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Initial experiences and observations of a small town counseling psychologist

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ABSTRACT
The aim of the study was to draw inferences from my initial experiences as a small town counseling psychologist. It's a retrospective study and the sample consisted of my first hundred clients from Dec 2012 to Aug 2016 (in the twin cities of Yamunanagar- Jagadhri). Practicing psychology in a semi-urban town presents its own set of difficulties and advantages. The mind - set of the clientele is also different from more developed, urban and metropolitan cities.

KEYWORDS
Counselling psychology practice, small town, rural area, semi-urban town

Initial experiences and observations of a small town counseling psychologist

Introduction: With rapid changes in lifestyle, and ever elevating levels of stress, it is well known that the need for psychological counseling has shot up. While society is now forthcoming in terms of seeking therapy in bigger urban and metro cities, thanks to the efforts towards awareness made by various professionals and non- professionals alike; the scenario in smaller towns and rural areas is not the same.

Although the literature has highlighted a number of challenges (non-appealing factors) associated with rural practice, as of yet, scholars have not attended to factors that practitioners find appealing regarding working in a rural setting. In contrast to urban areas, in which one may need to specialize in order to obtain a referral or admission to insurance panels, rural areas provide the opportunity to serve as a generalist, practicing across the life span (Hargrove, 1982). Additionally, literature suggests that it is not an uncommon practice for individuals to work with members of the same family at the same time (Curtin & Hargrove, 2010). Working within multigenerational families provides a unique opportunity to understand the symptom or problem from multiple informants and may provide a more balanced perspective from which to conceptualize the client and situation. (Hastings and Cohn 2013)

My study aims to explore the trends and patterns observed in counseling psychology practice in one such relatively less developed area via the observations made in context of my clients.

It is hoped that the study provides a better understanding of the psychology of small town clients and implications of the same, both for the practitioner and the clients themselves.

It is likely to enhance our knowledgebase about different aspects of counseling psychology practice in a small (semi-urban) town (that usually stands somewhere in between the purely urban and purely rural areas, in terms of advancement and development).

Material and Methods

My first 100 clients from Dec 2012 to Aug 2016 (in the twin cities of Yamunanagar- Jagadhri) formed my sample. It's a retrospective study and the data of these 100 clients was analyzed and tabularized based on the following dimensions:

- Gender
- Age (0-4 years, 5-15 years, 16-25 years, 26-45 years, 46-65 years, 66 + years)
- Neurotic/Psychotic/Testing
- Compliance (Good, Average, Poor)
- Referral (Internet/ Doctor/ word of mouth)
- Problem/ Issue for which counseling was sought

Results and observations

Table 1 (Gender)

Gender	No. of clients
Male	63
Female	37

Table 2 (Age)

Age (in years)	No. of clients
0-4	2
5-15	31
16-25	25
26-45	31
46-65	11
66 +	Nil

Table 3 (Neurotic/Psychotic/ IQ or Aptitude Test)

Behavioural problems (specially found among children below 15 years of age, were put under neurotic category)

Nature	No. of clients
Neurotic	82
Psychotic	13
Testing	5

Table 4 (Compliance)

If the client had taken only one session, then compliance categorization was done based on the receptivity level of client in that session.

Compliance	No. of clients
Good	37
Average	32
Poor	31

Table 5 (Source of Referal)

Referral by	No. of clients
Word of mouth	68
Doctor(s)	11
Internet	21

Table 6 (Problem or Issue being faced)

- Since there can be much overlap between different psychological issues, and since the same person might be facing multiple issues, the first complaint of the client (or client's attendants) – both neurotic and psychotic was used for this grouping.
- Some clients arrived solely for psychological testing purposes, so a separate categorization has been created for them.
- Complaints about lack of friends (among school-going children) and/or lack of confidence, ADHD, school refusal and Autism spectrum disorders etc were considered as behavioural difficulties.
- Since OCD stems from anxiety, it's classified under the same group.

Problem	No. of clients
Behaviour	25
Studies	14
Relationships	05
Dementia	01
Stress & mood	28
Anxiety	19
Anger	03
Testing	05

Discussion

Counselors in rural (and semi-urban) areas find themselves facing unique challenges in striving to practice ethically and meet the needs of clients and communities. These challenges include dealing with: (1) multiple relationships, (2) limits of competence and resources, (3) geographic or professional isolation, (4) community values and expectations, and (5) inter-agency relationships. These challenges lead rural counselors to examine and question their daily practice and live in an attempt to balance ethical codes with the realities of rural life. (Schank 1998)

These same challenges hold true for practice in a small town, too; though perhaps slightly lesser than purely rural areas. But, while I did face these challenges, it won't be an exaggeration to say that the experience was both enriching and satisfying, too.

Referring to the table no. 1 in results and observations, it can be observed that more males sought therapy than females as the latter are mostly home bound and hardly have time to make their

mental health a priority. Commuting is also an issue for them, plus the plight of social stigma and unawareness type of general issues crop up. Males move out more, get to interact more and become more aware when they see/hear of others' mental health issues and the methods to resolve those.

Drawing from table no. 2, maximum clients were in the age group (16-45), 16-25 and 26-45 bracketed. This is because at years 16-25 parents insist upon resolving all types of issues as these are crucial career building years of their progeny. And those within the age group 26-45 years are at peak years of productive life, when one doesn't want to compromise on any front. There were more number of clients in the age group 5-15 years, too; people are more willing to take steps for and to spend for their children before they grow up; lest the unwanted behaviours become irreversible.

Referring to table no. 3, clients with neurotic symptoms are much more in number than those with psychotic symptoms. Even in a small town, there seems to be this kind of awareness present, that, for more serious problems a psychiatrist is to be sought. However, the uneducated people might neither be able to make this demarcation nor the one between a psychiatrist and a psychologist.

Referring to table no. 4, it can be said that compliance is generally not very good. This is because most psychological advice requires considerable personal effort. Generally, when a person himself/herself seeks therapy, then the compliance rates are higher. Otherwise, clients find it easier to take in a pill than follow behavioural modification.

Referring to table no. 5, referral was maximally through word of mouth. However, it is interesting to note that some internet savvy clients found the clinic through online listings and Google search, too.

Referring to table 6, it can be seen that the most prevalent issue among these clients was stress & mood. This can also be so because problem-wise grouping is done according to the clients' first complaint which is usually about one's fluctuating stress-levels and mood. However, stress and mood can be either/both- a cause or symptom of an altogether different psychological issue. Sometimes additional problems became apparent as sessions proceeded. Behaviour and studies clubbed together formed the major issue(s) among children and adolescents.

Conclusion

A number of conclusions-cum-suggestions can be drawn from this study:

Increasing number of clients now search online for a therapist, instead of asking their friends/acquaintances. This is because of the ever-elevating need for anonymity. It's worthwhile for a counsellor, be it any geographical location, to have at least some form of online presence with contact details. In fact, quite unexpectedly people wanted online sessions, too, and even house visits for reluctant and/ or moribund clients. The demand for home-visit(s), though not very frequent, reflects decisiveness of the client(s) and flexibility of the therapist.

Secondly, even if the compliance rates aren't very high, but the receptivity levels were observed to be definitely better. The clients listened to various suggestions attentively and remembered the contents of their previous sessions well. This indicates that if clients can be made to stick to

therapy, even the compliance and eventual improvement can go upwards. It would be in good stead, both for the client and the counseling psychologist, if the latter keeps reiterating the importance of regularity of sessions.

As has already been mentioned, most common complaints began with a mention of shifts in mood and/or increasing stress. While many clients simply desired medication for relief, many others were unwilling to consult a psychiatrist for having already had a negative medicine experience or simply not willing to be put on medicines. However, the tendency to take personal responsibility for betterment was less.

Fourthly, Psychology needs to percolate down to the even the most backward and under-represented sections of society. Much is being done in this direction, and much more needs to be undertaken.

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