Challenges in Rural Social Work Practice: When Support Groups Contain Your Neighbors, Church Members, and the PTA

Michael N. Humble, Melinda L. Lewis, Diane L. Scott & Joseph R. Herzog


To link to this article: http://dx.doi.org/10.1080/01609513.2012.753807

Published online: 28 Mar 2013.

Submit your article to this journal

Article views: 1784

View related articles

Citing articles: 1 View citing articles
Challenges in Rural Social Work Practice: When Support Groups Contain Your Neighbors, Church Members, and the PTA

MICHAEL N. HUMBLE
Master of Social Work Department, California State University Stanislaus, Turlock, California, USA

MELINDA L. LEWIS, DIANE L. SCOTT, and JOSEPH R. HERZOG
Department of Social Work, University of West Florida, Pensacola, Florida, USA

Rural social work occurs in unique practice environments with challenges and rare opportunities. Strong social ties, commonly found in rural communities and often missing in urban areas, can serve as sources of resilience for group members facing adverse life circumstances. Therapeutic formal and informal support groups, bolstered by this support and led by social workers in rural communities, can face numerous challenges due to locale, lack of transportation, and potential worker burnout. This article highlights ethical considerations rooted in a theme of rural group work while providing helpful hints based on the IASWG Standards for Social Work Practice with Groups.

KEYWORDS rural social work, social work groups, rural support groups, IASWG and AASWG Standards

INTRODUCTION

Social workers are a much-needed commodity in rural communities across the United States. With 16% of U.S. citizens residing in rural areas, often that population is overlooked for basic mental health services (Chiotakis, 2011). The residents of these communities are often unique in that many times...
they are multigenerational, resistant to outside service providers, and wary of psychological interventions. Social workers who have taken on the challenge working in this arena are faced with multiple challenges and rewards due to the location and solitary nature of their job. Unlike social workers who have support from coworkers or face-to-face supervision, many times rural social workers must perform their tasks in isolation.

Many rural communities lack the resources to provide comprehensive care. Pistella and Bonati (2000) found multiple social barriers in their work on improving perinatal care in rural patients, including lack of medical insurance, shortage of health care providers, transportation issues, and health care systems that are unresponsive to those in poverty. They also discovered, not surprisingly, that “as agents of change, the social workers . . . called upon their knowledge and skills as clinical social workers, group workers, community organizers, researchers and administrators” (Pistella & Bonati, 2000, p. 12). In essence, social workers in rural communities are required to take on multiple roles because many times they are likely to be the only social worker within a 100-mile radius.

Social workers in rural settings are challenged by the need for a breadth of practice. Exploratory research by Riebschleger (2007) with rural social workers stressed a need for social workers to “engage in ongoing, comprehensive, rural community assessment and interventions to help meet community needs” (p. 206) to effectively practice in rural environments. Riebschleger’s focus group recommended that rural “social workers systematically assess unique community strengths, challenges, and ‘vertical and horizontal’ structure” (p. 206). The focus group suggested that the rural social worker appreciate that “nearly everything is connected” (p. 212) in small communities and towns and that the social worker use these connections with neighbors and church members as avenues for change within the helping process while simultaneously managing intersecting roles as a resident and community member.

This article explores a variety of factors unique to rural social work. New and experienced social workers practicing in rural situations could potentially face conflicts with the social work code of ethics, Council on Social Work Education (CSWE) social work professional education, and elements of the International Association for Social Work Group (IASWG) Standards for Social Work Practice with Groups. A special emphasis is placed on rural social work group practice in this article.

**ETHICAL CONSIDERATIONS**

A familiarity with local community history and traditional community member roles and customs serves as a valuable asset to the rural social worker when planning the development of a group. Sections B subsection 1d of the IASWG Standards states that social workers conducting groups must
Challenges in Rural Social Work Practice

have knowledge of “the capacity of members to contribute to social change in the community beyond the group” (Association for the Advancement of Social Work with Groups [AASWG], 2010, p. 4). Although this fundamental task may be more common in urban settings, where physical distance plays a role between group members and facilitator, what happens to groups in rural communities that consist of members who are balancing dual roles and relationships? Some basic skills that may help facilitate this task could be a list of group norms posted for each session. These norms might include clearly delineating boundaries for how to respond when members meet outside the group, reinforcing confidentiality among group members, and identifying instances of dual relationships as they may occur in that specific community.

One of the core knowledge areas of the Standards specifies that social workers understand “the familial, social, political, and cultural contexts that influence members’ social identities, interactional styles, concerns, opportunities and attainment of their potentials” (AASWG, 2010, p. 3). For the rural social workers living in the same small town or community in which they practice, this can be a daunting task as they attend church, interact in multiple roles with the local school (as parent and social worker), shop at the same stores, or even have multiple relatives in common in some instances. It is easy to see the inherent risks for a social worker taking on the challenge of group work in rural settings due to the blurring of boundaries as the roles of professional and resident overlap in rural areas. Although there are also distinct advantages in understanding and having a personal view of the person in the environment; concerns may arise around issues of confidentiality, dual relationships, conflict of interest, and professional integrity (AASWG, 2010, p. 17; National Association of Social Workers [NASW], 2008).

Understanding the limits and maintaining confidentiality is an essential part of every social worker’s daily tasks (NASW, 2008, 1.07). For group social work, the standard regarding confidentiality includes, “maintaining group records and storing them in a secure location” (AASGW, 2010, p. 17). This may be a straightforward task for a social worker who resides in an urban or suburban setting and works in a community mental health setting, but what about the rural social workers who work in multiple settings or uses one of the rooms in their home as an office? Also imagine this social worker conducts private practice individual and group sessions at their home.

Now, one final urban challenge: a social worker is trying to start a support group for HIV-positive people to reduce transmission rates in the community, something social workers should be pursuing as rates of infection in rural areas, especially the South, continue to skyrocket (Peterson, Rothenberg, Kraft, Beeker, & Trotter, 2009; Sternberg, 2005). But would anyone actually attend this group? Would community members take extreme measures such as attempting to break into the home of the social worker to try and find out who in the community was HIV positive? Or, could the social workers’ homes be vandalized or their property damaged, or worse,
burned, by neighbors who fear or are uniformed about HIV and AIDS? Fear of being identified, stigmatized, or ostracized by the community may prevent members from attending such a group. Brier (2006) recounted the story of a group of parents who protested outside of a school in the 1980s because they did not want their children attending school with another student who was known to be living with AIDS. All of this suggests that the simple task of storing records and conducting groups may become very difficult based on location.

Avoiding dual relationships is another ethical area that, on the surface, seems very clear for those who do not live in the same area where they practice social work but becomes more fuzzy when clients and social worker all cohabitate in the same neighborhood, quite a common phenomenon in rural social work. The *Code of Ethics* (NASW, 2008) advises social workers to take precautions to avoid dual relationships but also suggests “when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries” (Section 1.06, para (c)). Discussion or the use of role-play scenarios regarding these issues during supervision or in social work practice-related courses can help prepare social workers to successfully navigate these very real client situations.

It is crucial for social workers to have self-awareness and skills to negotiate these issues, boundaries, and systems not only to avoid ethical violations, but also to foster helping relationships. After all, the *Standards* specify, “After each session, the worker should debrief and plan with the co-facilitator (if there is one) and arrange for consultation and/or supervision on a regular basis” (AASWG, 2010, p. 8). This assumes that such individuals as a co-facilitator are easily accessible to the social worker. Paramount within this discussion is to remember that social workers need to practice self-care and engage in reflective practice (Sect I.B.3J, AASWG, 2010, p. 6) to avoid burnout when navigating these systems. Abu-Bader (2000) found that work satisfaction and burnout among social workers were directly linked to strong working relationships, good supervision, and positive working atmosphere. All three of these components are likely to be lacking in social workers who practice in rural settings. Further, research by Ben-Zur and Michael (2007) has found a link between social support and burnout among social workers. What does the rural social worker do to supplement the social support the urban social worker takes for granted when conducting challenging groups? Sundin, Hochwälder, Bildt, and Lisspers (2007) found in their study on nurses that they rely on one another for physical and emotional support. In the absence of other social workers in the rural setting, an effort must be made to make connections in neighboring states or counties and with others in the helping professions using current technologies, including Skype, to build and develop these important relationships for rural social workers doing group work.
RURAL GROUP WORK

Social advocacy and building community capacity are other areas addressed in social work curriculum (Council on Social Work Education [CSWE], 2008, Educational Policy 2.1.5) that differ for the rural social work practitioner. Working to improve social conditions and meet human needs is a core value of social work practice (NASW, 2008) and group social work practice (AASWG, 2010). As noted earlier, Riebschleger’s (2007) focus groups emphasized ongoing social worker awareness of the heightened connectivity in rural communities. Personal relationships may make it more difficult for the rural social workers to engage in their professional role when it challenges existing norms, values, and crosses personal or familial relationships. On the other hand, the rural social workers may benefit from knowing and having personal relationships with community members who have formal positions of power or those who are influential because of their standing in the community.

Through its Standards, the IASWG calls for social workers to emphasize the strengths and protective factors of group members (AASWG, 2010). The close relationship found among community members in rural areas may serve not only as protective but also as a motivating factor. Gumpert and Saltman (1999) suggested that natural groups have a developed sense of trust in fellow group members enhancing the therapeutic process. Rural social workers should embrace the opportunities provided by including group members who share close relationships and directly explore what those elements can add to the therapeutic group process.

The pregroup planning phase is critical to successful group formation in either an urban or rural setting although the planning considerations for new group formation in a rural setting differ substantially and require special skills and knowledge on the part of the rural social worker. The Standards suggest in the pregroup phase that social workers “should select the group type, structure, processes, and size that will be appropriate for attaining the purposes of the group” (AASWG, 2010, p. 6). Averill (2003) stressed it is important to utilize the rural community in the decision-making process, conceivably this would be in the pregroup phase. This has a twofold effect: it allows the community to see that the social worker is listening and allows the social worker to learn about and tap into the resources within the community. This communication and community engagement may be especially important for the social worker who is new to the community, needs to establish credibility, and is unfamiliar with familial relationships and connections.

The overall purpose or focus of a group in the rural arena would best be determined collaboratively with community members based on common needs or social problems within a particular geographic area. For example, recognizing that rural communities often lack a structured psychological
trauma response network or access to victim services after crime, Blakely and Mehr (2008) developed a community-based support group for survivors of homicide in a rural area of West Tennessee. This group was developed in response to reports from overwhelmed legal assistance professionals, law enforcement, and offices of local district attorneys regarding unmet needs of survivors after murder rates began rising in that part of the state.

The Standards suggest that the social worker “identify aspirations and needs of potential group members as perceived by members, worker and agency” and to determine whether a fixed or a group with open membership would best meet the needs of community members to achieve the goals of the group (AASWG, 2010, p. 6). This collaborative process would enable the rural social work practitioner to “develop a clear statement of group purpose that reflects member needs and agency missions and goals” (AASWG, 2010, p. 7). Bauer, Batson, Hayden, and Counts (2005) asserted that, “a client’s ability to maintain anonymity in small towns is most challenging; therefore, significant attention [must be] given to the issue of confidentiality when defining service delivery to the program” (p. 67). In addition to agency endorsement of the group as recommended in the Standards (AASWG, 2010, p. 6), the local community’s affirmation is essential as successful recruitment of group members requires that the rural social work practitioner build and retain strong relationships and referral networks with local medical and mental health professionals, as well as indigenous leaders in surrounding communities.

The Standards suggest that the social work practitioner “establish an appropriate meeting place and meeting time that will be conducive to members’ comfort, safety and access to the group” (AASWG, 2010, p. 7). The selection of a central meeting location is a vital task for the rural social work group leaders and may be best situated in a small hub city or town close to shopping centers, banks, healthcare facilities, and churches frequented by area residents as they conduct business, seek medical care, and/or congregate to worship. The type of venue may also be a factor for group leader consideration as group members in smaller communities may be observed by other residents as they enter and depart group meetings. Bauer et al. (2005) noted that “in rural communities, a client’s car in the parking lot of a mental health provider identifies the client as a recipient of behavioral health services to family, friends, and neighbors” (p. 64). Likewise, meeting days and times must also be carefully selected to coincide with routine resident travel to local hubs as requiring an additional commute for residents from out of town may result in limited enrollment or the early demise of a group due to inconvenience or unaffordability for group members.

Transportation has been an ongoing theme of importance for those living in rural areas as well as those attempting to try to improve the quality of life in said areas (Kamruzzaman & Hine, 2012; Shergold, Parkhurst, & Musselwhite, 2012). In the 1990s, researchers Gumpert and Saltman
(1999) identified transportation difficulties and child care issues as two key factors hindering rural group formation and these resource shortages remain unchanged in present times. It is common for rural social service agencies to have a catchment area “of 100 or more miles with group members spread across that distance” (p. 28). The additional modern-day burden of fluctuating fuel costs creates great hardships for rural residents who must prioritize their lengthy commutes from more remote rural locations to conduct essential business and receive necessary health care. Additional travel deemed as nonessential may simply not be an option for many lower-income rural residents. The Standards recommend that the social worker have essential knowledge of “social and institutional barriers that may impact on the development of group work service” (AASWG, 2010, p. 8); therefore, resource information regarding available transportation options is a must for the rural group leader. In many rural counties where public transportation is provided, timing issues with set routes and target destinations on specific days could create an additional barrier by conflicting with group meeting times and/or affordable child care options, making public transportation resources unfeasible for some rural residents. Conversely, other unique characteristics found in rural communities may offer resources that could be utilized by rural social work practitioners in the pregroup planning phase of group development (see Table 1). “Natural helpers might provide transportation or child care for group members” (Gumpert & Saltman, 1999, p. 30). Natural helper networks are an enduring aspect of rural culture (Waltman, 2011) and may serve to provide informal social support that enable potential clients to experience and benefit and assist in the formation of “mutual aid” among the members.

Once the group is established, the rural social work practitioner’s tasks are the same as an urban group leader. These tasks include developing a beginning working contract with group members, building relationships that promote group cohesion, and establishing behavioral norms to facilitate

### Table 1: Key Differences Between Urban and Rural Groups

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Public transportation generally available (bus, subway)</td>
<td>Limited routes or nonexistent public transportation</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Group members not likely to know each other</td>
<td>Group members are likely to be interconnected; challenges in maintaining confidentiality</td>
</tr>
<tr>
<td>Allocation of resources</td>
<td>Multiple funding sources available; multiple agencies in existence</td>
<td>Dearth of funding sources; limited agency coverage</td>
</tr>
<tr>
<td>Facilitators</td>
<td>Two social workers often available to conduct group</td>
<td>Primarily one social worker conducts group</td>
</tr>
<tr>
<td>Meeting Space</td>
<td>Usually have access to anonymous area</td>
<td>Difficult to find an anonymous space to conduct group</td>
</tr>
</tbody>
</table>
participation, mutual respect for one another, and an environment that promotes work through safe and trusting communication (AASWG, 2010, pp. 10–11). The *Standards* recommend that the group social worker have “an understanding of the dynamic interaction between the community, agency, group and individual members with which he/she is working” (AASWG, 2010, p. 11).

Unlike the urban group social worker, the rural group leader must recognize and address the fact that certain norms of interaction may already be established among residents of small rural communities where group members may already know one another, conduct business or interact with each other on a daily basis in various capacities, or perhaps have some familial relations. Doing so validates the unique culture within rural communities, capitalizes upon community strengths, and demonstrates the social worker’s respect for the differences that occur in the rural setting (NASW, 2008, 1.05). Confidentiality concerns and boundary issues would naturally arise as the group works to establish trust. Hence, it is essential that the group leader immediately address confidentiality and privacy and build these factors into the beginning working contract from the outset of the group process. Social workers who provide clients with real-world situations that demonstrate how easily the confidentiality of group members can be violated and how to react to protect confidentiality will assist in establishing trust and help maintain ethical practice. It is especially important for the social worker to inform the clients of what to expect when the client encounters the worker outside the group setting. Failure to provide this information to clients up front can be especially damaging to the group process.

**CONCLUSION**

There are several implications for rural social work educators and practitioners. Green (2003) recommended, “generic skills, such as counseling and group work . . . are taught with an emphasis on particular issues likely to occur in rural settings. The role of the practitioner as a professional, and also as a community member” (p. 3) must not only be emphasized but also addressed on multiple levels in social work curriculum. The CSWE (2008) further emphasized this in the Educational Policy and Accreditation Standards regarding group work (Educational Policy 2.1.10), ethical principles (Educational Policy 1.1.2), and attention to the context of practice (Educational Policy 2.1.9). Social work students who are unfamiliar with practice in rural settings may understand their ethical responsibility regarding relationships with clients (NASW, 2008) but may mistakenly believe that avoiding a conflict of interest or dual relationship can be easily accomplished by notifying a supervisor and asking that the client be reassigned to another practitioner or referred to another clinician in the community. Similarly, even
a seasoned social worker may underestimate the degree of interaction with current or former clients that occurs in social settings or everyday living situations in rural communities.

Conversely, social work practitioners may relish practice and living in a rural community but be unprepared for how much overlap occurs between their professional and personal roles with community members. As noted earlier, there are differences in the support systems available to rural social workers that lead to burnout (Abu-Bader, 2000; Ben-Zur & Michael, 2007). Social workers need to prepare themselves ahead of time for the increased visibility and scrutiny that may be present in an interconnected rural community that differs dramatically from the anonymity in a more urban environment. The interconnectedness and lack of anonymity frequently means that the social worker is always “on duty” as is the case with the high school principal in a small town.

Social workers practicing in rural communities face many unique and challenging concerns. These concerns include the potential for dual relationships with neighbors, church members, and colleagues and challenges of confidentiality. However, social workers may appreciate close personal ties when practicing rural social work. These close personal ties may serve as strengths and protective factors for rural populations. Indeed rural populations should benefit from social workers who embrace these close relationships and utilize a generic perspective when practicing in rural communities.

Although the Standards are comprehensive for group work, perhaps special attention needs to be paid to differences in regions as social workers also recognize cultural differences. We do not recommend that there needs to be two sets of Standards, then the argument could be made that suburban group work differs from urban and rural work, and although a just argument, soon the Standards might be 500 pages long. More importantly, special editions such as this one must recognize that group work varies greatly across our ever-changing nation, and that change needs to be reflected in perhaps more special editions to help group facilitators who might feel isolated in their practice.

REFERENCES


