



Serving Rural Communities

A Bibliography

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**Championing and Strengthening the
Global Response to Child Abuse**

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Scope

This bibliography lists publications that address mental health services, advocacy, prevention, prosecution, medical services, and other topics involving serving child maltreatment victims in rural areas of the United States.

Organization

Publications include articles, book chapters, reports, and research briefs and are listed in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in the Child Abuse Library Online.

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Serving Rural Communities

A Bibliography

Bender, S., & Werries, J. (2022). Online supervision: Addressing clinical services in rural communities during COVID-19. *Journal of Rural Mental Health*, 46(1), 1–12.
DOI:10.1037/rmh0000195

The coronavirus disease (COVID-19) pandemic has had devastating implications across the globe, especially in rural communities. The virus has impacted physical, emotional, economic, and mental health functioning across populations. Many clinicians have transitioned to telemental health (TM-H) services in an effort to slow the spread of the virus while simultaneously providing ongoing support to their clients. The provision of TM-H includes distinct advantages and challenges for clinicians to navigate. This article describes how online clinical supervision may be leveraged to support clinicians providing TM-H to those within rural communities, especially in the context of the ongoing pandemic. Past research exploring factors affecting, known outcomes, and efficacy of online supervision is summarized as are practical, legal, and ethical considerations associated with the practice.

Schroeder, S., Roberts, H., Heitkamp, T., Clarke, B., Gotham, H. J., & Franta, E. (2021). [Rural mental health care during a global health pandemic: Addressing and supporting the rapid transition to tele-mental health](#). *Journal of Rural Mental Health*, 45(1), 1–13.
DOI:10.1037/rmh0000169

The adoption of tele-mental health by mental health professionals has been slow, especially in rural areas. Prior to 2020, less than half of mental health agencies offered tele-mental health for patients. In response to the global health pandemic in March of 2020, mental health therapists across the U.S. were challenged to make the rapid shift to tele-mental health to provide patient care. Given the lack of adoption of tele-mental health previously, immediate training in tele-mental health was needed. This article describes collaborative efforts between two mental health technology transfer centers and one addiction technology transfer center in rural regions of the U.S. in response to the rapid adoption of remote technologies to provide

mental health services. A learning series of real-time tele-mental health trainings and supplemental materials were offered beginning in March 2020 to support this transition. A weekly learning series covered a variety of topics relevant to telehealth including technology basics, billing, state legislation, and working with children and adolescents. Given the demand of these initial training sessions, additional trainings were requested by agencies outside the regional technology transfer centers. To date, there have been more than 13,000 views of the tele-mental health web page which includes recorded training sessions, handouts, and supplemental tele-mental health materials. The article also provides a summary of the questions and concerns highlighted by the more than 4,500 providers who joined the learning series, noting key rural and urban clinical and structural barriers to providing virtual care.

Stewart, R. W., Orengo-Aguayo, R., Wallace, M., Metzger, I. W., & Rheingold, A. A. (2021). [Leveraging technology and cultural adaptations to increase access and engagement among trauma-exposed African American youth: Exploratory study of school-based telehealth delivery of trauma-focused cognitive behavioral therapy](#). *Journal of Interpersonal Violence*, 36(15-16), 7090-7109. DOI:10.1177/0886260519831380

African American youth are disproportionately represented among trauma-exposed youth; yet, they are significantly less likely to access and complete mental health services. Research suggests that barriers to accessing and engaging in trauma-focused treatment include both logistical factors and engagement factors. This multiple case study sought to illustrate the initial feasibility and acceptability of delivering culturally tailored, trauma-focused cognitive behavioral therapy (TF-CBT) via telehealth in a school setting with three African American youth presenting with multiple barriers to accessing treatment. Barriers to treatment, telehealth modifications, and cultural tailoring are described for each participant. The UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI) was completed at pretreatment and posttreatment. Results demonstrated significant decreases in symptoms of posttraumatic stress, as evidenced by a reduction in total UCLA PTSD-RI scores to nonclinical levels for all participants at posttreatment (UCLA scores posttreatment = 8-12). In addition, at posttreatment no participants met diagnostic criteria for PTSD or adjustment disorder. This

multiple case study provides preliminary support for school-based, culturally tailored TF-CBT delivered via telehealth with African American youth.

Terry, D. L., & Buntoro, S. P. (2021). [Perceived usefulness of telehealth among rural medical providers: Barriers to use and associations with provider confidence](#). *Journal of Technology in Behavioral Science*, 6(4), 567–571. DOI:10.1007/s41347-021-00215-5

Telehealth has been identified as an efficient and safe way of increasing access to healthcare during the COVID-19 pandemic. Understanding providers' perceptions of telehealth usage in rural communities may help other communities understand barriers and concerns related to implementation, during and post-pandemic. This study aimed to (a) examine rates of telemedicine use among rural providers, (b) determine whether changes in telehealth use in this group were associated with provider confidence and perceived usefulness of technology, (c) compare these providers' perceptions of the "usefulness" of technology prior to and during the COVID-19 pandemic, and (d) examine barriers to implementation and use of telehealth within a rural sample. Six-hundred eighty-six medical providers working at a rural Pennsylvania teaching hospital and associated satellite clinics were surveyed anonymously. Surveys included the Perceived Usefulness of Technology Scale and questions to identify barriers that prohibited the use of telehealth. Of 136 respondents, 86% reported no prior experience using virtual technology for patient encounters. Use of telehealth care increased by 34% following the pandemic. Provider confidence in his/her/their abilities was positively associated with increased use of telehealth and perceived usefulness of technology. Provider-identified barriers to implementation included necessity of physical exams and lack of technological literacy. Both medical providers and patients continue to face various barriers to seamless integration of care. Devising ways to increase self-confidence and efficacy for use of telehealth among providers might be an additional way to increase telehealth use.

Thiede, E., & Miyamoto, S. (2021). [Rural availability of sexual assault nurse examiners \(SANEs\)](#). *The Journal of Rural Health*, 37(1), 81–91. DOI:10.1111/jrh.12544

Sexual assault care provided by sexual assault nurse examiners (SANEs) is associated with improved health and prosecutorial outcomes. Upon completion of SANE training, nurses can demonstrate their experience and expertise by obtaining SANE certification. Availability of nurses with SANE training or certification is often limited in rural areas, and no studies of rural certified SANEs exist. The purpose of this study is to describe rural SANE availability. Methods: We analyze both county-level and hospital-level data to comprehensively examine SANE availability. We first describe the geographic distribution of certified SANEs across rural and nonrural (ie, urban or suburban) Pennsylvania counties. We then analyze hospital-level data from semistructured interviews with rural hospital emergency department administrators using qualitative content analysis. Findings: We identified 49 certified SANEs across Pennsylvania, with 24.5% (n = 12) located in 8 (16.7%) of Pennsylvania's 48 rural counties. The remaining 37 certified SANEs (75.5%) were located in 13 (68.4%) of Pennsylvania's 19 nonrural counties. Interview data were collected from 63.9% of all eligible rural Pennsylvania hospitals (n = 63) and show that 72.5% (n = 29) have SANEs. Of these, 20.7% (n = 6) have any certified SANE availability. A minority of hospitals (42.5%; n = 17) have continuous SANE coverage. Conclusions: Very few SANEs in rural Pennsylvania have certification, suggesting barriers to certification may exist for rural SANEs. Though a majority of hospitals have SANEs, availability of SANEs was limited by inconsistent coverage. A lack of certified SANEs and inconsistent SANE coverage may place rural sexual assault victims at risk of receiving lower quality sexual assault care.

Abate, A., Marek, R. J., Venta, A., Taylor, L., & Velez, L. (2020). [The effectiveness of a home-based delivery of Triple P in high-risk families in rural areas](#). *Journal of Child and Family Studies*, 29(4), 997–1007. DOI:10.1007/s10826-019-01684-2

Triple P is a positive parenting intervention designed to improve parenting practices and enhance childhood outcomes. Triple P has shown positive effects in various prior studies;

however, to date, no studies have examined the potential benefits of home-based Triple P when conducted with rural families with parents at high risk for child abuse. The aim of this study was to use archival data to examine the effects of Triple P on dysfunctional discipline and parental anger as well as child emotional/behavioral difficulties. In addition, the study sought to investigate the potential moderating effect of race/ethnicity in these outcomes. Archival data were analyzed in this study. Data were originally collected using a pre- and post-treatment design. A racially and ethnically diverse sample of 171 caregivers was assessed using various self-report instruments before and immediately after receiving the manualized intervention. A repeated-measures design, with ethnicity examined as a moderating variable, was used to assess the differences in dysfunctional discipline, parental anger, and child emotional/behavioral difficulties prior to and immediately following Triple P services. Overall, participants evidenced significant decreases in scores following treatment. Additionally, some effects were moderated by race/ethnicity. This study demonstrates the potential benefits of a home-based format of Triple P for decreasing dysfunctional parenting behaviors and problematic child behaviors in high-risk, rural families.

Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G. (2020). [Telehealth for rural diverse populations: Telebehavioral and cultural competencies, clinical outcomes and administrative approaches](#). *Mhealth*, 6, 20.
DOI:10.21037/mhealth.2019.10.04

Rural health care settings are challenged to provide timely and evidence-based care, particularly for culturally diverse patients with behavioral health disorders. Telepsychiatry and telebehavioral health improve access to care and leverage scarce resources. This scoping review from January 2000 – July 2019 was conducted to see if the literature had data for two related the research questions, “What are the components of culturally competent, telepsychiatric clinical care, and what approaches have clinicians and systems taken to implement and evaluate it?” The review focused on key words in four concept areas: (I) competencies; (II) telehealth in the form of telepsychiatry, telebehavioral or telemental health;

(III) culture; and (IV) health. It was done in accordance with the six-stage scoping review process in PubMed/Medline and other databases. The screeners reviewed the full-text articles for final inclusion based on inclusion (mesh of the key words) and exclusion (e.g., need for only, skills abstractly discussed) criteria. From a total of 1,118 papers, the authors found 44 eligible for full text review and found 7 papers directly relevant to the concepts. Few studies specifically discuss skills and competencies of both telehealth and cultural factors. Many organizations are attending to cultural competencies and approaches to care, but there are no specific competencies that integrate telepsychiatry or telebehavioral health with culture. Existing telepsychiatric (i.e., video, social media, mobile health) and one set telebehavioral health competencies included cultural component, including use of interpreters and language matters. Administrative adjustments are suggested to promote culturally competent care by telehealth via clinical, educational, quality improvement, program/system evaluation, and other (e.g., finance and reimbursement) interventions. More structured research is needed on development, implementation and evaluation of combined competencies in rural settings.

Jensen, E. J., Wieling, E., & Mendenhall, T. (2020). A phenomenological study of clinicians' perspectives on barriers to rural mental health care. *Journal of Rural Mental Health*, 44(1), 51–61. DOI:10.1037/rmh0000125

The goal of this investigation was to increase understanding of barriers to mental health care for individuals who live in rural areas. The study followed a phenomenological qualitative design. Semistructured interviews were conducted with 8 mental health professionals who practice with rural populations in 2 upper-midwestern states. Interviews were recorded, transcribed, and coded following a hermeneutic coding protocol. Measures were taken to enhance trustworthiness of findings throughout the analytic process. Analyses revealed a range of findings that yielded these 4 overarching themes: rural communities have a distinct culture, rural mental health professionals face unique challenges, rural communities experience barriers to mental health care, and innovative ideas are needed for overcoming barriers to mental health care. Several categories and subcategories of findings within each

theme also emerged. Data related to the nature and function of barriers to mental health care in rural areas largely support findings from existing literature. Data related to ideas for overcoming barriers represent novel concepts that should be explored in more detail in future research. These ideas have significant implications for policy, clinical work, and health care practices in rural communities.

McClellan, M. J., Florell, D., Palmer, J., & Kidder, C. (2020). Clinician telehealth attitudes in a rural community mental health center setting. *Journal of Rural Mental Health, 44*(1), 62–73. DOI:10.1037/rmh0000127

Telehealth-based services in community mental health settings are on the rise and growth is expected to continue. Negative clinician attitudes toward telehealth have been identified as a key barrier to overall telehealth acceptance and implementation. The present study examined rural clinical mental health staff members' attitudes toward telehealth. One hundred clinicians participated in a mixed-methods, Internet-based survey. Eighty-nine percent of respondents reported a favorable or neutral opinion of telehealth and 100% of participants reported their agency provided one or more clinical services via telehealth. Clinicians identified telehealth-related concerns about their ability to establish therapeutic alliance, software and equipment usability, associated costs, whether telehealth-delivered services were equivalent to face-to-face treatment, and HIPAA. These concerns were in line with previous research and all represent areas where additional training or knowledge could potentially address clinician apprehension. We found a strong positive correlation, $r = .66$, $p < .01$ between telehealth knowledge and telehealth experience. Telehealth knowledge predicted telehealth opinion ($\beta = .430$, $R^2 = .19$, $p < .01$) and an agency's technological capability to provide services via telehealth predicted clinicians' willingness to consider providing services via telehealth ($\beta = .390$, $R^2 = .15$, $p < .05$). Researchers and trainers should focus on increasing knowledge about the effectiveness of telehealth and providing clinicians with safe opportunities to gain comfort and competency with the technology needed to provide these types of specialized services. (PsycInfo Database Record © 2020 APA, all rights reserved)

McCord, C. E., Console, K., Jackson, K., Palmiere, D., Stickley, M., Williamson, M. L. C., & Armstrong, T. W. (2020). [Telepsychology training in a public health crisis: A case example](#). *Counselling Psychology Quarterly*, 34(3-4), 608-623. DOI:10.1080/09515070.2020.1782842

In early 2020, the world was thrust into a crisis with the advent of the COVID-19 pandemic. This resulted in the sudden expansion of telepractice in the mental health field for licensed mental health providers and trainees. Prior to the pandemic, few mental health training programs provided training opportunities in telehealth service delivery. The Texas A&M Telebehavioral Care Program (TBC) is one of a few telemental health training programs in the world. The TBC has provided telehealth services to rural and underserved populations since 2009 with a hub and spoke model of care, but due to constraints related to the pandemic has recently transitioned to an all in-home model of telehealth service delivery. The present paper highlights recent policy changes to in-home telepractice and the TBC methodology for transitioning to in-home service delivery. Results include solutions to common pitfalls in areas such as communication and logistics, clinical supervision and consultation, and boundary setting. Recommendations are also provided for the development of training programs throughout the world to equip mental health trainees in telehealth service delivery. Mental health practitioners are poised to thrive in the face of adversity during the COVID-19 pandemic and trainees should not be left behind.

Hughes, M. C., Gorman, J. M., Ren, Y., Khalid, S., & Clayton, C. (2019). [Increasing access to rural mental health care using hybrid care that includes telepsychiatry](#). *Journal of Rural Mental Health*, 43(1), 30-37. DOI:10.1037/rmh0000110

There is a lack of access to mental health care in rural areas of the United States. One potential strategy for increasing access and improving health outcomes for rural dwellers is offering hybrid psychiatric care, a combination of in-person and telepsychiatry services. Although prior research has shown telepsychiatry can help overcome access barriers, there is a lack of research on the use of hybrid care for patients in rural areas following an inpatient admission or an emergency department visit—a time when many patients are in high need of follow-up

care. The aim of this project was to examine process and outcome measures associated with mental health to determine the effectiveness of delivering hybrid care to Medicaid-covered patients in rural Missouri following an inpatient admission or an emergency department visit. Data from 242 patients were analyzed using a retrospective quasi-experimental design. The group with hybrid telepsychiatry plus in-person visits had improved timeliness of care and increased number of total outpatient encounters compared to the group with in-person visits only, indicating hybrid care may be more effective than in-person visits alone are. The current study suggests that offering telepsychiatry can help close the gap in access to mental health care between rural and urban populations, particularly during the time after an inpatient admission or an emergency department visit. As telepsychiatry service options continue to grow, making this delivery mode available to rural populations may have a positive impact on mental health outcomes in the United States.

Pignatiello, A., Stasiulis, E., Solimine, C., Ayad, O., & Boydell, K. M. (2019). [Lessons learned in a physician referral to pediatric telemental health services program](#). *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 28(3), 99-104.

This study explores the physician referral and engagement process of a pediatric telemental health program based in a large urban teaching children's hospital, and identifies the processes, strengths and challenges from the perspectives of Primary Care Physicians (PCPs) and telepsychiatrist consultants. A mixed methods approach was used. This included an online survey completed by 43 PCPs in Ontario rural communities who had referred patients to the telemental health program. Qualitative interviews were conducted with 11 child/adolescent telepsychiatrists who provide consultations via teleconferencing. The majority of PCPs (61%) reported somewhat to moderate satisfaction with referral experiences. Challenges identified by physicians were related to communication and administration issues including: lack of timely follow-up appointments and continuity of care; lengthy referral forms; and recommendations for mental health services not accessible in their communities. Similarly, psychiatrist consultants expressed frustration with the sparse information they received from

referring physicians and most significantly, the absence of appropriate service providers/professionals during the consultation to provide collateral information and ensure uptake of recommendations. Telemental health programs provide a valuable service to PCPs and their child and youth clients that could be significantly enhanced with a different consultation model. Such models of service delivery require protocols to educate PCPs, improve communication and information sharing and establish clear expectations between PCPs and telepsychiatry consultants.

Schwartz, J. R. (2019). [*Program evaluation of telemental health services*](#) (Publication No. 27667326) [Doctoral dissertation, The University of Arizona]. ProQuest Dissertations Publishing.

Rural and underserved mental health patients face challenges of low income, decreased transportation and shortage of mental health providers (Carpenter-Song & Snell-Rood, 2017; Weinhold & Gurtner, 2014). Telementalhealth (TMH) or telepsychiatry is a technology that enables patients to see a live provider at distance, which assists in medication management, therapy and assessments (Chan, Parish, & Yellowlees, 2015). The purpose of this Doctor of Nursing Practice (DNP) project is to conduct a program evaluation of patient and parental satisfaction TMH services at Horizon Health and Wellness. In this program evaluation, parents and adults (N=111) participated in the 5-point Likert scale surveys with one open ended question on TMH services. Results of the surveys indicate that parents and adults prefer in person psychiatric care compared to TMH services, however, there are high levels of TMH satisfaction. Participants who struggle with transportation and patients who are 60 and over, they are highly interested in home TMH services. The suggestion is to implement a home TMH service program, which will improve no show rates, patient outcomes and help those who struggle with transportation and immobility issues.

Margolis, K., Kelsay, K., Talmi, A., McMillan, H., Fraley, M. C., & Thomas, J. F. F. (2018). A multidisciplinary, team-based teleconsultation approach to enhance child mental health services in rural pediatrics. *Journal of Educational and Psychological Consultation*, 28(3), 342–367. DOI:10.1080/10474412.2018.1431549

Mental health services for rural youth are extremely limited, especially given the national shortage of child and adolescent psychiatrists (CAPs). Patient-centered primary care medical homes (PCMHs) are often their only available portal of care, yet high-quality PCMH integrated models of behavioral health that include a CAP are rare. This manuscript presents a unique multidisciplinary teleconsultation model wherein integrated behavioral systems consultation was employed to increase access to integrated behavioral health services. Common referrals included complex presentations outside of provider comfort range or medication and diagnostic clarification. Primary concerns were symptoms of ADHD, autism spectrum disorder, anxiety, and depression. Recommendations included referral to outpatient therapy, further coordination with the medical team, and follow-up with the CAP. Providers noted access to care, specialized quality of care, provider support, and enhancing principles of the PCMH as strengths of the teleconsultation. Challenges included patient engagement, scheduling/availability, challenges with the teleconsultation process, and provider-level barriers.

Felix, S. N., Agnich, L. E., & Schueths, A. (2017). An evaluation of a Court Appointed Special Advocates (CASA) program in the rural south. *Children and Youth Services Review*, 83, 48–56. DOI:10.1016/j.childyouth.2017.10.025

Children in the court system who are abused or neglected are mandated by the federal Child Abuse Prevention and Treatment Act (CAPTA) to have special legal representation in the form of a Guardian ad Litem (GAL). A GAL can be a staff attorney or a volunteer layperson (known as a Court Appointed Special Advocate, or CASA) who has undergone GAL training. In some states, the CASA volunteer can be a substitute for the GAL, while in other states, including Georgia, the CASA is appointed by the judge as a complement to the staff attorney. To date, there has been very little research evaluating the fidelity of CASA programs where they are

implemented, nor has there been much research on the CASA program more generally. Therefore, this study evaluates the fidelity of a rural CASA program using the Justice Program Fidelity Scale (JPFS; Miller & Miller, 2015) and interview data from 12 CASA volunteers, along with local CASA program statistics and training materials. The CASA program evaluated for the present study scored an 85.64% on the JPFS using combined scores from two researchers. Implications for practitioners working in the field of child abuse and prevention in rural areas, including implications specifically for a judicial circuit with no dedicated specialty judge for cases involving abused or neglected children, are discussed.

Stewart, R. W., Orengo-Aguayo, R. E., Cohen, J. A., Mannarino, A. P., & de Arellano, M. A. (2017). [A pilot study of trauma-focused cognitive-behavioral therapy delivered via telehealth technology](#). *Child Maltreatment*, 22(4), 324–333. DOI:10.1177/1077559517725403

Significant barriers exist in access to evidence-based, trauma-focused treatment among youth from economically disadvantaged backgrounds, those living in rural areas, and belonging to a racial and ethnic minority group, despite the high prevalence rates of trauma exposure among these underserved groups. The present study is proof-of-concept pilot of trauma-focused cognitive-behavioral therapy (TF-CBT) delivered to underserved trauma-exposed youth (N = 15) via telehealth technology (i.e., via one-on-one videoconferencing), aimed at addressing barriers in access to TF treatment. This pilot study provides preliminary evidence of the ability to successfully deliver TF-CBT via a telehealth delivery format. Results demonstrated clinically meaningful symptom change posttreatment (large effect sizes for youth-reported ($d = 2.93$) and caregiver-reported ($d = 1.38$) reduction in posttraumatic stress disorder symptoms), with no treatment attrition (0% dropout). These findings are promising in showing treatment effects that are comparable with TF-CBT delivered in an in-person, office-based setting and an important first step in determining how to best address the mental health needs of trauma-exposed youth with barriers in access to care.

Hovland, J. C. (2016). [Rural telemental health and adolescents: Try a little Shakespeare](#). *Journal of Creativity in Mental Health*, 11(2), 187–197. DOI:10.1080/15401383.2016.1164644

Twenty-five percent of Americans live in rural areas, almost all of which are designated as mental health service shortage areas. This designation represents serious problems for adolescents needing help with predictable developmental problems. The project described serves communities without mental health professionals; uses telemental health technology, co-located in rural primary care clinics; and emphasizes communication and coordination among professionals and clients. An example of addressing identity formation in an adolescent experiencing significant family and relational stress is explored, including the resolution of an ongoing friendship problem by using a school assignment, an analysis of Shakespeare's Sonnet 48. Discussion includes safety, immediacy, and using bibliotherapy in telemental health with adolescents, as well as the appropriateness of telemental health for individual and parent-child sessions.

Lambert, D., Gale, J., Hartley, D., Croll, Z., & Hansen, A. (2016). Understanding the business case for telemental health in rural communities. *The Journal of Behavioral Health Services & Research*, 43(3), 366–379. DOI:10.1007/s11414-015-9490-7

Telemental health has been promoted to address long-standing access barriers to rural mental health care, including low supply and long travel distances. Examples of rural telemental health programs are common; there is a less clear picture of how widely implemented these programs are, their organization, staffing, and services. There is also a need to understand the business case for these programs and assess whether and how they might realize their promise. To address these gaps, a national study was conducted of rural telemental health programs including an online survey of 53 programs and follow-up interviews with 23 programs. This article describes the current landscape and characteristics of these programs and then examines their business case. Can rural telemental health programs be sustained within current delivery systems and reimbursement structures? This

question is explored in four areas: need and demand, infrastructure and workforce, funding and reimbursement, and organizational fit and alignment.

Burke, M., McCauley, H. L., Rackow, A., Orsini, B., Simunovic, B., & Miller, E. (2015). [Implementing a coordinated care model for sex trafficked minors in smaller cities](#). *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 6(1), 7. DOI:10.58464/2155-5834.1240

Addressing the social and clinical service needs of minors who have been sexually exploited remains a challenge across the United States. While larger metropolitan centers have established shelters and service provision specific for trafficked persons, in smaller cities and more rural settings, survivors of trafficking (especially minors) are usually served by multiple, disparate social service and health providers working across different systems. Sexually exploited minors present an even greater challenge due to intersections with child welfare and juvenile justice systems, histories of abuse by family that limit placement options, and limited services that address the complex medical, mental health, and psychosocial needs of these youth. Major health organizations have recommended a coordinated care model that integrates the therapeutic and social service needs of trafficked persons including housing and education; implementation of such service provision requires intensive, multi-sectoral collaboration.

Getto, C. R., & Pollack, D. (2015). Meeting the challenge of child maltreatment in rural areas. *Child Law Practice*, 34(3), 37-39.

Data shows child maltreatment reports are higher in rural than urban areas. This suggests rural practitioners may be more likely to encounter children who are victims of maltreatment. This is true regardless of whether the maltreatment caused the child's contact with the legal system or was revealed after the child's contact with the courts for another reason. What does this

mean if you practice in a rural area? This article highlights child maltreatment trends in rural areas and offers tips for addressing common challenges when representing these children.

Gloff, N. E., LeNoue, S. R., Novins, D. K., & Myers, K. (2015). [Telemental health for children and adolescents](#). *International Review of Psychiatry*, 27(6), 513–524.
DOI:10.3109/09540261.2015.1086322

Most children and adolescents across the USA fail to receive adequate mental health services, especially in rural or underserved communities. The supply of child and adolescent psychiatrists is insufficient for the number of children in need of services and is not anticipated to grow. This calls for novel approaches to mental health care. Telemental health (TMH) offers one approach to increase access. TMH programmes serving young people are developing rapidly and available studies demonstrate that these services are feasible, acceptable, sustainable and likely as effective as in-person services. TMH services are utilized in clinical settings to provide direct care and consultation to primary care providers (PCPs), as well as in non-traditional settings, such as schools, correctional facilities and the home. Delivery of services to young people through TMH requires several adjustments to practice with adults regarding the model of care, cultural values, participating adults, rapport-building, pharmacotherapy and psychotherapy. Additional infrastructure accommodations at the patient site include space and staffing to conduct developmentally appropriate evaluations and treatment planning with parents, other providers, and community services. For TMH to optimally impact young people's access to mental health care, collaborative models of care are needed to support PCPs as frontline mental health-care providers, thereby effectively expanding the child and adolescent mental health workforce.

Cooper, R. (2014). [Children's Advocacy Centers and Indian Country](#). *Update*, 24(2), 1-4.
National Center for Prosecution of Child Abuse.

In this article, the author explores the extent to which child abuse professionals in Indian Country have adopted multidisciplinary frameworks and the Children's Advocacy Center model.

Duncan, A. B., Velasquez, S. E., & Nelson, E. L. (2014). Using videoconferencing to provide psychological services to rural children and adolescents: A review and case example. *Journal of Clinical Child & Adolescent Psychology*, 43(1), 115-127.
DOI:10.1080/15374416.2013.836452

Children and adolescents living in rural areas have difficulty accessing psychological services due to a lack of psychologists and other behavioral health professionals, especially those with expertise in treating youth. Telepsychology helps bridge this access gap. This article extends evidence supporting videoconferencing for psychological assessment and treatment in adults to support telepsychological treatment for youth. In addition, the basic components needed to begin and sustain a telepsychological practice are explored. Finally, a case example of an adolescent presenting with depression and disordered eating illustrates the practice of, and ethical standards needed for, telepsychology. Future technologies and applications around telepsychology are also discussed.

Jones, A. M., Shealy, K. M., Reid-Quinones, K., Moreland, A. D., Davidson, T. M., López, C. M., Barr, S. C., & de Arellano, M. A. (2014). [Guidelines for establishing a telemental health program to provide evidence-based therapy for trauma-exposed children and families](#). *Psychological Services*, 11(4), 398-409. DOI:10.1037/a0034963

While similar rates of traumatic experiences exist in both rural and urban settings, mental health resources available to those living in rural areas are often scarce. Limited resources pose a problem for children and families living in rural areas, and several barriers to service access and utilization exist including reduced anonymity, few "after-hours" services,

decreased availability of evidence-based treatments, few specialty clinics, and expenses associated with travel, taking time off work, and provision of childcare. As a solution, the authors discuss the utility, use, and set-up of a telemental health program through an existing community outreach program. Suggestions for establishing a telemental health clinic are presented along guidelines for the delivery of trauma-focused, cognitive-behavioral therapy (TF-CBT) via telemental health videoconferencing technology. Specific guidelines discussed include (1) establishing and utilizing community partnerships, (2) Memoranda of Understanding (MOU), (3) equipment setup and technological resources, (4) videoconferencing software, (5) physical setup, (6) clinic administration, (7) service reimbursement and start-up costs, (8) therapy delivery modifications, and (9) delivering culturally competent services to rural and remote areas.

Miyamoto, S., Dharmar, M., Boyle, C., Yang, N. H., MacLeod, K., Rogers, K., Nesbitt, T., & Marcin, J. P. (2014). Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities. *Child Abuse & Neglect*, 38(9), 1533-1539.
DOI:10.1016/j.chiabu.2014.04.015

To assess the quality and diagnostic accuracy of pediatric sexual abuse forensic examinations conducted at rural hospitals with access to telemedicine compared with examinations conducted at similar hospitals without telemedicine support. Medical records of children less than 18 years of age referred for sexual abuse forensic examinations were reviewed at five rural hospitals with access to telemedicine consultations and three comparison hospitals with existing sexual abuse programs without telemedicine. Forensic examination quality and accuracy were independently evaluated by expert review of state mandated forensic reporting forms, photo/video documentation, and medical records using two structured implicit review instruments. Among the 183 patients included in the study, 101 (55.2%) children were evaluated at telemedicine hospitals and 82 (44.8%) were evaluated at comparison hospitals. Evaluation of state mandatory sexual abuse examination reporting forms demonstrated that hospitals with telemedicine had significantly higher quality scores in several domains including the

general exam, the genital exam, documentation of examination findings, the overall assessment, and the summed total quality score ($p < 0.05$ for each). Evaluation of the photos/videos and medical records documenting the completeness and accuracy of the examinations demonstrated that hospitals with telemedicine also had significantly higher scores in several domains including photo/video quality, completeness of the examination, and the summed total completeness and accuracy score ($p < 0.05$ for each). Rural hospitals using telemedicine for pediatric sexual abuse forensic examination consultations provided significantly higher quality evaluations, more complete examinations, and more accurate diagnoses than similar hospitals conducting examinations without telemedicine support.

Benavides-Vaello, S., Strode, A., & Sheeran, B. (2013). Using technology in the delivery of mental health and substance abuse treatment in rural communities: A review. *Journal of Behavioral Health Services & Research*, 40(1), 111–120. DOI:10.1007/s11414-012-9299-6

Rural communities face tremendous challenges in accessing mental health and substance abuse treatment services. Some of the most promising advancements in the delivery of rural health care services have been in the area of telecommunication technology. These applications have the potential to reduce the disparities in the delivery of substance abuse and mental health services between urban and rural communities. The purpose of this inquiry was to explore the advances and uses of telecommunications technology, and related issues, in the delivery of mental health and substance abuse treatment services within rural areas. A review of the academic literature and other relevant works was conducted and the content was organized into four major themes: (a) advantages of telehealth and applications to rural practice, (b) barriers to implementation in rural practice, (c) utilization in rural areas, and (d) areas for further research.

McGrath, S. A., Johnson, M., & Miller, M. H. (2012). The social ecological challenges of rural victim advocacy: An exploratory study. *Journal of Community Psychology, 40*(5), 588-606. DOI:10.1002/jcop.21484

This article re-centers an ecological model traditionally used to understand the experiences of interpersonal violence victims around the perceptions and experiences of victim advocates. We suggest that the development of such a model might shed light on rural-urban differences in the accessibility and availability of support services in rural domains. To develop this model, we used results from a sample of rural advocates located within the Mississippi Delta Region. The study indicates that rural victim advocates recognize the presence of significant macrosystem and exosystem factors in their communities and experience them as creating greater challenges to their work. In particular, factors affiliated with economic disadvantage and cultural ideologies of individualism and victim blaming negatively affected the experiences of the respondents. In terms of the ecological model, results also indicate correlations across levels of analysis, implying a rural macrosystem milieu that may predict or affect the presence of exosystem support networks.

Bubar, R., & Bundy-Fazioli, K. (2011). Unpacking race, culture, and class in rural Alaska: Native and non-native multidisciplinary professionals' perceptions of child sexual abuse. *Journal of Ethnic & Cultural Diversity in Social Work, 20*(1), 1-19. DOI:10.1080/15313204.2011.545941

The purpose of this study was to unpack notions of class, culture, and race as they relate to multidisciplinary team (MDT) professionals and their perceptions of prevalence in child sexual abuse cases in Native and non-Native rural Alaska communities. Power and privilege within professional settings is significant for all social work professionals and influences the ways in which systemic issues of power and privilege mediate decision making. Fifteen MDT participants from two separate rural communities were interviewed. Emergent themes include perceptions on incidences and reporting of child sexual abuse, cultural dissonance, and systemic challenges. Policy and practice implications are discussed.

Silovsky, J. F., Bard, D., Chaffin, M., Hecht, D., Burris, L., Owora, A., Beasley, L., Doughty, D. & Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review*, 33(8), 1435–1444. DOI:10.1016/j.chidyouth.2011.04.023

Few studies have specifically examined prevention of child maltreatment among higher-risk populations in rural communities. The overarching goal of this study was to conduct a randomized clinical trial of SafeCare augmented for rural high-risk population (SC+) compared to standard home-based mental health services (SAU) to examine reductions in future child maltreatment reports, as well as risk factors and factors proximal to child maltreatment. Parents (N = 105) of young children (5 years or less) who had identifiable risk of depression, intimate partner violence, or substance abuse were randomized to SC+ or SAU. Participants randomized to SC+ were more likely to enroll (83% vs. 35% for SAU) and remain in services (35 h vs. 8 h for SAU). SC+ (for participants who successfully completed services) may have had limited impact on child welfare reports during service provision. Further, SC+ had fewer child welfare reports related to DV than SAU. Parent self-reports of parenting behaviors, risk factors, and protective factors did not demonstrate significant sustained program impact. Limitations include power constraints related to sample size. Promising next steps entail future trials with larger sample sizes examining service compliance and further augmentation of SafeCare to bolster service impact and address risk and protective factors.

Haight, W., Black, J., & Sheridan, K. (2010). [A mental health intervention for rural, foster children from methamphetamine-involved families: Experimental assessment with qualitative elaboration](#). *Children and Youth Services Review*, 32(10), 1446–1457. DOI:10.1016/j.chidyouth.2010.06.024

The misuse of methamphetamine, a powerful central nervous system stimulant and neurotoxin (Wermuth, 2000; Rawson, Gonzales, & Brethen, 2002; SAMHSA, 1999), is a sizeable and ongoing criminal justice and public health problem across the U.S. (Cretzmeyer, Sarrazin, Huber, Block, & Hall 2003; Hohman, Oliver, & Wright, 2004; National Drug Intelligence Center, 2009); especially in rural areas (Adrian, 2003; F.B.I., 2006; Hutchison & Blakely, 2003; Illinois Criminal Justice

Information Authority, 2004; Muskie School of Public Service, 2007). Methamphetamine misuse affects not just individuals, but entire families. Rural law enforcement officers and health, mental health, and child welfare professionals encounter children living in homes where their parents produce and/or misuse methamphetamine (Shillington, Hohman, & Jones, 2002; Haight, Jansonsen, Black, Kingery, Sheridan & Mulder, 2005). These children are at risk for the development of substance abuse and other mental health disorders (e.g., Haight, Ostler, Black & Kingery, 2009). If untreated or undertreated, these problems could jeopardize children's future well-being and mental health, and perpetuate substance misuse into future generations. Although there are a variety of effective mental health interventions for children, there are challenges to implementing them with rural children from drug-involved families including limited access to services and cultural appropriateness. This paper describes the cultural-adaptation, implementation and impact of an evidence-informed mental health intervention for individual rural children aged 7-17 from methamphetamine-involved families who are in foster care. It also considers the feasibility of the intervention, and its merits for future study.

Nelson, E. L., & Bui, T. (2010). [Rural telepsychology services for children and adolescents](#). *Journal of Clinical Psychology*, 66(5), 490-501. DOI:10.1002/jclp.20682

Because of the overwhelming maldistribution of mental health specialists in metropolitan areas and the many underserved families living in rural settings, rural areas are natural homes for the use of telemedicine or videoconferencing technology for clinical services. The authors describe telepsychology services for rural clients, placing best psychology practices within the context of broader telemental health services. The goal is to approximate evidence-based child psychotherapy from face-to-face practice using the videoconferencing technology. Telepsychology is illustrated with a case report of a rural Hispanic teen and her family presenting through the teen's primary care clinic. © 2010 Wiley Periodicals, Inc.

MacLeod, K. J., Marcin, J. P., Boyle, C., Miyamoto, S., Dimand, R. J., & Rogers, K. K. (2009). Using telemedicine to improve the care delivered to sexually abused children in rural, underserved hospitals. *Pediatrics*, 123(1), 223–228. DOI:10.1542/peds.2007-1921

We used live telemedicine consultations to assist remote providers in the examination of sexually assaulted children presenting to rural, underserved hospitals. We hypothesized that telemedicine would increase the ability of the rural provider to perform a complete and accurate sexual assault examination. Child abuse experts from a university children's hospital provided 24/7 live telemedicine consultations to clinicians at 2 rural, underserved hospitals. Consultations consisted of videoconferencing to assist in the examination and interpretation of findings during live examinations. Consecutive female patients <18 years of age presenting to the 2 participating hospitals were included. We developed and used an instrument to assess the quality of care and the interventions provided via telemedicine as it related to patient history, physical examination, colposcopic and manual manipulation techniques, interpretation of findings, and treatment plans for victims of child sexual abuse. Data from 42 live telemedicine consultations were analyzed. The mean duration of the consultations was 71 minutes (range: 25–210 minutes). The consultations resulted in changes in interview methods (47%), the use of the multimethod examination technique (86%), and the use of adjunct techniques (40%). There were 9 acute sexual assault telemedicine consults that resulted in changes to the collection of forensic evidence (89%). Rankings of practitioners' skills and the telemedicine consult effectiveness were high, with the majority of cases scoring ≥ 5 on a 7-point Likert scale. The use of telemedicine to assist in the examination of sexually assaulted children presenting to underserved, rural communities results in significant changes in the methods of examination and evidence collection. It is possible that this model of care results in increased quality of care and appropriate forensic evidence collection.

Belanger, K., & Stone, W. (2008). The social service divide. *Child Welfare*, 87(4), 101–124.

An empirical study of 75 counties in a state found that social services are more available and accessible in urban versus rural counties, signaling a need for public policy addressing service

allocation. The study also found a relationship between the accessibility of intensive family preservation services and reentry into foster care, a child welfare outcome. Implications for achieving outcomes affecting safety, permanence, and well-being of children are discussed.

Feil, E. G., Baggett, K. M., Davis, B., Sheeber, L., Landry, S., Carta, J. J., & Buzhardt, J. (2008). [Expanding the reach of preventive interventions: Development of an internet-based training for parents of infants](#). *Child Maltreatment*, 13(4), 334–346.
DOI:10.1177/1077559508322446

There are major obstacles to the effective delivery of mental health services to poor families, particularly for those families in rural areas. The rise of Internet use, however, has created potentially new avenues for service delivery, which, when paired with the many recent advances in computer networking and multimedia technology, is fueling a demand for Internet delivery of mental health services. The authors report on the adaptation of a parenting program for delivery via the Internet, enhanced with participant-created videos of parent-infant interactions and weekly staff contact, which enable distal treatment providers to give feedback and make decisions informed by direct behavioral assessment. This Internet-based, parent-education intervention has the potential to promote healthy and protective parent-infant interactions in families who might not otherwise receive needed mental health services.

Miller, T. W., Clark, J., Veltkamp, L. J., Burton, D. C., & Swope, M. (2008). Teleconferencing model for forensic consultation, court testimony, and continuing education. *Behavioral Sciences & the Law*, 26(3), 301–313. DOI:10.1002/bsl.809

A medical center-based forensic clinic that provides the necessary comprehensive consultation, continuing education, court testimony, and clinical services through an applied model of teleconferencing applications is addressed. Telemedicine technology and services have gained the attention of both legal and clinical practitioners, examining trends and models of health care for underserved populations, and identifying where consultation with a team of professionals may benefit service providers in rural communities. The contribution offered

herein provides an understanding of the history of the development of the clinic, a theoretical model that has been applied to a clinical forensic program that employs telepsychiatry services, and the ethical and malpractice liability issues confronted in using teleconferencing services. This model is examined through a child and adolescent forensic evaluation clinic. The goals of this model are offered, as are a number of applications within the broad spectrum of services utilizing telemedicine. Finally, changing patterns are addressed in clinically based health-care delivery for criminal justice, social services, and forensic mental health.

Paul, L. A., Gray, M. J., Elhai, J. D., Massad, P. M., & Stamm, B. H. (2006). Promotion of evidence-based practices for child traumatic stress in rural populations: Identification of barriers and promising solutions. *Trauma, Violence, & Abuse*, 7(4), 260-273.
DOI:10.1177/1524838006292521

Child physical abuse, child sexual abuse, and other forms of traumatic stress in childhood are unfortunately quite prevalent. Although most children exhibit striking resiliency in the face of such harrowing experiences, the ubiquity of childhood trauma translates into a significant number of children in need of clinical services to address resultant unremitting distress. Encouragingly, a number of effective interventions for child traumatic stress have been developed in the past several years, and these services are increasingly available in urban areas. Unfortunately, residents of rural and frontier regions may remain underserved despite the existence of effective treatments. This article briefly reviews the prevalence and sequelae of childhood trauma and depicts the numerous barriers to effective treatment faced by rural populations. The authors then briefly review promising evidence-based interventions for child traumatic stress and conclude by enumerating mechanisms for increasing rural populations' access to these services.

Kellogg, N. D., Lamb, J. L., & Lukefahr, J. L. (2000). The use of telemedicine in child sexual abuse evaluations. *Child Abuse & Neglect*, 24(12), 1601-1612. DOI:10.1016/S0145-2134(00)00204-0

The objective was to describe the advantages, disadvantages and current status of child abuse consultations conducted through telemedicine networks. The results of a telephone survey of seven statewide telemedicine networks are reported and discussed with respect to goals, funding, technical support and expertise, infrastructure, and extent of use. Quality assurance and liability issues concerning telemedicine child abuse consultations are also reviewed. The goals of telemedicine networks in child abuse are to provide (1) expertise to less experienced clinicians primarily in rural areas; (2) a method for peer review and quality assurance to build consensus of opinions particularly in sexual abuse cases; and (3) support for professionals involved in an emotionally burdensome area of pediatrics. Problems encountered by existing networks include: (1) funding for equipment and reimbursement for consultation; (2) consistent technical support; (3) clinician lack of technical expertise, knowledge, or motivation; and (4) lack of network infrastructure. Legal considerations include licensure exemptions for consulting across state lines, potential for malpractice, patient confidentiality and security of images forwarded over modem lines, and liability of the equipment, consulting site, and the consultant in criminal proceedings. Telemedicine consultations offer a unique opportunity to raise the standard of care in child abuse evaluations, but success depends on clinician motivation, appropriate infrastructure, and ongoing funding and technical support.