

Itinerant Counseling Services for Rural Communities: a Win/Win Opportunity

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Abstract

Providing mental health services for rural communities continues to be problematic. It is estimated that a quarter of the American population lives in rural areas. A variety of sources attest that mental health issues among urban populations are significantly higher than the average urban populations. This article addresses the critical need for itinerant counseling services for rural communities. The first part of the article is a review of the literature and scholarly evaluation of the subject of mental health services in the rural communities. The second part is a personal narrative of the author's experience in establishing and maintaining a successful itinerant counseling practice. This narrative includes an examination of the potential issues associated with such a practice.

Keywords: itinerant, entrepreneurship, rural mental health services, counseling, counseling practice

Itinerant counseling services for rural communities: a win/win opportunity

Sitting across the kitchen table of the family in a remote, rural community of South Texas, I raptly listened to the parents verbalize their frustration. I had been assigned to counsel this family as a sub-contractor for the Texas Department of Child Protective Services. Our counseling visits were in-home because they were too far away from a larger city to access the needed therapeutic services for their family. At the end of the third in-home visit, CPS dropped the investigation, and consequentially, their assigned counseling sessions. The family pleaded with me, “We have no insurance coverage for counseling, and our family is still in distress. Can you continue to counsel our family?” Over the course that year, I would listen to several of my assigned families voice the same concern, “Where will we find a counselor for our family and our children?” This dilemma would serve as the catalyst to morph my counseling services into an itinerant rural counseling practice. The need for mental health services is critical for many individuals and families throughout rural areas.

The Uniqueness of Rural Mental Health Needs

Providing mental health services for rural communities continues to be problematic throughout America. According to Smith (2003), one-fourth of Americans live in a rural setting, and because of a variety of individual and family stressors, accessing mental health assistance can be next to impossible. Roberts, Battaglia, and Epstein (1999) concluded, “Roughly 15 million of the 62 million rural U.S. residents struggle with mental illness and substance abuse. These rural dwellers have significant health care needs but commonly experience obstacles to obtaining adequate psychiatric services” (p. 497). Mohamed, Neale, and Rosenheck (2009) discovered that while the severity of mental health problems were nearly equal among rural and urban veterans, the types varied which presented problems for delivery of those services to rural veterans (p. 7). Letvak (2002) argued the need for social support in rural areas and concluded “farm stress continues to be a major concern, especially with the current weakened national economy and soaring fuel and energy costs making it more difficult for rural residents to get by” (p. 252).

Sawyer, Gale, and Lambert (2006) suggested that most rural counseling programs are designed as scaled-down versions of an urban model, although research shows the mental health needs of rural America are separate and distinct from urban areas. Among these distinctions are more incidents of serious health problems, shortage of mental health care providers (particularly specialists), and higher than average turnover of health providers. Rural mental health care is also complicated by sizeable cultural diversity, declining local communities, poverty, and growing unemployment. Significant distances to large cities further complicate transportation issues as many rural residents lack the means or the mode for long distance travel. Additionally, McMurtery, Wallace, Webb, and Porter (2009) found mental health crises such as drug and alcohol abuse were no longer restricted to large cities and urban communities. Their research found that teens in rural areas and small communities are, in fact, more likely to be involved with drug abuse than teens in metropolitan areas.

Nowhere is this rural crisis more pronounced than Texas. The United States Department of Agriculture (USDA) reported that 196 of Texas' 254 counties are rural and of these, 106 are located near one of the state's 27 metro areas. This means that less than one-fourth of Texas counties can be identified as urban. The USDA also showed Texas as having the highest number of people for a rural population. In the National Association of Rural Mental Health 2006 report, Texas was conspicuously absent from the list of states having innovative community-based mental health programs. Moreover, Texas spends less per capita on overall mental health needs than any other state in the union. According to a report by the Texas State Department of Health Services concerning the recruitment and retention of health care providers in rural Texas, "The greatest areas of need are mental health providers and primary care physicians" (p. iv).

As the state, communities, and mental health organizations struggle with how to encompass such a broad and ever-expanding need, this can be a great opportunity for counselors. Providing mental health counseling services in rural communities can be a win/win situation for both counselor and clients. First, the counselor will win by providing a service for a neglected segment of the population and potentially securing a steady (though not avarice) source of income. Second, the clients will win as the therapy so desperately needed comes to them.

Facing the Challenges

The decision to become a mental health counselor cannot be made lightly or without adequate deliberation. It is a decision fraught with challenges. The first challenge is simply determining if one has the professional and personal endowments to fit the position. According to the Bureau of Labor Statistic's Occupational Outlook Handbook (2010-2011), the counseling profession requires certain personal characteristics. Among those are a strong desire to help others, an ability to inspire trust, respect, and confidence, and the willingness to work within diverse community settings. Additionally, clients often will present multiple issues requiring the counselor to utilize a variety of counseling services, techniques, and skills. Deciding to become a rural itinerant counselor requires an even greater level of commitment and introspection by the counselor.

Another challenge has to do with reimbursement. According to the TSDHS report, "The single factor that was mentioned the most as being necessary in the recruitment and retention of healthcare providers was money" (p. v). The Perryman mental health report (2009) assessed the impact of mental health issues on the overall financial wellbeing of the state and found that the saving would far exceed the cost to provide mental health services especially in the rural areas. Yet funds to support mental health services (in rural or urban settings) are limited and many are being cut.

Lastly, rural mental health providers are constantly faced with challenge of ethical dilemmas. Roberts, Battaglia, and Epstein (1999) reported six forms of ethical dilemmas particular to rural mental health providers. These include relationship, role, and boundary problems, confidentiality, cultural issues, generalist care and multidisciplinary team issues, limited consultation for ethics issues, and heightened stresses on caregivers (p. 499).

Narrative Perspective

Being one's own boss in this specific career entails developing and honing a variety of personal skills and organizational traits. I set my own appointments, determine which days I plan to work throughout the week, which areas I will visit, and map out a plan to maximize time and fuel economy. I also became proficient at billing third party entities for my services, particularly with Medicaid clients. Many Medicaid organizations such as Texas Health Partnership (traditional Medicaid), Amerigroup, and Superior have online billing services that are free to the provider.

Coming from a rural background and growing up on a farm gave me a unique perspective of the needs and challenges of the rural community. Some therapists may not find their personality will "fit" with the rural clientele. Sometimes it is as important to find where one does not need to be as finding where one needs to be in terms of careers choices. Remember that itinerant rural counseling is not for every mental health professional.

Marketing the Practice

How a therapist markets his or her own practice in a rural setting is critical for success. When I started my practice, I found the one common denominator was the school system. This was a fully operational system already in place. All I had to do was plug in my services. I began to visit each of the schools in the district meeting with the school administrators, counselors, teachers, and district superintendants in an effort to introduce myself and my services. One of the most effective services I provided was a free workshop or mini-conference for parents and/or teachers. At that workshop, I had my business cards and brochures ready and available. The counselors quickly put me on their call lists to give to parents who were searching for a mental health therapist.

By advertising my services as a therapist who could come to the client, I found many doors of opportunity began to immediately open. I also advertised in local rural newspapers, which were usually very affordable. Additionally, a therapist can make it a point to visit local law enforcement agencies, judges, county court offices, Child Protective Services, foster care organizations, and adult/child probation services. By informing these community organizations of your services, you give them an important resource they can utilize on a regular basis. On one occasion, a school district, knowing of my services to individual clients, contracted me to help them catch up on their counseling IEPs. The district was reimbursed by Medicaid, but a counselor who is a Medicaid provider could bill directly without school reimbursement. Many rural schools and districts simply do not have the human resources to keep counseling sessions current for their students and might welcome a counselor's invitation to help.

Benefits of rural itinerant counseling

There are many practical benefits of having an itinerant rural counseling practice. First, there is no overhead for an office. The itinerant counselor does not have to pay for rent, building insurance, electricity, or secretarial services. Your vehicle becomes your office. I would suggest investing in a good laptop and cell phone. The cell phone needs to be a PDA format or one that can easily store contact information and your counseling schedule. Second, you do not need a secretary because you can schedule your own appointments. Some may want to hire a secretary or billing person. However, I would avoid adding those extra expenses as long as possible. In

fact, I did not have good results with a billing company. I did not feel they gave me a lot of help or personal attention because my practice was not as large as many of their clients in the city. Learning to bill insurance companies for my services both saved me money and reduced the turn-around time for reimbursements.

Another benefit to itinerant rural counseling has to do with appointment ratios. Following a two-year analysis of my appointments made with appointment kept schedule, I found that appointments made for my office in the city had a kept ratio of about 60-75 percent. That is, only 60-75 percent of my appointments actually showed up. Conversely, my itinerant rural appointments were kept at an astonishing 94-100 percent ratio. It suggested to me that when services come to the client, the tendency to be a “no-show” great decreased.

Itinerant rural counseling also provides therapeutic benefits for the counseling process. With only a few exceptions, I found in-home or school visitation to be very effective. A visit in the home could help me understand the family dynamics, get a full picture of the client and the family system interaction, and observe home factors that may adversely affect a client. It also served to make the client feel comfortable in his or her own surroundings so that authentic and therapeutic communication could take place. On many occasions, I found that in-home or school visitation made the clients feel authenticated and that their concerns did matter. In all instances, I have the parents of school-age children to sign a release of information form so that I may consult with school officials. This allows for a network of support to be built under the student so that parents, teachers, counselors, and school administrators are all working in sync for the well-being of the client and family.

Itinerant rural counseling benefits the counselor as to professional development. The variety and complexity of the rural community create the perfect environment for the mental health professional to sharpen and hone his or her own counseling skills. Techniques, theories, and practice are all put to the test. Assessment skills are honed as one addresses both major and minor mental health issues. This also affords the therapist the opportunity to assemble a list of resources which can be referred to the client within the community, in a nearby city, or online. This unique form of professional service also forces the therapist to constantly evaluate the ethical standards the counseling profession so richly possesses. Nowhere do client autonomy, beneficence, non-maleficence, justice, fidelity, and veracity mean more than to the rural community and itinerant mental health provider. Multicultural issues are constantly encountered compelling the therapist to comprehend and appreciate the uniqueness of every individual, family, and community.

Finally, becoming an itinerant rural mental health provider creates a sense of personal and professional satisfaction. This benefit affirms the professional’s desire to just make a difference. Not all clients will get better or even benefit from our professional services. However, some will. Recently, I received a high school graduation invitation from one of my former rural clients. She was only 10 when I first met her. She had been sexually molested and abused by her stepfather. I worked with this client and her family periodically for four years. During that time, I was counselor, life-coach, mentor, change-agent, and advocate. I watched her endure the pain and fear of her traumatic experience. I also watched her find the strength to turn that pain into positive action. She is going to college for next year on a full academic scholarship. I cannot say

that all my clients are that successful, but I can say that about this one. Making a difference for just one client should and can be profoundly satisfying for any mental health professional, particularly those who work with underserved rural clients. It is impossible to value an experience such as this in monetary terms.

Conclusions

The decision to become an itinerant rural counseling professional is not for everyone. It can, however, be a very successful venture for both clients and counselors. Based upon my experience, I would encourage the potential therapist to consider the following before launching a rural practice:

- Be sure you can relate to and appreciate the rural community.
- Select three or four rural communities and strategically contact schools or community leaders informing them of your services.
- Ask around the community to determine the most effective advertising strategies used by local businesses.
- Develop a list of resources you can refer to your clients.
- Specialize in an area that is needed in the rural communities (i.e., drugs/alcohol, youth violence, teen suicide, family therapy, etc.).
- Become an in-network provider for Medicaid and other insurance agencies used in those communities.
- Develop a network with other professionals with whom you can dialogue, consult, refer to, and develop a collegial relationship with.
- Make a difference by utilizing a needs-based approach.
- Offer some free workshops and seminars as well as provide some free articles for the local newspapers.
- Be persistent.
- Be ethical.

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CASE STUDY DISCUSSION

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Scenario #1:

Jenny is a 35 year old mother of three who lives in a rural community of South Texas. She is at least 1 ½ hours from the nearest city having mental health services. The only other resource is the Mental Health Mental Retardation service in her county. However, they typically use counseling interns and psychiatrists only frequent the office one time per week. She recently divorced her husband of 8 years for allegedly sexually molesting her 10 year old biological daughter from another relationship. She has two other children from this latest relationship. He has been emotionally and physically abusive to her and the children. Child Protective Services investigates the case and after only two months, cancels services to Jenny and her children. The District Attorney's office cannot find enough evidence to charge the man though they have a sworn testimony from the daughter and children. Jenny and her family are in desperate need of mental health services but require those services to come to them because of the economic and geographical issues involved. Consider the following questions:

- 1) How could an itinerant counseling professional benefit this family?
- 2) What are the pros and cons of such a service to this family?
- 3) What would be the benefits (if any) of the counselor coming to the home and/or the school?
- 4) How could the children benefit from a counseling service that would include interviews and review of strategies with the teachers, school counselors, and administrators?

Scenario #2:

Robert has recently received his license as a Professional Counselor in Texas. He has also been accepted by the State's Medicaid Contractors to receive reimbursement for his counseling services. Robert decides to take his practice to the rural areas of South Texas. Consider these questions:

- 1) How could Robert advertise his services to a rural community?
- 2) What would be the benefits to a therapist to visit in the home/school of potential clients?
- 3) Based upon the American Counseling Association's code of ethics, what ethical considerations/concerns would need to be addressed in providing itinerant counseling services?
- 4) What personal traits would one need to ensure success as a rural community therapist?
- 5) What difference would it make if Robert were female?
- 6) What if he/she were of a different ethnicity than the clients?
- 7) How could being a rural community therapist make Robert a better counselor?

STUDENT LEARNER OUTCOMES:

- 1) Students will be able to articulate the need for mental health services in the rural communities.

2. Students will be familiarized with the typical and atypical situations that will inevitably arise during their service as a rural community mental health provider.

3. Students will learn how to apply ethical concepts and considerations within the context of one's own profession and rural setting.

4. Students will demonstrate an applied knowledge of moral principles and virtue ethics as related to the practice of professional counseling including a demonstrated ability to identify legal and ethical issues encountered in the professional counselor's rural community workplace.

5. Students will demonstrate comprehensive knowledge of the *ACA Code of Ethics (2005)* as it relates to rural ethical situations.

6. Students will demonstrate clear understanding of the professional counselor's relationship to the law.

7. Students will articulate and defend an ethical decision-making process which demonstrates a basic knowledge of how to proceed in the event of ethical or legal concerns in the professional counseling environment in a rural setting.

8. Students will be exposed to more in-depth consideration of selected issues and topics related to rural mental health needs.

9. Students will develop and refine their own multicultural awareness in light of ethical principles.