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Editor's Introduction

With this issue of *Contemporary Rural Social Work,* CRSW welcomes Dr. Shawn Ginther as Associate Editor. Dr. Ginther earned his M.S.W. and Ph.D. from the University of California, Berkeley. Following graduation he was appointed Research Gerontologist at the University of California, San Francisco where he worked on local, state, and national policy research initiatives studying the care and treatment of Alzheimer's disease patients. He has over 20 years of experience in social work research. He is replacing Andrew Quinn who has stepped down from this role to focus on other endeavors. CRSW sends a "thank you" to Andrew for his service and wishes him well.

CRSW is growing in terms of its ability to reach interested readers. We have two major successes since our last issue to make CRSW more accessible to practitioners, faculty, and scholars. EBSCO will now include CRSW in their database of journals. Inclusion by EBSCO expands our reach from our website to all interested readers who have access to this heavily subscribed to library database and will increase our readership and the use of research and theoretical articles featured in our journal by practitioners, faculty, and scholars.

CRSW is now accessible internationally as well through CAB Abstracts and Global Health databases. We will also be a part of their full text repository. This means that CRSW can be accessed internationally by scholars who would otherwise not have access. This is a major step because CABI (http://www.cabi.org) is an intergovernmental, not-for-profit organization providing information and scientific services around the world. The CAB Abstracts database aims to document the world's published literature in plant and animal science, agriculture, food, rural sociology, and related subjects. The Global Health database is dedicated to public health research and practice.

CRSW editorial staff is delighted by the recognition of our journal by these important resources.

Volume five has a wide range of featured articles as well as several book reviews. David L. Beimers, Brian Warner, and Paul Mackie discuss racial and ethnic diversity in undergraduate programs in rural areas. Chris R. Locke and Danilea Werner report on stigma related to help-seeking behavior following the Deepwater Horizon oil spill impacting Gulf Shores and Bayou La Batre, Alabama. Two articles are devoted to GLBTQ issues. Dalton Connally and Rose Wedemeyer share the coming out process for Mexican Americans along the rural U.S.-Mexico border while Jean Toner examines rural social workers' perceptions of training needs for working with LGBTQ identified youth in the foster care system. Matt A. Moore and Betty A. Walton focus on ways to improve the mental health functioning of youth in rural communities. Linda Openshaw presents a study of group interventions in schools to assist with

a community trauma. Lori L. Nooney, Elisabetta Giomo-James, Peter A. Kindle, Debra S. Norris, Ryan R. Myers, Alyssa Tucker, and Robert Jon Stanley investigate an issue that is especially prevalent in rural areas—rural food pantry users' stigma and safety net food programs.

Our new Teaching Notes section offers Lillian Wichinsky and Barbara Thomlison's piece on promising practices in service learning with grant writing in rural communities. The book review section, edited by Peter Kindle and Kay Paris, features some excellent choices for supplemental reading for students in areas that are currently of great interest to the profession: Luis Carlos Montalván (2011), *Until Tuesday: A Wounded Warrior and the Golden Retriever Who Saved Him* (New York: Hyperion) and Eric L. Garland (2013), *Mindfulness-Oriented Recovery Enhancement for Addiction, Stress, and Pain* (Washington, DC: National Association of Social Workers [NASW] Press).

A hearty thank you to all our reviewers and staff who made this issue possible—especially to our Managing Editor, Amy Phillips.

Peggy Pittman-Munke, Editor-in-Chief

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BOOK REVIEWS

Racial and Ethnic Diversity in Undergraduate Social Work Programs: How are Programs in Rural Areas Faring?

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Abstract. *Social work programs have a long-standing commitment to recruiting and educating racially and ethnically diverse students. However, some programs in rural areas have greater difficulty meeting this commitment. This study examined racial and ethnic diversity within baccalaureate social work (BSW) programs, focusing primarily on student enrollment, faculty, perceptions of diversity, and interventions to attract students. Program directors of BSW programs from 10 Midwestern states were surveyed. Forty-two programs responded. The results indicate that as a whole, social work programs differ in their levels of racial and ethnic diversity. However, BSW programs in rural areas tend to have fewer students and fewer faculty who are racially or ethnically diverse. BSW program directors recognize lack of diversity as an issue, yet strategies that have been used to increase diversity have been only minimally effective. Implications for social work programs and strategies to enhance diversity are discussed.*

Keywords: racial and ethnic diversity, recruitment, rural, social work education, students

The United States is becoming an increasingly racially and ethnically diverse society. The populations in the United States that identify as Hispanic or Latino origin, as well as people who identify as Asian each grew by 43% between 2000 and 2010 (Humes, Jones, & Ramirez, 2011). A change in diversity is also taking place on college campuses. Enrollment rates among college-age Hispanics reached 15% of the overall enrollment of young adults in two- or four-year colleges in 2010, representing a new high for the share of college students (Fry, 2011).

Attracting racially and ethnically diverse college students has long been desirous for many academic disciplines on college campuses, including social work programs. A 1998 national opinion poll sponsored by the Ford Foundation's Campus Diversity Initiative (as cited in Smith & Schonfeld, 2000) reported that "over 90% of the public believe that diversity is important and that higher education has an important role in fostering it" (p. 17). Having a diverse student population helps to overcome historical oppression, enhance multicultural practice, and benefits student learning (Denson & Chang, 2009; Terenzini, Cabrera, Colbeck, Bjorklund, & Parente, 2001). Interactions with students who are racially and ethnically diverse can lead to greater understanding of how social problems affect diverse populations (Luo & Jamieson-Drake, 2009). Students of a different race or ethnicity can also bring a diverse way of thinking to classrooms (Chang, Denson, Saenz, & Misa, 2006). Thus, student diversity can enhance the campus experience in numerous ways.

For students who have grown up in a racially or ethnically homogenous community, a university may be one of the first places where they have a chance to interact with students different from themselves (Klomegah, 2006). Interacting with a racially or ethnically diverse student population leads one to question their own beliefs and value system (Luo & Jamieson-Drake, 2009) and could potentially aid the development of leadership skills that are valuable to post-college life (Jayakumar, 2008). Positive interactions with students who are racially or ethnically diverse as well as involvement in courses with diversity content can lead to greater social agency, increased critical thinking, and greater academic self-confidence (Nelson Laird, 2005). A diverse campus results in beneficial intellectual engagement and academic skills, as well as increased active thinking (Gurin, Dey, Hurtado, & Gurin, 2002).

There can be some negative aspects to lack of diversity on campuses. Racially and ethnically diverse students may struggle as a result of dealing with other burdens in addition to scholastic achievement (James, 1998). These burdens include issues such as discrimination, poor schools, and poverty. On predominantly white campuses, the underrepresentation of students who are racially or ethnically diverse can produce both negative social stigma (Fries-Britt & Turner, 2001) and stressors (Smedley, Myers, & Harrell, 1993) that negatively impact their academic performance.

Students who attend colleges that are more racially diverse tend to have fewer negative stereotypes about people of other races and they are less fearful in interracial settings (Hurtado, Milem, Clayton-Pedersen, & Allen, 1998); perspectives that are essential for social workers practicing in diverse environments. Greater diversity on campus also results in greater satisfaction with the college setting and increased self-esteem (Hurtado et al., 1998). Finally, increased racial and ethnic diversity can also benefit existing faculty who may experience an enhanced learning environment as well as personal growth (Maruyama, Moreno, Gudeman, & Marin, 2000).

Perhaps the most important factor is that promoting the education of students who are racially and ethnically diverse is significant to our society as a whole. Educating diverse populations means that our community leaders and our policy makers will be more racially and ethnically diverse (Klomegah, 2006). Furthermore, involvement with diverse populations in college can influence graduates as they become leaders beyond college (Luo & Jamieson-Drake, 2009).

The benefits of racial and ethnic diversity on college campuses extend beyond the student body. Faculty who are racially or ethnically diverse may experience less isolation when teaching on a campus where there is greater diversity among faculty and students (Antonio, 2003). University leaders understand that while culture, perception, and history make it difficult for colleges and universities to recruit and maintain faculty who are racially or ethnically diverse, it is important for students who represent similar diversity that efforts are made to expand diversity among faculty (Brunner, 2006).

As a profession, social work has long been committed to diversity in education. The Council on Social Work Education (CSWE) Commission on Accreditation has had a mandatory nondiscrimination standard for more than 50 years (Van Soest, 1995). As a whole, social work education does an adequate job of granting degrees to students from racially and ethnically backgrounds that have been historically underrepresented in higher education. In 2009, 37% of graduates at the baccalaureate social work (BSW) level were from historically underrepresented populations (CSWE, 2011), a number that mirrors the overall proportion of the population in the United States (Humes et al., 2011).

Clearly, social work programs should, and many do, foster environments that promote the education of students who are racially and ethnically diverse. Yet, some social work programs, especially those in rural areas, tend to lack racial and ethnic diversity among the student population. Research suggests that BSW programs can successfully retain students who are racially or ethnically diverse, once they are enrolled (Clark, Garza, & Hipple, 2003). While there is a sizeable historical literature on recruitment of racially and ethnically diverse students into the social work profession (e.g., Raber, Febb, & Berg-Weger, 1998), there is limited research in this area over the past few decades, despite the fact that schools still struggle with this issue.

Lack of racial and ethnic diversity poses two key challenges for social work programs. First, a lack of racial and ethnic diversity among the student population is inconsistent with the values of the social work profession. Second, social work programs are charged by the CSWE in accreditation standard 3.1.3 to have "specific plans to improve the learning environment to affirm and support persons with diverse identities" (CSWE, 2008, p.11). While racial and ethnic diversity represent only one aspect of diversity, it is an area where social workers can anticipate increased practice exposure.

One important element of the academic learning environment is the demographic make-up of the students, faculty, and staff in the social work program and on the campus at-large. As such, it is incumbent upon BSW programs to know their demographics, to have clear plans to increase racial and ethnic diversity, and to examine whether those plans are effective.

This research study was conducted as part of a self-study of a rural, Midwestern public university in preparation for reaffirmation of accreditation of their BSW program. The institution recognized that in order to better respond to the CSWE accreditation standard 3.1, it would be helpful to understand the learning environment of other BSW programs within the region and the strategies that those BSW programs used to recruit and support students who are racially or ethnically diverse on their campuses. The authors recognize that race and ethnicity represent only two aspects of diversity and difference with which social work programs should be concerned. The present study focuses explicitly on race and ethnicity primarily because these are areas of diversity where the university has struggled despite efforts to improve the learning environment specifically for faculty and students who are racially and ethnically diverse. The goal of the present study was to address this specific programmatic concern by exploring the experiences of other similar schools. The research questions guiding this study were:

1. Do BSW program directors believe their programs lack racial and ethnic diversity?
2. What relationship exists between geographic location and racial and ethnic diversity of students and instructors?
3. What interventions (if any) have the BSW program directors used in an effort to increase racial and ethnic diversity within their programs?

Literature Review

Increasing Diversity

There have been several suggestions on how to increase racial and ethnic diversity among students on college campuses in general and within social work programs in particular. However, the literature in this area is quite sparse with little attention to schools in rural settings. One strategy is to increase the proportion of faculty who are racially and ethnically diverse. The logic is that students who are racially or ethnically diverse may feel more comfortable in a social work program if there is greater diversity represented among the faculty members (Roberts & Smith, 2002). Similarly, faculty who are racially or ethnically diverse may also feel less isolated on campuses where there is greater diversity among faculty (Antonio, 2003).

In order to promote enrollment, one suggestion is to use alternative methods for admission to social work programs (James, 1998; Watson & Rycraft, 2010). Using strictly GPA's and standardized test scores may keep racially and ethnically diverse students out of social work programs. One strategy that has been shown effective is to provide an enhancement seminar to develop the basic skills and knowledge needed for success in a social work program (Watson & Rycraft, 2010).

Colleges and universities can also develop targeted programs that recruit and retain students who are ethnically and racially diverse (Clark et al., 2003; Misra & McMahon, 2006), although retention services may be underutilized if not sufficiently marketed (Clark et al., 2003). There is some evidence that colleges in rural areas can successfully recruit and retain faculty who are ethnically or racially diverse, with the appropriate supports (Shinnar & Williams, 2008). Faculty are an especially important recruitment and retention resource for first generation students who may struggle with the transition to college (McHatton, Zalaquett, & Cranson-Gingras, 2006).

Assistance with payment for the costs of college is another important consideration for students (McHatton et al., 2006). Financial aid can be an influential factor in determining college enrollment among African-American and Latino college students (St. John & Noell, 1989). As perceived costs of college rise, likelihood of enrolling in college decreases among African-American and Latino students (Perna, 2000). A related concern is that some parents and students may lack information about opportunities for financing college, which could ultimately delay any considerations of attending college (Zarate & Burciaga, 2010). Making available more institution-based financial aid, grants, and scholarships is helpful not only for attracting racially and ethnically diverse students, but also for retaining those students once they enter college (Seidman, 2005).

Methodology

The research design chosen for this study is a cross-sectional survey. The sample for this cross-sectional survey consists of BSW program directors at colleges and universities from a 10 state area in the upper Midwest part of the United States. Only schools that have a BSW program accredited by the CSWE were included in the study. Contact information for programs was obtained from the CSWE website, which has a list of every BSW program director's name and contact information. The survey was administered electronically using email and Survey-Monkey. Initial emails were sent out giving the BSW program directors two weeks to respond. Two follow up email requests were sent in that span to encourage responses.

Measures

The survey consisted of 14 questions. The questions focused on program demographics, perspectives of diversity in their programs, strategies used to increase enrollment of racially and ethnically diverse students, and the perceived effectiveness of those strategies.

Demographics. Eight questions focused on BSW program demographics. These included the state in which the institution resided, the type of institution, the social work degrees offered, the setting of the institution, the number of students in the BSW program, the number of full-time and part time-staff, and the ethnic and racial diversity of the social work students and faculty.

Diversity perspectives. BSW program directors were asked their perception of diversity within the program. If there was a perceived lack of diversity, the respondent was asked whether the lack of diversity was a problem, ranging from not at all a problem to a serious problem.

Strategies used to increase diversity. Several questions asked about specific interventions that the school might have used to attract students, such as financial aid, alternative methods for admissions (e.g., using methods other than GPA and test scores to admit students), and available academic support, such as tutoring sessions. Respondents were asked to identify which of these strategies their program utilized. The respondents were also asked to rate the effectiveness of the strategies using a five-item Likert scale ranging from 1 (*not at all effective*) to 5 (*extremely effective)*.

Findings

A total of 123 BSW programs were surveyed. Forty responses contained valid data and were used for data analysis. The 40 programs represented three geographic areas: 12 (30.0%) identified themselves as rural, 15 (37.5%) identified themselves as urban, and 13 (32.5%) identified themselves as residing in a suburban area.

Racial and Ethnic Makeup of BSW Students

On average, programs reported that there were 121.2 students in their BSW program. Of those students, an average of 25.9 (23.5%) were identified as representing a racially or ethnically diverse population. The mean number of students, overall and by geographic region, is represented in Table 1. A one-way analysis of variance (ANOVA) was used to test for differences in the proportion of BSW students across the three geographic settings. The proportion of students differed significantly, $F(2, 36) = 8.11$, $p = .001$. Post-hoc comparisons of the three groups indicate that the rural setting, $M = 0.086$, 95% CI [0.064, 0.108], had a significantly lower proportion of racially or ethnically diverse students as compared to the suburban setting, $M = 0.350$, 95% CI [0.226, 0.473], $p < .001$ or the urban setting, $M = 0.272$, 95% CI [0.161, 0.384], $p = .006$. Comparisons between the urban and suburban settings were not significantly different.

Table 1

Program Characteristics by Setting

Setting	Rural Institutions (*n* = 12)	Urban Institutions (*n* = 15)	Suburban Institutions (*n* = 13)
Student Characteristics			
Mean number of BSW students	110.8	135.4	99.1
Mean number of diverse BSW students*	9.3	33.3	32.8
Faculty Characteristics			
Mean number full-time BSW faculty	3.6	11.5	4.0
Mean number of full-time diverse BSW faculty*	0.4	3.6	0.9

* = $p < .05$ (*F* value)

Racial and Ethnic Makeup of BSW Faculty

Thirty-seven respondents reported data on faculty in their BSW programs. Thirty-five of those respondents also reported the number of faculty that represented a racially or ethnically diverse population. Overall, respondents posted an average of 6.71 full-time faculty in the BSW programs. Of those faculty, an average of 1.75 (20.5%) were identified as racially or ethnically diverse. A one-way analysis of variance (ANOVA) was used to test for differences in the proportion of full-time faculty across the three geographic settings. Among full-time faculty, the proportion of diverse faculty differed significantly by geographic setting, $F(2, 32) = 3.86$, $p = .032$. Post-hoc comparisons of the three groups indicate that the rural setting, $M = 0.108$,

95% CI [0.003, 0.214], had a significantly lower proportion of faculty identified as racially or ethnically diverse as compared to the BSW programs in an urban setting, $M = 0.312$, 95% CI [0.201, 0.423], $p = .012$. Differences among the suburban settings were not significant.

Interventions to Increase Diversity

Respondents were asked to identify what interventions were used to increase enrollment of racially or ethnically diverse students into their BSW programs. Thirty-six BSW program directors responded to this question (see Table 2). Overall, there were two strategies that were used by the majority of the schools surveyed. The most commonly endorsed strategy was additional academic support with 68.1% of schools reporting that they offered academic support as a way to increase racial and ethnic diversity in their BSW program. The second most common strategy was the provision of financial assistance, such as academic scholarships, with 55.9% of schools using this approach.

Table 2

Percentage of Interventions Used by Rural, Urban, and Suburban Institutions to Recruit and Retain Diverse Students

Interventions	Rural Institutions ($n = 10$)	Urban Institutions ($n = 13$)	Suburban Institutions ($n = 12$)
Offers financial scholarships	66.7	26.7	53.8
Offers financial aid	33.3	6.7	23.1
Offers additional academic assistance	58.3	40.0	61.5
Offers alternative admissions process	8.3	13.3	15.4

There were some differences in the use of strategies by geographic location of the schools. For rural institutions, the most popular interventions were scholarships for students (66.7%), followed by additional academic assistance (58.3%). All of the respondents from rural BSW programs indicated that they used at least one intervention to increase enrollment of racially or ethnically diverse students.

Urban schools used fewer interventions to recruit students. Respondents from urban institutions identified additional academic support as the most popular interventions (40%), followed by financial scholarships (26.7%). Interestingly, one-third of urban respondents stated that they did not use any strategies to recruit students who represent a racially or ethnically diverse population.

Respondents from suburban institutions listed additional academic support as the most popular intervention (61.5%), followed by additional scholarships (53.8%). A small number of suburban institutions (16.7%) reported that they did not use any interventions to increase enrollment of racially or ethnically diverse students in their BSW programs.

Respondents were asked to rate the effectiveness of their interventions. Rural institutions gave an average effectiveness rating of 2.73. In contrast, suburban schools gave an average effective rating of 3.40, with 50% of schools giving a rating of four or above. Urban schools that used strategies had an average effective rating of 3.70 with 60% of respondents giving a rating of four or above. A Mann-Whitney U test was conducted to evaluate whether the rural schools would score lower, on the average, than non-rural schools (urban and suburban combined) when comparing the effectiveness of their interventions. The results of the test were significant, $z = 2.07$, $p < .05$. Rural schools had an average rank of 11.64, while non-rural schools had an average rank of 18.40.

Programs that Lack Diversity

Finally, BSW program directors were asked their perception as to whether their program lacked racial or ethnic diversity. Thirty-eight BSW program directors responded to this question with 19 (50%) responding that their program did lack racial and ethnic diversity and the other half reporting that they did not believe their BSW program lacked diversity. Of those that stated they believed their program lacked diversity, three (15.8%) stated that it was a minor problem; 10 (52.6%) believed it was somewhat of a problem, and six (31.6%) reported it as a serious problem.

Those BSW programs that perceived a lack in racial and ethnic diversity differed in some significant ways from the programs that did not perceive a lack of diversity. First, the size of the program differed dramatically, as programs that did not believe they lacked diversity ($M = 89.5$) were significantly smaller, $t(36) = 2.76$, $p < .01$, than the programs that perceived a lack of diversity ($M = 152.6$). A second difference was the proportion of BSW students who represented a racially or ethnically diverse population. The proportion of students who were identified as racially or ethnically diverse was significantly higher in the programs that did not perceive a lack of diversity ($M = 32.12$) as compared to those schools that did perceive a lack of diversity ($M = 15.35$). A t–test confirmed the difference between the two groups, $t(36) = 2.88$, $p < .01$.

There was little difference between the two groups of programs in strategies used to enhance racial and ethnic diversity (see Table 3). The group of BSW programs that did not perceive a lack of racial or ethnic diversity more commonly used strategies to enhance diversity (e.g., 57.9% as compared to 42.1% offered scholarships), although the differences were not significant. However, the one difference that was significant is in the perceived effectiveness of the strategies that were used to enhance diversity. Programs that perceived a lack of diversity rated their strategies as less effective ($M = 2.75$) as compared to those programs that did not perceive a lack of effectiveness ($M = 3.75$), resulting in a significant difference, $t(30) = 3.16$, $p < .01$.

Table 3

Percentage Difference in Perception of Racial and Ethnic Diversity

Categories	Diverse (*n* = 19)	Not Diverse (*n* = 19)
Strategies to Enhance Diversity		
Offers financial scholarships	57.9	42.1
Offers financial aid	31.6	10.5
Offers additional academic assistance	63.2	47.4
Offers alternative admissions process	15.8	10.5
No interventions used	15.8	15.8

Discussion

There are several findings here that warrant further discussion. We will focus on the differences based upon rural setting, the perception of diversity among program directors, and success of interventions at increasing diversity. However, we would first like to acknowledge that there were some limitations to the design of the study. The response rate was somewhat low, with only one-third of contacted programs responding to the request for information. There were also some inconsistencies with the reported data from some of the cases, which required data to be excluded. Also, because the study utilized a survey methodology, there was limited ability to control for the accuracy of reported data. However, as the data was obtained from BSW program directors who have responsibility for reporting program statistics to CSWE, the data is expected to have strong reliability. Finally, the research focuses only on one aspect of diversity (structural), whereas other, potentially more meaningful types of diversity are not included here.

Perceptions of Diversity

One finding that deserves further discussion is the difference in perceptions of diversity among program directors. Half of the respondents indicated that their BSW program lacked the level of racial or ethnic diversity that they would like their program to have. The responses of those program directors were logical. Those programs that felt they lacked racial and ethnic diversity did have fewer diverse students, suggesting that programs are aware of their patterns of enrollment and that the program directors are thinking about how it reflects on their social work program. Interestingly, BSW programs that believed that they lacked diversity were nearly twice as large in number of students (152.58 to 89.47), yet they had similar numbers of students who are racially or ethnically diverse (26.37 to 25.40). This suggests that the size of

the BSW program may not matter in terms of building or increasing diversity in the program. Rather, it may be that the context of the college or university, as expressed through their commitment to diversity and potential as an academic institution, that leads to success of initiatives to increase racial and ethnic diversity on campus (Milem, Chang, & Antonio, 2005).

Rural Institutions

A second finding that is worthy of further discussion is the difference in diversity between rural and suburban or urban BSW programs. Programs that self-identified as rural had the least racial and ethnic diversity among their BSW students. BSW programs in rural areas were concerned about this lack of diversity, as they were more likely to state that it was a serious problem than schools in other geographic settings. While rural schools were more likely to use interventions to address the lack of diversity, the BSW directors from those schools gave their interventions a lower effectiveness rating than their urban and suburban counterparts.

Social work programs in rural areas also tended to have fewer faculty who are racially or ethnically diverse. One of the challenges in attracting students who are racially or ethnically diverse is that the students will sometimes look to the faculty for examples of the university's commitment to diversity (Smith, Turner, Osei-Kofi, & Richards, 2004). If faculty lack diversity, it can influence student decisions. BSW programs and students themselves recognize the role faculty can serve in supporting the retention of students who are racially or ethnically diverse (Clark et al., 2003). However, schools may have a difficult time attracting faculty who are racially or ethnically diverse if there is not a perception of commitment to diversity on the part of the institution as a whole.

To a significant degree, this is an issue that must be addressed institutionally (Antonio, 2003). BSW programs in rural areas will have difficulty attaining more diversity in their social work programs unless there is a concerted, sustained, multi-dimensional effort among the college as a whole to promote a culture of diversity within the student body, the staff, the administration, and the faculty (Chang, Milem, & Antonio, 2010). Furthermore, it isn't sufficient to only address compositional diversity through faculty on campus. In order to develop an environment committed to diversity, other aspects of diversity need to be fostered, such as curriculum content that reflects diverse perspectives, opportunities on campus for students to experience cultural diversity, and interaction among students.

One suggested strategy is to reach out to diverse populations that live within rural areas (Milem et al., 2005). While many rural communities remain predominantly white, this has been changing over the past decade as Hispanic populations have experienced dramatic growth in rural areas. Between 2000 and 2010, Hispanic residents in non-metro areas increased by 45% in the United States (Cromartie, 2011). Colleges and universities as a whole, but also social work programs in specific, need to reach out to these emerging populations and create an inviting environment on campus.

When BSW Directors were asked the qualitative question, "Why do you believe that your program lacks diversity?" nearly two-thirds of the respondents stated either that being in a

rural area or the current racial or ethnic composition of their university was the reason for the lack of diversity. The fact that many rural communities where rural institutions reside are historically racially and ethnically homogenous is no doubt a barrier that rural institutions have yet to effectively overcome. This only strengthens the argument for a concerted effort to reach out to those student populations (Milem et al., 2005).

Interventions

The most popular intervention for rural schools was scholarships for students who are racially or ethnically diverse. More than two-thirds of the respondents from rural areas reported that they incorporate this type of intervention. However, the effectiveness rating for rural schools was much lower than suburban and urban schools. For both of these institutions, additional academic support was the most popular form of intervention and overall, urban and suburban schools felt that their interventions were more effective at helping to promote more racial and ethnic diversity among their students.

Scholarships are commonly used, yet in this study they were not considered very effective. Interestingly, the research is not conclusive on this subject. Historically, availability of financial support, such as scholarships, has not been as influential in decisions to attend college as one might initially think (Hurtado, Inkelas, Briggs, & Rhee, 1997). In fact, financial resources were considered such a limited factor that early studies excluded finances from models predicting college success (Goldrick-Rab, Harris, & Trostel, 2009). From a human capital theory perspective, financial assistance should be a driving influence for students making rational choices about where to attend or what to study (DesJardins & Toutkoushian, 2005). However, recent research raises questions about the reasonableness of expecting students to be rational actors, as students and their families may not have complete information about all their options for study or how scholarships and other forms of financial assistance may ultimately benefit them (Dowd, 2008). What this means for social work programs is that they shouldn't expect to enhance racial and ethnic diversity solely through the use of financial assistance, but rather in combination with other programmatic and school-wide strategies that recognize other predictive factors that influence decisions to attend certain colleges or universities.

Areas for Further Research

While there are some specific lessons that social work programs can learn from this study, there are also some areas where additional work is still needed. First, this study focused on a specific geographic region of the United States. It is possible that the experiences of schools in the upper Midwest may not extend to other areas of the United States. Replicating the study in other regions would provide insight as to whether this is a localized issue or one that is shared throughout the country. Second, there are clearly additional questions that should be explored as to the effectiveness of interventions in increasing racial and ethnic diversity. In fact, there may be some opportunity to design more rigorous studies utilizing specific interventions to test the effectiveness of interventions.

Conclusion

The study identified that among social work programs in the upper Midwest, racial and ethnic diversity among students remains a concern. Programs that are located in rural areas tend to have fewer students and faculty who are racially or ethnically diverse. Furthermore, program directors recognize this lack of diversity as a problem. While programs do use an array of interventions to attempt to increase diversity, the effectiveness of those interventions is unclear. For programs that are interested in increasing racial and ethnic diversity among students, more strategic recruitment efforts should be considered both at the programmatic level as well as the university level.

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Authors' Note

Stigma of Help-Seeking Behavior Following the Deepwater Horizon Oil Spill

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Abstract. In 2010 the Deepwater Horizon oil spill in the Gulf of Mexico caused multiple complications for the environment and people living in the rural regions of coastal Alabama. This study seeks to better understand the role of stigma related to help-seeking behavior of those living in the rural communities. Semi-structured focus groups were conducted one year after the oil spill with 21 mental health professionals and staff focused primarily in Gulf Shores and Bayou La Batre, Alabama. Participants described their interactions with clients needing a wide range of services after the disaster. Constant comparative analyses of the qualitative data yielded core themes around self-stigma, public stigma, cultural implications for mental health needs, and impact in the schools. Awareness of community resources, inclusion of key figures in the community, addressing the needs of children, acknowledging cultural differences, and a more thorough understanding of stigma related to seeking assistance as it relates to disasters are key to future planning.

The Deepwater Horizon oil spill captivated the nation and the world during the spring and summer months of 2010. News stations provided round-the-clock coverage of the spill and attempts to cap the well to prevent further devastation. Eleven people lost their lives, and the effects on the communities are still evolving. This disaster is unique to study for several reasons including its duration, the clear blame associated with the disaster, and its impact on two coastal communities: Gulf Shores and Bayou La Batre, Alabama. These very different communities suffered similar fates in the wake of the spill. Gulf Shores, a tourist community, was hard hit in the summer of 2010 as was the rural fishing community of Bayou La Batre. The Gulf oil spill ultimately resulted in the loss of the 2010 economic season with little reassurance of success during future seasons. Unlike disasters such as earthquakes or hurricanes which may last seconds or minutes, the Gulf oil spill lasted for months. Additionally, most people directly affected by natural disasters do not typically assign blame or point the finger at anyone; however, blame was quickly established and directed toward British Petroleum (BP).

The majority of the recovery efforts thus far have centered around the physical environment such as wildlife, the fishing industry, and the appearance of the beaches in the Gulf. What has been largely ignored is the impact of the oil spill on the mental health of people living in the Gulf, particularly those in the rural coastal communities of Gulf Shores and Bayou La Batre, Alabama. This lack of attention devoted to mental health needs is perhaps surprising given the well-documented past research that investigated the impact of previous disasters such as hurricanes in this very region (Aten, Topping, Denney, & Bayne, 2010; Kessler et al., 2008; Pfefferbaum et al., 2008; Roberts, Mitchell, Witman, & Taffaro, 2010; Whaley, 2009). The

purpose of this study was to explore and document the efforts and experiences of rural social work practitioners deployed to provide mental health services after the Gulf oil spill in Gulf Shores and Bayou La Batre, Alabama.

Social workers have a long history of responding to crisis and aiding in emergency situations dating back to the Civil War (Zakour, 1997). This history and experience is important as research has indicated that increased population movement to coastal communities, such as the ones impacted by the Gulf oil spill, has resulted in higher vulnerability to natural disasters (Dodds & Nuehring, 1996). Individuals who are members of vulnerable populations and hail from disadvantaged communities are at greater risk for suffering chronic stress, family disruptions, mental and physical health problems, economic trouble, and community disengagement after disaster (Zakour, 1997). Social work professionals are in a prime position to advocate and provide interventions to those who are most vulnerable before and after a crisis ensue. However, providing crisis intervention and disaster recovery services to rural areas can be difficult and must be grounded in an understanding of the nuances of rural social work practice.

In his review of the tenets of rural social work practice, Ginsberg (2005) noted that fundamentally rural social work is not entirely different from services provided in more urban settings. While the basic elements remain similar, there are unique characteristics of rural social work that must be properly addressed to meet the needs of the communities being served.

The close-knit dynamic often present in rural communities necessitates that people work together to achieve common goals. That is, interdependence is often more desirable than independence because goods and services are often more scarce compared to urban areas. Those dwelling in large cities may be implicitly encouraged to be self-sufficient with little need for face-to-face interaction with others. Conversely, those in rural areas may depend more on neighbors, friends, family, and others in their local community. However, there may also be a sense of pride and a stoic nature of individuals in rural communities when dealing with the financial fallout of disasters, as seen in Alston's (2007) research with Australian farmers after a severe drought. The loss of income paired with higher workload, lack of services available, and lack of emotional support left the families and community in crisis. Many of the farmers utilized rural financial counselors after the drought, but it soon became clear that the farmers and their families needed more than just financial counselors. They needed professional social workers who could understand the reality of rural social work and disaster recovery.

Social workers' adherence to the NASW Code of Ethics is especially critical in rural social work (Daley & Hickman, 2011; Ginsberg, 2005). When ethical dilemmas such as dual relationships manifest in urban settings, practitioners may have the option of transferring clients to other social workers. However, in rural settings, these dilemmas may be unavoidable due to a typically smaller pool of staff to choose from. Interestingly, these dual relationships, while potentially problematic, can be a unique source of cohesion and rapport building within smaller communities. For example, a social work practitioner who is active in the local religious community may become well known by local clients thereby potentially increasing trust in the person as a social worker as well.

Because small towns typically have fewer social work service agencies compared to larger metropolitan areas, rural social workers are called upon to be knowledgeable in a variety of areas to meet the needs of clients (Ginsberg, 2005), which can lead to social workers practicing out of their area of expertise and lead to poor practice complaints (Daley & Hickman, 2011). However, specialization is also highly desirable because other client options for service providers may be a considerable distance away which may not be feasible for clients. Moreover, a social worker might be required to be competent in several subject areas and yet a client may depend on the social worker to possess expertise in a specific area because there are no other treatment options in close proximity.

Rural practitioners providing mental health services often face a multitude of challenges that are less problematic for those working in more urban settings. Difficulty recruiting qualified mental health professionals (Jameson & Blank, 2007; Smalley et al., 2010), less access to healthcare (Safran et al., 2009), fragmented services (Smalley et al., 2010), and higher rates of mental illness and substance abuse (Smalley et al., 2010) contribute to struggles faced by practitioners in rural settings. Despite these shortcomings, Ginsberg (2005) argued that several positive aspects exist for social workers employed in rural settings such as greater flexibility and autonomy, greater potential to advance within the agency, and typically less resistance implementing programmatic change.

Although, by definition, rural areas are relatively small in terms of population, the differences between and within particular communities can vary widely according to race, ethnicity, socioeconomic status, political beliefs, etc. It is therefore crucial that rural social workers embrace the person-in-environment perspective inherent in social work practice and are cognizant of the needs of the local populations they serve. For example, Columbus, Ohio has the second largest Somali refugee population in the United States and, not surprisingly, local mental health agencies have worked diligently to ensure that services are provided in a manner consistent with the needs of the Somali population (Alomari, 2010). Training and hiring BSW- and MSW-level Somali case managers and mental health therapists to work with this population are just a few of the programmatic changes instituted by local agencies.

Additionally, the two rural communities explored in this study are quite different in terms of demographics, despite their close proximity. According to the 2010 U.S. Census Bureau, in terms of race, Gulf Shores is primarily White (97.5%) and Bayou La Batre is more diverse (60.3% White, 22.8% Asian). The large Asian population in Bayou La Batre is indicative of the number of families who, for generations, have worked in the fishing industry. For many, English is not their first language. The median family income of Gulf Shores was almost twice that of Bayou La Batre ($51,862 and $27,580, respectively). Despite being located in adjacent counties in Alabama, these small rural communities differed greatly in their makeup.

Previous research has also demonstrated the impact of disasters on mental health across the lifespan. Roberts and colleagues (2010) explored the impact of Hurricane Katrina on communities in Louisiana and found that, in a sample of youth, a substantial number had experienced mental health symptoms two years post-disaster compared to before the hurricane.

Additionally, 79% of the youth had experienced new onset symptoms one year after Hurricane Katrina. The dubious one-year anniversary has also been documented with respect to Post-Traumatic Stress Disorder (PTSD) and the effects on disaster mental health workers responding to 9/11 (Daly et al., 2008). Not only are children vulnerable post-disaster, but older adults are as well. Although age alone is not a strong predictor of resilience and recovery after a disaster, there are certain factors that can increase the risk for older adults including those who have previous trauma exposure, those with limited mobility, and those who have cognitive impairment (Brown, Rothman, & Norris, 2007).

Another critical factor in disaster mental health is the availability and quality of mental health services in the affected areas. The *Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness* by the National Alliance on Mental Illness scrutinized all 50 states on the quality of mental health care according to an A, B, C, D, and F scoring system with Alabama receiving a "D" (Aron et al., 2009). The report states that in rural areas of Alabama such as the ones under study, community mental health services are almost non-existent, and there is a general lack of mental health professionals. Further compounding availability of mental health services, Alabama has one of the lowest rates of psychiatrists per capita of any state in the country. The unique characteristics of the oil spill disaster paired with Alabama's low grade presented unique challenges for those working with rural residents affected in Bayou La Batre and Gulf Shores, Alabama.

For the purposes of this study, the focus was on those mental health professionals and staff dispatched to the Alabama coast by Project Rebound, a state initiative created by The Alabama Department of Mental Health. Project Rebound consists of mental health professionals and paraprofessional staff that connect affected individuals to services in the larger social service system during the recovery process post-disaster. Project Rebound was first initiated after Hurricane Ivan in 2004 and was utilized again in 2005 after Hurricane Katrina. Since that time, services have been delivered in the aftermath of disasters across the state of Alabama. In the summer of 2010, Project Rebound deployed staff to the Alabama coastal communities as the oil spill continued to leak and wreak havoc. Project Rebound offices were strategically placed in Gulf Shores and Bayou La Batre, and staff employed outreach and community mental health strategies to reach out to those impacted.

Although there are a number of services that Project Rebound employees can provide, these services are only as helpful as the degree to which prospective clients will accept and participate in them. Stigma often gets in the way. The stigma attached to mental illness and the idea of receiving mental health services carries numerous negative consequences for those who are stigmatized. Lack of employment opportunities (Overton & Medina, 2008), difficulty finding suitable housing (Link & Phelan, 2001), restricted social life (Perlick et al., 2001), and a negative self-concept (Link & Phelan, 2001; Watson, Corrigan, Larson, & Sells, 2007) are major barriers that impact a person's life. Essentially, once a person is diagnosed with a mental illness, others tend to view and treat the person differently, known as public stigma (Corrigan, 2005). As a result, it is common for the individual to begin viewing himself or herself negatively (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). The amount of stigma experienced is so powerful that some clients report it is more debilitating than the illness itself (Wilkinson, n.d.). Stigma attached to seeking mental health services in rural areas presents an

additional roadblock and has been documented in the literature (Smalley et al., 2010). Jameson and Blank (2007) noted that because rural communities tend to be close knit where most residents know each other, those who need mental health services might be even more fearful that confidentiality would be compromised.

It is not uncommon for negative effects to be felt years after a disaster (Kessler et al., 2008; Whaley, 2009). This study was conducted shortly after the one-year anniversary of the oil spill. Researchers were interested in exploring the degree of stigma related to people in the community seeking services, particularly mental health services. One could reasonably argue that because so many people living in the Gulf Region were affected by the oil spill, regardless of socioeconomic status, this could buffer against the extent of stigma attached to seeking services. In other words, the sheer number of people impacted could help to normalize the help-seeking behavior of those in the community, essentially a "We're all in this together" mindset. Indeed Benight and McFarlane (2007) argue for more disaster research to explore the connection between the impact at the individual versus community level. So the question remains, is the community uniquely impacted or is the effect on the community simply an additive function of all individual responses? One methodological concern regarding stigma research is that too often social scientist experts study stigma-related theories and concepts far removed from the actual clients living with stigma (Link & Phelan, 2001). Thus, a lack of qualitative research exists to capture the voice of mental health clients. In the current study, researchers interviewed the mental health professionals who worked directly with the clients. Although it certainly would have been beneficial to interview the clients themselves, cultural barriers prevented direct access to clients as focus group participants.

Methodology

Data Collection Techniques

Purposeful sampling techniques were utilized to identify mental health professionals working in the Gulf Coast Region to participate in seven focus groups. Selection criterion required that participants were mental health professionals employed by or working in collaboration with Project Rebound to provide services to individuals and families impacted by the Gulf oil spill in Gulf Shores or Bayou La Batre, Alabama. Focus group locations were Project Rebound offices in the respective communities and associated schools. All participants self-identified as at least 19 years old (the age of consent in Alabama) and were served lunch or breakfast as an incentive. This study was approved by the university's Institutional Review Board for protection of human subjects. Participation in the study was contingent upon standard informed consent protocol.

Focus group questions varied slightly across target populations (i.e., school counselors, outreach staff, home office staff), but all were similarly related to the key issues under study. Twelve questions were developed by the researchers to illicit information about delivery and utilization of mental health services related to the Gulf oil spill. Questions were divided into three sections (a) defining the disaster and recovery efforts [four questions], (b) identification of people in need and service delivery [four questions], and (c) challenges and needs for future disasters [four questions]. For example, one of the questions was: *Have you heard any clients*

talk about stigma related to mental illness or seeking help? This question had two follow-up questions, one related to shame and embarrassment and another related to the source of the stigma. All 12 questions were explored during seven semi-structured focus groups led by the two researchers. One investigator led the discussion and the other recorded the responses and took notes. Each focus group lasted from 60 to 90 minutes and was audio taped (with participant consent) and transcribed. A total of seven focus groups were held. Three focus groups (two with Project Rebound staff and one with school counselors) were held in Gulf Shores, Alabama with a total of 13 participants. Four focus groups (three with Project Rebound Staff and one with school counselors) were held in Bayou La Batre, Alabama with a total of eight participants. Each participant attended only one focus group, and there were at least two participants in each group.

Participants

There were a total of 21 participants; 17 mental health clinicians employed by Project Rebound and four school counselors from two school districts on the Gulf Coast of Alabama were interviewed. Eight participants served the Bayou La Batre community, and 13 served the Gulf Shores area. Overall, participants were Caucasian (Bayou La Batre, 57%; Gulf Shores, 77%), female (Bayou La Batre, 54%; Gulf Shores, 75%), and had at least a bachelor's degree (Bayou La Batre, 63%; Gulf Shores, 92%). The average age of participants was 40 in Bayou La Batre and 52 in Gulf Shores. The majority had worked in the mental health field at least 10 years, (Bayou La Batre, 100%; Gulf Shores, 69%) and several had assisted with at least one prior disaster (Bayou La Batre, 33%; Gulf Shores, 73%).

Coding and Analysis

Documented notes of the audio recordings of the focus groups were carefully reviewed and resulting data was analyzed using Glaser and Strauss' (1967) constant comparative method. There were no prior hypotheses, and the researchers used an open coding system to identify emerging themes. The data was analyzed by multiple coders. There were two coders for each transcript; both are authors of this paper. The transcripts were read multiple times, analyzed and then analyzed across transcripts. Open coding allowed categories of findings to emerge from the data. One theme that continued to emerge was related to stigma of help-seeking behavior. Specifically, the data revealed themes around (a) no visible damage, (b) cosmetic at the community level, (c) self-stigma, (d) public stigma, (e) labeling, (f) basic needs before mental health needs, (g) needing someone to listen, (h) exacerbated existing mental health needs, (i) cultural implications for mental health services, and (j) impact in the schools.

Results

No Visible Damage

There were numerous barriers discovered by the Project Rebound employees as they ventured out into the communities of Gulf Shores and Bayou La Batre and the surrounding areas. The inability to visibly detect damage and therefore determine who needed assistance was a hurdle.

With a hurricane, you see a neighbor's house down and my house is down so everybody's in a bad boat but there's no visible destruction [with the oil spill] and I don't know that my neighbor is as bad off as me.

During (Hurricane) Katrina they get out and clear the street and do all the reconstruction stuff—look what's going on in North Alabama right now. That didn't happen here; it couldn't happen here because of the difference in the disaster.

I do because there is not a lot of physical evidence as in a tornado when there are a lot of things torn down and a lot of debris—this is a silent disaster.

The difficulty detecting who needed assistance was not only a hurdle for clinicians in the delivery of services but also left many Gulf Coast residents isolated. This unique disaster caused confusion in terms of victim identification, which caused both internal and community conflict among residents who were in great need but lacked any outward sign. With no outward signs of need, many residents found themselves suffering alone. The increased isolation, yet far reaching effects of this disaster, led clinicians to employ creative methods of identifying individuals in need through innovative mental health outreach. Once clinicians began to identify individuals in need, they reported that the residents were very hesitant about seeking and receiving services, especially mental health services.

Cosmetic at the Community Level

Clinicians described the pristine appearance of the beaches and the community as not indicative of how people living in the Gulf were actually functioning. Although the town of Bayou La Batre was not a tourist destination, those who lived and worked in the town helped to feed the tourists. Because tourism rebounded very slowly, the effects trickled down to the people of Bayou La Batre. Services offered by local mental health and social service agencies were not greatly publicized because they would not appeal to tourists. Consequently, by not providing an accurate portrayal of how local residents were adjusting, it was more difficult to advocate for increased funding at the local, state, and federal levels.

I think this is not unusual necessarily for tourist kinds of communities anyway um I remember um you know uh I lived in South Florida and it was not unusual down there either. They really don't want social service agencies visible . . . you know I mean they're here to entertain people.

And there's even certain communities that won't even admit that any of the citizens there are even having problems and won't even admit they're problems . . . suicides and things going on but we don't need any help.

Particularly in Gulf Shores which relies heavily on tourism, the tendency was for the community to minimize the damage to the beaches in order to appeal to potential tourists thereby salvaging a dismal tourist season. However, the end result at the individual level was that of confusion and frustration.

> *Everything is good, we're, we're doing well, you know the spill is being contained, you know, come on in, you know come on over and take a look at our beaches how wonderful, we're open for business that's one of the things and yet on the other hand we're getting daily reports of well we tried you know attempt #27 to cap this thing and it's not happening.*

> *[People] were like confused about well are we good or are we really bad?*

Self-stigma

Clinicians identified many feelings and emotions such as pride, embarrassment, and shame that inhibited clients from seeking services and added to their uncomfortable feelings and lack of familiarity with needing assistance. Essentially, clients perceived themselves as "less than" if they needed assistance from others. This also applied to both basic services, such as food and utility assistance, as well as mental health services. Watson and colleagues (2007) noted that people buy into the stigma attached to receiving mental health services, and they begin to internalize what this means about them as a person consequently affecting their self-esteem and self-efficacy.

Resilient/self-reliant. Benight and McFarlane (2007) reiterated the common thread of resilience often present in disaster research and noted that discrepancies existed regarding the definition of this construct which ranged from healthy functioning across time to a person underestimating one's ability to cope post disaster. Fothergill's (2003) longitudinal study of women who survived the 1997 flood in Grand Forks, ND revealed that participants considered themselves independent, self-reliant, and felt more confident in their ability to deal with the flood based on past experiences with harsh weather conditions. Participants in the current study stated that clients had likewise been exposed to several past hurricanes and felt less concerned about this disaster albeit a different type of disaster. Thus, even though this disaster differed from previous disasters in the Gulf Region such as hurricanes, people in Mobile and Baldwin counties felt confident in their ability to cope with the oil spill based on their ability to successfully adapt to past disasters.

> *The people of Baldwin County are very resilient cause we've had lots of storms in life.*

> *They're very self-reliant, they're very self-sufficient and they're thinking, like, well during that storm, if I survived that uh I can do this and this is not a big deal.*

> *And that's what our problems are. You know people here, they're mostly uh self-made people, they're extraordinarily uh self-resilient and um I've been to other places where if people needed help, they're pretty good about crying out for help. These people here because of their peculiar you know points of view, if they ask for help, it's generally too late you know because they're holding on and they're saying, "No, we, can do this, we'll figure out a way."*

They're self-reliant, you know uh self-made uh old school uh it's ok for others to ask for help but it's not ok for them.

I think another aspect had to do with your local culture which has been that you take care of yourself.

They had done everything they knew to do uh to be resourceful, first.

Pride. In addition to self-reliant ideals and resiliency, the notion of pride seemed to be a significant barrier to those seeking services. So even though residents knew of available resources that could potentially help their respective situations, pride was often a powerful roadblock that inhibited their ability to accept services.

Men tend to be more prideful about taking help—both ways.

. . . others are prideful.

This is a prideful, hardworking blue collar community and so that is a huge hurdle to get over.

There is a lot of pride within the community and people not knowing about resources. Getting information out is one thing, having people accept it, like boat owners who have owned their boats since they were a kid it is hard for them to accept help much less counseling, when they probably do need it.

Pride. They're scared, prideful, and they don't know who to turn to.

Shame/embarrassment. Another reason that residents did not seek services after the oil spill was shame and embarrassment. According to the clinicians, the shame seemed to be centered around feelings of failure to provide for the family. The failure to provide and the resulting need for services was a new experience for many of the residents and was often the topic of conversation when working with Project Rebound clinicians. This degree of shame and embarrassment could also be connected to the sub-theme of self-reliance. In general, families believed that if they had been able to adequately navigate past disasters, this one would be no different.

It's a, it's a personal failure.

And there's more embarrassment. People don't wanna talk about it um people who've never had to ask for help before . . . um it's very, very humiliating for them, and that's part of what we try to do is to tell them don't be embarrassed.

There is concern among a lot of people about those being concerned about mental health and embarrassed to in fact become a part of their services.

A significant number (of people) who are a little bit hesitant to cross over that line and say well I need to go to that mental health center.

Then people who've been self-sufficient and been in an income bracket where they don't even know how to apply for food stamps. Do you know how humiliating for them it is to go and apply for food stamps?

Unfamiliar territory. Clients expressed to the Project Rebound clinicians that they never had to ask for help before the oil spill and that they were the ones who donated to help others in times of need. These individuals with little to no prior experience with receiving any type of assistance found themselves in a very unfamiliar place.

Because she was independent she always never had to depend on anyone to help her and stuff, and we get a lot of people like that.

I've heard it a hundred times, everybody else says it too, "I've worked all my life, I've paid all my taxes, I've done without, I've never before had to do this."

And then there are the people that have been fine all of their lives and all of a sudden this is it. They're not used to asking for help because they've been doing just fine.

These are the people that would go to the church and donate their clothes and donate canned food and now, I mean, talk about a blow to your self-reliance and like because it's kind of like, "I'm not good enough. I'm working this hard and still not working."

The people that are asking for help are the people that were donating to help other people.

And the wealthy folks of course, and this is not unusual, all of a sudden they realized that this was happening to them too.

Public Stigma

Few studies have examined public stigma as it relates to disaster mental health. In one such study, Fothergill (2003) found that, among women who survived a flood, participants were concerned about what others may think about them for receiving food stamps. Participants also made a point to remind others that their post-disaster financial situation was not reflective of their lives before the disaster. In the present study, there was a similar finding. Clients expressed concern over how others would view them if they needed services. Specifically, clients worried about the perception of neighbors related to seeking general assistance as well as mental health needs. Clients also did not see themselves as the type of people who would ever need help from others.

. . . I don't know that my neighbor is as bad off as me and I'm certainly not gonna tell them. I never wanna talk to them so they're both hurtin' but they're reluctant to come out.

A next door neighbor took her (neighbor) to Wal-Mart that day but didn't know that she had called us and pretty much it was a suicide crisis you know call. So that's the kind of situation, it's like even the neighbor didn't even know the situation but after that incident, he knows and now it's, it's for the better but that was very interesting to me that she borrowed the neighbor's phone (to call in crisis).

Like I do not want to be there because people are looking at me differently because I needed help and money to support my family.

They want no part of it [help] and they associate this kind of help with a certain set of people.

Labeling

Several clinicians in both Bayou La Batre and Gulf Shores described people in the community expressing concern about various labels connected with receiving mental health services. Potential consumers feared being labeled "crazy," interacting with a therapist or counselor, and feared that friends and family in their local communities would become aware that they were engaged in services.

Am I crazy? Some clients explicitly referenced the word "crazy" and implied that is what a person would be if he or she received services from a mental health professional. In a study of African American church pastors in Southern Mississippi, several participants noted that members of their congregation post-Hurricane Katrina expressed concern about the possibility of being labeled "crazy" if they sought mental health services (Aten et al., 2010). This was echoed by Corrigan (2007) who noted that people may avoid mental health services in order to avoid being labeled as having a mental illness. The implications were obvious: people who needed services either delayed getting the help they needed or never sought the help which likely exacerbated their condition.

. . . there's still, there's certainly still a stigma with you know asking for mental health treatment, I mean their care um you know and I mean it's still very much there you know so you know they, uh "I'm not crazy" you know and "I'm just having some problems" you know, "I'm not crazy."

(mental health professionals) are gonna label me crazy, put me in the hospital, no, no, no.

I even had one young man say to me at the end of the session, he said, "Boy it's good to know I'm not crazy."

Clinicians used the clients' language in order to build empathy and lessen the stigma attached to seeking services.

I always tell them hey this doesn't mean that you're crazy you know, you need a little bit more than we can give you right now you know and that, that kind of works.

Therapist/counselor label. Clinicians in both communities stated that they quickly learned not to identify themselves as a "therapist" or "counselor" because they knew it would not be well received by prospective clients. Clinicians framed the interaction with clients as "talking," and built trust with clients. The clinicians knew that there was no stigma attached to simply *talking* with clients. This approach kept the clients further engaged in the interaction and ultimately led to the clinicians being able to provide additional services.

> *When I do outreach or go to the community events that is one thing, but if I mention I am a therapist they actually stop talking about needing anything.*

> *People coming in, not a lot of acknowledgment that they are getting counseling, it will be, "I am getting help for . . ." That is how they get around that. There is definitely stigma related to it as to be expected.*

> *And you quickly learn to not say, oh I'm a mental health counselor, you know, do you need some counseling? No, we're not doing counseling, we're just talking, we're just talking.*

> *Yeah it's not really counseling, it's talking but there appears to be a huge stigma here.*

Mental health client label. Some clients expressed great concern over the possibility of their friends and family spotting them interacting with a Project Rebound employee, and realizing they were seeking services, namely mental health. Clients went to great length—literally and figuratively—to avoid the label of "mental health client." Some drove a considerable distance from their residence and bypassed other mental health providers on the way to lessen the chance that they might be seen receiving mental health services. Others would not give their name or write on the sign-in sheet that they were there to see a therapist.

> *I had this young man, about 32, he called said he'd never been, he'd never spoken to anyone about anything, my first session with him, we actually met in a library because he didn't even want to meet or be around his home or business.*

> *There was a guy who would not even tell me his name because he did not want it out, he drove a long way to get to our office. He would not sign in that he wanted to talk to a therapist. He had no one to talk to, he was very depressed. He said his family would make fun of him (if he was receiving mental health services) and that he did make fun of the situation when it first hit a year ago and Project Rebound was being announced. He said he was sitting around drinking with friends and said why anyone would need counseling for this . . . now a year later he said he needs it.*

> *People will come [from long distances] to do their intake over here because they don't want family or friends to know because this community—they know everything about each other, they know what time they get home, everything.*

There is a senior program at the community center where I used to work and there was a [client] who was bipolar and sees the therapist regularly. So, that senior program, I saw them every day, and she had a manic episode when I was there. So the program leader asked me to come talk with her to calm her down. The next day, every one of the senior program people came by and was laughing to me about the situation. I don't want to say it was horrible, but at least 15-20 of them, the old ladies came by to ask me what happened with her and ask me, and they, they had smiles on their faces—"I can't believe she was yelling and screaming." So there is that—I think the fear of everyone knowing that you do things.

Basic Needs Before Mental Health Needs

Clinicians were well aware that if a person's basic needs were not met then he or she would not be receptive of emotional or higher-level needs. This natural progression from basic needs to more emotional needs was consistent with the well-established model of Maslow's Hierarchy of Needs (Maslow, 1968). In an overview of the principles of Psychological First Aid (PFA), Vernberg and colleagues (2008) reiterated the practicality of addressing basic needs before psychological issues can be addressed, which was reconfirmed by the Project Rebound clinicians.

Started with basic needs but turned into behavioral needs.

We had to meet basic needs before we could even touch their mental needs. So the first thing we do is, the first thing I do, is take care of their immediate needs and then down the line get into the other part.

(One client) needed some mental health first but I knew what needed to come first, her basic needs, you know, so we got her that and then we set up her appointment.

Some clinicians also framed the need to meet clients' basic needs in terms of building trust. Thus, if clients could trust the clinicians to bring them food then the clients would likely trust the clinicians enough to open up about how they were dealing with the effects of the oil spill.

They do 50 lb. boxes of food and we would deliver it and if you do that a couple of times, they start talking and then they invite you in.

(Our colleague) says if I can get them immediate access with food they are going to be more comfortable speaking with me and if I can help them immediately with something then I am going to be able to call on them.

Needing Someone to Listen

Clients expressed to the Project Rebound employees a need to be heard and listened to. It was as if they just needed someone to be a good listener and let them know that their reactions were normal. Whaley's (2009) study of Hurricane Katrina survivors revealed that they largely needed to have their feelings normalized although certainly some reactions were indicative of more clinically significant psychopathology. In the present study, the unfortunate, ironic tradeoff people apparently made was that fear of what others thought of them for needing mental health services limited their ability to vent to friends and family and compounded their stress level.

A lot of people just need to have their voice heard.

And what I find is that they're so thankful that they finally have someone they can talk to. And we listen.

. . . just want someone to help them, they are at their emotional wits end but a few are crying on me and just by talking it out they calm down, they think they are all alone.

A lot of people are naturally stressed because they cannot find work and are not financially stable . . . just like a situational depression but they need someone to listen to them.

Some . . . were so distraught or you know how you cannot concentrate or so they are like I am depressed or maybe I do need to talk to somebody so it kinda gets to where they do not even have time to think about it—they just need someone to talk to.

For the first 40–45 minutes, he just cried, did not say a word. Cried. To a complete stranger . . . and that wound up being a two and a half hour session but um he just said I don't know how to tell people how I'm feeling, I don't know how to do this and if that gives you an idea, he just, he just cried.

When they finally are willing to admit help . . . we sit down and talk to them and as we're talking with them they just dump because catharsis—just to feel comfortable that they can have somebody who shows that they care and they're listening.

Exacerbated Existing Mental Health Needs

For a subgroup of individuals who received services from Project Rebound, mental health services were already needed, and the effects of the oil spill exacerbated their current struggles. Perhaps not surprisingly, the impact of pre-existing mental health conditions have been shown to relate to coping responses after a traumatic event ranging from PTSD symptoms and pregnancy loss (Engelhard, van den Hout, & Kindt, 2003) to depression after earthquakes (Knight, Gatz, Heller, & Bengtson, 2000). Residents of the Gulf Coast were no different and

Project Rebound clinicians acknowledged the vulnerable situation many of their clients were in before the oil spill and their decline in the aftermath.

> *They were chronically living on the edge prior to the economy cutting down, but not so much so and then uh the oil spill came along and that escalated that.*

> *We're seeing people that have some sort of a diagnosis of a mental health issue that was kinda, sorta managed before. Now it's just rampant. If you had somebody with a mild depressive disorder, if there is such a thing, well now it's worse. And now we're seeing . . . they were functional in some way, they lost their job, they lost their insurance, it was just, it's just crazy. I would say 70% of all these people had some sort of mental health issue and this whole thing has just exacerbated the whole thing to the point where it's completely over the top.*

> *I mean hell by the time we get to them, they're like, "I need help now, yesterday. I'm losing my home, I'm losing my kids, you know."*

> *People are worn so thin and they have put us off for so long . . . the problem is that they are further gone than the beginning and the intervention we could have started months ago won't really help them now and they are needing more serious assistance.*

Cultural Implications for Mental Health Services

Despite being adjacent counties that border the Gulf of Mexico in the state of Alabama, the demographics of Mobile County and Baldwin County as well as the industries that support their local economy are quite different. Some of these differences are apparent in the local culture and consequently their beliefs about seeking mental health services. The stark contrast between the cultural beliefs held by members of these two counties is further evidence of the need to tailor interventions and outreach efforts accordingly (Benight & McFarlane, 2007; Ginsberg, 2005; Rosen, Greene, Young, & Norris, 2010). In a sample of children and adolescents relocating from Louisiana to Texas after Hurricane Katrina, authors noted that coping strategies were impacted by cultural stereotypes and differences in language (Pfefferbaum et al., 2008). Project Rebound employees in Bayou La Batre knew that people in the community were struggling, but their attempts to help were initially met with resistance due to cultural and religious beliefs which denounced the need for intervention. The effects of stigma in this community were further compounded by the locals' need to reject services to preserve their spiritual well-being. This presented another obstacle for clinicians who reached out to provide much needed assistance. Watson and Ruzek (2009) noted that there is a general lack of rigorous science devoted to disaster mental health on which to base proper services. This was evident in the current study where at times clinicians essentially learned by trial and error—what worked in the neighboring county simply did not work in theirs.

> *And . . . we need more recognition of cultural differences and the need for help on our end all the way up.*

Culturally, in the Asian culture they do not think of mental problems as help they need. They would not go to (the local mental health center) for assistance because they kind of deny that that is part of our culture that we do not have that.

They are not coming to us with their mental health needs for one the Asian community does not recognize mental health, this is just a phase you go through in the Buddhist world. So we have that aspect to fight against and then you have, "There is nothing wrong with me, I just need a job. I don't have any issues, I don't have problems at home, I am just frustrated because I need a job, I need money to pay my bills!"

We offer parenting skills, and parent stress management, etc . . . for parents but they do not come nor are utilized. They still view it as a mental illness. Cannot mention that—we handle our own here!

We have a large Asian community, and Hispanic, and different culture systems and the Asian and Buddhist religion is that we have to suffer through what we go through now so that we can have a better life next go around. You try beating that—you try taking away what they see as their salvation. I am offering help, let us help take away your suffering and they look at you like you are crazy—I cannot give up my suffering—I have to get through this and my next life will be better. I mean, we are Satan to those folks.

How to reach clients. Although knocking on doors out in the community worked in adjacent Baldwin County, it was not a successful means of reaching out to those in need in Bayou La Batre. Clinicians networked with community leaders, those who were trusted by the locals. Therefore, Project Rebound employees ventured out into non-traditional therapeutic settings in order to find those in need. A well-respected member of the community was added to the Project Rebound staff, and this increased trust among those who needed services. Silove, Steel, and Psychol (2006) cautioned against an overemphasis on outside help versus utilizing individuals and services already present in the communities affected. In the present study, collaboration with key figures in the community demonstrated to the people that they could largely help themselves with minimal guidance from outsiders—a much more empowering approach. Likewise, Rosen and colleagues (2010) recommended that disaster mental health organizations hire a diverse staff to better meet the needs of the communities being served.

When we first got started we went knocking on doors and it didn't work. So we set up at the community center—they have a lot, a lot of people who come in and out of the community center.

(local business leaders, Red Cross) all said we needed to go to the docks because those dock workers, that is where they do the clean-up crew, that is where the seafood workers come in and out, that is who you need to talk to because they are having a really hard time. So, for about two months every day at 5:50 I was out on the docks, shaking hands, meeting people, introducing

myself to the same folks until, I would bring donuts. It sounds silly but it was those little things that lead to, "Oh hey, Miss W," and they knew me and I was like, "Come see me at the community center."

. . . we got chased off properties—it was really interesting. What we did learn was that we were not going to get very far knocking on doors. So we regrouped.

Ms. L who is very well known in the area and she worked with head start and all the Vietnamese and the Asian communities they knew Ms. L and so it was really nice for her to be able to bring those people in and offer services.

Absolutely! That is one of the things that the team lead touched on. We went to the natural leaders in the community. We went to a lot of the church leaders— "Do you recognize any one in the congregation that might need your help?" and they said "yes" and they referred a lot of people to us.

These people were like, "I don't know you, but my pastor thinks I should talk to you."

Bayou La Batre was strategically chosen as one of the sites for a Project Rebound office because the staff knew that the locals would not likely go to another community for assistance, regardless of the services offered.

They will not go to Mobile but will go to the Bayou.

Those specific locations were chosen for that reason—trust and utilization in the community. They will go where they feel comfortable.

The idea for some of our parents that they could go right down the road here, because the whole thing overwhelmed them anyway—just right down here in the Bayou, it's close, you can see someone that—it made it more comfortable for them to attempt it.

Impact in the Schools

The effects of the oil spill were felt not only among adults and parents within families, but also and perhaps not surprisingly, trickled down to children. Across all levels of education in the school system, these effects manifested as anger, bullying, and even suicide. School counselors described their efforts to improve communication with parents by building trust with the students first and also, when time and their schedule permits, visiting families in the home. Counselors learned that programs and services aimed at helping students and families were not well attended if they were held at the school.

Strengthening the home-school link. School counselors described their efforts working with the parents of the students, and trust built with the students led to trust with the parents.

In our community, sometimes they won't reach out, but they will for the kids.

[Parents will say] I don't know you but my child said they have seen you at their school.

Services provided to parents in the home were more effective and led to increased participation as opposed to services held at school.

We also have a parenting program through mental health which parenting is something probably that could really help because and it's a parenting program that they actually go to the home and they work with parents maybe for eight weeks and um so they can target on the specific needs of each family and that's through the grant. If you have a parenting class here, they don't come.

Suicide. School counselors described the ultimate consequences of stress related to the oil spill, suicide. News reports from numerous media outlets covered the story of a well-respected charter fishing boat captain who was married with a family and ultimately took his life, likely due to ongoing stress and anxiety, and bureaucratic hassles related to reimbursement after the oil spill (Hedgpeth & Fahrenthold, 2010). This tragic event, and the amount of attention that it received, sparked a discussion about the mental health of those living in the Gulf.

I guess that the suicide of the boat captain was what started the whole thing. That got media attention. That was one of the first things that got media attention on the mental health side.

We have had a former parent (of a student) who committed suicide over the oil spill.

We haven't had uh suicide of a student at the elementary but we have had one at the middle school before.

Well at (a local high school) wow I mean they had three even like two teachers right? . . . two teachers and a student.

. . . there are a lot of children that their actions and reactions at school related to situation issues at home and when they come in to see us and they think they are coming to bring the child and the next thing you know the parents are in therapy and the kids are great.

Discussion

Whaley (2009) stated that because there is clear evidence that psychological distress does often result post-disaster, there needs to be careful planning of mental health services in preparation for future disasters in communities. This is especially important when working and planning for disaster in rural communities. As experienced by the clinicians in this study, their innovations and community collaborations allowed for extensive service delivery in an

otherwise challenging situation. When planning for future disasters, the experience of the Gulf Coast Project Rebound staff is invaluable, and rural social workers and other helping professionals would be advised to take note paying specific attention to how stigma influences service delivery.

Clinicians in the Alabama Gulf Coast communities experienced a number of stigma-related barriers to delivering services including self-stigma, public stigma, and cultural implications of seeking and receiving aid. These experiences are not unique to the Alabama coast or the Gulf oil spill. Fothergill (2003) reported similar findings in the women of Grand Forks, ND after a devastating flood. The women reported feeling humiliated because they accepted charity after the disaster. The very act of accepting help challenged the women's views of who they were in the community: middle-class and self-sufficient. The women viewed the culture of their small town as hard-working and traditional, a place where people made their own way. Project Rebound clinicians reported multiple instances where individuals seeking aid after the oil spill felt almost shocked and ashamed at their current circumstances. In addition, clinicians found individuals hesitant to seek services because they were proud, and had always viewed themselves as the givers, not takers. This self-stigma led to a delay in services until, as the clinicians stated, it was a major crisis and there was nowhere else to turn.

In addition to self-stigma, public stigma served as a barrier to services for the Gulf Coast residents. Project Rebound clinicians quickly learned to not mention the "Stigma of Help-Seeking Behavior Following the Deepwater Horizon Oil Spill" of counselor/therapist or any reference to mental health services until after they had an established relationship with the clients. To counter the public stigma and identify potential clients, Project Rebound staff worked as resource brokers first, providing connections to food pantries and utility assistance before approaching emotional and psychological issues. This approach mirrors the theory of psychological first aid which states that individuals' primary need during the aftermath of a disaster is safety and security (Vernberg et al., 2008). As rural communities prepare for disaster it would be wise to take notice of the community pride and possible stigma related to seeking and receiving help.

However, even the promise of basic needs may not be enough to breach some cultural barriers. Project Rebound staff found that cultural beliefs in which seeking services would be viewed as an abomination was one of their biggest challenges. To combat this challenge, the staff identified community leaders and employed individuals with the same cultural background and beliefs to serve as liaisons to those in need. In addition to hiring community leaders, the staff employed non-traditional, yet culturally appropriate, mental health outreach techniques which led to successful and effective service delivery. If front line responders can identify the possible cultural implications of seeking and receiving help before disaster strikes they could invite community leaders in advance and, in turn, expedite services while preventing frustration and providing help. The Project Rebound clinicians were able to provide services after the Gulf oil spill in rural, close-knit communities by employing a variety of outreach techniques and offering an assortment of services. It was only through their collaborations, integration of community leaders, and persistence that clinicians were able to intervene with a traditionally closed community. As other rural communities begin to prepare for future disasters, they can

integrate five lessons from the Project Rebound staff and the Gulf oil spill experience which correlate with the recommendations from Sundet and Mermelstein's (1997) research after the Great Flood of 1993.

1. Identify key community services in advance and have a plan to work together to offer coordinated and efficient services. This will reduce the feelings of self and public stigma of people needing to go to multiple sites in order to meet needs. Sundet and Mermelstein's (1997) research provided a similar recommendation encouraging communities to build coalitions before disasters strike. They state that human service coalition building can not only help aid in the delivery of resources prior to disasters, but can enhance the efficiency and effectiveness of disaster response.

2. Identify the community members most at-risk in different types of disasters and have a plan on how to approach them. If responders know who might be most impacted (i.e., those who are already on the edge, financially, emotionally, etc.), they can better anticipate needs and create appropriate plans. Sundet and Mermelstein (1997) encourage communities to plan for a variety of disasters in advance and get to know the appropriate resources.

3. Identify and become familiar with all the cultures and differences within the community. Although the Project Rebound staff knew that there were large differences in culture among their residents, they had not previously explored those differences and contemplated how the differences might impact disaster relief services. Sundet and Mermelstein (1997) recommended that communities educate each other on mutual support. In order for communities to engage in mutual support they must first gain an awareness of and respect for cultural differences, and view these differences as strengths contributing to solutions rather than deficits perpetuating the problems (Ginsberg, 1976).

4. Bring key stakeholders to the planning table. Make sure there are representatives, preferably respected leaders and/or community members, from all segments of the community at the disaster planning table. Sundet and Mermelstein (1997) also recommended that communities develop "linkages among critical leaders" (p. 67). Moreover, Putnam (1993) argued that a crucial component of mobilizing community resources in rural communities is the emphasis on building social capital. The Project Rebound staff found that outreach efforts were more successful once they employed the help of community leaders. This is especially important in communities with multiple languages and cultural practices that may differ from traditional Western approaches.

5. Do not forget the children—they feel the effects of disasters too. Project Rebound staff were effective in providing services through a number of strategies: They presented to businesses, community meetings, and worked closely with the school systems. The staff and school counselors found that the children were a vehicle to identify and provide services to families in need, which negated some of the initial stigma related to help seeking behavior. Overstreet, Salloum, Burch, and West

(2011) noted the prevalence of depression and PTSD in children post-disaster and echoed the need to reach affected children through school-based mental health services.

The five lessons mentioned above align closely with previous research regarding rural mental health services. Richgels and Sande (2009) noted the importance of collaboration in rural communities where resources are already typically scarce. This was evident in the current study. Because the disaster was unique in its nature and effects, practitioners quickly learned that the usual template for providing mental health services would not work. Creative approaches to connect with the communities were essential if residents were going to receive help. Similarly, cultural differences were manifested differently in Bayou La Batre and Gulf Shores. Collaborating with key stakeholders and those in the community who were well respected proved to be a critical element in reaching out to those in need. Project Rebound staff also utilized this experience and knowledge to help families by building rapport with their children first through the school system.

The excerpts and emerging themes from this study have yielded valuable information to better understand the intersection between rural communities, stigma, and a unique disaster; however, there was one potential limitation in the study and that is the issue of self-selection. Because investigators wanted to capture the voice of those mental health professionals working directly with people living in Alabama's rural coastal communities affected by the Gulf oil spill, the hope was that all involved practitioners would have an equal opportunity to participate in the focus groups. In fact, investigators communicated regularly with Project Rebound administrators to select an ideal time frame to conduct the study that would maximize the number of individuals who would be able to participate in the study. Although it was not known exactly how many people did not participate in the study, administrators reassured the authors that the majority of the Project Rebound staff were present during the focus groups. Moreover, it was believed that the clinicians who did not participate were absent largely because of client crises that took precedence over participation in the study.

The Deepwater Horizon oil spill was one of the worst disasters in U.S. history and dev-astated those living in the coastal communities of Alabama and surrounding areas. The two communities explored in this study, Gulf Shores and Bayou La Batre, AL, are very different in terms of demographics and economic dependence on the Gulf. Project Rebound clinicians and staff were dispatched to the area after the spill and had virtually no way of knowing what was waiting for them due to the unique nature of this disaster. This study aimed to provide guidance as to how communities and mental health professionals could prepare for such a disaster should it happen in the future. Although stigma of mental illness is not new, its role in deterring individuals from seeking services post-disaster is fairly new. A more proactive approach when planning for disasters coupled with a better understanding of stigma will be critical to ensure that the needs of communities will be properly addressed.

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Cultural Practice Considerations: The Coming Out Process for Mexican-Americans along the Rural Mexico-US Border

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Abstract. As the nation's Latino and Mexican-American population continues to rise, social workers must consider the unique experiences of these groups. The decision to reveal a lesbian, gay, or bisexual (LGB) identity is often difficult and painful. This decision can be compounded for Mexican-American individuals as Latino heterosexual attitudes about sexuality continue to act as a barrier for Mexican-American LGB individuals and their families who live along the rural Mexico-United States (US) border. This article reviews the implications of lesbian, gay, or bisexual disclosure within Mexican-American families residing in rural communities along the Mexico-US border. The authors review the traditional Mexican-American family and the role of acculturation in the disclosure process. Implications for culturally competent social work practice, recommendations for clinical practice, and recommendations for future research are discussed.

Keywords: community practice; Latino-Hispanic gender;
Latino-Hispanic lesbian, gay, or bisexual (LGB); rural

The "coming-out" process often has a profound impact on individuals and their families (Ben-Ari, 1995). Despite increasing social acceptance of homosexuality, dominant Latino heterosexual attitudes about sexuality continue to act as a barrier for Mexican-American lesbian, gay, or bisexual (LGB) individuals; particularly those who live along the rural Mexico-United States (US) border, as they openly express their sexual orientation (Greene, 1994). The authors use the definition from the 2010 U.S. Census that describes the Mexico-US border as an approximately 2,000 mile long boundary that separates California, Arizona, New Mexico, and Texas from six Mexican states: Baja California Norte, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas with a width of almost 50 miles into each of the countries (23.6 million people; Ennis, Rios-Vargas, & Albert, 2011). Five urban areas exist on both sides of the border: San Diego-Tijuana, El Paso-Ciudad Juarez, Laredo-Nuevo Laredo, Brownsville-Matamoros, and Harlingen/McAllen-Reynosa. According to the 2010 U.S. Census, the Mexico-United States urban population is eight million people (Ennis et al., 2011). While the census does not actually define *rural*, the term encompasses all populations, housing, and territory not included within an urban area (http://www.census.gov/population/censusdata/urdef.txt). Therefore, whatever is not urban is considered rural. The 2010 U.S. Census states that the third highest concentration of Hispanics of all states is along the 32 border counties (Ennis et al., 2011). The Mexico-US border population under 19 years of age is 1.4 million (31%) of the border population and 64% (896,000) of those are Mexican-American children (Ennis et al., 2011). For the purpose of the paper, rural along the Mexico-US border will be considered communities outside the five US urban regions listed above, that according to the 2010 U.S. Census is comprised of 3.6 million Mexican-American individuals (Ennis et al., 2011).

Among Mexican-American families, the coming-out process, or disclosure process, has unique repercussions. Researchers (Morales, 1989; Newman & Muzzonigro, 1993) suggest that typical individual reactions (e.g., shock, distress) to a family member's coming-out are heightened among Mexican-American families. This article reviews the current research on dominant Latino attitudes surrounding sexuality and sexual orientation disclosure for Mexican-Americans. The authors chose to exclude rural Latino-Hispanic transgender and transsexual individuals from this article in the interest of clarity, brevity, and lack of sufficient data. The Latino-Hispanic transgender and transsexual population are very different from the LGB population and deserve their own place in the literature. Implications for social workers, including strategies for working with Mexican-American individuals and families who live along the rural Mexico-US border, and recommendations for future research are included.

LGB Life in Rural America

Although some may prefer an urban setting in which to live, there are still LGB persons who live (and enjoy) small, rural areas (Dews & Law, 2001). Rural society, however, differs from urban society in several significant ways. Rural communities tend to be more supportive of conservative values and less tolerant of diverse populations (Aten, Mangis, & Campbell, 2010). Strong religious beliefs play a major role in shaping the values, attitudes, and social norms of rural communities (Sowell & Christensen, 1996). Religion is viewed as a guide for acceptable behavior, and there is little appreciation for variations from the traditional family lifestyle (Smith & Edmonston, 1997). Moreover, because of the "small town grapevine," it is difficult to maintain privacy, and confidentiality is a major problem (Martinez-Brawley & Blundall, 1989).

In general, rural Americans live in larger and more crowded households, have lower levels of education, and are more linguistically isolated (Fennelly, 2005; Kandel & Parrado, 2004) and more segregated (Kandel & Cromartie, 2004). The integration of LGB individuals and LGB communities into the larger social fabric of rural community settings occurs infrequently. This is due in great part to the stigma that is still universally associated with homosexuality (Preston, D'Augelli, Cain, & Schulze, 2002). In most rural areas, however, the stigma is exacerbated as LGB individuals may have limited opportunities to affirm one's "gay identity." Thus, the opportunity structure for lesbian, gay, or bisexual development in rural settings is distinctly limited (D'Augelli & Hart, 1987; D'Augelli, Hart, & Collins, 1987). Places for social and sexual contact are far fewer than in urban areas, as is the ability to develop same-sex relationships in an open way. Further, the chance for the development of a gay community is challenged by the controlling force of not being seen in rural communities (Preston et al., 2002).

Many LGB individuals living in rural areas feel they risk rejection or ostracism from friends and family, and therefore do not disclose their sexual orientation. Because of this, many rural LGB individuals internalize feelings of social rejection, and internalized homophobia can develop (Smith & Edmonston, 1997). This form of cultural and social oppression has also been shown to contribute to substance abuse which further alienates LGB individuals (Kus & Smith,

1995). The oppressive factors of rural living are compounded with the introduction of a culture (Mexican-American) that can intensify much of the stigma and hardship of LGB rural life.

Mexican-Americans

Although often grouped together as *Latinos* or *Hispanics*, this group is far from homogenous, representing a diverse group of cultures and national origins. According to the 2010 U.S. Census, 63% of the total Latino or Hispanic population are Mexican-American, 9.2% are Puerto Rican, 3.5% are Cuban American, 4.8% are Central American, 3.8% are South American, and the remaining 17.3% are "other" Latinos (Ennis et al., 2011). Recent research (Taylor, Lopez, Martinez, & Velasco, 2012) indicates that most Hispanics prefer to self describe their ethnic identity in terms of family country of origin (e.g., Cuban, Dominican, Mexican) rather than using pan-ethnic terms (e.g., Hispanic, Latino). Considering family country of origin may also help practitioners to tailor services. As such, the focus of this article will be on rural Mexican-Americans that live along the Mexican-US border as they comprise the largest subpopulation of Latinos-Hispanics and have been identified as increasingly at risk for psychological distress (Ramos-Sánchez & Atkinson, 2009).

While urban versus rural particularities exist, Mexican-Americans share many cultural values surrounding the importance of the family, role of religious ideology, and clearly defined, dominant gender roles (Falicov, 2010). In addition to the variance in Mexican-Americans according to their geographic location (rural or urban), there are language preferences, level of education, socioeconomic status, acculturation level, personal experience, and a host of other factors that make generalizations dangerous (Cuellar, Arnold, & Maldonado, 1995; Umaña-Taylor & Fine, 2001). Mexican-Americans, like other immigrant and migrant communities, experience acculturative and identity struggles for which social workers are well trained to address.

U.S. Census data from 1950 through 2000 indicate that population has grown more rapidly in the border regions than in the nation as a whole (Hobbs & Stoops, 2002). However, approximately one third of U.S. border families live at or below the poverty line compared with a national average of 11% (Hobbs & Stoops, 2002). An estimated 400,000 persons live in the United States along the Texas border in colonias (i.e., semi-rural communities) without access to public drinking water or wastewater systems (Hobbs & Stoops, 2002). Unemployment rates in the border area are approximately threefold higher than those in the rest of the United States (Hobbs & Stoops, 2002). A total of 10 of 32 counties evaluated in the 2010 U.S. Census along the Mexico-US border are medically underserved and of low socioeconomic status and are considered rural (Ennis et al., 2011). Such struggles surrounding acculturation, poverty, and immigration have resulted in Mexican-Americans being cited as experiencing more mental health problems than other ethnic populations (Ramos-Sánchez & Atkinson, 2009). Despite the demonstrated need for services aimed at alleviating stress surrounding such struggles, Mexican-Americans have been perceived as circumventing or foregoing available services altogether (Ramos-Sánchez & Atkinson, 2009).

Dominant Attitudes Surrounding Sexuality

The Traditional Mexican-American Family

Mexican-American individuals' behaviors may be understood by examining them within the context of dominant Mexican family ideologies including familismo, machismo, and respeto (Falicov, 2010). Familismo denotes the importance given to family membership in respect to their collectivistic nature and the sacrifices of involvement (Falicov, 2010; Freeberg & Stein, 1996). Familismo is evidenced by many Mexican-Americans living at home or in close proximity to their parents until their marriage. In the traditional Mexican-American family, familismo (i.e., loyalty, reciprocity, solidarity within the immediate and extended family) is such an important concept, that interdependence and cooperation is valued over individualism. Consequently, this interdependence may serve as a barrier to the coming-out process for LGB individuals especially in rural areas that lack few resources (Falicov, 2010; Freeberg & Stein, 1996).

Mexican-American families are further influenced by a patriarchal orientation, wherein male figures serve as patriarchs or leaders of the family (Marin, 2003). Mexican-American culture's patristic orientation can encourage family members to acquiesce to male demands. The patristic elements of Mexican-American culture are likewise encouraged and reinforced through the doctrine of machismo; encouraging males to be strong, virile, and dominant (Marin, 2003).

Respect of elders or respeto is another common value within Mexican-American families. Respect for authority is positively associated with increased pro-social behavior, even when direct parental monitoring is absent (Frost & Driscoll, 2006; Ramirez et al., 2004; Vega & Gil, 1999). Hispanic adolescents, it appears, resist behaviors that would violate the family values because it would be disrespectful to their parents, which extends parental oversight of children when they cannot be present.

Also, it is important to consider the stress that can result from immigration and acculturation issues to the already stress compromised rural family system in the form of identity struggles (Gil, Wagner, & Vega, 2000). Family system and functioning may further suffer as adolescents have been found to acculturate more quickly than their parents (Smokowski, Rose, & Bacallao, 2008). This acculturation gap can lead to diminished family functioning in families already struggling in a resource poor rural environment.

Religiosity

Religion has been described as both a component and determinant of culture (Nonnemaker, McNeely, & Blum, 2003). Traditional Mexican-American culture is oriented around religion, specifically Catholicism (Perl, Greely, & Gray, 2006). Religion is widely regarded as a protective factor against numerous health problems wherein the more important religion is to an individual (religiosity), the better his or her health outcomes tend to be (Lee & Newberg, 2005; Pargament et al., 2004; Powell, Shahabi, & Thoresen, 2003). Religion is presumed to be a protective factor against sexual risk for two reasons. First, many of the

behaviors correlated with poor sexual health are forbidden by religion. Second, religious individuals may feel a greater incentive to comply with religious ideology over personal feelings (Wallace & Forman, 1998). Yet, research has emerged in the past decade suggesting sexual health outcomes among the religiously devout are not better compared to their less- or non-religious peers (Brückner & Bearman, 2005).

For the Mexican-American LGB population, Catholicism's historical rejection of any sexual identity other than heterosexuality may lead to psychological distress and risky behavior (Herek & Gonzalez-Rivera, 2006). Mexican-Americans have a strong stigma against homosexual behavior, at least partially explained by their shared religious identity. Such stigma limits the likelihood of disclosing sexual orientation and seeking assistance with the issues related to the coming out process (Herek & Gonzalez-Rivera, 2006). Without support, the exploration of sexual identity may involve greater risk.

Parents who are more religious often avoid talking to their children about sex which is compounded when these families reside in rural areas (Regnerus, 2005). Religious environments also frequently limit their conversations about sex to abstinence only messages, encouraging the prohibition of sex outside of marriage (Lindberg, Jones, & Santelli, 2008). Such messages may increase risk by limiting knowledge (Bersamin, Fisher, Walker, Hill, & Grube, 2007), providing misinformation about sexual development and health (Ott & Santelli, 2007), and deterring adolescents from asking relevant sexual questions (Regnerus, 2005).

Gender Socialization

The concepts of familismo and respeto have been identified as cultural variables relevant to gender socialization in Latinos (Raffaelli & Ontai, 2004). The concept of marianismo is another dominant ideology within traditional Hispanic culture relevant to gender socialization. Marianismo refers to the ideal purity, femininity, and virtue of young women (Gil et al., 2000; Wood & Price, 1997). While purity and virtue suggest protective benefits, the patristic orientation of traditional Mexican-American culture actually causes it to be a risk. Young girls are sheltered from information, especially sexual health information (Zambrana, Cornelius, Boykin, & Lopez, 2004), thereby increasing risk. Additionally, recent research points to potentially higher risk exposure for sexually transmitted diseases for minority female adolescents living in rural areas (Champion, Kelly, Shain, & Piper, 2004). Marianismo encourages women to adhere to the Mexican American culture's patristic orientation and then acclimate their behaviors to male demands. As a result, women often lack negotiation and refusal skills related to sexual decision-making, also increasing their risk (Gil et al., 2000; Wood & Price, 1997).

The prescribed femininity inherent in the concept of marianismo is contrasted with the accompanying ideology that guides masculinity: machismo. For Mexican-American lesbians, machismo figures greatly into plans of disclosure and can inhibit, if not diminish, the woman's plans for disclosure (Carrier, 1995). Marianismo further encourages women to adhere to the Mexican-American culture's patristic orientation and acclimate their behaviors to male demands. As a result, women often lack negotiation and refusal skills related to sexual decision-making, also increasing their risk (Gil et al., 2000; Wood & Price, 1997). Because women are

expected to be the exact opposite of the macho male (i.e., submissive, dependent), lesbian Mexican-Americans are potentially culturally limited in their ability to express their gender identity (Carrier, 1995).

In his examination of empirical approaches to measuring machismo, Neff (2001) contrasted measures of machismo as a conventionally accepted gender orientation with conceptions of machismo emphasizing hyper-masculinity that can become oppositional "protest masculinities" (Connell, 2005), which arise in some economically affected rural communities as the traditional complementary gender roles are undermined by men's lack of work. The view of machismo as a gender orientation allows practitioners to consider how such conceptions or ideals impact behavior within Mexican-American families (Falicov, 2010). Social work practitioners should consider how the values of machismo, marianismo, and rural economic conditions further create a social environment where Mexican-American LGB individuals are stigmatized because they fail to adhere to dominant sex role norms.

The Decision to Disclose

Recent national estimates indicate that about .9% of Hispanic women in the United States ages 18 to 44 identify as lesbian, and 2.2% identify as bisexual (Chandra, Mosher, Copen, & Sionean, 2011). Moreover, 1.2% of Hispanic men in the United States ages 18 to 44 identify as gay and .9% identify as bisexual (Chandra et al., 2011). Additionally, Ryan (2003) notes that LGB individuals are "coming out" at younger ages (i.e., during middle and high school years) and earlier disclosure can lead to challenges in integrating ethnic and gender identity. This is true for Mexican-Americans living in rural communities particularly, as these youth are attempting to adjust to differing cultural expectations and messages surrounding gender roles and sexuality (Ryan, 2003). Otis (2008) warns that public perception continues to be that LGB persons are primarily urban dwellers, suggesting that in some regions, rural LGB people remain invisible within their communities.

Whereas the act of disclosure has been identified as an ". . . indication of self-acceptance . . ." for LGB individuals (Rosario, Schrimshaw, & Hunter, 2009), the fear of being ostracized, which is more pronounced in rural communities, creates a dilemma by forcing Mexican-American LGB individuals to choose between their sexual identity and the identity of their family, their LGB collective identity, and their ethnic community (Herek & Garnets, 2007; Ryan, 2003). The resulting stress has a profound effect not only on the healthy development of self-esteem, but also serves to impact sexual health choices and relationship development. Additionally, the resulting stress impairs adaptation to their social context (Rodriguez, 1996).

The decision to disclose a LGB sexual identity requires the consideration of several factors, such as the most appropriate time, place, whom to tell first, the consequences of disclosing, and resources available. It is not surprising to find that often, disclosing to family members is delayed, coming many years after the individual obtains self-awareness (Strommen, 1993). Evidence suggests that LGB persons are more comfortable revealing their sexual orientation to others in their communities before disclosing to family members (D'Augelli, Hershberger, & Pilkington, 1998). This may not be true for the LGB individual that is coming out in a rural environment where community resources would be scarce. The decision to

disclose to family members is also influenced by anticipated consequences (Crosbie-Burnett, Foster, Murray, & Bowen, 1996). Thus, LGB individuals are likely to first come out to the person with whom they feel safest before taking the risk of telling the entire family. According to D'Augelli, et al. (1998) in a seminal study, the desire to protect the family from shame and embarrassment along with the possibility of psychological harm to a fragile elderly family member is another consideration for the disclosing individual.

The concept of machismo is a very influential factor in disclosure for Mexican-Americans (Carrier, 1995). Ryan (2003) has posited that homosexuality is viewed as a gender problem among Latino communities wherein gay men do not meet the cultural definitions of masculinity inherent in the concept of machismo. For Mexican-American gay men, reconciliation of the concepts of machismo and the stereotypes of feminine gay identity can be problematic. For ethnic minority youth, who often strongly identify with their families, the decision to disclose may be complicated in that the youth feel pressure to adhere to heterocentric norms (Morrow, 2004).

Researchers examining the coming-out process in a multicultural sample of male gay youth acknowledged that the disclosure process for Mexican-American participants was informed by cultural factors and norms (Merighi & Grimes, 2000). The authors identified cultural factors that could hamper disclosure. One conflict described surrounds individuals' wanting to establish a gay identity but feeling fearful of how their disclosure might negatively affect perceptions of their family (Merighi & Grimes, 2000). This would be especially problematic in close-knit rural communities where it has already been established that many rural LGB individuals already fear having to choose between their LGB identity and their family.

Recently, researchers considering how perceptions of heterosexist stigma impact LGB ethnic minority individuals' decisions to disclose have recognized a risk versus resiliency paradigm among scholars (Moradi et al., 2010). Moradi and colleagues explain that some scholars have examined LGB people of color as possessing greater resiliency compared to their peers in response to negative reactions to disclosure, whereas other scholars examining LGB people of color cite greater risk in response to negative reactions. These researchers cautioned against using a risk versus resiliency paradigm as it relates to ethnic minority LGB disclosure in that such perspectives may serve to perpetuate stereotypes categorizing LGB people of color as experiencing more heterosexual stigma or as "impervious" to such stigma (Moradi et al., 2010, p. 298). As such, practitioners addressing LGB issues should focus on individual client perceptions of heterosexist stigma and not on whether such stigmas, in reality, exist. Further, Ryan (2003) proposed that several challenges and strengths are inherent in integrating ethnic and sexual identity for ethnic minority lesbians and gay males. Among the challenges to integrating ethnic and sexual identity is the tendency for ethnic minority lesbians and gay males to deny their homosexuality as a way to avoid conflict and out of a fear of rejection based on sexual orientation and cultural gender norms. Additionally, fear of homophobic reactions may lead to a denial of homosexuality. Strengths to integrating ethnic and sexual identity include perceived family support and perceived acceptance and validation of ethnic identity. Such perceived supports also serve as a buffer against racism and discrimination faced in mainstream society (Ryan, 2003).

The consequences that threaten to follow disclosure often compel Mexican-American LGB individuals to keep their sexual orientation a secret (Ryan, 2003). LGB individuals' decision to disclose may be impacted by their subjective awareness of stigma against their group, referred to as "felt stigma" (Ryan, 2003). As a result of their felt stigma, LGB individuals consider the costs and benefits of disclosing their LGB orientation and may take several precautions to conceal their LGB identity (Herek & Garnets, 2007). They exercise extreme care about their sexual activity by avoiding being seen with known LGB people, which includes limiting their visits to areas where LGB people are known to congregate. This would be especially problematic to rural LGB individuals as opportunities for interacting with other LGB individuals would be limited. Emphasis on masculine or feminine activities may also be used as a method to minimize the possibility of discovery. Membership in a hidden community leads to a sense of isolation from their ethnic community, family, LGB community, and larger society. This sense of isolation has serious psychological consequences including depression, anxiety, and suicidal ideation (Zamora-Hernandez & Patterson, 1996). According to the Pew Report (Taylor et al., 2012), there is a significant difference between urban and rural areas of the country with unfavorable views much more intense in the latter. Four-in-ten people living in rural areas say they have a very unfavorable opinion of gay men; twice as many as among residents of large cities.

Familial Reactions to Disclosure

The family's reaction to disclosure can vary. Ben-Ari (1995) identified four basic stages that parents go through during disclosure. Depending on whether or not the parent has suspected a LGB identity, shock is usually the initial reaction. Denial, anger, and frustration then follow. Amidst the anger stage, the parent may react with agitation, dismay, or rage. During this stage, the disclosing individual may experience rejection or physical abuse by the parent (Savin-Williams & Dubé, 1998). Possibly, this anger stems from a feeling of parental guilt or being at fault for the disclosing individual's sexual identity.

The family system perspective affords researchers an opportunity to identify patterns of coping methods used by family members (Ben-Ari, 1995; Crosbie-Burnett et al., 1996; DeVine, 1984; Savin-Williams & Dubé, 1998; Strommen, 1993). Despite a lack of empirical data regarding reactions to disclosures, researchers typically rely on stage models to explain familial reactions. DeVine (1984) proposes a series of stages families move through in order to reach an acceptance of a disclosure by another family member. Subliminal awareness, the first stage, involves a period when family members suspect an individual's LGB identity. Next, during the impact stage, the family experiences a state of crisis after discovery or disclosure of the person's sexual identity. The family then enters the adjustment stage in which the LGB family member is encouraged to either deny the LGB identity or keep it a secret in order to maintain respectability of the family. Subsequently, during the resolution stage, family members, in a sense, mourn the loss of the perceived heterosexual child and resolve negative feelings about lesbian, gay, or bisexual identity. Finally, the family endures an integration stage and begins to employ new behaviors toward the individual (DeVine, 1984). More recently, researchers suggest that these series of reactions may not be linear in nature, but may comprise a set of reactions experienced initially and simultaneously (Willoughby, Doty, & Malik, 2008).

Saltzburg (2004) identified five themes related to parents learning that an adolescent child identifies as gay or lesbian. Themes include awareness of difference, knowing with certainty after disclosure, detachment, fear of estrangement, adjustment, and education. In her discussion of the findings, Saltzburg (2004) posits that the themes surrounding youth disclosure relate to reactions described in stage models of disclosure in families with offspring at later developmental stages.

According to Strommen (1993), family reactions to disclosure can be included in a broad model of reactions to disclosure dependent on three factors. The first and most obvious factor is the value held by the family with respect to homosexuality. When the family is open minded to LGB identity, the likelihood they will react positively is higher (Strommen, 1993). The second factor influencing reactions is the effect the family's values have on the relationship with the disclosing individual. Typically, family members share values and these values unite the family. However, when the family has negative perceptions about homosexuality, family members can also divide the family by alienating the LGB individuals (Strommen, 1993). The third factor is the actual conflict resolution mechanisms utilized by family members. Families tend to use different methods for reaching a resolution to a disclosure depending, again, on their values (Strommen, 1993).

The family's attitude toward LGB sexual identity, as mentioned earlier, is the most salient aspect in understanding their reaction to disclosure. Rural Mexican-American families, like other families in the United States, emphasize heterosexual identity and avoid the discussion of sexual topics, including LGB sexual identity. Practitioners must be cautious in assuming that an LGB sexual identity is homogenous. For instance, in a small sample of African-American, Latino, Asian, and Caucasian gay male adolescents, researchers (Newman & Muzzonigro, 1993) investigated the effects of race and family values on disclosure. The researchers found that the stronger the emphases on traditional values, the less receptive families were toward an LGB identity. Another study found that among White and Latino self-identified lesbian, gay, and bisexual young adults, Latino men were most likely to report negative family reactions to their sexual orientation (Ryan, Huebner, Diaz, & Sanchez, 2009).

Researchers have cautioned that psychological and behavioral implications of disclosure in all populations may differ because individuals could experience positive health benefits when reactions to disclosure are accepting (Rosario et al., 2009). Further, positive reactions to disclosure may serve to buffer individuals from harmful consequences. Conversely, individuals may experience negative health effects including risk of victimization if reactions to disclosure are negative and include rejection (Rosario et al., 2009; Savin-Williams, 1994).

A number of researchers (e.g., D'Augelli et al., 1998; Hunter, 2007; Ryan et al., 2009; Savin-Williams, 1994; Waldner & Magrader, 1999) have made visible the ways in which disclosure in all populations can have dangerous consequences. Research shows that physical violence against adolescents and even homelessness are frequently a direct result of disclosure (Waldner & Magrader, 1999). Waldner and Magrader (1999) reported that 10% of LGB adolescents who had shared their sexual identity to fathers reported being kicked out of their homes. In a study of LGB White youth living in metropolitan areas, D'Augelli et al. (1998)

found that 24% of gay, and 38% of lesbian youth reported verbal abuse from their mother, and 20% from their father after disclosure. Moreover, respondents who came out to parents were significantly more likely to report suicidal tendencies. Additionally, Hunter (2007) reports that in a sample comprised of 46% LGB Latino youth, 41% reported suicide attempts linked to having suffered violence from families, peers, or strangers; 46% of the violent incidents were gay-related.

In a study of disclosure reactions, Rosario and colleagues (2009) found that LGB youths who perceived rejecting reactions to disclosure reported greater substance use and abuse. Recent research (Ryan et al., 2009) also suggests Latino LGB youths report higher rates of illicit drug use than peers who reported no or low family rejection. These reports highlight the significance of addressing potential consequences of disclosure. Stigma may be even more influential in rural areas where there is less experience with and tolerance of diverse lifestyles, greater fear of HIV, and less anonymity (Preston et al., 2004; Willits, Luloff, & Higdon, 2004).

Considerations for Practitioners

Akerlund and Cheung (2000) suggest that racial and ethnic minority LGB individuals are challenged with integrating their ethnic and sexual identities. In their review of identity frameworks, the authors challenge the applicability of minority identity development models for racial and ethnic minority gay and lesbian individuals. Rather, Akerlund & Cheung call for approaches to identity development that take personal characteristics and cultural orientation into consideration. Among the central variables identified as prominent in the research and relevant to working with ethnic minority LGB individuals were assimilation, cultural values, disclosure, family values and expectations, gender roles, machismo, religion, and sexual behavior within the context of the rural community. Practitioners should therefore integrate such notions of identity development when working with Mexican-American individuals and families in rural communities. As compared to other cultures, Mexican-American culture envelops a unique ideology surrounding what it means to be LGB. Therefore, practitioners should assess the Mexican-American family's level of acculturation, assimilation, religiosity, and level of involvement in the rural community. In order to understand sexual behavior, one must consider factors that determine not only the development of LGB identity, but also how variations within the rural, Latino community influence this development.

Acculturation

Acculturation takes place when groups of individuals from differing cultures come together through continuous first hand contact promoting changes in the beliefs, values, and behaviors within one or all groups (Ragsdale, Gore-Felton, Koopman, & Seal, 2009). The social phenomenon of acculturation has been studied extensively and has been found to be associated with numerous psychosocial and physical health outcomes (Burnam, Telles, Karno, Hough, & Escobar, 1987; De la Rosa, 1998; Golding & Baezconde-Garbanati, 1990; Rogler, Cortes, & Malgady, 1991). Unfortunately, data examining the association between acculturation and disclosure of LGB identity and behavior in rural Mexican-American households is scarce.

Holding to traditional Mexican-American family values including familismo and respeto can serve to increase communication between parents and children, which has been perceived to be protective against risky sexual behavior (Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Holtzman & Rubinson, 1995; Whitaker & Miller, 2000). For example, familismo may partially explain the higher number of two-parent families among Mexican-Americans compared to Whites and Blacks, a well-documented protection against virtually all adolescent risk activity (Frost & Driscoll, 2006; Griffin et al., 2000; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). Despite close family relationships, Mexican-American teens talk to their parents less about sex than White teens (Guzmán, Casad, Schlehofer-Sutton, Villanueva, & Feria, 2003). One study found that 47% and 68% of Hispanic teens report no communication with mothers and fathers respectively about sex (Guzmán et al., 2003).

For those teens that do talk to their parent about sex, the potential exists to receive inaccurate information (Eisenberg, Bearinger, Sieving, Swain, & Resnick, 2004). Low-acculturated Hispanic adults have lower sexually transmitted infection knowledge than high-acculturated adults, which matches the trend among Hispanic teens where low-acculturation predicts lower knowledge (Marsiglia & Navarro, 2000; Miller, Guarnaccia, & Fasina, 2002). Despite closer parent-child communication, Hispanics are still more likely to engage in risky sexual behavior than most of their peers.

Help-Seeking Behavior

Cultural barrier theory as described by Ramos-Sánchez and Atkinson (2009) posits that factors including acculturation and traditional family values (including familismo, machismo, and religiosity) impede help-seeking behaviors among Mexican-Americans. However, in their examination of help-seeking intentions and adherence to Mexican culture, Ramos-Sánchez and Atkinson found that holding to traditional family values and lower generational status were positively related with help-seeking behaviors. Additionally, they posit that ". . . maintaining one's culture of origin may have a positive impact on the perception of mental health services . . . " in that respect toward authority figures may contribute to seeking professional help (Ramos-Sánchez & Atkinson, 2009, p. 87). The positive impact of respect may be offset by the knowledge that in a rural community it will be difficult to keep seeking professional help a secret.

Further, machismo establishes male dominance and facilitates multiple sex partners (including extra-marital sexual activities) by insinuating that males have substantial sexual needs that exceed those of females (Diaz, 1998). Machismo and marianismo are contradictory messages, and there is strong evidence that this dual message increases sexual risk (Diaz, 1998). Among low-acculturated Latinas there is a low rate of condom use (Fernandez-Esquer, Atkinson, Diamond, Useche, & Mendiola, 2004) and limited self-efficacy related to sexual negotiation (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002). As indicated by other researchers (e.g., Gil et al., 2000; Wood & Price, 1997), such health risks are attributed to expectations of females to acquiesce to male demands and a lack of negotiation and refusal skills related to sexual decision-making.

Working with the Latino-Hispanic Family

Examining the role of the family in the disclosure process is vital to understanding Mexican-American LGB identity development and the disclosure process. Models of LGB identity development in the United States primarily focus on the individual and the struggle to become self-actualized as a LGB person (Cass, 1984; D'Augelli, 1994; Lewis, 1984). LGB Latinos however, are often caught in the dilemma of how to become self-actualized in the context of their family and community. The process of self-awareness and behaviors of disclosure of a LGB sexual identity operate within a structural familial system. As such, the focus switches from more than simply individual sexual identity to the impact that identity has on the person's relationships with immediate and extended family (Merighi & Grimes, 2000). The individual is also faced with the difficulty of dealing with the shame placed upon extended family after disclosure, whether real or imaginary, and the need to prove his or her loyalty to them.

In cases of Mexican-American LGB sexual identity, working with Latino families proves to be more involved and requires the practitioner to understand the culture before entering the client-professional relationship (Greene, 1994). When working with a family, the professional needs to consider the viewpoint of both the parent and the LGB individual as the concept of familismo entails family cohesion. Reactions by parents are generally motivated by dominant attitudes surrounding sexuality, accepted gender norms and behaviors, and traditional family values taught within their culture. Deviation from these acceptable behaviors can result in punishment and ostracism (Rodriguez, 1996). As suggested by Waldner and Magrader (1999), coping mechanisms of the LGB individual may contribute to severing the relationship. They further conjecture that the individual may withdraw from the family in order to cope. For rural Mexican-American LGB individuals, reliance on family membership for confidence and security through the concept of familismo and the collectivistic nature of Mexican-Americans guides individuals toward a feeling of obligation to the parents (Waldner & Magrader, 1999). Knowingly denying this obligation may give the person an overwhelming sense of guilt.

The feeling of obligation to the family can impede LGB individuals from seeking help, which can have life threatening implications. The Centers for Disease Control and Prevention (2012) recently reported that among the Latino-Hispanic population most at risk for acquiring HIV from men who have sex with men (MSM), new infections occurred most in the youngest age group (ages 13–29 years). Additionally, among the Latino-Hispanic MSM population, males aged 30–39 represented 35% of new infections. One reason for the greater susceptibility among Latinos or Hispanics is that many gay or bisexual Hispanic men maintain a relationship with a woman to conform to expected social behaviors (Marin, 2003). In turn, their female partners experience increased risk for sexually transmitted infections (Marin, 2003). This greater risk is intensified in rural communities where confidentiality is difficult to maintain.

Implications for Social Workers

Social work services are likely to be needed, if not required, in situations of disclosure. However, these services may be very scarce in rural areas. Social workers helping families cope with disclosure tend to deal with negative outcomes related to severed family relationships. Although developing these goals may sound uncomplicated, the task becomes more demanding

when working with Latino families in rural communities. McCroskey (2001) points out that social workers may have a difficult time communicating across cultural differences in understanding and experience with rural Latino families. According to Rodriguez (1996), cultural competence is of utmost importance for providing effective services. Rodriguez suggests that by helping each member of the family understand and accept that the cultural limits are out of their control, the process of accepting the gay or lesbian family member goes much smoother. Downs, Moore, McFadden, Michaud, & Costin (2004) suggests:

> Respecting clients' beliefs and culture, learning about the family's culture within
> a rural community context, sorting our differences between these beliefs and
> one's own values, advocating for clients, and dispelling stereotypes and myths
> are ways in which the practitioner can operationalize social work knowledge,
> values, and skills about diversity. (p. 132)

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Recommendations for Future Research

Latino men and women report significantly higher levels of familismo, more collectivist attitudes, and more helping behavior in relationships with parents, as compared to White counterparts (De la Rosa, 1998; Golding & Baezconde-Garbanati, 1990). As such, examining the role of the family in the rural community during the disclosure process is vital to understanding Mexican-American LGB identity development and the disclosure process in rural communities.

In their longitudinal study of sex role attitudes and labor participation, Valentine and Mosley (2000) reported a decline in traditional sex role attitudes over time. Their measure of level of acculturation was based on generational status where first-generation Mexican-Americans tended to be more aversive to non-traditional sex roles than later generation or individuals of Mexican descent. A similar look at traditional sex role attitudes as they relate to generational status and LGB disclosure within rural Mexican-American families would further serve to guide current practice.

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1994; Lewis, 1984). LGB Latinos, however, are often caught in the dilemma of how to become self-actualized in the context of their family and rural community. Recently, Organista (2009) has highlighted the need for a more comprehensive paradigm that considers all of the intersections of Latino identity, such as race, gender identity, sexual orientation, and geographical location (rural vs. urban) in order to meet the service needs of a diverse population.

Clearly, a new model of LGB identity development specific to "Hispanics" is needed. This alternative model ideally would take into account the patterns of coping and adaptation within Mexican-American families. Given the lack of empirical data, qualitative interviewing and ethnographic based data as a research method takes priority. Such interviews would allow researchers to generate new knowledge about rural LGB Latino families and would allow respondents to tell their personal story. It is important to have a sense of the participant's level of support, in the family system as well as the community. Qualitative interviews would allow the respondent to give an account of the moment when the first disclosure was made. The investigator should seek information pertaining to when, where, how, and with whom that disclosure was made. Similarly, an awareness of the resources (e.g., mental health counseling, community organizations) available to the respondent in rural communities would be helpful. Information related to the way in which different individual family members reacted to the person would also be important. The interviewer would need to inquire about shame felt by the disclosing individual as it relates to the family and the rural community. Connection to the family system after making the disclosure is another point of interest, as well as involvement in family gatherings and rituals. An assessment of the level of individual, familial, and community religiosity is critical to the success of a healthy LGB identity disclosure. A change in the way an individual feels about family after sharing his or her sexual identity is also possible and should be investigated. Social workers and researchers should also explore integration in the family and rural community and any changes in this dynamic following disclosure.

Through detailed interviews, social workers can begin to construct a better understanding of what it means to be a LGB Mexican-American along the rural Mexico-US border and the variations of these meanings. Such information reinforces knowledge pertaining to understanding the disclosure process, and the construction of LGB identity development specific to rural Mexican-Americans. This informational model can be used in the clinical setting to help guide social workers in assessment and development of the intervention plan. Utilization of an informational model and the other concepts described in this paper, allow the practitioner to become an instrument through which the client is empowered, and essential to the development of a positive LGB, rural and Mexican-American identity.

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Rural Social Workers' Perceptions of Training Needs
for Working with LGBTQ-Identified Youth in the Foster Care System

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Abstract. The article reports on findings from an exploratory qualitative study with rural child welfare professionals concerning their perceptions of services and training needs for working effectively with LGBTQ-identified youth in rural out-of-home care. The study employed focus group methodology with workers from one region of a Midwestern state. Emergent themes corroborated extant research findings, and the three types were (a) an analysis of the current reality of knowledge, services, and training; (b) specific challenges to expanding and/or improving training for rural workers; and (c) recommendations for improving services and climate for LGBTQ-identified youth in rural areas. Implications for rural social work practice follow a discussion of findings.

Keywords: foster care, LGBTQ youth, training needs

In 1991, Child Welfare League of America (CWLA) responded to a growing awareness of shortcomings in care for children identified as gay and lesbian in child welfare systems (Rosenwald, 2009). CWLA convened a colloquium, and emerged from the group study with specific recommendations for child welfare administration and practice, as well as for advocacy for lesbian and gay youth in care (Mallon, 1997). Since that time a significant body of research and numerous programs and recommendations for working with youth identifying as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) have been developed (Child Welfare League of America, 2012; Jacobs & Freundlich, 2006; Mallon, 2011; Mallon & Woronoff, 2006; National Alliance to End Homelessness, 2009; White, Havalchak, Jackson, O'Brien, & Pecora, 2007; Wilber, Ryan, & Marksamer, 2006). Social work researchers and practitioners have developed and disseminated child welfare worker training materials founded upon evidence-based (EBP) and best practices (Elze & McHaelen, 2009; Mallon, 1997; National Center for Lesbian Rights, 2006; Out-of-Home Youth Advocacy Council, 2007). In the course of research and development of best practice standards, the particular issues confronting rural youth and rural child welfare workers have been addressed (Snively, 2004; Toner, 2008; Woronoff, Estrada, & Sommer, 2006; Yarbrough, 2003). The present study aims to expand available knowledge regarding rural child welfare workers' perceptions of services and training needs for working effectively with LGBTQ-identified youth in care. Following a brief overview of issues pertaining to the research questions, findings will be presented, and implications for child welfare practice in rural settings will be discussed.

Issues Facing LGBTQ-Identified Youth

Adolescence is a challenging time for all youth. Physical, emotional, social, and spiritual changes are rapid and broad-reaching. Youth are faced with developing a sense of self that encompasses physical maturation, increases in abstract thinking and verbal skills, values

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clarification and problem-solving, emotional and physical independence from parents, development of more mature perspectives on human relationships, emergence of vocational aspirations, and movement through varying levels of peer identification and dependence. The emergence of personal identity is central to all adolescent developmental tasks. For heterosexual youth, the task of identity development follows a trajectory that is generally conforming to heteronormative societal psychosexual expectations and norms. While challenges facing LGBTQ-identified youth include normal adolescent developmental processes, they encounter additional tasks and challenges specific to their sexual orientation, gender identity, and/or questioning status. Those realities create enormous vulnerability to social and psychological risks and threats to well-being (Daley, Solomon, Newman, & Mishna, 2008; Gallegos et al., 2011; Human Rights Campaign, 2012; Jacobs & Freundlich, 2006; Mallon & Woronoff, 2006; Ryan & Futterman, 1998).

The most critical challenge facing LGBTQ youth is identity formation–the complex process through which youth discover, uncover, and ultimately accept self-definition of their personality–or "who they are." The process is the sum of the tasks outlined in the previous paragraph, and is mediated through feedback youth receive from their social environment (Ragg, Patrick, & Ziefert, 2006). The feedback LGBTQ-identified youth receive from the social environment is permeated with negative characterizations of homosexuality, from jokes on late-night TV to condemnation from some religious traditions.

The adverse impact of negative societal messages is often coupled with rejection from immediate family members. Fish and Harvey (2005) argue, "children must either learn to reject the view that queerness is pathological or reject pieces of their own existence" (p. 54). The negative impact of rejection and its association with adverse adult outcomes has been well established through research (Birkett, Espelage, & Koenig, 2009; Ryan, Huebner, Diaz, & Sanchez, 2009; Toomey, Ryan, Diaz, Card, & Russell, 2010). The reciprocal relationship between victimization, school climate, tolerance of low level violence (i.e., bullying) and its negative impact on education has been established (Myer-Adams & Conner, 2008). Additionally, findings clearly demonstrate that LGBTQ-identified youth are at significantly greater risk for depression, suicide attempts and completions, substance abuse, high-risk sexual behavior, unwanted pregnancy, physical and sexual abuse, and homelessness (Ray, 2006). They are at great risk for internalizing homophobia at this critical stage in identity development (Walls, Freedenthal, & Wisneski, 2008), and inevitably are affected by the psychological violence of heteronormative dominance and hegemony (Sears, 2008).

Issues Facing LGBTQ-Identified Youth in Child Welfare System

Youth often adopt a stance of protective silence in response to lack of acceptance and physical and psychosocial threat (National Center for Lesbian Rights, 2006). This creates further obstacles to positive identity formation, and lessens opportunity for youth to have their authentic selves validated. Silence within individual situations mirrors a larger silence or lack of acknowledgment of this population by the child welfare system generally (Mallon, 1997; Mallon & Woronoff, 2006). Invisibility of LGBTQ-identified youth in care (Gallegos et al., 2011) has been reflected in studies and policy evaluations that make no mention of the

population that comprises approximately 10% of overall child welfare clients (Ferguson, 2009; Office of Applied Studies, 2008; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). The issue of recognition is particularly salient for LGBTQ-identified youth, given they may have experienced particular pathways to entry into the system, and where they often experience threats to well-being specific to the child welfare system.

Pathways into out-of-home care for LGBTQ-identified youth often result from neglect or abuse from families because of sexual orientation or gender identity (Mallon, 2011; National Center for Lesbian Rights, 2006). Lack of acceptance and abuse within families, or conflicts with families regarding sexual orientation and gender identity may result in removal of youth. They then may become child protection services (CPS) "throwaways," and be placed into foster care (National Center for Lesbian Rights, 2006; Ray, 2006). Some youth end up in the system because of chronic truancy or dropping out of school, often because the youth felt unsafe in the school setting due to victimization or peer harassment (National Center for Lesbian Rights, 2006). Homelessness among youth identifying as LGBTQ has been estimated to be between 20–40% of the overall youth homeless population (Quintana, Rosenthal, & Krehely, 2010; Ray, 2006), and presents its own unique set of risk factors for LGBTQ-identified youth, including (a) increased risk for suicide, mental illness, and substance abuse; (b) increased risk for sexual exploitation; (c) barriers to educational attainment; and (d) increased risk for assault. The combination of family rejection and societal failure to provide an adequate safety net has resulted in the disproportionate numbers of LGBTQ-identified youth becoming homeless (Quintana et al., 2010; Ray, 2006).

Once in out-of-home care, LGBTQ-identified youth face another host of risk factors specific to their population. A few of the risks to well-being in child welfare systems include low placement stability related to rejection of youth's sexual orientation or gender identity status within the system itself, high rates of verbal harassment and physical violence in congregate care settings, decreased placements with foster or potential adoptive parents in favor of congregate care placements, and workers and foster parents lacking in training for work with this vulnerable population. Additionally, youth are confronted with absence of support for positive identity development, isolation of LGBTQ-identified youth within placements, discipline for age-appropriate conduct not administered for heterosexual youth, and even in extreme cases the delivery of reparative or conversion therapy by child welfare staff (Gallegos et al., 2011; National Center for Lesbian Rights, 2006)

Issues Facing LGBTQ-Identified Youth in Rural Settings

In addition to challenges in identity-formation and in negotiating the often treacherous currents of growing up gay in America, rurality introduces yet another complexity for LGBTQ-identified youth. The ground-breaking listening forums, *Out of the Margins* (Woronoff et al., 2006), identified specific risks to youth well-being in rural areas. The absence or limited availability of resources for LGBTQ-identified youth was reported, and was coupled with the barriers to internet access that may provide support or appropriate services (i.e., blocks and filters on school and library computers, limited infrastructure for the delivery of internet). Listening forums found reports of difficulty in negotiating the geographic distances in rural

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areas, and general under-availability of transportation. They also identified difficulty in using transportation even if it is available because if "coming out" is required and disclosure of where the youth may be going, the access to may be withdrawn.

Research has demonstrated that rural areas tend to be more conservative and less tolerant of sexual diversity, and given to exerting pressure to conform (Foster 1998; Kosciw, Greytak, & Diaz, 2009; Oswald & Culton, 2003; Snively, 2004; Willging, Salvador, & Kano, 2006; Yarborough, 2003). Youth experience tremendous social isolation as a result of rural cultural factors, and generally lack mentoring or other support from adults within their social environment. Positive role models for LGBTQ-identified youth are lacking, and youth do not have the power to simply move away to an urban area with more resources. Once rural youth are in the child welfare system, the challenges to care discussed in the previous section are compounded by scarcity of foster settings, and frequent need to place youth in distant homes or facilities.

Child Welfare Systems' Response

Responses to the emerging understanding of critical difficulties facing LGBTQ-identified youth in the child welfare system have been met with research, advocacy, and development of training materials by scholars and practitioners. As earlier mentioned, CWLA convened a colloquium in 1991 to explore these issues, and came away from the meeting with a set of recommended practices for child welfare agencies and workers. Mallon, Ryan, Elze, and numerous other scholar-educators from schools of social work collaborated with organizations such as Lambda Legal, National Center for Lesbian Rights (NCLR), Child Welfare League of America (CWLA), and Tides organization to research the current reality for LGBTQ-identified youth in out-of-home care, and developed excellent training and public awareness materials for use in child welfare settings and in social work education (Elze & McHaelen, 2009; National Center for Lesbian Rights, 2006). Their findings and materials are readily available through the web, or by order (i.e., reports and training materials appear in the references). Available materials range from digital storytelling by LGBT-identified foster youth (National Center for Lesbian Rights, 2006) to train-the-trainer workshop materials for use with child welfare workers (Elze & McHaelen, 2009). Council on Social Work Education (CSWE) collaborated with Martin and colleagues (Martin et al., 2009), to survey the directors of schools of social work and in-department programs in an effort to ascertain the level of knowledge, expertise, visibility, and integration into curriculum that programs have regarding LGBTQ-identified youth. They found that the level of integration is generally low, particularly in research sequences, but that the level of knowledge among directors was relatively high. Their nine recommendations included the development of policies and assessment plans that could ensure a level of competence in faculty and graduating students regarding LGBTQ issues.

The amount, the availability, and the quality and accessibility of research and educational materials regarding LGBTQ-identified youth in care is robust. However, in at least one recent study (Ragg et al., 2006), the evidence reflects a continued lack of implementation of practice guidelines and model agency standards (Child Welfare League America, 2012; Elze & McHaelen, 2009; National Center for Lesbian Rights, 2006), best practices (PRWeb, 2012), and training of workers (Elze & McHaelen, 2009; Mallon, 1997). In the sample of rural child

welfare workers represented in the present qualitative study, translation of research and materials into practice appears to be far less than optimal.

Method

Research Question

The present investigation explored rural child welfare workers' knowledge, perceptions, and perceived training needs for working with LGBTQ-identified youth in the foster care system. Specifically, the three questions investigated were (a) what is the level of knowledge of issues with youth identifying as LGBTQ in the foster care system, (b) what are workers' perceptions of current services for this population, and (c) what is their perception of training needs for working effectively with this population.

Research Design

Focus group methodology was selected for the project design. Qualitative research is appropriate for exploration of peoples' attitudes and perceptions (Janesick, 2000) and focus group methodology is particularly appropriate when a broad range of inputs is sought (Krueger & Casey, 2009; Linhorst, 2002). Focus group methodology is especially useful for tapping into the experience of under-heard populations (Wilkinson, 1999), and is contextualizing in its multivocality and ability to capture cultural expressions (Madriz, 2000).

The original design included four focus groups. Following approval from a university Institution Review Board and the State Department of Human Services research oversight division, letters of invitation for participation were sent to directors of human services agencies. A request was made for distribution of letters of invitation to workers involved with youth in the foster care system, along with a detailed description of the research project. The purposive sample (Strauss, 1987) targeted agencies involved in the delivery of services to youth, and included departments of human services, juvenile justice, and residential and outpatient mental health agencies. However, reflective of research documenting the invisibility of LGBTQ-identified youth in care (Woronoff et al., 2006), of the two groups recruited from the very outlying areas, one group had only three participants and the other attempted group had no responses to recruitment efforts. In response to the contingency of low recruitment in the outlying areas (O'Gorman, 2001), the design was adjusted to add an additional focus group in the "services hub" town of the rural area, and then an additional group was recruited from field instructors visiting in town for an appreciation luncheon. A total of 24 workers participated in five groups; their education included BSW, MSW, and related human services degrees. Focus groups were held during typical lunch hours and lunch was provided.

Data Analysis

Focus groups were audiotaped; tapes were transcribed. Thematic analysis (Dudley, 2005) was conducted; data sources included transcripts, field notes, and researcher memos. Validity and reliability were addressed as articulated by Lincoln and Guba (2000) through credibility (i.e., researcher credentials, sample appropriate to the region, study content) and

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authenticity (i.e., fairness of access to, and balance of participation; ontological and educative regarding raised consciousness; catalytic and tactical regarding actions coming out of the research).

Findings

Findings emerged of three types. First, workers described the current reality of knowledge of, services for, and training regarding LGBTQ-identified youth on foster care. Four themes emerged regarding the current reality of knowledge level, five themes regarding services, and a single theme regarding training. Second, three specific challenges to expanding and improving training for rural workers, and provision of services to LGBTQ-identified youth, were identified. Third, workers identified recommendations for improving services and climate. First, the current reality of knowledge, services and training as perceived by rural workers will be described. Then challenges identified by workers will be reported, followed by discussion of workers' recommendations for practice.

Current Reality: Knowledge Of

Four major themes emerged regarding the knowledge base of foster care parents and child welfare workers. Emergent themes resonated with earlier research described in the literature review.

Ignorance. In keeping with the finding of the listening forums (Woronoff et al., 2006) there was a sense expressed by participants that a significant level of ignorance about LGBTQ issues and available resources exists among current foster care families.

> *They don't know how to handle it and they have absolutely no understanding of it. You know, that so much of it is just the lack of just basic education of what it is. We kind of have this preconceived notion in this society, which is why so many families aren't willing to admit that there might be something going on; or societally we just don't accept it, which is . . . another problem of acceptance.*

These comments echoed a theme found in previous research regarding deficits in preparation of foster families for effectively addressing sexual diversity (National Center for Lesbian Rights, 2006; Ragg et al., 2006).

Surprise. Participants expressed surprise when they discovered gaps in their knowledge about LGBTQ-identified youth reflected in the CWLA self-assessment survey (Woronoff, 2006). While they expressed the perception that the range of knowledge about LGBTQ issues was generally quite variable among workers, they were surprised that their own knowledge base was lacking in some areas. Participants noted the power of using the CWLA assessment instrument in raising consciousness among workers. They also identified some anxiety about their ability to serve LGBTQ-identified youth after discovering their gaps in knowledge. They underscored the necessity of training to build confidence in their provision of services.

Yeah, I think just taking that kind of little quiz, I found out how uneducated I am, you know, just us therapists and case workers being more comfortable talking about it because we do have a knowledge of it, of resources and things like that, whereas now I'm kind of like, "Oh, maybe I better not go into that because I don't know a whole lot about it myself" um, that would be really helpful to you know, go forward and gain their trust.

Fear and lack of understanding. Participants expressed the belief that the prejudice within the foster care system is rooted in fear of difference and general lack of understanding of sexual diversity. Participants tended to be multidimensional in their analysis, identifying blocks to acceptance of LGBTQ-identified youth (i.e., in the following case the block was religiosity), and identifying potential strengths in parents or foster parents that could be built upon (i.e., desire to love and accept the child). The general attitude of non-judgment reflected by workers is significant in assessing their ability to engage foster parents in spite of differences in belief systems.

I also think educating the parents and having a support group for them, because we've been uh, we had a kid that I started with, and K ended up with, who was adopted, and his parents were very religious, and they really thought that when he was placed into care, he had other issues too . . . I mean, he was also a sexual offender, but, it was like, fix him, make him like girls, and then he can come home. They really struggled with it though . . . they wanted to be good parents, but they just couldn't get over that hurdle. It was just way too much for them in their Christianity to be able to deal with that.

Denial. Participants expressed the belief that community and institutional denial were chief contributors to the inadequacy of knowledge regarding LGBTQ-identified youth, and that without community and agency education, denial will continue. One participant expressed her belief in the power of people finding community voice, much as Snively's (2004) work demonstrated in her efforts to create community-based coalitions in a Midwestern rural area.

I think you've really got to address the mob mentality, you know, where they talk about that, all the time, if there's a group of people doing it, then people feel safe in doing it, and then pretty soon everybody's on the bandwagon, including people who may share common traits.

In a powerful example of institutional denial, one participant expressed her recognition of the invisibility of LGBTQ-identified youth in local rural public schools.

I was talking with R, who is the coordinator of (the university) LGBTQ Youth Program, and I had asked her, you know, me having me brainstorms, how many schools have you been in yet in the area? And she's been in a few, but she's actually been told by many of the local schools that we don't have that here, so we don't need you. Yeah, I didn't make that up!

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Current Reality: Services for Youth

There was general agreement that services for youth identifying as LGBTQ are extremely inadequate. Five primary themes emerged. As with earlier emergent themes, these resonated with extant research discussed in the literature review.

Lack of responsiveness. There is a general lack of responsiveness to LGBTQ-identified youth, engendering a lack of trust and consequent discouragement to disclose their status. Workers reported that youth's disclosures were often met with forms of denial, such as "this gay thing is just because you were sexually abused," or "this behavior is just because she is so pretty." Participants' observations matched research discussed above regarding invisibility and fear of disclosure.

> *From my perspective, the kids that I have seen that may or may not have identified themselves that way, but we believed they may have been struggling with those issues . . . it was kind of like a lure and see whether or not anybody's going to bite on it or not. I have to tell you that my personal opinion with the kids that I have been involved with, I have not seen a lot of bites. So I guess what I would say with that is that when kids have perhaps tried to reach out, they haven't been responded to very well and they have not been supported. So then they kind of just push that off and say, well I'm not bringing that up again because nobody listened when I said so.*

Workers identified the deleterious effects of prejudice and rejection, compounded by youth's placement in the child welfare system. The following participant's comments echo findings in listening forums (Woronoff et al., 2006) regarding lack of LGBTQ-affirming resources and role modeling in rural communities, and research regarding the fear of disclosure of LGBTQ status experienced by youth in care.

> *I think just their growing up as a person kind of gets stunted, because you know, if you're in the foster care system you're already probably not trusting adults and things of that nature, and you're not finding role models clearly in a community, and you know, just to be able to ask questions, and to identify with other people, it's going to be very difficult. You know, especially when you're not in school very often. But you know, in foster care I don't see kids just openly coming out to foster parents, I see them more hiding it and trying to deal with it on their own.*

Rejection. Participants reported that youth often end up in foster care because of being kicked out of their homes when their status was "outed." Often once in care, youth experience rejection from the foster family or find families trying to change their orientation, identity, or expression. The stories related by participants in the present study support current research findings regarding precipitators of out-of-home care and risks of homelessness discussed above.

And unfortunately there's just not enough foster homes, that's the other barrier is finding enough homes with people skilled enough and trained enough . . . And if they find a foster home they like and they identify as gay or lesbian, what happens if the foster parents suddenly say, no, we don't want you here anymore, you have to go somewhere else.

Multiple indignities. As current and previous research has found, once in care, LGBT-identified youth experience multiple indignities, including victimization, rejection and/or abuse by foster parents, multiple placements, social isolation, and bullying. Rural workers in the present study reported similar scenarios. They also reported that expressions such as dress are restricted and constricted.

The moral guidance my girl got from her foster home was five adults circling her on a couch while one of them smacked her around to tell her that she was a sinner! And then she fought back and she's the one who got charged. So even the system, my own system was okay with that, because that was a rule in their house!

Well there's little things like when you go into not necessarily a foster home, but a group home or a residential facility, there are group showers. And while there might be a curtain between each one, when I've gone to residential programs, they've talked about the regimen, and the regimen is, you count to three, everybody drops their towel and heads into the shower stall and then you count to 20 and then everybody comes out and wraps themselves up and goes in a line. I think that, if you have a vulnerable child, regardless of their orientation, you're exposing them to potential assault at that point.

Structural barriers. Structural barriers within agencies contribute to an inadequate level of care including (a) workers having difficulty serving as well as they would like to because of large caseloads; (b) limited availability of foster homes; and (c) other issues, like vocational or educational issues, taking priority. Some of the reports were as follows:

Well, I would have to add that probably staffing and caseload size may have something to do with that. We are able to see, or required to see these kids once a month. That's hard at times. It depends on where the kids are placed, how far away from the agency they are, how many cases a worker has, and so that contact may be an hour long. When you're trying to live and go to school and have all these family issues going on, that may not be the thing you bring up . . . because you are trying to deal with your everyday behavior and living in a home that you're not really comfortable with them, all those kinds of things.

Misdiagnosis and misdirected treatment. Frequent misdiagnosis of youth and misdirected treatment occurs, including work with the effects of trauma. Cognitive issues and the long-term effects of chronic chaos contribute to difficulties, and are under-treated and often not recognized. As stated above, workers expressed a profound awareness of the

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multidimentionality of conditions confronting LGBTQ-identified youth. In the following cases the fact that youth come into care with many challenges additional to sexual orientation and gender identity status is highlighted.

> *So of course they don't have any skills for coping and getting to sleep; he's been raised in chaos, there's been no parenting. So I go back to like wow, we have to parent him if we want him to have some skills to function and get to executive brain function. They're not getting to executive brain function.*

Discussion of knowledge of, and services for LGBTQ-identified youth led to a discussion of the quality and quantity of training workers had received.

Current Services: Training

Across the board, workers report little or no training for working with or understanding LGBTQ-identified youth. What trainings they had attended tended to promote stereotypes, and LGBTQ identity was excluded from diversity trainings. Some workers discussed a few excellent trainings they had attended, notably presented in connection with a major university's continuing education program. None of the workers reported any awareness of the significant body of training materials scholars and practitioners have developed over the past decade (Child Welfare League of America, 2006; Elze & McHaelen, 2009; Mallon, 1997; National Center for Lesbian Rights, 2006; Woronoff et al., 2006).

Participants characterized shortcomings in the existing training workers receive on issues concerning work with LGBTQ-identified youth. Their comments highlighted the paucity in effective and readily available materials providing accurate and useful information.

> *In my 35 years of working with children and families, I've probably been a part of two conferences where an hour was devoted to this subject, so I am not very knowledgeable at all, and it's not something that they taught back in the day.*

> *Yeah, well it's not even really that, right now you just kind of click through a power point presentation . . . Let's talk about people, and train you to work with people through a computer! Makes so much sense doesn't it?*

> *I've had like three professional trainings, all of them were through CMH when I worked there; two of them highly ineffective. I kind of felt like . . . not accurate information, based on assumptions, based on stereotypes, I really kind of felt like it did more harm than good.*

Some workers expressed initiative in self-training in the absence of formal training. While this response has not been specifically addressed in the literature, it is an important aspect of rural workers' adaptability and commitment to excellence in care, and justifies noting.

I think that was the one I got the most out of, I'd have to say, as dorky as it sounds, my life experience I think is more my training, just growing up and seeing it, and knowing it; in my family we have members in the family that identify one way or the other, and it's just always been part of my life.

I'm twenty years out of my college degree. In that twenty years I've . . . I would say professionally, I have participated in zero training. I have spent . . . what I would call extensive hours within this last year or so training myself.

Challenges

In addition to the overriding issue of inadequate services for LGBTQ-identified youth, workers identified three areas of specific challenge. Themes resonate with extant research and reflect the particular context of rural Midwestern communities.

Prejudice and knowledge. Participants discussed their assessment that rural areas have an increased level of prejudice and a reduced level of knowledge and understanding about LGBTQ issues and identity. Multiple researchers have reported similar findings (Foster, 1998; Snively, Krueger, Stretch, Watt, & Chadha, 2004; Willging et al., 2006; Yarborough, 2003).

I think overall the acceptance has gotten better, you know, but for us, a lot of us work in the rural communities where they haven't.

I just have trouble because my lesbian youth that I have, she said "I'm moving, as soon as I can," you know, out of the rural area, yeah. So . . .

And they kept it secret because I'm sure there were safety issues, and I mean that alone was sad to me. That they would have to hide just so that they could meet, and you know, go through some sort of screening process, well, are you going to beat us up when you get here sort of thing . . . I don't know how, especially being rural, how much you can just broadcast and not expect an outlashing.

Institutional denial. Participants discussed the fact that enormous institutional denial continues to exist in service delivery agencies, in schools, and in communities generally. They reported that institutional denial permeates and underpins public and educational policy ranging from protections for LGBTQ-identified youth in care that are required by law (National Center for Lesbian Rights, 2006), to model child welfare standards (National Center for Lesbian Rights, 2006), to prevention programming for bullying in schools. Some states have been slower than others to pass and implement legislation protecting the rights of LGBTQ-identified youth in schools and in child welfare and juvenile justice systems.

I've heard school administrators say things like, we don't have that here. You know, you have a high school, 1,600 students and you don't have that here!? So they're not even willing to open conversation. So I think there are barriers administratively right now if people aren't even willing to recognize that they're

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dealing with a population with a slightly alternative direction, then they're not going to. So to get that education into parents and teachers and administrators, and change school policy is a huge task. But if we continue to not address it, we're gonna continue to have bullied kids.

We wanted to put out (the university) Youth LGBTQ Program information. We did, we put them out, I brought it up, I became aware of it and I brought it up; and I said, "Can we just put these brochures out in our lobby, we have a whole wall full of brochures" . . . and hit some real offensive resistance to, well we can't advocate that! There are parents out there that are going to be upset that that's in there and we don't want to upset these parents and my thinking was, nor do we want to go to the funeral of this child that just killed themselves because they didn't fit in anywhere.

Bullying. Participants discussed bullying as an enormous problem for youth identifying as LGBTQ, and that nothing is being done to protect the youth or to intervene in the behavior. They consistently addressed problems with bullying in schools, but also addressed the larger culture of bullying that youth must negotiate in society outside of schools.

Well I just think with all the bullying that goes on in schools, now on top of that if the kid is going to bring that out, it's like they're going to be more . . . it's sad, but they're gonna probably get beat up and everything else.

I'm just going to speak from what I witnessed, and not just those in the system, but those just in life. There's such a level of harassment and bullying these kids put up with. And unfortunately, systems allow it, and I've personally tackled a few schools on this same issue, and there's no fit, they don't feel like they have a place because they're being made fun of for this and made fun of for that and it's allowed. And that's the part that, as the administration, why is that being allowed? So when we have an opportunity to step up, we don't send the message to the right kid. The kid who is getting the message is the one who is doing the bullying, and the message they're getting is that it's acceptable.

Recommendations from Participants

Participants identified three recommendations for enhancing the knowledge of, and climate for LGBTQ-identified youth in the child welfare system. Their suggestions reflected their understanding of the value of both system-directed change, as well as self-directed change.

Mandated training. Participants expressed the belief that training on LGBTQ issues should be included in mandated worker and foster family training, with set aside funding for this specific training.

I think that there is need for specialized foster homes that do deal with the problems, have had adequate training, are understanding, and perhaps we need to work with a population that, even if they aren't . . . a heterosexual person can be very understanding of homosexual issues.

> *Well, they wouldn't have to be public, publicly a sign over the door. It could be just, the worker just knows that this person is trained this way and is willing to work with kids. It's just that we have so few places to put kids as it is.*

Self-assessment and understanding. Workers expressed the belief that workers should focus on self-assessment and self-understanding of attitudes toward LGBTQ orientation, identity, and expression. Several participants quite humbly acknowledged their gaps in knowledge, and emphasized that there was a great deal of ignorance and prejudice regarding LGBTQ orientation and expression. They consistently expressed the belief that education was the solution to the lack of understanding underpinning prejudice.

> *You know, I know one thing, you would need to support the worker in some way to explore their own feelings about it, and maybe do some role playing about how you are going to approach a family. How are you going to, lots of examples about ways to go at it . . . they might have come out of that really strict environment that has been very faith-based and they're, they may be social workers and they may know the Code of Ethics, but what they're able to actually do and where their comfort level is at that point and where it's going to be down the road . . .*

> *I think too, reaching out to professionals that work with kids as well as teachers and other social workers, making us aware of our own biases because we have them, you know, you can help with the parent but if you've got a teacher or a social worker who's working with that kid that has attitudes about it then you're not going to get very far.*

Sexual diversity training. Participants expressed the belief that LGBTQ sexuality issues need to be included within the definition of diversity. Some workers expressed the belief that including sexual diversity within diversity trainings generally would reduce resistance from under-informed workers. They believed that sexual diversity approached through diversity in general could lead to greater normalization of difference.

> *And that way, it kind of, um, makes it a little less threatening, you know, um, when it can be approached more . . . Almost like the diversity exercises they were doing, starting with different kinds of glasses, starting with different colors of hair. You know, starting with the stuff that is less threatening, and maybe that is one of the avenues that we go, starting with the less threatening, and step it up as that common, uh, that common ground can be found.*

Discussion

Findings of the present study support findings in extant research regarding the issues confronting LGBTQ-identified youth, particularly those in out-of-home care. These findings demonstrate well-documented risks to well-being, including the effects of bullying, family and foster family rejection, placement instability, threats to safety, and frequency of silencing and

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invisibility. The findings reflect added challenges of rural life, including dearth of appropriate placements, long distances to placements, scarcity of resources and support, and non-affirming climate for LGBTQ-identified youth. The continued state of institutional denial in public systems, including child welfare systems and schools, is highlighted, as well as institutional barriers to effective services, such as high caseloads. The issues and social realities for LGBTQ -identified youth in the rural area under study have not improved significantly, in spite of over two decades of awareness, evidenced by the CWLA guidelines of 1991 and the current availability of training for workers.

Need for translation of research and training in LGBTQ youth issues for child welfare systems in rural areas may be the most important finding from these focus groups. Excellent research has been, and continues to be, conducted in areas such as family acceptance and permanency (Mallon, 2011; Ryan et al., 2009). Trainings have been developed and consistent dissemination of training materials has been ongoing for some time (Elze & McHaelen, 2009; Fostering Transitions, 2012; National Center for Lesbian Rights, 2006; Out of Home Youth Advocacy Council, 2007). Yet workers in the rural area under study were unaware of existing research and training materials, and reported adverse conditions, little to no effective training in working with LGBTQ-identified youth, and even identified gaps in their own knowledge. They reported enormous institutional denial and barriers to service. Clearly, efforts must be directed to translation of research and implementation of existing training materials.

Echoing recommendations in "Getting Down to Basics: Tools to Support LGBTQ Youth in Care" (Fostering Transition's, 2012), workers identified three recommendations for what can be characterized as translation including (a) mandated training in LGBTQ issues for foster parents and congregate care workers; (b) emphasis on worker self-assessment regarding attitudes, knowledge, and personal biases about LGBTQ issues; and (c) an articulated inclusion of sexual diversity within the larger definition of diversity, whereby resistance may be lessened among rural foster care workers. To realize their recommendations, a great deal of advocacy within agencies and communities will be necessary. Targeted efforts employing university-community engagement processes (Snively, 2004; Toner, 2008) may be an effective macro intervention, and could maximize the educative effect of existing research, while simultaneously providing opportunity for social work students to engage in advocacy. As an educational change, social work schools and programs in rural service areas may review their curriculums for opportunities for infusion of LGBTQ-identified youth issues. Research sequences particularly could use LGBTQ subject matter in designing student research methods projects, as has been done in some schools (Leedy, 2008; Rhymer & Almazon, 2010). Agencies are strapped for resources (including time); university social work programs can provide a useful service to community agencies by providing training that may be done in the context of field education and/or student advocacy projects.

While not emphasized by any of the participants, there was an under-current theme of intersectionality throughout the focus groups. Participants alluded to the impact of poverty and unemployment, and that complexity or multidimensionality was significant in working effectively with LGBTQ-identified youth. They articulated the fact that sexual orientation and gender identity status were not the sole issues facing youth and did not exist in a vacuum of

other social forces. Workers' comments about current reality, training, and challenges in effectively working with LGBTQ-identified youth were inevitably grounded in a context of multiple stressors common to all youth and communities.

Findings revealed lack of training, acceptance, and awareness regarding LGBTQ-identified youth in the rural area under study, but there are reasons for optimism. The passion and care of the workers participating in focus groups was obvious and heartening. Several workers reflected personal initiative in educating themselves on LGBTQ issues in the absence of formal training. They expressed the belief that they could engage in advocacy, with a genuine potential for positive outcomes. They had concrete ideas for advocacy, including public school trainings, health fair participation, and university-community cooperation for providing resources for youth. Most of the workers had been in services for over a decade and have maintained their enthusiasm for connecting with, and positively impacting the lives of LGBTQ-identified youth.

Limitations of Present Study

Lack of generalizability is the chief limitation of the present study. The sample was drawn from one rural area of one Midwestern state, and is reflective of conditions within that one area. However, the data is consistent with findings from research over several years, and can be assumed to have applicability. The second limitation is the uneven participation of workers across the region. One scarcely-populated county had no participants. Participation tended to be greater in the towns within the region than in the outlying areas. One may wonder if the lack of participation in outlying areas is reflective of general conservatism, or difficulties with transportation and time, or denial of the presence of LGBTQ-identified youth.

Future Research

Future research in this, or other rural areas may be well served to employ methodology that allows for a greater level of confidentiality and easier access than focus groups can provide. One may consider use of computer-assisted telephone interviewing (CATI) technology to connect with workers in hard to reach regions. Survey methodology that incorporates both quantitative and qualitative components could allow for greater confidentiality and greater reach, and provide data with both depth and richness.

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Improving the Mental Health Functioning of Youth in Rural Communities

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Abstract Disparities in mental health outcomes for youth are often found between rural and urban areas. As part of an overarching question about under what circumstances and for whom, the wraparound process is beneficial (Suter & Bruns, 2009), this study specifically examined whether high fidelity to the wraparound model helped bridge the gap between outcomes in urban and rural areas for youth with complex behavioral health challenges. Youth participating in Indiana's Community Alternatives to Psychiatric Residential Treatment Facilities Medicaid demonstration grant between 2008 and 2011 ($n = 811$) resided in urban ($n = 615$) or rural ($n = 196$) communities. Logistic regression examined treatment and contextual predictors of improvement in the mental health functioning of youth. High fidelity to the wraparound model and higher levels of initial behavioral health symptoms predicted improvement in mental health outcomes, with a small, but significant effect size ($R^2 = .129$). Geography, demographic characteristics, initial risk behaviors, nor functional needs were significant predictors of change. Effectively implementing the wraparound process is a feasible strategy to reduce disparities in behavioral health outcomes for youth with complex needs in rural communities.

Keywords: child mental health, mental health disparity, outcomes, rural mental health, wraparound services

Over 60 million individuals call rural America their home (U.S. Census Bureau, 2013). While rural America can provide a less stressful lifestyle, decreased reliance on industry and closer community ties than some urban areas, remoteness may be associated with disparities. One such disparity is the lack of mental health services available to the rural mentally ill (Samet, Friedmann, & Saitz, 2001). Disparities impact practices by influencing access, quality, and outcomes of behavioral health care (SAMHSA's Office of Behavioral Health Equity [OBHE], 2012). Behavioral health care in rural areas may be minimal and delivered by professionals not equipped to handle mental health issues, specifically the skills needed to effectively treat and support the mental health needs of youth (McCabe & Macnee, 2002). Due to limited access and availability of appropriate and effective care, rural youth are less likely to improve their overall mental health functioning than those youth living in urban America (Inder, Berry, & Kelly, 2011; McCabe & Macnee, 2002; Smalley et al., 2010). Recognizing disparities between urban and rural mental health service delivery, researchers and professionals now pay more attention than ever before on how to bridge the gap between service accessibility, availability, acceptability, and effectiveness (Human & Wasem, 1991; Inder et al., 2011; McCabe & Macnee, 2002; Rost, Fortney, Fischer, & Smith, 2002; Safran et al., 2009; Smalley et al., 2010).

Social support structures, community-based services, and the need for more highly trained professionals are key components to bridge human service disparities between urban and rural communities (Bauer, Batson, Hayden, & Counts, 2005; Kelleher, Taylor, & Rickert, 1992; Letvak, 2002; McCabe & Macnee, 2002). In many communities, social workers are the

helping professionals who develop, identify, and implement models of practice to reduce disparities in care and outcomes across geographic areas (Beinecke & Huxley, 2009; Eberhardt & Pamuk, 2004). The failure to do so leaves several million youth at continued risk of harm from possibly debilitating symptoms.

One practice model that offers these key components—support structure, community-based services and highly trained professionals—is the wraparound model. Wraparound is an intensive, holistic method of engaging and empowering youth with complex behavioral health challenges and their families so that they can live in their own homes and communities and realize their hopes and dreams (Bruns et al., 2004). As a care coordination process that encourages the use of community partnerships, collaborative action, access to needed supports and services, and accountability, wraparound differs from traditional interventions in that it utilizes a strength-based and team-based planning and implementation process that focuses on problem-solving skills, coping skills, and self-efficacy to integrate youth into the community (Bruns et al., 2004). By design, the wraparound model theorizes that support structures, community-based services, and use of highly trained professionals are paramount in overcoming rural mental health disparities (Walter & Petr, 2011). The wraparound approach also promotes access, availability, and acceptability of mental health services (Bruns, Suter, & Leverentz-Brady, 2008).

The wraparound process, based on 10 principles, has been operationalized through four phases and related activities (Bruns, Suter, Force, Sather, & Leverentz-Brady, 2007). Table 1 reviews the elements of the wraparound process (family voice and choice, team-based, natural supports, collaboration, community-based, cultural competence, individualized, strengths-based, unconditional [persistence], and outcome-based). Emerging evidence has found a positive relationship between high wraparound fidelity and good outcomes (Cox, Baker, & Wong, 2010; Effland, Walton, & McIntyre, 2011; Pullmann, Bruns, & Sather, 2013; Suter & Bruns, 2009; Walton, 2011). Therefore, consistent with effective implementation of evidence-based practices (Bond, Drake, McHugo, Rapp, & Whitley, 2009; McHugo et al., 2007; Sheidow, Donohue, Hill, Henggeler, & Ford, 2008), fidelity to the wraparound model is ideally measured and monitored in practice to support effective implementation and in research, to increase evidence of the relationship of the process to desirable outcomes (Suter & Bruns, 2009).

Although evidence suggests that the wraparound process is effective in mental health, child welfare, and juvenile justice and is often supported by public policy (Bruns et al., 2010; Suter & Bruns, 2009), the research base is limited. Not targeting specific populations and rarely measuring the variability among wraparound services (i.e., fidelity to the model), limit available research (Suter & Bruns, 2009). Few studies consider contextual predictive factors, including geography (Painter, 2012; Weiner, Leon, & Stiehl, 2011).

As part of an overarching question regarding under what circumstances and for whom the wraparound process is beneficial (Grimes et al., 2011; Suter & Bruns, 2009), this study specifically asks if geographic location (e.g., rural or urban) predicts youth mental health outcomes. Additionally, does maintaining high fidelity to the wraparound model help bridge the gap between mental health outcomes for youth with complex behavioral health needs in urban and rural areas? Are other contextual, demographic factors (e.g., age, gender, race, ethnicity) or

a youth's initial severity of need related to improvement in mental health symptoms and life functioning? To address these questions, we examined existing data for youth involved in Indiana's Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF) Medicaid demonstration grant between 2008 and 2011.

Table 1

Principles of Wraparound

Wraparound Principle (Element)	Description
Family Voice and Choice	Family and child perspectives are elicited and prioritized in all phases of the wraparound process. Planning is grounded in family perspectives, and the team strives to provide options so that the plan reflects family values and preferences.
Team-based	The wraparound team is made up of individuals agreed upon by and committed to the family.
Natural Supports	The team seeks out and encourages the participation of members from the family. The plan included activities and intervention involving these natural supports.
Collaboration	Team members cooperate and share responsibility for developing, implementing, monitoring, and evaluating a single plan. The plan blends team members' perspectives, mandates, and resources. Each team members' work is guided by the plan.
Community-based	The wraparound team implements service and support strategies that take place in the most inclusive, most responsible, most accessible, and least restrictive settings possible.
Cultural Competence	The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child, family, and their community.
Individualized	To achieve the goals and objectives in the wraparound plan, the team develops and implements a tailored set of supports and services.
Strength-based	The wraparound process and plan identify, build on, and develop the capabilities, knowledge, skills, and assets necessary for success.
Unconditional	A wraparound team does not give up on, blame, or reject youth and their families. When faced with challenges or a setback, the team continues working towards meeting the needs of the youth and family and towards achieving the plan goals. The team agrees when a formal wraparound process is no longer necessary.
Outcome-based	The team links the youth and family's goals of the wraparound plan to address identified needs and support or build strengths. The team uses observable or measurable objectives to monitor progress and revise plans to address necessary changes.

Note. Adapted from "Ten Principles of the Wraparound Process," by E. J. Bruns, J. S. Walker, J. Adams, P. Miles, T. W. Osher, J. Rast, J. D. VanDenBerg and National Wraparound Initiative Advisory Group, 2004, Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Mental Health in Rural America

Youth residing in rural America tend to have higher levels of major depression and substance abuse than those residing in urban areas (Cellucci & Vik, 2001). The prevalence of major depression is significantly higher in rural areas (6.11%) than among urban dwellers (5.16%; Probst et al., 2006). Up to 40% of mentally ill youth in rural areas have a comorbid substance use disorder (Gogek, 1992), which is significantly higher than for youth in urban communities. Of particular concern is the high rate of rural youth using alcohol, tobacco, methamphetamines, inhalants, marijuana, and cocaine (Cellucci & Vik, 2001). All other rates of childhood mental health problems are comparable between rural and urban settings (Howell & Teich, 2008; Lambert, Ziller, & Lenardson, 2008). While prevalence rates remain consistent across geographical areas, there is little, if any, consistency in the effectiveness of behavioral health treatment between rural and urban youth (Lenardson, Ziller, Lambert, Race, & Yousefian, 2010). Understanding this disparity is the first step to improving behavioral health services for rural youth and families.

Mental Health Disparities

The disparity between mental health treatment in urban versus rural communities is a three-part problem of accessibility, availability, and acceptability (Human & Wasem, 1991; Smalley et al., 2010).

Accessibility. Overall, accessing needed services is more problematic in rural settings, especially due to socioeconomic challenges (Lenardson et al., 2010). Rural Americans are uninsured at a rate of 20% higher than that of their urban counterparts (National Rural Health Association, 1999). Additionally, rural Americans are more likely to live in poverty, yet less likely to receive government entitlements and aid (http://www.ruralhealthweb.org/go/left/about-rural-health). These socioeconomic differences result in rural youth being 20% less likely to have a mental health visit than urban youth (Howell & Teich, 2008). Simply stated, many rural Americans cannot afford proper mental health treatment, which instantly limits their access to such services (Rost et al., 2002). Geography also influences accessibility. Rural families may deal with practical issues of transportation and longer distances to treatment facilities (McCabe & Macnee, 2002).

Availability. Generally speaking, rural areas offer fewer mental health resources than urban communities (Inder et al., 2011; Weiner et al., 2011). With these limited resources also come an insufficient number of qualified and highly trained mental health providers (Inder et al., 2011; Olsson, 2000). Bird, Dempsey, and Hartley (2001) discovered that more than 85% of America's mental health professional shortages are in rural areas. Approximately 55% of rural counties do not have a psychologist, psychiatrist, or social worker who specializes in the treatment of mental health needs (Inder et al., 2011). Additionally, 20% of these counties reported having no mental health services of any kind (Hartley, Bird, & Dempsey, 1999). Limited availability of mental health services also makes it challenging to recruit professionals as caseloads tend to run high, salaries are less, there are fewer professional supports, and there is an increased risk of ethical dilemmas (Smalley et al., 2010).

Research also indicates that many individuals residing in a rural community lack basic knowledge about both physical and mental health illnesses (Inder et al., 2011). This lack of knowledge is a result of the absence of available services and educational opportunities available in rural America (Inder et al., 2011).

Acceptability. Stigma towards the use of mental health services often limits the acceptance of treatment by rural parents (Starr, Campbell, & Herrick, 2002). Increased stigma and decreased anonymity in rural communities lowers this acceptance (Mohatt, Bradley, Adams, & Morris, 2005). Many rural residents will not seek outside services as they do not want to risk their family or friends seeing their car in the parking lot of a local mental health provider (Bauer et al., 2005). This lack of acceptability might also increase the perception that psychological services are less available and accessible (Rost, Fortney, Zhang, Smith, & Smith, 1999).

Future of Rural Mental Health

Geographic issues of accessibility, availability, and acceptability result in rural youth not receiving services or entering services with more serious symptoms (Rost et al., 2002). Such issues pose serious challenges for effectively addressing the mental health challenges of rural youth and families. In order to reduce these mental health disparities, rural communities are trying to increase the availability of community-based services and the use of informal support structures and to bolster recruiting methods to attract highly trained professionals (Bauer et al., 2005; Kelleher et al., 1992; Letvak, 2002; McCabe & Macnee, 2002). These strategies characterize core components of a high quality wraparound approach to service delivery for youth with complex mental health challenges.

Wraparound Approach to Service Delivery

The wraparound model's 10 principles guide service delivery (Bruns et al., 2004) addressing issues of accessibility, availability, and acceptability. Beginning with an engagement process, youth and family perspective (voice) has primary importance during all wraparound decisions (choice). Second, the intervention plan, services, and supports are family driven, individualized, culturally competent, and community-based. Third, the wraparound process identifies and builds the family's natural support system. Fourth, the wraparound process focuses on strengths to build talents, assets, and positive capacities.

The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks (Wraparound Basics, 2012). Wraparound facilitators differ from other mental health professionals (e.g., less likely to have an advanced degree, more likely to have recently received training often through agency in-services, and more likely to report fully implemented treatment protocols; Bruns, Walrath, & Sheehan, 2007).

Research supports the use of a wraparound approach to increase access to and continuity of mental health treatment in rural America (Valleley et al., 2007). The wraparound approach is consistent with an ecological perspective for assessing and treating mental health issues in rural

America (Heflinger & Christens, 2006). The strength-based approach utilized within the wraparound model further supports improvement in mental health functioning of youth (Barksdale, Azur, & Daniels, 2010). However, the improvement in youth mental health functioning is contingent upon fidelity to the model and the baseline needs of youth receiving services (Painter, 2012).

Method

Current Study

The purpose of this study was to determine whether geographic location (e.g., rural or urban) was a predictor in youth mental health outcomes. Additionally, whether fidelity to the wraparound approach of service delivery helped bridge the gap between mental health outcomes in urban and rural areas. We also included contextual factors, whether the extent of a youth's baseline needs (behavioral health symptoms, functional impairments, or risk behaviors) predicted improvement in mental health functioning, when controlling for demographic characteristics (age, gender, race or ethnicity). This study was an interim study of the Indiana CA-PRTF grant, using existing data from Indiana's CA-PRTF Medicaid demonstration grant to investigate these questions. It builds upon another interim study which explored the relationships among the level of community system of care development, adherence to the wraparound model, and outcomes for youth (Effland et al., 2011).

Such research can help improve the mental health functioning of youth by identifying variables that play an integral role in positively or negatively impacting mental health outcomes (Nguyen, Wilkes, & Cawthorpe, 2010). Improving knowledge of variables related to mental health functioning can help shape the way social workers and other mental health professionals engage, assess, plan, and intervene in the lives of America's youth and families (Robson & Gingell, 2012). It also sheds light on whether the wraparound model might address issues of access, availability, and acceptability in rural mental health services.

Study Participants

The researchers used a purposive non-random sample of youth who received grant services from January 1, 2008 through October 1, 2011. To receive grant services, all youth had intense behavioral health needs which interfered with interpersonal, family, school or community functioning, risk behaviors, and caregiver needs. Participants were between ages of 6 to 21 and had a household income of less than or equal to 150% of the federal poverty level.

Demographic data was collected from CA-PRTF grant applications, a state database used to record and manage grant services, and Medicaid claims data. Age, gender, race, and ethnicity (Hispanic/Latino), characterize youth. For 811 youth in the sample, ages ranged from 6 to 21 ($M = 12.11$, $SD = 3.14$). A majority of the youth identified as male (73%) and white (78%). Participants also identified as African American (16%), multi-racial (4%), Native American (1%), and other (1%). Just over 4% of participants identified as Hispanic in origin. Youth lived in the community with their parents, extended family, or in foster care. Through self-report or knowledge of the wraparound facilitator, 42% had involvement with child protective services during or within six months of participation in the grant.

Externalized behavioral disorders were most frequently reported through diagnoses. The most common reported diagnosis was attention deficit disorder/attention deficit hyperactivity disorder (29%) followed by bipolar disorder (24%), oppositional defiant disorder (19%), conduct disorder (8%), post-traumatic stress (7%), and anxiety (3%).

Through the demonstration grant, youth and caregivers received intensive, non-traditional community-based Medicaid services, which were coordinated through the wraparound process. Grant services included: respite, habilitation (skill building), consultative clinical and therapeutic services, non-medical transportation, family support and training, and flex funds. While receiving grant services, the youth were also eligible for usual Medicaid treatment services. The average length of stay for youth in grant services between January 2008 and June 2011 was 307 days, ranging from 25 to 1082 days. Of this sample, 538 had completed one episode of intensive community based services.

Rural/Urban Divide

Researchers split their data file into urban and rural youth using definitions provided by the U.S. Census Bureau (2002). A rural county is any county with a total population of less than 50,000 people. An urban county is any county with a total population greater than 50,000. Indiana has 64 counties classified as rural and 28 as urban. The majority of youth (615; 76%) lived in urban areas; 196 (24%) of youth lived in rural areas. The sample's percentage of rural youth was slightly higher than the national average (20%) of Americans living in rural areas (U.S. Census Bureau, 2013).

Measures/Instruments

Child and Adolescent Needs and Strengths Assessment (CANS). The comprehensive, multi-system Child and Adolescent Needs and Strengths (CANS; Lyons, 2009) assessment tool was adopted by Indiana in 2007. The CANS includes seven dimensions: child behavior or emotional needs, life functioning, risk behaviors, child strengths, acculturation, caregiver strengths, and caregiver needs. Within each dimension, specific items identify strengths and needs that may impact functioning.

Validity and reliability of the CANS has been demonstrated (Lyons, 2009; Lyons & Weiner, 2009). The audit reliability of the CANS is 0.85 (Lyons, 2009). The CANS also demonstrates item level validity (average among studies = 0.80), which supports the use of individual items in data analysis (Anderson, Lyons, Giles, Price, & Estle, 2003). These high levels of reliability are also true when using the assessment for matters of mental health, child welfare, and juvenile justice (Leon, Ragsdale, Miller, & Spacarelli, 2008; Lyons & Weiner, 2009; Sieracki, Leon, Miller, & Lyons, 2008).

Before rating the CANS, clinicians are trained and periodically certified, demonstrating reliability by rating vignettes online with a minimum reliability of a .70 (intra class correlation coefficient). The average CANS certification reliability for Indiana's providers is .79. Wraparound facilitators, who complete the CANS with youth, families, and a team, receive

additional in-person training and demonstrate .75 or higher reliability. Wraparound facilitators complete the CANS for each youth and caregivers at service baseline, every six months, and at the end of grant services.

The CANS uses a four-point scale (0, 1, 2, and 3) to rate the needs and strengths of youth and caregivers. A rating of zero (0) reflects no evidence of a need or the presence of centerpiece strength (child strength only). A rating of one (1) indicates the presence of a need, but no current functional impairment, or the existence of a usable strength. The needs items rated two (2) or three (3) are "actionable" as the need interferes with functioning or is dangerous or disabling (Lyons, 2009). The strength items rated two (2) or three (3) need development or are not identifiable (Lyons, 2009). For the study, as has been shown to be useful in routine practice, domain scores (e.g., mental health, risks, functioning) were created by calculating the mean of specific items for five CANS dimensions and multiplying each mean by 10 (Lyons, 2009; Lyons, Griffin, Quintenz, Jenuwine, & Shasha, 2003; Weiner, Schneider, & Lyons, 2009).

For the study, a new "youth needs domain" was created by calculating the mean of behavioral health symptoms, functioning, and risk items. This is supported by a study of the psychometric properties of the CANS, which found that items in the youth need domains are related, but that the strength and caregiver domains represent separate constructs (Doucette, 2007; Lyons, 2009).

Consistent with the methodology used for the state's outcome performance measures, we used a Reliable Change Index (RCI; Wise, 2004) to calculate improvement in youth needs. Using the mean certification reliability for Indiana's CANS users and the standard deviation of mean ratings for each domain, RCI indices were calculated for each domain using a 2008 sample of 31,493 youth who received public behavioral health services. The formula follows:

$$RCI = 1.28 * (SD \text{ of CANS domain mean}) * \sqrt{(1\text{-reliability})}$$

For this study, the dependent variable was reliable improvement in youth needs. The RCI score, means (with standard deviation in parentheses) for the youth needs domain 2.0989, 1.28 (3.55314) is consistent with the RCI scores for related domains (mental health 2.20, 6.92 [3.75], functioning 2.27, 7.03 [3.88], and risk domains 1.58, 2.20 [2.70]; Lyons, 2008). Between the beginning of intensive services and the last CANS assessment before June 30, 2011, reliable improvement in youth needs was found for 349 (33.2%) of youth. Over an episode of care, reliable improvement in at least one domain is expected for 60-80% of youth; within each domain 20-40% improvement is expected (Effland et al., 2011; J. S. Lyons, personal communication, April 25, 2013). Improvement in youth needs was coded as one (1) and no improvement was coded zero (0).

Wraparound Fidelity Index 4.0 (WFI-4). The Washington University Wraparound Evaluation and Research Team (WERT; Bruns et al., 2010) developed an index to measure adherence to the wraparound process. The WFI-4 is a survey that measures the nature of the wraparound process that an individual family receives. The index examines the ten elements associated with practice model fidelity: family voice and choice, team-based, natural supports, collaboration, community-based, cultural competence, individualized, strengths-based,

persistence, and outcomes-based (Bruns et al., 2004). The WFI-4 also has high reliability scores, with internal consistency ranging from 0.83 to 0.92 (Bruns et al., 2007a).

Structured phone surveys used the WFI-4 (Bruns et al., 2007a) annually and shortly after grant services ended. WFI interviewers completed a comprehensive training protocol, which includes certification to ensure that WFI ratings are reliably scored for each of the ten WFI elements. Interviewers rated each question using a 0 (*low fidelity*) to 2 (*high fidelity*) ratings. Item ratings were summed and divided by the highest possible fidelity score resulting in a score between zero (0) and one (1). Scores closer to one (1) indicate higher fidelity (Bruns et al., 2007a).

Combined total WFI-4 scores [including information from wraparound facilitators (*n* = 702), caregivers (*n* = 334), and youth (*n* = 58)] were used to maximize the size of youth and families included in the analysis, retaining family and youth voice. Caregiver fidelity ratings were available only for one-half of youth. Youth fidelity ratings were obtained only for youth 11 years and older. As using only ratings from the facilitators most likely would result in inflated variability scores (Painter, 2012), family and youth fidelity ratings were retained. Facilitator, caregiver, youth, and combined WFI-4 ratings are compared in Figure 1.
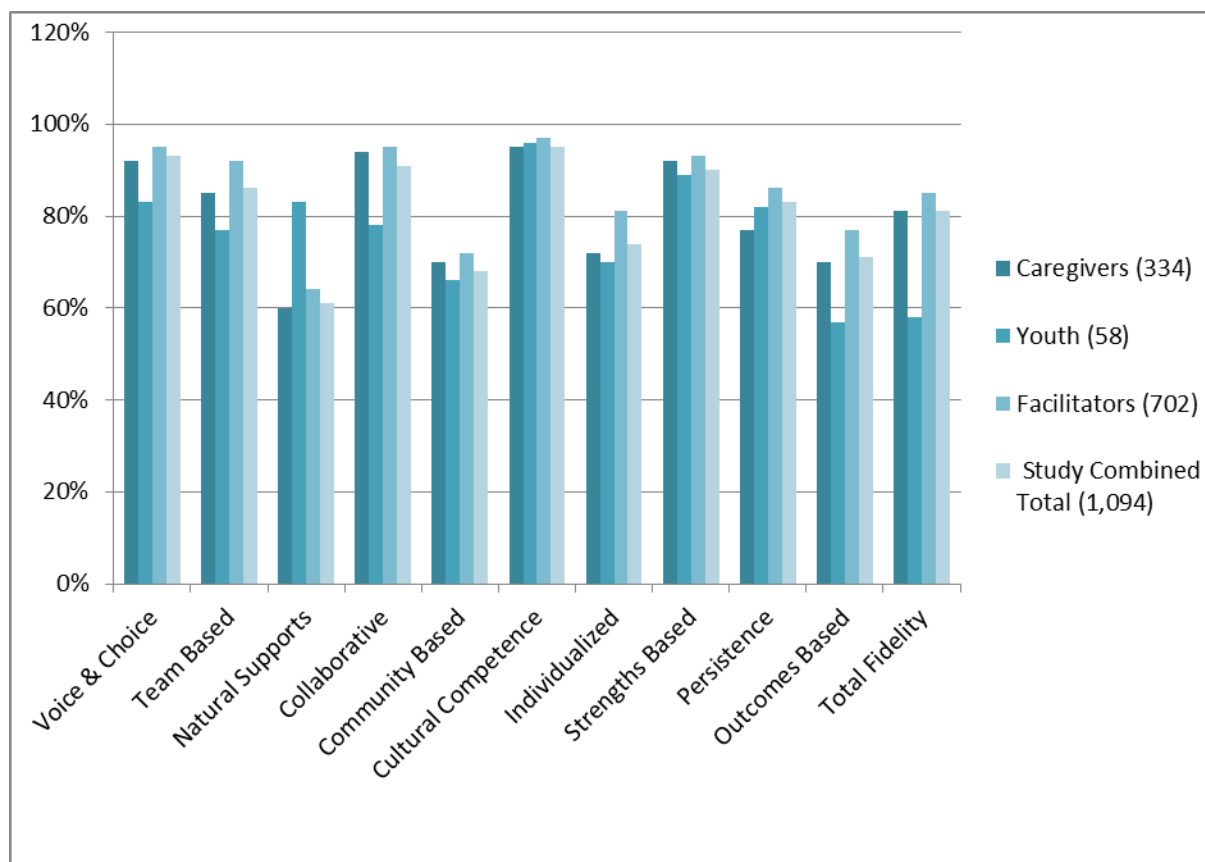

Figure 1. Comparison of wraparound fidelity scores in 2012 among caregivers, youth, and facilitators.

Overall, the combined total WFI-4 scores are more similar to the caregiver than to the facilitator ratings. Using the composite measure also retains the maximum number of available fidelity ratings and participants for the analysis. Statewide in 2011, the overall total combined wraparound fidelity score for intensive youth services was 84% (Stanisic, 2013), almost reaching high fidelity for the state (i.e., > 85%; Bruns, Suter, Force, & Burchard, 2005). Variability in adherence to the practice model occurs. We used the most recent total combined wraparound fidelity score as a predictive variable.

Data Analysis

To address the research questions, we used binary logistic regression to predict whether or not a youth would have reliable improvement in youth needs (a combined CANS measure of behavioral health symptoms, functional impairments, and risk behaviors) given a set of contextual and treatment predictor variables. Based on previous studies, the regression model included 11 predictive items. Contextual predictive items included the youth's rural or urban classification, youth demographics (age at baseline, gender, race, and ethnicity), baseline youth risk domain, baseline youth functioning domain, and youth behavioral health domain. Race categories included African American, Native American, and multi-racial. The predictive treatment variable was the total combined wraparound fidelity score. The dependent variable was reliable improvement in youth needs (combined functioning, risk, and behavioral health items). The researchers used SPSS 19.0 for Windows to complete these statistical tests.

Results

The purpose of this study was to determine whether geographic location (e.g. rural or urban) was a predictor in youth mental health outcomes. Additionally, whether fidelity to the wraparound approach of service delivery helped bridge the gap between mental health outcomes in urban and rural areas. Researchers also analyzed whether the extent of a youth's baseline predicts improvement in mental health functioning.

Predicting Reliable Improvement in Youth Needs

Researchers applied binary logistic regression to the data with likelihood-ration criterion. The best model was robustly significant, with a -2 Log likelihood of 999.92, $\chi^2 = 80.86$ ($df = 11$, $p < 0.001$). This model also passed tests for goodness of fit and tests searching for collinearity. Regarding goodness of fit, the final model passed the Hosmer and Lemeshow Test and was not significant ($p = 0.561$). Regarding collinearity, each variable passed tests for collinearity with tolerance scores all above 0.10 and VIF scores all below 10.

The binary logistic regression model improved overall performance over the null model by 12.9%, resulting in an overall percentage correct of 67.9%. This results in a small effect size (Nagelkerke $R^2 = 0.129$), which indicates that there are factors in the model not influencing mental health functioning or that there are missing factors that relate to outcomes. Additionally, the model correctly predicted non-improvement in youth needs at a level of 88%. Two of the 11 total variables contributed to the best model predicting reliable improvement in youth needs. Total combined wraparound fidelity ($p = 0.022$) and a youth's behavioral health needs at baseline ($p = 0.004$) were the significant predictors of improvement. Youth demographics, other

baseline scores, and geographic location were not significant predictors of reliable improvement, but were retained as controls for the model. See Table 2 for a summary of outcome statistics for variables included in the binary logistic regression model predicting reliable improvement in youth needs.

Table 2

A Summary of Outcome Statistics for Variables Included in the Best Binary Logistic Regression Model for Predicting Reliable Improvement to Youth Needs

Predictor	β	*SE*	Wald	*p*	Exp(B)
WFI Total	1.84	.80	5.28	*0.022	6.31
Age @ Baseline	.18	.25	0.55	0.458	1.02
African American	.31	.20	2.27	0.132	1.36
Native American	1.38	.73	3.54	0.060	3.96
Multi-racial	-.37	.42	0.76	0.384	.69
Hispanic	-.66	.43	2.39	0.122	.52
Gender	.05	.17	0.07	0.788	1.05
Rural or Urban	.08	.18	0.21	0.652	1.08
Baseline Risks	-.61	.13	0.22	0.638	.94
Baseline Functioning	.18	.13	2.21	0.137	1.22
Baseline Behavior Health	-.07	.03	8.09	**0.004	1.08
Constant	-5.62	.89	39.41	0.000	.01

Note. n = 811.
*$p < 0.05$. **$p < 0.01$.

Discussion

Youth involved with Indiana's CA-PRTF Medicaid demonstration grant improved in their overall functioning regardless of their urban or rural classification. Practice model fidelity and the relationship between fidelity and outcomes are similar between the two groups.

Similar fidelity scores and the lack of geography being a significant predictor of improvement provide evidence that the wraparound process could bridge the gap in accessibility, availability, and acceptability of behavioral health services for urban and rural youth. High fidelity to the wraparound principles of natural supports, community-based, unconditional, and team-based promotes service availability and acceptability. These principles

promote service availability and acceptability by utilizing a family's natural support structure, a structure that commits itself to the family. These natural supports are readily available and accessible to a family, unlike many formal services in rural communities. Additionally, the community-based approach of wraparound service delivery utilizes both formal and informal services unique to a given community and family.

High fidelity to the principles of family voice and choice, collaboration, cultural competence, and individualized and strength-based promote service acceptability. The wraparound approach grounds itself in a family's perspective and values. Service plans take into consideration the perspective of each team member and the beliefs and cultures of the family and community. The identification of a family's strengths also empowers the family and likely increases their acceptability.

High fidelity to the wraparound principles is evidence of the narrowing gap between the mental health functioning of rural and urban youth. High quality wraparound practice, reflected in high fidelity scores, predicts statistically significantly improvement in youth needs, especially youth who begin intensive community based services with high levels of behavioral health symptoms in both rural and urban communities. Although the effect size of this study is small, it is consistent with the significant, but relatively small effect sizes for mental health (.31) and overall functioning (.25) found in Suter and Bruns' (2009) meta-analysis of the wraparound literature.

The absence of disparities in outcomes related to demographic factors or community is also promising. Furthermore, wraparound is a feasible approach to provide effective intervention and support with bachelor and graduate level social workers (Bruns et al., 2008). Additional research is needed to better understand which specific behavioral health needs are more likely to improve, and how targeted evidenced practices can be integrated with the wraparound model. Separate models can identify variables related to other outcomes (e.g., youth strengths and improving caregiver's abilities to meet the needs and support the development of their children).

Using relatively simple statistical approaches provides clues to better understand relationships among complicated factors involved in providing effective rural behavioral health services for youth, but has inherent limitations. The use of a purposive non-random sample prohibits generalizability to any youth not involved in grant services. To improve generalizability, the use of propensity score matching to identify a control group of youth who receive only usual treatment, including PRTF services could result in a quasi-experimental design with more conclusive results (Grimes et al., 2011). At this time, available data is not suitable for this research strategy.

The rural/urban dichotomy limits understanding of potential geographic implications. The U.S. Census Bureau (2002) suggests the use of urban clusters as a third geographic category. Urban clusters refer to any area having a population density of at least 1,000 people per square mile (U.S. Census Bureau, 2002). Although information was not available to accurately identify urban clusters, future research will attempt to refine the geographic measure to analyze proximity to resources (Weiner et al., 2011).

The future use of urban clusters would have two major benefits. First, there are several rural counties in Indiana that do have larger cities with access to social service resources. However, these cities along with other cities in the county do not exceed the 50,000 population parameter to have an urban classification. Second, there are many urban counties that have only one large city accounting for a vast majority of the population. Outside of that city, there is limited access and availability to resources. Using urban clusters would allow the researchers to control for proximity to resources, which would provide a refined examination of access and availability to mental health services across Indiana.

Future research needs to examine the following: (a) which behavioral health needs are responsive to high quality wraparound services; (b) which elements, phases, or activities of the wraparound process are related to outcomes; (c) what would be the impact of adding targeted evidence based treatment; and (d) given emerging evidence of the small effect size for wraparound's relationship to improvement, what other factors are related to improvement for youth with complex behavioral health needs.

Quasi-experimental designs, adding comparison group(s), while incorporating fidelity, multiple outcome measures, and consistent monitoring of possible disparities related to demographic characteristics or geography, would bolster the quality of evidence and help better explain the complex child behavioral health service delivery system. Models built on emerging research and theories of change would further strengthen the research base. Emerging information can help social workers and other rural practitioners identify feasible models of practice to increase effective mental health services.

Conclusion

For youth with complex behavioral health needs, community based services coordinated through a high quality wraparound process can work equally well in both urban and rural communities. Effectively implementing the wraparound process is a feasible strategy to reduce disparities in behavioral health outcomes for youth with complex needs in rural communities.

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Rural Food Pantry Users' Stigma and Safety Net Food Programs

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Abstract. Increasing numbers of individuals in our community have been seeking local food pantry assistance. Previous studies of food pantries found that users show low rates of governmental aid receipt, especially in rural areas. We assessed evidence that suggests that post-recession need has mitigated rural reluctance to pursue government assistance. The inadequacy of government and local food assistance to address the problem of food insecurity in our community is discussed.

Keywords: food insecurity, food pantry, rural, safety net, stigma

Food insecurity is currently a reality for a substantial number of American families. Food insecurity as defined by the United States Department of Agriculture (USDA) is the absence of sufficient food for a healthy and active lifestyle for all household members and consuming food that does not meet nutritional requirements (as cited in Greenberg, Greenberg, & Mazza, 2010). As a consequence, food pantries nationwide are experiencing an increase in the need for their services (Berner, Ozer, & Paynter, 2008; Garasky, Wright-Morton, & Greder, 2004; Greenberg et al., 2010).

Over the past three years, the local community food pantry in a small upper Great Plains community has experienced an increased utilization of its services. During that time, the number of people served by this food pantry increased from 1,661 in 2009 to 4,603 in 2012, an increase of more than 277%.

We searched the literature using terminology such as *emergency assistance*, *food pantry*, and *rural* and found few studies that dealt with rural food pantries and their users in Academic Search Premier, AgeLine, Family & Society Studies Worldwide, PsycINFO, Social Work Abstracts, and SocINDEX with Full Text. Even though rural communities have a higher poverty rate than urban and suburban communities (Rural Income, Poverty, and Welfare: Summary of Conditions and Trends, 2011), and anecdotal reports by nonprofit organizations indicate that food insecurity is an important problem in rural communities, some evidence suggests that there is a tendency for rural individuals to avoid food assistance. For example, Mabli, Cohen, Potter, and Zhao (2010) reported that 47.2% of the clients who participate in community-based food programs in the rural state of South Dakota did not apply for Supplemental Nutrition Assistance Program (SNAP) benefits.

Alternatives to government food programs can vary significantly between rural and urban areas with noncash subsistence (e.g., hunting, fishing, gardening, raising animals for food) quite prevalent in some rural communities (Sherman, 2009). Subsistence activities may serve, therefore, as a preferred means for meeting dietary needs in many rural communities. In her ethnography of a northern California rural community, Sherman found that her rural neighbors felt that utilizing safety net resources such as food stamps (now SNAP), TANF, and WIC were morally and socially unacceptable. The combination of subsistence alternatives and social stigma may have a compounding effect on the other evidence suggesting that non-participation in safety net programs among families eligible for food assistance is a growing problem in both rural and urban areas (Algert, Reibel, & Renvall, 2006; Garasky et al., 2004).

The juxtaposition of a 277% increase in one local food pantry usage with other findings of rural resident reluctance to utilize government assistance (Garasky et al., 2004; Mabli et al., 2010; Sherman, 2009) may suggest that there is less reluctance to seek economic assistance in this county following the 2008 Great Recession. To the extent that the lingering effects of the 2008 recession have increased the level of food insecurity in rural areas, the increase usage of the local food pantry may be accompanied by increased usage of government food assistance. This study attempts to replicate, in part, the pre-recession research conducted in 2002 by Garasky and colleagues (2004) to see if there is a significant difference between rural users of local food pantries, pre- and post-recession, as measured by participation in safety net programs.

Method

We developed a 23-item instrument based on Garasky et al. (2004) in consultation with the manager of the local food pantry. After obtaining IRB approval, participation of eligible food pantry users was solicited during food pantry operations and respondents were entered into a drawing for one of four $25 gift certificates. Identifying information was manually separated from the completed questionnaires to insure anonymity. No codes linking the identifying information to the completed questionnaires were maintained. We included two procedural questions to assist the management of the food pantry. These questions addressed confirmation of household income and compliance with food pantry procedures that require presentation of identification upon the receipt of food supplies.

The instrument was divided into four sections. The first section was procedural as mentioned above. The second section focused on food insecurity within the households of the participants using the short form of the 12 Month Food Security Scale (Bickel, Nord, Price, Hamilton, & Cook, 2000). The third section focused on receipt of governmental assistance, use of the food pantry alone, and employment status. The last section was quantitative in nature and included questions related to demographics, such as age, family size, monthly income, education level, garden usage, and how many times the participants used the food pantry in the past year. The last two questions required short answers seeking reasons why participants did not apply or were denied food stamp (SNAP) benefits.

Student researchers administered the survey and were present at most times of operation (Monday, Tuesday, Thursday, and Friday). Administration of the survey began in the second half of February 2012 and ended the first week of April 2012. Participation was voluntary and all participants were residents of the county served by the food pantry. The food pantry is the only such service within the county. The county's population is over 14,000 (33.3 persons per square mile). Completed surveys were received from 48 individuals representing households that included 124 individuals. The median age of respondents was 44.6 years (SD = 18.3), and only 20.8% (n = 10) respondents were 60 years of age or older. Slightly less than 30% of respondents (n = 13) lived alone, and 15 respondents (32.6%) reported using the food pantry every month in the last year. Demographic characteristics are reported on Table 1.

Table 1

Comparison of Pre- and Post-Recession Findings

Variable	Iowa Study Pre-recession 2004	This Study Post-recession 2012
Number of Respondents	60	48
Age (years, SD)	49.0 (n/a)	44.6 (18.3)
Household Size (persons)	2.5 (n/a)	2.8 (1.8)
Monthly income ($)	905.2 (n/a)	961.5 (825.4)
Less than high school education (%)	23.4	15.2 [ns]
Work at paid job (%)	27.1	37.5 [ns]
Food secure (%)	41.4	12.5 *
Food insecure without hunger (%)	22.5	31.3 [ns]
Food insecure with hunger (%)	36.2	56.3 [ns]
Have a garden (%)	32.0	16.7 [ns]
Have applied for food stamps (%)	n/a	78.2
Currently receiving food stamps (%)	27.1	60.4 *
Currently receiving WIC (%)	13.6	19.1 [ns]
Use of food pantry in last 12 months	4.6 (3.4)	6.3 (4.6) **

Note. The Iowa Study results are from "The Food Environment and Food Insecurity: Perceptions of Rural, Suburban, and Urban Food Pantry Clients in Iowa," by S. Garasky, L. Wright-Morton, and K. Greder, 2004, *Family Economics and Nutrition Review, 16*(2), p. 43. $-p < .001$. ** $- p = .029$. [ns] – not significant using Fishers's exact test. n/a – data not available.

Results

Statistical analyses were conducted using IBM Statistics SPSS 20. As can be noted on Table 1, the rural sample collected in this study is roughly comparable to the data collected in the 2004 Iowa study (Garasky et al., 2004). Our respondents were younger than the Iowa sample (44.6 years to 49.0 years) and reported a higher frequency of obtaining a high school diploma (84.8% to 74.6%). The household size was higher in our sample (2.8 persons to 2.5 persons) and household monthly income was higher ($961 to $905); however, adjusted for inflation using the Bureau of Labor Statistics CPI Inflation Calculator (http://www.bls.gov/data/inflation_calculator.htm), the income for the Iowa sample would be slightly higher at $1,154 indicating that our respondents reported a lower purchasing power. Our sample also reported a higher rate of employment (37.5% to 27.1%). Garasky et al. (2004) did not report the variability associated with age, household size, and income, which prevented statistical comparison on these variables. Fischer's exact test found no significant difference in the frequency of high school completion or in the number of respondents who reported employment. Garasky et al.'s respondents reported nearly twice the utilization of gardening as a dietary supplement (32.0% to 16.7%).

Our sample was significantly different from the Iowa sample in three areas. Our sample was less likely to report food security (12.5% to 41.4%), more likely to report current receipt of food stamps or SNAP benefits (60.4% to 27.1%), and a higher frequency of use of the local food pantry (6.3 times to 4.6 times). Food provision through subsistence activities may explain the higher level of food security in Garasky et al.'s (2004) sample that reported nearly twice as many gardens as our sample. Garasky et al. did not report the percentage of their rural sample that had applied for food stamps, but over 78% of our respondents had done so. The difference between food stamp applications and beneficiaries in our study is partially explained by the 10 respondents (22.2%) whose applications had been denied.

Discussion

As noted by Garasky and colleagues (2004), studies of food pantry users depict a snapshot of some of the most resource-stressed and vulnerable households in any given community. In this case, we compared small, nonprobability samples of rural food pantry clients before (*n* = 60) and after (*n* = 48) the 2008 Great Recession. Findings indicate a clear distinction between these snapshots with the post-recession sample reporting significantly lower levels of food security, significantly higher levels of food stamp usage, and a significantly higher reliance on the food pantry over the last 12 months. We consider it meaningful that food security is significantly lower even with a higher participation in the use of food stamps and higher food pantry utilization. We conclude that government assistance programs are not adequate to address the issue of food insecurity in rural America whether that inadequacy stems from the level of benefits available, the eligibility criteria, or both. We also note that these findings are consistent with a decline in the stigma associated with public food assistance in rural areas following the recession and consider this suggestive that elevation of need may be a mitigating factor for stigma.

Our study coincides with the findings of Berner et al. (2008) who found that the receipt of food stamps more than doubles the odds of needing long-term nonprofit food assistance. This further suggests the inadequacy of safety net programs, as non-profit agencies do not receive

sufficient public financial assistance to alleviate food insecurity. The local food pantry participating in our study dramatically illustrates the inadequacy of public government assistance as it has operated for 34 years relying solely on the donations of local businesses and residents. Our study along with past research suggests that the problem of hunger in America is dramatic, and is in desperate need of a swift and comprehensive solution.

Following Garasky et al. (2004), we support a national food policy focusing on increasing participation in SNAP programs and expanding eligibility criteria to include a larger segment of low income rural residents. All of the respondents in our study reported a household income under 185% of the federal poverty level and over 78.2% reported having applied for food stamps, but only 60.4% were receiving food stamp benefits. Accordingly, we believe increasing participation must include recruitment and training of local food pantry personnel to educate food pantry clients on food assistance eligibility and the application process.

Our participants reported a relatively high rate of rejection (22.2%) in prior applications for food benefits which raises questions about how well-informed the food pantry clientele are about the application/eligibility process for food assistance. Food pantries appear to be an excellent avenue by which to contact those with a history of food assistance denial and may be a good place from which to distribute accurate and current information about this important federal food program. We did not collect any information from our participants regarding their perception of the helpfulness of our local public welfare facility or other community advocates they may have consulted.

There were significant limitations in our study. The external validity is problematic in that our sample size is small and participants are from one small rural county in an upper Great Plains state. Consequently, our results cannot be generalized to all food pantry users in other rural areas, or nationwide. With regard to generalizability, we are particularly concerned with the inadequate controls in our study to measure the degree of food provision through subsistence activities. Furthermore, the quality of food pantry users' responses may pose a threat to the study's internal validity. Food pantry clients' responses to open-ended questions did suggest a variation in the literacy levels of the participants. The setting for data collection at the food pantry site may have influenced responses, as participants may have answered based upon socially acceptable values and beliefs. Despite efforts to avoid respondent discomfort by vacating the room when questionnaires were being completed, a power imbalance between food pantry clients and the food pantry personnel/student researchers may have influenced participation. Food pantry users tended over time to develop a trusting relationship with food pantry staff, but there was significant variation in staff support for this project. Staff that acquired knowledge of the importance of the study were more apt to influence users' willingness to participate which could also have influenced responses and participation. Any interpretation of our findings should be made with an awareness of the possibility of bias in respondents' answers.

We conclude affirming the position held by Greenberg and his colleagues (2010), where they suggest that "elected officials and agency staff are responsible for assessing the reality and developing appropriate policies, rather than bowing to politically convenient slogans for ignoring the poor" (p. 2022). Alleviation of the stress associated with food insecurity calls for aggressive government monitoring and response. Food insecurity in rural America is a problem that can be solved and must be solved.

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Group Interventions in Rural Schools to Assist with a Community Trauma

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Abstract. Rural communities and school districts often face traumatic events. These can be the result of accidents, suicides, school bullying, and shootings. This paper documents a group crisis intervention at a rural high school after a horrific traffic accident where a vehicle struck and killed three students. When a crisis takes place in rural schools and communities, group work is an effective tool to offset the effects of grief and distress that students often experience. School personnel must create support groups within a short time following a traumatic event. Interventions are most effective when schools have a pre-determined action plan, have staff trained in correct intervention techniques, and can seamlessly transition into crisis intervention and support mode. Quick professional response through group support will help students alleviate the effects of traumatic events.

Keywords: rural community crisis, school groups work, student support

A crisis-precipitating event at school upsets the daily school routine for all or a portion of the school population. A school crisis "brings chaos" that "undermines the safety and stability of the entire school" (Johnson, 2000, p. 18). It exposes students to "threat, loss, and traumatic stimulus" and undermines their "security and sense of power" (Johnson, 2000, p. 3).

"School systems face crises of a variety of types and forms, including the suicide death of a student, the death of a teacher, mass shootings, and the aftermath of terrorist attacks" (Williams, 2006, p. 57). Some school crisis events, such as school bus accidents, happen outside the school building. Other crisis events, such as student and teacher deaths or natural disasters (e.g., earthquakes, floods, or tornadoes), can occur both at and away from school. Exposure at school to gangs and bullying can also create a crisis event for some students.

There is wide student exposure to traumatic events both in rural and urban settings. There have been several highly publicized school tragedies occurring in the United States such as the 1999 Columbine High School shooting in Colorado, the 2006 Amish school shooting in rural Pennsylvania, and the most recent shooting at Sandy Hook Elementary School in Connecticut on December 14, 2012. In fact, National School Safety and Security Services report that there have been a total of 284 deaths from shootings, suicides, fights, and stabbings between 1999 and 2010 (http://www.schoolsecurity.org/trends/school_violence.html). In a survey of school psychologists, Adamson and Peacock (2007) found that 150,000 crimes had been reported against students in middle and high school. Many of these traumatic events happened at school or are related to school. Accordingly, the prevalence and severity of stressors in the lives of adolescents may predispose them to symptoms of psychological stress.

Schools can play a substantial role in promoting emotional well-being and academic achievement of children and youth (Goldenson, 2011). However, when a crisis-precipitating event takes place at school, the effects may be particularly devastating because the students and teachers are expected to return to the school building and resume normal functioning when just being in the school causes them to experience stress and trauma. Because school buildings are often in the center of a rural community, just passing the building after a crisis often recreates the traumatic event for community members. Thus, even a small scale crisis event at a school or related to school children may produce devastating effects for those who are intimately involved.

Sixteen percent of the U.S. population lives in rural areas (Marketplace Morning Report, 2011). Rural communities are deeply affected by the death of youths, whether in a school or community crisis, because when a community is intimately intertwined and everyone knows each other, a crisis becomes personal for each member of the community. Rural communities are homogeneous; when something happens to one family in the community it has an impact on everyone (Davenport, 2004). This paper will provide an overview of school interventions to offset the effects of a crisis-precipitating event and discuss how a rural school district was able to help students and school personnel deal with the tragic death of three students.

Literature Review

The primary goal in any grief and trauma work with a child is to help the child cope with his or her resultant feelings (Zambelli & DeRosa, 1992). Grief must be worked through before it will dissipate. It may be awhile before one who has been exposed to a crisis event begins to accept its reality and discuss his or her feelings without pain or being overwhelmed. Children and adolescents without a strong voice are trapped by their feelings of powerlessness in various situations (Boylan & Ing, 2005). Discussing and processing a traumatic event helps eliminate feelings of isolation and helps the traumatized individual avoid symptoms of Post-Traumatic Stress Disorder (PTSD; Poland, 2002).

School social workers are well suited for group interventions that address loss and grief because of their training in theories of child and adolescent development, and their practical training in group therapy (Finn, 2003). During group sessions, school mental health professionals have access to many children. As a consequence, they can assess the needs of trauma survivors and offer support without making group members divulge personal thoughts and feelings. Because the major purpose of any school district is education, grief work needs to occur as soon after the event as possible so students may return to school and learn. However, some children may not want to discuss their feelings at first, and there is a possibility that forced discussions of the catastrophic event or repeatedly bringing it up for discussion may retraumatize children (Helping Kids Cope with Violence and Disaster, 2010). Professional sensitivity must be used in allowing children the opportunity to express their feelings when they are ready or when the effects of the trauma have significantly inhibited the child's level of functioning.

There is empirical evidence that group interventions work for bereaved children (Finn, 2003). Tonkins and Lambert (1996) illustrated that grief groups have many positive effects on children who had experienced the death of a family member. Group interventions provide an outlet for the feelings of grief and powerlessness youth experience after a traumatic event. Group work is an efficient methodology to address the needs of large numbers of students and teachers who have experienced trauma or who are experiencing grief (Finn, 2003; Huss & Ritchie, 1999; Tonkins & Lambert, 1996). Huss and Ritchie (1999) reported that group interventions may help reduce feelings of isolation and normalize feelings associated with loss. Research supports the effectiveness of short term groups that focus on trauma and grief (Chemtob, Nakashima, & Hamada, 2002; Finn, 2003; Jaycox et al., 2009; Salloum & Overstreet, 2008; Stubenbort & Cohen, 2006). Short-term crisis intervention groups provide support for children.

> When a large number of children have been exposed to trauma, schools provide the ideal setting for group interventions as soon as possible after the event. Different helping interventions include classroom presentations, debriefing, and defusing. (Webb, 2002, p. 377)

Many rural communities use school buildings for public meetings, such as scout meetings, which allow community members to feel comfortable in using the school as a setting to deal with a community crisis. The number of trained staff who can address a crisis may be limited because rural communities traditionally have "fewer resources and services available" (Hickman, 2004, p. 46). However, the effects of trauma may linger after a crisis situation if those affected by the crisis do not have an opportunity to deal with their resultant feelings.

Forms of Trauma and Grief Interventions Used in Schools

School crisis plans. Most districts have mechanisms to address crisis situations effectively. When a crisis occurs, the school crisis plan will usually go into effect immediately. School-based crisis intervention is usually reactive rather than proactive (Shafombabi, 1999). However, it may not address the follow-up that is necessary to help school staff, faculty, and students fully address their feelings. The school crisis plan should address the level and type of interventions and collaboration between the school and community (Knox & Roberts, 2006). Knox and Roberts (2006) propose three levels to a school crisis plan:

- *Primary prevention:* Planned emergency response practices, training, establishing a school crisis team, preparing for emergency medical and communication.

- *Secondary intervention:* Steps taken during the crisis to minimize effects ensure student safety, notification to families, and intervention strategies.

- *Tertiary Intervention:* "In the aftermath, including debriefing, support groups, short-term counseling, and referral to community-based services" (p. 552). There are

several phases following a crisis: recoil-immediately after the crisis, post-impact (days to weeks) after the crisis, and recovery/reconstruction-months or years after the crisis (Brock & Jimerson, 2004). Each of these phases must be considered and possible community-based referrals must be made for long-term support for those most affected by the crisis.

It is also essential for crisis response procedural guidelines to include care for the caregivers (Jimerson, Brock, Woehr, & Clinton-Higuita, 2006). School mental health professionals should be given the opportunity to debrief, receive support, evaluate the effectiveness of the intervention, and plan the necessary changes to deal effectively with the next crisis (Jimerson et al., 2006).

Informed consent. In order to assure that children and adolescents can have access to immediate services after a school-related crisis, the school administration should send a letter to parents at the beginning of each school year explaining the school procedures for handling crisis situations and their aftermath. The letter should state that students will be educated in how to deal with a crisis and, in the aftermath, will be offered the opportunity for group support and debriefing if such a crisis occurs. The school should then be ready to send consent requests immediately after a crisis if it becomes necessary for an intervention to take place at school.

School crisis teams. Some rural school districts have school crisis teams. Crisis team members should have mental health experience and experience working with groups. Therefore, trained mental health professionals, such as school psychologists, social workers, and counselors must be the leaders of short-term crisis intervention and debriefing groups. These organized teams are essential in providing immediate psychological first-aid to assist with student well-being and safety (Jacob & Feinberg, 2002).

Classroom interventions and cognitive behavioral therapy. Classroom presentations provide support to a large number of students after a school crisis (Sheras, 2000). These presentations can be used to provide information about the crisis and can help begin crisis intervention (Nader & Muni, 2002). Classroom presentations can be used to defuse strong emotions (Furlong, Pavelski, & Saxton, 2002).

Some classroom interventions include teaching relaxation techniques and coping skills to students and teachers. Structured presentations, such as those found in *Support for Students Exposed to Trauma (SSET),* based on the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), were created to help school staff work with traumatized children (Openshaw, 2011). CBITS is sponsored by the National Institute on Mental Health and is endorsed by the National Child Traumatic Stress Network (NCTSN). It has been described as a promising research-based practice (Jaycox et al., 2009).

Support groups. Support groups are an effective tool to offset the effects of grief and trauma (Chibbaro & Jackson, 2006; Huss & Ritchie, 1999; Layne et al., 2001, 2008; Stein et al., 2003; Tol et al., 2008; Worden, 2009). In support groups, children and adolescents have the opportunity to speak freely about their feelings and gain comfort from helping others who are grieving (Sormanti & Ballan, 2011). It is difficult to use ongoing support groups in schools

because of the scheduling problems presented by the large number of students who need support and because the groups keep students away from the classroom where they need to do their academic work.

Traditional support groups for grief are difficult to manage in the public schools. Setting up a regular time for a long-term support group is difficult. Students are usually penalized if they miss the same class period more than once. Therefore, students should not miss the same class more than once or twice in order to attend the group. Many class periods are 40 to 50 minutes in length, which is not enough time for a student to address his or her feelings (Openshaw, 2011).

Adequate time for closure of each session must also be provided. There is a possibility that spending time dealing with trauma at school may retraumatize some students if there is not adequate time for closure in each session. Finally, students who open up and express feelings of loss and fear often are not in a position to return to class because they are upset. If a student returns to class upset after dealing with grief, the teacher and principal may soon become hesitant to send students to the groups (Openshaw, 2011).

Thus, the best time to run grief groups is during the last period of the day or after school. But even this time has its problems. Many schools have athletics and other extra-curricular activities during the last period of the day and after school, and those attending the support group would have to miss these activities. Accordingly, these groups are extremely difficult to manage at school. Moreover, transportation becomes a major issue if students stay after school to attend grief group activities. School buses run on regular schedules, and students cannot expect the buses to wait for them. Rural communities usually do not have public transportation, so if students miss the school bus because of their participation in grief groups, students whose parents have not arranged for rides do not have a way to get home from school.

Debriefing groups. Debriefing groups are time limited, have a specific purpose, and should be open to anyone who needs to deal with the immediate effects of traumatic grief and trauma. However, some students do not feel the need for help immediately after a crisis. If students express the need for support at a later date, then cognitive behavioral therapy has been shown to reduce the incident of PTSD among people exposed to traumatic events (McNally, Bryant, & Ehlers, 2003).

Debriefing has increasingly come under fire over the past 16 years (Everly & Mitchell, 2000; Mitchell & Everly, 2001). However, in school settings, modified debriefing has been found to be helpful and accepted as a standard intervention for children immediately following a traumatic event (Brock et al., 2009). In fact, Brock et al. (2009) supports debriefing as an intervention for students who are experiencing grief and trauma, particularly for those students who were not directly involved in the traumatic event but were indirect or secondary victims. Also, Brock and his colleagues (2009) believe debriefing should last as long as necessary and should be integrated into a larger well-organized crisis intervention support system.

School mental health professionals should not focus crisis debriefing and support groups on maladaptive patterns but, rather, should focus on client strengths that can help restore

equilibrium, hope, and trust (Chen & Rybak, 2004). Using a strengths-based approach in crisis intervention groups helps victims find positive challenges as a substitute for dwelling on the losses that occurred. A strengths-based practice focuses on what is positive in the individual's situation rather than what is going wrong. Teachers may view crisis situations and trauma as struggles and injurious, but they may also be sources of challenge and opportunity (Saleebey, 1997).

Teaching coping skills. Learning some coping strategies to deal with grief and loss is essential (Fisher, Jimerson, Barrett, & Graydon, 2010). Any group or individual intervention should include some of the following activities to help teach coping skills. First, participants must be educated about grief and the grieving process as well as about death and trauma. Next, the participants should share their stories about the person who is gone or about the crisis precipitating event. Then participants should be guided to discuss what has already changed in their lives at school, at home, and with peers so that students can share their reactions to the changes. Participants should receive help in discussing any unfinished business from the crisis (things they missed out on or things they did not get to say or do). The participants should identify some positive coping abilities that they already know and then learn new coping skills such as relaxation techniques or health promoting strategies (Fisher et al., 2010). When a group is involved, the participants should be asked to share how they feel about the group ending, and should be asked if they need any additional support.

Educating teachers and administrators. School personnel need to be aware of the effects of trauma and grief. Learning becomes difficult for students when there is a traumatic event or school crisis. Wong (2008) states, "In mental health as in education—trauma leaves children behind" (p. 400). Where there is an intervention after a school crisis, it is usually provided by the available school counselors, psychologists, and social workers, or a school or district crisis team. However, teachers as the front line personnel may discover how a child is reacting to a crisis either through the child's change in behavior or because the child tells the teacher. "Children are most likely to select someone they know with whom to discuss their loss" (Reid & Dixon, 1999, p. 219).

Because teachers observe students daily, they are in the best position to assess subtle changes in student behavior and attitudes resulting from trauma and resulting grief. Understanding the stages of grief is crucial for teachers because they may be the first ones to become aware that students are having difficulty moving through the grief process. However, educators cannot identify children and adolescents who are experiencing grief, depression, or PTSD if they do not know the warning signs. Teachers should be considered to be part of the intervention team and should be trained to notice warning signs of grief, depression, and stress to help prevent PTSD in children who have been traumatized (Balk, Zaengle, & Corr, 2011).

Discussion

Three rural Texas students were killed when they were walking on the side of a poorly lit highway and were struck by an automobile while returning home from visiting a friend. The students' deaths triggered a series of events at school and in the community as everyone rallied to support the families and cope with their loss.

The rural Texas school district where the students attended school provided support to any student who was affected by the death of the students. At both the high school and middle school, students were invited to visit with the school social worker, social work interns, or school counselors the first school day after the accident occurred. The schools ran debriefing and follow-up groups to allow students, staff, and faculty to discuss their feelings. These groups took place immediately after the accident. A week later, the school staff again ran grief support groups for any student who needed to talk. One of the social work interns also provided group support in Spanish for students in English as a Second Language (ESL) classes.

It was learned that the families of the students who were killed needed help with funds to pay for the funerals. The community became involved in raising funds to assist the families. The social work interns collected funds from classmates of the deceased students and faculty at their school.

The community leaders reviewed the scene of the accident to determine if there was a need for better lighting. There had already been several citizen complaints about the darkness of the highway and the high speed that cars were allowed to travel at the location of the accident. The community also began to use the area as a memorial site: Teddy bears, flowers, letters, and various other tributes were left at the site to help students and other community members show their grief and support.

Analysis

The school district where the deceased students were enrolled had a crisis plan in place and utilized the school mental health professionals in the district to help with the aftermath of a crisis. The school district administrators sanctioned support and debriefing groups, allowed students to be released from class, and provided an appropriate (i.e., private) place for the groups to meet. Teachers also allowed students to miss class without being penalized in order to be a part of the group. The entire school staff had previously been informed about how to refer students to crisis intervention groups and answered questions from parents regarding the groups.

Use of Support and Debriefing Groups

Debriefing techniques were used initially because the school mental health professionals had received training in how to use the techniques appropriately. The district mental health staff had been successful in using the debriefing techniques for several school-related crisis situations such as the death of a teacher and a school suicide. Debriefing and follow-up support groups were used at both the junior and senior high school in the rural district after the death of the three students.

When using debriefing methods, there is usually a pre-determined format to follow which includes specific steps to help students process the events by recalling specific thoughts and feelings. Stallard et al. (2006) indicates that debriefing should include the following six stages:

Stage 1 Introduction. Explain the purpose, format, and rules of the debriefing meeting. (Trauma-focused practitioners may claim that stage one involves providing coping strategies so group members can tell their stories using the coping skills they have learned, which helps to decrease retraumatization.)

Stage 2 Reconstruct the traumatic event from beginning to end in a factual manner.

Stage 3 Focus on the person's thoughts about the trauma.

Stage 4 Talk about the person's emotions related to the trauma.

Stage 5 Draw similarities between the thoughts of all those involved to help normalize their reactions.

Stage 6 End with advice on how to cope with future thoughts and feelings related to the trauma.

The Salt Lake School District (2008) has added the following additional stage:

Stage 7 Follow-up. Debriefers should meet to determine if any students need continued individual help and to identify who would benefit from individual sessions or referral for more extensive grief work.

Because the debriefers also need debriefing, the following stage should be added:

Stage 8 Debrief the debriefers. A session should be held to support debriefers. Help them normalize their feelings, and allow them to express their thoughts and feelings about what they have heard.

Group debriefing sessions should have group rules. These are established by the leader because there is insufficient time for the group to set the rules. The Salt Lake School District (2008) implemented the following rules for debriefing groups:

1. Only one person speaks at a time.
2. Responses should last about one to two minutes.
3. Each person should speak only for himself or herself.
4. There should not be laughter or judging about other group members' statements.
5. Members should not leave after the group begins.

Group members should not be forced to express their feelings. There should be more than one meeting of the group to allow time for group members not only to identify their feelings, but to learn to cope with those feelings. There should be no interruptions once the group meetings have begun. There should also be a chance for each group member to talk for a couple of minutes. The group meetings need to be held in a private space away from the location where the crisis event took place.

After the first group meeting, time should be set aside for individual meetings with each child in the group. After two or three sessions, continued help should be offered to those group members who are still interested in receiving it.

When deciding who should attend a debriefing group, school mental health professionals should include those who wish to attend and should also include those who have experienced emotional, cognitive, or physical reactions to the event, such as nightmares, problems concentrating, recurrent thoughts of the event, feelings about how they could have prevented the event, or guilt. The groups should be age specific because a child's or adolescent's ability to understand and deal with the scope and finality of death varies directly depending on his or her age (Webb, 2011). The middle school and high school students responded well to the debriefing sessions after their classmates were killed because the groups were age appropriate.

Older adolescents may want to lash out after a death or have a forum for their grief (Goldman, 2006). A positive response to such anger is to help them find a way to honor the deceased. Memorials such as memory books assist with bereavement and anger (Goldman, 2006). It is common among adolescents to become involved in creating shrines, taking collections, or doing some activity to remember the deceased. For this age group, debriefing meetings can last up to one and one-quarter hour. The sessions should begin with the group facilitator finding the meaning of the crisis event to each student and what feeling, like guilt, each student is attaching to the event. After the first group meeting, there should be individual meetings with each student.

Morrison (2007) learned from staff and teachers that crisis debriefing in schools had positive results. The middle and high school students in rural Texas were able to discuss their feelings, have them normalized, and received support from several sources including their peers, school mental health professionals, and social work interns. The debriefing sessions took care of the needs of many of the students. Those who were in need of longer term help were placed in a support group run by social work interns. As a result, the students were also able to channel their grief into a memorial for the deceased students and raise funds to help support the costs of funeral arrangements. The students were given the opportunity to find sources for their own well-being. It is important to allow the natural abilities of those exposed to trauma to make their own recovery (McNally et al., 2003).

On a macro scale, the community worked together to heal and find a solution to the problem that caused the death of the students: Lights were placed on the dark highway to make pedestrians more visible.

Follow-Up

Follow-up may not be necessary for everyone who attends crisis debriefing and support groups. The group leaders should determine who needs continued counseling after the initial debriefing sessions end. All group participants should be given the invitation for follow-up if they find it necessary.

Debriefing the group leaders is a necessary step after any traumatic event. Those doing the debriefing are themselves at risk of developing secondary traumatic stress or vicarious trauma. "Vicarious trauma (VT) and secondary traumatic stress (STS) or compassion fatigue both describe effects of working with traumatized persons or therapists" (Jenkins & Baird, 2002, p. 423). These effects, if left untreated, can lead to burn-out. It is essential for group leaders to have the opportunity to discuss what they have heard and their reactions to what they have heard. These discussions follow the same type of format as debriefing. In particular, the debriefing group leaders need to discuss their thoughts and feelings and how they are affected by what they have heard. Debriefing allows the debriefers to become aware of their response to what they have heard and then to release their emotions and thoughts.

Implications for Rural School Districts

There was a school social worker, social work interns, and school counselors in the rural Texas school district where the students were killed after being struck by a car. The school mental health professionals provided immediate help to students and school staff. The community showed strong support to the schools and the families of the deceased students. The community also tried to resolve the poorly lit highway that may have been a factor in the death of the three young students. With the support of the school and community, the families of the three young students received both emotional and financial support to assist in healing.

The lessons learned from this rural community could serve as a model for other communities. The school district administrators were proactive in assuring that the district had a strong mental health support base of school counselors, psychologists, and social workers, as well as social work interns. The district was proactive in having a crisis plan in place. The district administration did not allow themselves to be limited by the normal problems of a smaller population and economic base in order to provide needed services (Hickman, 2004).

Recommendations for Rural School Districts

Rural communities should be proactive in hiring school administrators who understand the value of mental health practitioners in the schools and who will hire social workers and other mental health practitioners with a wider variety of specialized skills and intervention techniques. Likewise, the school district mental health staff should assist in developing a crisis prevention plan, which includes suicide prevention. School mental health professionals should offer training to assist other staff and teachers to recognize the warning signs of severe depression and suicide so they can identify at-risk students. School mental health professionals should help develop an intervention plan to deal with a crisis when it occurs. The school social worker can also be proactive in training MSW students as interns who may then be available to assist with crisis situations. Mental health professionals, along with all school personnel working together, can strengthen rural schools and offset the long-term effects of a crisis-precipitating event.

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Promising Practices in Service-Learning with Grant Writing in Rural Communities

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Abstract. This paper describes the teaching practices in a community practice course that was designed for using a grant writing project with a service-learning component in a rural community. The course and assignments are outlined. Four critical success factors are: commitment to a service-learning pedagogy, flexibility regarding course objectives, engaged students, and committed agencies. Strategic partnerships and successful grant applications are the best evidence that enhanced the experience for the students and agencies.

Keywords: rural social work, service-learning, teaching grant writing

Social work practice in rural and non-metropolitan areas continues to be in an early stage of development in terms of what is known about engaging in effective practice. Authors such as King (2003), Martinez-Brawley (1990), Riebschleger (2007), and others have suggested that rural social workers employ community-based principles and values within a generalist practice framework. Davenport and Davenport (1998) describe a framework for rural practice by conceptualizing the local social services network from a person-environment perspective and practice collaboration. Educational approaches and practice frameworks are necessary for social work competency. For developing social work practitioners this involves the integration of knowledge and skills along with an in-depth understanding about "what it means to perform" (Larrison & Korr, 2013, p. 195). Service then becomes an essential pedagogy toward the development and application of practical knowledge and skills for action and the central form of learning. Service-learning is both pedagogy and a philosophy with the central belief that for meaningful learning to take place it must occur in a curriculum-based, community-based activity (Mennen, 2006). Thus, service-learning is one educational practice that goes beyond the classroom teaching and learning and it is not to be equated with community service. In the case of rural social work practice, integrating service and academic study draws from the wisdom of other social workers practicing with rural people, using the strengths perspective, and blending systems for development of community assets (Riebschleger, 2007). All of these frameworks are beneficial as tools in teaching and learning in social work programs in rural communities because of the unique emphasis on both student learning and performance in community service.

The current article describes community linked teaching and service strategies in a rural community to promote learning in human services. Students were involved in a service-learning assignment in an MSW course where grant writing was used as the primary vehicle for learning. The approach taken and some of the specific findings from the course are described here. This effort should be regarded as a pilot project with acknowledged limitations. The aim is

to highlight perspectives that lead to an understanding of how greater levels of educator, student, and community-based service user involvement in a social work course might be achieved, with particular emphasis on the context of social work education, community asset building, and agency collaborative partnerships (Proctor, 2007). This exemplar concludes by providing education outcomes along with the practical evidence of the efficacy of service-learning in a rural community-based agency and university.

Relevance of the Service-Learning Experience for Rural Communities

Service-learning may be one of the more significant approaches to having a positive impact on students' learning in rural communities. First, service-learning assignments place the service user at the core of service involvement and development. Historically, one of the key tenets of social work education is community engagement and advocacy. As far back as Jane Addams, social workers transformed neighborhoods by providing community-based service and education (Addams, 1910) and this approach was the foundation in the development of experiential learning by John Dewey (Itin, 1997). Addams (1910) used the approach of learning-by-doing in training community workers, and encouraging the development of student knowledge and skills through meaningful service provision. Student participation in practical experiences has been the foundation of learning to think and perform like a social worker since the turn of the 20th century (King, 2003). Service-learning is not passive or didactic and is distinguished in its reciprocal and balanced emphasis on both student learning and community service supported through class lectures and discussion, assigned readings, independent research, and reflection activities to advance the community service opportunities (Cook, 2008). Academic content applies to the real-world situations and social issues the student is experiencing.

The goal of all teaching is for students to finish the course with having a significant learning experience. Service-learning benefits to students are reported to be numerous. In terms of engagement and advocacy, benefits included were (a) improved grades, (b) increased civic engagement, and (c) enhanced job skills (Mooney & Edwards, 2001). Students in service learning courses are looked to by faculty as sources of unique expertise who have a greater understanding of diversity and the needs of their clients (Giles & Eyler, 1994). Furthermore, service participation encouraged increased commitment to the community after the course ended (Batchelder & Root, 1994; Forte, 1997). Thus, service-learning has "positive effects on students' commitment to future community involvement, efficacy, and empowerment" (Knapp, Fisher, & Levesque-Bristol, 2010, p. 233).

Second, teaching practice skills in traditional social work education presents both practical and methodological challenges to students, instructors, and community-based practitioners. Here, experience is the source of learning and service-learning in contrast to well-established courses breaks with traditional teaching philosophies and encourages novel ways of approaching teaching and learning. Service-learning is thought to represent great potential for both development and enhancement of student experience into knowledge through practical meaningful community-based experiential learning when it is carefully implemented. As a form of experiential learning, service-learning is an educational approach designed to promote academic and professional development through community service (King, 2003).

Third, service-learning provides a wide range of services and benefits to citizens and agencies, and gives students the opportunity to apply knowledge and skills from the classroom to real-life community activities. While enhancing classroom learning, students assist with local service strategies to build community assets through investing in resources coordinated in collaboration with the university and community (Butterfoss, Goodman, & Wandersman, 1993). Although service-learning can have its problems, these often occur if the community-university relationship is not well executed and supervised, and if student expectations are not clearly explicated (Bringle & Hatcher, 2002). Blouin and Perry (2009) demonstrated that overall service-learning is beneficial for community organizations and these experiences can have significant and far-reaching effects in education, criminal justice, social, and health service systems which have all incorporated service-learning into their curriculum (King, 2003). To serve the needs of the community, students are contributing a valuable resource, often doing the work of paid staff. This is particularly important in working with rural, small non-profit agencies that have small budgets or unsteady funding streams.

The primary benefit for social work programs using service-learning is the exposure for students to essential community service context for advancing knowledge and credibility for "real-world" professional practice. It uses the classroom instructor's expertise to guide the student in the application of knowledge and skills not generally available in the internship. The National Association of Social Workers (NASW) *Code of Ethics* and the Council on Social Work Education accreditation standards emphasize the importance of understanding the person-in-situation practice framework, which refers to the impact of environmental influences on human behavior. This notion recognizes the interrelationships between people and their social environments, and provides the basis for the service-learning environment. Integrating service-learning into the curriculum gives instructors the ability to expand upon the traditional internship and provide students with additional opportunities to address the challenges faced by agencies and communities (Scott, 2008). Service-learning pedagogy is a natural fit for educators in rural settings.

Finally, an essential feature of service-learning is the feedback element wherein activities are circular and nonlinear in nature, giving instructors the opportunity to evaluate their own teaching by observing student application of knowledge gained through the course. When students undertake service-learning, they are encouraged to engage in a real-world setting while also bringing about change in their local community. Research suggests service-learning results in a number of positive reciprocal outcomes for university students and the community including, "improved learning, a better understanding of citizenship, increased social capital, and the promise of a lifelong involvement with their communities" (Forbes, Wasburn, Crispo, & Vandeveer, 2008, p. 29). These outcomes are achieved by improving the classroom experience through student action, reflection, and application of knowledge (Chupp & Joseph, 2010). In addition to increasing students' awareness of their community and its needs, service-learning may increase understanding of social and cultural diversity, and incorporate community-linked social justice, or institutional change opportunities (Marullo & Edwards, 2000; Mayhew & Ferńandez, 2007).

Course Description and Service-Learning Assignment

In preparation for engaging in a grant writing project, content knowledge acquisition must be considered. Foundations of Community Practice (CP), is a core requirement of the first year curriculum in the Master of Social Work (MSW) program at this small metropolitan university: While located in the state capital, it is a rural southern state with a high rate of poverty, ethnic populations, and underserved populations. All the human service agencies have a great need to attract federal, state, foundation, and other dollars to meet the needs of the population. In the CP course, students are exposed to background reading in community practice as necessary to understand the broader context in which the agency operates, and they must be able to assess and competently apply the community practice theoretical frameworks within the various social systems in the community. Content related to assessment, intervention and critical thinking for practice within communities, and understanding social work values and ethics occurs. Knowledge exposure in this course addresses community engagement, community development, and social policy decision-making at macro, mezzo, and micro levels. Additionally, students come to understand funding mechanisms for various types of human service agencies and organizations.

Proficiency in grant writing is desirable for every social work practitioner, yet most often these skills are acquired through hypothetical assignments in the classroom. Grant writing skills are needed in real-world social service agencies, organizations, and communities. Up until the past three years, the assignment in the CP course was hypothetical or traditional classroom based with no opportunity for direct and active involvement in the learning process and in community work—students wrote a hypothetical grant. The use of experiential learning methods through the service-learning grant writing assignment was developed to help students connect macro theories to real-world settings with the intent of better preparing them for professional practice. By integrating grant writing into the service-learning assignment of the social work curriculum, students began to acquire expertise in this area, while simultaneously providing service to a community agency that did not have the staff or time to carry out these tasks. It allowed students to fully engage in the community and help meet the needs of the population they will be working with for future practice.

Overview of the Assignment

The instructor adopted the definition of rural social work practice suggested by Daley and Avant (2004) to the community development course which takes an inclusive approach to social work in rural communities and to also include the concept that rural social work is not just work carried out in rural areas, but wherever rural people are found. This "perspective leads social workers to focus on aspects of resource development, building on community strengths or assets, and community building" (Daley, 2010, p. 3).

Students are required to be directly involved and responsible for developing a tangible grant proposal for a social service agency or community organization which is to be sent to a funding source. Students collaborate with the agency where they carry out their field practicum, but the grant proposal assignment is not a part of the internship requirement—it is distinctly separate. Students may identify a need in which funding is desirable, but if the agency has

already established a need, the student must complete the project based on the agency's preference. As part of this assignment, students must sign a formal working agreement with the agency specifying their respective responsibilities to complete the grant proposal, complete a client profile, and research and identify three funding sources. Agencies agree to provide students with the information necessary to complete the work but the agency submits the final proposal. If the student is not currently enrolled in a field practicum or the agency does not want to collaborate on the assignment, then another service organization is located (an organization in need of a grant writer is not difficult to locate).

The grant writing component of the CP class has been in place for the past 15 years; however, it has only been in the past three years that students have been required to complete a valid grant proposal as a service-learning project. During the initial part of the semester, students are introduced to the fundamentals of grant writing, community practice methods, and administration, and they carry out the assignment during the last eight weeks of the semester. Upon completion, students are required to make a formal presentation of the final grant proposal to the class and agency for which they have completed the grant. Students receive a great deal of oversight from the instructor in the development of the grant proposal. While they only have eight weeks, the assignment is completed in stages. They receive prompt feedback on each part of the grant that is submitted to the instructor.

Student Reflective Assignments

It is important to understand how students engage in and experience service-learning activities in conjunction with grant writing. There are several ways in which these students are providing feedback to the teaching and educational design of the community practice course. The first has to do with monitoring for student and community agency satisfaction with the grant for quality assurance from beginning to end. This occurs through reflective assignments during the service-learning experience and at the end of the course. Continuous reflection not only builds critical thinking skills, it allows the student to integrate their experience into the repertoire of their newfound professional abilities and competencies. There are a wide range of reflective activities that are integrated into the service-learning experience such as journals (e.g., personal, dialogue, key phrase, etc.), reflective essays, directed writings, experiential research papers, service-learning contracts and logs, case studies, structured class discussions, student portfolios, class presentations, and E-mail discussion groups along with many others. These activities require students to continually think about their experience, connect the experience back to the course objectives, challenge themselves to move away from superficial thinking, and finally to contextualize the course content in a meaningful way (Connors & Seifer, 2005). Feedback is open throughout the service-learning period, allowing the instructor to provide instant feedback to the student and the agency.

In addition, prior to beginning their assignment, students in the CP class are asked to reflect on any concerns they have going into the service-learning experience. Over the past three years, approximately half of the students reported no concerns while a third reported feeling anxious or unsure they have the skills to write a grant, while others indicated not wanting to let the agency down if the grant was not funded.

The third important subjective experience concerns the ways in which student expectations are being met through the course and service-learning. The stress of time constraints to complete the grant along with other competing demands on their time is often cited in student reflective papers. In their reflections, during the time of writing the grant, students report surprise on how time consuming it is to actually research and write a grant. Others expressed a desire to know more about the process involved in writing a grant prior to enrolling in the class. The most common theme centers on the agency, and the importance of having an understanding and open line of communication and feedback with students so that some adjustment over the time is understood for the student to work effectively in the service environment.

In their final reflective assignment, students are overwhelmingly positive with the vast majority stating that writing a grant for a real organization is a good assignment with learning enhanced through this real-world experience. A deeper understanding of grant writing as a process is appreciated as is learning to work with the network of relevant stakeholders.

Students indicated that grant-writing skills will be helpful in future employment. When asked to reflect on the question: "Do you think you learned or gained more from your service-learning experience than you would have gotten if the time spent on the grant writing was spent in the classroom or done as an academic exercise?" students are overwhelmingly positive in their comments. As one student stated:

> *YES! I enjoyed dealing with a real agency, real problems, real people with real time constraints, and other bumps in the road. It wasn't as smooth and easy as I thought it was going to be. A very good learning opportunity! Glad I didn't just do it in the classroom or make it up.*

Practical Promising Practices

Several factors contributed to the successful implementation and effectiveness of this service-learning course. Six critical factors are summarized below.

1. Service-Learning Pedagogy
The instructor has extensive teaching experience and shares a strong passion for service-learning as an educational frame of reference for student academic learning. Service-learning through the community practice course is designed to be engaging, motivating, and to invite innovative learning while addressing diverse community service organizations through grant writing to develop community assets. As with most courses, it is essential that the instructor thoroughly orient students to the concept of service-learning at the beginning of the course. This is done by reinforcing the outcome of the course—the grant and drawing connections between community practice course content and the needs of the agency in the grant. Students need a realistic picture for the amount of work the service-learning assignment will place on their time, (such as approximately the hours over the course of the project) emphasizing time-consuming research and legwork. This must include an understanding that students may have little control over problems or situations that can challenge them in the course of carrying out the development of the grant.

2. Service-Learning is Not Volunteer Work

One of the key concepts related to service-learning is that it has to be a reciprocal relationship between student learning and agency needs. Service-learning allows students to practice in a safe environment what they will be doing in real practice. Students appreciate this. It is stated over and over again. Comments from reflective papers indicate the following:

> *I'm glad I did this assignment, it was really hard . . .*
> *I feel like I can do this again for real!*

Students are providing a service to the agency (the grant), and are learning how to write a grant, and in return should expect that the agency will share information they need to complete the writing of the grant. Agencies must be prepared to share program and budget information.

3. Be Flexible Regarding Course Objectives

Course objectives are important; however, remember the grant writing assignment is tied to the objectives of the class, and of course to student learning. Do not worry if course content drifts toward the real-world setting, as this reflects the experience of day-to-day professional practice. Consider that the necessary skills and resources will unfold. Things don't always go as planned, but that's OK too because that is what happens in real-life . . . you know the lemons into lemonade thing! Have a "Plan B." For instance, one student worked very hard but half way through the grant the agency reversed course and wouldn't cooperate. She was required to write the grant as a simulation. It was still a learning experience, and she carried out all her responsibilities, and produced a beautiful product that she could feel proud of.

4. Skill Development

Instructors must engage in activities with students to stimulate their learning and develop their skills. This requires students and instructors to interact with the agency and peers for a significant level of support and encouragement during the writing of the grant. While this may be time-consuming, students rely on the guidance and support of the instructor as they negotiate the various challenges they may encounter. Elements of successful grant writing were presented in class lectures and discussion, and examples completed by prior students are provided. Motivate students by reminding them they already have many of the skills they need to carry out the development of the grant. The grant proposal essentially puts into practice knowledge gained in the classroom and applying this to real-world service problems or populations. This may include interpersonal communication skills, and politically navigating an organization or community. Students gained experience in writing a grant proposal in collaboration with the agency.

5. Strategic Partnerships are Expected and Essential

Build on existing partnerships in the community. In rural areas it makes sense to proceed where existing partnerships are well developed. Of course, sometimes the agency doesn't cooperate or students don't do their part either. Students need to treat this

as a professional responsibility and be held to that standard. Be ready for the unpredictable, but understand the importance of community relationships and connections, and nurture those relationships (MacTavish et al., 2006). This is very important as the instructor for the grant writing project must find organizations that are willing to partner and trust inexperienced students with the writing of the grant. If the agency experiences a problem, the instructor is in contact immediately with them.

6. Reflection and Revision

It appears from the reflective elements of student feedback assignments that service-learning highlights learning as very positive, and the course content as much more interesting and relevant to real-world issues and challenges. Although some student comments acknowledge that the assignment can be difficult, it is useful to consider how this may be improved perhaps through a higher level of engagement with the service organization to enhance student learning. The process of reflection and revision invokes ascertaining what needs to be changed from the previous year to the next so that the course can be improved. Draw on the results of evaluation to determine what worked well and what is in need of change. Finally, use former students who were successful to come and talk about their grant to the class and what factors they think made a difference, some of the problems they encountered, and what they did to overcome those problems. Another activity used is to have students read and evaluate real grants that have and have not been funded. Students work in groups at least three or four times and discuss the pros and cons of the grants. Role-play a grant review board to simulate sitting on the board of a foundation or agency making the decision.

Grant Contributions to the Community

Over the past three years, students have completed an array of grants that have been successfully funded and benefitted the community in multiple ways. Each year close to 80 grants are written by students and the result of awards and grants include:

- One $500 grant to a neighborhood association to start a web based newsletter.
- One $500 grant to a women's shelter to start a preschool reading program.
- One $1,000 grant to develop a vegetable garden at a local school in an impoverished neighborhood.
- One $2,000 grant for symphony members to visit elementary public school children over one year to expose the children to classical music and instruments.
- One $5,000 grant to set up a playground for children at a women's shelter.
- One $6,000 grant to create community gardens in low income neighborhoods around one city.
- A hospital received a $500 grant for a translator phone to allow hospital staff (i.e., doctors, nurses, etc.) the opportunity to work with Hispanic (primarily) patients on the site. There are few qualified linguists in this rural area and they are expensive to use. The telephone service will allow them to more competently assist their patients.

- One $20,000 grant to develop the infrastructure of a new agency for youth aging out of foster care.
- A foster care shelter for teenage girls received $2,500 for a bathroom renovation and a washer and dryer.

Service-learning increases students' awareness of their community and its needs. Successes may occur after leaving the course. For example, two students who graduated from the service-learning grant writing course two years ago just received nearly one million dollars for an agency they created. This faculty member was asked to serve as the consultant in the development of the grant. Grant successes may also be unknown by the faculty member because students graduate and follow-up is not available.

When grants are unsuccessful, the agency or organization has the foundation for future grant proposals and applications. As a bonus, students have been able to utilize their grants as part of their employment portfolio. While this service-learning component has only been in place for three years, the effect of grant writing is potentially a long term, collaborative partnership between the service users and the university toward asset building. In a recent interview, two alumni discussed the impact of grant writing on the development of their own agency and its continued viability. Many others spoke of their job responsibilities wherein grant writing was an essential component. Going forward, alumni will be surveyed to assess their use of these skills for long-term community engagement.

Despite the focus of the grant, Howard (2001) suggests that it is important to emphasize the difference between service-learning and the addition of a community service option or requirement for a course. "Rather than serving as a parallel or sidebar activity, the students' community service experiences in academic service-learning function as a critical learning complement to the academic goals of the course" (Howard, 2001, p. 57). This interpretation of service-learning is congruent with Honnet and Poulsen's (1989) principles of good practice for combining service and learning which recognize that service and learning are reciprocally related, "the service experiences inform and transform the academic learning and the academic learning informs and transforms the service experience" (Howard, 2001, p. 57).

Recommendations for Teaching Service-Learning

Preparing social workers to address dynamic policy changes, fluctuating resources, and changing service demands with shifting populations provides a challenge to educators. So often instructors use hypothetical assignments to achieve course objectives and build professional competency when other methodologies may be available for enhancing learning and engaging students in a meaningful way. Research as well as the authors' experiences suggests service-learning provides students with the opportunity to practice their growing professional skills while making a contribution to the community. Service-learning and grant writing closes the gap between static teaching assignments and the fluid demands for social work service. Despite the fact that these assignments are often more difficult and time consuming, students not only prefer to carry out this type of exercise, but are more engaged when they do so, thereby increasing their ability to learn. Service users applaud the collaborative partnership with the

university as far more relevant to the preparation of professionals. One of the most compelling arguments for integrating service-learning into courses comes from Saulnier (2004) who states:

> Despite the fact that research has shown that we remember only 10% of what we hear, 15% of what we see, and a mere 20% of what we see and hear, these remain the basic sense modalities stimulated in most education experiences. Service-learning strategies recognize that we retain 50% of what we do, 80% of what we do with active guided reflection, and 90% of what we teach or give to others. (p. 7)

A growing body of research suggests the integration of service-learning is a valuable approach and improves academic achievement across a wide range of disciplines and for social work education as well (Biskin, Barcroft, Livingston, & Snape, 2013; Giles & Eyler, 1994; Gray, Ondaatje, & Zakaras, 1999; Markus, Howard, & King, 1993; Saulnier, 2004). Community engagement through service-learning is a dynamic, collaborative process whereby faculty, students, and the community can partner to link learning with service to the community. Most important, for social work students who plan to practice in rural communities where they often practice in isolation, generalist skills are extremely valuable, grant writing is an essential development tool, and service-learning gives these burgeoning social work practitioners the opportunity to practice these newly formed skills in a supported environment.

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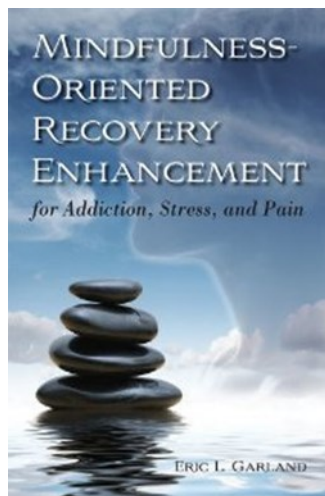
Book Review
*Mindfulness-Oriented Recovery Enhancement for
Addiction, Stress, and Pain*

Eric L. Garland
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Garland's book is a hybrid between a scholarly work that details the conceptual framework of MORE (Mindfulness-Oriented Recovery Enhancement) and a treatment manual, which explicates how to conduct MORE sessions with clients who have substance dependence problems. MORE is based on mindfulness conceived both as a set of "contemplative practices as well as . . . the distinct psychological states and traits cultivated by these practices" (p. 3). However, contrary to the author's claim, MORE is not innovative "in the sense that it combines mindfulness techniques with principles drawn from cognitive therapy and the positive psychology literature" (p. 5). Numerous authors such as Kabat-Zinn (2011); Segal, Williams, and Teasdale, (2002); and Watts (1975) have developed mindfulness-based therapy models with emphasis placed on cognition. Garland's approach is unique because it is brain-based and focuses on substance-related disorders, especially substance dependence.

MORE is rooted in the stress-vulnerability model and attends to relapse as a central problem for recovering people and counselors. Garland's clients are taught an array of coping skills including sensory awareness, cognitive reappraisal, emotional regulation, stress dampening, savoring, shifting attentional bias, decreasing neural and emotional reactivity, and thought suppression. Savoring is an especially pertinent and novel construct that Garland describes in great detail. In his chocolate exercise, savoring is used as an antidote to craving. In one sense, savoring approximates what Glasser (1976) called "positive addiction." Savoring involves full sensory awareness and functions as a form of enactment by which the client becomes aware of cravings and his or her capacity to control them.

Mindfulness-Oriented Recovery Enhancement for Addiction, Stress, and Pain should be viewed in the larger context of mindfulness-based cognitive therapy as a contribution to the literature. However, practitioners need to be cautioned that the evidence-base, while promising, is far from conclusive.

To his credit, Garland provides a nine-page synopsis of quantitative and qualitative research on MORE. In one study of recovering alcoholic-dependent individuals in a therapeutic community, Garland and his colleagues found that MORE reduced participants' stress levels by 30% when compared to participants in a comparison support group. Participants in MORE also

engaged in significantly less thought and emotion suppression compared to members of the support group. Research has demonstrated that thought and emotion suppression may actually increase a recovering person's vulnerability to relapse.

In the same study, MORE participants demonstrated, through the use of a spatial cueing task, a significant decrease in alcohol attentional bias when compared to participants in the support group. Garland, Gaylord, Boettiger, and Howard (2010) noted that individuals who showed the greatest increase in thought and emotion suppression also showed the greatest decrease in alcohol attentional bias.

Garland's references include 15 citations of his own works. A quick literature search by this author uncovered two additional citations not found in Garland's book. Nonetheless, the body of evidence supporting MORE is limited. Most of Garland's works have been published within the past 2-3 years with one article published in 2007. Several articles were in press when *Mindfulness-Oriented Recovery Enhancement for Addiction, Stress, and Pain* was published.

If used in clinical practice, MORE should be qualified as an experimental treatment that may or may not benefit the client. Given its practical, experiential focus, social workers should find MORE to be easily adaptable to rural practice settings with a diverse clientele. Social work educators who are preparing students for practice with addictions in rural settings will want to use the MORE treatment exercises in class because they are potentially powerful as teaching-learning tools.

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Book Review
Until Tuesday: A Wounded Warrior and the
Golden Retriever Who Saved Him

Montalván, Luis Carlos
2011
New York: Hyperion
288 pages
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The book, *Until Tuesday*, has been described as heartwarming, inspirational, and thought provoking, yet delivers the harsh realities of how war changes those who experience it. The book illustrates how, through the use of discipline and awareness, one can work toward achieving their personal best after the pain and damaging effects of trauma. Luis Montalván, the book's author and an Iraq War veteran who earned two Bronze Stars, the Purple Heart, and the Combat Action Badge, gives a soldier's perspective of war and shares a journey of raw perseverance towards recovery from psychological and physical wounds left from war. The journey is shared with the saving grace of his service dog, Tuesday. Montalván's autobiography helps readers better understand the condition of Post-Traumatic Stress Disorder (PTSD). Clinically diagnosed with PTSD, Montalván describes the classic symptoms of hypervigilance, lack of sleep, nightmares, and feeling detached and isolated. Across the country in cities and suburbs, and in the most rural communities, veterans are quietly suffering from symptoms of PTSD. These veterans are reluctant to come forward and who feel little hope for recovery. By sharing his own physical and psychological responses from combat exposure, Montalván's creates awareness among fellow veterans that may help them identify and validate their own symptoms. Through work with therapy, self-reflection, and with the help of Tuesday, Montalván's story illustrates that a better quality of life can be gained by veterans who are challenged with the condition of PTSD.

The book begins by telling of Montalván's beloved Tuesday and his unique training and development at East Coast Assistance Dogs[1] (ECAD) and Puppies Behind Bars. ECAD is a nonprofit organization that trains dogs for the disabled, and Puppies Behind Bars is a program that pairs wounded war veterans with service dogs. Meeting Tuesday was the beginning of Montalván's journey in gaining a newfound sense of control from the intrusive symptoms of PTSD. Tuesday's presence helped lessen the intensity of Montalván's hypervigilance, and helped with biological effects, allowing Montalván to become more comfortable in social and public settings. Montalván and Tuesday's relationship helps Montalván overcome emotional numbness, and offers him better quality of sleep—the opposite of PTSD symptoms.

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[1]The name was changed to Educated Canines Assisting with Disabilities (ECAD). This nonprofit organization currently trains dogs at five residential centers in the New York area. For more information visit http://ecad1.org

Captain Montalván's story of military service and experience in combat helps the reader understand how PTSD can manifest itself from exposure to combat. A reflection of Montalván's combat service in Al-Waleed, Iraq, is shared in chapters four through seven. Deployment is described as being a time of living in constant fear of danger. His unit's mission in Al-Waleed was to prevent arms and insurgents from crossing into Iraq from Syria. It was successful and Montalván became a target for this reason. His worst fear came true when he was ambushed and physically attacked. The damage from the attack left Montalván with three cracked vertebrae and a traumatic brain injury. Upholding the military values of duty and a sense of cohesion with comrades, Montalván refused to seek medical attention beyond a MEDEVAC and several days of treatment at a Forward Surgical Team (FST). Despite excruciating pain, Montalván returned to duty in Al-Waleed four days after his attack. Alertness turned hypervigilant, and sleepless nights resulted in exhaustion. The assault would haunt Montalván for many years to follow.

In 2004, the unit returned to Colorado. The return offered Montalván rest and reflection. In Colorado he began recognizing patterns in behavior with anxiety, hypervigilance, and experienced nightmares. Montalván loved the military and was reluctant to self-report mental health issues as it might have jeopardized his career. Characteristics that embody a soldier had become a part of his DNA. Like most soldiers who leave the war zone, Montalván could not adjust to civilian life. Not only had he adapted to military culture, but the completion of the mission outweighed a sense of security and relaxation. When duty called to return to Iraq, he was conflicted but reported to duty. The second tour was much different than the first. Montalván began to question the mission and his mental and physical condition worsened. On September 11, 2007, Montalván was honorably discharged from the U.S. Army.

Chapters 8 through 12 share more of the bonding relationship between Montalván and Tuesday and how they learned to work with one another. Though meeting Tuesday was a turning point towards recovery, Montalván's journey ahead would prove challenging. Desperate for relief from nightmares, flashbacks, and anxiety, Montalván remedied with the help from alcohol. By so candidly sharing his struggles for relief from PTSD symptoms, Montalván helps by validating readers' similar physical and psychological responses left from combat and ways of coping. Chapters 13 through 15 further describe the intrusiveness of PTSD and addresses stigma associated with mental illness. Montalván's father knew his son had changed as a result of war and in one brief moment prompted by fear, demanded, "You're not going to be another broken soldier" (p. 139). His father's words minimized the struggles with the psychological wounds of war and caused Montalván to feel great pain losing his father's respect. Misunderstanding the condition of PTSD reinforces shame and guilt—preventing those in need to connect with mental health services and causes those struggling to feel alone.

Chapters 15 through 20 discuss issues of discrimination that disabled veterans with service dogs encounter. It reminds us that disabled veterans face reintegration challenges of isolation and alienation into society. The reader gains a better understanding of the stressors of returning veterans. Montalván points out that continuous quality care is critical for healing and recovery. He credits the help of a therapist, his service dog Tuesday, and the support of family and friends with his progress. It would have been helpful for health providers if Montalván would have provided his perspective with how to better reach clients.

Before a veteran can begin a regimen of health care that addresses mental health issues, the conditions first need to be identified. With a large number of veterans returning home from multiple deployments, and who have been identified as having a higher risk for mental and physical injuries, it is crucial that service providers recognize potential health risks. Many combat veteran Reservists and National Guard members are coming home to rural communities miles away from Veterans' Affairs Health Care Systems. The logistics emphasizes the need for outreach and awareness among healthcare providers. Social workers who provide service to health care systems, child and family systems, and mental health systems need to understand veterans' mental health risks and connect veterans with needed services. Not only are veterans empowered and validated by reading Montalván's book, but social workers and others can gain valuable military cultural competence that will aid them in understanding the world from which a veteran operates. Montalván challenges veterans to become an agent of change against the symptoms of PTSD. This can be accomplished through education, professional help, and by creating a network of support.

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