Understanding Boundaries and Addressing Ethical Challenges in Rural Settings

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Learning Objectives

1. Identify the barriers to mental health care in rural settings.
2. Explore how rural culture and values impact the delivery of mental health care.
3. Explore therapeutic boundaries and understand their importance in rural settings.
4. Differentiate between boundary crossings and violations and their impact on consumers.
5. Identify and address unique ethical challenges facing mental health workers in rural settings.
6. Identify the five factors that guide ethical decision making.
Rural Communities

• The rural portion of the United States contains about 80% of the land and about 20% of the people.

• Rural communities can be defined by small size, low population density, geographical isolation, familiarity, interconnectedness, and limited resources.

• Equal or even greater likelihood of suffering from mental illness than those in urban areas.

• The public mental health system is often the only provider in rural areas and primarily serves persons with serious mental illnesses.
Rural Mental Health

- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer
Barriers to Mental Health Care

Cultural constraints and barriers prevent mental healthcare seeking behaviors.

- Limited resources
- Distance to providers
- Affordability of services/insurance coverage
- Increased visibility/decreased privacy
- Stigma for seeking health
Rural Culture

• Cohesive, highly connected and mutually supportive.
• High visibility and exposure is part of the interdependent nature of many rural communities.
• A healthy mistrust of outsiders
• People know of their friends and neighbors’ occupations, relationships and activities, including health-seeking behaviors.
Working in Rural Settings

- Mental health workers are immersed in the community
- Professional expertise or supervision may be limited or absent
- Mental health workers are widely recognized
- Confidentiality may be difficult to preserve
- Relationships can be both complex and multiple
Cultural Strengths of Rural Communities

• Strong sense of history and community purpose
• Strong values including helping others, autonomy and self-determination, family ties, and respect for others
• Family, friends, and professional relationships are all interconnected and interdependent
• These values help sustain the communities and enable members to survive.
How Rural Culture Benefits Mental Health Workers

- Visibility helps gain the trust of the community
- Often know their consumers on multiple levels due to the level of familiarity within the community
- Holistic appreciation of their consumers’ functioning separate from what they hear during office visits
- Ownership in working toward bettering their own community as well as their consumers’ lives
- A special sense of pride and accomplishment may result as the community becomes healthier overall
What are Therapeutic Boundaries?

- Therapeutic boundaries are agreed limits, that ensure physical, emotional and psychological safety
- Responsibility of the mental health worker to maintain them
- Help mental health workers stay focused on their responsibilities to consumers they serve

*Ensure that we do no harm, treat consumers with respect, protect their privacy and use our skills in the most effective way we can to relieve their distress*
Therapeutic Boundary Setting Considerations in Rural Settings

- Consider rural norms and context
- Talk directly with consumers about likely issues and concerns
- Clarify the therapeutic relationship and the importance of consumers and workers staying in appropriate roles
- Engage consumers in mutual problem solving
- Obtain informed consent
- Documentation
Boundary Crossings vs. Boundary Violations

• One of the most common misunderstandings in psychotherapeutic ethics is the lack of differentiation between boundary violations and boundary crossings.

• Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need.

• Boundary Violations occur when mental health workers cross the line of decency and integrity and misuse their power to exploit or harm consumers.
Warning Signs of Boundary Violations

Examples:
• Time spent is beyond what is needed to meet the therapeutic needs
• Choosing consumers based on factors such as looks, age, or social standing
• Responding to personal overtures by the consumer
• Frequently thinking about a consumer when away from work
• Maintaining a consumer on treatment longer than is required
• Providing a consumer with special attention
• Sharing personal problems with a consumer
Boundary Violations: Consequences for Consumers

- increased anxiety
- mood swings
- anger
- suppressed rage
- depression
- rejection
- isolation
- feelings of abandonment

- low self-esteem
- destructive dependency
- mistrust of workers
- guilt
- self-blame
- suicidal ideation
- substance abuse
- loss of self-confidence
Unique Ethical Challenges in Rural Settings

- **Incidental Encounters** - random, unexpected or unplanned meetings
- **Confidentiality, Privacy and Visibility** - guards against unauthorized disclosure of information about the consumer
- **Self-disclosure** - the disclosure of personal rather than professional information to the consumer
- **Dual Relationships** - refer to roles in addition to the therapeutic relationship
Incidental Encounters

- Mental health workers must be respectful of the consumer’s sense of privacy and autonomy and abide by the confidentiality rule.
- Consumers may not be as concerned about confidentiality as their mental health workers.
- Consumers may want more interaction, not less, when they accidentally encounter their mental health worker.
- Mental health workers who actively avoid contact and communication might unintentionally expose the therapeutic relationship.
Boundary Considerations for Incidental Encounters

- Where incidental encounters are expected, talking to consumers ahead of time is very important.
- Find out how they prefer to deal with different types of incidental encounters.
- Take cues from the consumer before choosing to ignore or address the consumer.
- Discuss incidental encounters with consumers in follow-up meetings.
Confidentiality, Privacy and Visibility

- Small communities often present inherent and inescapable confidentiality and privacy problems not common in urban settings.
- The ability to protect the confidentiality and privacy of consumers is one of the biggest challenges of rural mental health workers.
- Rural communities have been likened to "fishbowls" where everybody knows everybody.
- Rural communities spread communication quickly by word of mouth and gossip.
Boundary Considerations for Confidentiality, Privacy and Visibility

• Provide consumers with informed consent regarding confidentiality and privacy at the onset of services
• Take every precaution to honor consumers’ confidentiality and privacy.
• Consumer must be informed of and understand the potential or known risks before any release of information
• Allow consumers to review and approve any information before it is released
Self-Disclosure

- Mental health workers are highly visible in rural settings and their personal information is easily available to past, current and future consumers.

- Mental health workers who practice in rural communities and must contend with extensive and ongoing unavoidable self-disclosure.

- Consumers’ can get broad and detailed information from friends, neighbors and other fellow residents in rural communities.
Boundary Considerations for Self-Disclosure

• Rural mental health workers must learn to live with a significant level of unavoidable self-disclosure

• Familiarity with the workers' values, life style and attitudes may be important in seeking services

• When possible and appropriate, mental health workers should try to identify such tensions and discuss them with their consumers

• Intentional self-disclosure is done for clinical-therapeutic purposes or for the consumer's benefit rather than for the mental health worker's
Dual Relationships

- There are many types of dual relationships in rural communities
- Can be social, professional, business or professional
- Can have a low medium or intense level of involvement
- Can be avoidable, unavoidable or voluntary
- May be beneficial, increase trust, speed up services and enhance service outcomes
Boundary Considerations for Dual Relationships

- Not all dual relationships are unethical or avoidable.
- Carefully and attentively consider the potential impact of the dual relationship.
- Discuss dual relationships with consumers at the start of services.
- Ask consumers to communicate when they feel uncomfortable in a dual relationship.
Ethical Decision-Making

1. Autonomy - consumer’s freedom of choice is respected and encouraged and responsibility for actions is stressed

2. Non-maleficence - the principle of “do no harm,” which involves not intentionally inflicting pain on others and refraining from actions that risk harm to others

3. Beneficence - responsibility to contribute to the consumer’s well-being by preventing harm and being proactive in attempting to benefit the consumer

4. Justice - the principle of providing equal treatment for all consumers

5. Fidelity - honoring commitments and guarding the consumer’s trust and the therapeutic relationship.
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