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Rehabilitation Counseling in Rural Settings: A Phenomenological Study on Barriers and Supports

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Rehabilitation counselors working in rural settings encounter unique environmental and placement demands that differ from their counterparts employed in urban vocational rehabilitation (VR) settings. Rural areas have fewer employment options, limited public transportation options, lower educational levels, high unemployment rates, and cover large geographical areas. Counselors with a rural caseload often have the same number of clients as their peers in urban settings but fewer supports and resources with which to serve a geographically dispersed clientele. This paper highlights the findings from a phenomenological study regarding contemporary factors influencing rural rehabilitation counselors. The researchers utilized Bronfenbrenner's ecological model to illustrate the complexities endemic in rural rehabilitation. The themes derived from the data are barriers to employment, supports enhancing employment outcomes, and effective strategies in rural rehabilitation. Recommendations specific to the rehabilitation counselor's role in job development, marketing of VR services, and future research are addressed.

Keywords: *rural rehabilitation, phenomenology, ecological systems theory*

Approximately 46 million people reside in rural communities across the United States (Cromartie, 2017), including individuals with disabilities seeking employment services from the State/Federal Vocational Rehabilitation (VR) program. Knowing that approximately one in five individuals have a disability (United States Census Bureau, 2012) these numbers suggest a sizable need for VR services in rural areas. However, the provision of VR services in rural areas has long been recognized as complicated by a unique combination of factors (Arnold, Seekins, & Nelson, 1997; Harley, Rice, & Dean, 1996), including a lack of transportation options, inadequate training and education opportunities, limited employment options, and insufficient numbers of VR service providers (Arnold et al., 1997; Lustig, Strauser, & Weems, 2004). When compared to VR clients in urban settings, rural VR clients experience greater rates of unemployment, higher rates of health problems, and lesser proximity to VR offices (Arnold & Seekins, 1998). Clients in rural areas may have limited or no access to mental health treatment, medication services, job coaches, independent living centers, and healthcare clinicians and specialists which, both combined and in isolation, may negatively impact their ability to participate effectively in the VR process (Arnold & Seekins, 1998; Iezzoni, Killeen, & O'day, 2006; Johnstone et al., 2003; Kukla, McGuire, & Salyers, 2016).

Realities of Rural Rehabilitation Counseling

Definition of rural community. There are more than 60 million people (19.3 percent) living in rural areas of the United States (United States Census Bureau, 2016b). The U.S. Census Bureau (2016a) defines rural as all areas that are not contained within urbanized areas or urban clusters. An urbanized area is defined as

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containing 50,000 people or more. An urban cluster is comprised of individual communities ranging from 2,500 to 50,000 people living in close proximity (often adjoining) to other communities, where the final aggregate population exceeds the 50,000-urban threshold. Therefore, for the purpose of this paper, the term "rural" was applied to communities reporting a population under 50,000 people.

Employment opportunities. The goal of clients engaging in the state/federal VR program is obtaining or retaining employment. The successful completion of this goal may be especially difficult in rural areas, which not only have higher rates of unemployment and fewer employment opportunities than urban areas, but also greater competition for the few jobs that exist (Arnold et al., 1997). Johnstone and colleagues (2003) reported a lack of locally available jobs and "unique job opportunities" specific to the rural setting. Ipsen (2012b) noted that these unique jobs include snow removal, sheep farming, indigenous arts businesses, fishing, or other home-based self-employment opportunities. Despite the limited employment options, clients in rural settings have a strong sense of community and are unlikely to relocate to areas where there are more employment opportunities (Ipsen, 2012b).

Service provision. Rehabilitation counselors who serve clients seeking employment in rural areas may face additional difficulties building rapport and developing a strong working alliance (Donnell, Lustig, & Strauser, 2004; Stodden, Stodden, Kim-Rupnow, Thai, & Galloway, 2003). When establishing rapport with rural clients, VR counselors should be aware of the communication norms specific to rural residents (Slama, 2004). For example, clients may be hesitant and distrustful of a new counselor. Individuals in rural areas may also show strong affinity for independence, hardiness, and acceptance of the stigma attached with disability or government help, all of which may prevent them from seeking assistance (Manninen-Luse, 2018).

Regarding ethical service delivery in rural areas, Malone and Dyck (2011) stated that dual relationships "are often unavoidable and can be considered a normal and healthy part of rural living" (p.503). With this increased likelihood of dual relationships, practitioners must utilize ethical caution with clients, as there is the potential for harm to both the client and the counselor (Coduti & Luse, 2015; Helbok, Marinelli, & Walls, 2006; Malone & Dyck, 2011; Werth, Hastings, & Riding-Malon, 2010). For instance, clients and VR counselors may attend the same place of worship, shop at the same (and potentially only) grocery store, or have children playing in the same youth sports league.

Transportation. Transportation is a significant barrier for clients initiating VR services, as well as obtaining and retaining employment in rural areas (Arnold & Seekins, 1998; Iezzoni et al., 2006; Johnstone et al., 2003; McDaniels, Harley, & Beach, 2018). Kukla and colleagues (2016) compared urban and rural programs and identified transportation as an eminent barrier to "work success." The allocation of federal dollars for transportation in rural areas is not equitable when compared to urban areas (National Council on Disability, 2015). As such, rural communities often have no, or very limited, public transportation options. When public transportation is available in a rural community, the bus stop or

route may not be near the client's home or work, and bus schedules may be limited. Individuals may not have access to a personal vehicle and may depend on friends and family for transportation. Transportation needs must be considered for VR participants not only as they apply to geographic distance, but also as they relate to weather conditions and climate barriers (McDaniels, Kim, & Harley, 2018). Thus, transportation planning for rural VR clients is often a necessary element of each plan for employment (Ipsen, 2012a).

Research Aim

The current study sought to update and expand the existing rural rehabilitation literature by providing a holistic perspective on rural VR provision, and data-driven projections on barriers and supports to providing VR services in rural areas. The following research question guided this study: How do rehabilitation professionals describe their experiences working with individuals with disabilities in rural communities?

Methodology

The present study utilized a phenomenological approach to exploring the experiences of rehabilitation counseling professionals working with the State/Federal VR system in rural settings. Phenomenology examines the various ways people experience a homogeneous situation (Moustakas, 1994). For this study, the shared experience of interest was that of professionals serving VR clients in rural locations. The purpose of phenomenological research is to reduce individual experiences of a phenomenon down to a composite description of the essence of a lived experience for all participants (Creswell, 2013).

The raw data for this study were obtained through 10, semi-structured, recorded interviews with individuals who have professional experience working with VR clients in rural settings. Self-report data, a valuable and reliable way to gather lived experiences (Giorgi, 2009) was essential in the current study in order to provide a rich description of the lived experiences of VR counselors.

Participant Demographics

Potential participants were identified through the researchers' professional networks. Participants were initially selected based on multiple years of employment in the vocational rehabilitation field with five or more years of service delivery focused primarily within rural areas, and possession of the Certified Rehabilitation Counselor (CRC) certification. Participants were initially contacted by the researchers via email to gauge interest. Interested participants met with a researcher face-to-face or via phone to ask questions and further discuss the proposed study. Ten professionals, reporting an average of 24.5 years of experience in VR (range: 16-32 years), completed interviews. The average reported caseload size was 116 (range: 76-150). The communities where the participants provided services ranged in population size from 3,000 to 58,000. While a population of 58,000 exceeds the federal definition of a rural area, these individuals served outlying communities with populations under 10,000 as well. Five of the study participants identified as female, and five as male. Nine of the 10 study participants reported White/Caucasian for their race/ethnici-

ty, with the tenth participant identifying as multiracial. Eight of the 10 participants reported employment in the state VR system, while two participants were employed in private-not-for-profit rehabilitation settings.

Interview Process

The interview guide and research procedures were reviewed and approved by a university Institutional Review Board prior to data collection. Researchers reviewed the informed consent document and obtained written consent with each participant prior to the start of the interview. Demographic information was collected using an online demographic survey made available to participants through Qualtrics, an internet-based survey program (Qualtrics, 2017). Semi-structured interviews took place at the participant's place of employment, a researcher's office, or another mutually agreed upon confidential location. Interviews varied in length between 45 and 90 minutes. Participants were asked questions from a semi-structured interview guide (see Appendix 1) related to their professional experiences working as a rehabilitation professional with rural clientele. Participants were asked the same questions in the same order unless previous responses indicated that specific questions were not applicable. Interviews were audio recorded and researchers took field notes throughout each interview.

Data Analysis

The digitally recorded interviews were transcribed by a third-party transcription service. Following transcription, three researchers independently reviewed each of the 10 interview transcripts four times. Giorgi suggested that phenomenological analysis requires researchers to "dwell with the data" in order to truly realize the depth of the participants experiences (pp. 208, 1994). To provide a check on potential bias in the derivation of themes, analyst triangulation was used (Patton, 2015). This strategy includes "having two or more persons independently analyze the same qualitative data and compare findings" (Patton, 2015, p. 665), and was used to locate emerging themes both within and across interviews that were related to supports and barriers within rural rehabilitation service delivery, personal experiential claims, and the overall understandings of each participant (Larkin, Watts, & Clifton, 2006). The three researchers then met on four separate occasions throughout the analysis phase to cross check the data, compare themes, and to solidify the interpretation of the data.

Results

To remain true to the essence of phenomenology, the researchers utilized participant quotes throughout each section to retain the "voice" of the participants; these quotes ensure that participant perspectives have not been abstracted out through researcher analysis. Additionally, while there is a growing preference for the terms consumer or customer in vocational rehabilitation settings, the term "client" was utilized by the participants and to stay true to their voice, the term client is used. Through the analysis of the data, three main themes began to emerge: (1) barriers to employment, (2) supports enhancing employment outcomes, and (3) effective strategies in rural rehabilitation.

Barriers to Employment

Lack of resources. Participants noted limited agency resources in rural areas as a barrier to finding and securing employment for persons with disabilities (PWDs). Participants noted the communities they served often did not have a community rehabilitation program (CRP) they could contract with to provide services to VR clients. These counselors also often lacked access to other state agencies housed within their community to assist with the provision of job development and/or placement services. When partnering agencies were available, they were often poorly staffed; thus, stable supports were a primary concern expressed by counselors.

> The biggest barrier is stable supports. With community rehab programs that have rotating staff, alternating staff, less-than-stable staff, the lack of those support systems that remain in place aren't there, and so it im pacts the employer, it impacts the customer, it impacts, you know, the confidence level that [the clients] gain because the approaches may vary just enough to throw[the client] off.

One participant stated, "A lot of people with developmental disabilities, there's nobody to job shadow them, job coach them. There's just not. There's no services down here." Other participants described having a CRP that would agree to drive to the rural area to provide a service, but the mileage and driving time costs made the long-term provision of services unfeasible financially. All participants, both from the State/Federal VR system and those working for a private-not-for profit CRPs noted a desire to collaborate with other professionals, but the biggest barriers were attributed to cost and geographical distance.

Perceived loss of benefits. A barrier to employment mentioned by multiple participants centered on the reluctance of individuals with disabilities and their families to become employed due to fear of potential, negative impacts on their benefits. A rural rehabilitation provider described Social Security disability benefits as the "number three employer in the area, maybe number two employer." When an individual or family relies on federal disability benefits it can make it difficult for the client to be motivated to find employment for fear of reduction or termination of their benefits. One participant described this scenario as follows:

> There is also this dependency on benefits, I think, that exists more so in rural communities, because they don't have as many resources and there's not as many maybe natural support... It implodes the discussion about employment, because it's easier to stay home and draw my benefits than to take the risk.

Fear and mistrust of outsiders. In the current study, "outsiders" were defined as individuals perceived as interlopers within the community, and this status was often attributed to job developers, rehabilitation counselors, and other service providers who did not reside within the community. One participant described the outsider phenomenon in this way:

> I think it's pretty common in [our state], is that we have counselors that are not housed in these rural areas, so they drive to, and we have a community maybe 80 miles away. Well, you might as well be 4,000 miles away when you go up there. You're not from [there], you're an outsider.

Participants stated that employers were leery of individuals they did not know. One rural rehabilitation professional said,

"close-mindedness of employers to individuals not established in the community is very difficult to overcome." Participants overwhelmingly described their struggles as a rural community "outsider" in attempts to collaborate with community members and employers. When a rural employment specialist or rehabilitation counselor is not native to the rural community where they work, they may not be initially trusted by community members. One participant described this phenomenon:

> I am not permanent here. I am not from here. Employers do not want to talk to me... I think it's just along the lines of the good-ol'-boy system. If you're not one of the good ol' boys, you don't fit here.

Labor market. Participants discussed the unique employment factors they encountered when assisting individuals with disabilities in finding employment in rural settings. Many explained difficulty finding employment that was appropriate for their client's skills and abilities in a relatively small job market. Multiple participants explained that local employers do not formally advertise job openings, so unless rehabilitation counselors were part of the local communication network, they may never know about job openings. Participants noted that employers seem to hire friends and family members prior to considering someone else in the community. Another unique factor established in the interviews was the presence of one primary employer in a rural community. One participant stated, "In rural areas, you have the main employer and everyone else supports them. It's like spokes on a wheel." When a community relies on one dominant employer, economic changes can affect the entire community in a negative way. This negative impact was described in the following participant's comment:

> [Rural economies] are very, very much affected by large employment shifts in other areas. For instance, if you have a large company that deals with fertilizers. And the price of phosphates go up, or the price of shipping goes up due to gas prices, then they have to start laying their people off, that not only affects them, but they can't afford to take their families out to restaurants, can't afford to get their car worked on, can't afford to go do this, go do that, so the snowball effect in smaller communities is phenomenal.

A complexity acknowledged by participants was that while rural communities often have fewer employment options, they described their clients as often unwilling to relocate, even a relatively short distance, to obtain available employment. Participants noted that clients' loyalty to their community is a firmly held belief.

Transportation. Interviewees reported that meeting clients, providing services, and assisting clients to meet their vocational goals was difficult due to the sparse transportation resources available. All 10 participants noted transportation as one of the primary barriers to both involvement in the rehabilitation process as well as employment. One participant stated, "The biggest barrier was transportation. Cut and dry, transportation. How do you get to work when you don't drive or have a car? A lot of my clients were in that predicament." Participants expressed that rural clients may not drive, may not have a reliable vehicle, and most rural areas have limited or no public transportation. One professional explained, "Oftentimes our clients don't have current driver's licenses or don't have reliable transportation. There's kind of a bus line,

but it's not on a consistent basis to meet someone who's trying to work or have a work schedule." Without a personal vehicle or access to reliable public transportation, it is challenging for clients to meet with a counselor, attend VR services, or locate employment that they could access regularly. VR counselors must also consider the geographic location and conditions of where the client resides. One participant reported the impact of geography and weather on case progress:

> And getting access to the main roads because of snow and weather. You have to be very flexible in the sense of appointments. How are you going to reach them, giving them assignments to do while they're not here, so that they don't have to come every week [to VR]? It's not reasonable to do that.

Stigma. Participants specifically noted how cultural and attitudinal barriers could affect employment success in rural communities. Participants described stigma, discrimination, and the general ignorance they witnessed while providing rural rehabilitation services. In describing barriers in rural areas for people with disabilities, one participant noted, "The first one [barrier] I put down was cultural barriers, or attitudinal barriers, because in small communities... They've grown up with this particular perception, and it's sometimes very difficult to get them to look at things differently."

Participants reported that employers, at times, also displayed discriminatory behaviors specific to disability. One participant described this type of behavior, "I think they [employers] discriminate more against individuals with disabilities. I've heard [them] say, 'I'm not going to hire those people." Another participant described this same stigma toward people with disabilities by relating a specific interaction with an employer:

> In talking with an employer, the employer right away said, "I don't work with people with disabilities." I looked around the room, and he had five people that had disabilities that we'd [VR] worked with. I didn't disclose, but one had a back injury, some had mental health issues. So, they had the whole gamut; the guy didn't even know it.

Beyond disability, multiple participants described client discrimination when assisting VR clients with legal problems. One participant explained this as, "people have made poor choices, and they may have ended up in the correctional system, and when they go back to their home communities, that's not ever forgiven."

Anonymity. All of the participants in this study noted the relative anonymity with which VR services are provided. While this anonymity falls in line with confidentiality and ethical issues outlined by the Commission for Rehabilitation Counselor Certification (CRCC, 2017a), VR counselors felt their role in the provision of services was not being articulated clearly to the community. In contrast, CRPs felt free to share the success stories of their clients.

> We had a couple, three people placed in a business downtown, and one of the CRPs got news coverage for it. In the article that was written in the paper, you read all through this article, all the way down, the very last sentence, oh, yeah, and by the way...VR was involved paying for it. So, we didn't get any of the credit. The

CRP got accolades out of it, but we didn't get anything. Another VR counselor noted, "One of the things that comes as a difficulty... our CRPs go out and they're selling their services. VR is never mentioned." A third participant from the VR setting stated, "Employers aren't seeing VR as the resource. They're seeing the community rehab program as the resource."

Conversely, the two participants from CRPs felt as though VR counselors were not doing an effective job of telling client stories and sharing successes within the communities. One noted, "That's probably one of the things that I get most frustrated with, with state VR, is they don't tell their story very well. They don't invest in marketing."

Supports Enhancing Employment Outcomes

Strong sense of community. While previously noted as a barrier due to stigma and discrimination in rural areas, it is important to note that the community itself can be considered a support for individuals with disabilities who are seeking employment. Rural communities may be more inclusive, supportive, and flexible due to the heightened recognition of individuals in the community who have a disability. The following participant quote described this phenomenon:

> In rural America, a person with a disability that's grown up in that community can walk down the streets and people will know who they are, they may say, you don't have anything to do today? Well, why don't you come in and I'll put you to work for the day?

Family expectations. When engaged and supportive, the family system was noted as an effective support in assisting the individual with a disability in locating employment in rural settings. One participant described their view of the implications of a supportive family:

> Biggest supports were always the family. Always, always the family.... If you've got a family that says, we all work, including my child that has problems, easy. You've got it really easy, because they're going to offer whatever supports you're going to need, and they can offer a lot of solutions.

Participants suggested that the client's family or friends were often the top potential employer they had in a rural community. One participant reported: "[employers] are more apt to work with people they know [or] family members." Participants felt that individuals with close friends or family connections had better job opportunities and reported that employers were likely to train someone who was not qualified for a job if they had a connection to them. Yet, as previously noted, such preferential hiring favors some and disadvantages others.

Employers. As noted across some of the aforementioned barriers, there were some employer behaviors noted that can be problematic when trying to place people with disabilities. However, within the present study, employers were described as a unique support. One participant serving both rural and urban areas noted they felt as if rural employers were more supportive of their employees. This participant felt loyalty between employees and rural employers stemmed in large part from the fact that rural communities have "less turnover because there's less population and fewer

opportunities." Employers were also described as, "having an expectation that people are going to work hard and are going to be self-reliant, but what's good, though, is that [employers] are open to modifying their work schedules."

Participants also reported differences in the type of expectations some employers had when hiring people with disabilities. In describing service provision in a remote resort town where many community members had relocated from larger metropolitan areas, a participant felt employer motivation was based on the idea that "it's the right thing to do," but noted that this was often accompanied with an inappropriate lowering of work expectations for persons with a disability: "they don't hold [the client] to the same standards." However, in a more traditional community less than five miles away, where community membership was generational, employers reportedly had a different attitude and expectation. Employers there "expect you to come in and work and do a great job and you shouldn't need supports. I'm [the employer] going to provide you [the client] with this opportunity and you're going to be productive." These employers were looking for the "right" person, with or without a disability, and wanted the person to perform at a high level; there was no lowering of work expectations.

Community partners. While limited access to partners was noted as a barrier, when a CRP was available to provide services in a rural area, one participant noted, "CRPs are my saving grace." Another participant said, "I relied heavier on my partners than anybody. We coordinated on everything. There were referrals going back and forth." One comment demonstrated a reliance on multiple community partners and compared it to a VR office in an urban area.

> It is our relationships with our partners, the Department of Labor, and we're commingled, we're co-located in (name of town) with the Department of Labor, and that's just helped them network immensely. And when I go down to meetings in [urban setting/name of town] and stuff, the counselors in the [urban setting], they don't even know where the Department of Labor is located. They don't have to rely on that resource like we do.

Effective Strategies in Rural Rehabilitation

While many of the participants' reflections focused on the barriers associated with providing VR services to individuals with disabilities living in rural areas, effective strategies and behaviors were also identified. Location, fit, time in the community, use of technology, collaboration with community partners, and networking were noted as factors associated with enhanced rural rehabilitation experiences and outcomes.

Location fit. One participant reported that their passion for rural rehabilitation was the main characteristic that assisted their successes with rural clients. The following quote depicts this preference and excitement for working in rural areas: "What made it work was I think I had a strong passion for helping my clients. It was pretty easy. Rural rehab is the funnest [sic] part of VR. Sitting in an office was the un-fun part for me. Being out traveling and putting on 150 miles was great." Application of trait-factor counseling tenets, or person x environment fit, common to rehabilitation philosophy (Kosciulek, Phillips, & Lizotte, 2015), also

emerged from the data as essential in ensuring that counselors with qualities congruent to the community were hired. Finding the right professional to work in rural areas was noted as difficult, but highly successful.

> It's hard; you really have to be able to be a person that can communicate well with anyone, with the employer, with the client, with the targeted service coordinator, with the psychosocial rehab worker, with the parent, with the care provider, with the guardian. You have to be able to communicate with all these people, get everybody on the same page, and go forward and try to find this job. And you need to be someone from the community and invested in the community.

Time in the community. Participants reported that finding success in rural job development required making connections in the community and creating a name for themselves. This helped to offset the aforementioned "outsider" perspective. One participant stated, "you can't just sit behind a desk in a rural community and think everybody's going to come to you." Another participant suggested, "And again, you've got to, in the rural areas, you've got to show a commitment. You've got to show them that you're going to be here." One rehabilitation counselor described building community connections by purposefully patronizing a different store or restaurant when visiting remote locations to meet clients. This method allowed the counselor to interact with community members and potential employers in a natural way prior to approaching them about a client. In conjunction with the need to spend time in the community, the fear of being tied to the office was also mentioned by counselors.

> I'm really in fear that rural rehab is going to be denied to a lot of people because counselors are pretty stuck to their computers. Everything is computer, computer, computer… They're making the people go to them, and people in rural communities want you coming to them. You have to be willing to invest in that and recognize that that's important. We've got to become part of that network. We've got to become somebody that they call when they say, "oh, we're going to have to hire somebody."

Use of technology. Multiple participants mentioned technology as a useful strategy to promote client communication, education, and training. In rural areas, clients may not be able to physically attend a postsecondary institution; however, most universities now offer entire degree programs online. Other job-related trainings are often also available via the internet, as noted by the following participant quote:

> The internet is a big issue to help provide access to information. What you can't get at the library, what you can't get at a local resource, you can get out and go online and find.

Similar to previous research (Ipsen, Rigles, Arnold, & Seekins, 2013), participants in the current study also explained that they frequently utilized personal technology, such as cell phones and email to communicate with clients in rural areas, while also noting that the use of such technologies could be limited due to the poor coverage in remote locations.

Collaboration. Collaboration between professionals and networking within the rural community was recognized by participants in this study as a vital component of effective service delivery. The following quote highlights the recognized need for collaboration.

> You do a lot more collaboration with other agencies you share resources more, and you share people more… So, you tend to do a little bit more tag-teaming and sharing of resources… You go to a bigger area and you have enough volume of clientele that you don't need to share that person.

Of note here is the recognition that sharing of clients helps multiple agencies fulfill their missions. Some participants felt that in smaller communities there was less worry about "whose consumer" the individual was, and the focus could then shift to service delivery. This comes from a recognition of how multiple service providers can better serve the needs of the individual, as exemplified in the following quote:

> Where [partners] really can help us is the outlying other areas, the housing, the food, the other, you know, the other peripheral things that we're really not tied in with that are really huge towards having something become successful, child care issues, daycare, whatever.

As identified above, concerns over physiological and safety needs (e.g., child care) might prevent consumers from fully engaging in the rehabilitation process and committing to employment. Knowing the local service agencies, the specific services they provide, and being able to refer potential consumers to these agencies is a way to address physiological and safety needs, which must be met before employment or career needs can be fully explored (Maslow, 1970). Informal lines of communication were seen as a valuable way of gathering information that could, in turn, benefit the consumer.

Networking. The following quote exemplifies not only a recognition by the counselor of the value of being in the community, but support from management as well.

> Whern I was hired, my boss… said, I want you out of the office at least two days a week in the field. That was so important to him for you [VR counselors] to be out and be seen in the communities and dealing with people.

Participants reported that the primary way they were able to create personal connections in rural communities was to engage in non-work, community-based activities. Participants each reported their own unique ways of accomplishing this, one example was described in this manner:

> There's a group of us that get together and chop wood for the elderly, but in that, people that we're all doing, working together in helping, chopping wood… you're also networking because those are possible employers or resources for jobs for people.

Additional engagement opportunities involved: serving on a non-profit board, attending chamber of commerce meetings, athletic teams, or attending local benefits and fundraisers. Through these networking opportunities, social networks were established. This allowed the rehabilitation counselor to be seen as the disability expert in the rural area, as evidenced by the following participant quote.

There were a lot of people in our office that didn't know these [community members] like I knew them, and… it's kind of funny how those contacts led to other con tacts. I was good friends with three or four attorneys and they had another attorney call me; they said, you need to call him.

Discussion

Theoretical Framework

The social environment is a complex system that can create barriers to employment (Lindsay, McDougal, Menna-Dack, Sanford, & Adams, 2015), particularly for people with disabilities living in rural areas. Some of these barriers can be environmental, other barriers may be more social (e.g., lack of social capital, limited social network) (Phillips, Robison, & Kosciulek, 2014; Stensrud, Sover-Wright, & Gilbride, 2009). Given the established barriers to rural rehabilitation, ecological systems theories can help to explain and describe the enormous complexity of interrelated causal processes (Broderick & Blewitt, 2015), and have previously been used to provide a framework for working with unemployed youth (Liang, Ng, Tsui, Yan, & Lam, 2017) and identify barriers to employment for youth with disabilities (Lindsay et al., 2015). Results of the current study, as well as that of Bumble and colleagues (2017), detail the environment, rather than the person, as a major barrier to increasing employment opportunities for people with disabilities.

Brofenbrenner (1977) categorized the environment according to the microsystem, mesosystem, exosystem, and macrosystem. The microsystem reflects settings in which the client comes directly into contact with family, friends, and other primary social networks; the mesosystem reflects a social layer comprised of the interactions between multiple microsystems (Broderick & Blewitt, 2015; Bronfenbrenner, 1977; Lindsay et al., 2017; Smart, 2012). The exosystem represents a higher-level social sphere that does not include the VR client directly, yet still influences or limits participation at the local, state, and national levels (Bronfenbrenner, 1977). VR clients may either benefit from or remain subject to potential consequences from changes in the exosystem (Broderick & Blewitt, 2015). An example of this would include a parent or guardian's termination from employment, with the loss of income then indirectly affecting the child (Bronfenbrenner, 1992). The macrosystem consists of educational, legal, and political structures that influence ideology (Bronfenbrenner, 1977). The macrosystem reflects the customs, attitudes, beliefs and values of the larger culture in which the individual resides (Broderick & Blewitt, 2015; Bronfenbrenner, 1977).

Within Bronfenbrenner's model the individual is able to impact the differing systems, but is also impacted by them (Smart, 2012). An example generated from this study is the impact of stigma, which emerged as a "barrier." Here, stigma reflects the attitudes and values of a local environment, or the macrosystem (Smart, 2012). The ecological framework and its multiple layers was used in the current study to: (1) provide a lens with which to view supports and barriers to employment for people with disabilities in rural areas, and (2) frame effective behaviors in the provision of rehabilitation services for clients in rural settings. The following themes which emerged in this study address multiple layers of Bronfenbrenner's ecological model.

Job Development

Counselors in this study valued the time and opportunity to engage in job development activities. For study participants, job development was viewed as part of their work-related responsibilities. Moreover, job development, knowledge of labor markets, and other employment trends have been established as essential functions of rehabilitation counseling (Leahy, Chan, Sung, & Kim, 2013; Leahy, Muenzen, Saunders, & Strauser, 2009). Job development influences the microsystem by engaging the client in career exploration services, skill building, and work readiness training. Family and other community supports can help the individual identify appropriate goals, thereby facilitating the work readiness process. Exosystem-level supports are engaged, particularly in rural areas, through networking and community-based collaboration. However, ongoing debate regarding the rehabilitation counselor's role in job development exists. Gilbride (2000) surveyed agency administrators regarding their views on the provision of job placement services. Gilbride's study found that agency administrators expected rehabilitation counselors to be a primary provider of job placement services. In contrast, Schultz (2008) found that counselors' in the State/Federal VR setting held a perception that their leadership did not want them conducting job placement.

Despite continued clarification that job development is a role and function to be performed by rehabilitation counselors (Leahy et al., 2013; Leahy at el., 2009), it would seem that many rehabilitation counselors do not perceive job development as a primary role, nor do they perceive having the organizational support necessary to engage in job placement services (Schultz, 2008). In rural areas, where collaboration and contracted services through partnering agencies are limited, job development remains a critical role of rehabilitation counselors. Counselor advocacy with employers at the exosystem level is prerequisite before services can effectively impact the microsystem, ultimately leading to individual employment outcomes.

Interagency Collaboration

Rehabilitation counseling cannot be done in isolation. A team of interagency professionals with a rehabilitation counselor taking a lead role is ideal. To make this work, collaboration and networking are essential. Collaboration is an identified job function of rehabilitation counseling professionals (Leahy et al., 2013; Leahy et al., 2009). Historically, interagency collaboration has proven beneficial for rehabilitation service recipients (Gowdy, Carlson, & Rapp, 2003; Harley, Donnell, & Rainey, 2003). Effective collaboration engages the individual receiving VR services and also their direct supports (microsystem). Collaboration also addresses employer needs (exosystem), particularly through the use of demand-side placement efforts (Lueking, 2008). For collaboration to be successful, formal and informal communication are required to promote efficiency (Trach, 2012). Formal communication can be achieved in interagency meetings (exosystem), via professional email (microsystem), and through joint meetings with the consumer (microsystem).

One necessary aspect of both job development and collaboration is networking (Trach, 2012). Yet, networking is often limited due to sparse communication and unilateral decision-making in State/Federal VR settings (Trach, 2012). Thus, the value of networking is limited by the degree to which the rehabilitation counselor is willing to engage in their community, embed themselves within multiple microsystems, and build a network of interagency collaborators (exosystem). The investment of time and effort out of the office on the part of the rehabilitation counselor serves to offset the "outsider" perception mentioned previously and build trust at the microsystem level. From a demand-side perspective, networking has been conceptualized as an aspect of job development (Lueking, 2008) that helps to establish and strengthen social networks between friends and families (microlevel), and employers and other social networks (mesosystem) by imbedding the rehabilitation counselor in the community (macrosystem) as an expert on disability and employment (Smart, 2012; Stensrud et al., 2009).

Limitations

Several considerations may limit the results of this study. First, all participants were employed within one geographical region of the United States. It is possible that results would differ in other regions of the United States based on geographic, regional, and locally unique factors. Second, our participants had a mean of 24.5 years of experience working as VR professionals. The study results could look much different if VR professionals in the initial years of working with rural clients and within rural settings were interviewed. An additional factor that may limit the transferability of these results, is that nine of the 10 participants identified themselves as white/Caucasian. The literature has noted that the experiences of minority populations in VR can differ greatly when compared to the majority group (Rosenthal, Ferrin, Wilson, & Frain, 2005).

Implications for Practice

The results of this study led to several recommendations for VR agencies and counselors in the marketing and delivery of their services. In addition, education that broadly prepares students to consider rural needs is necessary in counselor education, specifically in regions where students will likely serve rural populations.

Marketing

Gilbride (2000) found that agency administrators recognized the importance of an effective marketing strategy but felt their present marketing activities to be insufficient. This insufficiency is reflected by the responses of our participants who described VR as having a certain level of anonymity within their communities. Given the responses of multiple participants within this study suggesting "VR is still the best kept secret," room for improvement in marketing strategies persists. Effective marketing requires an understanding of local labor markets, alignment of services to meet staffing needs of employers, and effectively communicating the abilities and services of VR agencies to employers (Gilbride, 2000).

The importance of advocacy is apparent, as it is both a pre-practice training requirement (Council for Accreditation of Counselor and Related Educational Programs, 2016) and a requirement of professional codes of ethics (American Counseling Association, 2014; CRCC, 2017a). Similarly, the CRCC Scope of Practice statement states that rehabilitation counselors "assist persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible" (CRCC, 2017b). A well-designed and fully implemented marketing strategy is a form of advocacy that seeks to improve the inclusion of people with disabilities within their communities. While there are some constraints associated with confidentiality, this should not preclude the profession from developing and implementing targeted marketing programs that communicate the value of VR services at the national, state, community, and individual levels.

Education

While students graduating from accredited Rehabilitation Counselor programs may be expected to work with clients living in rural settings, very few programs provide specific training on the provision of rural rehabilitation. Pre-service counselors may have completed their practicum and internship requirements in a non-rural setting and not have been exposed to the unique factors related to rural rehabilitation. Fleming (2018) recommended that new counselors in rural settings receive rurally-savvy mentorship and supervision to support their initial transition to a setting where they may encounter barriers related to reduced resources, work conditions, and isolation. Using the ecological systems approach espoused in this article, educators can teach counselors in training to systematically consider rural barriers and opportunities across the microsystem, mesosystem, and macrosystem. In addition, cultivating fieldwork education opportunities in rural communities: (1) increases the visibility of VR services in those communities by providing a regular supply of interns, (2) has potential to impact macrosystem-level change by introducing aspects of university culture into communities that might otherwise appear insular, and (3) informs university students and educators about the evolving culture and needs of rural communities.

Conclusion

This study aligns with longstanding trends in the extant literature regarding the unique barriers and opportunities for both rehabilitation professionals and clients engaged in the VR process within rural settings. Limited rural community partners and resources; small, local job markets (Arnold et al., 1997; Lustig et al., 2004); and insufficient transportation (Arnold et al., 1997; Harley et al., 1996) have been detailed in the literature since the 1990s and continue to ring true today. In addition, our results add to the literature by highlighting the growing access to higher education for rural residents through online education, a resource not widely available when Arnold et al. (1997) and Lustig and colleagues (2004) examined rural rehabilitation. This study also sheds light on barriers not previously detailed, including rural fear/mistrust of "outsider" counselors. Within this study, this mistrust was described as a particularly entrenched, longstanding type of disability stigma, which seems to arise from a rural sensibility that values "hardiness" and self-reliance. Finally, our results suggest that fear of losing disability benefits may be particularly salient in rural communities due to limited employment opportunities. While this

finding may not be unique to rural settings, further exploration of specific, rural factors that act as disincentives to employment should be explored.

As an extension of the existing literature, this study recommends the use of Bronfenbrenner's (1989) ecological systems theory to promote the application of a holistic perspective to both practice and pedagogy in the service of rural communities. In response to both new and longstanding barriers endemic to rural rehabilitation, three overarching themes emerged related to improving service-delivery in rural communities: (1) expanded engagement and support for job development, (2) greater investment of time and effort out of the office for both interagency collaboration and networking with community members, and (3) augmenting pre-service educational experiences to increase professional fit in rural practice settings. Specifically, this study suggests that greater counselor involvement in job development within rural communities is particularly needed, as contracted services through partnering agencies are often limited.

Procedurally, our results imply that both interagency collaboration and community networking are essential functions in not only the rural job development process, but also in brokering rural relationships. Thus, results suggest that building microsystem connections between the primary brokers of power in the rural community (friends and families), and fostering mesosystem networks between employers and community partners is necessary in order to weave VR into the rural fabric. It is imperative to note that necessary networking activities were often described as both informal and time consuming. For such strategies to be made possible, management-level support is essential if rural rehabilitation counselors are to build social capital in the rural communities they serve.

In addition to these suggested changes in counselor functions, increased marketing efforts at the office/regional levels are suggested in order to promote greater utilization of VR as a well-known rural resource, rather than a "best kept secret." At the university level, our results (1) align with Fleming's (2018) call for greater exposure to rural needs in practicum and internship experiences, and (2) further suggest that ecological systems theory can inform a more systematic and explicit approach to shaping pre-service counselors' sensitivity to the unique needs of rural communities. Lastly, future research on a larger scale is required before widely adopting these recommendations. Moreover, more data from rural consumers themselves is needed to elucidate factors that drive consumer satisfaction with the VR process and facilitate successful employment outcomes in rural settings. Future studies exploring transportation solutions or utilization of self-employment to create job opportunities for VR clients in rural areas are suggested.

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Appendix 1

Rural Rehabilitation Interview Protocol

1. As a rural Vocational Rehabilitation (VR) counselor, what are/were the biggest obstacles/barriers you face/faced in helping individuals find or maintain employment?

2. As a rural VR counselor, what were the biggest supports you utilize /utilized in helping individuals find or maintain employment?

3. Describe if possible, any unique systems or supports you had as a Rural VR counselor that your peers in an urban environment would not have been able to use/have?

4. How do see community partners influencing the rural VR process?

5. What specific behaviors or actions have you taken to enhance VR relationships with community partners?

6. What factors are unique about rural employers?

7. What specific behaviors or actions did you take to enhance relationships with employers

8. What, if any, impact do you think technological advancements have had on the rural rehabilitation process and client outcomes?

9. What was the one change that would help you be more successful as a VR counselor in a Rural Setting?