

Practice in Rural Areas

Independent practice in rural areas - points to consider

Counselling in rural and isolated communities is fraught with possible difficulties, which, if not clearly understood at the outset, can damage-perhaps irreparably-such a practice. While many of the points raised are applicable to all independent practice most have particular importance for practice in rural areas. No attempt is made here to give advice-just to raise an awareness of issues you may encounter.

As with clients in any other practice area, there is no 'typical' rural client. Rural clients may include those who have never left the area, those who have retired from more cosmopolitan centres and everything in between. Expect to see highly educated and intelligent clients as well as those whose formal schooling was minimal. Some clients will be 'therapy-wise' while others will have little or no understanding of what to expect and how to use the process.

Personal issues Isolation and loneliness of practitioner- Having no fellow-counsellors or peers nearby for quick and routine contact can lead to a sense of isolation and loneliness.

Social life/duality and client expectations (transparency of practitioner's life)- Your client's sister might be your dentist's assistant-or your dentist. It might not be possible to avoid seeing your clients in social settings. Decide how to handle such meetings before they happen. It is likely that people indigenous to a rural area have different expectations about the client-counsellor relationship. For many, the mere act of revealing their 'private' self automatically makes the counsellor 'one of the family' and they thus assume a familiarity not usually encountered in more metropolitan areas. It is essential to be sensitive to this and not expect to use a one-size-fits-all approach.

Nightmare scenarios- How do you say no without breaking confidentiality when the mistress of a married man who is already your client asks for counselling with you? Or can you hold good enough boundaries to see them both? What would you do if, in the course of counselling, you discover that the 'child abuser' one client is talking about is also your client-whom you had hitherto no reason to believe was abusive? If you are the only option you may be seeing more than one member of an extended family. Be prepared to field enquiries about how 'our Jack' is doing without offending. Remember not everyone is aware of or can understand the ethical boundaries practitioners can often take for granted.

Working from home- Consider the pros and cons. You can be more flexible if you operate from home, you can save room rental, and you can usually claim tax relief if the room you use is exclusively used for counselling purposes. Negative considerations include:

- Safety:are you alone in the home or is there someone within hailing distance?
- Waiting room:do you have enough space to offer a private space for clients to wait, or can you schedule them with time between to remove the possibility of clients seeing each other?
- Toilet:how do you keep your private life private? Is your bathroom spotlessly clean and void of personal items? It is not unknown for clients to open cupboards and cabinets-are yours free of drugs and potentially embarrassing items? Is there soap and a clean towel available at all times?
- Foods:can your clients detect curry, fish, or other strong-smelling foods? Should you offer tea or coffee if you are having one-or should you have your break later?
- Tidiness:Make a habit of walking in and seeing what your clients see. Sit where they sit and see what they see.
- Disability access:Is your home easily accessible to the disabled? Is the only toilet upstairs?

Own therapy- If you are the only counsellor in your area, or if you feel yourself in competition with other local counsellors, what will you do about your own counselling needs?

What to wear- If the majority of your clients are local born and bred they might not be comfortable

with you in a suit or heels. Conversely, even those who arrive in jogging suits do not expect to find you similarly attired.

Professional issues
Presenting problems- Rural issues are not likely to be very different from any other counselling practice, but the way in which people access them may be. Be prepared for both ends of the continuum: those who launch right in with little or no preamble and those who drag their feet and reveal hardly anything. Consider that even going for counselling might be seen as a weakness, or a betrayal of their family, and that for some clients, a single session is all they want, no matter how complicated their issues seem.

Referring on/availability of appropriate help- Do you know what is available locally in terms of voluntary agency counselling, AA and other 12-step groups, telephone resources including Samaritans, as well as reliable alternative practitioners? Keep names and addresses easily accessible to give to clients.

Supervision- The same considerations apply as in your own personal therapy.

Self-disclosure- Clients not used to the world of counselling can feel rejected if counsellors do not talk freely about themselves. Know where you stand on this issue.

Boundaries- Close neighbours (if you practise from home) might see people they know coming and going and wish to comment. Know before this happens how you will respond-and discuss with your clients.

Counsellor needs- If you are isolated from peers, how will you get your own needs met?

Ongoing training- You will probably need to travel to attend training meetings. Consider other ways of keeping up with the profession.

Home visits- Do you or don't you? What are the advantages and what are the pitfalls?

Working with GPs and other professionals- Boundaries may be severely tested if the local vicar, for example, wants to 'have a chat' about a parishioner you are seeing. Know what you must do or not do ethically speaking.

Practical issues
Transportation- are you easy enough to find? Do you have an easy-to-follow map-with parking information-you can send to clients before their first visit? Can clients get to you on public transport easily enough? Do you have an up-to-date bus or train timetable handy as well as clear directions on how to get to you from the bus stop or train station.

Getting clients- Word of mouth is often the richest source of clients in rural areas. GP surgeries can be good sources of referrals, once you are known and trusted. Can you put warmly-worded cards in local shops, GP practices etc?

Resources
BACP Therapy Today

BACP Ethical Help Desk

BACP Guidelines for Ethical Practice

NHS Direct

Editor's note:This document and its companion -Setting up an independent practice: points to consider- are intended to be dynamic and will be part of a larger article to be published in a future issue of the AIP journal. Thus, contributions are welcome. Please send in your thoughts, additions to the list, confusions, concerns and clarifications (anonymously, if you prefer) to:

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