rigazio-GiGilio, 1998).

Review of Relevant Literature

There is existing research and literature on the experiences, challenges, and rewards of mental health workers in rural settings. However, there is no available research and literature on the experiences of supervisors providing clinical supervision to mental health workers in rural settings. This section will provide a review of relevant information and studies on rural mental health that have been previously conducted. First, this review will describe the unique characteristics of rural communities and issues

faced by mental health consumers specific to the rural context. Second, strengths and challenges, or barriers, specific to rural mental health workers will be reviewed. Finally, recommendations from the literature to prepare professionals for work in rural areas will be presented.

Rural Mental Health

What comes to mind when hearing the word “rural?” One might define rural as a low population of people living in a large area, vast amounts of farm land or deep woods, or simply not a city. To some, rural might be a state of mind (Stamm, 2003). The word rural holds different meaning to different people. In a review of literature, the definition of rural is unclear. The Census Bureau uses population density as a means to determine rurality. The Census Bureau (2000) defines rural as anything that is located outside of urbanized areas and urban clusters. The core blocks or clusters have at least 1,000 or more people per square mile or at least 50,000 people. Regardless of the definition of rural, each rural community is unique with overlapping qualities. For the purposes of this study, rural is defined as areas that are medically underserved and experience mental health worker shortages.

The rural population is a unique milieu and requires an awareness and understanding of the distinctive culture and lifestyle. Rural areas have a diverse range of lifestyles and cultures that differ from urban areas (Stamm, 2003; Surgeon General Report on Mental Health, 1999). Lack of rural culture competence is often a barrier or challenge to clients and workers in rural areas (Sawyer, Gale & Lambert, 2006) and it is important for a mental health worker to know the values of the rural area in order to be successful in their work (Saba, 1991). Counselors and supervisors must have skills,

knowledge, and competencies in working with diverse clients (ACA, 2005; Campbell, 2006; Inham, 2006). Pugh (2003) notes poor interdisciplinary communication and different orientations and beliefs of mental health workers are a barrier in smaller communities. Pugh (2003) explains that counselors and other mental health workers often lack training in collaborative models, which are often necessary for work in rural areas. In addition, preventive services are less developed and new ideas are slowly adopted in rural areas. Smaller communities are often suspicious of others, and it is a challenge to move into a rural area and work as an outsider (Ginsberg, 2005).

It is important to understand that rural communities are diverse and vary from community to community. Therefore, it is impractical to espouse one perspective, definition, or understanding of rurality (Johnson & Dunbar, 2005). Most counseling education programs use an urban training model that includes the Western value of individualism (Kruse, & Aten, 2007). Counselors in a study by Suttin (2002) discussed the importance of learning the culture in which one works, and some workers experience culture shock coming to a rural environment from an urban area. One final barrier or challenge to workers in rural areas is a lack of available training opportunities to extend multicultural competencies (Slama, 2004).

In a review of literature, rural communities share many commonalities (Sutton & Southworth, 1990). Rural residents have the benefits of the natural beauty, cleaner air, and lower cost of living. Rural residents have strong family ties and religious values (Stamm, 2003) and are described as closed, tight-knit systems with strong values (Weigel & Baker, 2002).

In contrast, rural communities experience more poverty, financial and economic strain, and higher unemployment rates than urban populations (Arnold & Seekins, 1997; Stamm, 2003). The changing economics have created significant stressors to rural residents. Rural residents have lower levels of education, and the younger populations are migrating to urban areas (Stamm, 2003). Rural populations are at greater risk for mental disorders, and rural communities lack the ability to care for those with serious mental illness (Kane & Ennis, 1996). Rural agencies have difficulty recruiting and retaining qualified and specialized mental health workers (Helbok, 2003; Kane & Ellis, 1996; Stamm). Due to the aforementioned deficits, rural areas have received national attention through several nationally funded initiatives including United States Department of Health and Human Services *Rural Healthy People 2010* (2000), the President's New Freedom Commission on Mental Health (2003) and the Surgeon General Report on Mental Health (1999).

Issues Specific to Rural Context

“There is a definite rural way of behaving” (Saba, 1991, p. 325). An understanding of the unique issues specific to rural settings and the inherent ethical considerations is necessary for mental health professionals (Hargrove, 2003). The following themes emerged from a review of literature of specific challenges and issues faced by the rural population: mental health issues, lack of accessibility and availability of quality mental health services, mental health stigma, and lack of specialized services with highly trained professionals.

The rural community faces stressors specific to the context of rural settings. Rural residents experience higher unemployment, poverty, and financial stressors

(Barbopoulos & Clark, 2003). There are a high number of rural residents who lack health insurance (Gale & Deprez, 2003). The rural community contends with unpredictable economic concerns, lack of public transportation, poor weather and road conditions, and lack of cultural activities (Bushy, 1997; Gale & Deprez, 2003; Smith, 2003). Due to these stressors specific to rural areas, rural residents are at greater risk of mental health and adjustment issues (Stamm, 2003).

The rural population has comparable substance abuse rates to urban residents and increased rates of spousal abuse, child abuse, and depression (Stamm, 2003; United States Department of Health and Human Services, 1999). Rural populations experience similar rates of mental health problems and higher suicide rates compared to urban counterparts (New Freedom Commission on Mental Health, 2003; Stamm, 2003). Rural women are at higher risk of abuse, and due to barriers in rural areas, such as limited services and lack of anonymity, it is challenging to leave abusive relationships (United States Department of Health & Human Services, 1999). Even though rural populations experience similar mental health and substance abuse issues comparable to urban counterparts, there continues to be a shortage of available services that are specialized and easily accessible.

Rural areas are described as underserved and experience a lack of trained and effective workers (Barbopoulos & Clark, 2003; Professional Shortage Designation Branch; United States Department of Health & Human Services, 1999). The rural community faces geographical challenges such as poor road conditions, bad weather, lack of transportation, and lack of resources. There is a wide dispersion of people, and often rural residents have to travel great distances to receive services (Barbopoulos & Clark,

2003; Bushy, 1997; Gale & Deprez, 2003; Sawyer, Gale, & Lambert, 2006; Smith, 2003). Law enforcement officers are often the first responders to handle mental health issues and lack the necessary training to effectively and sensitively handle mental health concerns (United States Department of Health & Human Services, 1999).

In addition to unavailability of services, rural individuals have difficulty paying for services. According to the American Psychological Association (2000), one out of five rural residents do not have health insurance. Reimbursement rates are lower due to the lack of specialized training of workers; there is a lack of funding for prescription medications, and minimal implementation of evidence-based practices in rural settings (Sawyer, Gale, & Lambert, 2006). These barriers or risk factors exacerbate and feed the cycle of the rural mental health system's inaccessibility of services and shortage of qualified and specialized providers.

Regardless if one is from an urban or rural area, stigma is a barrier to seeking mental health treatment. In rural areas, there are fewer people spread over a larger distance and there is a tendency for everyone to know everyone. Rural communities are close, tight-knit systems that rely on family members and social supports, rather than professionals (Weigel & Baker, 2002). There is an expectation to take care of things on your own, and rural communities often see outsiders as mistrustful (Stamm, 2003). Due to society's lack of understanding or misinformation, individuals with mental health issues face ridicule and isolation. This is often exacerbated in rural areas because of the small town culture. Rural residents often experience shame, embarrassment, and social stigma when seeking treatment for mental health issues (Sawyer, Gale, & Lambert, 2006; Smith, 2003; Starr, Campbell, & Herrick, 2002). In a study by Starr, Campbell, and

Herrick (2002), patients in rural areas expected to have a negative relationship with mental health treatment providers. Prior expectations often interfere with one's willingness to seek treatment (Hoyt, Conger, Valde, & Weihs, 1997). Rural mental health consumers are often concerned about their car being seen at a mental health facility and town gossip. Finally, another contributor to stigma is that there is still a stereotype in academia and assumptions regarding certain rural areas (Blee & Billings, 1999). This stereotype or bias may be transferred to students in mental health fields and have a lasting impact on consumers in rural areas.

The rural population is heterogeneous. Rural residents experience a wide range of psychological distress and disorders, and rural mental health workers are faced with diverse concerns and needs of rural clients. There is a need for a wide range of services and specialties in rural areas. However, due to financial constraints and limited resources, it is difficult to recruit and retain qualified mental health workers. There is a shortage of qualified and well-trained professionals (Kane & Ellis, 1996) and range of services provided in rural areas (Merwin, Hinton, Demling, & Stern, 2003; Sawyer, Gale, & Lambert, 2006). Cook & Hoas (2007) report difficulties in recruiting psychiatrists and other specialized services to rural areas. Research has demonstrated the need to work from generalist framework in rural settings. This makes it difficult to practice a specialty in a rural area. Due to the lack of specialized services and trained workers to address the diverse concerns of rural consumers, mental health workers often work out of the scope of their practice and competence (Gale & Deprez, 2003). This presents an ethical concern and demonstrates the need and importance of supervision. Finally, as mentioned, rural workers are not adequately compensated compared to urbanized areas

(Kane & Ellis, 1996). Therefore, after a worker has been successfully recruited to a rural setting, it is often difficult to retain workers.

Positive Experiences Working in Rural Settings

The rural context provides unique rewards and benefits, as well as challenges and barriers to mental health workers. The following will provide a review of relevant research on the positive experiences of mental health workers providing services in rural settings.

The rural counselor has the benefit of experiencing close-knit families and ties, the natural beauty of rural areas, professional freedom, a slower lifestyle, cleaner air, and a lower cost of living (Stamm, 2003). In a study of rural psychologists, Birk and Kim (1995) describe the benefits of working in rural areas as: reduced competition for services, cheaper cost of providing services, greater independence, and rich collaborative professional relationships. Due to the positive factors listed, many counselors enjoy the quality of life that rural settings provide. For example, an autonomous counselor might enjoy the professional freedom of working independently and having lower overhead costs. There are several natural strengths that can be used by rural workers. Rural communities are often tight knit, have strong faith, and high tolerance for the abnormal (Kane & Ellis, 1996). Mental health professionals may even choose to work in rural areas due to these unique characteristics and benefits.

Ginsberg (2005) reports the following strengths of working in rural settings: worker independence and autonomy, rural workers often move to supervisory or administrative positions quicker compared to urban areas, and rural settings provide the opportunity to see results of one's work more quickly.

However, the majority of research on mental health services in rural areas paints a deficient-based framework. A number of consistent themes emerged from a review of relevant literature and will be reviewed in the following sections.

Challenges of Working in Rural Settings

In a review of the research of the challenges expressed by rural mental health workers, several themes emerged and will be discussed. Compared to urban counterparts, rural mental health workers face many unique challenges including geographical and accessibility issues, diversity of clients, boundary issues and dual relationships, lack of professional support, multiple and diverse roles, professional isolation, and other issues related to service delivery in rural areas (Barbopoulos & Clark, 2003; Birk, 1992; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Gaffney, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). While each rural region is unique, most have several characteristics, benefits, and challenges in common. These common challenges will be reviewed in the following sections.

Recently, ethical concerns in rural areas have become a focus of discussion in psychology (Behnke, 2008). The American Counseling Association (ACA) Code of Ethics (2005) states that “counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the clients” (A.5.c.).

Few studies review the ethical issues faced by rural practitioners (Lonborg & Bowen, 2004). Due to the nature of rural communities, it is inevitable that rural workers will interface with clients in community settings (Barbopoulos & Clark, 2003; Coleman & Lynch, 2006; Hargrove, 2003). This can present an ethical dilemma regarding

confidentiality, privacy, and multiple relationships. It is common for mental health workers to attend the same church as a client in small communities or to have children who go to the same school or play on the same sports team.

Schank and Skovholt (1997) conducted a qualitative study with 16 psychologists and discovered that all participants indicated dual relationships as a daily ethical dilemma faced in rural practice. Due to the nature of small communities, it is difficult, if not impossible, for workers who live and work in the same community to not be forced to navigate multiple relationships.

Helbok (2003) conducted a literature review to explore ethical dilemmas psychologists face in rural settings. Multiple ethical dilemmas such as dual relationships, confidentiality, competence, and visibility were discussed as ethical dilemmas psychologists face working in rural areas.

Endacott, Wood, Judd, Hulbert, Thomas, and Grigg (2006) conducted a qualitative study aimed at understanding the frequency of dual relationships and the nature and impact of the ethical violation on service delivery. The study outlined that often urban ethical decision-making models are not practical for work in rural areas and mental health workers need specific skills to manage dual relationship encounters in rural settings.

According to Brownlee (1996), it is impractical for rural mental health workers to avoid multiple relationships. Living and working in small communities makes encounters at the local grocery store, post office, and church fairly impossible to avoid. Therefore, in order to maintain ethical behaviors, the counselor needs to develop ethical decision-making skills (Barbopoulos & Clark, 2003).

Erickson (2001) provides ethical decision-making guidelines for counselors to follow to establish whether multiple relationships are harmful or beneficial to a client.

The guidelines include:

1. If it all possible, avoid all multiple relationships.
2. Weigh the risks and benefits of the relationship to the client.
3. The relationship should be “declined” if the risks outweigh the benefits for the client (Erickson, 2001, p. 303).
4. Several protective factors must be in place to protect both clients and workers, such as informed consent and supervision.

Burkemper (2005, p 200-202) and Helbok (2003) provide procedures to help workers address dual relationship concerns. The guidelines include: increased awareness of dual relationships and use of multiple relationships to engage the rural populations and build relationships. In addition, Burkemper (2005) stresses that rural mental health workers need to keep the following factors in mind when considering a personal or possible dual relationship: the reason for seeking treatment, duration of services, and possibility for future professional relationships. Finally, Burkemper maintains it is ultimately the rural mental health worker’s responsibility to ensure proper boundaries are upheld and to seek supervision when in doubt. As the preceding studies illuminate, the rural context provides unique ethical dilemmas and challenges for the mental health worker. In regard to dual relationships, it is important for counselors to seek consultation and supervision when dealing with ethical dilemmas (Weigel & Baker, 2002).

In addition to multiple and dual relationships, privacy and confidentiality are two additional concerns faced by rural mental health providers. Accidental meetings in the

community are common situations rural mental health workers face (Barbopoulos & Clark, 2003). This becomes a concern regarding patient confidentiality and counselor privacy (Birk, 1994). Rural mental health workers run the risk of clients invading their privacy in the community and even in their homes.

Helbok's (2003) review of related research indicates that maintaining confidentiality in rural settings is a challenge. Challenges identified include community awareness of seeking mental health services and complications with sharing information with referral sources. Regarding the latter, information sharing concerns include a lack of understanding of mental health confidentiality laws and the expectations for practitioners to communicate on a more informal basis (Helbok, 2003), especially in cases where one is the sole rural practitioner (Hargrove, 2003). Finally, Helbok notes that often in small communities there are concerns about visibility and rumors regarding treatment.

Morrisette (2000) completed a qualitative study of the experiences of rural school counselors. Lack of privacy and anonymity were two of six themes that emerged as challenges rural workers face. This was attributed to the characteristics of a small community and the high profile of the profession.

In another qualitative study of rural school counselors, workers describe disadvantages of living and working in a small community as lack of privacy and anonymity (Suttin, 2002). Counselors described accidental meetings in the community as a common occurrence and consumers approaching workers in the community to discuss private matters as a challenge to privacy.

Many counselors do not feel prepared to work with diverse clients found in rural areas (Birk, 1994). In a study of rural community mental health workers, Rohland (2000) found master-level workers were not confident in their ability to treat clients with serious mental illness. This is a concern as the majority of rural mental health workers hold master's degrees. In fact, in a study by Arnold, Seekins, and Nelson (1997) rural counselors had a higher percentage of bachelor degrees, compared to urban counterparts.

Due to lack of training or preparation, the rural mental health worker is often faced with issues and concerns that are out of their scope of training. The ACA Code of Ethics (2005) states: "Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (C.2.a.).

Counselors are typically trained from an urban model that does not include how to deal with issues specific to the rural context. Counselors need to have a broad knowledge of and comfort with diverse issues and groups of people to work autonomously and navigate various social dynamics (Pugh, 2003). Pugh (2003) argues that rural social workers need to use skills differently when working in rural areas and work from a generalist perspective.

The rural population is heterogeneous and presents a diverse range of mental health concerns. Rural workers must have a broad range of skills to function as a generalist (Barbopoulos & Clark, 2003; Hargrove, 2003; Helbok, 2003; Keller, Murray, Hargrove, & Dengerlink, 1983; Riebschleger, 2007; Slama, 2004; Smith, 2003; Stamm,

2003; Weigel & Baker, 2002). Working from a generalist perspective requires counselors to have extensive knowledge of multiple mental health issues and treatment interventions to work with a variety of clients in the rural context. Often rural mental health workers need to work with children, adolescents, older populations, individuals, and families, and address issues with drug and alcohol abuse. This requires the counselor to be flexible, adapt to the needs of clients, and function in different roles such as counselor, case manager, crisis intervention worker, and advocate. In addition, mental health workers are typically trained from an urban model that does not take into consideration the challenges faced by rural residents, such as transportation and diversity of services (Helbok, 2003). Most urban training models include the Western value of individualism (Kruse, & Aten, 2007) which sometimes conflict with rural values.

Due to the shortage of referral sources and specializations, the rural counselor is often faced with issues and concerns that are out of their scope of training. In addition to the ethical concern of practicing within one's limits of training, education, and competence, sole practitioners are faced with the ethical and moral dilemma to treat or not treat a client (Hargrove, 2003; Helbok, 2003). In other words, often the rural worker is the only provider available to the client, and the rural worker needs to make the sensitive decision whether or not to provide services at all, therefore possibly violating the moral code of beneficence.

Rural mental health workers experience feelings of professional and personal isolation (Coleman & Lynch, 2006; Pugh, 2003; Smith, 2003; Suttin, 2002; Weigel & Baker, 2002). A qualitative study by Morrissette (2000) found that rural school counselors experience feelings of isolation and lacked professional development

opportunities. Oftentimes, counselors are the only provider in a rural area and feel they are on their own. In addition, this feeling is intensified when there is a lack of accessibility to professional development and continuing education opportunities (Morrissette, 2000). Counselors have to take the time and money to travel great distances to receive continuing education and professional development opportunities.

McMahon and Patton (2000) conducted focus groups of school counselors in remote areas and discovered that counselors often felt alone or isolated due to their geographic locality and limited supports. These feelings of solitude were perceived by counselors as limitations to professional growth (McMahon & Patton, 2000).

In a study of clinical supervision in nursing, Coleman and Lynch (2006) described professional isolation as, “physical distance, separation from learning environments, and detachment from peers,” and this feeling was increased when supervision was lacking or unavailable (p. 35).

Due to lack of resources, isolation, financial constraints, and lack of specialties, rural mental health workers identify with a wide range of job responsibilities (Barbopoulos & Clark, 2003). Rural practitioners often “wear many hats that urban practitioners would never consider” (Stamm, 2003, p. 17). Due to lack of referral sources and worker shortages, rural workers may have to provide crisis intervention, case management, and administrative duties.

Rural school counselors report role confusion, ambiguity, and overload. School counselors are often assigned various administrative or unrelated duties and act as a community mental health resource (Morrissette, 2000; Suttin, 2002).

There is a lack of training and professional development opportunities for rural mental health workers (Arnold, Seekins, & Nelson, 1997; Barbopoulos & Clark, 2003; Sawyer, Gale, & Lambert, 2006). Rural counselors have lower professional memberships and attend fewer conferences compared to related fields (Coll, Kovach, Cutler, & Smith, 2007). Slama (2004) cites that rural psychologists experience difficulty seeking continuing education credits. Finally, mental health workers experience difficulty seeking their own psychological services in rural areas due to limited providers and issues with dual relationships (Barbopoulos & Clark, 2003).

Lack of community supports and referral resources is a challenge and barrier for mental health workers in rural settings (Weigel & Sutton, 2002). Working from a generalist perspective limits rural workers' abilities to specialize in a specific mental health area. When making a referral for specialty services, the client often has to travel great distances and insurances might not reimburse for services provided in another area. Kane and Ennis (1996) recommend the following health care reform for rural communities: integration of mental health and health services systems, implementation of assertive community treatment, utilization of lay and informal caregivers, and rural adult homes in order to improve accessibility and provide better patient care.

Mental health professionals, by nature, tend to focus on the health and well-being of others and overlook their own needs. Due to the nature of the mental health field, workers are at risk of stress, anxiety, depression, drug and alcohol abuse, exploitation of clients, secondary trauma or stress, compassion fatigue, vicarious traumatization, and burnout (ACA, 2003; Emerson & Markos, 1996; Jankoski, 2002; Levers, 2008;

O'Halloran & Linton, 2000). In addition, pre-service training is needed to support workers in addressing their own traumatic stress experienced at work (Levers, 2008).

Compassion fatigue occurs when a counselor, who feels a deep empathy for a client, wishes to relieve that client's pain (ACA, 2005). Vicarious traumatization, or secondary traumatic stress, occurs when the counselor, again, has a strong empathetic bond with a client and, in turn, experiences the trauma that is disclosed by the client (ACA, 2005; Skovholt, 2001). Counselor burnout occurs when the counselor experiences a culmination of stress and exhaustion as a result of the nature and stressors of their work. To exacerbate the problem, counselors find it difficult to recognize their own problems, focus on clients rather than themselves, and may be reluctant to seek treatment (Emerson & Markos, 1996; O'Halloran & Linton, 2000). The ACA Code of Ethics states that in order to prevent client harm, counselors need to be aware of, and seek assistance for, signs and symptoms of impairment. In addition, colleagues and supervisors are responsible for recognizing impairment in other professionals and for intervening, if necessary.

Counselors have an ethical obligation to take responsibility for their personal self-care, health, and wellness. Specifically, counselors have the responsibility to "engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibility" (ACA, 2005, p. 9). In addition, the ACA Code of Ethics states counselors need to be aware of their own impairments and refrain from providing services until seeking appropriate assistance. In the mental health field, it is important for counselors to practice what we preach (Myers, Mobley, & Booth, 2003).

If a rural mental health worker is faced with challenges unique to the rural context while lacking professional support and training opportunities, the risk of burnout may be even greater (DeStefano, Clark, & Potter, 2005; Kee, Johnson, & Hunt, 2002; Skovholt, 2001). In a study conducted by Kee, Johnson, and Hunt (2002), rural counselors were found to be at greater risk of burnout. In addition, rural mental health workers are at risk of burnout and secondary trauma due to the professional isolation and minimal social support in rural settings (Stamm, 2003).

Recommendations to Prepare for Work in Rural Settings

The rural counselor must have specific skills and personal characteristics to work with the diverse and unique concerns presented by rural populations. The rural counselor must be prepared to work from a generalist perspective, deal with professional isolation, heavy case loads, lack of privacy, and limited professional development and supervision opportunities (Coll, Kovach, Cutler, & Smith, 2007; McMahon & Patton, 2000; Morrissette, 2000; Pugh, 2003; Sutton, 1998; Weigel & Brown, 1999). The United States Department of Health and Human Services (1999) recommends training programs include a spotlight on rural issues while promoting retention and recruitment of mental health workers in rural areas. In a review of relevant research on recommendations to prepare mental health workers for work in rural areas, several consistent themes emerged. The themes that emerged in the relevant literature include: specific training and knowledge of the ethical concerns regarding multiple relationships, personal characteristics for successful work in rural areas, rural culture competence, and use of technology. The following paragraphs will highlight the recommendations for preparing counselors for rural work.

Training

There is a need to prepare counselors for work in rural areas (Kee, Johnson, & Hunt, 2002). Birk (1994) found that mental health workers did not feel properly trained for work in rural areas or to work with the diverse clientele found in rural areas.

In a study of rural school counselors, Morrissette (2000) provides the following recommendations to counselor education programs to prepare counselors for work in rural areas: practicum and internship experiences in rural settings, relevant knowledge and literature of rural cultures, training from a generalist perspective, skills to collaborate and establish support networks, and establishing support systems for ongoing education and training.

Kruse and Allen (2007) provide the following suggestions to prepare psychologists for work with underserved populations: nontraditional modes of delivery that are home and community-based, collaborative, strength-based, empowering, and sensitive to the unique rural culture. Many of these recommendations are not included in traditional urban-based training models.

Weigel and Baker (2002) recommend that counselors be prepared to work from a generalist perspective, seek consultation, be comfortable with isolation and working autonomously, seek supervision, accept ambiguity, and be prepared to address multiple ethical considerations. These are specific skills that need to be learned above and beyond traditional training programs.

In a study of rural school counselors, Lonborg and Bowen (2004) recommend the following training for counselors who work in rural areas: awareness of ethical

challenges, education on ethical decision-making models, familiarity with cultural norms and values, awareness of one's own spiritual beliefs, and advocating for diversity.

Riebschleger (2007) asked rural social workers for recommendations for practice in rural settings. Results from the study were clustered into community, connections, generalist practice, and diversity. Rural social workers recommended an on-going assessment of the community's needs and an understanding of how to find scarce resources for the severely poor. Another emphasis was on the need to connect with rural residents and to be prepared to manage the feeling of "living in a fishbowl" (Riebschleger, 2007, p. 207). Finally, workers recommend the ability to work from a generalist practice and to possess and use cultural competency when working with rural residents.

Cook and Hoas (2007) recommend psychiatric training programs include skill development in networking, collaboration, and communication technology to prepare psychiatrists for work in the rural setting.

The book, *Social Work in Rural Communities* (Ginsberg, 2005, p 10-12) recommends the following considerations when training workers for rural employment:

1. Knowledge of social policy and services.
2. Direct experiences and placements in rural settings.
3. Knowledge of social environments of rural areas and the importance of family.
4. Conducting research in rural areas.
5. Providing elective programs on rural issues and communities.

In a review of the available and limited information and literature on improving supervision in rural areas, the use of technology became a prominent theme. Minimal

research has been completed on distance supervision in rural areas (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001).

Similar to tele-counseling (Reiss, 2000), the use of tele-health and web-based supervision has been recommended to enhance clinical supervision in rural areas. (Butler & Constantine, 2006; McMinn, Orton, & Woods, 2008; Miller, Miller, Burton, Sprang, & Adams, 2003; Sampson, Kolodinsky, & Greeno, 1997; Sawyer, Gale, & Lambert, 2006; Stamm, 2003; Weigel & Baker, 2002). Stamm (2003) recommends the use of tele-health for supervision and to reduce professional burnout in rural areas. Examples of different modes of tele-health include: websites, telephones, e-mail, and videoconferencing.

Dudding and Justice (2004) recommend an e-supervision model where trainees are supervised through two-way interactive videoconferencing. This type of supervision can be used as an adjunct in rural areas and can decrease the sense of isolation that workers feel. In addition, further training and education from experts that would not otherwise be available to rural workers could be provided through the use of technology (Wood & Miller, 2005). Benefits to using this model include efficiency, reduction of power differentials, opportunities for vicarious learning, variety of modes of learning, and the opportunity for supervisor expertise (Wood & Miller, 2005). Challenges of using technology include relationship dynamics, high cost, confidentiality concerns, and user acceptability (Wood & Miller).

Gillig and Barr (1999) propose a supplementary, periodic, and multidisciplinary peer review and supervision model that incorporates chart audits and group meetings with experts from universities to improve supervision in rural areas. This inexpensive

program, that can include members from diverse fields and university-based consultants, can improve staff skills, communication, and patient care (Gillig & Barr, 1999).

Current Rural Training Programs

Hargrove (1991) describes the University of Nebraska-Lincoln Clinical Psychology Training Program that includes a rural track requiring students to take a community and rural community seminar, research on areas relevant to rural work, and placement in a rural setting as part of a three-month block. Hargrove (1991) posits that psychologists in rural areas often move quickly into administrative and supervisory roles and need to gain training skills specifically for those roles. Training programs need to facilitate the development of skills necessary for supervision and administrative roles.

In a review of literature, there is no specific training program or specialty certification in rural counseling or supervision. There are subdivisions of rural interest in the American Psychological Association. The field of counseling has yet to develop an effective supervision framework for work in rural areas.

Smith (2003) provides a review of a program at Montana State University (MSU) that includes a graduate training clinic with the goal to provide services to rural individuals, to provide training to graduates, conduct outreach, and provide continuing education training to mental health providers.

In a review of Rural Graduate Training Programs listed on American Psychological Association Rural Health website, the University of Florida offers a rural health psychology specialty track in response to the national need for rural health care providers. The following schools provide coursework or practicum and internship placement in rural areas: Brigham Young University, University of Utah, Mansfield University, and

University of Alaska Fairbanks. Finally, the Appalachian Rural Consortium provides APA accredited internship opportunities in rural areas in clinical psychology. There has been an increase in focus of rural needs recently (Behnke, 2008). Rural mental health concerns need to be infused throughout all counselor education and mental health curriculum. This can include a specific rural mental health class or multicultural class or in practicum and internship experiences.

Personal Characteristics

A review of related literature provides suggestions for personal qualities or characteristics of effective rural mental health workers. In a study by Hovestadt, Fennell, and Canfield (2002), the following personality traits or characteristics are identified for successful work in rural mental health settings: effective therapeutic skills, appreciation of rural culture, flexibility, working from a generalist perspective, and specific and relevant training experiences in rural areas. Specific therapeutic skills include flexibility with therapeutic approaches, rapport building skills, skills in maintaining professional boundaries, and the ability to work with diverse clientele, or as a generalist (Hovestadt, Fennell, & Canfield, 2002). Lutterman (2007) provides specific strategies to support workers in handling the stressors of working in rural settings. Strategies include using humor, staying busy, socializing, engaging in outdoor activities, spirituality, and motivational books (Lutterman, 2007).

Weigel and Baker (2002) recommend the following for successful work as a rural family and couples counselor: independence, creativity, and flexibility. Due to the professional isolation experienced by rural mental health workers, there is also a need to work and function autonomously.

Zapf (1993) completed a study of culture shock and recovery of social workers who moved from urbanized areas to rural regions. This study shows that workers coming from urban areas often experience culture shock and stress. Zapf (1993) provides general characteristics that lessen the impact of culture shock: acceptance of differences, male gender, and a wide range of knowledge and skills in mental health.

As the relevant literature indicates, there are certain characteristics of mental health workers that can increase success working within the rural context. Training programs can identify and enhance these characteristics in students to prepare for work in rural settings.

Rural Multicultural and Diversity Training

The American Counseling Association Code of Ethics (ACA, 2005) states that counselor education and training programs:

Actively infuse multicultural and diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various culture perspectives (F.11.c.).

This would include training on the rural culture. Supervisors and mental health workers must have multicultural competencies in order to work with diverse individuals and groups (Campbell, 2006). This includes personal awareness and knowledge of diverse issues related to multicultural issues. Campbell (2006) states the responsibility to address multicultural differences in the supervisory or supervisee's counseling relationship is in the hands of the supervisor.

Supervisors and mental health workers must be sensitive and knowledgeable to deal with differences in culture. Supervisors who are not part of a rural culture not only need to be aware and sensitive of differences in cultures, but also differences in culture within the supervisory relationship (Bernard & Goodyear, 2004). For example, if the supervisor is originally from an urban area and the supervisee from a rural area, or vice versa. This type of situation will require sensitivity and understanding to address differences that could interfere with the supervisory and counseling relationship.

The rural population is a unique milieu and requires an awareness and understanding. Rural areas have a diverse range of lifestyles, values, and culture that differs from urban areas (Stamm, 2003; United States Surgeon General Report, 1999). Rural counselors need specific training to deal with the unique culture and issues presented by rural populations (Birk, 1992; 2000; Kee, Johnson, & Hunt, 2002; Kruse & Aten, 2007; Morrisette, 2000; Saba, 1991; Slama, 2004; Weigel & Baker, 2002). Counselors and supervisors must have specific skills, knowledge, and competencies when working with diverse clients (ACA, 2005; Campbell, 2006; Inham, 2006).

In a study by Birk (1992), psychologists report inadequate training for rural work as their training was from an urban model. It is important for mental health workers to understand and appreciate the dynamics and context of rural America.

Stamm (2003) stresses the need for rural mental health workers to work from a model that is consistent with the values of rural clients, which may differ from rural community to community. The rural community has a cultural ethos that is different and it is important to work from the values of this subculture.

In the article *Towards Rural Competence*, Slama (2004) provides suggestions to rural mental health providers to tailor services to the rural population in a culturally competent manner. Slama (2004) stresses the importance of knowing the culture in which services will be provided. Assessing an individual's acculturation is one way to determine how to adapt services to be more culturally sensitive and appropriate (Slama).

In a study of rural school counselors, Lonborg and Bowen (2004) recommend including spirituality as a multicultural issue in rural areas. Lonborg and Bowen (2004) argue that in order for counselors to effectively work with a diverse range of rural populations, a sensitivity and understanding of different spiritual differences is needed. This study provides the following recommendations for training counselors to work in rural areas: awareness of ethical challenges, education of ethical decision-making models, familiarity with cultural norms and values, awareness of one's own spiritual beliefs, and advocating for diversity.

Arthur and Achenbach (2002) report new graduates often feel unprepared for work with diverse clients, and counselor educators can use experiential learning activities to develop multicultural competence. Experiential activities can increase awareness of cultural bias, similarities, and differences in a safe environment (Arthur & Achenbach, 2002; Saba, 1991).

Lutterman (2007) provides specific strategies for mental health workers to utilize when working with rural populations. Specific strategies include speaking in simple terms, allowing rural members to feel understood, fully explaining procedures, and having a skilled practitioner. Lutterman (2007) recommends that workers moving to

rural areas gather information about the area electronically to learn about rural communities and prepare for work in rural settings.

In the book *Social Work in Rural Communities*, Ginsberg (2005, p.10-12) recommends knowledge and understanding of the following for effective work in rural communities:

1. Knowledge and understanding of the difference between rural and urban areas.
2. Working from generalist perspective and collaborative model.
3. Awareness of social issues, such as the severity of poverty in rural areas.
4. Knowledge that rural families are often close-knit, and increased social interaction is part of working in a rural community.
5. Awareness that workers are not exempt from small town rumors and are often evaluated on personal behaviors, rather than credentials.
6. Each rural community is unique and different in regard to diversity.
7. Rural communities are less accepting and more suspicious of outsiders.
8. Ethical challenges, such as dual relationships and confidentiality, are two concerns that rural workers face.

Gumpert and Black (2005) provide strategies to provide culturally sensitive work in rural areas: competence and use of ethical guidelines, awareness and incorporation of client's cultural values and norms, seeking supervision when working outside competency of education and training, discussing ethical concerns related to rural areas with clients, and sensitivity to the impact of small-town gossip.

The Need for Supervision in Rural Areas

There is a lack of emphasis or importance placed on clinical supervision in the work world, outside of academia (Campbell, 2006). Literature suggests mental health professionals, overall, lack clinical supervision (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Limited studies have been conducted on the quality and type of supervision provided to counselors in rural areas (McMahon & Patton, 2000). Rural school, family, and couples counselors report concerns with lack of professional supervision and supports and experience feelings of professional isolation (Morrissette, 2000; Sutton, 1998; Weigel & Baker, 2002). Geographic barriers specific to the rural context such as poor weather and road conditions, coupled with lack of time, have been cited as prohibiting supervision in rural areas (Weigel & Baker, 2002). Pearson and Sutton (1999, p. 98) describe rural counselors as “winging it” when supervision or consultation are not available. The rural counselor is faced with many unique challenges specific to working in the rural context. These issues and challenges illuminate the need for supervision in rural settings.

Counselors often report confusion between administrative supervision and clinical supervision (Campbell, 2006). Administrative functions typically fall under the aspect of managing and running the business, such as paperwork, hiring, firing, managing productivity, and conducting performance evaluations (Campbell, 2006). In contrast, clinical supervision provides clinical guidance and feedback, monitors client welfare, and promotes counselor professional growth. Due to the lack of workers in rural settings, rural supervisors often have the dual role of administrative and clinical supervision. This

requires a delicate balance and is often confusing to both the supervisor and supervisee (Campbell).

Dollarhide and Miller (2006) note the negative effect on service delivery and supervisee professional development when clinical supervision is absent. Limited studies have been conducted on the quality and type of supervision provided to counselors in rural areas (McMahon & Patton, 2000). Ronnestad and Skovholt (1993) found that most supervisor research is conducted in academic settings. Rural mental health workers are often expected to work beyond their level of competencies (Campbell, 2006) and rural counselors want more supervision (Coll, Kovach, Cutler, & Smith, 2007). Several barriers specific to the rural context make it difficult for rural mental health workers to receive clinical supervision. Wood and Miller (2005) found travel time and poor roads as barriers supervisors encountered when attempting to provide supervision in rural settings.

In a study of rural school counselors, McMahon and Patton (2000) found that counselors perceived many benefits from receiving clinical supervision. The identified benefits of clinical supervision included: support, accountability, debriefing, skills development, personal development, professional development, and improving client welfare.

The following section will review specific concerns relative to the rural context that illuminate the need for clinical supervision in rural areas: client welfare, ethical dilemmas, competencies, professional growth and development, rural culture understanding and sensitivity, and reduction of supervisee burnout and isolation.

One of the primary purposes of supervision is to ensure client welfare. Due to lack of specialized services and workers trained to address diverse concerns of rural

consumers, rural mental health workers often work out of the scope of their practice (Gale & Deprez, 2003). If a counselor is one of the only providers in an area, the counselor is bound to come face to face with a concern that is out of the scope of their training. Studies show that rural counselors need to work from a generalist perspective and often work out of their scope of training or competency, thus creating an ethical dilemma (Hargrove, 1991; Helbok, 2003; Weigel & Baker, 2002).

The ACA Code of Ethics (2005) states: “Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population” (C.2.a.). Through direct oversight of a counselor’s work, supervisors transmit knowledge, skills, and attitudes (Bernard & Goodyear, 2004). The rural counselor could compensate for lack of experience and training through supervision and continuing education. Supervision provides support for professional growth to help cope with stressors, work through ethical dilemmas, and ensure the counselor is working within the scope of training.

There are several ethical concerns in mental health that emerge from the literature specific to the rural context. Specifically, ethical dilemmas include: working outside the scope of practice, multiple relationships, boundary violations, and burnout. There is a lack of understanding and limited studies regarding solving ethical dilemmas in rural areas (Helbok, 2003). This type of understanding provides a foundation to support rural workers in making decisions when faced with an ethical dilemma. The ethical dilemmas presented by the rural context illuminates why supervision is particularly important

(Stamm, 2003). Working in a rural area, it is impractical for rural mental health workers to avoid multiple relationships (Brownlee, 1996), and it is important for counselors to seek consultation and supervision when dealing with multiple relationships and ethical dilemmas (Weigel & Baker, 2002).

McMahon and Patton (2000) found that British school counselors from remote areas identified supervision as important to professional growth. In this study, one counselor revealed that they paid for their own supervision in order to develop skills and awareness. Studies have shown that there is a lack of training and professional growth opportunities in rural areas (Barbopoulos & Clark, 2003). Supervision is often prohibited in rural settings due to lack of time, travel distance, and lack of qualified supervisors.

Research shows that rural school, family, and couples counselors report concerns with lack of professional supervision experiences and supports and feelings of professional isolation (Morrissette, 2000; Weigel & Baker, 2002). Coleman and Lynch (2006) cite that supervision reduces feelings of isolation. When rural mental health workers were asked about their own self-care, personal time and supports were reported as important self-care strategies (Behnke, 2008). Due to these concerns, rural mental health workers need to have specific characteristics and training to be prepared to cope with the unique concerns of working in rural areas.

Rural counselors need specific training to deal with the unique culture and issues presented by rural populations (Birk, 1992; Barbopoulos & Clark, 2003; Kee, Johnson, & Hunt, 2002; Kruse & Aten, 2007; Morrissette, 2000; Slama, 2004; Weigel & Baker, 2002). Behnke (2008) cites that workers report lack of specific coursework or training of rural cultures in their graduate programs. Supervisors are ethically required to possess

sensitivity, skills, and knowledge of multicultural issues to impart knowledge and address cultural issues with mental health workers in rural areas.

Mental health professionals, by nature, tend to focus on the health and well-being of others and overlook their own needs. Due to the nature of the mental health field, workers are at risk of stress, anxiety, depression, drug and alcohol abuse, exploitation of clients, secondary trauma or stress, compassion fatigue, vicarious traumatization, and burnout (ACA, 2005; Emerson & Markos, 1996; O'Halloran & Linton, 2000).

Supervisors have the responsibility to help supervisees prevent and identify burnout. In order to facilitate this process, Campbell (2006) recommends supervisors create a safe environment encouraging open communication regarding stress and concerns. It is important for supervisors to be aware and sensitive to the symptoms of burnout and compassion fatigue when working with mental health professionals.

The aforementioned factors, such as lack of competency and ethical dilemmas, coupled with lack of supervision and supports, pose a challenge for rural mental health workers. The helping profession has been identified as a high-risk field for professional burnout (Skovholt, 2001). If a rural mental health worker is faced with challenges unique to the rural context while lacking professional support and training opportunities, the risk of burnout may be even greater (DeStefano, Clark, & Potter, 2005; Kee, Johnson, & Hunt, 2002; Skovholt, 2001).

A study by DeStefano, Clark, Gavin, and Potter (2005), found that support from a supervisor improves overall job satisfaction of counselors in rural areas and reduces their overall stress. This highlights the need for supports and supervision of rural mental health workers. In a study conducted by Kee, Johnson, and Hunt (2002) rural

counselors were found to be at greater risk of burnout. Rural mental health workers are at risk of burnout and secondary trauma due to the professional isolation and minimal social support (Coleman & Lynch, 2006; Stamm, 2003). According to Skovholt (2001), counselors who experience work overload and multiple roles are at risk for burnout. Therefore, the rural counselor is a greater risk of burnout. According to the American Counseling Associations Code of Ethics (2005), burnout can affect the quality of patient care and creates an ethical concern.

Supervisors' needs in rural areas

Supervisors are often placed into supervisory positions with no experience or training (Campbell, 2006; Kahn, 1999). In addition, clinicians typically move to administrative positions rather quickly in rural areas (Hargrove, 1991). Many training programs do not prepare workers for this type of role. Hargrove (1991) states that a person cannot effectively move from clinician to administrator without specific training.

The position of supervisor requires specific skills, knowledge, and training. Most master-level supervisors lack training in supervision (Casile, Gruber, & Rosenblatt, 2007) let alone training in providing supervision in rural areas. Supervisors, overall, are not adequately trained and feel anxious providing supervision (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Working in an unfamiliar context, such as a rural setting, may exacerbate the anxiety of providing supervision.

Campbell (2006) cites that supervision and training of supervisors are not a focus in work settings. The available counseling and supervision research fails to provide an understanding of the training and preparation needs of supervisors in rural areas.

An area of consideration and concern for this study is supervisor impairment. Supervisors have tremendous responsibilities and demands placed upon them, and the supervisee and clients can be affected by this impairment (Stoltenberg, McNeill, & Delworth, 1998). As discussed, mental health professionals are at risk of burnout. Supervisors may experience burnout and stress due to high job demands and may experience compassion fatigue (Campbell, 2006, Jankoski, 2002). As previously noted, the rural context has unique challenges that could put rural supervisors at even greater risk of impairment.

The goal of supervision is to enhance supervisee development, and burnout can impede the supervisor's ability to promote development (Bernard & Goodyear, 2004). If rural supervisors are facing the same concerns as the rural counselor, such as lack of supports, resources, and ethical concerns, burnout is a risk for supervisors as well, if not more. However, in a survey of rural mental health center directors, Rohland (2000) found that rural directors did not report more burnout or less job satisfaction than urban counterparts. Unique challenges that rural counselors face such as professional isolation, role overload, diversity of clients, and limits to the scope of practice puts the counselors at risk for burnout. In a review of literature, there is extant research on the effect of the rural context and mental health workers and on the effect of burnout in the rural counselor (Kee, Johnson, & Hunt, 2002). Helbok (2003) warns rural psychologists of the potential for burnout due to the ethical dilemmas inherent when working in rural settings.

Supervision is a triadic system, or supervisory ecology, which includes the supervision, supervisee, and client (Bernard & Goodyear, 2004). Through this triadic relationship and living and working in a rural area, rural supervisors face the same

concerns that parallel supervisees. Parallel process occurs when a problematic issue the supervisee is experiencing “beams out” and can affect the supervisory and therapeutic relationship (Bernard & Goodyear, 2004). The processes found in the counseling relationship are similar to the processes in the supervisory relationship (Ronnestad & Skovholt, 1993). Therefore, supervisors may experience directly or indirectly the same concerns of isolation, helplessness, or anxiety that rural counselors and their clients face.

Another phenomena experienced in the supervision relationship is isomorphism. Isomorphism supposition is that supervisory relationship parallels are present between systems. In other words, it is important to look beyond the supervisee to resolve problems (Campbell, 2006). This can include looking at the bio-ecological model to identify influences from other systems. Rural supervisors must address the needs of counselors, who might not be prepared for work in rural areas, while personally dealing with professional isolation and lack of resources. These concerns put the rural supervisor at-risk for impairment and burnout.

Muratori (2001) provides an ethical decision-making model for supervisees to address supervisor impairment. There are several factors that contribute to a supervisee reluctance to confront supervision impairment, specifically the power differential inherent in the relationship. However, Muratori (2001, p. 5) recommends the following steps to assist supervisees in addressing supervisor impairment:

1. Identify the problem and how the problem relates to you.
2. Review and apply the current ACA Code of Ethics related to impairment.

3. Reflect on the moral dimensions of the dilemma. Consider if the supervisor is following all moral principles. In addition, consultation with colleagues is recommended.
4. Develop all potential courses of action, including a reflection of the power differential in supervisory relationships.
5. Review all potential consequences of the potential courses of action, including the decision to take any action at all.
6. Evaluate the selected course of action while reflecting on all possible ethical considerations.
7. Make a decision and implement.

The literature has demonstrated that supervisors often feel unprepared and under trained to provide clinical supervision. Even fewer supervisors actually receive supervision of their own supervision (Campbell, 2000). Supervisors must be competent in the practice of supervision above and beyond their competence as a therapist (ACES, 2003). Campbell (2006) recommends supervisors seek supervision and consultation to improve clinical skills, provide effective services, and maintain ethical practices through peer or group supervision. Peer supervision is a way that rural supervisors can receive supervision of their own services (Stamm, 2003; Weigel & Baker, 2002). Peer supervision provides the opportunity to discuss ethical issues, decrease isolation, offset burnout, vent feelings about supervisees, clients, or work environments, and share knowledge, suggestions, and feedback (Bernard & Goodyear, 2004, p. 254).

Methodological Framework

The purpose of this qualitative study is to examine the day to day life of rural supervisors providing clinical supervision in rural mental health settings. The intent was to have supervisors explain and describe the essence of their experiences in order to gain a better understanding of this phenomenon from multiple perspectives. Because of the lack of understanding and research on the experiences of rural supervisors, a qualitative method was selected. Qualitative studies can provide a rich source of information about the personal experiences of supervisors and supervisees (Bernard & Goodyear, 2004). According to Peskin (1993, p. 28) there is no “prototype” for qualitative research, and in order to gain an understanding of rural supervisors experiences, this study uses an ethnographic methodological framework with a phenomenological perspective. Ethnography provides a description or interpretation of the everyday experiences of a group or culture (McMillan & Schumacher, 2006; Van Manen, 1990). The goal was to gather an in-depth, thick description and understanding, rather than provide explanations or test hypotheses. Phenomenology is the science of phenomena that attempts to understand how people make sense of experiences and examine any essence, or meanings, of those experiences (Patton, 2006; Van Manen, 1990). The focus is on attempting to understand the phenomena from the culture or group’s perspective without the presupposition of the researcher. Phenomenological research describes people’s everyday world, rather than providing explanations (Giorgi, 1985; Kruger, 1988).

Summary

This chapter has reviewed the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and the Integrated Developmental Model (IDM) of Supervision (Stoltenberg, McNeill, & Delworth, 1998), which provides the theoretical framework for this study. These two models present the theoretical lens used to enhance the understanding of the experiences of rural supervisors.

The review of related literature in this chapter illustrates that rural mental health workers are faced with many unique challenges specific to working in the rural context such as role overload, lack of resources, multiple relationships, and lack of supports. Many of the challenges include ethical and legal concerns that should be mediated through supervision. These unique issues and challenges illuminate the need for supervision in rural settings.

This chapter reviewed the importance of supervision in the mental health field. In addition, this chapter highlighted the need for specific training and competencies to provide supervision. This review illustrates that the experience of rural supervisors are largely absent from the available literature. It is important to understand the needs of rural supervisors. Finally, a review and justification of the methodological decisions for this study was provided.

CHAPTER III

METHODS

The purpose of this qualitative study was to examine the lived-experiences of clinical supervisors in rural mental health settings. This study analyzed the relevant themes that emerged from focus group and individual interviews with supervisors working in rural areas in an attempt to develop a rich description of the experience of supervisors in rural settings. The intent was to have supervisors explain and describe the essence of their experiences in order to gain a better understanding of this phenomenon from multiple perspectives. There is lack of understanding and research on the experiences of rural supervisors. Therefore, a qualitative method was used to study this phenomenon. Qualitative studies can provide a rich source of information about the personal experiences of supervisors and supervisees (Bernard & Goodyear, 2004). According to Peskin (1993, p. 28) there is no “prototype” for qualitative research, and in order to gain an understanding of rural supervisors’ experiences, this study uses an ethnographic methodological framework with a phenomenological perspective. There was no manipulation or control of variables in this naturalistic qualitative design. This chapter describes the framework, design, methods, and data collection and analysis used in this study. Finally, a review the limitations of this study will be provided.

Ethnography

The methodological framework that informs this study is ethnography with a phenomenological perspective. Ethnography provides a description or interpretation of the everyday experiences of a group or culture (McMillan & Schumacher, 2006; Van Manen, 1990). “Ethnography comes from the Greek *ethnos* meaning people or cultural

group and *graphic* meaning to describe.” (Glense, 2006, p. 8) Ethnography gathers information about a culture through interviews and observations. The goal is to gather an in-depth, thick description and understanding, rather than provide explanations or test hypotheses. Listening to the voice of rural supervisors seemed to be important in gaining a better understanding of the rural supervision culture.

The underlying goal for this naturalistic inquiry was to understand the culture and lived-experiences of the rural supervisor. This lens provides a description of the ethos of the rural supervision culture and a better understanding of supervisors’ experiences. It is important to give rural supervisors a voice to describe their subjective experiences. This study allowed supervisors to construct reality in focus group interviews in order to identify cultural patterns. Using focus groups and individual interviews provided supervisors the opportunity to construct their experiences and share their stories (Patton, 2002).

Phenomenology

Phenomenology is the science of phenomena that attempts to understand how people make sense of experiences and examine any essence, or meanings, of those experiences (Patton, 2002; Van Manen, 1990). “Phenomenological research is the study of essences.” (Van Manen, 1990, p. 10) The focus is on attempting to understand the phenomena from the culture or groups’ perspective without the presupposition of the researcher. Phenomenological research describes people’s everyday world, rather than providing explanations (Giorgi, 1985, Kruger, 1988). The phenomenological perspective allows for an understanding of supervisors’ experiences without conducting a phenomenological study (Patton, 2002). The phenomenological perspective will examine

the day to day lived-experiences of rural supervisors to understand their perceptions and perspectives of supervision in rural areas (Leedy & Ormond, 1985). Patton (2002) cites that it is important to understand the interpretations of phenomena and to uncover the essence, or shared experiences, of participants. The type of study allows for the exploration of the nature of supervisors' experiences through an integration of commonalities.

Research Design

Sample

This study used a sample of ten supervisors from Northwest Pennsylvania who provide clinical supervision to mental health workers in rural settings. "There are no rules for sample size in qualitative inquiry." (Patton, 2002, p. 244) I was interested in selecting credible participants who could provide in-depth descriptions of the day to day experiences of rural supervisors. These cultural experts offer rich information to gain a better understanding of the phenomena related to supervision in rural areas. Therefore, purposeful sampling was utilized to recruit participants who met specific criteria for the interview and were considered cultural experts in rural supervision. Choosing a purposeful sample provides information-rich cases (Patton, 2002) specific to this study. The specific criterion to participate in this study were that participants were working in a rural setting for at least five years and providing clinical supervision to mental health workers in rural settings. The subjects of this study were not naturally bound together and were dispersed throughout three counties in rural Pennsylvania. Rural supervisors are a rather small and unique population from which to draw a group of informants. After gathering participants through purposeful sampling, the sample grew larger through

snowball sampling or network sampling. In the snowballing process, I identified information-rich informants and asked those informants for the names of other potential rural supervisors for the study. Snowballing proved to be an effective technique in locating additional subjects for the study (Berg, 2007; Patton). Generalizations or confidence levels were not a concern in this type of study. The purpose of the study was to understand and explore. Therefore, random sampling was not appropriate or required for this type of qualitative study.

Focus Groups

This study used focus groups to allow rural supervisors the opportunity to express multiple perspectives, concerns, and experiences in a group atmosphere. Focus groups are essential for “getting at” experiences that quantitative methods are unable to provide (Levers, 2006, p. 385). Kress and Shoffner (2007) recommend focus groups when investigating a phenomenon, such as rural supervisors’ experiences. The focus group helps members have an in-depth discussion of a specific topic of interest. The focus group allows group members to build off each others’ comments, ideas, or suggestions, and become energized (Patton, 2002). This synergistic interaction is the unique and key ingredient to focus groups (Kress & Shoffner, 2007; Levers, 2006) and allows for the negotiation of meaning (Lindsay & Hubley, 2006). An advantage to focus groups is that members learn about concerns from other members and produce information-rich data in a guided group discussion. Additional advantages to using focus groups include: flexibility with sampling, gathering large amounts of information in a short period of time, generating a better understanding, leveling out the perceived power differential between the researcher and subjects, creating the ability to explore other topics as they

emerge, and providing a sense of safety in numbers (Berg, 2007; Kress & Shoffner; Kruger, 1994; Patton, 2006; Stokes & Bergin, 2006). Focus groups allow the use of group processes as part of my information gathering. As the moderator, I facilitated the group to draw information and allow group members to speak freely (Berg, 2007). As recommended by Krueger (1994), this study of supervisors working in rural areas consisted of two small focus groups and each group had four participants.

I used Berg's (2007, p. 158) *Basic ingredients in focus groups* as a framework to develop and implement focus groups into this study. The following "ingredients" were implemented: a concise research problem; ensuring the group is appropriate for the study; my ability to create an interactive environment; a well-organized, clear, and focused structure; and a systematic analysis of data. First, the purpose of this research and research problems were clearly explained in Chapter I. Second, I carefully chose the participants in this study that met specific criteria in order to gather rich data for this study. The specific details of the focus group sample were discussed previously. Third, I used my personal expertise in individual and group counseling to facilitate the group interviews. As a seasoned counselor and supervisor, I was well aware of the importance of forming a relationship and building rapport with the participants. Moderators need to be effective in managing group members and guiding the group, while being aware of personal bias and influence on other group members (Kress & Shoffner, 2007). For example, when facilitating a group of this nature, it is important to manage group dynamics and monitor overpowering group members in order to create a safe environment where all participants feel free to talk openly. Fourth, I used a focus group protocol to maintain the focus of the group. According to Levers (2006), one of the most

important factors of conducting a focus group is a well thought out and organized protocol to follow. The focus group protocol will be reviewed in the Methods and Procedures Section below.

Key Informant Interviews

In addition to the two focus group interviews, I conducted two individual interviews with cultural experts in the field of rural supervision to ensure the consistency and reliability of the data collected from the two focus groups. Therefore, two individual interviews were conducted with supervisors who were originally scheduled to participate in the focus group interview, but were unable to participate. The purpose of key informant interviews was to allow participants to share their experiences as supervisors and hear their stories (Patton, 2002). It allowed me to ensure the completeness and trustworthiness of the data, to determine if new data points would emerge.

Methods and Procedures

Gaining entry is the first step to an ethnographic study (Leedy & Ormond, 1985). I used my personal contacts from my ten years experience in the field of rural counseling and supervision to build an appropriate set of participants for the focus group interviews. After initial contacts were made, I used referrals or “snowballing” to gain access to other informants. Participants were formed into two focus groups to complete interviews based on their availability. Once focus group members were scheduled, I mailed a pre-interview form to gather information about experiences and training as rural supervisors (Appendix A).

At the beginning of the focus group, I discussed the purpose of the study, confidentiality, risks and benefits, how to file a complaint, and consent forms. I had

members sign the necessary consent forms and began to digitally record the interviews. I initially followed the focus group protocol with the set of structured questions. However, as the discussion proceeded, participants began to address other questions and areas in a natural manner.

Focus Group and Individual Interview Protocol

The field research for this study began on December 19, 2008 and the data collection concluded January 30, 2009. Two focus group and two individual interviews were conducted with individuals providing supervision in rural settings. Each focus group included four participants and was held in a conference room and large office, respectively. Participants interacted at the beginning of each focus group and conducted informal introductions. Due to the nature of small communities, most of the participants knew each other and seemed happy to see one another. Many of the participants shook hands or even hugged one another. Once the study was under way, formal introductions were conducted and each member stated their name and agency represented.

At the beginning of all interviews, the purpose of the study was reviewed and participants read and signed informed consent forms and turned in the pre-interview demographic information form. In the focus group, ground rules such as taking turns and allowing others to speak were reviewed, and an experimental question was asked to have each member practice taking turns answering questions (Glense, 2006). The experimental question was to have each member share their name and affiliation as a way to introduce the focus group members. It is important for a relationship to exist between the researcher and the participants (Kruger, 1988). Therefore, I used my skills in

counseling, such as warmth, empathy, and unconditional positive regard to build rapport and create a safe environment.

A semi-structured interview with a protocol of questions was used in all the interviews (Appendix B). The focus groups lasted between 60-90 minutes in length to allow each member the opportunity to talk and share experiences. The individual interviews lasted between 45-60 minutes in length. All interviews were digitally audio taped. In addition to audio taping the focus group interview, I took notes during the interview of behavioral observations that would not be revealed by the audiotape. This was important in order to gather additional information and data to supplement, or cross validate, the information from the audiotapes. The notes also allowed me to determine who was speaking in the tape when transcribing the focus group interviews (Patton, 2002). I was aware of the effect that note taking may have on the participants and was cognizant of any of my own and others' nonverbal cues. At the end of each interview, I asked a closing question to allow supervisors to share information or experiences that were not already discussed. In addition, this prepared the supervisors for the ending of the group or interview. Once all participants agreed to end the interviews, I thanked each participant for their time and reminded them that referrals for counseling follow-up could be provided, upon request.

Source of Questions

“The power of focus groups resides in their being focused.” (Patton, 2002, p. 388) This was important to consider when developing protocol questions. As recommended by Patton (2002), there were no more than ten interview questions to allow all members the opportunity to speak. The purpose of this study was to examine the lived-experiences

of clinical supervisors in rural mental health settings. The same questions were asked in all of the interviews. The questions were developed based on an extensive review of literature and my experience as a counselor and supervisor in a rural setting. I carefully worded each question to be open-ended, neutral, and reflect the theoretical framework of the study (ecological and developmental) and the methodological framework (lived-experiences). Using Patton's interview guide approach, the following questions were asked in all interviews:

1. What is your experience working as a supervisor in a rural area?
2. How have you been prepared to provide supervision in rural areas?
3. How do you supervise a counselor in rural mental health settings?
4. What are your needs as a supervisor in rural mental health settings?
5. Are there any factors that affect your performance as a supervisor in rural mental health settings?
6. What preventive or self-care strategies do you employ?
7. Why do you choose to work in rural areas? What are the advantages and disadvantages of working in rural areas?
8. What recommendations do you make for preparation and support of supervisors working in rural areas?
9. What should I have asked you that I did not ask that would help me better understand the experience of supervisors in rural settings?

In addition to the above outlined questions, I used follow-up questions and prompts, as needed. For example, if a supervisor provided a one-word answer, I asked "Can you tell me more about that?" The strength of using this type of interview guide is to have a

standardized outline of the questions asked in order to maintain consistency of the data produced. However, a weakness is that important topics may be overlooked (Patton, 2002). I attempted to compensate for this limitation by asking the final, closing question to allow the opportunity to express any other relevant or important information not already discussed.

Instruments

As in all qualitative research, as the researcher, I was an instrument in this study. In addition, field notes and recording of the focus group interviews were used as instruments to collect data.

Because the researcher is the instrument in qualitative study, I have an influence on the study. Therefore, I was committed to and practiced reflexivity throughout the research process. Reflexivity means that I evaluated my own voice, in addition to, the voice of the participants (Patton, 2002). I understood that I was part of the social world of the supervisors being interviewed and maintained an internal dialogue to explore what is known and how it is known (Berg, 2007). During the study, I examined and reviewed personal actions and reactions related to the study through self-reflection. In order to enhance reflexivity, the following were implemented: peer debriefing, field notes, reflection journal, and corroboration with a focus group member regarding the findings (McMillan & Schumacher, 2006). In addition, I asked myself the following questions: “What is the purpose of the study? What do I observe? What don’t I observe? How do I know that I am right?” (Glesne, 2006) As recommended, this allowed me to remain focused on the purpose of the study and to bracket personal beliefs, biases, or assumptions (Kruger, 1988; Van Manen, 1990). Bracketing allows me to remain neutral

in an attempt to not influence the findings. Throughout the study, I consulted with other rural counselors and the dissertation committee regarding my reactions, interpretations, thoughts, and beliefs.

In order to improve the trustworthiness or rigor of this study, I used reflexivity to make biases and presuppositions known and explicit. I engaged in constant reflections of how these biases could affect the study through journaling in a field log, consultation with dissertation committee members, and peer debriefing (Patton, 2002). I used intellectual integrity to explore alternative explanations for analysis and findings. In addition to constant reflection on my influence on the study, I considered alternative explanations when organizing data (Patton, 2002). For example, I had considerable interest and experience working in rural settings that could influence assumptions regarding supervision in rural areas. As a result, I paid a great deal of attention to extreme cases, trends, or patterns that emerged during the study (Patton).

Given that, as the researcher I am considered an instrument in this study, a review of my personal experience, training, and interest in the study is appropriate. I have ten years experience working as a counselor in a rural area. In 2002, I was promoted to the position of clinical supervisor at a community mental health agency. I had two years experience providing individual supervision to master and bachelor level staff. However, once promoted to this position, I felt ill-equipped and anxious in this new role. At a clinical supervision workshop, I learned of Duquesne University's Counselor Education and Supervision doctoral program. After acceptance in the program, my passion for supervision soared. In addition to providing counseling services to rural populations, I honed my supervision skills and implemented in the work setting the foundational

knowledge learned in classes. Fortunately, I received a tremendous amount of support and supervision throughout the doctoral program. However, I received minimal clinical support in the work setting as a clinical supervisor. Often, I would feel alone and frustrated. With the prospect of graduating and not having any supports as a supervisor in a rural area, I became interested in hearing from other supervisors. I appreciate life in a rural setting and have experienced both the benefits and challenges of working in rural mental health settings. I want to gain a better understanding of the lives of rural supervisors and through this research provide suggestions to better prepare and support rural supervisors.

Ethical Considerations

Several ethical considerations were explored when developing and conducting this research study. As recommend by Glense (2006), participants were presented with enough information on the study to make an informed decision about their participation in this study. All participants read and signed the consent form to participate in the study (Appendix C).

Participants were informed that this research would be confidential, and that there would be no information used to identify their involvement in any way. Participants were informed that all electronic data would be double password secured and the digital recording would be erased at the conclusion of this study. The digital recording would be kept in a secure location in a locked filing cabinet until the conclusion of the study. The exception to this confidentiality is that Pennsylvania state law mandates that a report be made to authorities in cases where a child is being abused or the participant is in imminent danger to self or others. Otherwise, all information would be available only to

this investigator and in non-identifiable form to the dissertation committee. Participants were reminded of one of the disadvantages of focus groups is that confidentiality cannot be guaranteed (Glense, 2006).

Participants were informed that they were free to withdraw from the study with no repercussions. Participants were informed of the risks and benefits of the study. Participants were informed of the possibility to experience some negative emotions and that counseling would be made available upon request. Participants were informed that they may not directly benefit from this study. However, the results of this study may benefit future counselors, supervisors, and clients. As recommended by Patton (2002), I had an ethical framework to work from in preparation for any ethical concerns that could arise during the study. I followed the American Counseling Association Code of Ethics (2002) and Pennsylvania state law.

Data Collection

In addition to audiotape, I included note taking to gather data and observations. By employing an audiotape recording, exact words and quotes from participants were recorded and assisted me in identifying themes and patterns. The note taking allowed writing further observations regarding participant actions and interactions for further data collection. Finally, a focus group member, who was chosen due to her availability to me, was consulted to substantiate the findings. This provided an opportunity for participants to provide suggestions and feedback for me to consider and comment on in the findings section (Patton, 2002).

The raw data from focus groups interviews is considered evidence-based (Levers, 2006). However, qualitative research is not an empirical, analytic science (Van Manen,

1990). Therefore, when conducting this type of qualitative inquiry, I used a different set of methods to ensure utility, reliability, and trustworthiness of the data. According to Patton (2002), the following elements affect the credibility of a qualitative study: the use of rigorous and systematic methods, the credibility or experience of the researcher, and confidence in the value of qualitative research. To enhance the internal validity, or credibility of this study, I used rigorous and systemic methods such as triangulation or cross validation, verbatim accounts, mechanically recorded data, member check-ins, and participant reviews.

Triangulation uses multiple sources to cross validate data and test for consistency and was used to enhance the validity of this research (McMillan & Schumacher, 2006; Patton, 2002). I used two forms of triangulation: methodological triangulation and triangulation of sources. For example, I used personal notes, tapes, and verbatim transcriptions of focus groups and individual interviews as multiple forms of data collection. I used a review of related literature, conducted member check-ins to clarify interpretations, used peer reviews to receive feedback, and maintained reflexivity (Patton, 2002). In addition, I conducted two additional individual interviews to ensure consistency and reliability of data from the focus group. The idea behind triangulation is that one method cannot adequately explain or understand a phenomenon such as the experience of rural supervisors.

I used a digital recorder to record both focus group and individual interviews. This allowed me to take notes of observations and non-verbal reactions of participants, as well as obtain verbatim accounts. To ensure validity, during the interviews I conducted member check-ins to insure the accuracy of the data and to clarify and confirm

participants' meanings (McMillan & Schumacher, 2006). For example, I summarized key points during the interviews and asked if the interpretations were accurate. Another procedure used to enhance the validity of the data was consultation with a focus group member. One focus group member, who was chosen due to her availability to me, reviewed the transcripts and interpretations and shared her reactions.

In order to ensure the validity of this research, the trustworthiness of the data was considered throughout the entire research process. A strategy for enhancing the quality and credibility of qualitative research is transferability, or external validity. Due to the nature, intent, and philosophical underpinnings of qualitative research and inquiry, one cannot guarantee that the results will be generalizable to all other populations. However, the data and results can be transferable (Patton, 2002). In other words, the information from this study can be transferable to other similar contexts.

Dependability, or reliability, was considered throughout the study by maintaining a systematic process and protocol (Patton, 2002). For example, I used a systematic protocol during the focus group and when developing research questions. In addition, to ensure the reliability and completeness of the data, I conducted two additional individual interviews to determine if new data points would emerge.

Data Analysis

The analysis of data began at the start of this study. In qualitative research, it is sometimes difficult to differentiate between data collection and data analysis (Glense, 2006; Patton, 2002) and is considered a fluid process (Levers, 2006). I was often analyzing and reflecting on data during the data collection in order to gather a thick description of the lived-experiences of clinical supervisors in rural settings.

Using the general guidelines presented by Glesne (2006), I described the voices or themes that emerged from the focus groups, examined the meaning and essence as they emerged in the data, and interpreted the meanings and findings. The goal was to transfer, organize, and describe the data into meaningful information and let the data speak for itself. This analytical process continued as themes emerged and the chunks of data were labeled. This process continued until the categories and themes were saturated, which was confirmed after the individual interviews.

The first step in data analysis was to review field notes and audiotapes and gather a holistic view of the data. During this time, analytic files were informally developed (Glense, 2006) and relevant data was separated from irrelevant data (Leedy & Ormond, 1985). For example, if supervisors talked about experiences unrelated to the topic, the irrelevant information was omitted. During this time, I attended to group dynamics and member participation that was recorded in the field notes. This provided the opportunity to review and analyze dynamics that might have been missed or overlooked during the focus group. I then transcribed, verbatim, the audiotapes. The purpose of using verbatim transcriptions was for me to record the participants' exact language and totally immerse myself in the data (Berg, 2007, Patton, 2002). The information gathered in the focus group and individual interviews was the raw data (Berg, 2007).

Following the guidelines for qualitative data analysis presented by Patton (2002) and Giorgi (1985), I followed the four steps to analysis: looking at the data as a whole, identify meaning units, defining meaning units, and finally, synthesis of meaning units into a holistic understanding of the participants' experience through an ecological and developmental lens. As cited by Giorgi (1985), meaning is the most useful word to

describe data in a qualitative study. For this study, I wanted to “get at” the meaning of supervisors’ internal experiences, while understanding outside or environmental factors that influence development. Therefore, I reflected on Van Manen’s (1990) four life world existentials of lived space, time, body, and relationship to add structure to this process. These four existentials can be seen as puzzle pieces to understanding the whole individual. In other words these four existentials can be differentiated, but not separated (Van Manen, 1990). Similarly, I attempted to form an understanding of the data as a whole by listening to the tapes and reading through the transcription. During this time, I began organizing and developing overall central themes or “Natural Meaning Units (NMUs)” (Kruger, 1988) or “meaning units” (Giorgi). I asked questions such as: What is illuminated here? What themes emerge? Due to not being able to analyze the entire text at the same time (Giorgi), I attempted to recognize patterns or themes that emerged and converged from the mass amount of data by analyzing the core content. I then defined the NMUs, using the words of the participants and attempted to sequence patterns to create a systematic framework of rural supervisors’ experiences (Glense, 2006). This analytical process continued as themes emerged and I labeled the chunks of data. During this time, I reflected on the meaning of themes, based on the related literature of this phenomenon (Berg, 2007). Once the themes emerged and chunks of data were labeled, I then looked at irregular patterns or deviant responses. I used a visual data display to organize data and create a conceptual diagram to look for patterns and begin formulating hypotheses (Glense, 2006). The focus group and individual interviews provided rich and consistent data. The final product was a description of meaning through the eyes of the participants (Leedy & Ormond, 2001). In order to determine substantive significance

(Patton, 2002), I used triangulation of data and consensual agreement from a focus group participant on the findings. Throughout the entire analytical process, I reflected on my own experiences, biases, and presuppositions and the possible effect on the data and findings. I contacted a member of the focus group and asked her to review the findings and provide suggestions regarding the analysis. For example, I asked the focus group member if the information was consistent, to guarantee consensual validation (Giorgi, 1985; Kruger, 1988) with my interpretations and experience in the group. The focus group member confirmed the information was consistent with her experience in the focus group and added how the experience was very meaningful to her.

As mentioned in the previous chapter, there were two theoretical frameworks used to develop this research and analyze the data. The two approaches used in this investigation to account for the multidimensional intricacies of the rural supervision phenomena include the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and Integrated Developmental Model of Supervision (Stoltenberg, McNeill, & Delworth, 1998). During the analysis, these two theories were used to gain insights and understanding of the risks and protective factors found in the phenomena of supervision that has an impact on rural supervisors' development. The theoretical framework or lens used in the data analysis of this study was Bronfenbrenner's (2005) Ecological Model that includes four interrelated systems: microsystem, mesosystem, exosystem, and macrosystem. The bio-ecological model of human development served as a lens or pathway to understand factors that influence rural supervisors' development.

Delimitations of the Study

One of the limitations of qualitative research is lack of generalizability. Due to the small sample size of this study, the results cannot be generalized to all rural supervisors and situations. In addition, my biases and predispositions may affect data (Kruger, 1988; Morrissette, 2000; Patton, 2002). My personal interest, biases, and experiences may have an impact of the data collection and analysis. Therefore, I remained reflexive throughout the entire study. As the researcher-observer, I can have an effect on the findings of this study. The effect of the observer can include: reactions of focus group members of the observer's presence, instrumentation effects, or changes in me during the interview, and my personal biases or perceptions (Patton, 2002). The halo effect is another limitation of the study. Due to the small area of practice, group members may know one another and not want to disclose lack of competencies or professional struggles. In addition, group members may want to impress me as well as each other. Another concern regarding the presence of the researcher is that I may create performance anxiety (Patton). In other words, supervisors might not want to disclose certain information about their potential limitations as supervisors.

Chapter Summary

The methodological framework that informs this study is ethnography with a phenomenological perspective. The purpose of this study was to examine the lived-experiences of clinical supervisors in rural mental health settings. Therefore, the framework was appropriate for this study.

This study used methodological triangulation such as focus group, individual interviews, and related literature to improve the quality of the study. This qualitative

research draws upon the theoretical framework of the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and the Integrated Developmental Model of Supervision (Stoltenberg, McNeill, & Delworth, 1998). These two models provide a lens to illuminate and understand factors that influence supervision development, specifically across the multiple complexities of rural environments. The relationship between the person and the environment is dynamic and the development of the person cannot be separated from the social networks in which they are engaged (Bronfenbrenner, 1979, 2005).

This chapter reviewed the methods and procedures of this study, including purposeful and snowball sampling, and focus and key informant interviews to gather data, my reflections of my experiences during the study, and what lead me to conduct this study. Finally, a complete description of the data analysis and limitations of the study were presented.

CHAPTER IV

RESEARCH FINDINGS

Patton (2002) described the process of interpretation and analysis as a “complex and multi-faceted analytical integration of disciplined science, creative artistry, and personal reflexivity, [where] we mold interviews, observations, documents, and field notes into findings” (p. 432). This chapter provides a case-by-case narrative of the data collected in two focus groups and two individual interviews, and a reflection of my expedition of discovery and understanding of the experiences of rural supervisors. In addition, a cross-case analysis of the entire sample is presented.

A total of ten cultural experts participated in two focus groups and two individual interviews for this qualitative research study. The cultural experts for this study have been working in a rural mental health setting for at least five years and provide clinical supervision to workers in rural settings. The participants were supervisors from three different counties in Northwestern Pennsylvania, all who live and work in a rural setting.

In order to protect the confidentiality of the participants in this study, each supervisor was assigned a number. The supervisors will be identified by this number throughout the discussion of the findings. There were seven female and three male participants. Of the participants, nine had master’s degrees and one had a doctoral degree. Nine out of ten supervisors were licensed by the state of Pennsylvania and were providing therapy in addition to supervision.

In the first focus group, supervisors reported between nine to forty-five years working in the mental health field and eight to thirty-eight years working as a supervisor. Three of the four supervisors reported providing only clinical supervision; one supervisor

provided both clinical and administrative supervision. The current positions reported by the group included Clinical Evaluator, Executive Director, Clinical Director of Mental Health Partial Program, and Program Director of Family Services. The supervisors provide clinical supervision to the following staff: behavioral health services staff, therapists, counselors, social work students, and partial program staff. All four provide supervision in rural areas. Two of the supervisors reported having a formal course or workshop in their training programs on clinical supervision, two reported attending continuing education workshops specifically in clinical supervision. Three of the four supervisors reported growing up in a rural area. Other relevant information about the supervisors is summarized below. Education degree, license, years working in the field, years working as a supervisor, and supervisory training are provided in Table 1.

Table 1

Focus Group 1 Identifying Information

	Degree	License	Years working in field	Years working as a supervisor	Supervisory Training
Supervisor 1	MA	LPC	21	12	6 month class
Supervisor 2	PhD	LPC	9	8	Workshops
Supervisor 3	MA	LCSW	45	38	CEU's
Supervisor 4	Med	LCSW	29	18	Graduate Course

In the second focus group, supervisors reported between eight to thirty-eight years working in the field and one to fifteen years working as a supervisor. Two supervisors reported providing only clinical supervision and two provided both clinical and administrative supervision. The current positions reported by the supervisors included Supervisor of Multidimensional Treatment Foster Care, Clinical Specialist, Counselor,

and Clinical Social Worker. The supervisors provide clinical supervision to the following staff: behavioral health services staff, inpatient hospital staff, social work students, and family therapists. All four provide supervision in rural areas. One of the supervisors reported having a formal course in their graduate training program on clinical supervision, two supervisors reported attending a continuing education workshop specifically for clinical supervision, and one supervisor did not receive any formal supervision training. Two of the four supervisors reported growing up in a rural area. Other relevant information about the supervisors is summarized below. Education degree, license, years working in the field, years working as a supervisor, and supervisory training are provided in Table 2.

Table 2

Focus Group 2 Identifying Information

	Degree	License	Years working in field	Years working as a supervisor	<i>Supervisory Training</i>
Supervisor 5	MSN, ABD	RN, MSN, CNS, LSW	38	15	<i>None</i>
Supervisor 6	MA	LPC	15	12	<i>Workshop</i>
Supervisor 7	MA	MSW	8	1	<i>Workshop</i>
Supervisor 8	MA	LCSW	27	12	<i>Course</i>

Focus Group Interview

All interviews were digitally recorded, and I wrote notes during and after the interviews. The interviews were conducted in a semi-structured format with a set of structuring questions. The purpose of the interviews was to gather data to reveal a deeper understanding of the experiences of rural supervisors. Throughout the interviews, many of the questions were naturally answered without formal prompts. The duration of each

focus group was approximately 90 minutes. Each focus group contained four cultural experts.

Focus Group Analysis

The analysis for this study began during the first focus group interview and continued throughout and after the field research ended. I was aware that, as the researcher, I have an influence on this study. Therefore, I practiced reflexivity during the interviews and data analysis of this study. Reflexivity means that I evaluated my own voice, in addition to, the voice of the participants (Patton, 2002). There were three main presuppositions going into this study. First, I believed rural supervisors face the same challenges discussed in the literature of rural mental health workers. There is limited available literature on the experiences, benefits, and challenges faced by rural supervisors. However, the related literature on rural mental health workers reveals several challenges unique to rural areas, such as geographical and accessibility issues, diversity of clients, boundary issues and dual relationships, lack of professional support, multiple and diverse roles, professional isolation, and other issues related to service delivery in rural areas (Barbopoulos & Clark, 2003; Birk, 1992; Birk, 1994; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Gaffney, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). Therefore, I believed not only that supervisors experience the same obstacles of rural supervisees, but additional concerns might emerge from the study.

Second, I believed that rural supervisors do not receive adequate supervisory training or continued supervisory training and support. This preconceived notion was from my personal experience as a rural clinical supervisor. I did not think my graduate

counseling training program prepared me for a supervisory role. Therefore, after gaining training and experience as a clinical supervisor and having informal conversations with other counselors, lack of supervision training seemed to be a common theme. In addition, in my experience working in rural settings, master-level counselors tend to move “up the ranks” rather quickly and may not be prepared for this new role. The literature reviewed in chapter two confirmed my experiences of feeling inadequately prepared for a supervisory position.

Finally, again, from my personal experience working as a rural clinical supervisor, I believed that rural supervisors lack their own supports. For example, working as the only clinical supervisor at my agency, I receive minimal clinical support. I am expected to provide supervision to supervisees who have diverse training backgrounds and qualifications and work with children, adolescents, adults, older populations, couples, and groups. In addition, as the literature reveals, rural populations experience a broad range of mental health issues similar to urban areas. Working in these conditions without adequate support has been stressful, frustrating, exhausting, and presents a barrier to my growth and development as a supervisor. In addition, there were times I provided supervision to staff who were working with concerns that were out of the scope of my expertise, and I had no supports or supervision to provide consultation, shares ideas, or to simply vent frustrations.

During the study, I examined and reviewed my personal actions and reactions related to the findings through self-awareness and personal reflection. I was aware of my preconceived notions of the experiences of rural supervisors and remained focused on the purpose of the study by bracketing my personal beliefs, biases, or assumptions.

Bracketing is a skill that I use in counseling that allows me to try to remain neutral. For example, during the first focus group interview, I could sense my excitement that the supervisors were revealing themes that parallel the related research described in chapter two. Internally, I needed to remind myself not to allow my feelings and reactions to influence the results. Therefore, I remained cognizant of my internal feelings and reactions throughout the study. In addition, I discussed my findings and shared my excitement, reactions, thoughts and beliefs with a coworker to remain as objective as possible.

I continued to be aware of my preconceptions during the interviews and throughout the data analysis and discussion. Following the guidelines for qualitative data analysis presented by Patton (2002) and Giorgi (1985), I followed the four steps to analysis: (a) looking at the data as a whole; (b) identifying meaning units; (c) defining meaning units; and (d) synthesis of meaning units into a holistic understanding of the participants' experience. After the interviews, I immersed myself in the data by listening to the digital recordings while I reviewed and reflected on my personal field notes. As I listened to the digital recording again, I began to take notes and identify any immediate themes that seemed to emerge. After this process, I transcribed in verbatim both focus group interviews.

I reviewed the transcripts and used a different colored highlighter to begin developing "meaning units" (Giorgi, 1985) and wrote "shorthand codes" in the margins (Patton, 2002). I asked myself questions such as, "What is illuminated here?" and "What themes emerge?" I was unable to analyze the entire text at the same time, as there were approximately 50 pages of text for each focus group. Therefore, I attempted to identify

main themes related to the literature reviewed in chapter two. The themes that seemed to emerge and converge from the data could be categorized in the benefits and challenges of working as a rural supervisor. This analytical process continued as themes emerged, and I began to label the chunks of data using the participants' words. In order to continue practicing reflexivity and using intellectual integrity, I explored alternative explanations for analysis and findings. I looked for extreme cases, trends, or patterns that emerged during the study. However, there were no extreme cases found in this study.

Using note cards labeled with the themes that emerged from the data, I began to organize themes within the bio-ecological and developmental frameworks adopted for this study. When conducting the data analysis, I noticed all supervisors began the discussion with the drawbacks of providing clinical supervision in rural areas. The themes seemed to begin with "lack of" and were related to various spheres of the bio-ecological model. While reviewing the data, I noticed that I continued with the line of questions that fit the direction the focus group naturally followed, therefore, I did not follow the sequence of the structuring questions. Once I felt satisfied that the questions were sufficiently answered, as indicated by very long silence, repetition of previous statements, or acknowledgement from the group that they did not have anything else to contribute, I moved to the question about the positives of providing rural supervision. The themes that emerged and converged in the interviews were collapsed into two main categories: protective factors and risk factors to supervision development and functioning.

Findings

Case-by-Case Narrative Analysis

Site 1

Locale. The first focus group was conducted at a community mental health facility in a rural town. On my way to the site, I received a voice message from a male participant that his infant son was ill and he would have to withdraw from this group. However, he did offer to participate in another group or in an individual interview. It was a cold, snowy morning when I arrived to the one-story building. Upon entering the building, I waited a few minutes behind two consumers who were at the receptionist window. The waiting room was small and empty and had a Christmas tree in the corner. I was greeted by the receptionist and the agency director. The director took me down a long hallway with many closed doors. At the end of the hallway on the left was a conference room with three conference tables, a window, several book shelves, and a chalkboard. The director explained that group sessions and trainings were conducted in the room. As I began to set up my digital recorder and note pad, the participants began to file into the conference room. I introduced myself to the participants that I did not know. Once all confirmed focus group members arrived, we commenced with the discussion.

Focus Group 1

The focus group consisted of three females and one male. I followed the focus group protocol outlined and began with introductions. I reviewed the purpose of the study, the consent to participate, their voluntary participation, and ability to withdraw at any time. All group members signed the consent and denied having any further questions or concerns. When I asked the first open-ended question, one of the respondents asked if

I could be more specific. I rephrased the question and each participant answered the question with a short one to two sentence reply. After the initial question, the participants became more comfortable and began to elaborate without many prompts. Most of the time, I would summarize and clarify statements made by participants. As the group continued, there was a sense of ease as group members shared stories, told jokes, and laughed frequently. This interview naturally ended after approximately 90 minutes.

The first interview question, “What is your experience working as a supervisor in a rural area?” is an open-ended question meant to get at the day to day experiences of rural supervisors. The purpose was to not influence the supervisors into answering the question in any specific way. However, in the interviews the supervisors asked for clarification of the question. For example, one supervisor responded, “What do you mean, can you be more specific?” After clarifying that I wanted to get at their day to day experiences as supervisors - what it is like to provide supervision in rural settings, the group naturally went around the circle and each provided a response. Supervisor #1 responded first, “I think most of the time I enjoy it. Sometimes I don’t, of course. I don’t think there’s enough time in the day to do what you want to do. That’s the worst part, I think.” Supervise #2 added, “It’s very challenging, obviously, and very fulfilling at other times. Like [she] said, there’s times when you don’t enjoy it. It’s part of the experience.” Continuing around the table, Supervisor #3 commented, “Frustrating, I think would be a good word to describe it at times. Sometimes the people you are supervising just either don’t listen or don’t get it, or they just don’t understand either the population or the situation for whatever reason.” Finally, Supervisor #4 stated, “I like supervising. I like doing group supervision and I like doing the individual as well. I am in agreement

with, there are times it's frustrating when no matter what you do with people, there are some roadblocks, but that's true of anything. That's true in doing treatment as well. So, yeah, I *like* doing supervision a lot." After asking the initial questions, clarifying questions, and moving through the structured questions, the following will be a description of the themes that emerged from Focus Group 1.

Protective Factors to Rural Supervisors' Development

According to Lynch and Levers (2007), there are environmental protective factors that impact a person. Protective factors can serve as a "buffer" and can protect supervisors and enhance or optimize development and functioning. The two themes that emerged for the study that serve as benefits, or protective factors, to supervisor development and functioning were labeled *The road less traveled* and *Sidewalks*. *The road less traveled* was used to describe the general attitude shared by the participants in this study toward the preference for a "slower pace of life." The theme *Sidewalks* was used to describe the general sense of connectedness supervisors shared as a benefit to living and working in rural communities.

Theme 1: The road less traveled.

All supervisors agreed with the benefit of a "slower pace of life" working as a rural supervisor. One supervisor added, "I can't even imagine starting out my morning at 80 miles an hour just to get to work...I wouldn't want to live in a large city." Supervisor #2 added, "We have more natural resources that can – I mean you can tell somebody 'go to the lake and go for a walk' or 'take a ride on the bike trail.'"

Another benefit added was the low cost of living typically found in rural areas. All supervisors agreed nonverbally and verbally when Supervisor #2 remarked, “The cost of living is a big factor” as a benefit to working and living in rural areas.

Safety was described as a benefit of working in a rural area. Supervisor #4 added, “There is a safety factor here too. Being a single woman, I don’t really worry about people breaking into my house. I don’t have to have that kind of a concern. I know all of my neighbors.” Supervisor #2 added, “I would agree that the safety factor is a big deal. I honestly can’t tell you the last time my doors were locked on my house. I have no idea. I don’t even know where the key is. It’s never been a concern.”

Theme 2: Sidewalks.

Neighborhood sidewalks form connections between homes and families. This general sense of connectedness was described by the focus group members as a benefit to living and working in rural settings. Supervisor #1 noted, “[working] in a rural place too, working with the county and agencies and stuff like that, for our county in particular seems to be nice and easier. People seem to get along pretty well. So that I think is one advantage.” When I clarified if the advantage was because of the rural area, Supervisor #1 responded, “I think most people that are in administration come from a rural place. I think that makes a difference.” Another supervisor interrupted with a story of her previous experience working in a more urban setting and the lack of collaboration on a county-wide level. Another added “[Rural areas are] just a friendlier atmosphere in general.”

Another advantage shared by the group was the personal resources available in rural areas. Supervisors noted that “others” are always willing to help each other out.

Supervisor #3 shared a story of how his children joke around that he, “knows a mechanic” or, “I know this person and they’ll take care of this and that...you just don’t have those resources in the big cities.”

The ability to be creative with services and develop unique programming opportunities was another theme that emerged as a benefit of working in rural areas.

Finally, I asked why the supervisors choose to work in a rural area. There were several reasons related to the culture and beauty of rural areas. Supervisor #1 responded, “I met my husband in college and it just so happened maybe because he was in a rural area we were attracted because maybe we had the same kind of values, etc., but and then we moved here and it was the same.” Others added, “cost of living,” and “feelings of safety,” and “the pace in rural areas, in my opinion, is a pretty fine pace.” Another added, “It’s what I grew up with and I was born here, so it’s very familiar.” Three of the supervisors noted that they had lived in larger cities in the past and preferred to come back to a rural area. “I didn’t want to raise my kid in (a large city).” Supervisor #1 added, “I do like the beauty. I think that it can be very serene. I know that from driving...in the fall, the leaves are changing on the river is very beautiful. I think that people don’t realize how gorgeous it is.” Another added how she enjoyed the ride to the focus group that day!

Risk Factors of Rural Supervisors’ Development

The supervisors in Focus Group 1 spent the majority of the interview discussing the challenges of providing supervision in rural areas. Most themes that emerged in this interview were unique to rural settings. The themes surrounded issues or concerns with

lack of funding, relationship and boundary issues, multiple roles, and issues specific to geography of rural areas.

Theme 1: Show me the money.

The supervisors in focus group 1 discussed lack of funding and resources as one of the major challenges they face as rural supervisors. Included in these challenges were lower wages for supervisors and supervisees, difficulty recruiting and retaining good supervisees, lack of resources, and lack of public transportation.

When discussing challenges in working as supervisors in rural areas, one supervisor said, “Money, point blank!” The concern with lack of state and federal funding was addressed by the group. Supervisor #2 commented, “Money for funding is way tighter. I mean mental health in general gets the short end of the stick most of the time, but to convince somebody at a county level or anything like that to fund a rural program of any kind is pretty much a huge challenge.” Supervisor #1 added her concern with the present and future economy, “the new President [is] trying to improve our economy and how will that filter down to mental health. I think we’ll be last on the list.” When I clarified compared to urban counterparts, the supervisor responded, “Yes. [big cities] get more money than we do, so they’ll be first in Pennsylvania versus little dinky [rural areas].” Supervisor #3 added, “if you don’t have a lot of funding available, or you’re spending a lot of time trying to find funding that’s going to trickle down to either your supervisors or providing them with the tools that they need and then correspond to the line staff, and that can take up a lot of time.”

A struggle for supervisors was dealing with issues surrounding lower wages for supervisors and their staff. One supervisor noted, “Someone doing the same job we do

would probably get a much higher salary than we do and we're doing probably more than they are because we have double duty with the other stuff we have to do. Sometimes that's a little irritating." This supervisor confirmed my question when I asked if she was comparing her situation to urban counterparts. Supervisor #3 added, "That plays out too with staff that are, I mean, some of our consumers have a lot of toys and we have staff struggling financially and as supervisor we have to talk about, yeah, but they [clients] don't have paid vacation time. They don't get a retirement plan."

Addressing the concern of lower wages in rural areas, Supervisor #1 commented, "If you're single and things go up, money for gas was an issue, especially if you have to travel, which you do in rural areas, so it can, as far as if somebody could see an ad in the paper. They may be satisfied where they're at but they still have to pay the bills, so that can be an issue." Supervisor #4 added, "especially in young folks too. They see that money and they don't see – I mean, we have a wonderful retirement plan here, and that doesn't matter when you're thinking about 'I could be making a couple bucks more at this other job' and it becomes hard sometimes."

It has been well documented that rural areas struggle to recruit and retain well-qualified staff. The supervisors in this focus group identified with this concern. Supervisor #2, "[I need] good staff. How about that? Good people to supervise?" When asked to clarify and explain, "Sometimes in a rural area you were so desperate to find people who have the degree and the education to do the job that you take whoever...but finding people who actually are willing supervisees, who don't go against everything that you tell them simply because you can't tell them what to do...or who are willing, even if they're older, to take the supervision, even if they have been in the field for 30 years, just

to find the quality of people to supervise I think sometimes can be a challenge, just because there aren't as many, there's not an applicant pool." Another supervisor quickly added, "Pickings are slim. Yeah, the pickings are slim sometimes." "The turnover would be terrible at times." Supervisor #2 continued to share how difficult it is to find quality workers and that several workers drove in from larger cities to work. "Sometimes you take who you can." Finally, another concern shared by supervisor #4, "Once you found somebody that was sensitive [to the rural culture] and all this, then [to] be able to give them an attractive salary to draw them to this area is a challenge."

Another theme that emerged was the challenge to support supervisees' understanding that there is "time and distance involved for people [in rural areas] to be able to do what they need to do" and "understanding that maybe their clients are coming from 20 miles away because there aren't a lot of resources close to them." A long time supervisor began to reminisce about how hard it has always been to find funding and resources that "trickle down to provide tools for your supervisees to use," and that this takes up much energy and time for supervisors. Another added the frustration with, "getting [supervisees] to access those resources that are maybe far reaching that sometimes require making several phone calls due to the lack of resources in rural areas." Another added, "Without coming out and telling them, I told you to." The group laughed in agreement and continued, "you make it their idea" and, "not flipping out on them when they still don't do it!"

Dealing with some of the infrastructure challenges that are inherent in rural areas was discussed by the supervisors. "Public transportation for our clients is a nightmare. You know, these people sit in the waiting room for hours! They're late for appointments,

you know, things like that...it's not even their fault. That's really frustrating!"

Supervisor #4 added, "the methadone stuff with people who are being referred to the partial program and they're on methadone and then they're taking county transportation, they can't get here until mid-morning, and that methadone becomes pretty important to them, and it becomes a real strong issue. Now they have to travel for their methadone."

When discussing the needs of rural supervisors, money and resources were described as needs that were not getting met. Supervisor #2 added, "I think resources available to tell the staff about that are accessible, easily accessible, and don't require 30 phone calls or four reams of paper would be nice."

Theme 2: Wearing many different hats.

There were many concerns surrounding work overload and multiple roles working in rural settings. This theme is related to the lack of resources and funding in rural settings.

The focus group members discussed the stress of working in a small rural agency that you are, "expected to do everything." When prompted to discuss a little further, Supervisor #1 responded, that in her dual role as director and supervisor, she is, "given lots of duties that maybe a larger place would have more support staff to help." She added, "If you want it done you need to do it yourself a lot of times to get it done. Because if you wait until that someone else may have time or to assign it to someone else when they're busy too, it won't get done because there is not enough people. So that's frustrating!"

The supervisors discussed the challenges or roadblocks encountered when working with supervisees. For example, one supervisor commented that is difficult to get

supervisees to be creative and “think outside of the box” and getting supervisees to “brainstorm a little bit more about why those roadblocks [in therapy] are happening.” Supervisor #1 shared her difficulties with helping supervisees manage the stress of providing counseling to mental health consumers, stating that therapists are, “getting frustrated with the clientele who do not make progress fast enough and sometimes they tend to do more work than the person themselves are doing so that makes it frustrating for them and then it just kind of snowballs into them getting frustrated with their whole day.” When I asked to clarify how this affects her as a supervisor she explained, “It’s a challenge if they can’t take the information and back down and take it from another point of view.” Supervisor #4 shared that part of a major frustration is when attempting to incorporate self-reflection in supervision sessions to see what the roadblocks in providing treatment are and that supervisees often, “don’t want to do that even though they may expect that of their consumers, they don’t want to do it for themselves.”

The feeling of having to be a good role model or example for other staff was a theme that all supervisors identified with. Supervisor #1 added, “If I am in a mood it just like trickles completely down to everybody. So I have to watch,” and “I can’t have a bad day it seems like.” Another supervisor added, “That stuff that goes on that interferes and people just won’t approach that.” Supervisor #1 continued, “[it] could be nothing totally related to anything other than I have a deadline and I’m behind what I need to do, and [supervisees] could use that just to figure...what you think may be going on really isn’t.” Others in the group responded in agreement. Supervisor #2 quickly responded, “In mental health you know therapists are never supposed to be in a bad mood. We’re always supposed to be happy.” When I clarified if that was felt as a supervisor as well,

Supervisor #2 responded, “You don’t want to have that trickle down, I guess, and they [supervisees] look to you for that kind of guidance I suppose it can be a problem. Sometimes when you get frustrated with them, they’re frustrated to start with, you’re frustrated with them, and then I suppose yeah, it creates an issue.” Supervisor #1 continued, “You have to be careful what you say, because if you are the leader or the supervisor, you don’t want to make them think that if the supervisor is having a hard time, then it must be really bad, then it kind of snowballs.”

Working with other organizations and professionals outside of mental health, such as probation and parole, were noted as a challenge for rural supervisors. One supervisor noted, “[probation officer’s] expectations are different,” and there is a lack of understanding of the barriers and challenges experienced by the rural culture. Supervision #3 noted, “It is sometimes difficult to work with these professionals.”

In 2007, after a change in managed care providers, there were several major changes in the three rural counties the focus group supervisors worked. Due to the poverty in this area, this affected the consumers as well as providers. Dealing with these changes was an area of concern for all of the rural supervisors. Supervisor #1 began, “I think getting older makes it harder. I am thinking can I keep this pace when I’m 60? I don’t know, especially if new things continue to change like they have in the last five years. I don’t know.” Supervisor #2 added, “with managed care coming in, completely changed the way supervision was for [my program]...the expectations changed for the staff overall and just getting them to adapt was a real struggle, so I think that any major change like that.” Supervisor #3, who has been in the field for 45 years noted, “You have all of the new HIPAA regulations becomes a real pain sometimes.”

The concern of vicarious liability was discussed in this focus group. Specifically, Supervisor #4 added, “I get concerned about, not too often but occasionally, when somebody has done something that they shouldn’t have...done, or they let something happen that shouldn’t have happened...I can still be held responsible.” Another added, “The liability concerns me with folks that are pretty volatile.”

Theme 3: Living in a fishbowl.

The supervisors shared their struggles with issues that are specific to the rural setting. Included in these concerns are understanding of the unique rural culture, dealing with boundaries and multiple relationships, and less anonymity.

Lack of supervisee appreciation and understanding of the rural culture was a consistent theme with all the supervisors. Supervisor #2 commented, “[supervisees] just don’t get the clients sometimes.” She continued that sometimes supervisees do not understand that a way of life for some clients may be completely normal for the client, such as not having running water. She continued that this is especially evident if the supervisee is from a larger city, “They do not understand the basic lifestyle of a more rural population.” Another supervisor discussed the parallel process that occurs with supervisees “Your relationship with your supervisee is kind of a reflection of their relationship with some of the clientele they are working with, so you are kind of working through a couple different steps there and those biases are there for a rural area.” As a supervisor you, “run into some control issues and trust” regarding biases toward rural populations. Supervisor #2 added that encouraging supervisee understanding and appreciation of the Amish culture, “that it’s going to take them extra time to get there because they’re bringing a horse and buggy and not driving a car.”

The challenge of boundaries and being clear with boundaries in rural areas was commented on by all group members. Supervisor #4 began with a discussion of a training experience in a large mid-western city and the program stressed, “being clear with your boundaries.” She noted, “That’s difficult in a rural area” and “[the training program] didn’t have a clue about what that was like in a rural area for the boundary issues.” Adding that it is difficult to have supervisees be clear with those boundaries. Agreeing with this comment, Supervisor #3 remarked, “I mean those kinds of issues play out and it’s sometimes hard to help supervisees be clear with those kinds of boundaries because in a rural area they get blurred so easily. You can be sitting in church and a consumer walks in, or you are at the [YMCA] naked, so it’s hard because the boundaries are blurred so easily here anyway.” I asked if it is also difficult as a supervisor to be clear with boundaries and Supervisor #2 responded, “it’s tough...it’s impossible...the [county] fair is an absolute nightmare for me because there are tons of clients there. I can’t walk five feet and they come up to you and talk to you and you’re there with your family, and, my husband has learned just to keep on going and take the kids or whoever’s with me because they just stop and start spilling their guts in front of all of these people.” Supervisor #1 interrupted in a joking manner, “sometimes that’s embarrassing!” Supervisor #3 added, “I have people stop my wife!” Supervisor #2 continued, “There’s certainly less anonymity than there is like in Erie or Cleveland or Pittsburgh or Philadelphia. It does place boundaries on what we do in a lot more ways. I felt uncomfortable going to dinner...and...having wine with dinner, because what if somebody saw me. What if one of the clients saw me drinking wine, were they going to confront me about that?” Adding that she saw people in the community all the time, “I

was very cautious of what I did to make sure I was representing [my agency], [that] I was a good role model.” Another supervisor added, “We have had that happen with [supervisees] here.” Supervisor #2 shared another story, “I was actually out with another therapist one evening and we both had clients at this particular place and they were talking to each other because it’s a small town and everybody knew each other and we were sitting there and they bought us shots and had the waitress bring them over and set them in front of us. They thought it was okay. [The clients] don’t understand the boundaries I guess a lot of the times too.”

“You can’t swing a dead cat without seeing a client somewhere!” This quote is a colorful example of the lack of anonymity felt by supervisors working in rural settings. Supervisor #4 added. “Yeah, the church I belong to I was running into...I go to the jail one day a week, and people who were incarcerated were members of this church. I had my name and address taken out of the directory just because I was real concerned about that, but it doesn’t take anything for people to find out where you are...you need to do something to protect yourself as much as possible.”

Theme 4: Life on an island.

The final theme that emerged in Focus Group 1 surrounding the barriers or risk factors to supervisor development and functioning were issues specific to the rural setting, such as lack of peer support, feelings of isolation, lack of supervision, lack of training opportunities, geography, and the need for self-care.

The need for support as a supervisor was one of the biggest needs of rural supervisors. “You’ve got office politics...because there are not a lot of supervisors in

the area, if you're talking to somebody in another agency; you've got to be careful about confidentiality, again, office politics. It's hard. I think it's harder in a rural area."

Another supervisor added, "You have to be careful who you vent to. Usually you let [supervisees] vent to you." Another added, "I've gone ballistic on a table full of [supervisees] before, and they all just sat there and looked at me, but it wasn't really even their fault, but I didn't have anybody even to really talk to about the situation, or they weren't listening and, you know. One thing led to another so for lack of having somebody to vent to, I let it out on them. They knew it too." Other comments included the need for, "peer support, to financial support for your programs, your staff." Another added, "I think that it also makes a difference who your boss is...having somebody you can go and vent to and you won't get in trouble." Supervisor #4 commented, "I have a good boss who is very supportive and has given me the opportunity...to give me some diversity, which, that helps to keep myself refreshed... it just helps to have a good boss who is willing to take you to task when you need taken to task, but also supports you when you need support."

The lack of training opportunities, specifically for supervisors in rural areas was a concern and need of all focus group members. One supervisor noted, "It probably would be a good idea if they have more CEUs on [supervision]." Another responded to this statement, "good one." In regards to specific supervisory training Supervisor #4 commented, "I can remember seeing, possibly one, and of course they are always in Philadelphia or Lancaster, or the San Marco Island in Florida. There is really, I can't think of anything that's really been offered in terms of supervisory CEUs other than occasionally. There's very little." It was apparent that the group, overall, did not feel

adequately prepared or their supervisees were adequately prepared for work in rural areas. “I was just kind of like thrown in [to the supervisor role].” Others shared their lack of training in rural settings and experiencing “culture shock” and not understanding “how poor rural folks live.”

When asked about needs for support as rural supervisors, the following were suggested, “What about an actual training opportunity as a rural supervisor? That would make sense.” Another added, “I would like to have had more training as a supervisor.” Supervisor #2 commented that the training she received was, “a little more flowers and sunshine than it probably should have been. [The program] made it sound a whole lot prettier, even from a supervisory perspective. ‘Oh, you’re going to have these people to organize, listen to what you tell them and they’re going to go out in the world and it’s going to be wonderful.’ That’s totally not what happened.” I asked a clarifying question: “So, would you have liked more training as a supervisor?” The responses included, “Earlier, earlier years too.” Another supervisor responded “and real...real case studies.”

Another barrier that emerged working as a supervisor in a rural area was the fact that rural areas and populations are often spread out and travel and distance is often a factor for clients, supervisees, and supervisors. Supervisor #2 commented that therapists struggle with understanding why clients are twenty minutes late and it may be, “because their horse is stuck in traffic sometimes!” This, of course, caused the focus group to erupt in laughter.

The supervisors discussed the difficulty in finding stress relievers as a supervisor. Supervisor #3 added, “Time again, resources...talking with others to going to the [YMCA], to going for walks.” Supervisor #2 added, “My biggest stress reliever is

shopping and there's just not a lot of malls around here!" The group, again, laughed in agreement...."another challenge of the rural area!" Other comments included, "Exercise. Vacations are wonderful . . . sewing . . . I'm not from here so I have a reason at Christmas to go away, so vacations are nice to get away. The time off we get here and I think people need to use it, because you get burned out and you get away from it and re-energize yourself...and that can be a challenge sometimes, getting some people to take their vacation, take their days off." "I like to read," Supervisor #2 responded and continued, "I have to agree that I have never taken vacation; I've never really had paid vacation. I've always just worked hourly everywhere, but it is hard because you can't figure out when and where to take it." When I asked if the supervisors have any other support or use peer supervision, Supervisor #1 responded, "No, when I get home I don't even want to talk or think about work." Another quickly added "or watch anything that's related to it" as the rest of the group responded in agreement laughing and sharing stories about Ricky Lake, Dr. Phil, and Jerry Springer. I allowed the group to laugh and joke and then refocused the group to the discussion regarding self-care. Supervisor #2 added "sometimes with other staff, I mean, even though, it's kind of like a venting just to get stuff off your chest in a more informal manner.

Final Comments

When asked the final question, "Is there anything else that you think I need to know or haven't asked about your experience as supervisors in rural areas?" The supervisors provided the following responses, "It's been pretty positive. I would have to say given all of the negative stuff too, I think in general it's been really good. For me anyway." "The positives outweigh the negatives." "Good learning experience.

Definitely. There is always knowledge you would obtain as a supervisor I think that it's beneficial." "It was a great area. I know one thing that drew me back this way was it was a great place to raise kids. Just, again the atmosphere, basic life." Finally, when asked the same question again, a supervisor responded, "I will be interested when you're done what was the end result." At that point, it was apparent that it was time to end the focus group.

Site 2

Locale. The locale for the second focus group was at a community mental health agency in a neighboring rural town approximately fifteen miles from where the first focus group was located. The one story agency was located among a residential area, and it was a cold, overcast day. The agency had a small waiting room with several doors off of the waiting room. The focused group discussion took place in a large office with chairs formed in a semi-circle and a large picture window. This focus group seemed to be much more intimate than the previous group.

Focus Group 2

The focus group consisted of three females and one male. I had received one message earlier in the week from a female participant who needed to withdraw due to a medical doctor appointment. I also received a message that morning from a female participant who needed to withdraw due to a change in job. Both women stated they would be willing to participate in an individual interview, if needed. As the supervisors began to arrive at the site, I conducted introductions. Three of the supervisors were familiar with each other, which is typical of rural areas. The other supervisor was new and did not know the other three supervisors. We all engaged in small talk as we waited

for the other supervisor to arrive. The atmosphere was light and intimate. I observed the supervisors as they exchanged personal information about each other. Such as, where they work, what is new in their lives, how are their spouses and children? Once the final supervisor arrived, I began the session as I did in the first focus group and attempted to follow the group protocol. Formal introductions were conducted, the purpose of the study reviewed, and consent forms were signed. The group members did not have any questions or concerns at the beginning of the study.

The first question was, “What is your experience working as a supervisor in a rural area?” There was an initial silence and Supervisor #5 asked, “As far as who do we supervise?” I clarified the question and we were off. This focus group lasted approximately one hour and 25 minutes. The second focus group experience was similar to the first. When asked the open-ended question about their day to day lived-experiences as rural supervisors, the supervisors began with a discussion of the disadvantages. Even as we moved to advantages, the discussion would often move back to the disadvantages.

Protective Factors to Rural Supervisors’ Development

Theme 1: The road less traveled.

As was the case in Focus Group 1, all supervisors agreed verbally and non verbally that the lower cost of living in rural areas is a benefit of working as a supervisor in rural settings. “I like the cost of living; coming from [a large city] we have a little better lifestyle.” Another added, “Which is good because the salaries are so low.” Another added, “It’s possible to pay someone \$35,000 a year here and they might be able to live on it, that won’t work in L.A.!...the cost of living is great!”

Similar to Focus Group 1, the issues of safety for supervisors and supervisees emerged as an advantage of working in a rural setting. One supervisor felt a sense of safety living and working in rural area compared to his experiences working in an urban area. “I felt a little less safe in some of the projects in the inner city. And sending people there, you know, I didn’t worry about somebody getting shot for the most part, when somebody was sent out in the field [in rural areas].” Others agreed with this sense of safety by responding both verbally and nonverbally with head nods. Supervisor #5 added safety was a reason she moved to the area. “As a single parent from a large city, there is a safety in the community and the extended family that the community provides.” Another supervisor added that in rural areas, “things do not slip through as easily, such as kids selling drugs on the street” that might be encountered in urban areas. “It’s a little more neighborly.”

Theme 2: Sidewalks.

The general sense of connectedness described by the first sample was also shared by this sample as a benefit to living and working in rural settings. This was described as both a disadvantage and advantage to working and supervising in rural areas. Supervisor #7 described it is easier to get things taken care of because, “most of the people know everybody else because, even though I might change roles here and there, if I call another provider, or if I call specifically a school, I have already established a good relationship with them, and [am] a familiar face.” Another supervisor agreed and continued, “The multiple roles that you see people in does give you a more whole perspective of the situation.” Another supervisor added “When you know most of the professionals in the area, many of them you get to know over time, because there are just less of them

(laughs), and I think it's a whole advantage." Another added that this allows for, "rich collaboration." Supervisor #7 commented on how tight-knit communities look out for one another, "A lot of stuff doesn't slip through, like kids doing drug deals isn't just looked at like, 'there's another one.' You know, you probably get more referrals from neighbors or other community members just who . . . I feel like they really have a sense of caring about who's in the community and the kids. They might extend themselves more than urban, because it's not quite as normal."

On an interesting note, Supervisor #5 shared how she uses blurred boundaries to her advantage in her work, "I have been to birthday parties...and...concerts [of clients]." She continued that after working in the area for a long period of time, "People want me to be in touch for a long time...and you tend to know people on a more personal level and I think that's part of the rural culture in the community." Supervisor #7 added, "Which is helpful when you work with somebody and you're like 'I know you're related to so-and-so and they do this or that' and you can get a lot better picture of this person just based on the list of the family or the history of the family that you know because it's such a small town and everybody knows everybody." Another supervisor added, "It's easier to be an advocate for clients."

One supervisor discussed how the smaller community allowed for "rich collaboration" with other professionals. For example, one supervisor described working with school personnel and the benefit of, "open communication" and "good working relationships."

An important advantage of providing rural supervision discussed was the ability to communicate and support supervisees in a consistent and collaborative manner.

Supervisor #6 added that working as a team and providing support to supervisees is an advantage to working in a community-based rural program. She continued, “We have daily contacts...my agency requirement is that we have daily call-ins and then we also have weekly supervision and we try to also incorporate on-site supervision twice a month so that we see them in action and we can then help make suggestions.” The supervisors discussed how their hours are not typical daytime hours, and often they are mobile, and “cell phones are our lifelines.”

The supervisors shared a strength or characteristic of the rural population is a sense of individualism and resiliency. A supervisor described a, “I’ll take care of it” attitude. Another supervisor agreed and added that it is easier to incorporate a support system, “Some of the kids are being raised by grandparents, aunts, and uncles.” Another added, “There is more family connection. People tend to...families...multiple generations tend to congregate in the area.”

Risk Factors of Rural Supervisors’ Development

The supervisors in Focus Group 2, similar to group 1, spent the majority of the interview discussing the challenges of providing supervision in rural areas. Most themes that emerged in this interview were unique to rural settings. The themes surrounded issues with lack of funding, relationship and boundary issues, multiple roles, and issues specific to geography of rural areas.

Theme 1: Show me the money.

The supervisors in Focus Group 2 discussed lack of funding and resources as one of the major challenges they face as rural supervisors. Included in these challenges were

lack of funding and economic barriers, difficulty hiring, recruiting, and retaining qualified staff, and lack of resources.

Supervisors discussed their struggles of addressing economic issues and barriers in their work. Supervisor #5 added, “We all probably deal with people that really need mental health services but can’t afford the co-pays and rural areas tend to be less economically stable and certainly that is true here.” Another supervisor added that the lack of industry in the rural area has had an impact on mental health.

The concern of recruiting and hiring staff was a concern that was discussed in Focus Group 2. Supervisor #3 added, “Hiring [is a concern]...a lot of people didn’t have the degree that was needed...getting people with the right credentials was an issue.” “One of our therapists doesn’t have a master’s degree at all!” Another supervisor added a lot of people did not want what we could pay because, “it’s not that much!”

As supervisors in rural settings, the theme of lack of resources was shared among all group members. Supervisor #7 began, “There’s not a lot to do in the community, so it’s hard for me to find a lot of different activities we can hook the kids up with.” One supervisor commented that the local public library was “not helpful. There’s no up-to-date good literature to go find.” Supervisor #5 added the challenge of providing meaningful opportunities for students in their internships. As a supervisor of university students, the supervisor commented that she struggled with, “the balancing act to provide something that was adequate but didn’t violate confidentiality.” She continued to describe that she needed to be creative to provide these opportunities for students, “as an extension of my work.” For example, “to have students go to doctors appointments with

the family” or “do work in the home.” She concluded that providing meaningful opportunities is easier with students who “have credentials.”

One supervisor explained a frustration with limits from insurance providers who “mistakenly believe” that rural areas have an abundance of services and resources and deny clients services and programming. Another added another pressure from managed care and insurance providers is for clients to gain access to a psychiatrist within ten days of initiating services, which is a challenge, even unrealistic, in rural areas. A response to this remark that generated much laughter from the groups was, “I’m just like, ‘You know, do you want me to send you a map?’ We are so limited and spread out.” The conversation began to become lively as another supervisor interrupted, “I think that does impact the clinical supervision because if you can’t get the services that, what you feel is the best, then you’ve got to come up with alternatives because we don’t have the service that the insurance companies are saying yes to. So now what? You have to be creative.”

Theme 2: Wearing many different hats.

Supervisors shared concerns surrounding work overload and multiple roles working in rural settings. This included the challenge of working with under trained staff. “It is hard to find people who are able to work with diverse issues.” Supervisor #6 began, “I find that sometimes folks that you’re dealing with in a rural area may not have had as much experience, let’s say, or exposure, to a broad range of diagnoses, or haven’t had an opportunity to get a lot of training, to have a greater understanding I think of topics that you know about.” This creates a barrier for supervisors to work effectively. Supervisors shared they felt the need to “pick up the slack.”

Supervisors expressed frustration with the challenge of changing roles in small community mental health agencies and the lack of administrative understanding and support in the new role. Supervisor #7 shared, “I am still stuck in a dual role...others do not know what I do.” She shared a story about walking down the hall at her agency and having coworkers ask her questions related to her old role. Another supervisor added, “It’s hard to break out of the old roles regardless if you are at a small agency or large hospital.” Another added, “Because the organizations are so small. If one comes up in the organization there is always the matter of redefining yourself as a supervisor instead of a line worker.”

Theme 3: Living in a fishbowl.

The supervisors shared their struggles with issues that are specific to the rural setting. Included in these concerns are understanding of the unique rural culture, dealing with boundaries and multiple relationships, and less anonymity.

A major concern discussed with this group was the lack of sensitivity and knowledge of the rural culture by their supervisees. In addition, supervisors shared their experiences with “culture shock” when coming to a rural area. Supervisor #4 began, “There are some unique characteristics of people who have for many generations lived in rural areas, their attitude towards service providers for example, that really, I wasn’t exposed in graduate school to a lot of literature on that, and I think it’s something that is often ignored or, isn’t given as much attention. I think that supervising people that are actually going out and providing services to real folks and preparing them, having them to understand the attitudes that they are likely to encounter and to be able to respond to those.” Supervisor #5 added, “But the differences if you’re dealing with people who have

been trained in metropolitan areas and come to this area to work, it's pretty challenging." This supervisor mainly works with university students and also described that students who are from rural areas, "seem to have an appreciation and acceptance of the culture, so I haven't had to do a lot of cultural reeducation or anything like that" with those supervisees. Another supervisor agreed with her experience of "culture shock" when moving to a rural area and the need for supervisors to be prepared for the rural culture. Another added, "There are all kinds of rural sociologies...for somebody who was not immersed in rural America for some time" needs to find resources to ease the transition. "There should be a course in rural social work." All members agreed to this statement as evidenced by verbal and nonverbal responses. Supervisor #5 became animated and responded, "We are a minority! Look at the Amish. Look at the impoverished. We have a rural poor here. But it's not often recognized as a population among folks that are studying to be supervisors in this area." After this statement another supervisor shared a story of working in a rural area and concluded with, "in rural areas, poverty is more obvious than in a city." Another supervisor added a need to respect the rural culture. "We have to understand and have respect even for the most difficult situations. There are cultural and social factors influencing that's probably not appreciated as much."

A supervisor shared her struggle with getting a new program in a rural area up and running, "People seem to have kind of closed minds here and they're not open to new ways of addressing these problems." Supervisor #6 agreed that she experienced a similar situation and added, "People get really set in their ways and it does maybe seem like some folks are in their jobs for a longer period of time around here. They stay at it, and, which has its benefits too, don't get me wrong, but sometimes that lends itself to being

more closed-mindedness, like ‘this is the way we’ve always done it.’” Later another supervisor added, “There is bureaucracy everywhere, even in rural [areas]...some folks get real territorial and you’ve gotta know how to be politically correct, even in rural Pennsylvania.”

The supervisors shared struggles with addressing stigma in rural areas. Supervisor #5 began, “I find that people are more hesitant to seek mental health services.” Another added, “I know one person asked me if I could just take the words ‘Mental Health’ off of my sign outside the door because someone else was bringing her to her appointment, you know, and that’s unfortunate. But I find that there is generally more stigma than in other areas...but once you cross that barrier there is more of an acceptance.”

When the issue of multiple relationships and dual relationships was first brought up, a supervisor added, “One encounters dual relationship conflicts more readily in a rural area,” and all focus group members nodded their heads in agreement. Later, I checked with my observation to continue the discussion further and all members identified with this barrier. Supervisor #8 added, “It’s not that you can avoid dual relationships. They are almost unavoidable if you’re actually living here among the people. Then the question is how do you steer your way amid dual relationships?” The other supervisor agreed sharing that they share that experience working in rural settings. Another added “I ran into that when assigning [a client] who was related to the [supervisee].”

As a supervisor in rural areas, all of the supervisors discussed the concern of boundary issues. Supervisor #6, “It is continually redefining, or reminding might be a

better word, [supervisees]what proper boundaries are and what is ethical versus unethical” and emphasized doing this in a culturally sensitive manner. The supervisor gave an example of a family member saying to a supervisee, “You’re part of the family! Come on over for Johnny’s birthday party on Sunday!” The supervisor continued, “boundaries have to be drawn.” She added that boundary issues are usually deferred to the supervisors to address rather than the supervisees in her agency.

The group discussed lack of anonymity and privacy as a concern working as a supervisor in a rural area. One supervisor added that in metropolitan areas, you do not see your teacher or counselor in a grocery store. Supervisor #5 added, “In this type of a community people know each other...it is that culture or familiarity of getting to know everyone.” Supervisor #8 added, “One encounters dual relationship conflicts a lot in rural areas.”

Theme 4: Life on an island.

The final theme that emerged in Focus Group 2 surrounding the barriers or risk factors to supervisor development were lack of supervision training, issues with rural setting, lack of peer support, feelings of isolation, lack of training opportunities, the need for self-care, and issues with geography.

Supervisors in the group shared the need for initial supervision training. Supervisor #5 shared an experience with being placed in supervisory role without proper training. “You take and develop expertise in the clinical situation or the field work, whatever and you do that for 20 years and then get promoted to supervisor and you haven’t had supervisor training. And they’ve assumed it because you’ve done field work or bedside work that you can be a supervisor and the skill sets are very different. It is

important to prepare administrators.” Supervisor #6 added her experience in rural areas, “in rural areas I think more so than urban, because you don’t have the flow of educated folks to get from, that you just sort of have your local folks move up in ranks.”

Supervisor #5 added, “Because you’re nice and you’ve been with the company for a long time, well now you’re gonna do this, and they just throw them into the den of lions.”

When I asked the question, “What are your needs as a supervisor in rural areas?” the responses included “peer and administrative supports.” One supervisor noted that, “colleagueship, you know someone on a peer level to bounce ideas off of.” Another added, “Networking colleagueship of supervisors.” Another participant added, “Yeah and having someone else in a parallel role.” Supervisor #6 added how fortunate she felt having support from her supervisor. In contrast, another noted that she did not have anyone to vent to and how it becomes a struggle.

Working in a small community, supervisors shared their challenges with isolation and lack of peer support. Supervisor #7 began, “I’m thinking like, I can’t even think of one person I could call to say, ‘Ah, I have this problem, you know I’d like to bounce it off of you. Do you have any ideas on what I could do to handle that?’ Because of just the situation I’m in, there is no other coworker. There is no other clinical anything!” Another supervisor added, “It gets pretty lonely...when you work in mental health, and especially when you’re working solo, you don’t have the colleagueship, that’s why I jumped at the opportunity to come here today!” Supervisor #8 added that the particular county he worked in used to have a “book club” for supervisors.

The issue of continuing education was discussed in this group. One supervisor noted, “You are never done learning” and stressed the importance of attending trainings.

One supervisor noted that it is important for mental health agencies to support continued education and training of supervisor. Finally, another supervisor added, “once you become a supervisor you do have to seek out further trainings, you know, on how to deal with difficult employees, or how to have conflict management.”

When asked about preventive strategies, the group noted several self-care strategies such as traveling, “to the city” and taking advantage of the activities available in rural areas such as biking, hiking, and horseback riding. Others included, “having someone to vent to,” “striking a balance,” “working hard on wellness,” and “being able to set limits professionally such as leaving the office at the office and not take it home.”

The geography and the fact that rural populations areas are spread out was a barrier or challenge of supervisors working in rural areas. Traveling between settings, such as work and home, “can take up a lot of your day” and is a challenge for supervisees who work in the client homes. All supervisors agreed with this statement both verbally and nonverbally.

The Interlude

After consultation with the dissertation committee of the study, it was decided that I would complete additional individual interviews to ensure that no new data points would emerge. I wanted to strengthen the results of this study and to determine if the data gathered from the focus groups had reached saturation. Therefore, two additional key informant interviews were conducted. The following will provide an overview of these interviews. I followed the same semi-structured interview format as the focus group interviews using the same structuring questions.

Key Informant Interview #1- Supervisor #9

This interviewee was chosen for an individual interview due to his credentials as a supervisor. I felt that this interviewee would provide any additional information that may have been needed to enrich and enhance this study. Supervisor #9 was a professional counselor and credentialed through the National Board of Certified Counselors as an Approved Clinical Supervisor. In addition, this participant had completed his doctoral coursework in a counselor education and supervisor program, and this supervisor had nine years experience providing counseling and supervision in rural areas. His experience included supervising rural master-level therapists and university interns in both administrative and clinical supervision. This supervisor grew up in this rural area and, “feels comfortable in rural areas.” This individual interview lasted approximately 50 minutes.

When asked the first question, the interviewee responded, “Well, day to day that is hard to tell you what my experiences are. I read notes weekly and provide feedback. The reviews are sent to my consultant. I provide weekly supervisions and receive supervision from the consultant. Receiving weekly phone calls to support staff in situations. Other administrative duties such as opening cases, authorizations, and paperwork. Because we are such a small operation, I fill many roles. That part is a drawback of the job that I do not enjoy.” The individual interview focus shifted immediately to the disadvantages of providing clinical supervision in rural areas. However, to remain consistent, the benefits or protective factors will be reviewed first.

Protective Factors to Rural Supervisors' Development

“I am trying to even think about what would be an advantage.”

Theme 1: The road less traveled.

In contrast to the other samples, this supervisor enjoyed the challenge of working from a generalist perspective. He began, “Getting the opportunity to supervise people from different fields. I wouldn’t be supervising social workers if I were not in a rural area. I enjoy that, there is a richness that comes from that because there are real differences between professions. Sometimes people want to underscore those differences. We are in essence trying to help people, but in regards to providing trainings there are real differences between the professions. That helps my growth as a supervisor.”

Another benefit to working as a supervisor in a rural area was a general sense of safety. This supervisor explained, “I feel a sense of security of living in rural areas.”

Theme 2: Sidewalks.

The general sense of connectedness described by the first focus group samples was also shared by this individual interviewee. He began, “Informal networks of professional friendships are a benefit in rural areas. If I need help, I could contact someone for support. For example, if I had an issue with client with body imagine issue and I was struggling with [them] I would be able to contact [another professional].” He added the benefit of professional friendships, “to be able to do things outside of work, such as going to dinner, etc. That is important for longevity.” He added, “Humor and the ability to laugh with your team and people you are supervising,” as important to the sense of cohesion felt in rural areas.

Elaborating on the tight-knit, rich collaboration found in rural areas, he continued, “When we think of collaboration in rural areas we are thinking about CYS, MH/MR and multiple agencies, not just one agency. Which is different than in urban areas. People are looking to see who is doing something together and how can we pull together and solve a program and help each other.”

Finally, a strength of the rural population was discussed. “There is a [sense] of pragmatism to being in a rural culture. If there was a felt need among people it would happen. Barriers are much more quickly overcome when there is a need.”

Risk Factors of Rural Supervisors’ Development

Theme 1: Show me the money,

This supervisor discussed lack of funding and resources as one of the major challenges faced as a rural supervisor. Due to the rural area and limited services available, “It’s harder to gain resources.”

Theme 2: Wearing many different hats.

As previously mentioned, this supervisor shared a challenge working as a supervisor in rural areas is the multiple roles inherent working in rural settings. “Part of job description of supervision is the administrative piece in rural areas. If you worked in an urban area with five clinical supervisors, you would probably have more administrative support.”

Theme 3: Living in a fishbowl.

This supervisor shared his struggles with issues that are specific to the rural setting. Included in these concerns are understanding of the unique rural culture, dealing

with boundaries and multiple relationships, and supervisor's inability to show vulnerability.

The challenge of working in a smaller community was shared as a concern, "Sometimes you can know too much about people regarding clients and in work. There is this sense of dual information. You got the information from a third party through rumor or hearsay and not sure what to do with that information."

In regards to dual relationships, this supervisor stated, "[dual relationships] just happen and you need to work from them in the best of your ability." In addition, you have to deal with issues that urban areas might consider an ethical concern. For example, he shared, "Gift giving is part of rural culture. You are working with someone from a lower SES and you refuse their gift that is disengaging and downright rude in my opinion. I have given them a service they respect."

Finally another characteristic of rural populations that interferes with peer supervision opportunities is independence. This supervisor shared, "There is this independent streak where supervisors have a difficult time being vulnerable and sharing concerns. In urban settings it is easier for supervisor in one agency to meet. In rural areas you would need to pull supervision in from other agencies and that is where you could potentially be vulnerable."

Theme 4: Life on an island.

The final theme that emerged from this interview surrounding the barriers or risk factors to supervisor development were issues with rural setting, feelings of isolation, lack of training opportunities, lack of peer support, issues with geography, and self-care needs.

This supervisor shared his feelings of isolation and lack of peer supports. “There is a [sense] of isolation in the whole county itself.” He continued, “Working in a rural area is very isolating. There are not a lot of professionals around, and in my organization there are not a lot of professionals around. In the previous organization that I worked in there was not a good understanding of what clinical supervision really is. No one was really interested in doing supervision; they were interested in private practice therapy. I miss that, I mean my with my clinical training, I want that feedback and the ability to bounce ideas off of people.” In addition, he noted that, “in rural areas it is often difficult to find other individuals that are working or struggling with the same thing” and “link others together.” He shared the need for peer support, “even if you meet two times a year would be helpful.” He noted that he compensates for isolation and lack of training opportunities by participation in professional organizations. “Being involved in professional organizations like ACA and PCA. I just got my certifications as an approved clinical supervisor, so keeping involved. With that comes mandatory training and that has been helpful [in reducing isolation].” He added, “When I go to ACA I always look for supervision trainings, they are not readily available, you have to seek them out.”

This supervisor did share that he received quality supervision at his agency. This was unique compared to the other samples. However, from his previous work experiences, he noted the need, “to connect with other supervisors, to share concerns and ideas, to be able to have supervision and support.” He added, “In my agency, for my own growth and development as a supervisor, I meet biweekly with a consultant.”

The concerns with lack of accessibility due to geography were shared by the supervisor. “There are times when you want to get people together, specifically [with a] supervisee, there is less of an opportunity to meet their professors. They ‘pop in’ and say things like ‘just driving through’ or ‘oh you are so far out.’” He continued, “Being so far away it is so hard to support. We are spread out physically and distance wise which isolates people.”

This supervisor reported that he managed the stressors of working as a supervisor through exercise, sleep, spending time with family, and having a life outside of work.

Individual Interview #2- Supervisor #10.

The final individual interview was with a licensed clinical social worker who currently works in a small private practice in a rural setting. She provided clinical supervision to therapists at a community mental health agency. She had one supervision class in graduate school and had not had any additional supervisory training. She was chosen as the last supervisor to interview due to her rural expertise and supervision expertise. She has worked in the field for 38 years and has worked as a supervisor for five years post masters and has always lived in a rural setting. The interview lasted approximately 45 minutes.

When the first open question in the interview protocol was asked, Supervisor #10 began to answer that rural supervisors need to be aware of all of the services provided in a rural area, due to the limited and lack of services. Therefore, this supervisor, similar to all other interviews, began the discussion with the challenges of working in rural settings. However, in order to maintain consistency, the protective factors and benefits of working as a rural supervisor will be discussed.

Protective Factors to Rural Supervisors' Development

Theme 2: Sidewalks.

The general sense of connectedness described by all samples was also shared by this interviewee as a benefit to living and working in rural settings. She noted that the most salient benefit was the “cohesiveness among the members of a work group.” She continued, “Relationships in rural areas are more important than in urban areas. The most important thing is to form relationships with other providers so that can ease client access to services.”

Risk Factors of Rural Supervisors' Development

Theme 1: Show me the money.

The theme of lack of funding and resources presented by the other samples was shared as a concern by this interviewee. She began, “there was a cut throat competition...or goal displacement for resources” among providers. In one setting that this supervisor worked, “Generating revenue became more important than providing services.”

In relation to the rural economy, this supervisor stressed the importance of looking at outside factors that may be affecting clients and a community. “In this community, the loss of economics, the loss of the oil industry and steel industry a couple of years ago and the downhill turn of the economy has dramatically altered the lives of people in the community and especially the clients we serve.”

This supervisor shared the need to learn creative problem solving because of the fewer resources found in rural areas. In relation to problem solving, building

relationships in rural areas was cited as the most important skill or means to compensate for lack of resources and services.

Theme 2: Wearing many different hats.

This supervisor shared the challenge of working in many different roles in rural settings. She shared that working as a generalist is a challenge, “Working with supervisees who have very different backgrounds, life experiences, values, cultures, and education and training...is a challenge to provide supervision to diverse supervisees in rural settings and the balance of clarifying values with supervisees and clients.”

Supervisor #10 shared that it is typical in rural settings that most agencies are smaller and require professionals to work in many different capacities. “As a working supervisor, in addition to maintaining a client load [is] a challenge.” She continued to explain that the role of supervisor required attending many meetings and “If anything got missed during the week, it was supervision.”

This supervisor shared experiences working as a middle management supervisor and feeling the pressure from both the top and bottom and the blurred lines of responsibilities. “Working as a supervisor in a mid-manger role, you do not have clear expectations. You have needs and responsibilities from the top down and needs and responsibility from the bottom up and sometimes that pressure can make things really difficult.” There were problems that needed to be handled by administration.

Theme 3: Living in a fishbowl.

This supervisor shared several concerns with the rural cultures, such as characteristics, dual relationships, maintaining clear boundaries, and addressing stigma. This supervisor remarked that rural communities tend to be “parochial.” “There is a

distinct cultural difference in rural areas when you talk about diversity. Being rural is a special client group. The value systems are just different.” She continued that it is “important to know the culture and community you work with and make sure supervisees know the community. They have to get used to going into dirty homes and be comfortable when working in rural areas.”

The theme that rural workers tend to be promoted quickly in rural areas was shared by this interviewee. “Sometimes in rural areas people are encouraged to move up. People are many times chosen within the office rather than outside when it comes to picking a supervisory role or position.” She shared that her first supervisor in a rural areas started out as a secretary.

A concern with working in a smaller community is maintaining clear boundaries with multiple relationships stating, “It is difficult to supervise someone who is a friend.” In addition, “It is difficult to discipline a supervisee in rural areas. You do not want to hurt feelings, considering you might know someone in the family, maybe some sort of external relationship that becomes a factor. People can get away with things because of who you know.”

Supervisor #10 discussed how important it is to maintain boundaries between personal life and work. “In order to do our work well we need to make sure we have time for ourselves and with our families.” In addition, boundaries within the supervisory relationship are necessary. “It was important to not take on the problems of those that I was supervising or not taking on the problems of those whom we serve.”

Finally, an interesting suggestion made by this supervisor is to empower supervisees. “There is a stigma about working in rural areas and to empower supervisees

to know that they are not less talented, less effective because they work in rural areas versus urban areas. There can be a real difference in attitude there.”

Theme 4: Life on an island.

Peer support was the biggest need expressed by this supervisor. Supervisor #10 shared her experiences working in different work settings as a supervisor and the most beneficial work as a supervisor was when she had peer support. In addition, this supervisor shared that in order to function effectively as a supervisor, one needs support from administrators and directors.

“Peer support groups where those of us working in different places can come together and share ideas” was a need for supervisor support. “The kind of work we do is difficult and we need to support one another and encourage one another.”

This supervisor shared that it is not difficult to access continuing education training opportunities. She stated that it is important to be a, “perpetual student...and to gain a broad knowledge base and assessment skills” in order to work effectively in rural areas. These findings conflict with the findings of the other participants.

Final Thoughts

After reviewing the final two interviews and reflecting on the data analysis from the focus groups, the data had finally reached a saturation point. No new data points emerged and the themes were consistent across all interviews. Therefore, I terminated data collection. Table 3 is a cross comparison of the protective factors shared in the interviews. The close-knit ties of rural areas was shared by the entire sample as a benefit or protective factor to supervision functioning and development. Three out of the four samples commented that rich collaboration and safety were positive aspects of working

and living in rural areas. Two out the four samples state that the slower pace of life, lower cost of living, natural beauty, unique opportunities for programming, and the strengths of rural cultures were all benefits. Finally, one shared the benefits of working from a generalist perspective as improving growth and development as a supervisor.

Table 3.

Cross Comparison of Protective Factors.

	Focus Group 1	Focus Group 2	Interview 1	Interview 2
Slower Pace	X	X		
Cost of Living	X	X		
Safety	X	X	X	
Natural Beauty	X	X		
Rich Collaboration		X	X	X
Close-Knit Ties	X	X	X	X
Unique Programming Opportunities	X			X
Strengths of Rural Culture		X	X	
Working from a Generalist Perspective			X	

Table 4 provides a cross comparison of the risk factors presented by all samples as barriers or challenges that interfere with supervisor functioning and development. Four out of four samples cite a lack of resources, role overload, lack of administrative support, boundary issues, multiple relationships, the rural culture, lack of funding, and the need for self-care as issues that interfere with development. Three of the four

samples cite working as a generalist, issues with geography, and isolation as challenges faced by rural supervisors. Two out of two samples report challenges with insurance changes, recruiting and retaining good staff, and stigma. Finally, two other emergent themes of importance include the pressure to be a role model and liability concerns.

Table 4.

Cross Comparison of Risk Factors.

	Focus Group 1	Focus Group 2	Interview 1	Interview 2
Lack of Resources	X	X	X	X
Role Overload	X	X	X	X
Pressure to be a Role Model	X			
Working as a Generalist	X	X		X
Lack of Administrative Support	X	X	X	X
Dealing with Insurance Changes	X	X		
Liability Concerns	X			
Boundary Issues	X	X	X	X
Multiple Relationship	X	X	X	X
Rural Culture	X	X	X	X
Lack of Funding	X	X	X	X
Recruiting and Retaining Staff	X	X		
Lack of Infrastructure	X			
Issue Related to Geography	X	X	X	
Isolation	X	X	X	
Stigma		X		X
Need for Self-care	X	X	X	X

Similarities

The most glaring similarities found in all the samples were the risk factors to supervisor functioning and development. In all the interviews, the supervisors started the discussion on the challenges of working as a supervisor in a rural area. Even when I moved the semi-structured questions involving the benefits or protective factors of working in rural areas, all interviews eventually moved back to discussing the challenges. In addition, there were many more challenges than benefits. Lack of funding seemed to relate to many of the themes. For example, lack of funding, resources, and administrative supports were all shared as risk factors to professional functioning. In addition, all members discussed the challenges of navigating dual relationships, boundary issues, and concerns with cultural diversity and understanding. Finally, self-care was cited by all members as important to the continued growth and functioning as a rural supervisor.

Differences

When looking at extreme cases or difference among the samples, two supervisors felt they had enough supervision support for themselves within their agency. In addition, one supervisor reported that there were plenty of continuing education opportunities. However, this was not a trend that was found throughout the rest of the samples. Surprisingly, only one sample discussed the concerns of liability.

Summary

I facilitated two focus groups and two individual interviews with a total of ten cultural experts on supervision in rural areas. All interviews were audio taped and I took copious notes. After listening to the tapes and reading through personal notes, the tapes

were transcribed verbatim. I reviewed the notes in their entirety and used a highlighter to mark important themes. I again read through the interviews and began identifying themes in relating to the ecological and supervision development model. In other words, I looked for intra and interpersonal influences and contextual variables that may interfere with the function and development of rural supervisors. After reviewing and analyzing two sets of focus group data, I conducted two additional interviews to ensure that no new data points would emerge. I analyzed the data in the key informant interviews in the same manner as the focus group interviews. At this time, I felt confident that the data had reached saturation point and substantive significance. Saturation was evidenced by the redundancy of the data from the two individual interviews in comparison to the results from the focus group samples. Substantive significance was reached as evidenced by using triangulation to support the findings, a better understanding of the experiences of rural supervisors, consistency with the literature, and gathering useful data to make recommendations (Patton, 2002). Following the recommendations of Patton (2002, p. 437) “No amount of additional fieldwork can, or should, be used to force the vagaries of the real world into hard-and-fast conclusions or categories.”

CHAPTER V

DISCUSSION

Supervision is an essential component to the mental health field that requires specific knowledge, skills, and training. The purpose of supervision is to enhance professional growth and protect client welfare. The role of a supervisor carries a tremendous amount of professional, ethical, and legal responsibilities. Supervisors are the gatekeepers to the field and have an ethical obligation to ensure supervisees' competence in order to provide quality care and protect client welfare. However, supervision in post educational settings is often ignored (Sultz, Ososkie, Fried, Nelson, & Bardos, 2002). To date, there is a limited amount of research on the effect of supervision in mental health settings and of the rural context on the rural counselor (Sultz, Ososkie, Fried, Nelson, & Bardos, 2002; Scott, Nolin, & Wilburn, 2006; Weigel & Baker, 2002). In a review of available published literature, there has been even less research on the experiences of supervisors providing clinical supervision in rural mental health settings.

The focus of this study was to examine the lived-experiences of supervisors providing clinical supervision in rural settings. The supervisors in this study expressed their concerns surrounding the lack of initial and continuing supervision training, peer support, and the challenges that are unique to working in rural areas. The findings in this study are supported by the related literature that supervisors often feel ill-prepared and anxious in their new role as supervisor (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001) and often do not receive supervisory training at the graduate level (Casile, Gruber, & Rosenblatt, 2007). Lack of formal supervision training has been called the mental

health profession's "dirty little secret" (Hoffman, 1994, p. 25). In addition, supervisors are often promoted to supervisory positions due to their strengths as clinicians (Campbell, 2006; Casile, Gruber, & Rosenblatt, 2007), rather than supervisory skills, and promotions occur more quickly in rural areas (Ginsberg, 2005).

Rural mental health workers must have specific skills and personal characteristics to work with the diverse and unique concerns presented by rural populations. The rural worker must be prepared to deal with professional isolation, heavy case loads, lack of privacy, lack of resources, and limited professional development and supervision opportunities (Coll, Kovach, Cutler, & Smith, 2007; McMahon & Patton, 2000; Morrissette, 2000; Pugh, 2003; Weigel & Baker, 2002). The rural counselor needs to work from a generalist perspective and often works out of the scope of training or competencies (Weigel & Baker, 2002). The rural counselor can compensate for this lack of experience and training through supervision and education. These issues and challenges illuminate the need for supervision in rural settings.

The existing literature highlights the many challenges that rural mental health workers face such as lack of resources and supports, professional isolation, multiple relationships and roles, and other ethical concerns. There is minimal available research on the experiences of rural supervisors (Scultz, Ososkie, Fried, Nelson, & Bardos, 2002; Scott, Nolin, & Wilburn, 2006; Weigel & Baker, 2002). If a rural supervisor is not getting their needs met due to constraints in their environment, this will impede development and effectiveness of supervision.

The purpose of this study was to develop an understanding or conceptual framework for organizing the experiences of rural supervisors. This study was designed

to gather an in-depth, thick description and understanding of rural supervision from focus group and individual interviews with cultural experts. The purpose of this study was not to test hypothesis, but “discovery - the identification of those system properties and processes that affect and are affected by the behavior and development of the human being” (Bronfenbrenner, 1979, p. 38).

It was necessary to hear the voices of rural supervisors to gain a better understanding of the phenomena of rural supervision. This study provided the opportunity for supervisors to share the benefits, challenges, and concerns providing supervision in the rural context. This study provided a better understanding of the benefits and challenges of rural supervision, in order to offer recommendations to improve supervision in rural areas.

According to Patton (2002), interpretations in qualitative research require going beyond, rather than simply describing, the data. This chapter will include a discussion and reflection of the preliminary and emerging findings of this study. This chapter will draw conclusions using the existing literature and the data gathered in relation to the theories used in the analytical framework of this study. First, a brief review of the relevant themes that emerged as benefits or protective factors and barriers or risk factors to supervisor development and functioning will be discussed. Next, implications and recommendations for training and practice of supervision in rural areas based on the literature and findings will be provided. Finally, the limitations, questions generated, and recommendations for further research will be reviewed.

I initially conducted two focus group interviews with cultural experts in the field of rural supervision. In addition, to ensure data saturation, two additional individual

interviews were conducted. No new or emergent themes were revealed during the two individual interviews. Therefore, the data was consistent across the interviews, which increases the reliability of the study.

This research provides new and significant information towards the understanding of the lived-experiences of rural supervisors. There is a lack of available literature, research, and understanding of the rural supervision phenomena and the benefits and challenges faced by rural supervisors (Scultz, Ososkie, Fried, Nelson, & Bardos, 2002; Scott, Nolin, & Wilburn, 2006; Weigel & Baker, 2002).

Summary of Findings and Implications for the Practice of Supervision

In order to understand the individual development of supervisors in a rural context, two primary theories are employed to interpret the data collected from focus group and individual interviews with rural supervisors. The two approaches used in this investigation to account for the multidimensional intricacies of the rural supervision phenomena include the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and integrated developmental model of supervision or IDM (Stoltenberg, McNeill, & Delworth, 1998). These two models provide a lens to illuminate and understand factors that influence supervisor development. Supervision includes an active interaction among the individual and social, cultural, and environmental factors. The relationship between the person and the environment is dynamic and the development of the person cannot be separated from the social networks in which they are engaged (Bronfenbrenner, 1979, 2005). The themes that emerged and converged from the data collected in the interviews were collapsed into two main categories: protective factors and risk factors to supervision development and functioning (Lynch & Levers, 2007).

Protective Factors to Rural Supervisors' Development

The two themes that emerged from the study that serve as benefits, or protective factors, to supervisor development and functioning were labeled *The road less traveled* and *Sidewalks*. *The road less traveled* was used to describe the general attitude shared by the participants in this study toward the preference for a “slower pace of life.” Examples provided by the supervisors in this study of benefits of working and living in rural areas include: a slower pace of life, lower cost of living, a general feeling of safety, and enjoyment of the natural beauty of rural settings. This suggests that the rural supervisors in this study prefer the slower pace and sense of safety that the rural environment provides, compared to the faster pace of a larger city. Rural communities share many commonalities such as the benefits of the natural beauty, slower pace of life, sense of safety, and lower cost of living of rural areas (Stamm, 2003; Sutton & Southworth, 1990). The theme *Sidewalks* was used to describe the general sense of connectedness supervisors shared as a benefit to living and working in rural communities. Rural residents have strong family ties and religious ideals (Stamm, 2003) and are described as closed, tight-knit systems with strong values (Weigel & Baker, 2002). The supervisors' comments from this study included, “[Rural areas are] just a friendlier atmosphere in general,” “People seem to get along pretty well,” “It’s a little more neighborly,” and “There is more family connection,” all of which demonstrate this felt sense of connectedness.

Facilitating networks and collaborative relationships is necessary for effective counselor functioning (CACREP, 2001) and is even more apparent in smaller communities where “everyone knows everyone.” Hargrove (2003) provides recommendations for rural practitioners such as understanding of ethical principles and a

clear understanding of available rural resources to use to one's advantage. For example, creating a collaborative working relationship with other professionals, such as physicians, was a recommendation from the literature (Cook & Hoas, 2007; Morrissette, 2002; Riebschelger, 2007). The findings in this study suggest that relationships in rural areas are more important than in urban areas. For example, one supervisor commented, "The most important thing is to form relationships with other providers [in order to] ease client access to services."

Implications for the Practice of Rural Supervision

The implications of the findings for this study demonstrate that supervisors can use the strengths of rural populations to their advantage in their work (Lutterman, 2007). Specific strengths found in this study, also supported by the literature, include individualism and resilience, independence, tight-knit communities, rich collaboration with professionals, pragmatism, and informal professional support networks (Stamm, 2003). These strengths can act as a buffer and promote development and functioning of the supervisor, supervisee, and rural client. Supervisors in this study shared how they use their relationships in the community to form professional and collaborative networks, or sidewalks. Whether the relationship was with other providers, family practitioners, county administrators, or the school administrators, all relationships were cited as important to the functioning of a supervisor in rural areas. Finally, an important implication from this study that is supported in the literature is the need to move from a deficiency-based model to a strength-based approach in rural areas (Behnke, 2008).

Risk Factors of Rural Supervisors' Development

In contrast to the aforementioned benefits or protective factors, the supervisors in this study shared many risk factors or barriers that interfere with their functioning and professional development. All interviews naturally began with a discussion of the barriers or risk factors related to providing supervision in rural areas. The risk factors to supervisor development and overall functioning found in this study were similar to the concerns in the literature in other mental health fields (Stamm, 2003). The most glaringly obvious concerns found among all supervisors were the lack of resources, peer and professional supports, and training of supervisors in rural areas. Following will be a brief review of the risk factors shared by the supervisors.

The risk factors were labeled as follows: *show me the money*, *wearing many hats*, *living in a fishbowl*, and *life on an island*. *Show me the money* represents the sentiment shared in all of the interviews that funding is insufficient in rural settings. Supervisors shared concerns with lower wages for supervisors and supervisees, difficulties recruiting and retaining good staff, and lack of resources and financial supports. The theme *wearing many hats* represents the overall feeling of, “not enough time in the day.” Supervisors shared struggles with multiple roles, lack of administrative supports, and the challenge of working from a generalist perspective. *Living in a fishbowl* represents the challenges supervisors shared managing boundaries and multiple relationships in rural settings. Supervisors shared the stressors of less anonymity and the pressure to be a role model living and working in a smaller community. Finally, *life on an island* represents the general sense of isolation experienced by supervisors and the expressed need for professional support and personal development. In relation to *life on an island*,

supervisors discussed concerns surrounding the lack of peer and professional supports, the difficulty accessing continuing educational opportunities, and the difficulties of traveling due to geographical issues.

Show me the money.

This study focused on supervisors within the context of their environment, or the rural setting. It is important to understand the impact of external forces on the supervisor's development and functioning in order to provide recommendations to support rural supervisors and their supervisees. During the interviews for this study, the descriptions of the challenges of working in rural areas included "deficient," "scarce," "inadequate," "limited," and most commonly began with "lack of." The results of this study demonstrate the consequence of nominal or ineffective funding that filters down to the following: lack of services, providers, qualified supervisees, administrative support, professional support, supervision of supervisors, training opportunities, public transportation, funding to recruit and retain workers, and training to prepare mental health workers and supervisors for rural work. The research reviewed for this study supports these findings (Barbopoulos & Clark, 2003; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Valde, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997).

A challenge connected to *show me the money* that emerged in this study for supervisors was providing supports and resources to supervisees. Whether it was a referral to another agency or literature at the local library, the supervisors in this study noted the time and energy expended due to the lack of resources in rural areas as a challenge or barrier to optimal functioning. In urban settings, supervisors have multiple

libraries, universities, diverse mental health providers and referral sources, and community programs to help support and provide resources to supervisees. The related research supports that there is a lack of resources in rural areas (Sawyer, Gale, & Lambert, 2006; Stamm, 2003; Suttin, 2002; Weigel & Baker, 2002). A final theme related to *show me the money* that rural supervisors shared as a challenge and is reflected in the literature is recruiting and retaining quality staff. The supervisors shared how insufficient funding results in lower wages and increases competition to recruit and retain workers in rural areas, noting, “pickings are slim.” The trend seems to be that the younger populations in rural areas are migrating to urban areas (Arnold & Seekins, 1997).

Implications for the Practice of Rural Supervision

The implications and findings in this study support the deficiency-based framework of rural mental health services often portrayed in the literature (Barbopoulos & Clark, 2003; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Valde, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). Overall, the issues and challenges presented in this study particular to working in rural areas are a product of the insufficient local, state, and national funding and resources. The economy and failing industry have had a tremendous effect on those living in rural areas, “especially the clients with whom we [rural supervisors and supervisees] serve.”

Rural service providers are struggling financially to survive. The restrictions instituted by public managed health care systems negatively impact the mental health services available to rural populations. Even more disheartening and frightening is the current economic crisis of the entire country, the uncertainty of the new President’s plan

for healthcare, and the impact it may have on mental health services in rural areas. Only time will tell the fate of rural mental health consumers and providers. “Mental health gets the short end of the stick!” This sentiment seemed to reverberate throughout all of the findings in this study. Rural supervisors shared a sense of frustration, concern, and helplessness regarding the fate of rural mental health services. One supervisor shared a concern with diminishing resources in rural areas and the “cut throat competition” for resources and “generating revenue becomes more important than providing services.”

The impact of the economy and lack of resources inherent in rural areas has demonstrated a negative effect on supervisors’ functioning, development, and motivation and can have a negative impact on supervisees, clients, and the services provided in rural areas. This is an example of how the exosystem has a rippling affect on supervisor development and functioning. The implication for this study is the need for the government to provide appropriate and effective funding to improve programming and increase incentives for mental health workers to relocate to rural areas. Rural areas have received national attention through several nationally funded initiatives including: United States Department of Health and Human Services *Rural Healthy People 2010* (2000) and the President’s New Freedom Commission on Mental Health (2003). However, there is a need to re-evaluate or shift the focus of the aforementioned funding. The recent national attention and funding sources to rural areas provide hope to improving mental health services in these areas. However, the rural mental health system is in need of great repair. Local, state, and national government officials who make the decisions regarding money allocation need to consider the importance of supervision and supports of rural mental health workers’. This can enhance the quality of mental health workers

functioning, improve recruitment and retention of rural workers, and ultimately improve mental health services in rural areas. In addition, health insurance companies need to examine policies surrounding limiting services, reimbursement rates, and initiating reimbursement for supervision services. A final implication and suggestion from the supervisors in this study, and supported in the literature, is collaboration with other professionals and creative problem solving to compensate for limited resources (Pugh, 2003).

Wearing many different hats.

The challenge of *wearing many different hats* was a second theme or risk factor to development shared by rural supervisors. The challenges shared included role overload, the need for administrative support, and working from a generalist perspective. The research and literature have demonstrated that rural settings are understaffed (Kane & Ennis, 1996; Sawyer, Gale, & Lambert, 2006) which forces supervisors to function in several different capacities and roles. However, there was a general sense that this was common in rural practice. “Part of the job description of supervision is the administrative piece in rural areas.” In addition to supervision, nine out of ten supervisors in this study were providing therapy. Discussed in this study, and supported in the literature, rural mental health workers have been found to perform more duties than urban counterparts (Rohland & Rohrer, 1998). “We have double duty with the other stuff we have to do,” and “Someone doing the same job we do would probably get a much higher salary [in an urban setting].”

Working in a rural area brings together a wide range of individuals with diverse training experiences. The orientations of all helping fields have specific differences in

training program requirements, orientations, and experiences. This is a challenge to rural supervisors as they need to work from a generalist perspective. “Working with supervisees who have very different backgrounds, life experiences, values, cultures, and education and training is a challenge,” and “requires the balance of clarifying values with supervisees and clients.” There is extensive research and literature that support the need for rural workers to be trained from a generalist framework to ensure their ability to effectively work with professionals from related mental health disciplines (Barbopoulos & Clark, 2003; Helbok, 2003; Hovestadt, Fennell, & Canfield, 2002; Keller, Murray, Hargrove, & Dengerlink, 1983; Morrissette, 2002; Riebschleger, 2007; Slama, 2004; Smith, 2003; Stamm, 2003; Weigel & Baker, 2002; Zapf, 1993).

Implications for the Practice of Rural Supervision

The supervisors in this study shared the feelings of role overload, “not having enough time in the day,” and “the pressure to wear many hats.” This demonstrates another ripple effect in the supervisor’s exosystem that results from a lack of resources and funding in rural areas. Supervisors in this study shared the challenge of working with supervisees from different professional orientations ranging from counseling, social work, psychology, family studies, and education. Working from a generalist perspective requires counselors to have a broad range of knowledge of multiple mental health issues and treatment interventions to work with a diverse range of clients. Often, in rural mental health, workers provide services to children, adolescents, elderly, individuals, families, and substance abuse clients. This requires the counselor to be flexible, adapt to the needs of clients, and function in different roles such as counselor, case manager, crisis intervention worker, and advocate. The CACREP (2001) standard for preparation of

counselors requires a broad-based understanding of theories, techniques, and practices to work with diverse populations across the life span. The rural supervisor must be prepared to deal with the range of issues and concerns that supervisees face working from a generalist perspective. Therefore, supervisors need to be competent in a wide range of counseling issues. The implications from this study highlight the need for specific supervisory training to work as rural supervisors. Specific recommendations for rural supervisor training will be provided later in this chapter.

Living in a fishbowl.

The supervisors in this study shared the challenges of feeling like, “living in a fishbowl.” Working and living in a rural area makes it difficult to maintain anonymity, and supervisors are faced with numerous ethical challenges. The supervisors discussed the pressure to be a role model and the lack of privacy working as a professional in small communities. Therefore, supervisors expressed that they felt they were “being watched and judged” and “had no place to hide” living and working in a small community. Another example provided, “You can be sitting in church and a consumer walks in, or you are at the [YMCA] naked,” demonstrates the difficulties faced by professionals working in rural areas.

The extant literature reports that rural mental health workers face many unique legal and ethical challenges including boundary issues and dual relationships, liability, lack of professional support, lack of competencies, and issues with privacy and confidentiality (Barbopoulos & Clark, 2003; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Gaffney, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). The findings of this research are consistent with the current

rural literature, which suggests professionals working in rural settings face ethical concerns different than their urban counterparts (Barbopoulos & Clark, 2003; Bushy, 1997; Coleman & Lynch, 2006; Helbok, 2003; Hoyt, Conger, Gaffney, & Weihs, 1997; McMahon & Patton, 2000; Schank & Skovholt, 1997). In this study, the specific ethical and legal concerns shared by rural supervisors included boundary issues and dual relationships, vicarious liability, and lack of trained supervisees.

Implications for the Practice of Rural Supervision

The supervisors in this study shared the feeling of *living in a fishbowl* when living and working in rural areas. “You can’t swing a dead cat without seeing a client somewhere!” This quote is a colorful example of the lack of anonymity felt by supervisors working in rural settings. The issues of privacy and dual relationships in rural areas are well documented in the related literature (Barbopoulos & Clark, 2003; Coleman & Lynch, 2006; Endacott, Wood, Judd, Hulbert, Thomas, & Grigg, 2006; Hargrove, 2003; Helbok, 2003; Schank & Skovholt, 1997; Weigel & Baker, 2002). “It’s not that you can avoid dual relationships. They are almost unavoidable if you’re actually living here among the people. Then the question is how do you steer your way amid dual relationships?” This is an example of the specific challenges faced by supervisors in this study, in addition to assisting supervisees in maintaining clear boundaries with rural clients. An example provided by one supervisor was that of a family inviting them to a birthday celebration. In contrast, another supervisor shared it is necessary in close-knit communities to blur boundaries at times and to use it to one’s advantage to form connections. As demonstrated in this study and the literature, rural areas are often close-knit communities (Weigel & Baker, 2002). An implication from this study is that any

worker who wants to gain access or acceptance in a rural community needs to know how to ethically and successfully navigate boundaries and relationships. However, supervisors and supervisees need to ensure that the relationship benefits the client. “It is continually redefining, or reminding might be a better word, [supervisees] what proper boundaries are and what is ethical versus unethical.”

An implication of this study is for counselor education training programs to prepare rural mental health workers to address these unique concerns and make positive, ethical decisions. For example, reviewing specific ethical issues found in rural areas such as navigating dual relationships and receiving gifts from clients. According to Brownlee (1996), it is impractical for rural mental health workers to avoid multiple relationships. Living and working in small areas makes encounters at the local grocery store, post office, and church fairly impossible to avoid. Therefore, in order to maintain ethical behaviors, the rural mental health worker needs to develop an ethical decision-making model (Barbopoulos & Clark, 2003).

It has been well documented that it is difficult to recruit and retain well-qualified mental health staff to work in rural mental health settings (Helbok, 2003; Kane & Ellis, 1996; Stamm 2003). The lack of competent staff is related to supervisors concerns for vicarious liability. This concern shared by the supervisors in this study is also supported by the existing research on supervision (Bernard & Goodyear, 2004; Campbell, 2006; Magnunson, Norem, & Wilcoxon, 2000). The supervisors explained, “[finding] the quality of people to supervise I think sometimes can be a challenge, just because there aren’t as many, there’s not an applicant pool.” This creates a concern for rural supervisors who are legally and ethically responsible for supervisees. If supervisees are

untrained or unqualified and work out of the scope of their competencies, it is the responsibility of the supervisor to provide additional support and supervision. This requires the supervisor to have a broad range of training and knowledge in diverse mental health issues with multiple populations, such as children, adolescents, adults, and families (ACA, 2005). This highlights the importance of formal training of supervisors to minimize and manage risks (Magnunson, Norem, & Wilcoxon, 2000). In order to minimize the liability and risk, supervisors must be trained in supervision and risk management (Bernard & Goodyear, 2004; Campbell, 2006; Magnunson, Norem, & Wilcoxon, 2000).

All supervisors identified with the feeling of having to be a good role model or example for other staff. Supervisors shared the pressure to always be in a positive mood as there is “a trickle down effect” to supervisees. One example of this pressure was shared by a participating supervisor: “You have to be careful what you say, because if you are the leader or the supervisor, you don’t want to make [supervisees] think that if the supervisor is having a hard time, then it must be really bad, then it kind of snowballs.” This is a concern, as demonstrated in the literature and by the supervisors in this study, that there is a lack of professional and peer supports (Morrissette, 2000; Weigel & Baker, 2002). An implication for this study is that these added stressors can contribute to supervisor burnout. The challenges of working from a generalist perspective and the pressure to be a role model while not receiving adequate support is a concern to the counseling and mental health field. Therefore, recommendations to support rural supervisors and reduce the risk of burnout will be discussed later in this chapter.

The struggles supervisors shared in this study regarding the rural culture such as closed-mindedness and mental health stigma are reflected in the related literature and are an example of the rippling effect of the exo-, and macrosystem (Sawyer, Gale, & Lambert, 2006; Smith, 2003; Starr, Campbell, & Herrick, 2002). The rural population is a unique milieu that requires an awareness and understanding of distinctive characteristics, values, and lifestyles. Rural areas have a diverse range of lifestyles, values, and cultures that differ from urban areas (Stamm, 2003; Surgeon General Report on Mental Health, 1999). Lack of rural culture competence is often a barrier or challenge to workers in rural areas (Sawyer, Gale & Lambert, 2006), and it is important for mental health workers to know the values of the rural area in order to be successful in their work (Saba, 1991). As demonstrated in this study and in related literature, rural communities tend to be parochial (Smith, 2003; Sawyer, Gale, & Lambert, 2006; Starr, Campbell, & Herrick, 2002). Supervisors stressed that “being rural” is a distinct culture with different value systems compared to urban populations and perhaps other rural communities. A consistent theme with all the supervisors interviewed in this study was supervisees’ lack of appreciation and understanding of the rural culture. Supervisors expressed frustration with the lack of awareness, sensitivity, and understanding of supervisees regarding the rural culture. For example, comments such as, “They [supervisees] just don’t get the clients sometimes,” or “do not understand the basic lifestyle of a more rural population” reflect the lack of awareness and understanding of supervisees working in rural settings.

Many supervisees are trained from an urban model (Helbok, 2003; Kruse, & Aten, 2007) and have not had the exposure to rural populations. Seventy percent of the supervisors in this study were originally from a rural area. However, the others shared

the “culture shock” they felt when beginning their work in a rural area. This is supported in the literature (Zapf, 1993) and demonstrates the need for rural mental health workers and supervisors to have specific training and exposure to rural cultures and lifestyles to work effectively with the rural population. Each rural culture is unique and requires specific awareness, sensitivity, and skills to effectively connect and work with this unique group. As demonstrated in this study, supervisors recommend knowing the culture with whom you are working. An example provided was the importance placed on hunting and fishing in rural areas and an appreciation of rural values in order to connect with rural populations. An awareness of the rural culture can help buffer the stress and shock experienced by new rural workers.

It has been documented that supervisors lack training in diversity issues (Stoltenberg, McNeill, & Delworth, 1998). In recent years, CACREP programs have integrated diversity training, in addition to multicultural classes, in counselor education programs. In fact, there has been an “explosion in the counseling field regarding multiculturalism” as evidenced by CACREP requirements, increased coursework, and workshops and trainings (Hill, 2003, p. 39). The American Counseling Association Code of Ethics (ACA, 2005) states that counselor educators must include material on diversity issues faced in counseling in all coursework (F.2.b.). A concern for this study is that most of the supervisors have been out of school for many years before this change went into effect. Conceivably, some of the supervisors may not have ever received diversity and multicultural training in a formal graduate class or program. However, working with diverse clients and remaining uninformed of multicultural and diversity issues is indefensible and unethical (Stoltenberg, McNeill, & Delworth, 1998). Counselors must

have skills, knowledge, and competencies in working with diverse clients (ACA, 2005; Inham, 2006).

In addition to addressing the unique characteristics and challenges of rural areas, rural supervisors must develop a culturally appropriate approach to working with and supporting supervisees in rural settings. Supervisors must have an understanding of the rural culture in addition to the basic supervisory skills, knowledge, and competencies needed to work effectively with diverse rural clients and their supervisees (Campbell, 2006; Inham, 2006). There are few models supervisors can use to integrate diversity into supervision (Anderson, Rigazio-DiGilio, & Kunkler, 1995).

Inman (2006) studied the effect of perceived multicultural competence on the supervisory relationship. Findings from this study indicate that supervisors who explore multicultural issues and are culturally competent improved overall supervisee satisfaction. This study demonstrates the need for competence and sensitivity when working with the rural culture. Fortunately, the supervisors in this study possess professional licensure and are required to receive continuing education and can seek out specialized training opportunities.

Regardless if one is from an urban or rural area, stigma is a barrier to seeking mental health treatment. In rural areas, there are fewer people spread over a large distance and there is a tendency for “everyone to know everyone.” Due to society’s lack of understanding or misinformation, individuals with mental health issues face ridicule and isolation. This is often exacerbated in rural areas because of the small town culture. Rural residents often experience shame, embarrassment, and social stigma when seeking treatment for mental health issues (Smith, 2003; Sawyer, Gale, & Lambert, 2006; Starr,

Campbell, & Herrick, 2002). Rural communities are a close, tight-knit system that often relies on family members and social supports rather than professional help (Weigel & Baker, 2002). There is an expectation to take care of things on your own, and rural communities often see outsiders as mistrustful (Stamm, 2003). This is an example of Bronfenbrenner's macrosystem, or outermost sphere, which includes society's overall beliefs or culture. When working with rural populations, it is important for rural supervisors to assist supervisees to navigate concerns that emerge in the macrosystem. Another macrosystem concern found in this study is the importance of advocating for mental health consumers and addressing stigma in rural areas. It is important for supervisors, institutions, and administrators in rural areas to collaborate and advocate for the rights of consumers to reduce stigma (Lutterman, 2007). This concern was shared by supervisors in this study. An example provided by one supervisor was that a client asked if the supervisor could take the "mental health" off of her sign as the client was being driven by a friend to her appointment, indicating shame, or embarrassment for needing psychological help. This finding contradicts some of the literature that suggests that rural communities have a high tolerance for the abnormal (Kane & Ellis, 1996).

Life on an island.

The supervisors in this study expressed a general sense of isolation or a feeling of "living on an island." "The kind of work we do is difficult and we need to support one another and encourage one another." The need for peer support to reduce feelings of isolation was shared with all supervisors in this study. Comments such as the need for "colleagueship, you know someone on a peer level to bounce ideas off of," "networking colleagueship of supervisors," and "having someone else in a parallel role." Several

supervisors shared, “I do not have anyone to vent to,” “It gets pretty lonely...when you work in mental health, and especially when you’re working solo, you don’t have the collegueship,” “Working in a rural area is very isolating. There are not a lot of professionals around,” and “in rural areas it is often difficult to find other individuals that are working or struggling with the same thing.” The need for peer support was shared by all supervisors, “even if you meet two times a year would be helpful.” The sentiment of isolation and loneliness was portrayed in related literature of other mental health professionals (Coleman & Lynch, 2006; Kane & Ellis, 1996; Pugh, 2003; Smith, 2003; Weigel & Baker, 2002).

The challenges to their own development and functioning expressed by the supervisors in this study include: lack of peer supports and feelings of isolation, lack of initial supervision training and continuing educational opportunities, the need for institutional support, geographical concerns, and the need for self-care. There were two concerns that emerged regarding supervision - inadequate training and continuing support and opportunities for development. First, many supervisors expressed feeling inadequately prepared for their initial role as supervisors. Second, all ten supervisors shared the need for peer support, which was virtually nonexistent in the areas these supervisors worked.

Implications for the Practice of Rural Supervision

Supervisors have tremendous responsibilities and demands placed upon them and supervisor burnout can impede supervisees’ growth and development (Bernard & Goodyear, 2004; Stoltenberg, McNeill, & Delworth, 1998). If rural supervisors are facing the same concerns as their supervisees such as lack of supports, resources, and

ethical concerns, burnout is a risk for supervisors as well, if not more. The findings in this study support the stressors of working as a rural supervisor. Comments from the supervisors in this study such as “not enough time in the day” and “wearing many different hats” demonstrate how rural supervisors may be at risk for burnout and compassion fatigue (Jankoski, 2002). The implications from this study suggest that rural supervisors are at greater risk of burnout. There is a need to have support and self-care strategies to manage the factors that can impair functioning and development.

The participants in this study and related literature recommend networking with other professionals through peer supervision, local, state, and national conferences, and the use of technology to reduce rural supervisors’ feelings of “aloneness.” A discussion of a rural supervisor symposium will be provided later in this chapter in addition to recommendations for implementing technology in a rural setting.

A concern that emerged from this study as a barrier or risk factor that interferes with the overall functioning of the supervisor, their subsequent development, and a contributing factor to the sense of isolation, was the lack of initial or continuing training for supervisors. Most of the supervisors in this study received their degrees before supervision was considered a specialty that required specific skills and knowledge. Therefore, many supervisors did not receive initial training as a supervisor; some only attended workshops or seminars after working in the field. Many of the supervisors in this study, and in the related literature, reported feeling ill prepared to provide supervision or were not developmentally equipped for this type of role (Casile, Gruber, & Rosenblatt, 2007; Scott, Nolin, & Wilburn, 2006). One supervisor shared, “I was just kind of like thrown in [to the supervisor role].” Clinicians typically move to

administrative positions rather quickly in rural areas and are promoted due to their counseling skills (Hargrove, 1991). Hargrove (1991) maintains that a person cannot effectively move from a clinician to an administrator role without specific training. Campbell (2006) states that supervisors are often placed into supervisory positions with no experience, training, or formal course work (Riess & Fishel, 2000). “You take and develop expertise in the clinical situation...for 20 years and then get promoted to supervisor and you haven’t had supervisor training. It is important to prepare administrators.” Counselors who are not developmentally prepared for supervisory roles can experience anxiety, confusion, and low self-confidence (Scott, Nolin, & Wilburn, 2006).

Considering the participants in this study were already in the position of providing supervision, it is understandable that their focus was on continuing education and training to enhance their functioning and development. The literature shows that supervisors who did not receive initial training continue to provide supervision without additional training (Scott, Nolin, & Wilburn, 2006). Supervisors who have not had adequate supervision training may not be able to function and facilitate supervisee growth. Working from a developmental model, supervisors need to know how to assess supervisees’ development level and implement appropriate strategies (Pearson, 2001). If a supervisor is not getting their needs met due to constraints in their environment, this will impede development and effectiveness of supervision. According to Ronnestad and Skovholt (1993), there is need to research the impact of supervisors’ developmental level on the supervisees’ development.

Supervision and professional development is an ongoing process. As one supervisor in this study stressed, “You are never done learning.” However, as also stated, it is difficult to find trainings specific to clinical supervision. A general theme of this study and confirmed in the related literature (Arnold, Seekins, & Nelson, 1997; Barbopoulos & Clark, 2003; Morrissette, 2000; Sawyer, Gale, & Lambert, 2006; Slama, 2004) is that finding and accessing continuing education and training opportunities is often a barrier for rural workers. As indicated in the findings of this study and the related literature, rural mental health professionals are encouraged to participate in local, state, and national professional organizations for support, networking, and continuing education and training opportunities. Unfortunately, rural workers tend to have low rates of professional membership and attend few conferences (Coll, Kovach, Cutler, & Smith, 2007). It is important for rural supervisors to have training opportunities to ensure competencies, facilitate development, and reduce feelings of isolation. A supervisor who is experiencing burnout, loss of motivation, or stagnation, will facilitate the same process in their supervisees (Ronnestad & Skovholt, 1993).

In this study, several senior counselors who have been in the field for over thirty years shared that they received no formal training in supervision. This could impact and impede the development of the workers they supervise. For example, senior counselors typically operate from a framework of wisdom and experience and may not provide specific, concrete suggestions that a beginner counselor may need in their work (Ronnestad & Skovholt, 1993). A senior counselor, who may be a level one supervisor in the IDM model, may not adequately assess the developmental level of the supervisee and

fail to implement appropriate strategies to promote growth and development. This demonstrates the need for supervisory training.

The related research and findings in this study suggest that supervision, especially supervision of supervisors, is not a priority in clinical settings (Casile, Gruber, & Rosenblatt, 2007; Shultz, Ososkie, Fried, Nelson, & Bardos, 2002). The institutional culture can have a tremendous impact on supervision and supervisors' development (Ronnestad & Skovholt, 1993). The need for supervision "demands institutional support" (Bernard & Goodyear, 2004, p. 184). Managed care systems need to invest in supervision in order to improve clinical services (Stoltenberg, McNeill, & Delworth, 1998). Despite the fact that supervision improves clinical services, funding for supervision and training is insufficient (Stoltenberg, McNeill, & Delworth, 1998). Supervisors in this study stress that it is important for mental health agencies to support continued education and training of supervisors. This study demonstrates the importance for institutions and agencies to not only support regular supervision, but also support training and professional development opportunities for rural supervisors. A barrier to institutional support in rural areas seems to be lack of funding and resources and understanding of the role of supervision. Agencies often fail to provide support and resources to prepare counselors for supervisory roles (Casile, Gruber, & Rosenblatt, 2007). As previously noted, rural service providers are struggling in today's economic and managed care world to survive.

Another concern regarding isolation and institutional support that was found in the study is the need for clear roles and "understanding lines of authority." Supervisors in this study shared experiences with "blurred lines of responsibility" and "not having

clear expectations.” For example, supervisors in this study shared the role of administrator and clinical supervisor. Supervisees and supervisors often express confusion regarding the two roles (Campbell, 2006). In this study, several supervisors reported that they were administrators in addition to being clinical supervisors. This type of scenario is not conducive to developing a positive supervision relationship, as the supervisees often become defensive regarding the feedback and evaluative component of supervision (Ronnestad & Skovholt, 1993). An implication from this study is that institutions and agencies require clinical supervisors to be trained and knowledgeable for the supervisor role. In addition, as recommended by the participants in this study, agencies need to be aware of the limitations put on supervisors who are in dual roles.

Another barrier specific to supervision in rural areas that relates to *life on an island* is the time and distance to travel for supervisors, supervisees, university supervisors, and clients. In addition to contending with raising gas prices, rural road conditions are often sub par and limit access to other areas. Research on rural areas has reviewed and highlighted these concerns (Bushy, 1997; Gale & Deprez, 2003; Smith, 2003; Stamm, 2003). For example, a supervisor shared that traveling between settings, such as work and home, “can take up a lot of your day.” An implication from this study to compensate for geographical challenges is to implement the use of technology in rural settings. Recommendations for the use of technology to enhance supervision in rural areas will be discussed later in this chapter.

Finally, one last point that supervisors shared to manage the stressors related to feelings of isolation and loneliness is the need for self-care. As previously highlighted, rural supervisors in this study expressed the pressure of being a role model, the challenge

of working from generalist perspective, while receiving inadequate preparation, training, and supports. This puts the rural supervisor at greater risk of burnout and compassion fatigue. The supervisors in this study provide the following recommendations for self-care: travel, exercise, support from other professionals, and maintaining a balance between personal and professional lives. These implications can possibly reduce the risk of burnout and stress of rural supervisors.

Summary

Supervision and supervisor development is a multifaceted phenomenon that includes an interaction among the individual and social, cultural, and environmental factors. The relationship between the person and the environment is dynamic, and the development of the person cannot be separated from the social networks in which they are engaged (Bronfenbrenner, 1979, 2005). Looking at supervisor experiences in rural areas from an ecological perspective allows for a more holistic understanding of supervisors' experiences (Levers, 1997). It is important to consider the individual supervisor with an awareness of the challenges or forces that influence their environment or nested systems. It was hypothesized that influences at all spheres or environmental levels would have an impact on supervision development and functioning. For example, supervisors' lack of training or peer support and burnout can affect the microsystem, or supervision dyad. The mesosystem includes coworkers, agencies, friends, and extended family members. In the mesosystem, processes take place between settings or microsystems such as home and work (Bronfenbrenner, 1979). This can also include the culture of an organization in which one works and the support or lack of support for supervision. Supervisors identified risk factors nested in the exosystem and macrosystem

including: the failing rural economy, boundary and multiple role issues, rural cultural differences, mental health stigma, and lack of peer and professional supports that often influence functioning and development.

A final implication for consideration is the importance of “goodness of fit” or “ecological fit” between workers and rural settings (Behnke, 2008, Bronfenbrenner, 1979). As noted in this study, “The differences you’re dealing with people who have been trained in metropolitan areas and come to this area to work, it’s pretty challenging.” The supervisors in this study noted that supervisees who were originally from rural areas possess an appreciation and acceptance for the culture. Rural training programs can educate and provide opportunities for rural work, ensure preparation to ease the transition to rural settings, and ensure “goodness of fit” to work in rural areas.

The findings in this study provided a wealth of information and implications for counselor educators and practicing supervisors. The information gained from this study provides an understanding of the experiences of rural supervisors and identifies risk and protective factors to development. Considering the above findings and implications, specific recommendations for the preparation and support of rural supervisors is provided below.

Recommendations for Preparing Counselors and Supervisors for Rural Work

The results of this study demonstrate the need for supervisors and supervisees to have specific training, skills, and knowledge to work effectively in a rural setting. The rural setting provides many unique issues and challenges that mental health workers need to effectively navigate. This section will reflect on suggestions from related literature

and the findings in this study to provide general recommendations to prepare and support mental health workers and supervisors for work in rural settings.

The needs for specific training and coursework for rural supervisors is twofold. Rural supervisors need to have specific skills, knowledge, and training of supervision models and techniques. Second, counselors and supervisors who plan to work in rural areas need specific knowledge and training of the issues specific to working in rural mental health settings. This discussion will begin with supervision training, followed by specific recommendations for an elective rural mental health course. The specific topics addressed in the course include: recommended core content, suggestions for training and sensitivity to the rural culture, and rural fieldwork.

Recommendations for Supervisor Training

The information from this study provides evidence that specific training is needed to conduct supervision in rural areas. Not only do supervisors need specific training to address the concerns inherent in rural settings, they also need specific and comprehensive supervisory training. The supervisors in this study reported a variety of training experiences specific to supervision. Their experiences ranged from no training, attending one or two workshops, and formal graduate coursework. Currently, there are national standards for approved supervisors that require the completion of training hours and supervised experiences. For example, the Approved Clinical Supervisor (ACS) credential through the National Board of Certified Counselors requires specialized supervisory coursework and 100 hours of supervised clinical supervision. However, as demonstrated in this study, many rural supervisors did not receive adequate initial supervision training. The literature supports that many professionals in the field are

providing supervision without training (McMahon & Simons, 2004). Several supervisors in this study shared experiences of being placed in a supervisory role without proper training after working as a counselor for many years.

Stoltenberg, McNeill, and Delworth (1998) provide a systematic framework that is “focused” and “extensive” for the training of supervisors that includes both didactic and experiential components (p. 172). Many of the rural supervisors in this study reported receiving minimal supervisory training, citing education primarily through workshops and continuing education credits. According to the Stoltenberg, McNeill, and Delworth’s (1998) IDM Model, the aforementioned level of training is not optimal for developing supervisory skills. As mentioned throughout this study, becoming a supervisor is a developmental process that requires exposure to and development of a theoretical base, followed by experiences functioning as a supervisor, and receiving specific feedback from a senior supervisor. If a supervisor only learns the didactic information, typical in supervision workshops, and is not given the opportunity to practice and receive feedback and suggestions, the supervisor will be inadequately trained and prepared for supervision (Stoltenberg, McNeill, & Delworth, 1998).

The didactic component of the IDM Model of Supervision (Stoltenberg, McNeill, & Delworth, 1998) includes: underlying theoretical foundations in clinical supervision, a review of supervision research, and ethical and legal implications related to supervision. Throughout this conceptual piece, supervisors can preview videotapes of supervision sessions, review empirical literature of supervision, and discuss legal, ethical, and regulatory concerns (Stoltenberg, McNeill, & Delworth, 1998). Throughout the

experiential component of supervision training, it is recommended that supervisors have the opportunity to engage in supervision through a practicum experience. The most ideal supervisory training is when didactic and experiential components occur simultaneously (Stoltenberg, McNeill, & Delworth, 1998). However, for supervisors who are working full-time, taking a fulltime course load, this may be impractical or impossible. Therefore, another suggestion is for supervisors in training to videotape supervision sessions and present cases in weekly supervision of supervisors (Stoltenberg, McNeill, & Delworth) or through peer supervision.

In a study of counselors receiving supervision by Magnunson, Wilcoxon, and Norem (2000), six principles of lousy supervision emerged: unbalanced, developmentally inappropriate, intolerance to differences, poor model of professional/personal attributes, untrained, and professionally apathetic. All six principles can be a concern if a supervisor is not properly trained. In this study, supervisors who did not receive adequate supervisor training may be developmentally inappropriate, unbalanced, and apathetic, and, as reported, unprepared and untrained. Supervisors who are trained from, for example, the IDM Model (Stoltenberg, McNeill, & Delworth, 1998), have a solid understanding and foundation of the developmental levels of supervisees and recommendations for specific interventions to promote supervisee growth and development. Another example from this study is supervisors shared the pressure of wearing many different hats and difficulties managing supervisory boundaries. These issues, and other issues specific to working in a rural setting, are more difficult to manage when supervisors are untrained or not supported. In addition, supervisors who are overwhelmed with multiple roles, such as the supervisors in this study, can become

apathetic and vulnerable to burnout. These two examples demonstrate the need for initial and continual supervision training and support. If training and support are insufficient, or nonexistent, there can be a negative influence on both supervisee and supervisor development.

In a developmental model, over time, supervisors develop new skills and knowledge and achieve qualitatively different stages or levels (Stoltenberg, McNeill, & Delworth, 1998). Developmental models of supervision allow for supervisors to tailor to the needs of individual supervisees. Supervisors are able to use skills and knowledge in more complex and sophisticated ways as they develop. For example, using the IDM Model as a lens, a level one supervisor with little or no training will have a difficult time supervising a level two or three counselor. In addition, a level one supervisor often experiences high levels of anxiety and may focus on client issues, rather than the supervisory relationship. This may be frustrating for a level two or three counselor who wants to address issues with counter-transference. The implications for this study highlight the need for initial and continuing supervision training and support for successful supervision in a rural setting. Rural counselors and supervisors may transition differently through developmental levels due to the unique challenges working in rural areas. For example, rural counselors and supervisors need to quickly gain skills working as a generalist, while also becoming knowledgeable of the specific culture of the rural area in which they are working. Rural workers need to have a solid understanding of the unique characteristics that are common within each rural population in order to provide the best quality care to rural residents.

Recommendations to Enhance Rural Culture Competencies

A review of related literature and the findings from this study demonstrate the need for mental health professionals and supervisors to have specific knowledge, skills, and training of the issues and challenges of working in rural areas. There is a need to prepare professionals for work in rural areas that is different from the urban training model often found in counselor education training programs (Hovestadt, Fennell, & Canfield, 2002; Kee, Johnson, & Hunt, 2002; Kruse and Aten, 2007; Weigel & Baker, 2002). A formal course can facilitate the preparation of mental health workers to provide services, both counseling and supervision, in rural mental health settings.

Results of this study suggest specific topics that could be included in a formal course on rural mental health. This course should include training from a generalist framework, review ethical and legal issues inherent in rural work, facilitate the necessary personality characteristics for successful rural work, and provide field experiences in rural counseling settings.

The following can be included in the rural mental health course:

1. A review of related literature, history, and research of rural areas and rural mental health.
2. An understating of the scope of practice in rural areas and unique issues faced in rural areas.
3. An understanding of the impact and influence the rural environment (social, economic, and political) has on the mental health of rural residents.
4. An understanding and awareness of personal and societal stereotypes and biases related to rural populations.

5. Development of skills to work from a collaborative model and adapt to the multiple roles one often has in rural areas.
6. The role of managed care in rural areas.
7. An understanding of the diverse populations found in rural areas.
8. An understanding of how to seek supervision, consultation, continuing education, and training in rural areas.
9. An understanding of the ethical and legal issues faced in rural practice and how to make ethical decisions.
10. An understanding and utilization of the strengths and protective factors found in rural settings.
11. An understanding of how to seek additional funding through grants and research.
12. How to implement the use of technology to support rural workers.

The aforementioned components are supported by the related literature. For example, Lonborg and Bowen (2004) recommend the following training for counselors to work in rural areas: awareness of ethical challenges, education on ethical decision-making models, familiarity with cultural norms and values, awareness of one's own spiritual beliefs, and advocating for diversity.

The literature on rural counselors highlights the need for specific training to deal with the unique culture and issues presented by rural populations (Birk, 1992; Kee, Johnson, & Hunt, 2002; Kruse & Aten, 2007; Morrissette, 2000; Saba, 1991; Slama, 2004; Weigel & Baker, 2002). The rural population is a unique milieu and requires an awareness and understanding of each rural community's cultural characteristics and lifestyles. In order to work effectively with any culture in the mental health field, it is

important for workers to have an awareness and sensitivity, as well as knowledge and skills, to work with that specific population. In addition, rural mental health workers need to be aware of their own biases and stereotypes regarding rural culture. Trainees need to become comfortable with cultural differences, learn about the background of rural cultures in which they will work, use skills that are consistent with cultural values, and remain flexible to modify, as needed, for individual differences (Corey, 1996). In order to explore and understand cultural differences, Campbell (2000, p. 181) offers the following strategies to trainees:

1. Self-exploration and awareness.
2. Reviewing literature to expand knowledge.
3. Sensitivity to impact on supervisee/client.
4. Form new identity as a counselor with newfound awareness.
5. Advocate social change and cultural pluralism.

Rural workers need to understand and appreciate the unique characteristics of rural populations and use the strengths of rural populations, such as resilience and tight-knit communities, to their advantage. In addition, rural workers need to be prepared for the unique barriers or challenges to working in most rural settings. For example, ethically and sensitively managing dual relationships and cultural differences, as well as, knowledge and skills to be able to work from a generalist perspective.

The rural course can include recommendations from the literature that provide guidelines for supervisors to utilize that determine whether to proceed with a dual relationship (Erickson, 2001; Herilihy & Corey, 2006). The guidelines include:

1. If at all possible, avoid all multiple relationships.

2. Weigh the risks and benefits of the relationship to the client.
3. Inform the client of potential risks.
4. Discuss and clarify concerns.
5. The relationship should be “declined” if the risks outweigh the benefits for the client (Erickson, 2001, p. 303).
6. Consult with colleagues and seek supervision.
7. Maintain documentation regarding all discussions and risk reduction strategies.

In addition, Burkemper (2005) and Helbok (2003) provide guidelines to help workers address dual relationship concerns. The guidelines include: increased awareness of dual relationships and to use multiple relationships as a way to engage the rural populations. Burkemper (2005) stressed that rural mental health workers need to keep the following factors in mind when considering a personal or possible dual relationship: the reason for seeking treatment, duration of services, and possibility for future professional relationships. Finally, Burkemper maintained that it is ultimately the rural mental health worker’s responsibility to ensure proper boundaries are upheld and to seek supervision when in doubt.

A review of related literature provides suggestions for personal qualities or characteristics of effective rural mental health workers. The following characteristics have been suggested by the literature: flexibility, rapport-building skills (Hovestadt, Fennell, & Canfield, 2002) humor, staying busy, socializing, engaging in outdoor activities, spirituality, reading motivational books (Lutterman, 2007) independence, creativity, and flexibility (Weigel & Baker, 2002). As the relevant literature indicates,

there are certain characteristics of mental health workers that can increase one's success in working in a rural setting. Training programs can identify and enhance these characteristics in their students. In this study, supervisors suggested empathy to differences in rural cultures, conflict management skills, and creative problem-solving skills as necessary characteristics to effectively work in rural areas.

Therefore, in addition to the didactic component of training, recommendations to prepare rural mental health workers include practicum and internship experiences in rural settings (Morrissette, 2002). The supervisors in this study did not feel adequately prepared for work in rural areas. A recommendation from supervisors in this study is to, "Send them out into the field, especially if they aren't from a rural area." Finally, the course can integrate recommendations from Lonborg and Bowen (2004) that include: awareness of ethical challenges, education on ethical decision-making models, familiarity with cultural norms and values, awareness of one's own spiritual beliefs, and advocating for diversity. Mental health professionals can integrate knowledge and transfer skills of rural culture through field work (Hill, 2003) and other experiential activities.

Recommendations for the Support of Supervisors Working in Rural Areas

The literature has demonstrated supervisors often feel unprepared and under trained to provide clinical supervision. As indicated in the findings of this study, rural workers often face isolation and are at risk of burnout (Jankoski, 2002). Along with continuing education, formal networking, peer supervision, and continuing education trainings can reduce feelings of isolation and reduce burnout. Even fewer supervisors actually receive supervision of their own supervision (Campbell, 2000). Supervisors

must be competent in the practice of supervision above and beyond their competence as a therapist (ACES, 2003).

Peer Supervision in Rural Settings

Campbell (2006) recommends supervisors seek supervision and consultation to improve clinical skills, provide effective services, and maintain ethical practices through peer or group supervision. Peer supervision is a way that rural supervisors can receive supervision of their own services (Stamm, 2003; Weigel & Baker, 2002). The supervisors in this study shared their needs to connect with other supervisors in rural areas to “share ideas and concerns.” Bernard and Goodyear (2004, p. 253) recommend peer supervision to provide the opportunity to discuss ethical issues, decrease isolation, offset burnout, vent feelings about supervisees, clients, or work environments, and share knowledge, suggestions, and feedback. Stoltenberg, McNeill, and Delworth (1998) suggest meeting and discussing supervisory concerns with other supervisors and expert consultants. Campbell (2006, p. 61) provides the following outline for peer consultation or supervision:

1. Review purpose and goals of peer supervision.
2. Review group dynamics, such as how members prefer to receive feedback, expectations, and each member’s role and function.
3. Use tapes or role plays to improve feedback, insight, and suggestions.
4. Discuss time limits of group and ways to evaluate the group’s effectiveness.

A recommendation from this study is for supervisors and administrators in rural areas to be proactive in seeking and providing opportunities for additional support to rural supervisors. Perhaps local county administrators can facilitate this process. In addition,

supervisors and administrators can use technology to enhance supervisor support.

Specific strategies to enhance the use of technology will be discussed later in this chapter.

Another recommendation is for rural administrators, supervisors, agencies, or universities to create a symposium for supervisors that follows the general framework and curriculum presented by Riess (2000). The symposium can include quarterly meetings for rural supervisors that include training to address the diverse issues faced by rural supervisors. For example, panels can be formed to discuss and educate supervisors on the following: supervision theory, skills, and techniques, skills to address relationship and evaluative issues, legal and ethical aspects of supervision, and facilitating their own development. In addition, videotapes or role plays of supervision sessions can be incorporated throughout the training session. Riess and Fishel (2000) found that this type of training improved supervisors' confidence and reduced isolation.

Use of Technology to Enhance Rural Supervision

A final recommendation to enhance the support of clinical supervisors in rural areas is the use of technology. Similar to tele-counseling (Riess, 2000), the use of web-based supervision has been recommended to enhance clinical supervision in rural areas. (Butler & Constantine, 2006; McMinn, Orton, & Woods, 2008; Miller, Miller, Burton, Sprang, & Adams, 2003; Sampson, Kolodinsky, & Greeno, 1997; Sawyer, Gale, & Lambert, 2006; Stamm, 2003; Weigel & Baker, 2002). Stamm (2003) recommended the use of technology for supervision to reduce professional burnout in rural areas. Examples of different modes of technology include: websites, telephones, e-mail, on-line discussion forums, and videoconferencing. It is important to mention that these recommendations

must be an adjunct to enhance, not replace, face to face supervision or other forms of personal support and supervision.

Dudding and Justice (2004) recommend an e-supervision model where trainees are supervised through two-way interactive videoconferencing. This type of supervision can be used as an adjunct in rural areas and can decrease the sense of isolation that workers feel. In addition, further training and education from experts that would not otherwise be available to rural workers could be provided through the use of technology (Wood & Miller, 2005). Benefits to using this model include efficiency, reduction of power differentials, opportunities for vicarious learning, variety of modes of learning, and the opportunity to work with experts in the field (Wood & Miller, 2005). Challenges of using technology include relationship dynamics, high cost, confidentiality concerns, and user acceptability (Wood & Miller).

Gillig and Barr (1999) proposed a supplementary, periodic, and multidisciplinary peer review and supervision model that incorporates chart audits and group meetings with experts from universities to improve supervision in rural areas. In this model, all professionals involved with the case attend a meeting that includes a chart review, a brief presentation by the lead clinician, followed by a review of the general treatment interventions implemented. The teams of professionals provide written and oral feedback to the clinician and offer recommendations for treatment planning, continuing education, and professional development. This inexpensive, supplemental supervision program can improve staff skills, such as diagnostic abilities and the use of “best practice” guidelines, in addition to improving interagency communication and overall patient care (Gillig & Barr, 1999, p. 360).

Limitations of the Study

This qualitative research design used ten cultural experts for the examination of supervisors' lived-experiences providing clinical supervision in rural mental health settings. Because of the qualitative nature of this study, generalizability to all rural supervisors cannot be assumed. However, studies of this nature do not require a large number of subjects in order to develop an exhaustive and trustworthy description of the phenomenon (Bronfenbrenner, 1979; Glense, 2006; Patton, 2002; Van Manen, 1990). To ensure consistency and reliability of data and increase confidence that the data collected from the focus group interviews was complete, I conducted two additional individual interviews.

Another concern regarding lack of generalizability was that all ten of the supervisors were Caucasian. The lack of diversity in the sample may be a limit to this study as it is not representative of all rural supervisors.

The potential for researcher bias could have influenced the results of this study. The fact that I work as a rural supervisor and counselor can enhance and limit this study. Researcher biases and predispositions may affect data (Kruger, 1988; Morrissette, 2000; Patton, 2002). The researcher-observer role can have an effect on the findings of this study. The effect of the researcher-observer can include: reactions of focus group members to the researcher's presence and instrumentation effects, such as a change in me during the interview (Patton, 2002). My personal interests, biases, and experiences may have had impact on the data collection and analysis. Therefore, I remained reflexive throughout the entire study in order to prevent any unconscious bias to operate.

The halo effect is another limitation of the study. Due to the small area of rural practice, group members may know of one another and not want to show vulnerabilities or be forthcoming in their discussions. In addition, group members may want to impress the researcher. Another concern regarding my presence is that I may create performance anxiety (Patton, 2002). In other words, supervisors might not want to disclose certain information about their performance such as lack of competencies or feelings of anxiety.

The theoretical lens used in this study could have been a limitation in this study. Initially, I felt the need to force themes into ecological spheres, which may have limited my beginning analysis and interpretations in the study.

Questions Generated

Influences at all bio-ecological spheres or levels were hypothesized to impact or influence supervision development. The following questions emerged from the discussion of the findings from this study: (a) Does peer supervision enhance the development and functioning of rural supervisors? (b) Does institutional support enhance the development and functioning of rural supervisors? (c) Are there inherent developmental factors that play a significant role in supervisor level of functioning? (d) Do rural supervisors feel they received adequate supervisory training for their role as supervisor? (e) Are rural supervisors at greater risk of burnout than urban supervisors? (f) Are there specific protective factors that can enhance supervisor development? (g) Do rural supervisors and supervisees who are not originally from a rural area experience culture shock? (h) How do rural counselors transition through counselor developmental stages? (i) How do rural supervisors transition through supervisor developmental stages?

(j) Do rural workers have a false sense of safety? (k) Are rural populations more tolerant or accepting of differences within their own group?

Implications for Future Research

Several questions and recommendations for further research emerged from this study. As this study demonstrates, working in a rural mental health setting offers many unique challenges and requires specific skills and knowledge to effectively work with each rural culture. More rural research initiatives and empirical studies of supervision in rural areas is needed to further the understanding of rural supervisors' experiences.

The sample in this study was gathered from rural supervisors working in northwestern Pennsylvania. Studies need to be conducted in other rural regions to compare findings and enhance the understanding of rural supervisors' experiences. For example, are the experiences of rural supervisors the same across rural settings? In addition, further studies need to examine the effect of the rural context on rural mental health workers, possibly compared to urban counterparts. For example, how are the roles of rural supervisors and urban supervisors different? What is the degree of burnout of rural supervisors compared to urban supervisors? What protective factors are available in rural areas that can enhance supervisors' functioning and development? To what degree does one's experience in rural environments affect supervisory relationships in rural settings?

Another question generated from this study that needs further exploration is to determine if peer support enhances supervisors' development and functioning in rural settings. All the supervisors in this study stressed the importance of professional supports and all recommended peer supervision. It is important to listen to the voices of rural

supervisors regarding their needs and conduct research to determine if those needs are met through peer supports.

Another recommendation would be to focus on supervisors who provide supervision to just one profession, such as counselors. The counseling and supervision field would benefit from hearing the expressed supervision needs of counselors in rural areas, such as: What type of supervision are rural counselors receiving? Do rural counselors feel supervision is adequate? What types of supervision models enhance counselors' development in rural areas? Which type of supervision do counselors prefer?

It would be interesting to compare the effects of the rural context on workers who have received a formal rural mental health elective class to those who have not had formal training or experiences working in rural areas. A recommendation from this study was a specific rural mental health course and field experiences to prepare for rural work. Further research is needed to determine if this type of specific rural training better prepares workers for rural work.

Finally, further research is needed on the use of technology to enhance and supplement rural supervision. Due to the limited number of professionals or experts in specialty fields in rural areas, studies could determine if the use of technology improves supervision and enhances supervision development and functioning. For example, the use of web-based supervision should be explored. This can include collaboration with other rural professionals or university-based affiliates.

Conclusions

The purpose of this study was to examine the experiences of clinical supervisors in rural mental health settings. The study was based on earlier findings that found that

the rural counselor is faced with many unique challenges specific to working in the rural context. These issues and challenges present ethical dilemmas and illuminate the need for supervision in rural settings. Supervision is an essential component to the counseling field and is a distinct intervention (Bernard & Goodyear, 2004). The primary purpose of supervision is to enhance a counselor's professional development and ensure client welfare. The role of a supervisor carries a tremendous amount of professional, ethical, and legal responsibilities. Supervisors are the gatekeepers to the field and have an ethical obligation to ensure supervisee's competence in order to provide quality care and protect client welfare. Therefore, supervisors require specific training, skills, and knowledge related to the provision of mental health services in rural areas in order to provide quality supervision services. The intent of this study is to provide a rich description of the supervisor's experience of supervision in the rural context and its effect on the development and functioning of the rural supervisor.

This study provided the opportunity for supervisors to share the benefits, challenges, and concerns of providing supervision in the rural context. This study contributed to the understanding of the benefits and challenges of rural supervision, and provided a basis for recommendations to improve supervision in rural areas. An analysis of relevant themes that emerged from focus group and individual interviews with ten rural supervisors provided a rich description of the experience of supervisors in rural settings. Initially, two focus group interviews were conducted. However, to ensure the accuracy and completeness of the data, two additional individual interviews were conducted. After the two individual interviews were complete and no new data points or themes emerged, this increased confidence that the data had reached saturation.

The results of this study were consistent across the sample and demonstrate that working in rural mental health settings provides unique challenges and barriers to the development and functioning of rural supervisors. Rural supervisors shared their struggles with the lack of initial and continuing education and training, lack of peer and professional supports, and lack of resources and funding in rural areas. The supervisors indicated that all of these challenges impede supervisor development and functioning. Thus, these challenges unique to the rural context can have a profound effect on the quality of supervision and the quality of services provided in rural areas.

It has been well documented that clinical supervision improves clinical services. A better understanding of the effects the rural context has on the unique concerns and struggles rural counselors and supervisors face illuminates the importance of facilitating effective rural supervision. Yet, funding and resources are lacking in rural areas and the fact that clinical supervision is not considered a priority in many work settings remain significant barriers to effective rural mental health services. The alarming discoveries in this study indicate that there is a lack of attention on and support for rural supervisors. This study demonstrates that rural supervisors' struggles parallel those faced by rural counselors. In addition, rural supervisors expressed the challenge of working in multiple capacities, the pressure to be a role model, and working from a generalist perspective, while lacking training and support.

This research illuminates the effect of the rural context on the growth and development of rural supervisors. The findings from the study provide insights and practical recommendations to prepare and support rural supervisors. The findings of this study identify the need for specific training and field experiences to prepare workers for

the challenges often faced working in rural settings. This study provides specific recommendations to counselor educators to prepare people for work in rural areas. This study identified risk factors and preventive factors that enhance or impede supervisor development, and it provides specific recommendations to support supervisors currently practicing in rural areas.

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Appendix A
Pre-Interview Form

Appendix B
Semi-Structured Interview Guide

Semi-Structured Interview Guide

I. Introduction

- A. Introduction of Researcher
- B. Purpose of the study
- C. Ground Rules

D. The following will be read to focus group members:

“This research will be confidential and no information will be used to identify your involvement in any way. The exception to this confidentiality is that Pennsylvania state law mandates that a report be made to authorities in cases where a child is being abused or you are in imminent danger to yourself or others. This researcher is also bound by the American Counseling Association Code of Ethics and Pennsylvania State law. Otherwise, all information will be available only to this investigator and in non-identifiable form to the dissertation committee.

You are free to withdraw from the study with no repercussions. You have the right to leave at any time and will not receive compensation for participating in the study. You are under no obligation to participate in this study and are free to withdraw consent to participate at any time.

There may be risks and benefits to participating in this study. There is a possibility of experiencing some negative emotions and counseling will be made available, upon request. You may not directly benefit from this study. However, the results of this study may benefit future counselors, supervisors, and clients.

All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study. The digital recordings and researcher notes will be kept in a secure location in the researchers locked filing cabinet until the conclusion of the study. Are there any questions or concerns?”

E. All participants will read, review with the researcher, and sign the informed consent form.

II. Interview Questions

- A. What is your experience working as a supervisor in a rural area?
- B. How have you been prepared to provide supervision in rural areas? *
- C. In what ways do you supervise counselors in rural mental health settings?
- D. What are your needs as a supervisor in rural mental health settings? *
- E. Are there any factors that affect your performance as a rural mental health supervisor? *

- F. What preventive or self-care strategies do you employ?
- G. Why do you choose to work in rural areas? What are the advantages and disadvantages of working in rural areas? *
- H. What recommendations do you make for preparation and support of supervisors working in rural areas? *
- I. What should I have asked you that I did not ask that would help me better understand the experience of supervisors in rural settings?

- III. Closure
 - A. Questions
 - B. Concerns
 - C. Referrals, if necessary or requested

Appendix C

Consent to Participate in Research Study



DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

- TITLE:** The lived-experiences of supervisors providing clinical supervision to counselors in rural mental health centers.
- INVESTIGATOR:** Lauren Renee' Kuhn, MA, LPC
Doctoral Candidate
Executive Counselor Education and Supervision
Doctoral Program
925 Frenchcreek Road
Utica, PA 16362
Cell Phone: 814-758-2377
Email: kuhnl@duq.edu
- ADVISOR:** Dr. William Casile
Pittsburgh, PA 15282
Office Phone: 412.396.6112
Email: casile@duq.edu
- SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the doctoral degree in the Executive Counselor Education and Supervision Program at Duquesne University.
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate your providing clinical supervision in rural mental health centers. This interview will be conducted in small focus groups of 3-8 people. In addition, you will be asked to allow me to audiotape your interview. The interviews will be taped and transcribed. The transcriptions of tapes will delete all identifiers of subjects and anyone the subjects talk about. These are the only requests that will be made of you.
- RISKS AND BENEFITS:** If you take part in this research, you understand that it is possible to experience some negative emotions. If this occurs, counseling will be made available upon request. You have the right to leave the focus group at any time. You may not directly benefit from this study. However, the results of this study

may benefit future counselors, supervisors, and clients.

COMPENSATION:

You will not receive compensation for participating in this study.

CONFIDENTIALITY:

This research will be confidential. There will be no information used to identify your involvement in any way. The exception to this confidentiality is that state law mandates that a report be made to authorities in cases where a child is being abused or there is imminent danger to yourself or others. Otherwise, all information will be available only to the investigator and in de-identified transcriptions with the dissertation committee. The digital recordings and researcher notes will be kept in a secure location in the researchers locked filing cabinet until the conclusion of the study. The information and data will be coded by the investigator, Lauren Kuhn. All electronic data will be double password secured and the digital recording will be erased at the conclusion of this study.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. If I choose to withdrawal from the study, I will inform Lauren Kuhn of that decision. On these terms, I certify that I am willing to participate in this research project. If at any time I am not satisfied or have concerns regarding this study, I may inform Lauren Kuhn. I have the right to do so anonymously as well. I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board 412-396-6326.

Signature of Participant

Signature of Researcher