Ethics in a Rural Context: Principles and Decision-Making

Objectives

Identify	The principles that underlie effective ethical decision-making.
List	At least two ways in which boundaries must be observed in working in a rural setting
Apply	Ethical decision-making steps to at least three (3) cases involving confidentiality and boundaries.

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 ethical decision-making in rural and small communities:

- *Access*

- *Culture*

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

Ethical Principles

- Autonomy
- Beneficence
- Non-maleficence
- (Non-malfeasance)
- Justice
- Fidelity
- Loyalty

- Self-Interest

Autonomy

- The freedom of each person to choose their own destiny

- The right to self-determination

- The right of "competent adults" to make their own decisions about treatment or services

- Underscores the need for

- Informed Consent

- Confidentiality

- Tension: Safety

Beneficence and Non-malificence

- Add benefit to the lives of others

- Help and offer support to others

- Safeguard the welfare and rights of those with whom you work

- Minimize harm when it cannot be avoided

- Avoid conflicts of interest and potential for exploitation

- Attend to own self-interest and be alert to potential risk

- Engage in self-care to ensure emotional and physical competence

Justice

- To treat others in a fair and **equitable** manner
- Recognize that all persons have equal right to treatment and care of equal quality

- The equitable distribution of health services

Fidelity and Loyalty

- Keeping your promises and commitments

- Recognizing and upholding responsibilities as a professional

- Establishing trustworthy relationships with clients and colleagues

- Ensure one's own compliance, as well as that of colleagues

- Avoid exploitation or harm

- Avoid abandonment

- Underscores role of
  - *Consultation and cooperation*
  - *Referrals*

Self-interest

- The expectation that you can protect your own needs
- You have the right to
    - Privacy
    - Personal safety
    - A personal life
    - Boundaries

Ethical Decision-Making

Center Culture

Assess

Plan

Implement

Evaluate

Fisher, 2015; Juntunen et al, 2023

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.**

BOUNDARY MANAGEMENT

Confidentiality and Privacy   Multiple Relationships

Confidentiality

- Confidentiality is a primary obligation

- Supports the development of trust in the provider

- Demonstrates respect for privacy and autonomy

- Repeatedly supported in case law

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 Jason is coming in

Tom and Annie work in a rural county services office that includes several government and social service agencies. Tom is new to the community, and Annie has just invited him to join her at a local coffee shop.

- Annie: It's so nice to get away from the office!

- Tom: Yes, it sure is. It's been a hectic day.

- Annie: Yes, I saw that you've got Jason Martin on your schedule. He's a handful, but I'm really glad he's coming in. You should definitely talk to his dad about his addiction history. It'll help you figure out what's going on.

- Tom: (very uncomfortable) Um, that's not something we can discuss here

- Annie: Oh, of course – I'll tell you more when we get back to the office.

Discussion Questions

- What concerns are emerging here?

- 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**

Multiple Relationships

■ A multiple relationship occurs when a provider 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 provider 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.

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

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 involve

- *Client's anticipated reaction to new or changing boundaries*

  ■ How will client react to psychologist determining these boundaries?

  Lamb, Cantanzaro, & Moorman, 2004

Cassie and her parents

- A new client, Cassie, has just arrived in treatment. Cassie is 19 years old and self-referred, although she reported that her parents asked her to come in because they are worried about her.

- You gather Cassie's history, establish rapport and set some treatment goals in this first interaction. Cassie has had substance use concerns since early adolescence, and recently had an increase in using both stimulants and opiates. She indicated that her current level of use worries her and that she has been hiding it from her family. Cassie indicated that she would be willing to include her parents, as they are "mostly supportive" of her.

- Cassie completes a Release of Information, and you realize at that point that her mother (who has a different surname) is a friend from the gym who you see at least 3 times each week. You often get together for coffee and a visit after your yoga class.

Discussion Questions

- What actions/decisions emerge here?

- How do you evaluate the impact of each of these options in terms of
  - *Autonomy*
  - *Fidelity*
  - *Beneficence and Non-malificence*

Managing Boundaries

■ Avoid disclosing information about yourself

■ Don't "chat" about clients with other professionals

  – *Limit only to consultations and reports on a "need to know" basis*

■ Observe limits of time and location where you see clients

■ Keep communications professional and within professional channels

  – *Do not engage on social media*

■ Monitor physical contact carefully and ensure its within the bounds of expectations at your agency

■ Routinely practice boundary maintenance (Allen et al, 2020) – Make it a habit

Concluding Comments

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

Q & A

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