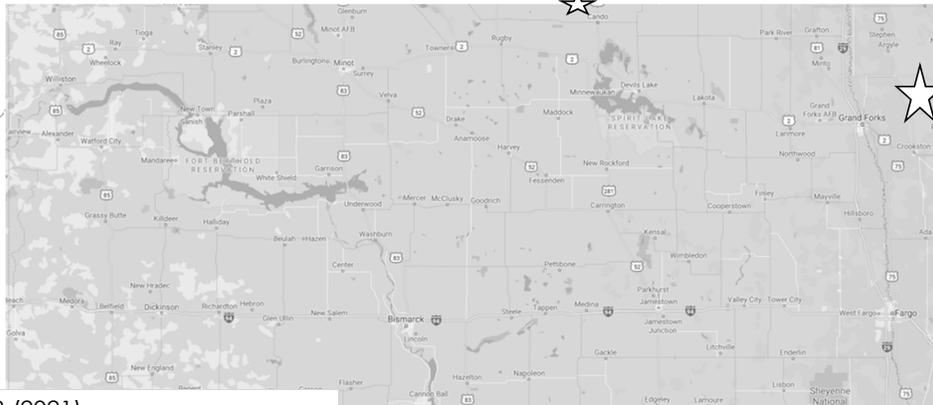


# Ethical Considerations in Rural Behavioral Health

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## Objectives

Identify	Identify at least three (3) ethical challenges of particular relevance to providing rural behavioral health services.
List	List at least four (4) ways in which rural settings and social context impact ethical and clinical decision-making
Apply	Apply clinical judgment and ethical decision-making steps to at least three (3) cases involving confidentiality, multiple relationships, competence, and privacy.



Population 780,523 (2021)  
 Area: 71,000 sq miles (340 x 211)  
 11 people per square mile  
 38 of 53 counties are Frontier (<7 people psm)  
 250 psychologists; over half in GF and Fargo

## Why Rural and Small Communities?

- 97% of US land area is in rural counties
- 60 million people (19.3% of US population) live in rural counties
- Several factors impact clinical and ethical decision-making in rural and small communities:
  - Access
  - Culture
  - Treatment considerations



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## Availability, Accessibility, & Acceptability

- ▶ Availability: sufficient and appropriately trained psychologists (or mental healthcare professionals, broadly)
- ▶ Accessibility: equitable distribution of health care providers across communities
- ▶ Acceptability: health care providers capable of treating all patients with dignity, including competence to work with language, culture, social identities and other demographic factors
  - *Global Health Workforce Alliance of the WHO*
- ▶ Per 100,000 persons in the US
  - Metro counties have 33.2 psychologists
  - Non-metro counties have 13.7 psychologists
  - Rural counties have 9.1 psychologists
- ▶ Diversity of rural communities is often overlooked (Ajilore & Willingham, 2019)
  - Immigration key in population trends
  - 15-20% of LGBTQ Americans
  - Higher rate of people with disabilities
  - Latinx and Indigenous populations distributed across rural counties

## Rural Culture

Intersectionality and diversity

Rurality as culture and **social** location (Harowski et al, 2006)

Social obligation and social belonging (Greenfield, 2013)

Independence (Ketayama et al, 2010)

Prefer personal over professional help-seeking (Andren et al, 2013)

**Self-sufficiency** (Juntunen & Quincer, 2017).

Secrecy and shame re: mental health concerns (Jones et al, 2011)

For providers: (Hastings & Cohn, 2013; Juntunen et al, 2018)

Social isolation

Limited professional/peer support

Issues of belongingness



## Rural Treatment Considerations

(Smalley et al, 2010)

### CLINICAL ISSUES

- Disproportionate impact of suicide & substance abuse
- Delayed initiation of treatment, with greater severity & progression at intake
- Caregiving stress, given aging population

### MENTAL HEALTH LITERACY ISSUES

- Need to counteract stigma
- Role induction into therapy
- Serve as an advocate for mental health in community

### ENVIRONMENTAL ISSUES

- Prepare to rely heavily on Medicare etc
- Telehealth, school-based and other "out-of-office" treatment modalities
- Create close relationships with schools (clergy and other community leaders)
- Strong referral relationships with PCPs
- Understand unique aspects of rural culture

### RECOGNIZE ETHICAL DILEMMAS

## Ethical Decision-Making

Assess

Plan

Implement

Evaluate

• Fisher, 2015



## Centering the Cultural Context

"Correct ethical behavior depends upon the framework of the cultural of the community in which the psychologist is operating (p. 14, Garcia and the Society of Indian Psychologists, 2014)."

Ethical decision-making is not free from cultural bias and worldview

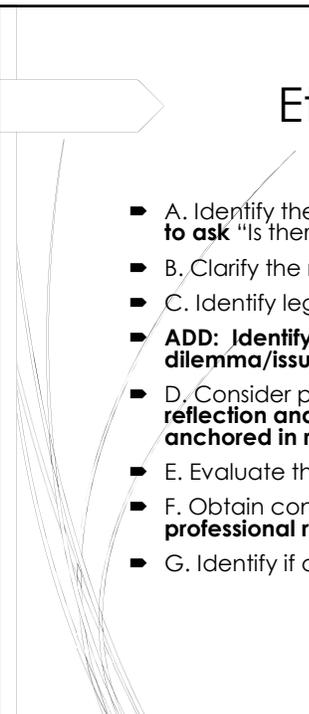
Contributions from:

Association of Black Psychologists – ABPsi

National Latinx Psychological Association – NLPA

Society of Indian Psychologists – SIP

Socially-responsive Ethics Subcommittee, Council of Chairs of Training Committees (CCTC) Summit



## Ethical Decision-Making: Assess

- A. Identify the problem: **Use a broad culturally-informed and community-aware lens to ask** "Is there an ethical issue?"
- B. Clarify the relevant clinical components.
- C. Identify legal, regulatory, and contractual issues.
- **ADD: Identify cultural and environmental context and implications of the dilemma/issue.**
- D. Consider personal factors that might influence your decision. **Engage in self-reflection and self-evaluation of your own biases and judgments, including those anchored in racism, classism etc.**
- E. Evaluate the rights, vulnerabilities, and responsibilities of **all parties** involved.
- F. Obtain consultation **with a colleague who understands community values and professional requirements, and has a worldview that expands or challenges your own.**
- G. Identify if other decision-makers will be involved, and initiate collaboration

■ Fisher, 2015



## Ethical Decision-Making: Plan

- ▶ A. Generate a list of possible decisions/solutions. (At this stage, do not censor; consider all possible courses of action, no matter how wild/crazy/inappropriate they seem.) **Challenge yourself to evaluate your list from a socially-responsive and culturally-informed perspective, examining the biases that may have contributed to the list.**
- ▶ B. Using this list, eliminate any options that are clearly unethical, illegal, clinically inappropriate, **or culturally inappropriate**, using the assessment above as a guide.
- ▶ C. Enumerate, consider, and weigh the consequences of each of the remaining options. **Consider community consequences, as well as consequences to the parties directly involved.**



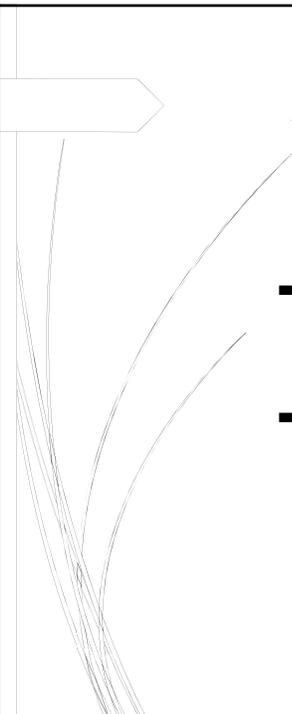
## Ethical Decision-Making: Implement and Evaluate

### Implement

- ▶ A. Make a decision.
  - ▶ Decide how to best act on (carry out) your decision.
- ▶ **Consider what resources are available to support the decision.**
- ▶ B. Carry out the decision you have made.

### Evaluate

- ▶ A. Document your decision-making process and your actions.
- ▶ B. Evaluate the process, your decision, and its outcome.
- ▶ **Consider how to prevent or minimize similar situations in the future.**
- ▶ **Consult with diverse colleagues to identify ways in which both process and outcome could have been improved.**



## A note about Consultation

### Interprofessional Peers

- Physicians, counselors, social workers and other related professionals may become key resources.
- Seek out diversity of experiences, perspectives, backgrounds, cultures, and worldview among peers.

### Attend to ethical drift

- Important variations across different ethical codes and standards. Ethical drift can be of heightened concern for rural providers in interprofessional settings and networks (Jaques-Leonard et al, 2020)



## Common Ethical Dilemmas in Rural and Small Communities

Competence

Multiple Relationships

Confidentiality & Privacy

Telepsychology

- ▶ American Psychological Association (APA) Standard 2.01 (a): "Psychologists provide services, teach, and conduct research with populations and in areas **only within the boundaries of their competence**, based on their education, training, supervised experience, consultation, study, or professional experience."
- ▶ Competence: having the requisite **knowledge** to understand and conceptualize a particular clinical issue, the necessary **skills** to apply this knowledge in effective ways, and the **judgment** to use such knowledge and skills (Haas & Malouf, 1989).
  - ▶ Intellectual competence
  - ▶ Cultural competence
  - ▶ Emotional competence

## Competence

## Competence in Rural Settings

### Limited Resources

- *Supervision or support from colleagues*
- *Referral options*
- *Intensive Continuing Education*

### The "expert generalist"

- *Rural providers are often expected to be able to treat a wide range of issues among the full range of clients (Allen et al, 2020); Schank & Skovholt, 2006; Stamm, 2003)*

## If you can't see her, who will?

- Dr. Alexander and Dr. Otto work in a rural hospital with an integrated care model.
- Dr. Otto is the Chief of Medicine, with an MD and a specialization in internal medicine.
- Dr. Alexander is the lone psychologist on the hospital staff and currently the only provider in the county approved by several insurers
- (Insert Video 1 Otto and Alexander here)



## Discussion Questions

- What competence issues are at play here?
- What are the ethical concerns or implications emerging from this conversation, in addition to the broad question of competence?



## Discussion Questions

- ▶ According to APA code of ethics 2.02 – “in **emergencies**, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied.”
- ▶ Standard 2.02 also recommends that “The services are **discontinued** as soon as the emergency has ended or appropriate services are available.”
- ▶ Given this statement, what sort of precautionary measures should Dr. Alexander when deciding if she will counsel Krista?

## Buffering Risks to Competence

### Intellectual Competence

- Build consultation support within professional community and online
- Identify and select continuing education relevant to key ethical issues
- Educate other healthcare professionals on limits of competence

### Cultural Competence

- Recognize where skills can generalize and where they cannot
- Use extreme caution in considering members of the cultural group for support

### Emotional Competence

- Engage in self-care to maintain balance, health & judgment (Allen et al, 2020)
- Seek social support strategies to counter isolation

- ▶ 3.05. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.
- ▶ A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.
- ▶ Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.
- ▶ 305.(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

## Multiple Relationships

## Multiple Relationships

Inevitable in rural and small communities (Allen et al, 2020)

Psychologists who work in rural settings are significantly more likely than those in urban areas to encounter multiple relationships (Helbok et al, 2006)

Professionals are encouraged to take an active role the community

Clients may be sole providers of goods or services

Overlap between professional, family, and social institutions

## Risks of Multiple Relationships

Professional has diminished objectivity

Blurred boundaries

In rural communities, everyone should be considered a potential client

## Potential Benefits to Multiple Relationships

- ▶ Modeling healthy boundaries
- ▶ Participation in community activities can increase trust in professional and decrease stigma
- ▶ Seeing a stranger in therapy might be "inconceivable" (Gone, 2021, p. 264).
- ▶ Note: Provider need not live in isolation



## Five Considerations when Encountering a Multiple Relationship

- Context of the therapeutic work
  - Will the issues to be addressed be influenced by the other relationship?
- History of the social relationship
  - Duration, quality, history of conflict etc
- Current status of relationship
  - Quality, rapport, level of interaction etc
- Client's reaction
  - Assess client affect or anxiety about multiple relationships, ensure no coercion or persuasion involved
- Client's anticipated reaction to new or changing boundaries
  - How will client react to psychologist determining these boundaries?

■ Lamb, Cantanzaro, & Moorman, 2004

## Collaborating Clergy

- You work in a medium-sized town (population almost 20,000) in a rural state, and have been the only psychologist serving this region for 12 years. You have developed a strong network of referrals and professional relationships with primary care providers, clergy, teachers, and school counselors throughout the region.
- Ana Castro is a local pastor, who has been part of your network and valuable colleague for 10 years. She has referred many parishioners to you over the years, and you consult regularly when spiritual matters arise in your clinical work. You also see Ana socially on a regular basis, as she and her husband, Luis, are part of a book club that has been active since 2015.
- Ana called you in distress this morning, and asked when you might have an opening to see Luis as a client. She stated "his depression is getting so much worse, and I'm really scared about what he might do." This is the first time you've learned that Luis has depression, and also the first time she's asked you to see him as a provider.



## Discussion Questions

- Would you be willing to continue seeing this client?
- Which ethical principles would factor into your decision?
- What clinical considerations (i.e. diagnosis, risk, etc.) would influence your willingness to see this client?



## Discussion Questions

- What level of interaction would you be comfortable with if you need to collaborate professionally with Ana in the future?
- What would you need to include in informed consent to make that collaboration successful?

## Managing Multiple Relationships

- ▶ Keep the “worst case scenario” in mind as you make your decision
  - ▶ Seek consultation
  - ▶ Clarify boundaries in as many areas as possible
  - ▶ Maintain confidentiality across the groups and others involved in various relationship circles
  - ▶ Terminate the multiple relationship (and consider which ones) as soon as possible
  - ▶ Routinely practice boundary maintenance (Allen et al, 2020)
- ▶ Campbell & Gordon, 2003

### ▶ 4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

### ▶ 4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.

### ▶ 4.04 Minimizing Intrusions on Privacy

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

## Confidentiality

## Threats to confidentiality

### Practical observations and geographic reality

- Location of services
- Visibility of attendance (*your truck in the parking lot*) (Juntunen et al, 2018)

### Small town familiarity

- Living in a "fish bowl" (Hastings & Cohn, 2013)
- Well-known office staff, as well as providers
  - "Gossip" identified as concern by providers (Hastings & Cohn, 2013)

### Cultural norm of sharing information and knowledge

- Can indicate intrusiveness
- Can indicate care and concern

## I'm so glad Jan is coming in.

- Tom and Annie work in a rural county services office that includes several government and social service agencies.
  - Tom is a psychology intern who recently began a rotation in the county office to provide psychological services
  - Annie is a receptionist for the county office of the state's human services department, and she has worked in this office for 15 years.
- Tom and Annie clip



## Discussion Questions

- Is there an ethical issue here?
- What ethical issues could emerge?



## Discussion Questions

- What could have been done to prevent this situation?
- What changes can you make to prevent this from happening in the future?



## Managing Confidentiality

### ► **Responding in the moment**

- Have deflections ready
- Avoid extending the conversation
- Be transparent with your client – after checking that it will not cause harm

### ► **Informed consent – revisit regularly**

- **Staff (and collaborators) training and education**



## A note about Provider Privacy

Role of the provider in the community

The provider as a person – perhaps with a family

Where does your professional identity end?

## The case of the media coverage

- Dr. Carter is a successful psychologist with a thriving practice in a town of 10,000 that serves many rural counties. He volunteers for the local firefighter's association and is an active member of the high school booster's club.
- Dr. Carter's daughter, Briana, is in her mid-20s. She was a well-known high school athlete who left for college when she was 18. She moved back home last year, after she lost her job in a city in another state.
- Last week, Briana was arrested for drug possession with intent to distribute. The news was reported in both the local newspaper and the regional television station. Given the high rate of substance abuse and overdoses in the region, this is news that will stay in the local media cycle for quite some time.
- Today, one of Dr. Carter's clients said, as he departed the session, "Hey, I was really sorry to hear about Briana. These drugs around here – they've even destroyed the good kids."

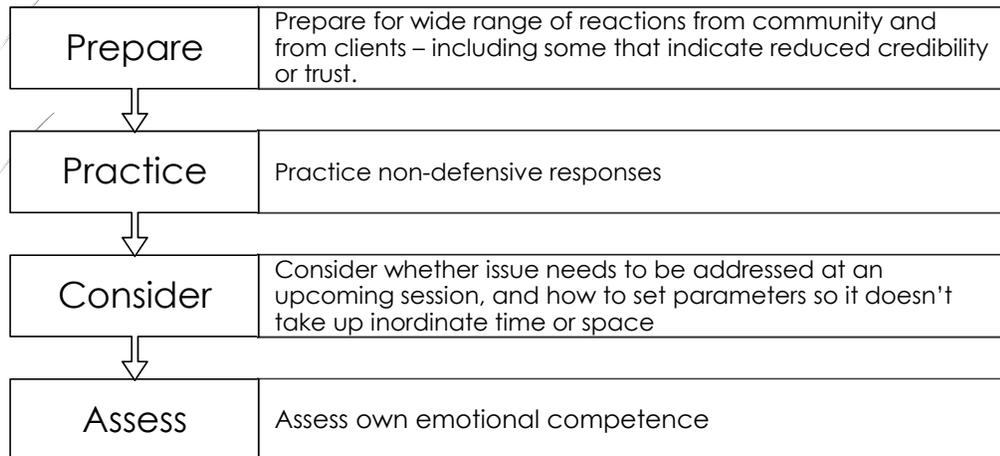


## Discussion Questions

- Is there an ethical concern or question here?
- What clinical and ethical implications does Dr. Carter need to be thinking about?

## Considerations

Juntunen et al, 2018



## Telepsychology

Telepsychology can address issues of access and availability

But, it is not a panacea

Unique rural considerations:

- Isolation in emergency situations
- Credibility of provider
- Consistency of remote digital access & service

• Resource: Campbell, L. F., Millán, F. A., & Martin, J. N. (Eds.). (2018). *A telepsychology casebook: Using technology ethically and effectively in your professional practice*. American Psychological Association.  
<https://doi.org/10.1037/0000046-000>

## Case Example

- Kaden is an 8 year old, white, male identified, minor residing in Small Town, IN with his mother and siblings. He is presenting for treatment to address grief related to the passing of his biological father, as well as trauma response associated with past physical abuse from one of his mother's former partners. Kaden has made statements such as "I wish I was never born" as recently as last month, but denies any active suicidal ideation, plan, or intent.
- You are working with Kaden, via telehealth, seeing him while he is at school, during the school day. Several months into your work with the client, Kaden reports 1) he is not consistently receiving food at home, 2) his mother was assaulted by her former partner in his presence, and may be living in the home again, and 3) an increase in thoughts about killing himself due to the stress of managing these situations.



## Discussion Questions

- What are the ethical considerations emerging in this scenario?
- Who needs to know about Kaden's situation? Who can you consult with?
- How would you have managed Kaden and this situation differently if they were in person, compared to telehealth?
- With your small group, outline your decision-making process and consider the range of actions you could take given this situation.



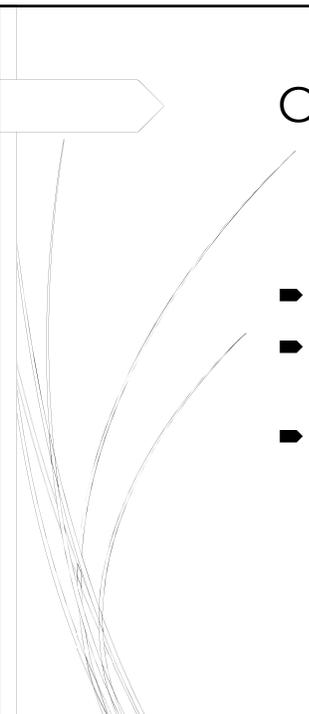
## Concluding Comments

Understanding the culture and diversity of rural communities is critical to providing effective psychological services

Providers in rural and small communities need to create multiple source of support for ethical practice

Personal judgment is paramount, given isolation, and needs to be protected through self-care and rigorous self-assessment

Psychologists can minimize risk through prevention and effective responses to ethical dilemmas



## Concluding Comments

### **Prevention**

- Informed consent
- Public mental health literacy
- Role in community

### **Response**

- Minimize harmful impact
- Rely on consultation network
- Prepare standard reactions
- Evaluate effectiveness

