

# Ethics in a Rural Context: Principles and Decision-Making

**Cindy Juntunen, PhD, LP**

Co-Director, Mountain Plains ATTC



Mountain Plains ATTC (HHS Region 8)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains ATTC. For more information on obtaining copies of this presentation please email [abby.moore.1@und.edu](mailto:abby.moore.1@und.edu)

At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Cindy Juntunen and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains ATTC is supported by grant TI080200\_01 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The use of affirming language inspires hope and advances recovery.

---

LANGUAGE MATTERS.

---

**Words have power.**

**PEOPLE FIRST.**

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

A serene landscape photograph of a sunset over a large body of water. The sky is filled with soft, orange and yellow clouds, with the sun low on the horizon. The water in the foreground is calm, reflecting the warm colors of the sky. A dark silhouette of a treeline is visible in the distance. The overall mood is peaceful and contemplative.

# **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
- 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

*Global Health Workforce Alliance of the WHO*

# 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-maleficance)

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



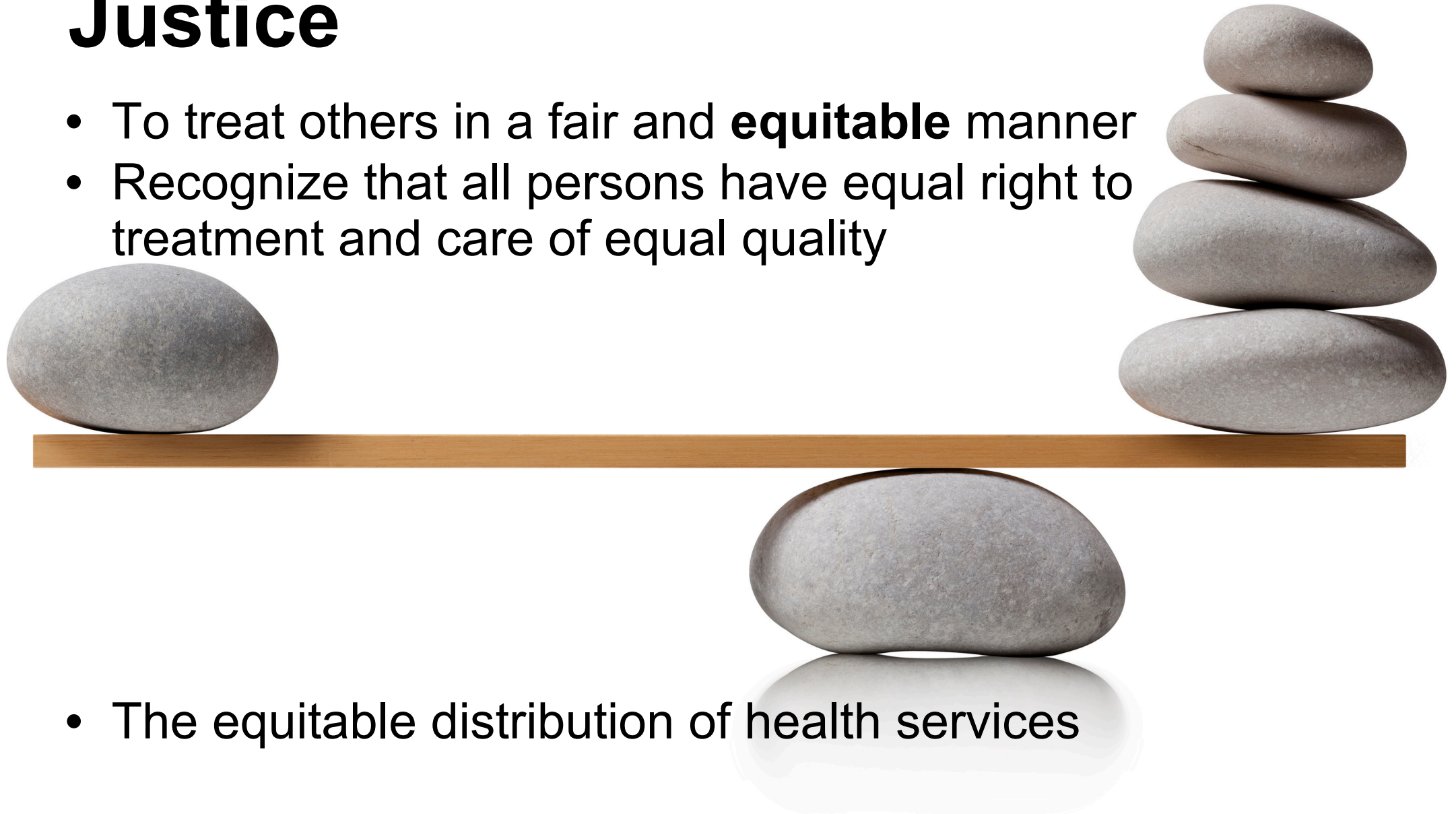
# Beneficence and Non-malficence

- 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

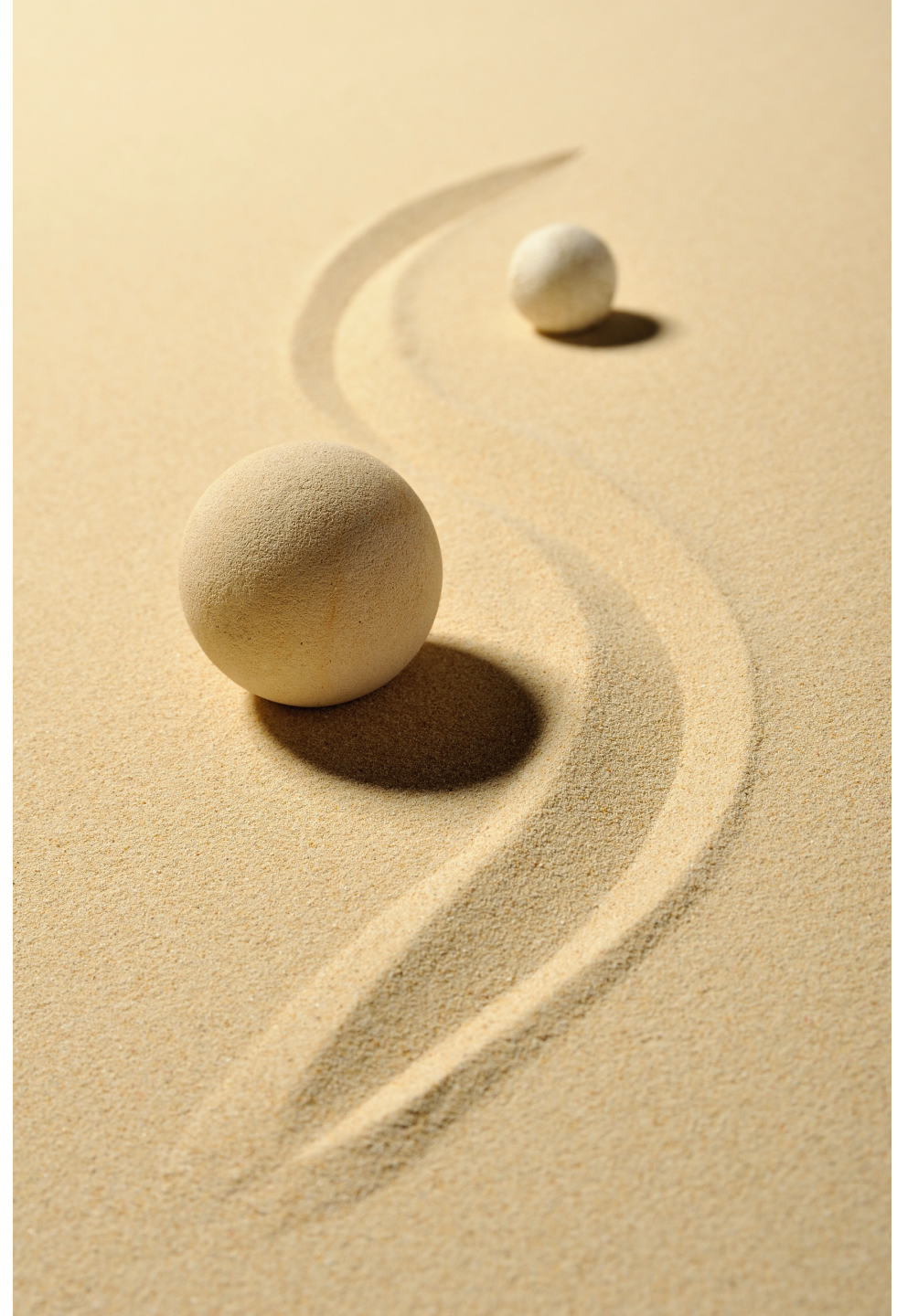
Underscores role of

- 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

Assess

Plan

Implement

Evaluate



*Fisher, 2015*

# Ethical Decision-Making: Assess

- A. Identify the problem: Is there an ethical issue?
- B. If a clinical issue is involved, clarify the relevant clinical components.
- C. Identify legal, regulatory, and contractual issues.
- **ADD: Identify cultural and environmental context of the dilemma/issue.**
- D. Consider personal factors that might influence your decision.
- E. Evaluate the rights, vulnerabilities, and responsibilities of **all parties** involved.
- F. Obtain consultation **with a colleague who understands community values and professional requirements.**
- 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.)
- 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 & 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.**
- **Focus on development of ethical foresight or ethical sensitivity**

# BOUNDARY MANAGEMENT

Confidentiality and  
Privacy



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

Multiple Relationships



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

# 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**





- 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**

# 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

```
graph TD; A[Professional has diminished objectivity] --> B[Blurred boundaries]; B --> C[In rural communities, everyone should be considered a potential client];
```

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
- 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?

- 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 are available to you upon reflection?
- 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



**Questions?**