

Psychotherapy In Rural America

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Americans drive on highways through rural states or they fly in airplanes over them to get to some distant location. They may think that those who live in Rural America are similar to themselves, but this may not be so. Therapists who wish to develop a practice in a rural area need to understand the uniqueness of their rural patient in order to be effective.

Rural farmer and ranchers live on the land. They love the earth and the crops and the animals. They drive into town for supplies and sometimes to the city but their home is

the ranch or the farm. The farm or ranch is the “Family Business” often handed down for generations. It supports the family.

It is natural that there is a geographical disconnect from urban Americans.

But there is also a philosophical and psychological distance. Ranchers and farmers do not feel listened to or understood by those who have the financial and political decision-making power, many miles away. Rural Americans may feel stress from this lack of control.

Health care professionals in rural areas need to understand this and other unique stress producers that contribute to physical and psychological struggles. Some of these include:

- Pressure to use complex expensive technology
- Financial impossibilities (a Combine may cost more than a house).
 - The younger generation may want to run the family farm but financially this is a hardship.
- Industrialization of food production controlled by corporations that do not consider the smaller farmer/rancher.
- Changing weather patterns—floods, storms that change crop and animal production.
- Distance and time required to get to town, health care providers, hospital may feel isolating.
- Lack of insurance benefits that usually accompany “City” employment.

The key to behavioral healthcare in rural areas is to connect with the people. If you are practicing

in a rural area and do not come from the area: talk to people; listen to people, get to know their worldview. Rapport may be established by letting the client know you have a farm background. The family dynamics of running the farm “business” is important to consider in therapy. The support system of rural Americans may look different to urban therapist. Their resources are neighbors, pastors, co-op managers, and seed salesmen, but specifically the immediate family. Therefore, family intervention should be considered.

The distance from town may require that the therapist go to the client rather than the client coming to the office. In the future telepsychology may be of consideration.

The influence of the church and personal faith is important. The treating psychologist would benefit from religious training to connect with clients.

Handouts, homework, and links to websites may feel impersonal. Individualized clinical process is crucial.

Independence, physical strength and self-reliance is a positive attribute to farmers and ranchers. However, it may also make them reluctant to seek assistance. The stigma of having a mental health problem or appearing weak may make it difficult to get a prospective patient to seek a referral. Reframing and normalizing symptoms, avoiding psychological terminology and speaking to strengths may help during the Intake process until trust is established with the therapist.

It is important that providers understand the challenges of parenting in rural communities with small schools and limited access to resources for their children. Teenagers face isolation, limited access to child and adolescent psychological health providers and the same hesitation to seek services as their parents. Rural children face the same issues as urban teens in managing social media and navigating a rapidly changing world.

To repeat—The relationship is most important. ■