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ABSTRACT

This study examined the differences between students residing in urban and rural areas while enrolled in a graduate practice methods course taught via two-way interactive television. A questionnaire was administered to sixty-six students which assessed sociodemographic characteristics, current practice topics, practice approaches, and diversity issues. Rural off-campus students were found to reside in significantly smaller communities than the urban-based university campus students, and viewed several clinical issues as having more relevance to their future practice. Further, on-campus students were significantly younger than their rural counterparts, were more ethnically diverse, and placed more emphasis on the relevance of course material to address ethnicity, physical disability, and religiosity. Qualitative findings revealed that the university site was the most supportive of privatization. The applicability of urbanized course content across rural sites was discussed, and implications for clinical sociology were provided.

Sociology and social work have historically shared compatible goals and philosophies. Academic institutions of higher learning often facilitate this shared vision, as these disciplines may be grouped together in departmental

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organizational structure or through combined academic programs. Social work admittedly borrows from sociological theory, as has sociology explored the feasibility of clinical applications. Davies (1991) is one editor who has synthesized writings from both disciplines, and appropriately entitled his compilation *The Sociology of Social Work*. This book explores how sociological theory can be used to understand the role of social work in society, and effectively blends both these clinical perspectives.

Other authors have written texts from a sociological practice perspective. *Clinical Sociology* by Glassner and Freedman (1979) and *Using Sociology* by Straus (1985) are two such works. Rabow, Platt, and Goldman (1987) suggest a traditional clinical application in their text *Advances in Psychoanalytic Sociology*. Even though these writings have been published within the last twenty years, similar philosophical stances were advanced over seventy-five years ago. Cohen (1958) noted that in 1919, Professor Chapin delivered a paper at the National Conference of Social Work entitled "The Relations of Sociology and Social Casework," in which he claimed that the two disciplines had common goals and common methods. Blodgett (1992) traced the sociological roots of case management, a community-based treatment modality originating over a century ago, which has most recently been dominated by the social work profession.

Terminologies vary within sociology (e.g., applied sociology, clinical sociology, sociological practice) as well as within social work (e.g., clinical social work, social welfare, casework, case management), but the two disciplines are highly interconnected. It would seem appropriate then, to examine training in one discipline vis-à-vis application of the others' perspective in a shared setting. Such is the purpose of this current empirical study.

Distance Education via Interactive Television

An emerging territory in education today is the use of interactive television and distant learning sites to conduct academic classes. One large midwestern land-grant university currently offers a five year, part-time Masters of Social Work (MSW) degree, taught entirely from this unique model. The primary course originates at the university, where it is conducted by the on-campus site, located in a metropolitan area of approximately 180,000 residents. Two off-campus sites are connected to the university via two-way interactive television. One site (Rural Site #1) is a rural community of approximately 3,000 residents, located 180 miles from the university, and has about fifty students enrolled. The second site (Rural Site #2) has a population of about 23,000, and is 400 miles from the university, with nearly fifty students enrolled in the off-campus MSW program. Both distance education classrooms utilize on-site instructors to facilitate discussion and

application of course material to local issues. Within this backdrop, a variety of factors have been analyzed from a sociological perspective. For this study, various clinical issues and sociodemographic variables were of particular interest, especially as they relate to the impact of distance education and preparing students for clinical practice. Before specific details are given here, however, a brief history of distance education, identification of current definitions, and summarization of relevant studies of this innovative educational modality are provided.

History of Distance Education

Distance education is actually an off-shoot of the historical conception of correspondence study, which was refined by the field of adult education (Lehman 1991). University study from a distance began in the United States in 1874 at Illinois Wesleyan University (Jennings, Siegel, and Conklin 1995). This approach to education was more closely related to correspondence study by use of mail, telegraph, and telephone.

With the recent explosion of technological advancements (Internet, facsimile machines, television and computer advances) distance learning continues to be refined and improved. McHenry and Bozik (1995) reported that 30% of higher education institutions are now engaged in some form of distance learning, which is expected to double before the end of the century. The social work profession has been relatively slow to utilize this technology for educational purposes. Conklin, Jennings, and Siegel (1994) reported that in their study, only 27 out of 238 respondents (11.3%) surveyed about their social work programs in the United States reported that they used distance education.

Definition of Distance Education

The terms distance education and distance learning have been used synonymously in the literature. Each is associated with "a variety of instructional experiences that take place in a range of locations and use a mix of technologies" (Conklin and Osterndorf 1995:13). Hirschen (1987) has defined distance education as instruction that occurs at a point distant from the learner, with an interactive audio and/or video component. Petracchi and Morgenbesser (1995:18) referred to distance education as "instruction that occurs when students are located some geographic distance from the instructor/trainer, as opposed to traditional methods of in-person instruction that occur when the instructor is physically present at the teaching site." The Office of Technology Assessment of the United States Congress (1989:5) provided an official definition of distance education as "the linking of a teacher and students in several geographic locations via technology that allows

for instruction." Conklin and Ostendorf (1995:13) made the following summation of this congressional view:

> This definition includes the three key elements that are the use of distance education for continuing social work education. The definition clearly identifies the teacher and the learner as being essential parts of the instructional process. Second, the teacher and learner are separated by some geographical distance. Third, they are linked by technology that facilitates interaction.

Distance Education Literature in Social Work and Sociology

Much has been written on distance education, concerning a variety of issues. Several studies have compared achievement levels between distance learners and traditional students (Chute and Balthazar, 1988; Cunningham 1988; Davis 1984; Ellis and Mathis 1985; Grimes, Krehbiel, and Nielsen 1989). Other researchers have concentrated on applications and strategies for continuing education (Blakely 1994; Jennings, Siegel, and Conklin 1995; Keegan 1986; Verduin and Clark 1991), with some focusing on telecommunication technologies and models (Blakely 1992; Blakely and Schoenherr 1995).

Since the social work profession entails numerous fields and settings, some studies have focused on specific client groups. Rooney, Bibus, and Chou (1992) and Rooney and Bibus (1995) examined the effectiveness of distance learning for child welfare work with involuntary clients. Petracchi and Morgenbesser (1995) described the use of video technology for teaching classes on substance abuse. Barker, Frisbie, and Patrick (1989); McHenry and Bozik (1995); O'Conaill, Whittaker, and Wilbur (1993); and Threlkeld, Behm, and Shiflett (1990) have studied student interactional factors in distance education classrooms. Rutherford and Grana (1994) drew an analogy between interactive television and the creation of a blended family in the sense that risk-taking, restructuring of rules, and patience are all required in the formation of new stepfamily systems. Finally, Conklin and Ostendorf (1995) speculated that the growth of distance learning in continuing social work education would continue to expand well into the 21st century.

It is interesting to note that most all of these studies were from social work perspectives. A review of sociology literature yielded few findings. Although the above studies are varied and prolific, they do not address potential differences or complications that might arise while teaching across urban and rural sites, nor do they address important sociodemographic or other variables that may influence clinical applications. Furthermore, no consideration has been given to the fact that most interactive television hookups originate from urban settings and are transmitted to rural sites. Remarkably, the relevance and application of urbanized course material to

rural settings has not been examined. The current study begins to address these concerns. We sought to assess the similarities and differences of perceived clinical issues (specifically practice issues, practice approaches, and diversity issues) across three diverse geographic locations, taking into account key sociological characteristics. In sum, the goal of this study was to address one aspect of the effectiveness of distance education: how applicable is an urban-based curriculum to rural settings in preparing graduate level clinicians from a wide variety of backgrounds?

Method

Setting and Participants

The first MSW practice methods course via two-way interactive television across three sites was taught during the Fall semester of 1995, with two sections offered on different evenings. The current study included one of these two sections (N = 66 students). The concurrent sections involved urban and rural social work students at the university (n = 27), and the two off-campus or remote sites Rural Site #1 (n = 22) and Rural Site #2 (n = 17). Most of the on-campus students were enrolled in the two-year full-time program (with a few part-time students), while all the off-campus students participated in a 5-year part time MSW program. The three instructors from each site represented distinct educational backgrounds: a Ph.D. level social work professor, a MSW level social worker, and a Ph.D. level sociology and social work professor, respectively. All three had extensive clinical backgrounds. The remote site instructors taught for the entire academic year, while the on-campus faculty member taught one term, which is described here. The primary course organization and structure was facilitated by the on-campus professor, with input from the remote site instructors. Grading was done by the on-site instructor for each of the three sites. Readings and assignments were the same across the three classrooms, with local instructors facilitating application to their geographic region. Both on-site instructors were in frequent contact with the on-campus professor in order to plan class lectures and moderate group discussions when the class sessions were off camera.

Procedure and Measure

Students were administered a 19-item Current Clinical Issues Questionnaire (CCIQ) during the last class session. Due to the unique aspect of this research, the instrument was created for this project and has unknown reliability and validity. Ten of the 19 items employed a 4-point Likert scale (where 1 = rarely, 2 = somewhat often, 3 = very often, 4 = nearly always) to assess practice issues, practice approaches, and diversity issues. Student sociodemographic characteristics were tapped via seven items. Finally, two open-ended items asked students to identify the top three presenting problems

they encountered in their practice, and which treatment approaches were most commonly employed. Since these two qualitative items yielded such a wide array of responses which were not germane to the focus of this study, findings are presented elsewhere (Whipple and Blodgett 1996).

Results

Sixty-one of the 66 students (92%) completed the Current Clinical Issues Questionnaire (CCIQ), which included 27/27 (100%) of the on-campus students, 21/22 (91%) from Rural Site #1, and 13/17 (76%) from Rural Site #2. Due to inclement weather during the last class session, the off-campus students who were not present were mailed a questionnaire with a self-addressed stamped envelope, and asked to return it to the on-campus instructor. Analyses included descriptive statistics and one-way repeated measures analysis of variance (ANOVA). First, descriptive statistics were computed to provide a sociodemographic profile of student and geographic characteristics across the three sites and student responses to the CCIQ across the three sites, followed by the multivariate analyses. The findings are summarized as follows.

Descriptive Summary of Student Sociodemographic Characteristics Across Three Sites

University Site. Table 1 summarizes key sociodemographic student variables across the three sites. On-campus students ranged in age from 22 to 47 years ($\underline{M}$ = 29.69, $\underline{SD}$ = 4.57). The majority were female (67%) and Caucasian (78%), but also included African-American (7%), Asian (7%), Arabic (4%), and Native American (4%) students. Interestingly, most of the on-campus students resided in towns with a population of 10,000 to 24,999 (27%), followed by those with populations greater than 100,000 (23%), and 75,000 to 100,000 (19%). The largest percentage of university-site students (44%) expected to live in the same size town five years post-MSW, although a notable proportion (37%) anticipated living in a larger area. The two most popular areas of service delivery during the past year were mental health (33%) and child welfare (22%). Students were asked if they had ever been in counseling or psychotherapy for their own professional development, and at the University Site, 15 of the 27 (56%) reported that they had not.

Table 1

Descriptive Summary of Student Sociodemographic Characteristics Across Three Sites (n=61)

	University Site (n=27)	Rural Site #1 (n=21)	Rural Site #2 (n=13)
	Frequency (%)	Frequency (%)	Frequency (%)
Gender			
Female	18 (67%)	15 (71%)	12 (92%)
Male	9 (33%)	6 (29%)	1 (8%)
Ethnicity			
Caucasian	21 (78%)	19 (91%)	12 (92%)
African-American	2 (7%)	0	0
Asian-American	2 (7%)	0	0
Arabic-American	1 (4%)	0	0
Native-American	1 (4%)	2 (9%)	1 (8%)
Population Size of Residence[a]			
Under 10,000	2 (8%)	13 (62%)	6 (46%)
10,000 - 24,999	7 (27%)	5 (24%)	5 (38%)
25,000 - 49,999	4 (15%)	0	1 (8%)
50,000 - 74,999	2 (8%)	1 (5%)	0
75,000 - 100,000	5 (19%)	2 (9%)	1 (8%)
Over 100,000	6 (23%)	0	0
Expected Population of Future Residence			
Same	12 (44%)	13 (62%)	7 (54%)
Smaller	5 (19%)	0	1 (8%)
Larger	10 (37%)	8 (38%)	5 (38%)
Area of Service Delivery			
Child Welfare	6 (22%)	9 (43%)	3 (23%)
Gerontology	5 (19%)	0	0
Health Care	3 (11%)	0	2 (16%)
Mental Health	9 (33%)	9 (43%)	6 (46%)
Education	3 (11%)	2 (9%)	2 (15%)
Occupational	1 (4%)	1 (5%)	0
Ever Been in Counseling			
Yes	12 (44%)	10 (48%)	8 (62%)
No	15 (56%)	11 (52%)	5 (38%)

[a]n=26 for University Site

Rural Site #1. The students attending Rural Site #1 ranged in age from 25 to 50 years, averaging 37.54 years (SD = 7.89). The majority (71%) were female, and nearly all were Caucasian (91%), with the exception of 2 (9%) Native American students. Most (62%) lived in a town with a population size less than 10,000, followed by residence (24%) in geographic regions ranging from 10,000 to 24,999. The majority (62%) expected to live in the same size town for the next five years, while 38% expected to live in a larger geographic area. The primary areas of service delivery were child welfare (43%) and mental health (43%). When asked if they had ever been in counseling or psychotherapy, slightly over half (52%) reported that they had not.

Rural Site #2. Students' age in the off-campus site furthest from the university ranged from 23 to 46 years (M = 32.85, SD = 7.64). Nearly all of the students were female (92%) and Caucasian (92%), with one (8%) Native American student enrolled. Students resided primarily in towns with populations under 10,000 (46%) or areas with populations between 10,000 and 24,999 (38%). The majority (54%) expected to reside in the same size area for the next five years, although 38% anticipated living in a larger geographic region. The primary area of service delivery was mental health (46%) followed by child welfare (23%). When asked if they had ever been in psychotherapy, Rural Site #2 reported that the majority (62%) had received treatment.

Descriptive Summary of Student CCIQ Responses Across Three Sites

University Site. Table 2 provides a summary of mean scores and standard deviations on the ten CCIQ Likert items which addressed practice issues, practice approaches, and diversity issues across the three sites. In regard to practice issues, students at the on-campus site reported that they relied on self-disclosure somewhat often (M = 1.63, SD = .79) when working with clients. Students were also queried as to how often they thought about receiving counseling or psychotherapy for their personal development, and reported an average score of 2.07 (SD = .96) or "somewhat often." Among those who had (44%), the average length of treatment was 9 months (SD = 8.45, range = 1-24 months). On-campus students felt they would be involved in evaluating their practice very often (M = 2.67, SD = .74). When implementing practice approaches, the university-site students reported that they used the DSM-IV or other diagnostic measures somewhat often (M = 1.93, SD = 1.33) and thought about going into private practice somewhat often (M = 2.33, SD = 1.11).

In area of diversity issues, on-site students saw clients from an ethnic background different than their own very often (M = 2.59, SD = .84), and worked with clients from a different socioeconomic background (M = 3.04, SD = .85) very often. On-campus students reported rarely working with gay

or lesbian clients (M = 1.30, SD = .82), Finally, these students saw both physically disabled clients (M = 2.33, SD = 1.24) and highly religious clients (M = 2.11, SD = .85) somewhat often.

Table 2

Descriptive Summary of Student CCIQ Responses Across Three Sites (n=61)

	University Site (n=27)	Rural Site #1 (n=21)	Rural Site #2 (n=13)
	M (SD)	M (SD)	M (SD)
Practice Issues			
Use of Self-Disclosure	1.63 (.79)	1.91 (.70)	1.85 (.56)
Own Psychotherapy	2.07 (.96)	1.71 (.78)	1.54 (.66)
Use Practice Evaluation	2.67 (.74)	2.71 (.97)	2.15 (.90)
Practice Approaches			
Use Diagnostic Measures	1.93 (1.33)	2.00 (1.23)	2.00 (1.08)
Plan Private Practice	2.33 (1.11)	2.19 (.87)	1.54 (.66)
Diversity Issues			
Ethnicity	2.59 (.84)	1.57 (.81)	1.54 (.78)
Socioeconomic Status	3.04 (.85)	3.24 (.77)	2.92 (.86)
Sexual Orientation	1.30 (.82)	1.29 (.56)	1.23 (.44)
Physical Disability	2.33 (1.24)	1.62 (.81)	1.92 (.86)
Strong Religiosity	2.11 (.85)	1.57 (.75)	1.92 (.76)

Note. CCIQ Likert Scale Where 1=Rarely, 2=Somewhat Often, 3=Very Often, 4=Nearly Always

Rural Site #1. In regard to practice issues, students at the rural site geographically closer to the university reported that they relied on self-disclosure somewhat often (M = 1.91, SD = .70) when working with clients. Students were also probed as to how often they thought about receiving counseling or psychotherapy for their personal development, and reported an average score of 1.71. (SD = .78) or "somewhat often." Among those who had received counseling (48%), the average length of treatment was 6 months (SD = 4.87, range = 1-12 months). Further, students from this rural site indicated that they would be involved in evaluating their own practice very often (M= 2.71, SD = .97). When implementing practice approaches, students at Rural Site #1 used the DSM-IV or other diagnostic measures somewhat often (M = 2.00, SD = 1.23) and thought about going into private practice somewhat often (M = 2.19, SD = .87).

In the area of diversity, students at Rural Site #1 saw clients from an ethnic background different than their own somewhat often (M = 1.57, SD = .81), and from a different socioeconomic background very often (M = 3.24, SD = .77). These students reported working with gay or lesbian clients rarely (M = 1.29, SD = .56), and with physically disabled clients (M = 1.62, SD = .81) and highly religious clients (M = 1.57, SD = .75) somewhat often.

Rural Site #2. In regard to practice issues, students at the most remote rural site reported that they relied on self-disclosure when working with clients (M = 1.85, SD = .56), and felt they would be involved in evaluating their practice (M = 2.15, SD = .90) somewhat often. Students at this site reported that they were less likely to consider counseling or psychotherapy for their own professional development (M = 1.54, SD = .66). Among those who had (68%), the average length of treatment was 9 months (SD = 12.30, range = 1-36 months). When asked about practice approaches, these students gave less consideration to going into private practice (M = 1.54, SD = .66) and used the DSM-IV or other diagnostic measures (M = 2.00, SD = 1.08) somewhat often. In regard to diversity, students from Rural Site #2 saw clients from an ethnic background different than their own somewhat often (M = 1.54, SD = .78), and from a different socioeconomic background very often (M = 2.92, SD = .86). Students at the site furthest from the university reported working with gay or lesbian clients rarely (M = 1.23, SD = .44), with physically disabled clients (M = 1.92, SD = .86) and with highly religious clients (M = 1.92, SD = .76) somewhat often.

Differences in Sociodemographic Characteristics and Student CCIQ Responses Between the Three Sites

Next, student ratings of sociodemographic and clinical issues as reported on the Current Clinical Issues Questionnaire were tested for differences using one-way repeated measures analysis of variance (ANOVA) and significant

differences are summarized in Table 3. It is important to note that the sample size was substantially compromised (n = 13) due to the smaller class size in Rural Site #2, limiting statistical power to detect differences. In regard to sociodemographic variables, students at the university site were significantly younger than those at Rural Site #1 ($F[2,12] = 7.02$, $p < .05$), with mean ages of 28 versus 38 years, respectively. In response to the question regarding the size of the geographic region the students presently resided in, significant differences were noted between all three sites, with the university-based students residing in significantly larger areas than both Rural Site #1 ($F[2,11] = 3.57$, $p < .05$) and Rural Site #2 ($F[2,12] = 1.17$, $p < .05$).

Table 3

Significant Differences in Sociodemographic Characteristics and Student CCIQ Responses Between the Three Sites (n=13)

	University Site	Rural Site #1	Rural Site #2	
	M (SD)	M (SD)	M(SD)	F
Sociodemographic Characteristics				
Student Age	27.69 (4.57)	37.54 (7.89)	32.85(7.64)	7.02[a*]
Population Size[c]	3.33 (1.92)	1.83 (1.34)	1.92 (1.17)	3.57[a*]
				1.17[*b]
Practice Issues				
Own Psychotherapy[d]	2.07 (.96)	1.71 (.78)	1.54 (.66)	.61[a*]
				4.17[*b]
Diversity Issues				
Ethnicity[d]	2.59 (.84)	1.57 (.81)	1.54 (.78)	4.39[a*]
				4.39[*b]
Physical Disability[d]	2.33 (1.24)	1.62 (.81)	1.92 (.86)	.89[a*]
Strong Religiosity[d]	2.11 (.85)	1.57 (.75)	1.92 (.76)	3.51[a*]

[a]Between University Site and Rural Site #1, [b]Between University Site and Rural Site #2, *p<.05
[c]1=Under 10,000, 2=10,000 - 24,999; 3=25,000 - 49,999; 4=50,000 - 74,999;
5=75,000 - 100.000; 6=over 100,000
[d]CCIQ Likert Scale Where 1=Rarely, 2=Somewhat Often, 3=Very Often, 4=Nearly Always

Of the three practice issues tapped by the CCIQ, only one difference was noted, and that was in regard to thinking about receiving personal psychotherapy, with the university-based students reporting higher scores than both Rural Site #1 ($F[2,12] = .61$, $p < .05$) and Rural Site #2 ($F[2,12] = 4.17$, $p < .05$). In regard to diversity issues, significant differences were found between all three sites in regard to working with clients from an ethnic background different than their own, with the on-campus students reporting higher scores than both Rural Sites #1 and #2 ($F[2,12] = 4.39$, p, .05). The university-based students reported working with both physically disabled clients ($F[2,12] = 89$, p,.05) and with highly religious clients ($F[2,12] = 3.51$, p,.05) significantly more often than Rural Site #1.

Discussion

This study builds on a long tradition of blending sociology and social work in the creation of unique systems, such as utilizing interactive television for clinical education across geographically distinct regions. While there is currently a rapidly emerging literature on distance education as a teaching modality, remarkably little is known (especially in the sociology literature) about the effectiveness of this relatively new system across urban and rural settings. Thus, we sought to begin to understand how an applied clinical methods course transmitted via distance education from one urban on-campus site to two rural off-campus sites affected clinical education. Specifically, this research examined both key sociodemographic variables and clinical concepts in three areas: practice issues, practice approaches, and diversity issues. The goal was to better understand the similarities and differences in urban-based and rural-based students, and how various sociodemographic factors were related to the applicability of identified clinical concepts.

It was hypothesized that the university-site student responses would differ significantly from both rural sites on the sociodemographic and clinical characteristics tapped. Findings revealed, however, that it was primarily Rural Site #1 (which was geographically closer to the university) that differed from the campus site. While Rural Site #2 was more remote, it is considered more metropolitan within its area, hosting the regional medical facility and the largest university in the area. Further, while Rural Site #1 is geographically closer to other metropolitan areas and is thus more accessible, its population size is much smaller than Rural Site #2 (3,000 versus 23,000 residents). Consequently, population size rather than geographic region may be more important in understanding the role of student sociodemographic characteristics and perceived relevance of various clinical issues (e.g., these students may be more "urbanized" and thus similar to traditional university students).

In regard to the sociodemographic variables tapped, as expected, students

enrolled at both rural sites resided in significantly smaller areas, with most of the university-based students living in towns of 25,000 - 49,999 and the rural students in towns with populations between 10,000 and 24,999. While these differences were statistically significant between all three sites, it is important to note that while the university students attended class in a metropolitan area with a population of 180,000, most lived in smaller towns away from the campus, which may have diluted the amount of variation found on other sociodemographic and clinical variables. This is consistent with the land-grant/outreach mission of the university, which encourages students to live in their own communities rather than relocate on or near campus. When asked "what size area do you see yourself living in five years from now?" responses were very similar across the three sites, with most expecting to live in the same or smaller size area (although only the university-based students reported "smaller"). Still, the fact that nearly 40% of the students at all three sites anticipated moving to a larger city has important implications for curriculum design. In particular, universities would be wise to tailor course material to the issues facing various population densities based on the composition of students enrolled each year.

The second sociodemographic characteristic that was significantly different between two of the sites was student age. Also as expected, the university-based students were younger, although this difference was only statistically significant between the university site and Rural Site #1 (28 versus 38 years). Indeed, students at the most remote rural site were also older than the university students (33 versus 28 years). These age differences between urban and rural residents are consistent with national populations trends (Zopf 1984). This has critical implications for course design and implementation, as the students at the rural sites typically had more clinical and "life" experience than the university-based students, and thus were often ready for more complex clinical material than younger students. Other sociodemographic characteristics of note were the predominance of females enrolled, especially at Rural Site #2. While not statistically significant, it is interesting that more men chose to pursue an MSW at the university site than either of the rural settings, suggesting more traditional gender roles in rural settings. Also, the university classroom was clearly the most ethnically diverse, which supports the university emphasis on diversity content in courses, but may point to less immediate relevance of this material at the rural sites. Finally, child welfare and mental health were the most commonly listed areas of service delivery across all three sites, which points to the need for more emphasis in the curriculum in these areas of practice specialization.

Of the ten clinical areas tapped, four were significantly different between sites. In regard to practice issues, students at both rural sites reported less likelihood of pursing their own psychotherapy for personal and professional

growth. One might assume that people living in rural areas were more hesitant to seek such services due to their lack of anonymity and value of self-reliance. Of particular interest is that fact that more of the students at the rural sites had already received counseling at some point in their lives (especially at Rural Site #2), and thus were more resolved in personal issues. No statistically significant differences were noted across the three settings in practice approaches, although it is clinically significant to note that the university-site students viewed private practice more favorably than the rural sites, especially Rural Site #2. One qualitative example involved an in-class assignment where each site spent time off camera listing the pros and cons of social workers going into private practice, and coming to a consensus as to whether or not clinicians belong in the private versus public sector. When students came back on camera to summarize their views, it was clear that the university site was the most supportive of privatization, due partly to a larger market base to draw from and endorsement of this current progression in the social service delivery system. Further, Rural Site #2 was the only one to conclude that clinicians should not go into private practice.

Among the questions assessing diversity issues, three areas of statistically significant difference were noted. University-site students reported working with clients from ethnic backgrounds different from their own significantly more often than students at both rural sites. This is highly consistent with the ethnic diversity noted among the students at the university and the fact that the larger metropolitan areas are more culturally diverse. Zopf (1984:278) also recognized this dynamic by noting "rural life can be cohesive and homogeneous, but sometimes unduly restrictive and unable to accept differences or change." While course material on working with clients from various ethnic backgrounds may not seem as relevant to the rural students because they do not encounter minority families as often, it is important to consider that 38% of the students at each of the rural sites expected to live in a larger geographic area later in their careers. Thus, exposure to diversity curriculum would be especially useful to this portion of the rural students. Second, university-site students reported working with physically disabled clients significantly more often than those at Rural Site #1. Since this rural site is smaller and not surrounded by major medical facilities, their exposure to this clientele may indeed be minimal. Finally, university-site students reported working with highly religious clients significantly more often than students at Rural Site #1. This finding initially seems incongruent with urban characteristics, as rural settings are viewed as having stronger religious values. This inconsistency may be linked to the ethnicity finding, in that the greater ethnic diversity at the university site could account for even stronger religious or spiritual values than the more homogeneous rural sites.

A few additional clinically significant results should also be noted. For

instance, no differences were reported in the use of self-disclosure across the three sites. Relationships in rural areas are usually considered more gemeinschaft in nature, while urban areas are more characterized by gesellschaft interactions (Toennies [1887]1963). It would therefore be expected that self-disclosure is exercised more often by rural students, who did report higher mean scores on this construct, albeit not statistically significant ones. Also, no differences were noted across the three sites in students working with clients from different socioeconomic backgrounds than their own. Rural sites typically maintain a lower socioeconomic status (SES) than urban sites (Morales and Sheafor 1995) which was again supported qualitatively by an in-class exercise where rural students rated low SES as one of the most common presenting problems. The university student status may have compromised expected differences, as well as the small sample size when conducting the ANOVAs.

Clinical Applications

Although course content for this empirical study centered predominantly on social work, the method of analyses was sociological in nature by use of demographic variables, and is equally applicable to clinical sociologists. "Social location" was given specific attention. See and Straus (1985:72) elaborated:

> An individual's conduct is a reflection of how she or he, based on cultural learning, analyzes situations. One's acquisition of culture depends in turn on social location, that is, on one's place in the overall social structure as it is organized at this particular time in history... To speak of 'social location' is shorthand for saying that every member of a society can be described in terms of relationship to certain structural factors of that society. Among these 'vital features' in our own society, according to clinical sociologists Glassner and Freedman (1979), are the person's socioeconomic status, ethnicity, gender, and age.

The above-mentioned vital features were all given consideration in this study. Indeed, when training future clinicians, these sociodemographic characteristics are assumed to influence practice on prospective clients. Furthermore, these features of future clients must also be considered when training practitioners. Emphasis on such social characteristics may distinguish clinical sociologists from ordinary practitioners.

Interactive television, once a futuristic mechanism for teaching, is now a viable means in which to transmit knowledge. Future studies would do well to evaluate the effectiveness of distant education, especially as this format compares to traditional classroom learning. The use of interactive television, however, enabled these researchers to compare students in different geographic locations that otherwise would not have been possible. In addition

to sociodemographic variables, current practice issues, practice approaches, and diversity issues were also addressed. The number of students participating was admittedly small, but the quality and implication of findings are clearly relevant. Additional qualitative questions were also utilized in this study but were not reported due to a lack of consistent responses that defied categorization.

It has been suggested that "there is historical precedent in sociology for application of sociological knowledge to counseling, theoretical support for a sociological claim to a role in the counseling process, and the construct of cultural relativity to provide methodological direction of a counseling sociology" (Black 1979). This study did not attempt to justify clinical or counseling sociology, but rather utilized traditional sociological methods to study graduate-level social workers who are training to become practitioners. Cultural relativity was explored through sociodemographic variables, and was found to influence student responses concerning clinical issues. Rural and urban differences were noted, which generate teaching implications on the relevance of course content for various geographic regions. Zopf (1984:276) captured the significance of such considerations:

> Rural communities and large cities do have things in common, but the one is not simply a smaller version of the other. The failure to account for the basic distinctions between them frequently produces efforts to apply metropolitan solutions to rural problems, especially in the complex process of development, and results in an urban overlay that is artificial and unworkable. Therefore, to understand the relationships between the rural and urban parts of a society, we need to underscore some of the basic variations between the two types of communities.

In addition to consideration of sociodemographic variables, this work centered on clinical issues that previously had not been covered in the distance education literature base. This study further bridged the disciplines of sociology and social work. If sociology intends to enhance its application to clinical practice, more work in this area is needed to determine more specifically what influences future practitioners. The sociology of social work practice is one important area that necessitates continuing research.

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