

Practising ethically as a rural psychologist

Louise Roufeil¹, Sally Robson Thomas², Dianne Boxall²

¹Australian Psychological Society; ²Charles Sturt University

As an undergraduate [psychology] student, I sat through my university ethics lectures in a state of rising anxiety... The lecturer stated that under no circumstances, should psychologists engage in multiple relationships.... Then another academic, a practising psychologist in a regional town joined the lecture. He revealed how, under some circumstances, he engaged in multiple relationships. I felt confused. When I become a psychologist, I wondered how I might determine ethical from unethical practice in a rural community. I questioned whether I could serve the needs of clients known to me and still practice ethically (Student, 2013).

All psychologists in Australia are required by the Psychology Board of Australia to adhere to the Australian Psychological Society Code of Ethics[the Code].¹ Psychologists working in non-metropolitan regions have described a range of rewards associated with rural and remote¹ practice but also several aspects of their work that pose challenges to their ability to fully comply with their professional ethical requirements.² The challenges include being presented with situations beyond their limits of competence, boundary management issues, difficulty maintaining confidentiality in small communities, and the consequences of professional isolation. These challenges are particularly problematic for rural psychologists because some appear to pit the requirements of ethical practice against the reality of day-to-day life in small communities with high need for psychological services. It is possible that the intense investment required to manage ethical dilemmas in rural practice might be a potential barrier to the recruitment and retention of the rural psychology workforce.

The crisis facing the rural mental health workforce is well documented.³ The 2014 report on the psychology workforce undertaken by Health Workforce Australia noted that the demand for psychologists exceeds supply in non-metropolitan locations.⁴ Viewing professional ethics as one of the factors that might be considered in addressing the rural psychology workforce issue is rarely given consideration in the literature. However, given the ethical challenges confronting psychologists who practice in non-metropolitan regions and the likelihood that this contributes to difficulties in retaining and possibly recruiting to rural areas it is important to look at how the profession can better support rural psychologists. This paper focuses on one particular area of ethical practice by psychologists: that is, the issue of managing professional boundaries and multiple relationships. An overview is provided of the Code that requires psychologists to refrain from engaging in multiple relationships and reference is made to the guidelines that have been developed to assist psychologists to apply the principles of the Code to the context of rural practice. To illustrate the types of strategies used by psychologists to manage multiple relationships, examples will be drawn from a series of interviews undertaken with 12 practising psychologists across rural Australia.²

The Code of Ethics

Following the adoption of a national approach to the regulation of psychologists in 2010, the Psychology Board of Australia chose to adopt the Australian Psychological Society Code of Ethics¹ as their Code of conduct. Thus, psychologists, like the registered professions of medicine, nursing and midwifery have a profession-specific code. The Code establishes the expectations of psychologists and when assessing concerns about practitioners, the Psychology Board holds psychologists to account against the standards set down in the Code. The Code also provides a guide to members of the public so they too can have a clear understanding and expectation of what is considered ethical conduct by psychologists. The Code is built on three general ethical principles: the respect for the rights and dignity of people and peoples including the right to autonomy and justice; propriety (incorporating the principles of beneficence, non-maleficence and responsibility to client, profession and society); and integrity (requirement for good character).

¹ The ethical and workforce issues discussed in this paper relate to psychologists working in rural and particularly remote locations. However, for ease of reading, hereafter the term 'rural' will be used throughout the paper.

The Code defines multiple relationships as occurring when a psychologist providing a psychological service to a client:

also is or has been in a non-professional relationship with the same client; in a different professional relationship with the same client; in a non-professional relationship with an associated party; or a recipient of a service provided by the same client.^{1(p9)}

The focus of this paper, professional boundaries and multiple relationships, are addressed by the principle of integrity that recognises that the knowledge, professional standing and information acquired in the course of delivering psychological services places a psychologist in a position of power and trust over clients. As such, psychologists must seek to act in the best interests of their clients, including identifying personal biases, avoiding conflicts of interest, and maintaining proper boundaries with clients. In particular, psychologists must:

refrain from engaging in multiple relationships that may: impair their competence, effectiveness, objectivity, or ability to render a psychological service; harm clients or other parties to a psychological service; or lead to the exploitation of clients or other parties to a psychological service.^{1(p28)}

Psychologists must also “take steps to establish and maintain proper professional boundaries with clients and colleagues”.^{1(p20)}

Ethical concerns about multiple relationships also underpin professional training that emphasises not just the imperative to maintain structural boundaries (eg session length, fee schedules) but also psychological boundaries such as neutrality and detachment.^{5,6} While the use of such boundaries clearly contributes to ensuring psychologists do not exploit their powerful position with clients, they pose challenges for practitioners working in rural communities where social boundaries can sometimes be blurred because of small populations and geographical isolation. Bondi⁷ argues that the notion of professional boundaries emerged within the psychoanalytic tradition and are based in the urban cultural norms of segmentation and anonymity. It is thus not surprising that boundary maintenance requirements do not easily translate to rural Australia where cultural norms of connectedness and fluidity of boundaries may seem more relevant than separateness. Bondi has also suggested that ethical rural practice should consider rural cultural norms and thus respect that trust is built on knowing someone. Moreover, in rural regions where there may be no alternative service providers, it should be considered that refusing a service on the basis of a boundary issue might be harmful to a client and hence of itself be unethical. Malone and Dyck⁸ also argue that there is a lack of fit between the nature of rural psychological practice and current urban-based standards.

While there is limited research on multiple relationships in rural psychological practice, there is evidence that they are more commonly encountered by rural rather than urban psychologists, and that rural practitioners experience more strain in managing these dilemmas.⁹ Multiple relationships in rural psychological practice occur across a number of domains including social, professional and familial relationships, as well as relationships existing between clients themselves.¹⁰ Boundary crossings such as meeting clients in the only supermarket in town or at your child’s school are almost inevitable in rural practice.^{6,11} The tyranny of distance to other services and small populations means potentially more complex multiple relationships are also inevitable such as inadvertently seeing more than one member of an extended family or inadvertently having key information about a client from another client or community member, including awareness of matters of potential risk. Psychologists are faced with balancing ethical standards, community expectations, and their client’s capacity to negotiate complex relationships in order to avoid multiple relationships becoming unethical. Recognising the difference between inevitable multiple relationships and inevitable multiple relationships that are unethical becomes vitally important to psychologists.¹²

The concept of the inevitability of multiple relationships is what is overlooked in contemporary standards for psychologists in rural practice. Endacott and colleagues¹² point out that such standards assume that it is possible for psychologists to choose whether or not to enter a multiple relationship with a client. The Australian Code¹ states that psychologists should “refrain from” such relationships. However, the reality in rural life is that the rural psychologist is also a community member and thus interconnected with potential clients across family, personal and social domains. The Australian Code

is accompanied by a series of Ethical Guidelines¹³ [the Guidelines] that facilitate the interpretation of the Code in contemporary areas of professional practice, including for practice in rural and remote settings. The Guidelines for rural practice are currently under review but do take into consideration rural culture and the impact of isolation and small populations. They note that “non-sexual overlapping relationships are almost inevitable in rural communities”, and that while some boundary crossings may not cause harm, the “blurring of boundaries” has the potential to “present difficulties for both psychologists and clients”.^{13(p161)} According to the Guidelines, the management of such dilemmas relies on negotiating how these situations will be managed with clients, and then documenting this process.

How do rural psychologists in Australia negotiate multiple relationships?

One of the concerns frequently raised by psychologists practising in rural locations is the perceived inadequacy of existing standards to guide their decision-making in relation to the inevitable multiple relationships in order to avoid behaving in an unethical professional manner. To illustrate how psychologists currently approach such dilemmas and where gaps exist in the current Code and Guidelines we present some results from a recent qualitative study of 12 psychologists who had been working for two years or more in rural Australia.²

The context of rurality was clearly central for all participants. Along with the recognition of rural interconnectedness and fluid boundaries (described by one participant as “incestuous”), the inevitability of multiple relationships in rural regions that was described in the Guidelines was evident: “Where I live, it’s inevitable that I will see clients... in the various places I might go.” Boundary crossings with clients frequently occurred in relation to the local school, sports events, hobbies, and personal interests, but also with a range of professional relationships such as being referred staff from within the same organisation where the psychologist was employed. Thus, boundary crossings were inevitable but so were multiple relationships. As noted, one of the problems with urban-derived ethical guidelines is the assumption that a psychologist will have the choice whether or not to enter a multiple relationship and guidance is directed to this issue. What appears to be missing is guidance on the management of multiple relationships when they do happen. For example, the option of re-referral is often not possible due to lack of alternative services but more importantly, re-referral can create new ethical problems in terms of the difficulty in explaining to a client why they have to travel to another town for the service without breaching the confidentiality of another client.

Managing multiple relationships was never as straightforward as suggested in the Guidelines. The participants described these situations as “murky”, “grey”, “tricky”, “messy”, and “soupy”. The confusion was expressed by participants in the following ways:

My partner was friends with somebody and their partner would come and see me and we’d see them at social events and everything sort of crossed over.

One of the receptionists here at the surgery, her husband was going through a difficult time, and she asked me if I would see him... I didn’t really know him well at all... so he wasn’t my friend, but he was the partner of the receptionist here.

Amidst this confusion, it was apparent that this meant the resolution of multiple relationships was dependent on the ethical decision-making of the individual psychologist, and ultimately their personal tolerance for multiple relationships. While none of the psychologists interviewed were prepared to say they deviated very far from the Guidelines, some psychologists took the view that rigid adherence to boundaries was potentially harmful in terms of reduced access to services for certain clients. Moreover, there was the feeling for some participants that to deny a client access to a service in order to meet a professional standard and thus keep them professionally safe was not personally acceptable to them. Other psychologists accepted the requirement to refrain from multiple relationships in more complex situations. In this grey space, the participants relied on what they called “gut feeling” or “intuition” and talked about a belief that it took time in rural practice to build this “gut feeling”.

The Guidelines also offered limited direction when the ability to negotiate multiple relationships with a client was not possible. Sometimes, negotiation worked well; for example, one psychologist talked about reaching a shared understanding of the fluidity of rural boundaries with a client who was the

mother of a child in the soccer team that he coached and hence avoiding a potentially unethical situation. However, this was not always possible particularly with clients with less cognitive capacity or more severe mental health problems. Under these circumstances, the dilemma escalated to considerations of balancing the requirement to refrain from embarking on a multiple relationship against the requirement to act in the best interest of the client and not cause harm. When there was no alternative service, many participants struggled to make decisions in the best interest of the client.

The Guidelines describe a preventive strategy to mitigate against boundary crossing by psychologists choosing not to live in the place they deliver services. This is clearly difficult in many remote communities but some participants in the study did take preventive action in terms of restricting their social life:

Since I've been in this town, I've maintained a small circle of intimate friends. I have chosen to do that because... [of] the dual relationships.

The use of such strategies is understandable as psychologists try to meet their professional requirements. However, this is clearly of major concern in terms of the recruitment and retention of psychologists to rural Australia. One of the drawcards of rural practice is the sense of community it offers yet the urban-derived Guidelines suggest psychologists should refrain from totally participating in the community in which they work. Additionally, seeming to support social restrictions has the capacity to impact on self-care and foster burn-out and turnover of psychologists in rural regions. The development of standards that adequately reflect rural culture might help psychologists to feel more able to balance their work and personal life in rural communities.

Conclusion

The data presented from this Australian study² dovetail with findings from Canada and the United States that highlight the inevitability of boundary issues and multiple relationships for psychologists working in rural regions. Like the international literature, these Australian rural psychologists practiced in a safe and culturally sensitive manner that mostly aligned with professional ethical frameworks. It was very clear that managing such ethical issues creates considerable strain for psychologists, and there is the potential that this may contribute to high turnover in rural areas and discourage psychologists from entering rural practice. As one participant said to the interviewer:

... anybody who wants to consider coming out to work in the country really needs or benefits from being able to talk to someone like you're talking to all of us, or being able to read just a few things that help you along the way.

In addressing the current mal-distribution of psychologists, attention needs to be given to better supporting rural psychologists to manage the professional challenges that arise from the day-to-day realities of rural practice, including the interconnectedness that characterises non-urban Australia. Recognising that current ethical standards are underpinned by urban culture and could be improved by becoming more value-based, culture-free and independent of location might go a long way to achieving this aim. It would also be fruitful for future researchers to try to operationalise the "gut feeling" and "intuition" that so many rural psychologists describe as guiding their ethical decision-making in both the Australian and overseas literature.

Finally, it is important to note that the ethical dilemmas confronting psychologists are common to many health professionals in rural Australia including social workers, mental health workers and counsellors. The provision of more appropriate ethical standards may assist many practitioners to continue to practice in non-urban locations.

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Presenter

Dr Louise Roufeil is currently the Executive Manager of Professional Practice at the Australian Psychological Society (APS). This role includes developing policy and standards related to the professional practice of psychology. Louise was previously the Mental Health Academic at Mount Isa Centre for Rural and Remote Health, James Cook University, and is currently Adjunct Associate Professor in Psychology at Charles Sturt University, Bathurst. Louise resided in rural Australia for over 20 years and was formerly Clinical Program Director at the NSW Central West Division of General Practice and a consultant with Kristine Battye Consulting providing services to the primary health and community services sectors in rural and remote Australia. Louise also practiced as a health psychologist in regional NSW.