Understanding Social Advocacy through the Views of Mental Health Practitioners: Practical Issues Related to Social Advocacy in Small Communities.

By

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A Dissertation

Presented to

The Graduate Faculty of Radford University

Presented in Partial Fulfillment of the Requirements for the
Degree of
Doctor of Psychology
in
Counseling Psychology
in
the Department of Psychology
in
the College of Humanities and Behavioral Sciences
Radford University
Radford, VA
2011

ACKNOWLEDGEMENTS

I am grateful to the following people who provided the support necessary to complete this work:

To: Desiree', my wife, who in her own brilliant ways reminded me of the importance of my work but always in the context of our journey through life together. Thank you for reminding me that there is always time to stop and dance.

To: Dale and Ingrid, my parents, who provided multiple opportunities throughout life to learn how to care for others by observing their compassion and for instilling the importance of knowing and doing what is just.

To: Dr. James Werth, my mentor and dissertation chair, for all the hard work and patience that he displayed throughout the completion of this work. Thank you for teaching me what it truly means to be a practitioner-scholar.

To: My fellow students in the Radford University Doctor of Psychology program, for all the support and empathy that they showed me in completing "the big paper."

To: Dr. Sarah Hastings and Dr. Thomas Pierce, dissertation committee members, for providing valuable feedback throughout the development of this work.

Abstract

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Social justice is a concept that ethicists and philosophers have debated for thousands of years. On a more practical level, mental health advocates and practitioners work with clients who often face social injustices. Consequently, it is not surprising that there appears to be a growing awareness among mental health practitioners of the inequalities and disparities experienced by various groups. Within the past decade, counseling psychologists have made calls to action that have emphasized the importance of social advocacy in the practice of counseling psychologists (Ivey & Collins, 2003). Although the professional literature related to social justice has become more prominent, there has been little discussion of the practical issues associated with social advocacy (Toporek & Williams, 2006). However, clearly, adding new roles will result in new considerations for counseling psychologists, regardless of where they practice.

The need to be attuned to how the practical aspects of advocacy intersect with the context of psychological work may be especially present in small communities where practitioners may be more involved in the community and thus their actions highly visible (Schank & Skovholt, 2006). Because small communities may have few resources, a limited number of mental health professionals, and higher rates of mental illness, as

well as face other challenges, psychologists practicing in small communities may feel compelled to engage in advocacy. Yet, there is little practical guidance for these psychologists.

Therefore, given the sparse research present related to social advocacy in small communities, I designed a qualitative study using the grounded theory approach (Strauss & Corbin, 1998) to gather data that will allow interested parties to better understand the decision making process used by practitioners in rural communities when they decide whether to engage in social advocacy. Eight mental health practitioners who live and provide services in rural communities were interviewed. From the interviews, I identified 26 themes that existed among rural practitioners regarding the positive aspects and challenges of rural practice and practical issues associated with social justice advocacy in rural communities. The implications of the research for rural practitioners who wish to become involved in advocacy are discussed.

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CHAPTER I

SUMMARY OF THE ISSUES

The upcoming presidential election is only months away. You strongly believe in your candidate and want to put a bumper sticker on your car or a sign in your yard to show support and potentially swing some voters your candidate's way. But if you live in a rural community you may need to think twice about your decision. Community members are likely to know what car you drive and/or where you live. If they disagree with your political beliefs, there could be consequences for your actions, including loss of current clients, fewer future clients, and ostracism of you and your family. Similarly, other small communities may require "stop and think" moments before jumping into advocacy. The purpose of this research was to examine the experiences of rural mental health professionals related to social justice advocacy and the factors that influenced whether therapists became involved in advocacy efforts. [1]

Social Justice Advocacy

The role of psychology in promoting social justice and becoming involved in advocacy has received significant attention over the years, with several Presidents of the American Psychological Association (APA) addressing the issue (e.g., DeLeon, 2002; Zimbardo, 2004), including the current APA President, Melba Vasquez, whose Presidential Address at the 2011 APA Convention will be on social justice. However, just as the issue of whether APA should be involved in advocacy is controversial (e.g.,

[1] Per the guidelines for dissertations provided in the Psy.D. Student Handbook, Chapter 1 of the final dissertation is to be prepared as if it were a manuscript to be submitted for publication. The target journal will therefore influence the way Chapter 1 is structured. I anticipate submitting the manuscript to *Professional Psychology: Research and Practice* and this journal requires manuscripts to be prepared in a different format from typical empirical journals (see http://www.apa.org/pubs/journals/pro/writing.aspx). As a result, this Chapter will read differently than a manuscript prepared for a traditional empirical journal.

Robinson, 1984) and opinions may vary based on the topic being discussed, the decision of an individual psychologist or other mental health provider regarding whether to engage in advocacy work is bound to vary across providers and situations. One of the considerations that may have an impact on whether a therapist becomes involved in social justice activities and, if so, how they do this, is the size of the community in which the provider practices. Specifically, there may be special issues that rural psychologists need to consider before becoming involved in social justice activities, especially those that are more public and/or related to contentious topics.

Rural Communities

On one hand, there are several potential reasons why psychologists and other mental health providers may want to advocate for clients or address larger issues of social justice. Residents of rural communities tend to have high rates of poverty, limited insurance coverage, less formal education, higher illiteracy rates, higher rates of disabilities, fewer mental health resources, and less access to employment than people living in urban or suburban areas (Campbell, Richie, & Hargrove, 2003; Wagenfield, 2003). In addition, rural persons may have less access to governmental, community, and private resources because public transportation is often unavailable and maintaining personal transportation may be impossible for those living in poverty. These factors can lead to difficulties accessing healthcare, rehabilitation, educational, and/or employment services.

Rates of mood and anxiety disorders, trauma, and developmental and psychotic disorders are at least as high as the rates in urban areas, where access and transportation may be more readily available, thus inhibiting opportunities for adequate care in rural

areas as opposed to urban communities (Roberts, Battaglia, & Epstein, 1999). There are some mental health problems that are more pronounced in rural areas than in other communities, including suicide (Roberts et al., 1999), alcohol abuse, and chronic illness (Wagenfield, 2003). However, there may be few providers of mental health services in rural areas because of difficulties recruiting and retaining personnel (Schank & Skovholt, 2006). The fact that there are significant needs but few providers can create difficulties for mental health professionals. The combination of high rates of mental illness; low rates of protective supports such as insurance, literacy, education, and employment; and limited access to resources, place rural residents in a position where social justice advocacy may be especially needed.

Yes, rural communities also have strengths on which to draw – although some of these may lead to concerns by psychologists about the potential consequences of becoming involved in advocacy efforts. Rural residents may have strong kinship ties and often have multiple family members who reside in the same community. Relationships are often interdependent and may have strong political, familial, social, or historical roots (Hargrove, 1986; Helbok, 2003; Schank, 1994). These community-based resources are often beneficial to residents as they face significant challenges associated with living in a rural area. However, family ties coupled with a strong sense of self-reliance among rural individuals may be a barrier that prevents outsiders from gaining the trust of rural community members, especially if the outsiders are perceived to hold a different set of values from the residents of the area (Bradley, Werth, & Hastings, in press; Knapp & VandeCreek, 2007; Schank, 1994; Schank & Skovholt, 2006). This can be a concern for psychologists and other mental health professionals who may have a different belief

system from the majority of community members.

The practice of psychology in rural communities can be rife with other practical challenges that will require diligence on behalf of the mental health professional, especially those unfamiliar with the dynamics of rural areas (Bradley et al., in press; Helbok, 2003; Roberts et al., 1999; Schank, 1994; Schank & Skovholt, 2006; Turchik, Karpenko, Hammers, & McNamara, 2007). Many rural areas have few, if any, mental health providers (Helbok, Marinelli, & Walls, 2006; Schank & Skovholt, 2006) and, as a result, mental health professionals in these areas may encounter issues related to competency as they may need to stretch their expertise in order to serve clients (Helbok et al., 2006). Further, the lack of providers, combined with the significant issues faced by rural residents, can lead to a sense that there is not enough time in the day or week to meet the clinical needs of community members, let alone be involved in time-consuming (and nonreimbursable) advocacy efforts on behalf of individual clients or the larger community.

In addition, practitioners are often highly visible in rural communities and may be unable to maintain anonymity. The visibility of the rural practitioner may lead to challenges associated with values conflicts and role identification (Bradley et al., in press). Avoiding community involvement may be detrimental to the rural mental health professional because he or she may be judged more on the basis of personal image than professional abilities (Schank & Skovholt, 2006). Therefore, rural mental health professionals "need to function in a variety of community-oriented roles" (Murray & Keller, 1991, p. 227), such as church member, youth sports coach, board of directors member, or educational consultant. The consequence of such involvement, however, is

that engaging in multiple relationships with clients often becomes unavoidable for rural practitioners (Helbok, 2003; Schank & Skovholt, 2006).

The shortage of practitioners in rural communities, limited time, high visibility, importance of maintaining positive community standing, and value conflicts are notable issues that may be present for rural practitioners who want to be involved in advocacy efforts. The focus of the present investigation is how mental health professionals navigate these issues within their communities. There were three research questions:

1) What are the experiences of mental health professionals who live and work in rural areas?
2) What types of social justice advocacy activities have mental health professionals in rural areas participated in and what issues have arisen related to these activities?
3) What issues do mental health professionals in rural areas consider when deciding about social justice advocacy involvement in their own community versus assisting in other communities?

The Study

Grounded theory methodology was utilized to analyze eight interviews with rural mental health practitioners in two Mid-Atlantic states. Participants were recruited using purposeful sampling based on two factors. The first is employment as a Master's- or Doctoral-level mental health practitioner providing face-to-face services to clients. Practitioners in psychology, counseling, and social work were included. The second factor was employment and residence in the same rural or mixed rural community, as outlined by Isserman (2005). Qualifying counties included those in which the county's

population density is less than 500 people/square mile, and 90 percent of the county population is in a rural area or the county has no urban area with a population of 10,000 or more. Also included are counties that meet neither the urban nor the rural county criteria and have a population density less than 320 people per square mile.

A total of 26 themes were identified. A theme was included if at least 37.5 percent (three participants) endorsed the theme during the interview. The themes that developed were closely related to the questions asked of the participants (see Table 3). The major categories of questions were related to: benefits and challenges of rural practice, if and how practitioners were involved in social justice advocacy and what influenced their decision to advocate, and how practitioners have responded or would respond to requests to be involved in more contentious social justice advocacy. The benefits and challenges of rural mental health practice provided contextual reference points for understanding social justice advocacy in rural communities and therefore are discussed first, followed by the social justice focused questions.

Benefits of working in a rural area

Participants identified four themes related to benefits of working in a rural community: Relationships with other professionals (6 participants), knowing people in the community (4), a high demand for services (4), and the characteristics of rural living (3). Consistent with previous work, a common overarching theme that participants talked about was relationships.

Relationships with other professionals was associated with having close working relationships and the ease of communication. This experience was often noted as being the result of the limited pool of professionals in a small community and the

corresponding high rate of interaction. “Well an advantage is that I interface with a smaller number of other professionals so I can know them well” (P4). Essentially, having fewer professionals with whom to interact led to closer working relationships and improved access and communication with one another. Another relationship based benefit was knowing others in the community.

Knowing people in the community was related to knowing non-professionals such as townspeople and clients. The advantages included being aware of family members who might serve as supports for clients. One participant said,

> Well, it’s a benefit because you may know information about people and their families, their extended families. So, if you need support for a client you could, for example, say ”Could we get Aunt Bertie or someone to come over and help” or something like that. So, in that way it’s a benefit. (P5)

Knowing people also made establishing rapport and trust easier for practitioners. As will be discussed below, knowing people in the community was also noted as being a challenge to rural practice.

Characteristics of rural living was a broad theme that included the aesthetics of rural areas, lower stress, and social relationships. Practitioners often noted several of these factors in combination when describing advantages to rural practice. Rural characteristics were often talked about in contrast to urban settings where access to landscapes and a slower pace may be more difficult.

> There’s a big difference between rural and urban poverty because in the urban setting, you open the door and you see another door or a wall if you live in low income housing. In the rural area you can open the door and see the mountains or

fields or other things that can be uplifting. I don't think that the visual landscape in a city is as beneficial to mental health when you're in total poverty as it can be [in a rural setting]. (P4)

The shortage of practitioners in rural areas is often identified as a chronic problem (Helbok et al., 2006; Schank & Skovholt, 2006). However, in the present study, this situation was seen as providing some benefits to participants. Being able to provide services to clients that they otherwise would not have access to was intrinsically rewarding. Additionally, the ease of starting a practice because of the limited competition was identified as a benefit. "It's easy to build a practice in a small area as opposed to a larger area where they have more options" (P2). Corresponding opportunities to make more money as a result of bargaining power with managed care companies and maintaining a full caseload were benefits of rural practice. This benefit was somewhat unique to this study because the lack of providers is often noted as a problem and the opportunities related to the rural practitioner shortages have not received significant attention in the literature.

Loan repayment programs (e.g., National Health Service Corps) are utilized as a recruiting tool for mental health professionals. The benefits identified by participants could be utilized to recruit mental health professionals who do not have significant educational loans or in combination with loan repayment recruiting strategies. The ease of starting a practice in a rural area, along with other benefits, may be an important consideration for some practitioners.

Challenges of working in a rural area

The challenges of rural practice have received the bulk of attention in the professional research and literature (Helbok, 2003; Roberts et al., 1999; Schank, 1994; Schank & Skovholt, 2006; Turchik et al., 2007). Six themes were identified related to challenges: Multiple relationships (8), lack of anonymity (5), lack of resources (5), poverty (5), transportation (5), and knowing people in the community (4). Although, each of these themes are distinct from one another, there are some similarities among multiple relationships, lack of anonymity, and knowing people; similarly, there was some overlap between these areas being identified as challenges, but also noted as advantages by many participants. Similarly, lack of resources, poverty, and transportation also are related conceptually but were determined to be independent themes; however, these challenges did not appear to have beneficial elements for practitioners. Given these groupings, I discuss each of the two sets of challenges together.

Multiple relationships, lack of anonymity, and knowing people are a result of the small size of rural communities (Helbok et al., 2006; Schank & Skovholt, 2006). Relationships with clients outside of the therapeutic relationship are unavoidable and a challenge to rural practitioners (Helbok, 2003; Schank & Skovholt) and practitioners may be involved in a variety of community oriented roles (Murray & Keller, 1991). Participants talked about the care they take to minimize problems associated with overlapping relationships and acknowledged the increased attention to this in the professional literature (e.g. Helbok, Marinelli, & Walls, 2006; Schank & Skovholt, 2006; see also Lazarus & Zur [2002] for a more general discussion of multiple relationships, from a more flexible perspective than is often seen in the literature). Being able to do

things in the community without running into current or former clients was a challenge for participants.

> Every time you buy a car, go to the grocery store, hire an attorney, these are people that you've probably had some contact with in the office so you always have to be careful to discuss any boundary issues that might come up. So, you know, if somebody wants advice and you have a relationship on another plane, then you have to talk about the difficulties associated with dual relationships and make sure that there's no potential for any harm to come before you progress. (P6)

Knowing people in the community resulted in challenges related to maintaining confidentiality because of the difficulty in remembering where information was attained. One participant noted the difficulty with "countertransference" as a result of knowing information about clients from other sources. These challenges have been attributed to the "fishbowl" effect in rural communities (Roberts et al., 1999). In rural communities there may be little anonymity which can limit the activities in which a practitioner feels comfortable being involved.

> From a personal standpoint it makes it extraordinarily difficult to participate in some social activities. You can't go, I can't go to the kinds of parties guys like me would go to because half the folks in the room have received services [from me] and it makes all of us feel peculiar. It's difficult to go out and eat a pizza without running into three or four patients and God keep you out of Wal-Mart because it seems like you know everybody that's there. (P6)

Some existing literature on managing multiple relationships might be useful to rural

practitioners if practitioners modified some of the content to take into account the rural context (e.g., Anderson & Kitchener, 1998; Cochran, Stewart, Kiklevich, Flentje, & Wong, 2009; Younggren & Gottlieb, 2004).

Challenges associated with a lack of resources, poverty, and transportation were identified as problematic for clients, which led to problems in access to services and in providing treatment. Resources such as support groups, psychiatric treatment, and other mental health specialists were identified as being scarce in rural communities. Poverty often impacted the ability of clients to afford mental health services and when poor clients were in treatment, providers indicated that it was difficult for clients to be hopeful about the future because of their poverty. Poverty was also a challenge to restoring hope in clients.

> In another rural area I might be [able to identify more good things associated with rural living] but in [this] region, the poverty is a huge problem. And there's not, you know our clients see very little in the way of hope when it comes to rising above their socioeconomic status as far as like getting out, seeing more of the world, exploring other places, they really are kinda stuck there due to the lack of opportunity job-wise and otherwise so that really is a huge disadvantage or the opportunities just don't exist that we can find. (P7)

Accessing transportation in rural areas can be difficult. Participants talked about the limited and often absent public transportation that is available in rural communities. Clients may not have their own transportation and often rely on family or friends to get to appointments. Additionally, weather conditions were noted as being problematic for clients who had access to transportation. During the winter months, secondary roads may

make travel to appointments difficult and even dangerous. The many challenges in rural communities create multiple opportunities for practitioners to be involved in advocacy.

Social Justice Advocacy

One of the main goals of the research was to better understand if practitioners were involved in social justice advocacy and, if so, what they were doing. There were also specific questions included related to turning down requests to advocate and the influence of working for an agency on social justice advocacy. Nine themes emerged in this section and have been grouped together based on conceptual similarities. Themes related to reasons to become involved in advocacy were: Belief in the social justice issue (8), a desire to advocate for those who have less power (5), knowing people in the community is a double-edged sword (4), personal traits being influential in advocacy involvement (3), and a desire to help clients learn to advocate for themselves (3). There were also two themes that emerged related to the questions addressing specific contexts: Turning down requests for advocacy is rare (5) and working for an agency has a positive influence on advocacy efforts (3). Finally, four themes were identified that are related to barriers to social justice advocacy: Time is a barrier to advocacy (8), fear of lost income is a barrier to advocacy (6), values conflicts are a barrier to advocacy (5), and advocacy can strain relationships with other professionals in a rural community (4).

Believing in the advocacy issue was a crucial component to all participants especially when the issue was more contentious. Participants mentioned acting in a way that was congruent with their beliefs and noted that this was important for them to feel good about the work that they were doing.

I have to, just me personally, I have be able to sleep with me at night and it kinda

> gets back to our values – things that we talked about earlier – and I got to be able to sleep with me and if I feel like I'm on the right side then I'll be ok. (P5)

Advocacy on behalf of those who have less power was important to participants. This advocacy was done on behalf of a variety of groups such as persons with mental illness, individuals with chemical dependency, persons considered legally incompetent to make decisions, children, persons with a past felony conviction, and individuals who held little power in the community. Decisions regarding advocacy were also guided by the amount of power that clients or community members held with advocacy being more likely for those who held less power.

> I would try to evaluate it in terms of how the hypothetical thing would impact the most vulnerable populations, which happen also to be the populations that I work with. How it would impact children and the mentally ill population and the substance abuse population and the disabled population and the elderly population. (P5)

Knowing people in the community was identified as both a benefit and a challenge to working in a rural community. Similarly, knowing people in the community was a double-edged sword regarding advocacy.

> It can be easier because it's a rural community but it can also have more roadblocks because it's a rural community. And you know, in a larger community you could be out there advocating and half the people that are in that community wouldn't even know you but in a small community we all know everyone (laughs) half of us are related (laughs). It does make it tough. (P1)

Knowing people made advocacy easier because of the access to resources and close working relationships but could also be difficult because they are so important that the practitioner would not want to risk harming those relationships or access to resources. Personal traits were also identified as being influential in how participants were involved in advocacy. Participants who did not feel comfortable in a more observable role were less likely to be involved in advocacy that required more visible advocacy. Thus, helping clients learn how to advocate for themselves was important to participants. This was akin to client empowerment (Lewis, Arnold, House, & Toporek, 2003) and was identified by participants who also advocated in other ways and one participant who, based on her approach to treatment, felt like this was the best way to advocate for clients.

> I don't believe I've ever called, since I've been here a provider of any kind of services, and said "I have this person that needs to talk to you." It's always talking to the client and allowing them to make that decision and whether or not they want to seek those services. (P2)

Related to the questions addressing specific contexts asked of participants, turning down requests for advocacy rarely occurred. When participants did have to turn down requests it was often due to the possibility of harm to clients such as in a court related situation where the practitioner may be required to divulge information that was harmful to the client. Additionally, clients may not perceive advocacy as the role of the practitioner which limited the amount of requests that practitioners receive.

> I can't think of a time. A lot of times people don't specifically, sometimes people ask me to do these things and others I just see a need and I just, I start doing it. A lot of times people don't even perceive that that's my role. (P3)

Although there was a limited number of participants who had worked for an agency the theme of working for an agency having a positive influence on advocacy efforts emerged. Working for an agency provided the time and bargaining power that was needed to advocate for clients, although limitations in both of these areas still existed.

The barriers to advocacy make sense given the realities of practice and the other results regarding the benefits and challenges of working in rural areas. Time was identified by all participants as a barrier to social justice advocacy. Given the high need for mental health services and the limited number of practitioners this is an understandable barrier to advocacy. Participants talked about the full caseloads that they had and the need to bill enough to cover costs; because time spent on advocacy is largely nonreimbursable, the more time spent on social justice activities, the less time there is available to meet billing needs. Other obligations related to family also limited the amount of time available for advocacy.

Conflicts between practitioner and client values was a potential barrier to advocacy. This has been identified as especially relevant in rural communities (Knapp & VandeCreek, 2007; Schank 1994; Schank & Skovholt, 2006). Different belief systems on what is just or fair could lead to disagreements with clients and community members. Consequently, the practitioner's ability to maintain his or her practice could be threatened due to community members decreased willingness to seek services from the practitioner.

> Taking you back to the big social issues, say for example, gun rights. And so I have people that come in here, I'd say that the bulk of the rural citizens in this area hunt. I'm a big believer in elimination of all firearms within every home in America. So, if I collaborated with a local antigun lobbyist, that would be a real

problem for me... (P6)

Somewhat related is the potential for advocacy to strain relationships with other professionals. Speaking up about social justice issues could put practitioners at odds with other professionals. Given that relationships with other professionals was identified as a benefit of working in a rural community straining relationships may be especially detrimental to a rural practitioner. Advocacy related to contentious issues may put many of a practitioner's resources at a higher risk which leads to the next section.

Advocacy and Contentious Issues

Social justice advocacy may entail taking a stance on issues that are contentious (King, 1968). I asked a question about how practitioners would respond to requests for advocacy related to contentious topics in order to better understand how rural contextual considerations influenced contentious advocacy. Two themes emerged related to contentious advocacy in the provider's own community: Concern about advocacy being harmful to one's practice/personal life (8), and that the visibility of the practitioner could influence contentious advocacy efforts (6). In order to provide another way to get at this point, I also asked participants about the differences if someone from another community asked them to advocate regarding a related issue and the responses yielded two themes: It is more important to be active in one's own community than in a different community (5), and advocacy in a different community is less likely to have negative professional consequences (4).

It is important to note that most participants had not been involved in contentious advocacy, perhaps for some of the reasons noted earlier regarding the potential negative consequences of being overtly advocating for social justice. However, participants were

able to imagine the possible consequences of being involved in contentious advocacy. One participant talked about how involvement in advocacy related to surface mining (i.e. mountain top removal) could impact her practice.

> That could really impact my practice, that could, honestly in this community, that could have the potential, it could destroy my practice. Because I think I could get enough people angry at me that I could get to the point that I might not be able to make a living. (P3)

In addition, clients and others in the community might believe that a provider's personal values could influence whether the therapist would be able to be helpful in a counseling session; if the professional appeared to have different values, this could impact whether clients would continue to come in or whether anyone new would be on the provider's caseload (as a variation of this idea, see Pipes, Holstein, & Aguirre, 2005). Further, community members may talk about practitioners involved in contentious advocacy in a derogatory way and family members may also be negatively affected by advocacy efforts. One participant mentioned a community member talking about a local mental health practitioner who had been involved in visible social justice advocacy.

> One of the Board of Supervisors goes to our church and I said something about this lady and he said "She's a zealot." (Laughs) And I could tell he was not in favor of her advocacy that she was doing. (P1)

The difficulties associated with the public's lack of differentiation between the therapist's personal and professional roles (Pipes et al., 2005) are highlighted by the possible consequences when a practitioner is involved in contentious advocacy.

Actions taken by mental health practitioners in rural areas are likely to be visible

to community members (Schank & Skovholt, 2006; see also Pipes et al., 2005). Information would likely spread quickly, limiting the degree of anonymity that a rural practitioner might have regarding his or her views and actions. One participant talked about her desire to have a political bumper sticker but said that she avoided doing this because she did not want community members to make assumptions based on her political opinion.

> I've thought about that for years, wanting to have a bumper sticker during political elections and I haven't done it. I wouldn't want to. I wouldn't want anyone to assume a whole cascade of thinking just by reading a bumper sticker or a sign in the yard. (P4)

Other participants talked about ways that they may become involved in contentious issues (e.g. mediation, donating money to an organization) that would limit the consequences of advocacy. What appears to be most significant is whether advocacy is visible to the community. Less visible advocacy is a way for practitioners to act in congruence with their beliefs and remain in the good graces of the community.

I thought that it would provide some additional information if I had participants respond to a question about what they would do if another community asked them to advocate regarding the same contentious issues. Being an invested member in the community and caring more for one's own community were reasons that participants were unlikely to become involved in another community. "Your heart is in your community, not necessarily in another's. Living in one [community] makes a world of difference" (P4). Additionally, not being exposed to a problem would limit the awareness

and motivation to engage in advocacy, “If you don’t see it, it’s not a problem kind of thing” (P2).

However, participants also noted that being involved in contentious advocacy in another community would be different because there would be less possible negative consequences. This was also attributable to the decreased visibility of the practitioner in another community. Thus, participants described being freed of the various complications that may be inherent in living and working in a small community. Trust in the practitioner was also very important and less likely to be at risk when doing advocacy in another community.

> It frees you from the greatest dilemma of all, which is the diminishment of your effectiveness in your role should you be considered a strong community advocate for an unpopular position. So, it frees you to do what you think is right for the community or the capitalcy, the big community of your state or your nation. (P6)

This combination of findings verified the other results, indicating that the key factor in whether to become involved in social justice advocacy around contentious issues was the potential for harm to existing relationships. One noteworthy aspect of this is that the focus was completely on the possible negative repercussions. Participants did not mention that a reason to become involved was the potential for increased referrals or better relationships with clients and community members. A sense of being true to one’s own values may be influential, but the potential for loss of one’s livelihood and harassment of loved ones may overpower a therapist’s willingness to openly take a stand on contentious issues in the provider’s own community.

Additional Theme: Being an Outsider could Lead to Diminished Trust

An additional theme that was not specifically related to any interview question was identified. The issue of being an outsider leading to less trust was mentioned at various times in interviews with participants (4). Not being raised in the community in which one practices may lead to less trust because community members might consider the practitioner to be an outsider and therefore less trustworthy. Participants talked about the difficulty of non-local practitioners trying to integrate into rural communities. Those who were not from the community discussed their personal difficulties establishing trust with community members.

> It's pretty clear that I'm not one of "us" [a community member], even though I've been here 20 years, in southern West Virginia 30 years. I'll never really be from "here," I'll never be seen as a local. My kids who were born and raised here aren't seen as locals. Not enough generations have transpired. (P6)

Thus, being from the community in which one practices can result in benefits for rural practitioners.

Limitations and Directions for Future Research

In this section I discuss the limitations of the present project's results. First, the research is limited by the exploratory nature of the topic. To my knowledge, there has been no other study conducted related to how rural practitioners advocate for clients or community members. Additionally, there is little research on how practitioners from urban or suburban areas advocate.

Second, qualitative research is not intended to develop broad generalizations that can be applied to other populations (Morrow, 2007). The goal of this research was to

understand how rural practitioners advocate for clients and how the intersection of contextual considerations influences advocacy. Making broad generalizations about other small communities or distinctly different rural communities was not the goal of this research. However, I suspect there are many similarities that exist among the experiences of small community practitioners. Future researchers could explore advocacy in small communities within suburban and urban areas as well as rural communities within different geographic regions to determine whether the themes that emerged in this study are consistent with what is found in other areas.

Third, the sample of practitioners was limited by ethnicity and geographic region. All of the participants identified as White and were all from either Virginia or West Virginia. However, the goal was to find practitioners who lived in the same rural community in which they worked, and the sample was comprised of such individuals. Future research could explore whether the problems that certain communities face or different cultural considerations have an effect on the way that practitioners advocate for clients and community members. Additionally, it would be important to see if cultural and demographic characteristics of the practitioner have an influence on advocacy involvement or approach.

Fourth, given that the responses from participants closely followed the questions asked, the research is limited to the interview questions. Only one theme appeared to develop that was not directly related to interview questions (i.e., being an outsider decreasing community acceptance and trust). Therefore future research could investigate questions generated by this research such as: How do practitioners go about making decisions to advocate given the known contextual considerations? Why do some

providers decide to become involved in contentious advocacy and others do not? What factors are included in cost-benefit considerations when opportunities to advocate arise? What personal and professional factors influence advocacy involvement? What are the positive implications of advocacy when it occurs in rural settings? Is there a relationship between volunteerism and advocacy?

As was noted earlier, the last step in the grounded theory analysis was not taken because the themes related to the questions; because the questions covered a broad range of topics, the themes for each question could not be combined.. However, a more narrow focus could make this step possible. For example, future researchers could focus on how practitioners go about making decisions regarding contentious advocacy or examine the positive implications of advocacy. This may allow the last step in the analysis process to occur and result in an overarching theme.

Conclusion

Early literature in the field of counseling psychology appeared to focus on defining social justice, whereas the current emphasis seems to be shifting to taking action in order to promote social justice (e.g., Blustein, 2006; Blustein, McWhirter, & Perry, 2005; Goodman et al., 2004; Ivey & Collins, 2003; Palmer, 2004; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Singh et al., 2010; Speight & Vera, 2004; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Vera & Speight, 2003; Watts, 2004; Werth, Borges, McNally, Maguire, & Britton, 2008). However, becoming involved in social justice could be beneficial, damaging, and at times both, depending on the various contextual circumstances. Practitioners need to consider these potential consequences within the context of their work and home environments. Specifically in rural

communities, therapists may need to consider the amount of time the effort would entail and congruence with personal beliefs. The practitioner would also need to consider the impact of advocacy on: Personal life, family members, friends, professional relationships, business, clients, community standing, and personal reputation. .

From this research, it is clear that practitioners do advocate for their clients. Advocacy is most often conducted on a micro-level, with individual clients being the recipient of advocacy. This appears related to the frequent contact with clients therefore being more aware of the need for advocacy, more comfort with less visible advocacy, the ability to integrate advocacy in treatment, and the potential challenges associated with more broad and community-based advocacy. However, practitioners are limited by time and the lack of reimbursement for advocacy-related activities.

The fact that most practitioners were not engaged in contentious advocacy may be a result of the many consequences that they associated with living and working in such a small community. Advocacy minded practitioners face the challenges of rural professional practice but also have the added layer of advocacy related considerations. If practitioners are going to be more involved in advocating for clients and/or the broader community then both benefits and consequences should receive consideration so that the practitioner and community do not suffer from the unforeseen side-effects of good intentions. Additionally, mental health professionals in training would benefit from an increased awareness of the implications associated with advocacy. Ultimately, practitioners can weigh the possible consequences of contentious advocacy and decide if they are willing to take the risk to do what they believe to be just.

Social justice and the advocacy associated with it has been a part of the discussion

of the goals of psychology for at least 100 years. There is gathering momentum for counseling psychology to move beyond academic discussion of social justice advocacy to the real-world benefits and risks of action. I hope that this research will help promote the thoughtful integration of social justice advocacy in rural communities**.**

CHAPTER II

LITERATURE REVIEW

In this chapter I introduce and describe the major components of the research related to social justice advocacy in small communities. First, I operationally define social justice and other related concepts. Second, I describe how social justice advocacy has been discussed in psychology and follow with a review of the counseling psychology literature. Third, I identify and describe the relevant advocacy skills discussed in the literature. Fourth, because the focus of this project is on rural areas, which are one form of "small community," I describe the realities of life and practice in small communities in general and rural areas in particular. Then, I address the practical issues associated with social justice advocacy in rural communities. Finally, I highlight the implications of these topics and describe the study I conducted.

Social Justice

Moral conduct and justice are issues that have been debated and discussed for thousands of years by philosophers dating back to the ancient Greeks (e.g., Aristotle and Socrates) as well as more contemporary activists such as Paulo Friere and Simone de Beauvoir. Although differences exist between and within cultures, the discussion of what is right or just in any given society has endured. Rawls (1971) described justice as the concept that,

> All social values -- liberty and opportunity, income and wealth, and the bases of self respect -- are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's advantage (p. 62).

Most of the contemporary definitions of justice maintain the essence of Rawls'

description. Therefore, for the purposes of this dissertation, social justice advocacy is conceptualized as actions taken to advance Rawls' definition of justice. I do not include a philosophical or political discussion of social justice unless these aspects are directly applied to a social advocacy issue.

Operational Definitions

Many of the terms utilized in this dissertation do not have firmly established definitions. Therefore, in order to assist with readability and clarity, the following represent the operational definitions of key terms:

- *Social justice advocacy* is utilized as an encompassing term that includes actions that work toward Rawls' (1971) definition of justice. These actions include empowerment, political advocacy, social action, and any other action that addresses injustice.
- *Empowerment* is an action taken with a client to facilitate her or his ability to act in the face of oppression (Toporek & Liu, 2001).
- *Political advocacy* is any form of advocacy that entails actions related to governmental policy by the practitioner with a goal of promoting social justice.
- *Social action* is an action taken by the counselor, external to the client, to confront or act on behalf of a client or client groups (Toporek & Liu, 2001).
- *Counseling psychologist* refers to any doctoral-level practitioner who has specialized training in the field of counseling psychology.
- *Mental Health Professional* (MHP) describes practitioners within the various professional specialties of psychology, counseling, and social work. Synonyms for MHP include practitioner, therapist, and counselor.

Social Justice and Psychology

In this section, I demonstrate the established and enduring presence of the idea of social justice in psychology. I first describe the positions of two well-known psychologists as examples of why social justice should be important to psychologists. Then, to demonstrate how the profession's leadership views social justice advocacy, I present opinions expressed by former Presidents of the American Psychological Association (APA). Next, I offer the opinions of two civil rights leaders who addressed psychologists. Finally, I briefly describe the current status of discussions about social justice in psychology.

Although not a psychologist, Frank Parsons was one of the earliest advocates for social justice in the United States and worked to improve the lives of the impoverished in the early 1900s. Over 100 years ago, in his famous book related to vocational counseling, Parsons (1909) stated that, "Not till society wakes up to its responsibilities and its privileges...shall we be able to harvest more than a fraction of our human resources, or develop and utilize the genius and ability that are latent in each new generation" (p. 165). Parsons' tone and focus on societal responsibility and privilege were indicative of a belief in social justice advocacy.

Carl Rogers also was a pioneer in social action within the field of psychology. During the later years of his life, he became more active in broader social concerns and developed encounter groups that sought to increase dialogue between groups (McWhirter, 1997). Rogers also addressed power and suggested that influence is gained only when power is shared (Engler, 2006). His social attitude, along with the focus on humanism, were important to the expansion of social justice advocacy in psychology.

Past Presidents of the American Psychological Association (APA) have encouraged social justice advocacy and the importance of psychology to human welfare. While commenting on the role of psychologists, Miller (1969) stated that, "Our responsibility is less to assume the role of experts and try to apply psychology ourselves than to give it away to the people who really need it—and that includes everyone" (p. 1071). The importance of sharing the wealth of knowledge that psychology has produced with those who need it the most is inherent in social justice advocacy.

More recently, DeLeon (2002) emphasized that psychology has much to offer in response to inequality: "There has long been an agreement that psychologists have a responsibility to affirmatively address society's pressing needs, not only in health care but in other areas that affect the well being of society" (p. 425). Just how involved psychologists should be in addressing societal needs is an important consideration.

Although there has been direct discussion of what psychology has to offer the welfare of human existence, some question whether psychology can do more. This concern appears to be related to the idea that psychology should not only focus on increasing our knowledge about human behavior but to improving the welfare of the people. Zimbardo (2004) asked: "Does psychology matter? Does what we do, and have done for a hundred years or more, really make a significant difference in the lives of individuals or in the functioning of communities and nations?" (p. 339). Social justice advocacy is one way to make a difference on a variety of levels.

Recognizing this, leaders of civil rights and social justice movements have called on psychologists to do more. Martin Luther King, Jr. spoke at the APA convention in 1967 and implored psychologists to take a stand:"…And there comes a time when one

must take a stand that is neither safe, nor politic, nor popular. But one must take it because it is right" (King, 1968, ¶ 16). During his speech he discussed the challenges that the civil rights movement was facing and his belief that social scientists have much to offer in overcoming those difficulties. King understood that at times social justice advocacy was not an easy task and required psychologists to face very difficult challenges. Similarly, Jesse Jackson (1999) asked that psychologists work toward equality and justice for all: "You, as good psychologists, as teachers, bring your light to dark places. Help us find the lost sheep, and leave no one behind." (p. 330).

The opinions presented above are only a snapshot of a larger movement among psychologists and others who believe that psychology can do more to work toward social justice. However, the role of the APA in influencing social and political policy has been controversial. Within the APA there has been apprehension about the purpose of advocacy efforts (Robinson, 1984). There has also been concern expressed related to the outcome of social justice advocacy with clients (Goodman et al., 2004). For example, if a psychologist works with a client on empowerment and the effort fails because of systemic factors, it could be detrimental to the client. A somewhat related concern is that if a psychologist decides what is right or wrong for the client, then the psychologist is acting paternalistically (Toporek & Williams, 2006). These concerns are mentioned briefly here to highlight the controversial nature of the history of social justice advocacy. More specific discussion of practical considerations related to social justice advocacy is addressed in later sections.

Despite the controversy, the discussion of social justice advocacy has continued to grow within psychology. For example, the *Journal for Social Action in Counseling and*

Psychology (Toporek & Sloan, 2007) was launched in the past several years. Further, multidisciplinary professional organizations have been formed with an emphasis on social justice (e.g., Psychologists for Social Responsibility, Counselors for Social Justice). Thus, it is clear that discussions about the opportunities and options for social justice advocacy have been, and will continue to be, prominent within the field of psychology.

Social Justice and Counseling Psychology

In order to demonstrate the importance of social justice advocacy within counseling psychology, I next provide some examples of the attitudes toward social justice that have been expressed throughout the history of the field. I also present information documenting the increased presence of action-oriented attitudes among counseling psychologists. I do not provide a comprehensive review of all social justice activities in which counseling psychologists have been involved but merely highlight the enduring presence of social justice within the field.

Social advocacy within counseling psychology began as a focus on vocation (Fouad, Gerstein & Toporek, 2006). This was largely because of the belief that equity was highly dependent on access to work. One of the early presidents of the Division of Counseling Psychology, Hahn (1954, p. 282), noted, "Our most nearly unique single function...[is] the casting of a psychological balance sheet to aid our clients to contribute to, and to take the most from, living in our society."

In 1957, Paterson (1957), a counseling psychologist, recognized the underutilization of talents among members of ethnic minority groups, older adults, and persons with disabilities. He encouraged vocational counselors to advocate for these

clients and work to prevent occupational maladjustment problems. In the 1960s, counseling psychologists were involved in advocating for voting rights, employment practices, housing, minimum wages, and desegregation (Samler, 1964). In the 1970s, counseling psychologists advocated for equal pay for women (Fitzgerald, 1973), increased assertiveness in women (Jakubowski-Spector, 1973), and reform in prisons and higher education (Geis, 1983). In the 1980s and early 1990s professional identity issues appeared to take precedence and there was more of a focus on professional stability and less on social advocacy (Fouad et al., 2004; Fouad et al., 2006).

In the last decade, social justice has re-emerged in the counseling psychology literature. However, recent discussions have taken a different tone, with more of an emphasis on action and calls for counseling psychologists to be more involved in activities that promote social justice (e.g., Ivey & Collins, 2003; Palmer, 2004; Speight & Vera, 2004; Vera & Speight, 2003; Watts, 2004). Social justice advocacy has emerged as a focal point of professional activity as evidenced by the presence of discussions in counseling psychology journals (e.g., Goodman et al., 2004; Speight & Vera, 2004) and the publication of *Social Justice in Counseling Psychology: Leadership, Vision and Action* (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). Social justice has been linked to the multiculturalism movement, which is also associated with counseling psychology (Helms, 2003). Similarly, vocational psychology is associated with counseling psychology and Blustein (2006) has contributed to the discussion by exploring the world of work through a more holistic lens and including consideration of those who work in lower paying jobs. In doing so, Blustein expanded counseling psychologists' ability to assist a broader population.

It seems clear that counseling psychology has displayed a renewed interest in social justice advocacy, with an emphasis on action. I now move to a discussion of the ways in which mental health professionals advocate for clients. Thus, because counseling psychologists are not the only ones who participate in social justice adbocacy, I shift away from counseling psychologists in particular back to the larger group of mental health professionals who may be engaging in these activities. This review of the literature focuses on professional disciplines that are primarily involved in the delivery of mental health services (i.e., psychology, social work, counseling).

Social Advocacy Skills

There are many ways that a mental health practitioner might advocate for clients. The American Psychological Association has not established competencies or identified skills that are needed in order to advocate for clients or client groups. However, other professional organizations have been involved in identifying social justice advocacy skills. The American Counseling Association (ACA) has developed advocacy competencies (Lewis, Arnold, House, & Toporek, 2003) and the National Association for School Counselors (NASC) has been active in identification and promotion of both dispositions and competencies related to social justice advocacy.

The ACA identified six advocacy competencies: (a) client/student empowerment, (b) client/student advocacy, (c) community collaboration, (d) systems advocacy, (e) public information, and (f) social/political advocacy (see Table 1; Lewis et al., 2003). The competencies were endorsed by the ACA in 2003 and thus serve as guidelines for counselors who want to be advocates. Within each competency group there are more specific competencies, which assist in explaining what social justice advocacy might look

like as well as highlight the various levels of involvement for a mental health professional. Because the focus of the current investigation is advocacy with clients, I present these competencies using the word client. The bulleted items below are adapted slightly from the ACA advocacy competencies previously mentioned.

Empowerment

Empowerment is described as helping clients understand their own lives, which lays the groundwork for self-advocacy. It includes the following interventions in direct work with clients:

- Identify strengths and resources of clients.
- Identify the social, political, economic, and cultural factors that affect the client.
- Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.
- At an appropriate developmental level, help the individual identify the external barriers that affect his or her development.
- Train clients in self-advocacy skills.
- Help clients develop self-advocacy action plans.
- Assist clients in carrying out action plans.

Advocacy

Advocacy is described as environmental interventions on behalf of clients when external factors act as barriers to the client's development. This role is especially important when the client lacks access to needed services. The specific competencies for client advocacy are:

- Negotiate relevant services and education systems on behalf of clients.
- Help clients gain access to needed resources.
- Identify barriers to the well-being of individuals and vulnerable groups.
- Develop an initial plan of action for confronting these barriers.
- Identify potential allies for confronting the barriers.
- Carry out the plan of action.

Community Collaboration

Because of their involvement with various organizations and agencies, practitioners are aware of ways to navigate the systems that may be relevant to client advocacy. Examples of systems might include financial or educational assistance, vocational services, or housing assistance. Community collaboration involves the practitioner working with other organizations and offering their skills to assist in advocating for clients. The specific competencies included within community collaboration are:

- Identify environmental factors that impinge upon clients' development.
- Alert community or school groups with common concerns related to the issue.
- Develop alliances with groups working for change.
- Use effective listening skills to gain understanding of the group's goals.
- Identify the strengths and resources that the group members bring to the process of systemic change.
- Communicate recognition of and respect for these strengths and resources.

- Identify and offer the skills that the counselor can bring to the collaboration.
- Assess the effect of counselor's interaction with the community.

Systems Advocacy

Problems within systems are often resistant to change, so when practitioners encounter systemic problems, they may choose to act in various ways. Mental health professionals may exert systems-level change at the community level through leadership roles. Within systems advocacy, the following competencies have been identified:

- Identify environmental factors impinging on clients' development.
- Provide and interpret data to show the urgency for change.
- In collaboration with other stakeholders, develop a vision to guide change.
- Analyze the sources of political power and social influence within the system.
- Develop a step-by-step plan for implementing the change process.
- Develop a plan for dealing with probable responses to change.
- Recognize and deal with resistance.
- Assess the effect of a counselor's advocacy efforts on the system and constituents.

Public Information

Macro-systemic issues may be less known to community members yet may affect them in detrimental ways. Mental health practitioners often possess knowledge about these larger factors that can be beneficial to clients and sharing information can make

these issues more visible. The specific competencies that have been identified related to public information are:

- Recognize the impact of oppression and other barriers to healthy development.
- Identify environmental factors that are protective of healthy development.
- Prepare written and multi-media materials that provide clear explanations of the role of specific environmental factors in human development.
- Communicate information in ways that are ethical and appropriate for the target population.
- Disseminate information through a variety of media.
- Identify and collaborate with other professionals who are involved in disseminating public information.
- Assess the influence of public information efforts undertaken by the counselor.

Social / Political Advocacy

Broader advocacy efforts may be necessary when an issue affects a large group of people that may have similar needs as clients. Social/political advocacy focuses on efforts by the practitioner that affect a large group of people. Within this form of advocacy, the following competencies have been identified:

- Distinguish those problems that can best be resolved through social/political action.
- Identify the appropriate mechanisms and avenues for addressing these problems.

- Seek out and join with potential allies.
- Support existing alliances for change.
- With allies, prepare convincing data and rationales for change.
- With allies, lobby legislators and other policy makers.
- Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.

The ACA competencies offer specific ways that mental health professionals can engage in social justice advocacy. The competencies allow practitioners to delineate the different forms of advocacy and identify those in which they might be proficient, as well as those that they may need to develop further in order to effectively advocate within a specific arena.

One of the variables that must be taken into account when considering whether and how to engage in social justice advocacy is the environment in which such efforts might take place. For the purposes of the present project, the size of the community in which the mental health professional lives and works is the key aspect. Thus, in the next section I provide information about some of the characteristics of small communities, with a focus on rural areas, and the types of professional issues that may arise and that deserve special consideration in these settings.

Small Communities

Small communities may exist anywhere and are not necessarily restricted by size or location. Although there is no formal definition of a small community, there are common characteristics that they share. For example, in small communities the chances of interacting with someone in more than one setting is high. People in small

communities often live and socialize in the community where they work. The old adage of "everybody knows everybody" may be a reality, which frequently reduces privacy and eliminates anonymity.

The culture and traditions of a small community may be distinct (Schank & Skovholt, 2006). Cohen (2009) pointed out that regional, socioeconomic, and religious factors contribute to culture. When these aspects are considered in conjunction with community size, the intersection of variables can result in unique attributes. This highlights the importance of being involved and informed within the community.

Examples of small communities in which a practitioner might live and work include rural areas; small colleges; communities of color; religious groups; law enforcement and the military; deaf communities; persons with chemical dependence; as well as gay, lesbian, bisexual, and transgender communities (Schank & Skovholt, 2006). The impact of living and/or working in a small community will vary depending on factors such as involvement in the area, needs of the members, and community type. Working in a small community will require more diligent attention to practical issues because of unique contextual factors that are discussed in more depth in a later section. The specific type of small community that I am examining in this project is rural areas, so the next section provides some details about rural regions.

Rural Communities

There are many definitions of "rural" and various governmental agencies, researchers, and policy makers will choose different definitions depending on their needs (United States Department of Agriculture, 2008). For example, definitions may be used to target resources and for health-related research purposes (Hart, Larson, & Lishner,

2005). For the present study, Isserman's (2005) definition of rural, which is based on a county-wide assessment, will be utilized. He identified four types of communities: (a) rural, (b) mixed rural, (c) mixed urban, and (d) urban. A rural county is one in which the county's population density is less than 500 people/square mile, and 90% of the county population is in a rural area or the county has no urban area with population of 10,000 or more. An urban county is one in which the county's population density is at least 500 people per square mile, 90% of the county population lives in urban areas, the county's population in urbanized areas is a least 50,000 or 90% of the county population. A mixed rural county is one which meets neither the urban nor the rural county criteria and its population density is less than 320 people per square mile. A mixed urban county is one which meets neither the urban nor the rural county criteria and its population density is at least 320 people per square mile.

Various experts have examined the characteristics of rural communities and the values of people who live in these areas (Campbell et al., 2003; DeLeon et al., 1989; Hargrove, 1986; Schank, 1994; Schank & Skovholt, 2006; Slama, 2004; Wagenfield, 2003). Residents of rural communities may have strong kinship ties and often have multiple family members who reside in the same community. A strong sense of self-reliance among rural individuals may be a barrier that prevents outsiders from gaining the trust of community members. Relationships are often interdependent and may have strong political, familial, social, or historical roots (Hargrove, 1986; Helbok, 2003; Schank, 1994).

Residents of rural communities may have scarce resources, high rates of poverty, less formal education, higher illiteracy rates, limited insurance coverage, higher rates of

disabilities, fewer mental health resources, and less access to employment than people living in urban or suburban areas (Campbell et al., 2003; Wagenfield, 2003). In addition, rural persons may have less access to governmental, community services, and private resources because public transportation is often unavailable and maintaining personal transportation may be impossible for those who are impoverished. These factors can lead to difficulties accessing healthcare, rehabilitation, educational, and/or employment services.

These difficulties could also make accessing mental health treatment seem like less of a priority. This is cause for concern given the significant need for mental health services in rural communities. Rates of mood and anxiety disorders, trauma, and developmental and psychotic disorders are at least as high as the rates in urban areas, where access and transportation may be more readily available, thus inhibiting opportunities for adequate care in rural areas as opposed to urban communities (Roberts et al., 1999). There are some mental health problems that are more frequent in rural areas than in other communities, including suicide (Roberts et al., 1999), alcohol abuse, and chronic illness (Wagenfield, 2003). However, there may be few providers of mental health services in rural areas because of difficulties recruiting and retaining personnel (Schank & Skovholt, 2006). The fact that there are significant needs but few providers can create difficulties for mental health professionals. These practical issues must be taken into account by advocacy-minded practitioners because the combination of high rates of mental illness; low rates of protective supports such as insurance, literacy, education, and employment; and limited access to and presence of resources, place rural residents in a position where social justice advocacy may be especially needed.

Practical issues in rural communities. The practice of psychology in rural communities can be rife with practical challenges that will require diligence on behalf of the mental health professional, especially those unfamiliar with the dynamics of rural areas (Helbok, 2003; Roberts et al., 1999; Schank, 1994; Schank & Skovholt, 2006; Turchik et al., 2007). In this section I provide a brief overview of these practical considerations because this material provides the context for a general understanding of challenges that are present for rural mental health professionals that will be helpful to mental health professionals before incorporating the additional considerations that social justice advocacy may involve.

Many rural areas have few, if any, mental health providers (Helbok, Marinelli, & Walls, 2006; Schank & Skovholt, 2006). Keller, Murray, Hargrove, and Dengerink (1983) stated that the

> single most accepted element for rural mental health training is that such persons must be generalists. . . . [T]he same individual may be required to provide services to children; senior citizens; marital couples; deinstitutionalized, chronically mentally ill; persons in crisis; and alcoholics. (p. 14)

As a result mental health professionals in these areas may encounter issues related to competency. Often the question becomes how far one can stretch one's expertise in working with clients (Helbok et al., 2006).

In addition, practitioners are often highly visible in rural communities and may be unable to maintain anonymity. Schank and Skovholt (2006) highlighted the importance of considering all community members as potential clients: "Even if each person in a small community is not a prospective client, it is likely that clients or prospective clients are

connected to others through business, social, or familial relationships" (p. 37). In fact, it may be detrimental to the rural mental health professional to not become involved in the community because he or she may be judged more on the basis of personal image than professional abilities (Schank & Skovholt, 2006). Consequently, rural mental health professionals "need to function in a variety of community-oriented roles" (Murray & Keller, 1991, p. 227), such as church member, youth sports coach, board of directors, or educational consultant. Being involved in the community will assist in developing trust and acceptance from rural residents. The consequence of such involvement, however, is that engaging in multiple relationships with clients often becomes unavoidable for rural practitioners (Helbok, 2003; Schank & Skovholt, 2006). Business, professional, and personal relationships need to be developed with a limited number of people (Schank, 1994; Schank & Skovholt, 2006). Therefore, rural mental health professionals encounter practical dilemmas related to multiple relationships (Helbok et al., 2006).

On a related note, rural communities have been compared to fishbowls (Roberts et al., 1999) which leads to difficulties for mental health practitioners, who must maintain confidentiality. Informal information sharing and gathering networks often exist and make privacy difficult for community members. For example, clients may be seen entering or exiting the practitioner's office by other community members. Additionally, clients who have referred other community members for treatment may inquire about their progress (Helbok et al., 2006). It may also be difficult to discern between information provided by the client versus information attained in the community. Therefore, rural practitioners must be diligent in maintaining client confidentiality.

These issues of competence, multiple relationships, and confidentiality can be

difficult for even the experienced rural mental health practitioner. The addition of social advocacy presents more practical considerations to the rural mental health professional. The next section brings these various issues together.

Practical Issues and Social Advocacy in Rural Communities

The combination of special considerations for social justice advocacy and rural practical issues make social justice advocacy in rural communities a challenging prospect. Practical issues are especially relevant for rural practitioners because they not only serve a small community but are often part of the same community. Thus, the rural practitioner is faced with being a professional and person within a rural community – as opposed to being able to rely on the relative anonymity present in urban settings.

The shortage of practitioners in rural communities, limited time, role identification issues, the importance of maintaining positive community standing, and value conflicts are notable issues that may be present for rural practitioners who want to do social justice advocacy work. The focus of the present investigation is how mental health professionals navigate these issues within their community. In this section I discuss possible conflicts that a rural practitioner advocate might face. However, I wish to note that these considerations are limited to the information found within the literature, my own professional experience, and consultation with other professionals. Hence, the information is sparse and incomplete. The present study was designed to shed more light on the practical considerations of social justice advocacy within rural communities.

Time Management

Although the issue of limited time is not unique to rural practitioners, it may be especially pressing because of the limited number of professionals, combined with

multiple needs. Because it is likely that there are few other mental health practitioners in rural communities, it may be difficult to take on time consuming advocacy work.

When there are other practitioners who are interested in advocacy, collaboration may be possible. Collaboration has been identified as an important competency for social justice advocacy (Dean, 2008; Lewis et al., 2001). Multidisciplinary expertise and support are important aspects of professional collaboration but the most practical advantage may be the dispersion of duties and time invested in social advocacy. Advocacy efforts could become much more realistic if the professional could share the load with others. Addressing global advocacy issues, rather than those specific to one's own area, may make finding common ground with practitioners located in other communities easier.

Technology could make communication much easier for the practitioner and could be a way to bridge the distance gap between rural community practitioners and colleagues. However, face-to-face interaction and common community connections may be important motivational factors.

Role Identification

With calls to social action becoming more pronounced in counseling psychology, there is an accompanying need to clarify the role of the practitioner. Although practitioners may want to believe that the role of community member is distinct from their professional role, this will likely not be the case among community members (Schank & Skovholt, 2006). Pipes et al. (2005) pointed out the importance of context when identifying roles: "What might constitute personal behavior in a large urban setting might constitute professional behavior in a small community" (p. 332). Because of the

overlapping roles, multiple relationships, and close connections among residents that are present in rural areas, it may be beneficial to consider the reality that any social action that is taken will reflect on the mental health professional as both a practitioner and a community member. In other words, in a fellow resident's eyes, the behavior is what is important, not the role the professional asserts he or she was in while acting in this way (Schank, 1994).

Under the current APA ethics code, once behavior is defined as personal, the enforceable standards present in the ethics code become moot (Pipes et al., 2005). However, there are obvious implications related to role identification when one engages in social action. The APA ethical requirement (APA, 2002) to "do no harm" (aspirational goal A; enforceable standard 3.04) must be considered, because social action may have the potential to cause harm to clients. Further, if a practitioner chooses to act within his or her professional role, all aspects of the ethics code would presumably apply. When action is taken in a personal role, the practitioner may have more flexibility as far as the APA ethics code is concerned but will likely be held accountable by the community in various informal ways, including but not limited to a decrease in personal interactions, refusal to utilize professional services provided by the practitioner, or talking about the practitioner in a negative way. Therefore, because the line between professional and personal roles is unclear when considering social action in rural areas, the safest approach might be to consider personal and professional actions as indistinguishable to community members.

Values Conflicts

Practitioners may have different values from members of the community in which they practice (Knapp & VandeCreek, 2007; Schank, 1994; Schank & Skovholt, 2006).

Social advocacy actions taken by rural mental health professionals will probably be noticed and discussed by community members given the high visibility of the practitioner. The type of social advocacy as well as the degree of controversy (and therefore the potential for divisiveness) of the issue will invariably influence community conversation. If the advocacy position taken by the professional conflicts with the perspective held by a large number of community members, this could be detrimental to the practitioner both professionally and personally. In addition, family members of the practitioner may also be negatively affected by the counselor's advocacy efforts (Schank, 1994; Schank & Skovholt, 2006).

Conclusion and Research Questions

The process of social justice advocacy can vary greatly depending on many different factors, including the size of the community in which professionals live and work. Rural areas can be unique and rewarding places to practice (Schank & Skovholt, 2006) but might require consideration of special issues when one is debating about whether to engage in social action. In their call to action, Allen and Ivey (2003, p. 296) asked, "Why has the multicultural and social justice movement been so slow in gaining acceptance and even slower in being adopted by our training agencies and state licensing boards?" Although the answer to this question is probably multifaceted, it seems reasonable to consider the possibility that concerns about practical issues associated with engaging in social advocacy may be influential.

Based on this review of the literature, it is clear that there is little information on how rural mental health practitioners make decisions about engaging in, and how they actually do engage in, social advocacy efforts. Therefore, this was the focus of my

project. My research questions were:

1) What are the experiences of mental health professionals who live and work in rural areas?

2) What types of social justice advocacy activities have mental health professionals in rural areas participated in and what issues have arisen related to these activities?

3) What issues do mental health professionals in rural areas consider when deciding about social justice advocacy involvement in their own community versus assisting in other communities?

CHAPTER III

METHODOLOGY

Little information is available about how practitioners address practical issues when advocating for clients, client groups, or community members in the existing literature. Although there have been calls for counseling psychologists to take action consistent with social justice activities (e.g., Ivey & Collins, 2003; Palmer, 2004; Speight & Vera, 2004; Watts, 2004) more information related to practical issues is needed (Toporek & Williams, 2006). In this chapter, I describe the rationale for the research design, explain the inclusion criteria for potential participants, describe the interview questions and research forms, and explain how the data were analyzed.

Design Rationale

I analyzed the data using grounded theory methodology because of the exploratory nature of the investigation and the richness of information that this approach can provide (Strauss & Corbin, 1990). Strauss and Corbin (1990) emphasized that grounded theory analyses are designed to "provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich tightly woven, explanatory theory that closely approximates the reality it represents" (p. 57). The grounded theory approach also provides flexibility that is important when studying an issue about which very little is known (Fassinger, 2005). I anticipated that this approach would allow me to help explain the ways that rural practitioners navigate the practical issues involved in social justice advocacy.

Participants

Participants were recruited based on two factors. The first was employment as a

Master's- or Doctoral-level mental health practitioner providing face-to-face services to clients. Practitioners in psychology, counseling, and social work were included. The limited number of mental health professionals, especially psychologists, practicing in rural areas meant that an inclusive sample in terms of professional background and training would be necessary.

The second factor was employment and residence in the same rural or mixed rural community as outlined by Isserman (2005). Qualifying counties included those in which the county's population density is less than 500 people/square mile, and 90 percent of the county population is in a rural area or the county has no urban area with a population of 10,000 or more. Also included were counties that meet neither the urban nor the rural county criteria and have a population density less than 320 people per square mile.

Participants were identified first through purposeful sampling. Patton (2002) stated that, "Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling" (p. 46). Participants were identified through consultation with community professionals and through searching local directories for practitioners working in rural counties. Snowball sampling was then utilized to identify additional participants. Snowball sampling is a way to locate information-rich participants through information provided by individuals who already have been interviewed.

Typically, qualitative research does not specify a number of participants (Patton, 2002). In grounded theory, the goal is to reach saturation, which occurs when no new themes are attained by interviewing subsequent participants (Strauss & Corbin, 1998). Saturation of themes typically occurs within eight to 15 interviews (Morrow & Smith,

2000) and this was the case in the present study. Specifically, saturation was reached with a total of eight interviews. No new significant information was gained from interviews seven or eight and therefore the data collection stopped. The age of participants ranged from 41 to 66 with a mean age of 52 (*SD* = 9.84). There were six female and two male participants, all of whom identified as Caucasian or White. Two participants had completed a doctoral degree and the remaining participants held a master's degree. Three of the participants completed their highest degree in psychology, two in counseling, two in social work, and one in marriage and family therapy; except for one person who held a psychology degree and was licensed as a social worker, all participants were licensed in the field in which they received their degree. There were only two participants who completed their highest degree from Radford University. The remaining schools where participants completed their highest degrees did not overlap with one another.

Participants had a combined experience of 152 years of practice, with a mean of 19 years (*SD* = 14.46) of experience following the receipt of their highest degree. Two participants provided services and held licensure in West Virginia, five in Virginia, and one in both West Virginia and Virginia. Five participants were in independent practice, two worked for agencies, and one worked both independently and for an agency.

All but two participants were from a rural county. Two were from a mixed rural county. Most participants lived close to where they worked, with the longest distance being 15 miles and the shortest being less than one mile. All agreed that they lived and worked in the same community. Four participants classified their community as rural and four as small town. Two participants did not identify membership in a professional organization. The remaining six were members in at least one professional organization.

Four participants identified their theoretical orientation as eclectic, one as systems, one as behavioral, one as cognitive behavioral, and one as cognitive behavioral/solution focused. For a brief summary of participant demographics, see Table 2.

Instruments

Demographic Information Form

I gathered demographic information (e.g., age, years in practice, ethnicity, community size) of the participant through a brief questionnaire (see Appendix C) over the phone in order to ensure that they met inclusion criteria. I confirmed the information collected over the phone with the participant prior to conducting the in-person semi-structured interview.

Semi-structured Interview

I developed questions for a semi-structured interview based on my own observations as a rural mental health professional, the existing literature, and consultation with other practitioners. After editing the list, I shared the draft set of questions with my advisor and other professionals to gain feedback. I then made the necessary changes to the interview guide. After the first semi-structured interview, I asked the participant for feedback and consulted with my advisor to determine whether any changes to the interview guide should occur. No changes were made to the original interview guide so the first interview was included in the analysis.

Researcher as Instrument

A major component of qualitative research is the role of the researcher as a tool of investigation (Fassinger, 2005; Patton, 2002; Morrow & Smith, 2000). Because the researcher interacts with the participant during the interview, the investigator can

influence the process and data. Further, the data are interpreted by the researcher, which leads to another opportunity for investigator bias to influence the results. Therefore, it is important for the researcher to be reflexive (Patton, 2002):

> Reflexivity reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of one's own perspective and voice as well as the perspective and voices of those one interviews and those to whom one reports. (Patton, 2002, p. 65)

Therefore, Morrow (2005) suggested exploring the researcher's assumptions from his or her experience and from the literature, emotional involvement related to the area of investigation, and the continuous impact resulting from interactions with the participants.

Based on Morrow's (2005) suggestions, I now describe relevant personal experience and involvement. I am a married male in my late 20's. I was raised in a very rural area and have lived in rural areas my entire life. I enjoy living in a rural community and plan to remain in a rural area when my studies are complete. I worked as a Master's-level practitioner in a rural region for a little over two years. However, I commuted to this job from an adjacent county. Despite not living in the same area, many people from my home community sought services at my place of employment because of the scarcity of mental health services. During that time, I advocated for clients but this was typically limited to empowerment and connecting clients with resources. I believe that mental health practitioners should be involved in social justice advocacy but think that this could be difficult in small communities.

My personal experience has led me to believe that much of the literature on social justice and social justice advocacy is too ideological and does not provide practical

assistance. I think that the lack of support, time, and opportunities for collaboration make social justice advocacy difficult for rural practitioners. I also suspect that the lack of practical guidance when it comes to social justice advocacy decreases practitioner comfort level with acting outside their usual role. However, I believe that when issues arise that affect the majority of the community, practitioners are willing to become involved in macro-level advocacy. I also think that mental health professionals advocate for clients through empowerment and, at times, social action.

Throughout the interview process, I found myself reflecting upon the challenges associated with rural practice. One of the considerations that was most present for me was the difficulty managing the personal/professional distinction that seemed to underlie much of the information that I gathered from the participants. I also had several participants claim that they do not let their values become relevant in the process of therapy or advocacy. Quite often this would be followed with acknowledgement of values playing a role in therapy and/or advocacy. I found myself wondering if this was a parallel process to the personal/professional difficulties that come with living and working in a rural area as a mental health professional. On the one hand, we are taught to be open-minded and sensitive to others' values, but on the other hand we are still people who have values. In rural areas, the anonymity that can serve as a buffer between personal and professional lives seems, to me, to be essentially non-existent.

Procedure

First, I obtained approval from Radford University's Institutional Review Board. Then, mental health professionals in surrounding communities were consulted in order to identify an initial pool of potential participants. I sent possible participants a letter

requesting participation (see Appendix A). After approximately one week, I contacted the possible participants by phone as outlined in the letter. If they agreed to participate in the study, then I verbally reviewed the informed consent form (see Appendix B). If they agreed to continue, I asked them the questions on the demographic form (see Appendix C). If they met inclusion and sample criteria, then an interview time was scheduled at their office or Radford University. I also sent the participant a letter that included the informed consent form (see Appendix B) and provided operational definitions of social justice advocacy and examples of relevant issues addressed in the literature (see Appendix D).

At the onset of the meeting, I introduced myself and thanked the participant for talking with me. I then asked her or him to review the informed consent form with me, which contained contact information for me and my advisor. If they agreed to continue and signed the informed consent form (all of them did), I conducted the semi-structured interview (see Appendix E). After the interview, I sent each participant a letter thanking him or her for participating (see Appendix F). After analysis of data was completed, the participants were sent a copy and asked to comment regarding the accuracy of my representation of what they shared, within the larger context of the experience of all eight participants.

Analyses

Analysis in grounded theory involves three stages of coding: (a) open coding, (b) axial coding, and (c) selective coding (Fassinger, 2005). During these stages there are constant comparisons that are made that include: (a) comparing data among participants, (b) comparing incidents, and (c) comparing categories (Charmaz, 2000). The overarching

goal is to generate coherent categories of meaning that may assist in developing a theory.

Trustworthiness

Trustworthiness is a significant concern related to qualitative research and therefore it was addressed throughout the analysis process, particularly through the use of an outside auditor. Although Strauss and Corbin (1998) offer no formal guidelines for outsider auditing, Fassinger (2005) noted that it can be done in a variety of ways. Inquiry auditing "monitors the overall process and product (usually substantive theory) of the inquiry to ensure that it has been conducted in adherence to acceptable procedures" (Fassinger, 2005, p. 163). I included an auditor who has experience with grounded theory-based dissertations who was involved throughout the research process.

Another way of addressing trustworthiness is through memos. There are records that I maintained that include thoughts, questions, assumptions, insights, and interpretations that occur to me during the research process, including reactions related to the interviews as they were conducted (Fassinger, 2005; Strauss & Corbin, 1998). I also consulted with participants following the analysis process (see Appendix G). Strauss and Corbin (1998) suggested providing participants with a copy of the analysis and asking them to comment on the representation of their experience. Obviously the final analysis was not completely representative of each participant's experience because the analysis is an abstraction of all participants' remarks but interviewees should be able to "perceive it as a reasonable explanation of what is going on even if not every detail quite fits their cases" (p. 159). These steps should assist the reader in believing that the process used to obtain and analyze the data was trustworthy.

Coding

Open coding is the "analytic process through which concepts are identified and their properties and dimensions are discovered in data" (Strauss & Corbin, 1998, p. 101). Transcribed data is analyzed and concepts are identified. Concepts are abstract representations of an action, object, or event within the data that is branded as significant by the researcher. Concepts are then classified based on recognizable properties (Strauss & Corbin, 1998). After concepts were labeled, they were then analyzed for alternative interpretations, contextual factors related to the meaning, and unanswered questions (Fassinger, 2005). Concepts were then grouped into categories. Categories are explanations of why concepts exist.

Axial coding is "the process of relating categories to their subcategories, termed [axial] because coding occurs around the axis of a category, linking categories at the level of properties and dimensions" (Strauss & Corbin, 1998, p. 123) Axial coding involves putting back together the pieces of information that were identified during open coding. The concepts identified through open coding are grouped into categories that are essentially the building blocks of any eventual theory that may emerge. The main goal in this stage is to look for explanations and understanding of the phenomena (Strauss & Corbin, 1998).

The purpose of selective coding is to create a substantive theory, if possible. Depending upon how the interviews proceed, the most relevant and important aspects of the data are integrated to create a central category. A central category is related to all other major categories, appears frequently in the data, is logically related to other categories, and is able to explain variation as well as the main point (Strauss & Corbin,

1998). When working from the categories that have been identified, a theory may begin to emerge. In the present research, however, as will be discussed in the Results chapter, the responses to the questions asked remained linked to the questions themselves instead of being able to be combined across items to form a cohesive whole. Thus, no central category or theory emerged and I did not undertake the final step in the overall grounded theory process.

CHAPTER IV

RESULTS

In this chapter I discuss the results of the research. After reviewing the data, it was clear that the themes that emerged were related directly to the questions asked as opposed to being general ideas that developed across the entire interview. Therefore, the results are organized based on the questions that were asked of participants. Themes were included if three or more of the eight participants endorsed the theme (i.e., each theme discussed was identified by at least 37.5% of participants). Within each theme, quotations are provided in order to give a more detailed account of participants' experience (e.g., P1 is participant 1) and provide a thick description of the identified theme. The section headers are the question I asked or the general idea behind a series of questions. See Table 3 for a summary of the themes, listed by question.

What are Some of the Benefits of Working in a Rural Area?

In response to the question about the benefits of working in a rural area, participants provided responses that were classified into four themes: relationships with other professionals or agencies (6 participants), knowing people in the community (4), the opportunities associated with the significant need for services (4), and the characteristics of rural areas (3). All participants were able to articulate at least one benefit that was represented in these themes. Next, I identify each theme and describe it in some detail, using quotations from participants to illustrate each of the four themes.

Relationships with Other Professionals and Agencies

The most common theme related to benefits to working in a rural area that emerged was the close working relationship with other professionals or agencies. This

aspect of rural practice was helpful to participants by making community professionals and resources more accessible as a result of personal relationships. One participant said,

> It's a tight knit community, so you personally know the judges, the attorneys, the doctors. It's a community where people know each other so you could pick up the phone and call somebody and you know them personally. And I imagine that's true to a certain degree in a bigger place but I don't think it's true to the same degree it would be here. (P3)

Having relationships with professionals was also beneficial because of the limited number of providers in a rural community. Another participant pointed out, "Well an advantage is that I interface with a smaller number of other professionals so I can know them well" (P4). Having relatively easy access to professionals and records was a component of this theme too: "I can find who I need to with releases very quickly, like the doctors and other providers and things like that" (P8). Similarly there may be a limited number of resources so awareness of available services may be easier. This was noted by one of the participants, who said that "even though the resources are limited you know what's out there, you don't have to go digging around for things; you know what's available and what's not" (P5).

Knowing People in the Community

The second theme that emerged related to benefits was knowing people who lived within the rural community. The responses classified in this theme revolved around non-professional community members and therefore is distinct from knowing professionals. Being aware of personal information and personal resources (as opposed to community-based resources) that may be available to clients was a benefit to knowing community

members. One participant said,

> Well, it's a benefit because you may know information about people and their families, their extended families. So, if you need support for a client you could, for example, say "You know, could we get Aunt Bertie or someone to come over and help" or something like that. So, in that way, it's a benefit. (P5)

Knowing community members was also noted as being beneficial because it assists in establishing relationships with clients. One participant put this in the context of establishing rapport, "You get to know the clients fairly quickly. Rapport is usually easily established because everybody knows everyone in this community" (P8). Similarly, another participant said,

> I think people trust you. You know, they know you from the community and they know you in the community. Even if they don't know you personally, they know of you and they see you in the community, and they know what type of person you are. So the trust level is usually there. (P1)

Opportunities Associated with the Significant Need for Services

The ease of starting a rural practice was often tied to the high demand for rural mental health services and the limited number of practitioners in rural communities, as one participant noted "I have lots of referrals, I stay very, very busy" (P8). The opportunities for building a professional practice in a rural community was also identified as an advantage by another participant, "It's easy to build a practice in a small area as opposed to a larger area where they have more options" (P2). One participant noted that this could translate into a higher income.

> You get paid more, I think that the competition that is present in other sorts of

> environments is more significant. We never worry that the phone won't ring. The demand is high, the supply is low, and therefore psychologists in rural settings can actually make more money (P6).

Another participant talked about the advantage of being able to provide services that clients would otherwise not receive because of the shortage of practitioners in rural areas.

Characteristics of Rural Living

The fourth theme was more general in that it related to the characteristics of rural areas. The advantages were related to the small size of communities and the physical characteristics of rural areas. For example, one participant said that,

> There's a big difference between rural and urban poverty because in the urban setting, you open the door and you see another door or a wall if you live in low income housing. In the rural area you can open the door and see the mountains or fields or other things that can be uplifting. I don't think that the visual landscape in a city is as beneficial to mental health when you're in total poverty as it can be [in a rural setting]. (P4)

Other participants made similar comments.

> There's advantages just living in a smaller rural community for me, not including the practice [component]. There's just advantages of living in a place where [] you don't have any traffic, you're living in a beautiful area. I think it's less stressful than living in a large metropolitan area. (P3)

> I suppose the benefits, other than the aesthetic piece of it, would just be that the community's close knit. There are natural supports built in for a lot of people

> because their family's local, their friends are local, people kind of know each other, trust each other. [So] there's a lot to draw on as a practitioner as far as those connections, those social connections go. (P7)

What are Some of the Challenges of Working in a Rural Area?

Participants were asked about challenges of practicing in rural communities and their responses to this question were able to be classified into six themes: Multiple relationships (8), lack of anonymity (5), lack of resources (5), poverty (5), lack of transportation (5), and knowing people in the community (4). It is notable that some of the challenges were related to the benefits of working in a rural community; in other words, the same aspect of rural practice that was a benefit could also create challenges.

Multiple Relationships

The most commonly mentioned challenge was multiple relationships. All the participants talked about this issue and provided many different types of examples of ways that the intertwined nature of small community life complicated psychological practice. Multiple relationships were viewed as a challenge that participants faced on a consistent basis and therefore were considered to be an unavoidable aspect inherent in rural practice. One participant described the challenge of multiple relationship encounters in rural areas by saying that,

> You just run into the possibility of dual relationships a lot. You know, if we, say a health provider that needs counseling and doesn't want to go to the community service center and doesn't want to go out of town and they come here, they are also my dentist or my lawyer. So you run into that as well where you have to be very careful in screening the referrals that we get and be very sensitive to people.

> So, you run into a lot of I guess fuzzy boundaries that could be potentially unethical or not appropriate. Like I said you have to be really on guard with that. (P2)

Because of the challenge of multiple relationships, participants stated that they have discussions with potential clients about the issue as well as monitor situations as they progress. For example,

> Every time you buy a car, go to the grocery store, hire an attorney, these are people that you've probably had some contact with in the office so you always have to be careful to discuss any boundary issues that might come up. So, you know, if somebody wants advice and you have a relationship on another plane, then you have to talk about the difficulties associated with dual relationships and make sure that there's no potential for any harm to come before you progress. (P6)

One participant identified the changes that have occurred in the professional literature regarding multiple relationships in rural communities and how authors of these pieces more accurately reflect the reality of rural practice (P3). For this person, multiple relationships were a challenge but had not caused any major problems:

> In fact, those restrictions have kind of loosened. You see articles now about the fact that people are recognizing that in a smaller place you can't have those same kinds of stringent requirements that you maybe could adhere to if you were in a city. But for years I would see these articles with what you're not supposed to do and I would say, "Well we can't do that here so it's impossible" but it really hasn't caused any major problems for me. (P3)

Lack of Anonymity

A concern that is closely related to multiple relationships is the high visibility of the mental health professional and her or his resulting lack of anonymity. This seemed to be a distinct issue within rural communities where avoidance of places that clients may frequent is typically not an option. One participant pointed out the difference between rural and urban areas:

> I can describe many of those [difficult scenarios] and you know I just kind of deal with it on a case by case situation and I think that I've managed it. But when I talk to people that are in big urban areas, they typically don't have those problems. There is more anonymity in an urban place and they can disappear back into the crowd. (P3)

The lack of anonymity can be a challenge in many different ways. One participant noted the danger associated with clients knowing where she lived. She also identified the intersection of family and professional life and seeking personal health care services as issues that were affected by a lack of anonymity:

> [I live] two blocks [from where I practice] and I do a lot of evaluations where I don't develop a relationship per se with the person I'm working with. It's not a relationship where they get to know you. And some of these people have criminal records. That's a big fear I guess, or possible danger is that two blocks is a real close distance to live. I have children in the school systems, my kids go to the schools here, and I work with some of their friends, and that's really difficult when their friend goes up to them and says "Oh, your mom's my therapist" and, you know, my kids are like "what?" and they get kind of weirded out by that.

> And, so, you know a lot of the people, you see a lot of the people. I can't go anywhere in town on any given day without seeing a current or prior client. So, every time I go out I am kind of on guard. Going to the doctor, there is not a lot of privacy in my life if I go to the doctor. I am going to see: (1) people that send referrals and (2) my clients. And so, as far as seeking any kind of services for myself or my family, that can be a little uncomfortable. (P2)

Another participant expanded on this theme in a related way by describing how involvement in social activities can be a challenge.

> From a personal standpoint it makes it extraordinarily difficult to participate in some social activities. You can't go, I can't go to the kinds of parties guys like me would go to because half the folks in the room have received services [from me] and it makes all of us feel peculiar. It's difficult to go out and eat a pizza without running into three or four patients and God keep you out of Wal-Mart because it seems like you know everybody that's there. (P6)

Lack of Resources

A general lack of resources in rural areas was a challenge noted by several participants. This issue is related to the concerns about multiple relationships because of the fact that having few resources available leads to the difficulty in referring out individuals with whom the therapist has, or may have, another relationship. In addition, this challenge was often illustrated by mentioning the lack of specialists, such as psychiatrists, in rural areas. One participant compared her experience working in a larger area to her rural work.

> It's really tough because I think I'm in a culture shock still with coming from a

> place where there is 70,000 people to a place where there is 5,000. And when you have 70,000 people you have so many options for all kinds of services. There is lots of funding and programs available. Just a case in point, we are looking for a behavioral analyst for a three year old at this time and we can't find one and the insurance in this area doesn't recognize behavioral analysis as a treatment mode that is acceptable. So, you know, we run into things like that in more rural areas. (P2)

A lack of support groups was also a challenge related to the lack of resources in rural areas. One participant noted this as a difficulty when working with her clients:

> There's not as many support groups so if you have a client who needs a particular type of support, often times you're not able to find it for them so that's a disadvantage for clients and for me, too, to be able to connect people to proper resources. (P3)

Poverty

Poverty was a distinct theme that emerged among participants. There are many ways that being poor can affect the lives of community member, such as not being able to afford insurance and therefore being unable to afford to come to counseling. Further, even if people do have insurance, participants noted that clients may not be able to afford insurance co-pays.

Poverty was also related to a lack of opportunities for clients. When asked about opportunities in rural communities, a participant pointed out the limitations associated with the severe poverty in her area.

> In another rural area I might be [able to identify more good things associated with

> rural living] but in [this] region, the poverty is a huge problem. And there's not, our clients see very little in the way of hope when it comes to rising above their socioeconomic status, as far as getting out, seeing more of the world, exploring other places. They really are kinda stuck there due to the lack of opportunity job-wise and otherwise. So that really is a huge disadvantage or the opportunities just don't exist that we can find. (P7)

Access to transportation

Although access to transportation at times overlapped with a lack of resources and poverty, it was a distinct theme identified by participants. Many times this was a barrier to accessing treatment or other services that clients needed. Below are examples of the ways transportation was noted as an interrelated issue as well as a separate concern.

> The challenges, a lot of what we see are, transportation issues are huge for our population because our area is far spread out over quite a large square mileage. And there's no public transportation to speak of. There are some, but they don't canvass the entire area. People have a really hard time getting from place to place. There's a real culture of poverty where we are, so people don't have their own transportation. They don't have cars, they don't have people they, you know, their friends don't have cars, their families don't have cars, so they rely on us as an agency to take care of a lot of that and that's really a huge problem related to being rural. (P7)

When transportation problems were navigated by agencies, it often took away from the time that the practitioner had in which to provide services to clients. One participant explained,

> Transportation [is a challenge,] especially for children's programs. For example, when I worked with the agencies, we had trouble with substance abuse programs because the parents wouldn't bring the kids or couldn't but often times it was wouldn't; whereas, if we had public transportation, the adolescents could have come by themselves. When we had summer programs, we had to provide all of the transportation to these children, which limited the number of hours that we could be with the children because of the time spent conveying them to and from the program. So that was a problem in a rural area. (P4)

Additionally, the distance that clients live from needed services and the weather were related to transportation problems,

> I guess not just the vehicle itself that people might not have but if they have a vehicle they may live in the community but be so far out in such a rural area that if we have any kind of weather, it's difficult for them to get in for appointments and that kind of thing. (P1)

Knowing people in the community is a disadvantage of working in a rural area

Although knowing others in the community was identified as a benefit of working in a rural area, the same issue can also lead to challenges. These issues were linked to the benefit of knowing community members because of the small size of rural communities, which creates a paradox related to rural practice. One participant explained this as it related to both multiple relationships and maintaining confidentiality,

> Other challenges? I'll tell you the flip side of what I said earlier about having people know each other, support each other. Sometimes that also gets in the way because I'll find myself, because of our limited staff, limited resources, we may

> be working with people that know each other and they may be having problems with each other, need to talk about each other, and it's really challenging to keep those things separate as a therapist. Of course, the challenges of confidentiality, it just makes it a little more difficult there when you have people that know each other so well. (P7)

One participant described knowing people in the community and how it was challenging to manage the "countertransference" associated with the information that he knew about clients,

> Well, there's always the countertransference issue. You may know your client, maybe someone that you've known their family and you really want to try to help. So, you have to be really clear about boundaries and watch for that, too, that you don't allow information that you are aware of [but] did not come to you professionally, that you don't allow that information to bias you one way or the other either too much pro-client or too much anti-client. (P5)

Knowing people in the community was also related to boundary issues, which are challenging in rural areas. A participant pointed out the challenge of informal requests from community members:

> You get many informal consultation requests from people who know you personally. So you have to be careful about the level of advice that you tender, knowing that if you give very specific advice, that that may make you vulnerable to complaints that your advice was not well chosen. It's hard to draw the line between gentle suggestions and a clinical relationship. (P6)

The same participant noted that his professional organization had identified some of the

challenges related to boundary issues but it continued to present a challenge to rural practice:

> Boundary issues are more complicated when you do business. The [American Psychological Association] now recognizes that and allows people to have business relationships with folks with whom they've had some professional relationship. But it's always something that you wrestle with several times a week. If you raise children in an area, and you see kids like I do, then you end up having your patients come to your house to hang out with your kids and it gets a little bit thorny, the ethical issues, the boundary issues. (P6)

What are Some of the Social Justice Activities in which you have Participated?

One of the goals of the research was to gain a better understanding of whether rural practitioners were engaging in social justice advocacy on behalf of clients. If they were, I also wanted to understand what they were doing. Although interviewees varied in the ways in which they advocated for clients, and the roles they played varied, all participated in some form of social justice advocacy (broadly defined). However, determining whether the person engaged in social justice advocacy and, if so, what counted as such was complicated by the fact that defining social justice advocacy is subjective.

> I frequently volunteer to be speaker at support groups, schools. I have provided parenting workshops through community action agencies but I look at social justice in the way that I'm defining it as a social work thing. A "CO," community organizational kind of thing. But I don't look at, I look at social workers and psychologists as being very different, and I don't, I'm not down there carrying a

> sign saying my County Commissioner should adopt zoning because it would be better for everybody. I don't fight abortion, I don't stand up for the NRA, and I probably will never do those things. I try to help my community and I try to participate as a psychologist but I don't focus on social justice issues. (P6)

Given this subjectivity, there was wide variation in what was considered social justice advocacy so the responses to the initial question were diverse. This led to a large number of themes that emerged both for the initial question and for the follow-up queries. In this section, I begin with outlining the themes associated with the general matter of social justice advocacy and then discuss responses to particular follow-up questions, some of which were asked of everyone (e.g., "Have you turned down requests for advocacy?") and others were based on the context of the interviewee's response (e.g., if the person worked for an agency). Because there was a section of the interview devoted specifically to participation in contentious social issues, those questions and responses are discussed in the next section instead of intermingled in this one.

Reasons for Participating in Social Justice Advocacy

When responding to the questions about social justice advocacy, participants talked about forms of social justice advocacy in which they were involved. They also discussed factors that were influential in their decision to become active. Five themes emerged in this section: Belief in the social justice issue (8), a desire to advocate for those who have less power (5), knowing people in the community is a double-edged sword (4), personal traits are influential in advocacy involvement (3), and a desire to help clients learn to advocate for themselves (3).

Belief in the social justice issue

In order to be involved in social justice advocacy, participants identified belief in the cause as a very important consideration. Similarly, not believing in an advocacy related issue was noted as a reason a participant would not engage in advocacy. Several participants were very clear about the influences of their beliefs on social justice advocacy. For example, one participant said, "If I believe in something, I'm gonna do it, that's just the way it is" (P3).

One participant also discussed the importance of personal congruence and acting on what he believes is just:

> I have to, just me personally, I have be able to sleep with me at night and it kinda gets back to our values – things that we talked about earlier – and I got to be able to sleep with me and if I feel like I'm on the right side then I'll be ok. (P5)

For this participant, advocacy is both influenced by and influences his personal life. Another participant, while talking about a specific advocacy effort, pointed to the strong influence of a belief in an issue despite possible consequences:

> You know, that's just the kind of thing sometimes. I guess you can go back [to] where we were talking that there are roadblocks and that in one sense, because I am a professional in the community I was able to get some things to happen for this family, and in the other sense the department of social services is probably not very happy with me and I don't care. You know I don't care if they don't ever refer a person to me ever again because I think I advocated for what was right for this young boy. (P1)

Clearly, belief in an advocacy issue is influential in making advocacy-related decisions

for most participants. Additionally, it seems as if the more a participant believed in a cause, the more willing he or she was to get involved, even if there was the potential for negative consequences.

Desire to advocate for people who have less power

This theme focuses on actively advocating on behalf of persons who hold less power. Advocacy was done on behalf of both individual clients and groups who are disenfranchised. Some of the groups that participants mentioned when describing advocacy efforts included persons with mental illness, individuals with chemical dependency, persons considered legally incompetent to make decisions, children, persons with a past felony conviction, and individuals who held little power in the community. For example, one participant talked about the various types of advocacy in which he had been involved:

> Probably the biggest [activity] has been advocating for children in child abuse, child neglect cases, that would be one. Another one would be advocating for victims of domestic violence. Currently, we're doing a lot of work here with individuals who are addicted to opiates and trying to work to dispel some of the stigma associated with the, quote, addicted population, and those would probably be my top three. And I've done that in both a community sense, working with, for example, the family resource network, the family refuge center for battered women, advocating in the court system, magistrate court, circuit court, family court. (P5)

One participant pointed out how systemic issues can be disempowering and the need that she therefore felt to step in and advocate on behalf of a client despite the perceived role

restrictions:

> She really didn't have any ability to advocate for herself. Somebody who had some power in the system needed to step in. … So, those are probably the primary kinds of situations that I find myself in where you could just sit back and let the chips fall where they may… But if you don't do it, then it's not going to get done and those people are going to get screwed by the system and that's the bottom line. And I'm not going to tolerate that and if I see a situation like that I am going to do what I can to rectify the situation. (P3)

Some participants noted that the decision to engage in social justice advocacy was largely dependent on how their actions would influence those who held less power. For one participant, this was part of his decision making process related to advocacy:

> I would try to evaluate it in terms of how the hypothetical thing would impact the most vulnerable populations, which happen also to be the populations that I work with. How it would impact children and the mentally ill population and the substance abuse population and the disabled population and the elderly population. (P5)

Knowing people in the community is a double-edged sword

Knowing people in the community was identified as both a benefit and challenge of working in a rural community. Similarly, this theme was present regarding social justice advocacy. Some participants talked about how knowing people in the community made advocacy easier because of the relationships with other professionals and community members. Other participants talked about how this was a challenge because of the potential conflicts that could result from advocacy.

One participant spoke specifically about the advantages and disadvantages of knowing people in the community.

> It can be easier because it's a rural community but it can also have more roadblocks because it's a rural community. And you know, in a larger community you could be out there advocating and half the people that are in that community wouldn't even know you but in a small community we all know everyone (laughs). Half of us are related (laughs). It does make it tough. (P1)

Another participant talked about the challenges she faced regarding collaboration when trying to integrate into a small community.

> It gets better with time as they gain trust in you. I guess and that's something you would have to do with any kind of working relationship when collaborating with others is knowing them. But it didn't seem like that was the case. I never got that feeling or sense in the bigger areas that I've worked in. (P2)

Personal traits influence the level of involvement in social justice advocacy

Differences in personality were identified as an influential factor in the level of involvement in social justice advocacy. This was especially relevant when considering advocacy efforts that placed the participant in a more visible role. For example, one participant reported feeling more comfortable with individual advocacy, "I prefer involving myself on more of a micro level, like individual client by client, which is what we do, so I just wouldn't be likely to do that anyway" (P7). Another did not see herself as one who started advocacy efforts that were not already established,

> I've never been, just personally [been] the kind of person that just goes out there and just shakes things up, that starts a lot of things,. If something is out there and

already in place, sure I'll go and see if it is something that I would like to do but I don't really start things. (P2)

Desire to help clients learn how to advocate for themselves

Empowerment was identified as a form of social justice advocacy. This was another avenue that practitioners could take when clients were faced with injustice. One participant described how empowerment was a part of her approach to providing services to clients.

> The right to self-determination has always, I mean that was one of the very first things I learned in social work, you know in school, to make sure that person understands that they have the right to self-determination. I'm not going to make their decisions for them. I'm not going to say "you've got to do this" or do it for them. You know, it's their right for what they want in their life. (P1)

Another participant described her focus on empowerment rather than other forms of advocacy as a result of her approach to treatment,

> I don't believe I've ever called, since I've been here a provider of any kind of services, and said "I have this person that needs to talk to you." It's always talking to the client and allowing them to make that decision and whether or not they want to seek those services. (P2)

Barriers to Participating in Social Justice Advocacy

Participants were asked what interfered with their doing more social justice advocacy. The four themes that emerged regarding barriers to social justice advocacy were time (8), fear of lost income (6), values conflicts (5), and strained professional relationships (4).

Time

Given the significant need for services and limited number of practitioners in rural areas, it was no surprise that time was seen as a barrier to engaging in social justice advocacy. One participant provided a snapshot of why time is a barrier:

> Time. I don't have the time that I would normally have in, say, a community health setting or inpatient setting, things like that. When you work in this type of setting, or at least this is my approach to it, you try to get in as many people as you can because the need is so high. And so I don't take breaks, I don't take lunch, its back to back to back. And then after everybody's done, about six or seven at night, then I start doing paperwork, so there's just not a lot of time. The need's just too high. There's just too many people that need to come in so that would interfere, definitely. (P2)

Even with the benefits of working for an agency, time can be a barrier because of the size of caseloads. The benefits of working for an agency include more time to be involved in advocacy and will be discussed later in the results. However, even though working for an agency provides more time for advocacy, it is still a challenge. As one participant pointed out,

> Probably the largest barrier there would just be we have an enormous volume of people we provide services for. When you're stretched that thin, it's hard to reach out to do much else. But since, I feel like you know, due to the nature of my specific work, we do have more opportunity to do that than others might so we kinda weave it into our daily activities. (P7)

Thus, working for an agency provided more opportunities to integrate social justice

advocacy into the participant's work day but remained a challenge. On the other hand, another participant talked about family obligations and how this might limit the amount of time spent on advocacy: "Being a grandmother's important, taking care of my elderly parents is important. … My responsibilities, my obligations to my family, are gonna limit my participation" (P3).

Fear of lost income

Social justice advocacy is generally not reimbursable. This was noted by participants as a barrier to engaging in more advocacy. One participant talked about the difficulties associated with being in private practice and how this work setting related to a fear of lost income:

> You know, Medicaid now has increased it to maybe $38 an hour but you have to pay [the] cost of the building, and your secretary help, and your social security, and your own taxes, and you don't have any benefits so you have to pay them yourself, so it is a consideration. (P4)

However, working for an agency may also include billing expectations that restrict the amount of time a counselor can spend on advocacy. One participant talked about the restrictions of a fee for service system and how this had changed over the years:

> Billing. You know, I work in a non-profit community mental health center and we see people, anyone who comes through the door regardless of their ability to pay. But we have to make, generate enough money to keep the lights on and the doors open. So being productive and billing issues frequently prohibit me and the other members of the staff from advocating as much as we probably could and probably as much as we should just because right now in this environment, the fee for

> service environment, it's all about the production and seeing people and if its not billable then you can't do it. You know 20 years ago when I was doing this, the environment wasn't like that and in fact we were encouraged to go out and do some program development and do more advocacy with clients and for clients on behalf of clients. But right now it's not that kind of environment so the biggest barrier is billing. (P5)

Values conflicts

Values conflicts were noted as a potential barrier to social justice advocacy. Some of the participants had not necessarily experienced a conflict in values that led to problems with advocacy but could foresee this being a potential barrier to advocacy. One participant talked about how geographical difference can translate into values differences.

> You're going to have a lot more people who believe the same way. They're in the same culture, and the same area geographically. I don't come from a small town, I come from the city and so I have that kind of city attitude and belief system and experience. (P2)

Another participant talked about how being involved in social justice advocacy could be a problem for him.

> Taking you back to the big social issues, say for example, gun rights. And so I have people that come in here, I'd say that the bulk of the rural citizens in this area hunt. I'm a big believer in elimination of all firearms within every home in America. So, if I collaborated with a local antigun lobbyist, that would be a real problem for me... (P6)

Another participant talked about certain personal values that prevent him from working

with and advocating for, a specific population.

> I guess, to be completely honest, the one population that I have never felt comfortable with and don't work with are perpetrators of child sexual abuse. And that's my values, but I'm well aware enough of them where I'm not going to put a client in the position of having to deal with that. I'll just say that's not a population I can work with. (P5)

Strained professional relationships

The potential to strain professional relationships was identified as a barrier to social justice advocacy. Given that participants focused on the importance of professional relationships, the potential to strain those relationships was a concern. One participant talked about the impact that advocacy could have on relationships with attorneys. "That can be a good thing if they know you and they trust you, but it may sit uncomfortable at times when you're going against what they are fighting for" (P1). Another participant, who identified as an advocate, talked about how she thought some other professionals with whom she had worked "grind their teeth if they think I'm gonna be at a meeting or on a committee" (P4). Taking a stand on issues, even from a personal (as opposed to professional) role can also lead to strained relationships. One participant talked about her personal standpoint regarding advocacy issues.

> Our community is extremely conservative. And so, in terms of speaking out about these things [abortion, sexual orientation related issues], yeah that's a conflict in this community. I have run into that but not specifically in advocating for a particular client or a particular legislation in counseling but in terms of my own personal political involvement or church involvement or community involvement.

> I speak up about those things and when I do it can put me at odds with other people in the community. (P3)

Responses to Question about Refusing to Advocate

Participants were asked about times when they had to turn down requests to advocate. The theme of "turning down requests for advocacy is rare" (5) emerged from the responses. Although participants noted some occasions where they did have to turn down advocacy, these tended to be because of contextual constraints such as conflicts of interest or court-related issues as opposed to a general perspective or common experience.

Turning down requests for advocacy is rare

Most participants had not had to turn down requests. For example, one participant said, "in 20 some years of practice, it's hard to remember everything. I can't remember ever having to say that, 'I cannot advocate for you here'" (P1). Participants also noted few specific advocacy requests from clients and community members. A participant suggested that this may the result of the counselor's perceived role.

> I can't think of a time. A lot of times people don't specifically, sometimes people ask me to do these things and others I just see a need and I just, I start doing it. A lot of times people don't even perceive that that's my role. So, they're not going to even ask me. But other times people will ask me to speak for them in certain instances. But right now I can't think of a time when somebody asked me to do something that didn't seem right to me or I wasn't willing to do. (P3)

One participant identified potential harm to clients as a reason that she had turned down requests for advocacy. This could be especially relevant in court-related advocacy, as she

pointed out,

> Only personal advocacy like when sometimes a client will request that I go to court on his behalf and I don't. I have to go if I am subpoenaed but sometimes I will tell them that if there a substance abusing client that my presence there will harm their case. (P4)

Responses to Question about Influence of Working for an Agency

Participants who worked for an agency were asked about the influence of agency employment on social justice advocacy efforts. Only three of the participants currently worked for an agency. Another person had previously worked for an agency but was currently in private practice. So the response pool related to working for an agency was limited to 4 participants. The single theme for this question was that of working for an agency had a positive influence on advocacy efforts (3).

Working for an agency has a positive influence on advocacy efforts

Working for an agency made participating in advocacy efforts easier for participants. One of the reasons was because of the available time, which was associated with reimbursement. Time and fear of lost income was a noted problem for those participants working for an agency. Despite this, participants working for an agency believed their agency employment had a positive influence on advocacy efforts. One participant who worked part-time for an agency and also in private practice pointed out the difference between the two.

> When I'm out there I get paid for all the time I'm out there so if I'm doing advocacy and phone calls and that kind of thing I'm getting paid for it. In private practice you can really consume yourself with a lot of extra time that you're not

getting paid for. (P1)

Working for an agency also provides more opportunities to develop relationships with other professionals, which, as one participant explained, may be more difficult for those in private practice. “People who have only worked in the private sector don’t already have that big network and they have to grow the network and it’s hard when you’re doing, just as I’d said, hour by hour” (P4). Working for an agency may also provide the practitioner with more bargaining power when engaging in social justice advocacy. One participant talked about the influence of the agency that she worked for,

> It’s a formidable [laughs] force and I feel we have a good reputation in the community. We have a good reputation across the state for providing good services and so when we speak on behalf of our agency people tend to respect that, they tend to honor that. (P7)

Participation in Advocacy Related to Contentious Social Issues

Because I was interested in ensuring that I would find out how participants would view the risks and benefits of participating in high-profile social justice advocacy situations, I asked a question about this topic. I also wanted to determine whether working and living in a place where one could be easily identified as an advocate would influence the willingness to be involved. Thus, I asked a second question about being active in a different small community. In this section I provide the themes associated with both of these questions.

Participation in Contentious Social Justice Advocacy in One’s Own Community

Social justice advocacy may involve issues that are contentious among community members and other professionals. This could especially be true when

practitioners advocate in a more visible role. One of the examples of contentious topics that several participants gave (i.e., this was not an example I provided) was surface mining (i.e., "mountain top removal coal mining"). This is a controversial topic that most practitioners noted and volunteered as a specific example of the general question about how they would respond to requests to advocate on a contentious issue. Regarding participation in contentious social justice advocacy in their own community, two themes emerged: Concern about advocacy being harmful to one's practice and personal life (8) and visibility of the practitioner could influence contentious advocacy efforts (5).

Concern about advocacy being harmful to one's practice / personal life

Participants expressed concern related to advocacy on contentious issues in a rural community. Most participants had not been involved in controversial issues but were able to imagine the impact of such involvement. The possible consequences identified were related to their practice and personal life. One participant talked about how contentious advocacy could affect her practice. "I'm sure that [contentious advocacy] would affect my reputation and people's willingness to come and see me" (P1). This might be even more difficult for those who are not from the community in which they practice, as was the case for another participant who said "You have to consider your very tenuous place in the community" (P2).

The relationship with clients was also identified as a consequence of contentious advocacy.

> If I speak against that [contentious issue] or collaborate with somebody who speaks against that, it will diminish the degree to which [clients] put credence in my recommendations, and to make patients better they have to believe in you. …

> So, if you hinder that relationship development through social advocacy efforts, then you're diminishing your effectiveness as a psychologist. (P6)

Similarly, another participant talked about how involvement in advocacy related to surface mining (her own example of a situation) could impact her practice.

> That could really impact my practice, that could, honestly in this community, that could have the potential, it could destroy my practice. Because I think I could get enough people angry at me that I could get to the point that I might not be able to make a living. (P3)

The impact on one's professional practice may also include relationships with co-workers.

> If they don't necessarily agree with what I'm out there publicly touting, I could see it not only affecting the clients but the other staff, my coworkers. I could see where it could potentially have repercussions on those levels. (P7)

Participants also talked about the impact that contentious advocacy might have on their personal life. The distinction between beliefs and the person may not be clear. "I think that some people take things so personally that they could not be able to separate someone's belief about something and who they are as an individual" (P2). Taking things personally might lead to uncomfortable and adversarial relationships outside of the practitioner's professional relationships. "I could see it leading to unpleasant relations in public" (P4). One participant mentioned a community member talking about a local mental health practitioner who had been involved in visible social justice advocacy.

> One of the Board of Supervisors goes to our church and I said something about this lady and he said "She's a zealot." (Laughs) And I could tell he was not in

favor of her advocacy that she was doing. (P1)

Another participant provided a summary of consequences that contentious advocacy could have on a myriad of aspects of her life.

> Lost work, lost reputation, maybe some negative judgments by others in the community. It could have an impact on my children, everyone knows who my kids are. So, it could have a lot of personal and professional negative consequences if I were to be out there and going against the grain. So you kind of have to keep your mouth shut. (P2)

Visibility of the practitioner could influence contentious advocacy efforts

Visibility of the practitioner was noted as a challenge to working in a rural community. This was also noted by participants as being influential in involvement in social justice advocacy related to contentious topics. When a practitioner is involved in contentious advocacy, it would likely be known to the community rather quickly. "Information spreads quickly. So, if I were going to go and shake things up and say something against the global thinking around here, that would get out quickly and probably would not be good" (P2). For example, having a political bumper sticker or sign in her yard was avoided by one participant.

> I've thought about that for years, wanting to have a bumper sticker during political elections and I haven't done it. I wouldn't want to. I wouldn't want anyone to assume a whole cascade of thinking just by reading a bumper sticker or a sign in the yard. (P4)

Looking for other ways to advocate that may have less negative implications for practitioners was a way to deal with the high visibility of rural practice.

> [Surface mining] is such a controversial issue and people have such strong feelings about it that it's gotten to a boiling point. So, looking at what I might be able to do, I think that there's a need for some mediation. (P3)

Being true to one's beliefs while also maintaining professional and personal relationships may necessitate alternative forms of advocacy. "For instance, you could pay money to your cause instead of walking down the street carrying a banner and that would be a pretty reasonable compromise as long as you're still true to yourself" (P4).

Participation in Contentious Social Justice Advocacy in Another Community

In order to better understand the influence of advocacy within one's own community, participants were asked about advocacy related to contentious topics in another community. Specifically, interviewees were asked how they would respond if a request for advocacy came from members of another community and what would be different from when the request came from their own community. Two themes emerged from these questions: It is more important to be active in one's own community than in a different community (5) and advocacy in another community is different because it is less likely to be associated with negative professional consequences (5).

More important to be active in one's own community than in a different area

Participants talked about how they would be less willing to advocate in another area because they would prefer to spend their time on work within their own community. "I live here, I work here, I'm raising a child here" (P8). One participant noted that there would likely be a decreased possibility of negative consequences but that this did not outweigh the importance of advocating within her own community: "It might be less complicated in another area but, again, I doubt I would have very strong feelings about it

if it were somewhere else" (P7). Living in a community and being able to see the need for advocacy was important for the motivation necessary to become involved in advocacy. "Your heart is in your community, not necessarily in another's. Living in one [community] makes a world of difference" (P4). Similarly, "If you don't see it, it's not a problem kind of thing" (P2).

Different because less likely to have negative professional consequences

Participants believed that being involved in contentious advocacy in another community could have less negative professional consequences. This was often related to the difficulties associated with visibility in one's own community. The high visibility of the practitioner could lead to a negative response from community members. "I think the biggest difference would be that I wouldn't have to be concerned about being ostracized in my own community for something that I had advocated for in a community that wasn't mine" (P5). One participant talked about the advantage of advocacy in another community where one is freed from the judgment of his own community.

> It frees you from the greatest dilemma of all, which is the diminishment of your effectiveness in your role should you be considered a strong community advocate for an unpopular position. So, it frees you to do what you think is right for the community or the capitalcy, the big community of your state or your nation. (P6)

A third participant described being freed from the "layers of complication" (P7) if advocacy was done outside her own community. Another participant talked about her willingness to "fight harder" (P1) in another community where it would not impact her professionally and personally.

Additional Theme: Being an Outsider Could Lead to Diminished Trust

One theme emerged that did not fall into a specific question that was asked of participants. This theme was related to the difficulty associated with not being from the community in which one practices, which led to: Being an outsider could lead to diminished trust (4). This idea was often discussed in the context of discussion of trust with community members, regardless of the specific question that was being answered. "If I hadn't grown up there, I think people would hate me, they would realize right away I've got this Yankee accent. You know, I'm not one of them." (P4) Even those participants who had lived in their community for many years did not feel fully accepted as a local community member.

> It's pretty clear that I'm not one of "us" [a community member], even though I've been here 20 years, in southern West Virginia 30 years. I'll never really be from "here," I'll never be seen as a local. My kids who were born and raised here aren't seen as locals. Not enough generations have transpired. (P6)

One participant suggested that values may be related to the difficulty with non-local integration into the community.

> I think values [] get in the way of people being accepted here. Many people over the past few years have relocated here from other states, other areas, and they're not readily accepted here by the community as a whole because there is some bias that if you weren't born and raised in this county or in this town, then you don't belong here. (P5)

Summary

In this chapter I provided a summary of the research results. The data analysis

revealed that themes evolved as a direct result of the questions asked. Thus, this chapter began with a review of the themes associated with the benefits and challenges of rural practice. Additional themes related to how rural practitioners advocated for clients, as well as influential factors regarding advocacy. Further, themes related to contentious advocacy emerged as a result of a series of questions about this type of social justice work. A final theme was cross-cutting and related to the community members' trust in the practitioner, especially one who was not raised locally. In the next chapter I will discuss the implications of the results and place them in a larger context.

CHAPTER V

DISCUSSION

In this chapter I discuss the results of the research in terms of the original set of research questions. First, I review the themes that developed from the interviews and how these relate to existing research. Next, I discuss impressions associated with unique responses that were not included in themes. I then discuss the implications of the research, followed by the limitations of the results. Finally, I conclude with the possibilities for further research.

Research Questions

Rural areas can be unique and rewarding places to practice (Schank & Skovholt, 2006) but might require consideration of special issues when one is debating about whether to engage in social action. Because there is little information on how rural mental health practitioners make decisions about engaging in, and how they actually do engage in, social advocacy efforts, three general research questions guided this project. In this section, the themes described in Chapter IV will be used to answer these questions and demonstrate connections between this dissertation and previous work as well as how this project extended beyond the existing literature.

A total of 26 themes were identified from the eight interviews with rural mental health practitioners. A theme was included if at least 37.5 percent (three participants) endorsed the theme during the interview. The themes that developed were closely related to the questions asked of the participants. As a result, it is fairly easy to link the themes to the original research questions.

Research Question 1: What are the experiences of mental health professionals who live and work in rural areas?

Benefits of working in a rural area

Participants identified four themes related to benefits of working in a rural community: Relationships with other professionals (6 participants), knowing people in the community (4), a high demand for services (4), and the characteristics of rural living (3). Often the benefits of rural mental health practice are overshadowed by the challenges associated with working in a rural area. Schank and Skovholt (2006) suggested the need for a reexamination of advantages to working in rural areas. Consistent with previous work, a common overarching theme that participants talked about were relationships.

The concept of relationships with other professionals was associated with having close working relationships and the ease of communication. This experience was often noted as being the result of the limited pool of professionals in a small community and the corresponding high rate of interaction. Essentially, having fewer professionals with whom to interact led to closer working relationships and improved access and communication with one another. This benefit to rural practice is supported by previous research (e.g., Schank & Skovholt, 2006; Schank, Helbok, Handleman, & Galardo, 2010).

Another relationship-based benefit was knowing others in the community who could be drawn in as resources to help clients. Knowing people in the community was related to knowing non-professionals such as townspeople and clients. The advantages included being aware of family members who might serve as supports for clients. Knowing people also made establishing rapport and trust easier for practitioners. This

benefit has been described as community involvement and acceptance (e.g., Schank & Skovholt, 2006; Harowski, Turner, LeVine, Schank, & Leichter, 2006; Schank et al., 2010). On the other hand, knowing people in the community was also a challenge to rural practice.

Characteristics of rural living was a broad theme that included the aesthetics of rural areas, lower stress, and social relationships. Practitioners often noted several of these factors in combination when describing advantages to rural practice. Rural characteristics were often talked about in contrast to urban settings where access to landscapes and a slower pace may be more difficult. This has been described elsewhere as lifestyle advantages (e.g.,Schank & Skovholt, 2006; Harowski et al., 2006).

The shortage of practitioners in rural areas is often identified as a chronic problem (Helbok et al., 2006; Schank & Skovholt, 2006). However, in the present study, this situation was seen as providing some benefits to participants. Being able to provide services to which clients would otherwise not have access was intrinsically rewarding. Additionally, the ease of starting a practice because of the limited competition was identified as a benefit. Corresponding opportunities to make more money as a result of bargaining power with managed care companies and maintaining a full caseload were benefits of rural practice. This benefit was somewhat unique to this research because the lack of providers is often noted as a problem and the opportunities related to the rural practitioner shortages have not received significant attention in the literature.

Loan repayment programs are utilized as a recruiting tool for mental health professionals. The benefits identified by participants could be utilized to recruit mental health professionals who do not have significant educational loans or in combination with

loan repayment recruiting strategies. The ease of starting a practice in a rural area along with other benefits may be important considerations for some practitioners.

Challenges of working in a rural area

The challenges of rural practice have received the bulk of attention in the professional research and literature (Helbok, 2003; Roberts et al., 1999; Schank, 1994; Helbok et al., 2006; Schank & Skovholt, 2006; Turchik et al., 2007). Six themes were identified related to challenges: Multiple relationships (8), lack of anonymity (5), lack of resources (5), poverty (5), transportation (5), and knowing people in the community (4). Although, each of these themes is distinct from the others, there are some similarities among multiple relationships, lack of anonymity, and knowing people; there also was some overlap between these areas being identified as challenges but also noted as advantages by many participants. Similarly, lack of resources, poverty, and transportation are related conceptually but were determined to be independent themes; however, these challenges did not appear to have beneficial elements for practitioners. Given these groupings, I discuss the two sets of challenges together.

Multiple relationships, lack of anonymity, and knowing people are a result of the small size of rural communities (Helbok et al., 2006; Schank & Skovholt, 2006). Relationships with clients outside of the therapeutic relationship are unavoidable and are a challenge to rural practitioners (Helbok, 2003; Schank & Skovholt, 2006). Further, practitioners may be involved in a variety of community oriented roles (Murray & Keller, 1991). Participants talked about the care that they take to minimize problems associated with overlapping relationships and acknowledged the increased attention to this in the professional literature (e.g., Helbok et al., 2006; Schank & Skovholt, 2006; see also

Lazarus & Zur [2002] for a more general discussion of multiple relationships, from a more flexible perspective than is often seen in the literature). Being able to do things in the community without running into current or former clients was a challenge for participants. Knowing people in the community resulted in challenges related to maintaining confidentiality because of the difficulty remembering where information was attained. One participant noted the difficulty with "countertransference" as a result of knowing information about clients. These challenges have been attributed to the "fishbowl" effect in rural communities (Roberts et al., 1999). Some existing literature on managing multiple relationships might be useful to rural practitioners if practitioners modified some of the content to take into account the rural context (e.g., Anderson & Kitchener, 1998; Cochran, Stewart, Kiklevich, Flentje, & Wong, 2009; Younggren & Gottlieb, 2004).

Challenges associated with a lack of resources, poverty, and transportation were identified as problematic for clients, which led to problems in access to services and in providing treatment. These types of challenges have been noted in the professional literature (Campbell, Ritchie, & Hargrove, 2003; Wagenfield, 2003; Campbell, Kearns, & Patchin, 2006). Resources such as support groups, psychiatric treatment, and other mental health specialists were identified as being scarce in rural communities. Poverty often impacted the ability of clients to afford mental health services and when poor clients were in treatment, providers indicated that it was difficult for clients to be hopeful about the future because of their poverty. Further, opportunities for employment are often limited in areas that have been afflicted with chronic poverty. In addition to these difficulties, accessing transportation in rural areas can be difficult. Participants talked about the

limited and often absent public transportation in rural communities. Clients may not have their own transportation and often rely on family or friends to get to appointments. Finally, weather conditions were noted as problematic for clients who did have access to transportation. During the winter months, secondary roads may make travel to appointments difficult and even dangerous. Transportation problems have received limited attention in the professional literature but are a significant concern in rural communities.

Many of the benefits and challenges of working in a rural area that were noted by participants in this study were consistent with previous research involving rural practitioners but there were some additional perspectives (e.g., lack of competition as a benefit, certain aspects of knowing people in the community as a challenge) that were unique to this study. After reviewing the results addressing the other two research questions I will return to these unique results and discuss implications for rural providers.

Research Question 2: What types of social justice advocacy activities have mental health professionals in rural areas participated in and what issues have arisen related to these activities?

One of the main goals of the research was to better understand whether rural practitioners were involved in social justice advocacy and, if so, what they were doing. There were also specific questions included related to turning down requests to advocate and the influence of working for an agency on social justice advocacy. Because these issues have not been explored in the published literature, in this section I provide more of my own analysis and interpretation rather than connecting the results to prior publications.

Nine themes emerged in this section and have been grouped together based on conceptual similarities. Themes related to reasons to become involved in advocacy were: Belief in the social justice issue (8), a desire to advocate for those who have less power (5), knowing people in the community is a double-edged sword (4), personal traits being influential in advocacy involvement (3), and a desire to help clients learn to advocate for themselves (3). There were also two themes that emerged related to the contextual questions: Turning down requests for advocacy is rare (5) and working for an agency has a positive influence on advocacy efforts (3). Finally, four themes were identified that are related to barriers to social justice advocacy: Time (8), fear of lost income (6), values conflicts (5), and advocacy can strain relationships with other professionals in a rural community (4).

Believing in the advocacy issue was a crucial component to all participants. Participants mentioned acting in a way that was congruent with their beliefs and that this was important for them to feel good about the work that they were doing. Advocacy on behalf of those who have less power (e.g., children, persons with mental illness) was a motivating factor for participants. These results make sense, given that persons who have less power are subjected to injustice more often than those with power, as well as the limited distinction between personal and professional roles in rural communities, which has likely impacted the way the practitioner's values and motivations get integrated into therapy sessions.

Knowing people in the community was identified as both a benefit and a challenge to working in a rural community. Similarly, knowing people in the community was a double-edged sword regarding advocacy. Knowing people made advocacy easier

because of the access to resources and close working relationships but could also be difficult because personal connections are so important that the practitioner would not want to risk harming those relationships or limiting access to resources. Thus, therapists will need to be very aware of the paradoxical nature of having good relationships contributing to challenges and benefits of living in the community and considering social justice advocacy. Personal traits were also identified as being influential in how participants were involved in advocacy. Participants who did not feel comfortable in a more observable role were less likely to be involved in advocacy that required more visible advocacy. The fact that differences in personality traits affect decisions regarding social justice advocacy is not surprising and underscores the need for further investigation of the complex relationships among personality and advocacy-related variables. Understanding more about how personality intersects with beliefs and other related factors would provide another layer to the understanding of decisions regarding social justice advocacy.

Thus, helping clients learn how to advocate for themselves was important to participants. This was akin to client empowerment (Lewis et al., 2003) and was identified by participants who also advocated in other ways and by one participant who, based on her approach to treatment, believed this was the best way to advocate for clients. Although there are various approaches to social justice advocacy mentioned in the literature (see Table 1), these distinctions did not seem to be as clear cut in this study and few of the approaches were explicitly mentioned. I suspect that this is because advocacy is not a focus of training programs and participants had a limited knowledge of the theoretical bases regarding social justice advocacy. Being able to consider more options

and distinguish among different possible approaches when advocating for clients would likely be helpful in navigating many of the challenges that were identified.

Related to the contextual questions asked of participants, interviewees reported that turning down requests for advocacy rarely occurred. When participants did have to decline requests, it was often because of the possibility of harm to clients, such as in a court-related situation where the practitioner may be required to divulge information that was harmful to the client. Additionally, clients may not perceive advocacy as being part of the role of the practitioner, which limited the amount of requests that practitioners received. Although only a few participants had worked for an agency, the theme of working for an agency as having a positive influence on advocacy efforts emerged. Working for an agency provided the time and bargaining power that was needed to advocate for clients, although limitations in both of these areas still existed. My sense of these findings is that rural people may already have difficulty asking for help and perceive seeking mental health services as already asking for assistance, thus they do not feel comfortable asking the practitioner to advocate for them. I also suspect that agencies often have employees whose work is not reimbursable by insurance companies, which allows for more time to be involved in advocacy. Agency employment also may allow for more flexibility because the financial security to maintain the operations is not solely based on one person's income.

The barriers to advocacy make sense given the realities of practice and the other results regarding the benefits and challenges of working in rural areas. Time was identified by all participants as a barrier to social justice advocacy. Given the high need for mental health services and the limited number of practitioners, this is an

understandable barrier to advocacy. Participants talked about the full caseloads they had and the need to bill enough to cover costs; because time spent on advocacy is largely nonreimbursable, the more time spent on social justice activities, the less time available to meet billing needs. Other obligations related to family also limited the amount of time available for advocacy. This makes sense because rural practitioners are just like everyone else and must find a balance between work and other responsibilities. Thus, they have to make sure they have time for family and friends that live in the same community.

Conflict between practitioner and client values was a potential barrier to advocacy. This has been identified as especially relevant in rural communities (Knapp & VandeCreek, 2007; Schank 1994; Schank & Skovholt, 2006). Different belief systems regarding what is just or fair could lead to disagreements with clients and community members. Consequently, the practitioner's ability to maintain a practice could be threatened as a result of community members being less willing to seek services from the practitioner. Somewhat related to this point is the potential for advocacy to strain relationships with other professionals. Speaking up about social justice issues could put practitioners at odds with other professionals. Given that relationships with other professionals was identified as a benefit of working in a rural community, straining relationships may be especially detrimental to a rural practitioner. From my perspective this speaks to the importance of knowing different ways to advocate and that determining how to maintain relationships is a crucial consideration when deciding whether to be involved at all. Thus, it would seem clear that advocacy related to contentious issues may put many of a practitioner's resources at a higher risk, which leads to the next section.

Research Question 3: What issues do mental health professionals in rural areas consider when deciding about social justice advocacy involvement in their own community versus assisting in other communities?

Social justice advocacy may entail taking a stance on issues that are contentious (King, 1968). I asked a question about how practitioners would respond to requests for advocacy related to contentious topics in order to better understand how rural contextual considerations influenced advocacy around these controversial types of issues. Two themes emerged related to contentious advocacy in the provider's own community: Concern about advocacy being harmful to one's practice/personal life (8), and the visibility of the practitioner could influence contentious advocacy efforts (6). In order to provide another way to get at this point, I also asked participants about the differences if someone from another community asked them to advocate regarding a related issue, which resulted in two themes: It is more important to be active in one's own community than in a different community (5), and advocacy in another community is different because it is less likely to have negative professional consequences (4).

It is important to note that most participants had not been involved in contentious advocacy, perhaps for some of the reasons noted earlier regarding the potential negative consequences of overtly advocating for social justice. However, participants were able to imagine the possible consequences of being involved in contentious advocacy. Participants talked about how involvement could lead to decreased trust from clients and professionals in the community. In addition, clients and others in the community might believe that a provider's personal values could influence whether the therapist would be able to be helpful in a counseling session; if the professional appeared to have different

values, this could impact whether clients would continue to come in or whether anyone new would be on the provider's caseload (as a variation of this idea, see Pipes, Holstein, & Aguirre, 2005). In addition, community members may talk about practitioners who are involved in contentious advocacy in a derogatory way and the therapist's family members may also be negatively affected by advocacy efforts. For example, a practitioner advocating for more restrictive firearm laws may be talked about negatively and as a result of informal community discussions, many members of the community may decide not to seek services from the practitioner. The practitioner's children may also be associated with the advocacy effort and be subjected to ridicule from their peers.

Actions taken by mental health practitioners in rural areas are likely to be visible to community members (Schank & Skovholt, 2006; see also Pipes et al., 2005). Information would likely spread quickly, limiting the degree of anonymity that a rural practitioner might have regarding their views and actions. One participant talked about her desire to have a political bumper sticker but said that she avoided doing this because she did not want community members to make assumptions based on her political opinion. Other participants talked about alternative ways that they could become involved in contentious issues (e.g., mediation, donating money to an organization) that could limit the consequences of advocacy. What appears to be most significant is whether advocacy is visible to the community. Less visible advocacy is a way for practitioners to act in congruence with their beliefs and remain in the good graces of the community.

I thought that it would provide some additional information if I had participants respond to a question about what they would do if another community asked them to advocate regarding the same contentious issues. Not being an invested member in the

other community and caring more for one's own community were reasons that participants were unlikely to become involved in another community. Additionally, they said that not being exposed to a problem would limit their awareness and motivation to engage in advocacy.

However, participants also noted that being involved in contentious advocacy in another community would be different because there would be less possible negative consequences. This was also attributable to the decreased visibility of the practitioner in another community. Thus, participants described being freed of the various complications that may be inherent in living and working in a small community. Trust in the practitioner was also less likely to be at risk when doing advocacy in another community.

This combination of results verified the other results, indicating that the key factor in whether to become involved in social justice advocacy around contentious issues was the potential for harm to existing relationships. One noteworthy aspect of this is that the focus was completely on the possible negative repercussions. Participants did not mention that a reason to become involved was the potential for increased referrals or better relationships with clients and community members. A sense of being true to one's own values may be influential but the potential for loss of one's livelihood and harassment of loved ones may overpower a therapist's being willing to openly take a stand on contentious issues in the provider's own community.

Additional Theme - Being an Outsider could Lead to Diminished Trust

An additional theme that was not specifically related to any interview question was identified. The issue of being an outsider leading to diminished trust was mentioned at various times in interviews with participants (4). Not being raised in the community in

which one practices may lead to diminished trust because community members might consider the practitioner to be an outsider and therefore less trustworthy. Participants talked about the difficulty of non-local practitioners trying to integrate into rural communities. Thus, being from the community in which one practices in can have benefits for rural practitioners. In my opinion this speaks to the importance of being involved in the community, especially if one is an outsider. However, the types of activities in which one is involved is a very important consideration. What constitutes a rural client or community member's perception of a practitioner is likely based as much on what the practitioner does outside of work as what the therapist does at work.

Unique Responses

There were responses from participants that did not develop into themes but are relevant to the discussion of rural practice and social justice advocacy. Some of these issues have been discussed in the professional literature while others have received less attention. Most responses were not directly related to questions asked during the interviews but emerged through participant discussion of issues linked to rural practice and social justice advocacy. These unique answers typically are not included in the Results and the analysis of the themes that developed because these are, by definition, idiosyncratic responses, and therefore they are usually not mentioned in the Discussion. However, I decided to include these comments here because of the exploratory nature of this study.

Being a Generalist and Continuing Education

Two participants talked about the challenges of being a generalist and continuing education. In rural communities it may not be realistic to specialize in an area of mental

health because of the limited pool of clients who will present with any specific disorder and because of the large number of people who may not be served if one practices only as a specialist (Keller, Murray, Hargrove, & Dengerink, 1983). Therefore, rural practitioners are often required to be generalists and at times stretch the boundaries of their competency in order for clients to receive needed treatment (Helbok et al., 2006). As a result, continuing education is especially important for rural practitioners (Johnson, Brems, Warner, & Roberts, 2006). However, finding continuing education workshops may be difficult as a result of limited opportunities in or around isolated rural areas. This leads to greater distances for travel to education conferences or seminars. "[A] huge disadvantage is continuing education. Last year I did half of mine online, which I hated to do, but I just couldn't find anything locally." (P3) Additionally, a rural practitioner may have little choice but to attend less relevant educational opportunities in order to meet licensure requirements because of the convenience of available options. Online continuing education opportunities may be a way to provide more options but it will be equally important that these opportunities are relevant to the needs of rural practitioners and that state licensure boards will accept non-face-to-face training.

Personal Benefits and Social Justice Advocacy

Personal benefits influencing advocacy efforts was identified by two participants. Deciding what is best for clients and the community may be challenging when significant personal benefits are involved. One example provided by a participant was advocating against wind turbines in her community. She explained how if the County had approved the wind turbine project, then it would be harmful to the view from her home and therefore decrease the value of her property. The participant also provided other reasons

(e.g., impact on tourism and migraines) that the project would have been harmful to the area and community members.

> I knew that it was gonna impact the tourist industry and I knew it was gonna impact my personal property value and a lot of other people's so I decided I was going to put an organization together to fight against this wind turbine issue. (P3)

The participant ultimately took a public stance on the issue and strongly advocated against the project. One of the consequences to there being visible personal benefits related to a professional's advocacy efforts could be that the provider's position becomes less credible because community members may emphasize the personal benefits that the practitioner may receive by being involved in the particular advocacy issue as opposed to seeing the larger community-wide impact. However, when in a rural community, many social issues may be beneficial to practitioners and not taking a stance also could be detrimental because community members may see the practitioner as uninvolved or detached. From my perspective, it may be especially important for practitioners to avoid utilizing the power that comes with the professional role in circumstances that involve personal benefits. Additionally, being honest about personal benefits would be helpful because it is unlikely that any benefits would go unnoticed by community members. The role that the practitioner takes (i.e., professional or personal) may be a relevant consideration related to ethical implications. For example, the APA (2002) ethics code provides guidance only when a psychologist is acting within her or his professional role. Acting from a personal stance may allow for more flexibility regarding any professional ethical considerations but the practitioner would likely still be held accountable by

community members, regardless of whether the psychologist believed she or he was acting in a professional role.

Who should be Involved in Social Advocacy

One of the advantages to this research was the variety of professions represented among the participants. Social work has traditionally included advocacy related training as part of the academic curriculum. The American Counseling Association has developed competency standards for advocacy. There are fields in psychology that have been more involved in advocacy efforts (e.g., counseling psychology) but even in programs in these fields, training in social justice advocacy may be piecemeal instead of integrated throughout the curriculum.

Further, as was noted earlier, there is some controversy about the degree to which psychology as a whole and individual psychologists should be involved in social justice efforts (Robinson, 1984). One participant in this study thought that it was inappropriate for psychologists to be involved in social issues because of the impact on trust with community members. He offered the following perspective:

> Put one shoe on or the other but don't be a social worker and a psychologist. If you want to be a social worker that's fine, if you want to be a psychologist that's fine, I suggest you not try to do both. (P6)

The participant based his comments on concerns about the therapeutic relationship with clients. "If you hinder that relationship development through social advocacy efforts then you're diminishing your effectiveness as a psychologist" (P6). The participant's comment highlights professional identity questions that are not easily answered. It is unclear how the therapeutic relationship would be differentially affected if the advocate was a

psychologist, counselor, or social worker. From the responses provided by research participants, it would seem that deciding how to be involved in advocacy is ultimately left up to the practitioner and based on factors outside of professional orientation (e.g., personality, belief in issue, visibility). Thus, it seems that rural mental health practitioners do advocate for clients and community members but often limit their involvement in social justice efforts to advocacy on behalf of individuals and avoid highly visible roles on broad social issues.

Limitations and Directions for Future Research

In this section I discuss the limitations of the present project's results. First, the research is limited by the exploratory nature of the topic. To my knowledge, there has been no other study conducted related to how rural practitioners advocate for clients or community members. Additionally, there is little research on how practitioners from urban or suburban areas advocate.

Second, qualitative research is not intended to develop broad generalizations that can be applied to other populations (Morrow, 2007). The goal of this research was to understand how rural practitioners advocate for clients and how the intersection of contextual considerations influences advocacy. Making broad generalizations about other small communities or distinctly different rural communities was not the goal of this research. However, I suspect there are many similarities that exist among the experiences of small community practitioners. Future researchers could explore advocacy in small communities within suburban and urban areas as well as rural communities within different geographic regions to determine whether the themes that emerged in this study are consistent with what is found in other areas.

Third, the sample of practitioners was limited by ethnicity and geographic region. All of the participants self-identified as White and were all from either Virginia or West Virginia. However, the goal was to find practitioners who lived in the same rural community in which they worked, and the sample was comprised of such individuals. Future research could explore whether the problems that certain communities face or different cultural considerations have an effect on the way that practitioners advocate for clients and community members. Additionally, it would be important to see if cultural and demographic characteristics of the practitioner have an influence on advocacy involvement or approach.

Fourth, given that the responses from participants closely followed the questions asked, the research is limited to the interview questions. Only one theme appeared to develop that was not directly related to interview questions (i.e., being an outsider decreasing community acceptance and trust). Therefore future research could investigate questions generated by this research such as: How do practitioners go about making decisions to advocate given the known contextual considerations? Why do some providers decide to become involved in contentious advocacy and others do not? What personal and professional factors influence advocacy involvement? and What are the positive implications of advocacy when it occurs in rural settings?

As was noted earlier, the last step in the grounded theory analysis was not taken because the themes related to the questions; because the questions covered a broad range of topics, the themes for each question could not be combined. However, a more narrow focus could make this step possible. For example, future researchers could focus on how practitioners go about making decisions regarding contentious advocacy or examine the

positive implications of advocacy. This may allow the last step in the analysis process to occur and result in an overarching theme.

Conclusion

Early literature in the field of counseling psychology appeared to focus on defining social justice, whereas the current emphasis seems to be shifting to taking action in order to promote social justice (e.g., Blustein, 2006; Blustein, et al., 2005; Goodman et al., 2004; Ivey & Collins, 2003; Palmer, 2004; Pieterse et al., 2009; Singh et al., 2010; Speight & Vera, 2004; Toporek et al., 2006; Vera & Speight, 2003; Watts, 2004; Werth et al., 2008). However, becoming involved in social justice could be beneficial, damaging, and at times both, depending on the various contextual circumstances and practitioners need to consider these potential consequences within the context of their work and home environments. Specifically in rural communities, therapists may need to consider the amount of time the effort would entail and congruence with personal beliefs. The practitioner would also need to consider the impact of advocacy on: Personal life, family members, friends, professional relationships, business, clients, community standing, and personal reputation.

From this research, it is clear that practitioners do advocate for their clients. Advocacy is most often done on a micro-level, with individual clients being the recipient of advocacy. This appears related to the frequent contact with clients therefore being more aware of the need for advocacy, more comfort with less visible advocacy, the ability to integrate advocacy in treatment, and the potential challenges associated with more broad and community-based advocacy. However, practitioners are limited by time and the lack of reimbursement for advocacy related activities.

The fact that most practitioners were not engaged in contentious advocacy may be a result of the many consequences that they associated with living and working in such a small community. Advocacy minded practitioners face the challenges of rural professional practice but also have the added layer of advocacy-related considerations. If practitioners are going to be more involved in advocating for clients and/or the broader community then both benefits and consequences should receive consideration so that the practitioner and community do not suffer from the unforeseen side-effects of good intentions. Additionally, mental health professionals in training would benefit from an increased awareness of the implications associated with advocacy. Ultimately, practitioners can weigh the possible consequences of contentious advocacy and decide if they are willing to take the risk to do what they believe to be just.

In conclusion, social justice and the advocacy associated with it has been a part of the discussion of the goals of psychology for at least 100 years. Within counseling psychology, there is gathering momentum to move beyond academic discussion of social justice advocacy to the real-world benefits and risks of action. I hope that this dissertation research will help promote the thoughtful integration of social justice advocacy in rural communities.

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Appendix A

Letter Requesting Participation

Date

Dear

I am a student in the Doctor of Psychology (Psy.D.) program at Radford University and I am writing to request your assistance in the completion of my dissertation. The reason you are being contacted is that you are a mental health professional who works in a rural area and therefore have valuable knowledge about the unique issues that arise out of such work. The subject of my dissertation is related to advocacy and the practical issues that may be relevant in small communities. I am interested in the topic because I am from southern West Virginia and have witnessed the many needs of small communities and their residents and have wondered how to be most helpful.

If you agree to participate then I will interview you for about 60 minutes (depending on how much you have to say) about your experiences providing mental health services in rural areas. All information obtained related to the interview will be presented anonymously. If you are willing to be interviewed, I can meet with you at your office, Radford University, or another mutually agreeable location. I will contact you by telephone within the next week to answer any questions and ask about your willingness to participate. If you agree to participate when I contact you by phone then I will ask you some demographic questions at that time. This will help me determine if you meet inclusion and sample criteria for the study. If you do meet these criteria then I hope that we could schedule an interview meeting during this phone call.

This study has been approved by my dissertation committee and the Radford University Institutional Review Board. My advisor, Dr. James L. Werth, Jr. (jwerth@radford.edu; 540-831-6817) is available to answer questions you may have.

Sincerely,

Joshua Bradley, M.S.
Psy.D. Student
Radford University

James L. Werth, Jr., Ph.D.
Professor of Psychology
Radford University

Appendix B

Consent Form

You are being asked to participate in a study about the experiences of rural mental health professionals. Specifically, from this study we hope to learn about your experience with social advocacy and the practical issues associated with these efforts. You were selected because you are a mental health practitioner in a rural area.

If you agree to participate, we ask that you agree to be interviewed for approximately 60 minutes. The interview will be audiotaped and you will be asked to complete a brief demographic questionnaire. All data will be presented anonymously in final form. Any information obtained in connection with this study that can be linked to you will be kept confidential. The risks in participating in this study are no greater than those experienced in everyday life. There are no direct benefits to you from participating in this study other than reflecting on your work as a rural practitioner.

Your decision whether to participate will not affect your future relations with Radford University. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

If you have any questions about this study, please feel free to contact Joshua Bradley ___[insert phone number]___ or James L. Werth, Jr. ___[insert phone number]___. You will be provided with a summary of the results after analyses have been completed and asked for feedback as to the representation of your experience.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Dennis Grady, Dean, College of Graduate and Professional Studies, Radford University, dgrady4@radford.edu, 540-831-7163.

You will be offered a copy of this form to keep.

Thank You

You are making a decision whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

_____ _____

Signature Date

_____

Signature of Investigator

Appendix C

Demographic Information Form

1. What is your age? _____

2. What is your sex? _____

3. What is your ethnicity? _____

4. What is your highest completed degree? _____

5. In what profession is your degree? _____

6. From what school did you earn your highest degree? _____

7. In what year did you receive your degree? _____

In what year did you begin practicing

following receipt of your degree? _____

8. What professional licensure do you hold? _____

In which states? _____

When did you receive your license to practice independently? _____

9. Do you work for an agency or independently? _____

10. How large is the community in which you practice?

a. less than 5,000
b. 5,000 - 9,999
c. 10,000 - 14,999
d. 15,000 - 19,999
e. 20,000 or greater

11. How far do you live from where you practice? _____

Would you say that you live and work in the same community? _____

12. How would you classify your community?

a. rural
b. small town
c. suburban
d. metropolitan
e. large city
f. other _____

13. What professional organizations/associations do you belong to?_____

14. What is your theoretical orientation? _____

Appendix D

Operational Definitions Letter

Dear

I would like to again express my appreciation to you for agreeing to participate in my dissertation project. Below you will find the operational definitions and examples that I mentioned on the phone. I hope that you can find time to look over these before our interview.

Social justice advocacy is an encompassing term that includes actions that work toward Rawls' (1971) definition of justice which is: "All social values -- liberty and opportunity, income and wealth, and the bases of self respect -- are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's advantage" (p. 62). These actions include empowerment, political advocacy, social action, and any other action that addresses injustice.

A) *Empowerment* is as action taken with a client to facilitate her or his ability to act in the face of oppression (Toporek & Liu, 2001).

B) *Political advocacy* is any form of advocacy that entails actions related to governmental policy by the practitioner with a goal of promoting social justice.

C) *Social action* is as action taken by the counselor, external to the client, to confront or act on behalf of a client or client groups (Toporek & Liu, 2001).

I look forward to meeting with you on ___[insert day and time]___ at ___[insert location]___. Please call me at ___[insert phone number]___ if you have any questions or concerns or if there is a problem with our scheduled meeting.

Sincerely,

Joshua Bradley, M. S.
Psy.D Student
Radford University

Appendix E

Semi-Structured Interview Guide

1. You were invited to participate in this study because you are a mental health professional in a rural area. I am interested in hearing about your experience providing mental health services in a rural area.
    a. What are some of the benefits / challenges / opportunities / … of working in a rural area?
    b. What sorts of issues have arisen as a result of your both living and working as a mental health professional in such a small community?
        i. If necessary: For example, can you think of any situations where your personal and professional lives have intersected? [If so, please describe]
        ii. If necessary: How about any times when you have experienced problems/conflicts with that intersection?

2. As we have discussed, I am looking specifically at how rural mental health professionals participate in social justice advocacy activities. What are some of the social justice activities in which you have participated?
    a. If necessary: Give some generic examples: Contacted local agencies to help a client receive needed services, worked to increase resources for community members, empowered a client to advocate for herself or himself.
    b. If necessary: I'd like to focus in on social justice advocacy in your own community. What social justice advocacy activities have you done in your own area?
        i. What has interfered with your doing any [or even more] social justice advocacy activities?
            1. Possible examples of issues: time, collaboration, value conflicts, multiple relationships, fear of lost income,…
    c. If necessary: Okay, so you don't believe you have done any social justice advocacy work. What has interfered with your doing so?
        i. If you were to do something, what might it be?
    d. If necessary, what influence does working for an agency have on your willingness to advocate for clients?
    e. If appropriate: I am curious about whether you have had to turn down requests to advocate and, if so, could you please tell me about such experiences?

3. Moving now to a specific type of situation, imagine that members of your community asked you to assist them with an advocacy effort that would impact most if not all of the community, such as environmental issues that may impact employment or supporting a levy that would increase taxes, how would you respond? Why?
    a. If necessary: what might increase the chances of your becoming involved? What might decrease the chances of your involvement?

4. Changing the scenario a little, this time imagine that residents of a community some distance away asked you to assist them with an advocacy effort that would impact most if not all of their community, how would you respond?
    a. What, if anything, would be different from when the request came from your own community?

5. Is there anything else that you could add related to advocacy in rural communities?

Appendix F

Follow up letter

Date

Dear

Thank you for taking the time to meet with me recently. I appreciated hearing about your thoughts and experience in practicing in a small community. The information that you provided was very helpful.

I hope to be able to summarize the findings of my interviews sometime in 2011. As part of the research protocol I will be sending you a copy of the results so that you can review them and give me feedback about how well you believe they reflect your experience as you described it to me.

Sincerely,

Joshua Bradley, M.S.
Psy.D. Student
Radford University

Appendix G

Accompanying Letter

Date

Dear

I have completed the preliminary analysis of my research and would appreciate feedback from you. I have included the analysis of the interviews that I conducted. This is a summary of all of the interviews so your exact experience may not be represented.

I am interested in the degree to which you think the descriptions reflect your experience, as you described it to me. If your answers were unique then you will not find them here because I needed at least 3 participants to discuss an issue to include it in the analysis. Please let me know if you have any questions or concerns about how your material was included in the attached analysis. If you think it is accurate, please let me know that.

Because of time constraints, I would appreciate any feedback within two weeks. If I have not heard from you at that time then I will assume that you found the results to be representative of your experience. If you do have feedback please email me at jbradley27@radford.edu. If you prefer not to contact me directly then you can email my dissertation chair at jwerth@radford.edu.

Again I would like to express my appreciation to you. Your time and consideration has been greatly appreciated and has assisted in better understanding social advocacy in rural communities.

Sincerely,

Joshua Bradley, M.S.
Psy.D. Student
Radford University

Table 1

Advocacy Competencies

Acting With	**Client/Student Empowerment** Helping people name external barriers, equipping them with skills, and helping them advocate for themselves.	**Community Collaboration** Equipping community organizations to act on behalf of their constituents. Identifying both the environmental barriers and the group's strengths which can be applied to implement change.	**Public Information** Sharing information with the general public to help others decide whether to make changes.
Acting on Behalf	**Client/Student Advocacy** Assisting people in accessing allies to overcome barriers.	**Systems Advocacy** Providing leadership to illuminate problems, collaborating with others to envision and work toward change.	**Social/Political Advocacy** Partnering with allies to promote dialogue and lobby leaders for change.

Microlevel ⟷ Macrolevel

Adapted from Lewis, J., Arnold, M. S., House, R., & Toporek, R. L. *Advocacy competencies: American Counseling Association Task Force on Advocacy Competencies.* Retrieved from http://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf

Table 2

Participant Demographic Summary

Participant	Sex	Highest Degree	Profession of Degree	Professional License	Employment	Theoretical Orientation
1	F	M.S.W.	Social Work	LCSW	Agency and Independent	Eclectic
2	F	Psy.D.	Clinical Psychology	Licensed Psychologist	Independent	Eclectic
3	F	Ph.D.	Marriage and Family Therapy	LPC, MFT	Independent	Systems
4	F	M.S.W.	Social Work	LCSW	Independent	Eclectic
5	M	M.A.	Counseling	LSW	Agency	Cognitive Behavioral
6	M	M.A.	Psychology	Licensed Psychologist	Independent	Behavioral
7	F	M.S.	Counseling Psychology	LPC	Agency	Cognitive Behavioral and Solution Focused
8	F	M.S.	Counselor Education	LPC	Independent	Eclectic

Table 3

Interview Themes

Theme	P1	P2	P3	P4	P5	P6	P7	P8
What are Some of the Benefits of Working in a Rural Area?								
Relationship with other professionals/agencies is an advantage to working in a rural area.	x	x	x	x	x			x
Knowing people in the community and clients in the community is an advantage to working in a rural area.	x				x		x	x
A high demand for services and shortage of practitioners is an advantage of working in a rural area.		x	x			x		x
The characteristics of rural living are an advantage of working in a rural community.			x	x			x	
What are Some of the Challenges of Working in a Rural Area?								
Multiple relationships are a challenge to working in a rural area.	x	x	x	x	x	x	x	x
A lack of anonymity is a challenge of working in a rural area.		x	x			x	x	x
There is a lack of resources in rural communities.		x	x	x	x		x	
Poverty is a challenge of working in a rural area.	x	x	x				x	x
Access to transportation is a disadvantage to working in a rural area.	x	x		x	x		x	
Knowing people in the community is a disadvantage of working in a rural area.					x	x	x	x
What are Some of the Social Justice Activities in which You have Participated?								
Belief in social justice advocacy issue increases the chances of becoming involved.	x	x	x	x	x	x	x	x
Advocating for persons who hold less power.	x		x	x	x		x	
Knowing people within the community makes advocacy both easier and more difficult.	x	x	x		x			
Personality influences the level of involvement in social justice advocacy.		x		x			x	
Advocacy as empowering clients to advocate for themselves.	x	x						x
Time is a barrier to engaging in more social justice activities.	x	x	x	x	x	x	x	x

Fear of lost income is a barrier to social justice advocacy.		x	x	x	x	x	x	
Values conflicts as a barrier to social justice advocacy.		x		x	x	x	x	
Advocacy can strain relationships with other professionals in a rural community.	x		x	x		x		
Turning down requests for advocacy is rare.	x		x	x			x	x
Working for an agency has a positive influence on advocacy efforts.	x			x			x	
Participation in Advocacy Related to Social Issues								
Social justice advocacy related to contentious topics could be harmful to one's practice and personal life.	x	x	x	x	x	x	x	x
Visibility of the practitioner could influence willingness to engage in social justice advocacy.		x	x	x		x	x	x
Decreased likelihood of being involved in social justice advocacy in another community.		x	x	x			x	x
Advocacy having less possible negative consequences in another community.	x				x		x	x
Cross-Cutting Theme								
Being an outsider in the community could lead to diminished trust.				x	x	x		x