Training Doctoral Clinical Psychology Students for Practice in Rural Communities in Hawai‘i: Ethical Dilemmas and the Role of Culture

Lyndsey Tom

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Lyndsey Tom
Hawai‘i School of Professional Psychology at Argosy University, Hawai‘i

Abstract

Past research suggests that psychologists in rural communities encounter ethical dilemmas at a higher rate than their urban counterparts. Additionally, rural communities tend to have a higher incidence of mental health issues. However, it is often the case that there are not enough psychologists to provide appropriate mental health services in these areas. This issue begins at the training level, as many universities and training facilities in doctoral level clinical psychology programs are based in urban areas. Therefore, the training administered is typically according to an urban model of psychology. This clinical research project aims to develop a training that highlights unique characteristics and the role of culture in rural communities in Hawai‘i that can lead to ethical dilemmas, provide strategies to minimize risk as a future psychologist, and provide doctoral students with strategies to increase cultural and ethical competency throughout their academic career. This training is targeted toward doctoral students enrolled in a Clinical Psychology Program in Hawai‘i in order to minimize the risk of ethical violations, promote the practice and benefits of rural psychology, and prepare students for practice in a rural community in Hawai‘i.

Keywords: ethical dilemmas, rural psychology, code of ethics, culture, Native Hawaiian, Local Hawai‘i, Hawai‘i

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Chapter I. Introduction

Rural communities are characterized by smaller populations that often have significant mental health needs. However, it is often the case that there are a lack of services and providers to fulfill it; this is especially true in Hawai‘i. Hawai‘i is isolated from the continental United States and its population suffers from a high cost of living, significant poverty especially in rural areas, and a lack of resources. Practicing in Hawai‘i may also present ethical challenges due to the unique characteristics of rural communities and the vital role of culture in Hawai‘i. It is important to have well-trained clinical psychologists that ethically provide mental health treatment to meet the psychological needs of rural communities in Hawai‘i. Research suggests that a lack of psychologists in rural communities may be related to a lack of training specific to practicing in a rural community for students in doctoral programs. This lack of training on rural community diversity, culture, and ethics may steer future psychologists away from practicing in rural communities or make it difficult for them to adjust to the differences they will likely experience when encountering these populations throughout their career.

In order to meet the needs of rural communities, it is important to provide ethically and culturally specific training to rural psychology students during their doctoral education. This training focuses on characteristics of rural communities and Hawai‘i, the role of the Native Hawaiian and Local Hawai‘i cultures, and the multitude of ethical dilemmas that could potentially arise as a result. Ethically challenging situations can lead to ethical violations, professional isolation, and burnout. Therefore, this training aims to provide strategies to minimize ethical risk as well as strategies for students to utilize throughout their academic career to increase cultural and ethical competency. It is important to increase training for students prior to the start of their career and prepare them for the uniqueness of working in a rural community,

which may in turn raise the number of providers in rural communities in Hawai‘i to meet the population’s rising mental health needs.

Rationale for the Study

Research shows that mental health providers in rural areas are underprepared for practice in rural communities (APA Office of Rural Health, 1995; Barbopoulos & Clark, 2003; Johnson et al., 2006; Lynge, 2001; Merwin, Goldsmith, & Manderscheid, 1995). Research in the area of rural psychology, specifically related to ethical difficulties tends to be outdated, anecdotal, and often fails to acknowledge the specificities of rural communities. Therefore, research is often based on the opinions or personal experience of the authors and tends to lump all rural communities together. While generalizing characteristics of rural communities can provide insight into difficulties experienced by mental health providers in these areas, past research fails to highlight the importance of specific cultures unique to each rural community.

Rural psychologists encounter ethical dilemmas at a higher rate than urban psychologists (Helbok, 2003). However, psychologists often lack the adequate ethical training specific to rural practice. Additionally, there is a lack of research providing concrete and effective ways to navigate the ethical dilemmas that are likely to arise due to the unique characteristics of rural communities. Amongst these characteristics, the specific culture(s) present in rural communities is often overlooked in the current body of literature. The culture in Hawai‘i is rooted in the Native Hawaiian culture, but has developed into a very diverse culture containing influences from many different ethnic origins. Additionally, there are differences in Hawai‘i due to its isolation from the continental U.S and historical trauma as a result of western contact and colonization. Further, there are disparities in the treatment of Native Hawaiian patients and culturally competent health care providers are in demand (Kamaka, Paloma, & Maskarinec,

2011). These characteristics unique to Hawai‘i can make it difficult to practice as a psychologist, especially if they are unfamiliar with the culture. While there has been a recent increase in research specific to the Native Hawaiian population, the majority of research focuses on health issues. To date, there has not been an academic curriculum targeting the ethical challenges and the role of culture in psychological practice in the rural communities of Hawai‘i.

Ethical decision-making can be a source of anxiety for clinical psychology doctoral students early in their training. Fortunately, students also show higher rates of enthusiasm and interest in regard to education and training centered on ethics (Johnson et al., 2006). However, most clinical psychology doctoral programs are located in urban areas and thus, students receive psychological training that is urban-based. This may be problematic because 80% of America is comprised of rural land and 20% of the population reside in rural communities (Riding-Malon & Werth Jr., 2014). Research shows that rural communities have higher rates of mental health difficulties, unemployment, poverty, low educational levels, mental health psychopathology, and suicide rates (Campbell, Kearns, & Patchin, 2006) with not enough services or providers to address them. Therefore, it is important to increase ethical training for students in doctoral clinical psychology programs in hopes of increasing their readiness for rural practice, and in turn provide more services to rural communities to meet increasing mental health needs.

Purpose of the Study

The purpose of this study is to create a training program for doctoral clinical psychology students grounded in anthropological ethics, relational-cultural, and experiential learning theories. This comprehensive training targets the unique characteristics in rural communities and Hawaii, and the role of the Native Hawaiian and Local Hawaii cultures that may lead to ethical challenges during psychological practice in Hawai‘i’s rural communities. The training will

highlight the beliefs, values, and practices in the Native Hawaiian culture and address the multicultural nature of the Local Hawai‘i population. This training will highlight the specificities of practicing in rural communities as a licensed clinical psychologist in Hawai‘i and provide recommendations for minimizing ethical risks. Finally, students will gain information regarding what can be done throughout their academic training to increase their cultural and ethical competence in preparation for a successful, rewarding, and sustainable career in Hawaii.

Research Questions

The research questions that guide this research project are as follows:

- What would a theoretically grounded training curriculum on ethical dilemmas and the role of culture in Hawai‘i look like for doctoral psychology students?
- What are the main ethical areas of concern in rural communities?
- What can students do to increase cultural and ethical competence in rural communities in Hawai‘i?

Significance of the Study

This training aims to increase the understanding of unique characteristics in rural communities that can lead to ethically challenging situations early in a student’s academic career. Of these characteristics, an emphasis will be placed on the role of culture, specifically in Hawai‘i, which is an area that is lacking in previous research. Potential key stakeholders who would benefit from the outcomes of this training include the following: doctoral clinical psychology students, academic institutions that provide health related programs, and mental health and social service providers in rural communities.

Clinical psychology doctoral students can benefit from this training by increasing their breadth and depth of ethical knowledge, understanding, and application. A course on the

American Psychological Associations' Ethical Principles of Psychologists and Code of Conduct is typically conducted in the first year of a doctoral psychology program. However, emphasis is placed on applying the APA Ethics Code according to an urban model of psychology (Helbok, Marinelli, & Walls, 2006). Therefore, providing students with updated ethical information regarding the areas they will be training and possibly practicing in as a future psychologist will increase their knowledge and strengthen their ability to make appropriate ethical decisions. Additionally, graduate students may experience higher levels of anxiety than practicing professionals and thus, providing students with information regarding ethics in psychology may increase feelings of competency and in turn, decrease levels of stress and anxiety. Further, preparing students for rural psychological practice will hopefully lead to students who elect to practice in rural communities in Hawai‘i that are in great need of mental health assistance.

Academic institutions can benefit from this training, as it can serve as a framework for the implementation of curriculum focused on rural psychology. Research suggests that training programs including universities, practicum sites, and internship sites, are typically located in urban areas. Therefore, it is implied that these academic institutions teach by way of an urban model of psychology. Researchers believe the urban model of psychology is not always applicable and thus, this training can be incorporated into academic institutions to incorporate training into doctoral clinical psychology programs that address the specificities in rural psychology as well.

Mental health providers and social service providers and/or agencies in rural communities may also benefit from this training, as it can influence students to elect positions in rural communities and increase their readiness to handle these kinds of ethical challenges. Mental health services located in rural communities are greatly outnumbered by urban

counterparts and there are high turnover rates of mental health clinicians in rural communities, possibly due to the frequency of ethical dilemmas encountered in these areas that add to the existing stress of being a psychologist. Therefore, increasing student competency of ethical issues can increase their likelihood of practicing in a rural community for a prolonged period of time, which not only helps to meet the mental health needs of the community, but also provides increased consultation and referral sources for the existing providers in the area.

While this training focuses on ethical challenges and the role of culture in the rural communities of Hawai‘i, it is important to note that the information is still relevant to practice in urban psychology as well. Ethical dilemmas occur across all settings, and thus, increased ethical training can benefit students while in their training as well as in their future career as a psychologist. Additionally, the focus on Native Hawaiian and Local Hawai‘i culture will be beneficial to students who aim to practice in rural or urban communities in and outside of Hawai‘i, as it may be generalizable to working with other minority cultures in the United States. Therefore, the information presented in this training curriculum can help to increase the cultural sensitivity of students and practitioners working with clients from rural environments and inform clinical judgment and ethical decision-making. With a theoretically grounded training curriculum on ethics for students who will likely work with clients from rural community, it is hoped that students and future psychologists will be more equipped to provide ethically sound services in these areas of need.

Chapter II. Review of Literature

Introduction

While rural areas tend to have smaller populations, there is still a great need for services due to a lack of providers, provider burnout, and underutilization. It is often the case that rural settings need the most help (mental health and in general), but ultimately do not get it. In order to meet the needs of rural communities, it is important to first understand the barriers that exist and common ethical issues that could arise. Additionally, many characteristics of rural communities often lead to ethical dilemmas that both psychologists as well as clients may encounter when accessing mental health services in rural areas. Of those characteristics, it is important to emphasize the role of culture in rural communities. This is especially important in multicultural and diverse areas such as Hawai‘i, which presents its own specificities due to geographical isolation and historical trauma.

There is a significant gap in research that provides concrete and effective strategies to deal with these ethical issues in rural psychology. It is important to increase the research in this area not only to provide the highest level of mental health care to the community, but also to provide psychologists with the means to protect themselves as professionals in order to have a successful and rewarding career. While the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct is meant to provide a framework to base a psychologists' ethical decision-making, past research posits that it is heavily based on urban psychology and thus, is not always applicable to rural areas. Additionally, dealing with ethical issues can be very taxing for a psychologist, who is already dealing with the heavy burden of improving the overall wellbeing of their clients.

Highlighting these characteristics of rural communities can increase the understanding of the ethical dilemmas that may arise within them. Additionally, it also makes way for the generation of context specific solutions and ways to minimize ethical risks. Increasing awareness and providing strategies to deal with ethical challenges should start early in training, rather than waiting until a psychologist is already facing difficulties. Therefore, targeting clinical doctoral psychology students early in their academic career may be beneficial for their student training as well as future practice in rural communities.

There are many unique challenges for psychologists who practice in rural communities that typically do not exist for their urban counterparts. While it is true that urban psychologists often see clients who reside in rural communities, these clients typically travel to more urban areas to receive treatment. Thus, the unique challenges rural psychologists experience is due to directly treating clients in a rural community, and is increased if the psychologist works and lives in the same rural community. This immersion may result in situations and difficulties that may not coincide with the standards listed in the APA Ethical Principles of Psychologists and Ethical Code of Conduct. In Hawai‘i, there are discrepancies between what appears to be expected by the APA Code of Ethics and what is culturally realistic psychological practice. This in addition to common characteristics unique to rural communities, isolation from the continental United States, and the role of the Native Hawaiian and Local Hawaii cultures may affect ethical decisions for psychologists in Hawai‘i. This literature review will highlight ethical dilemmas that may be encountered by rural psychologists at a higher rate. An emphasis on the Native Hawaiian and Local Hawai‘i culture will also be discussed in terms of how it may contribute to mental health in a rural community. Suggestions for minimizing ethical risks in past research will also be presented. With the increasing prevalence of mental health problems in rural areas (Schank et.

al, 2010), it is important to prepare clinical psychology doctoral students early in their academic training to meet the needs of rural communities while simultaneously, increasing their best practice as future psychologists.

Definitions

Rural and Urban

Defining the terms *rural* and *urban* can be difficult because there are multiple classifications that are utilized according to its purpose. The following definitions are most typically used by economists, political scientists, and demographers (Hall, Kaufman, & Ricketts, 2006). However, the need for improvement in rural healthcare has made it more important to define *rural* in a way that is more applicable to healthcare in order for it to be used more accurately by health researchers. Defining urban and rural go hand-in-hand and are typically defined according to three concepts that include an administrative, land-use, or economic concept (Cromartie & Bucholtz, 2008). The current measures typically used to define the terms are: population density, U.S. Census Bureau's definition of urban and rural, metropolitan areas and core-based statistical areas, rural-urban commuting area codes, and rural-urban and urban influence continuum codes (Hall, Kaufman, & Ricketts, 2006).

It is important to choose an appropriate boundary when defining rural areas because each boundary yields a very different definition of an urban population. The administrative concept boundary choice defines urban along municipal boundaries, the land-use concept boundary choice explains urban settings according to how densely settled an area is, and the economic concept boundary choice include areas such as cities of labor and trade and media markets. The administrative concept is commonly used in USDA rural development programs, the land-use

concept is most commonly used by the Census Bureau, and the economic concept is most commonly used in rural research (Cromartie & Bucholtz, 2008).

The population density measure of urbanization is based on the distribution of a population within a particular area. In other words, it can be calculated by dividing the population in a given area by the actual size of the area. The land area is a huge determinate of population density because populations tend to be clustered rather than evenly distributed. The population density definition has often been used in health research studies in the past as well as more recently. This measure does not take the proximity to other areas that are more urbanized into account, which can skew the idea of access to care in a particular area.

While eighty percent of the land in the United States is considered to be rural in terms of both the distribution of the population as well as geography, only twenty percent of the United States population live in these areas (Harowski et al., 2006). However, the number of people residing in rural areas continues to grow, causing the diversity to simultaneously increase as well. Thus, defining the term *rural* in terms of geography and location lacks consensus due to frequent changes as population patterns vary. According to the 2000 U.S. Census, an urban area was defined as 1000 people per square mile, with a minimal overall density of 500 people per square mile. It was also discovered that refugee and immigrant populations, who tend to reflect a more ethnically diverse background, were relocating to rural areas, further broadening the culture of these communities.

While there are many classifications of *rural* and *urban*, it is proposed that a U.S. Census definition of rural and urban be utilized for the purposes of research in the area of ethics in psychology. The U.S. Census Bureau defines urban areas as areas that are densely developed residential, and non-residential areas (Hawai‘i State Data Center, 2010). Additionally, the U.S.

Census Bureau defines a rural area as an area not included within an urban area. While population density was initially favored due to its increasing use in health-related research, many states in the U.S. lack the presence of many urban areas based on this definition and others previously discussed. For example, the state of Hawai‘i poses a difficulty in terms of landmass, as it is one of the nation’s smallest states. By utilizing other *rural* and *urban* definitions, it would leave Hawai‘i with only one urban community, which is the island of Oahu. Therefore, the researcher utilized rural and urban definitions based on the Census Bureau’s list of places and Census Bureau’s list of urban areas in order to include more urban communities and obtain a more representative view of the issues that occur in these areas. The U.S. Census Bureau explains rural areas as those outside urban Census Places with a population that is greater or equal to 2500, greater than or equal to 10,000, and greater than or equal to 50,000. Areas with at least 2500 and less than 50,000 people are considered to be an urban cluster, while areas with at least 50,000 people is considered an urbanized area.

Professional

The term *professional* can be used in many different contexts. In terms of psychology, the term *professional* is used to explain the training of a psychologist, who receives numerous years of graduate education and supervised training (APA, 2014). Additionally, the term *licensed* identifies that a psychologist is a professional, as it indicates that a psychologist has met the criteria in terms of knowledge and experience to be licensed by each designated psychology state board. With this level of professionalism, psychologists are held to a higher standard in terms of services they provide as well as ethical standards they must abide by.

Ethics

The term *ethics* is difficult to define (Velasquez et. al, 2010), as many people have the misunderstanding that ethics is associated with the "feeling" of doing what believes is right. The most common and simple of explanation of *ethics* is defined as the standards of conduct that distinguish between what is acceptable and unacceptable behavior (Resnik, 2015). Ethics are important in everyday life and our personal ethics are typically learned through an individual's upbringing at home, school, and other social settings where they learn what is acceptable and unacceptable based on societal norms. An individual's personal ethics are heavily dependent on their personal experience of the world that consists of their culture, environment, and life experiences. For this reason, each person exhibits a unique set of ethical norms that is highly likely to vary from others. Therefore, ethics is full of grey areas due to the heavy subjectivity of what is believed to be "right" and "wrong." Ethical standards can often result in confusion that arises from a conflict between internal values of the psychologist, and external standards that come from the law and the professional code of ethics and rules of regulating boards of licensure.

The term ethics also applies to specific disciplines of study and aim to provide standards of conduct (Resnik, 2015). In the mental health field, there is a professional code of ethics that pertains specifically to psychologists. This ethical code in psychology is called the APA Ethical Principles of Psychologists and Code of Conduct (2010) and aims to provide psychologists with guidance for the standards of their professional conduct and serves as a framework to base ethical decision-making on. However, it leaves room for clinical judgment and notes that occasionally these standards may be unavoidable. In these cases, it is recommended that psychologists consider this ethics code as well as other sources such as legal laws and

psychology board regulations to resolve any conflict in a responsible manner that aims to protect human rights (APA, 2010).

Furthermore, it is important to understand that personal and professional ethics are not entirely separate. Often times, professional ethics are based off of what is thought to be ethical in a psychologists' personal life. However, there will be times where personal ethics may not align with what is thought to be professionally ethical. For this reason, it is very important for a psychologist to be aware of personal morals and values that affect their personal ethics in order to conduct professionally ethical behavior (Velasquez et. al, 2010).

Culture

Culture is defined as human models or patterns for living that are learned and often shared amongst others with a similar background (Damen, 1987). These patterns consist of beliefs, values, and practices that are common to a group of people. Culture is commonly considered in terms of ethnicity, as many people of the same ethnic background may have similar ways of life. This is especially true in less diverse countries in the world, outside of the United States. As time progresses in the United States, it has been discovered that more populations that are ethnically diverse, such as refugees and immigrants, are relocating to rural areas, further broadening the culture of these communities.

In addition to the role of culture in terms of ethnic background, past research suggests that rural communities may possess its own unique culture. In one explorative study, researchers proposed that, "rural people may demonstrate a set of qualities identifiable as a rural culture," explaining that those who live in rural communities, and even those who are born in rural communities and relocate to an urban area, have become identified as a cultural group with distinct traits, values, and needs (Barbopoulous & Clark, 2003 p. 413). Furthermore,

conventional and conservative attitudes tend to exist in rural populations as well as a fishbowl phenomenon, where the community members know the happenings of other community members (Harowski et al., 2006). These attitudes create a stigma of mental health services and it is important to have an awareness and display sensitivity to the needs, values, attitudes, and culture of each rural community in order to understand and treat clients to the best of a practitioners' ability. However, it is important to note that the opinions of these explorative studies have been controversial, questioned, and opposed by other researchers.

Characteristics of Rural Communities

While each rural area exhibits differences in the aspects of their community, there are many characteristics common to most or all. Rural communities have a smaller population and tend to be geographically isolated, but very complex. Their complexity stems from the presence of interrelated systems of professional and personal social and political units (Helbok, 2003). In other words, in these areas, relationships tend to be interdependent and interrelated between the members of the community because they tend to take on multiple roles. These relationships may have deep roots socially, politically, and even in terms of family. It is common for members of rural communities to depend on one another or solve their problems on their own instead of seeking help and placing trust in people they are unfamiliar with. They also have strong family ties, but may often avoid or suppress conflict and refrain from discussing feelings. Rural community members tend to be very private, especially about the issues that they are dealing with. This is possibly because word travels quickly in a rural area, and the belief seems to be that minimizing verbalizations about problems will lessen the chance of other community members finding out about it.

A characteristic of rural communities that is completely out of any human control is the unpredictable role of nature. Many rural areas in the domestic United States are home to farming and the production of goods. However, with unpredictable nature conditions such as tornados, hurricanes, and earthquakes, crops can fail on any given occasion due to nature, which in turn, creates great distress for the residents of these areas. For example, the threat of hurricanes in Hawai‘i is increased during hurricane season, which runs from June 1st to November 30th of every year (NOAA, 2004). In 1991, after the damage of Hurricane Iniki, the population of Kauai suffered significant emotional distress after devastating injuries and deaths, significant property damage and flooding, and the loss of electricity and water for months following the hurricane. Additionally, rural areas are much more isolated than urban communities and thus, do not receive the resources that urban areas may receive in the case of a natural disaster. The events of natural disasters as well as their aftermath in combination with a lack of control, ambiguity, and duration lead to significant distress endured by the residents of these rural communities.

Other characteristics of rural communities and populations include a decreased tolerance for diversity, increased involvement in religious affiliation, stoic and fatalistic attitudes, and reduced likelihood to seek mental health services due to lack of psychoeducation and negative stigma (Helbok, 2003). The accumulation of these characteristics may result in an external picture of a rural resident who is independent, strong, and happy in their everyday life which leads others to believe that mental health services are not as necessary as they actually are.

The mental health services in rural communities are very scarce in comparison to those available for those in an urban area. However, research shows that social and health problems in rural communities often exceed those in urban areas due to exposure to stressors such as harsh weather and natural disasters and poverty (Helbok, 2003). Residents of rural areas have high

substance use disorders and are at high risk for mental illness. Rural suicide rates over the past twenty years have surpassed the rates of those in metropolitan areas. Rural residents also have higher rates of chronic illnesses, limitations on physical activities, and life-threatening medical conditions. These risks put rural residents at higher risk for medical-psychiatric comorbidities and mental health issues (Roberts, Battaglia, & Epstein, 1999). Research shows that residents in rural populations experience psychological conditions such as mood disorders, anxiety disorders, cognitive disorders, developmental disorders, psychotic disorders, and trauma at a rate that is at least as high as urban populations (Helbok, 2003). There has also been a consistent pattern of high rates of chronic illness, disability, and heightened psychosocial stresses in rural areas (Roberts, Battaglia, & Epstein, 1999).

Rural populations may be much smaller than those in urban areas, but can be very complex and deal with serious issues. In addition, these areas often lack the resources that urban communities possess. In comparing rural and urban communities, rural areas have higher poverty rates, a lack of employment opportunities, lack of access to higher education, higher rates of illiteracy, inadequate health services, lack of insurance coverage, higher disability rates, and a lack of mental health services," (Helbok, 2003). They also lack many of the services that the urban population may take for granted including community centers, day treatment centers, public transportation, and access to self-help groups.

Access to healthcare between rural and urban communities differ, as it may be more difficult for rural minorities to access services than urban minorities (Harowski et al., 2006). This discrepancy can be due to many factors such as poverty, cultural or language barriers, lack of public transportation, and limited insurance. According to the National Rural Health Association, "uninsurance in rural America is more persistent," as uninsurance incidences appear to persist for

longer periods of time (p.4). It was identified that the immigrant and refugee populations have the highest rates of uninsurance in rural communities (Office of the Surgeon General, 2001)

It is important to note that rural communities are not uniform, but commonalities do exist. These commonalities include dense and interrelated social networks, low population density, geographic isolation and barriers, a cultural attitude of self-sufficiency, traditional values, patriarchal social structures, lack of transportation and communications, and fewer social, economic, and workforce resources. Those who live in rural communities and even those who are born in rural communities and relocate to an urban area have become identified as a cultural group with distinct traits, values, and needs. The following are identified as needs: self-reliance, conservatism, distrust of outsiders, religion, work orientation, emphasis on family, individualism, and fatalism (Harowski et al., 2006).

Based on this information, it is evident that there is a great need for services and providers in rural psychology. It is important to note that rural psychology is on the cutting edge of integrated care, telehealth, and prescription privileges in order to meet the needs in rural communities (Riding-Malon & Werth Jr., 2014). It is crucial for rural psychologists to educate themselves about the politics, family history, and power structures that are specific to the area in which they practice. Especially in the mental health field, it is important to be sensitive to these dynamics, as well as open to learning more from other community members.

Small-community population

Rural psychologists are often labeled as "small-community psychologists." However, there are other settings or groups of people that are considered small communities such as colleges, LGBT community, affiliations based on religion, military, or culture, correctional facilities, suburban areas, substance use, disability, school districts, and therapists who see other

therapists as clients. For the purposes of this paper, the term rural will also include small-community areas and populations.

Frontier

A frontier area can be defined as an area with less than 6.6 people per square mile. Frontier areas exist in 25 states and represent approximately 45 percent of the landmass of the United States (Roberts, Battaglia, & Epstein, 1999). People in this population deal with barriers to care such as: insufficient access to health or crisis services or hospitals, mental health, innovative medicines, and other therapies. These barriers and issues align with those of rural areas. For the purposes of this paper, the term rural will also include frontier areas and populations.

Geographical Isolation of Hawai‘i

Hawai‘i is one of the most isolated groups of islands in the world, as the closest continental land mass is over 2400 miles away (Barnes, 2009). Due to this isolation, Hawai‘i possessed a unique way of life and was one of the last places in the world to become populated. While there are roughly four hundred islands within the Hawaiian Archipelago, there are eight main islands that are typically thought of as Hawai‘i: Hawai‘i Island or the Big Island, Maui, O‘ahu, Kaua‘i, Lana‘i, Moloka‘i, Kaho‘olawe, and Ni‘ihau (Barnes, 2009). Not only is the entire state of Hawai‘i extremely isolated from the continental United States, but the eight main islands are also separated from one another by the Pacific Ocean.

The geography of Hawai‘i has resulted in many consequences for the delivery of health care. With the majority of Hawai‘i’s population residing on the island of Oahu, the majority of health care services are also located on Oahu, leaving the outer islands of Hawai‘i underserved. Residents in rural communities in Hawai‘i often experience fewer resources and more difficulty

in accessing services (e.g. high travel cost to Oahu for services that are not available in their area) (Oliveira et al., 2006).

The Role of Culture in Hawai‘i

Hawai‘i is likely one of the most culturally diverse and multiracial states in the United States of America (Oliveira et al., 2006). While the foundation of Hawai‘i’s culture is rooted in the culture of the indigenous people, the Native Hawaiians, Hawai‘i’s history of plantation work led to an influx of immigrants from many countries in Europe and Asia (e.g. Spain, Portugal, Japan, China, Philippines). The distribution of Hawai‘i’s population includes: Native Hawaiian/Pacific Islander alone (10.2%), White alone (25.8%), Asian alone (37.7%), Hispanic or Latino (10.4&), Black of African American alone (2.2%), and two or more races (23.7%) (U.S. Census Bureau, 2016). It should be noted that the U.S. census data includes people who report themselves as identifying as one race, even if they are technically multiracial, and thus, the actual breakdown of the population may differ than the statistics listed above. However, there is no ethnic majority in Hawaii and a large number of Native Hawaiians and other residents in Hawaii are multiracial (Oliveira et al., 2006). With the presence of numerous ethnicities and cultures, the culture of Hawai‘i is multi-faceted, pulling influences from various sources rather than a single ethnic identity. These ethnic and cultural identities create a higher level of complexity due to characteristics, beliefs, values, and practices that exist between and within racial groups, as well as across generations in specific families or ethnicities (Oliveira et al., 2006). While research is available for the Native Hawaiian culture, more research is needed on the local Hawai‘i culture.

Need for Cultural Competency

Due to the diverse, multicultural influences of Hawai‘i, it is important to consider the role of culture in psychological practice. Further, the United States continues to become an increasingly diverse country. Thus, providers and medical schools have been called upon to provide culturally competent training and care (Kamaka, Paloma, & Maskarinec, 2011). Amongst minorities, Native Hawaiians experience significant physical and mental health issues. While there is no ethnic majority in Hawai‘i’s population, Native Hawaiians make up a significant percentage of the state’s population, and have been shown to suffer from the largest health disparities in the state (Oliveira et al., 2016). While there has been an increase in research specific to Native Hawaiians, more research is needed specific to the field of psychology. Therefore, it is important to understand the Native Hawaiian culture in hopes of increasing culturally competent care to treat the mental health needs within the population. Furthermore, some information about the Native Hawaiian population and culture have the potential to be generalized to working with minority populations who are suffering from health disparities in the United States (Kamaka, Palona, & Maskarinec, 2011).

Native Hawaiian Culture

The indigenous people of Hawai‘i had a sophisticated, successful, and thriving way of life prior to Western contact (Vogler, Altmann, & Zoucha, 2010). A population of over 300,000 Native Hawaiians lived by way of holistic health with practices of healing including physical, spiritual, and relational wellbeing (Ka’opua, 2008). However, there has been a lack attention focused on Native Hawaiians in psychological research. A main reason for this lack of research is because Native Hawaiians tend to be lumped under the ethnic category of Pacific Islanders and Asian Americans, rather than being emphasized as a specific ethnicity and culture (McCubbin &

Marsella, 2009). Due to the lack of research and overgeneralization by combining Native Hawaiians with all other Pacific Islanders and Asian Americans, there is little information about cultural considerations in mental health practice that specifically address psychological practice with Native Hawaiians.

There is a significant need for research in the area of the Native Hawaiian culture. Native Hawaiians have been categorized as Asian-Pacific Islanders, Pacific Islanders, Oceanic people, and Polynesians, which has led to the marginalization of Native Hawaiians. Native Hawaiians have often been neglected in terms of culturally appropriate health care and funding at both the federal and state level (McCubbin & Marsella, 2009). Thus, in order to provide culturally competent care, the Native Hawaiian culture must first be understood. For the purpose of this literature review, the Native Hawaiian culture will be examined as it relates to psychological phenomena in terms of a historical context and the cultural beliefs, values, and practices common to the indigenous Native Hawaiian population.

Brief History of Ancient Hawai‘i

Polynesians discovered Hawai‘i and likely inhabited the islands sometime between 200 and 600 AD (Graves & Addison, 1995). The earliest inhabitants of Hawai‘i were thought to have lived alone in the islands for several centuries. The history of Hawai‘i can be divided into pre-colonization and post-colonization.

Prior to European contact, Hawai‘i possessed a complex government system. Native Hawaiians functioned in a hierarchical society with a successful economic system. The Hawaiian monarchy, or the ruling class were called the *ali‘i,* and is comparable to kings in European culture. They ruled over land that was divided into *ahupua‘a,* which were pieces of divided land that ran from the mountain to the ocean in order to provide all that was needed for Native

Hawaiians to thrive. The hierarchy consisted of aliʻi, commoners, and slaves, each of which had designated roles and duties within the ahupuaʻa and society (McCubbin & Marsella, 2009). Further, a *kapu,* or taboo system was created and utilized to maintain order and harmony for the Native Hawaiian population (Lind, 1934). Native Hawaiians had a way of life filled with unique cultural beliefs, values, and practices that was successful and sustainable for many years.

The arrival of Captain James Cook signifies the Native Hawaiians' first contact with Western influence. Initial contact with Captain Cook prompted additional contacts with Westerners, as missionaries arrived in 1820 with the intent to spread Christianity (Lind, 1934). With the influx of Westerners, many diseases were introduced which resulted in a dramatic reduction in Hawaiʻi's population from 500,000-800,000 down to 84,000 (McCubbin & Marsella, 2009). Without the permission of the United States government, Hawaiʻi was invaded by an American minister, John Stevens and a group of U.S. business men, with help from the U.S. Navy in 1893. On January 17, 1893, the last queen of Hawaiʻi, Queen Liliuokalani was illegally overthrown. Hawaiʻi became a territory of the United States on July 7, 1898, and officially became the 50th state in America in 1959.

Native Hawaiian Definition

The conceptualization of the term "Hawaiian" further complicates the understanding of the Native Hawaiian culture, as many have used the term to explain those who were born in Hawaiʻi and/or long-term residents within Hawaiʻi as Hawaiians. Thus, there is confusion between the terms "Hawaiian" and "Local." While Hawaiian refers to possessing the ancestry of Native Hawaiian ethnicity, the term "local" refers to geographical residence in Hawaiʻi. According to the 1959 Statehood Admissions Act of Hawaiʻi, a Native Hawaiian person is defined as a descendant of the indigenous and sovereign people who occupied the territory now

known as the State of Hawai‘i, prior to 1778 (Statehood Admissions Act of Hawai‘i, 1959). It is important to note that the term “Hawaiian” may be interchangeable with its proper term in the Hawaiian language, *kanaka maoli*, which is defined as a real or true person (Blaisdell, 1989). Within the ethnic group of Native Hawaiians, one term may be favored over another based on the individual. For the purpose of this literature review, the term “Native Hawaiians” will be utilized.

Beliefs

Worldview. The worldview of Native Hawaiians is very different from Western beliefs and theories. The Native Hawaiian worldview aligns with the collectivist paradigm, as the Native Hawaiian sense of self is grounded in social relationships (Handy & Pukui, 1972). This directly contradicts Western belief that emphasizes individualism and considers the importance of the individual as a motivating factor for behavior (Marsella et al., 1995). The sense of self for Native Hawaiians emphasizes the idea that the individual, society, and nature are all key aspects in the Native Hawaiian individual’s psychological health. Therefore, if the relational and emotional bonds between an individual, society, and nature are intact, it can be used to protect and support the individual, but if these bonds are imbalanced or negative, they can cause significant distress (Ito, 1985; McCubbin & Marsella, 2009).

Religion and Spirituality. The ancient Native Hawaiian people had polytheistic religious beliefs. These religious beliefs were extremely important, as every aspect of their life was conducted with a deep respect and belief in their religion (Mitchell, 1992). From birth until death, every event in an individual’s life as well as everyday tasks such as fishing and farming, prayer was used to honor the gods. There are four major gods or *Ke Akua*, in the Native Hawaiian culture: *Kāne*, the creator of man, *Lono* the god of agriculture, *Kū*, the god of chiefs

and war, and *Kanaloa*, the god of the ocean. There were also many lesser gods, called demigods and goddesses who were commonly worshipped and believed to have a specific profession, craft, or natural phenomena (Mitchell, 1992). Well-known demigods include Pele, Kamapuaʻa, Hiʻiaka, and Māui. Based on the research on Polynesian religion, gods are thought to have once been chiefs and chiefesses who gained power, reputation, and unusual ability, and upon their death, they were deified (Mitchell, 1992). Additionally, Native Hawaiians believed in ancestor or family gods called *ʻaumakua*, which are spiritual ancestors who are commonly known to be represented by animals and serve as protectors of the family (Mitchell, 1992; Pukui, Haertig, & Lee, 1972). ʻAumakua are thought to communicate with living family members in many ways such as prayer, dreams, or through an animal, plant, or object. The living were known to have very strong connections to their ʻaumakua, and often live their lives abiding by laws and avoiding conflict because it is expected of their ancestors.

There are many spiritual terms that are often used when discussing the Native Hawaiian religion. *Kahuna*, who were experts in their craft are often correlated with religious beliefs, as they relied on their spirituality in order to carry out their professions (Mitchell,1992). For example, medical kahuna would rely on spiritual beliefs in order to provide medical healing, while a kahuna who specialized in craft, would rely on spirituality to build a canoe. *Heiau* is another well-known term defined as a temple of worship. While Native Hawaiians worshipped their gods in all aspects and places in their life, heiau were large sacred temples that had dedicated purposes to worshipping the gods. Furthermore, *mana* is a very important term in Native Hawaiian culture that is defined as the authority and power of the gods and chiefs. *Mana,* also referred to as spirit or divine power, is the energy of life that is found in all animate and inanimate things (Kanahele, 1986). It was believed that the higher the rank of an individual, the

greater mana they possessed. Thus, chiefs were believed to have higher mana, of which, their strengths and abilities were believed to stem from (Mitchell, 1992). It should also be noted that mana did not just exist in people, but objects, prayers, and ceremonies as well.

While Native Hawaiians believed in these religious ways for centuries, the rise of Christianity developed with western influence. Missionaries traveled to Hawai‘i to spread Christianity, and after the United States overthrew the Hawaiian Monarchy, it became illegal to practice Native Hawaiian religious and spiritual beliefs. Therefore, many Native Hawaiians converted to Christianity, which is still very prevalent in today's Native Hawaiian population. More current research is needed in this area to determine the prevalence of Native Hawaiian religious beliefs, Christianity, and other religious beliefs in the modern Native Hawaiian population.

Basic Values

There are countless values within both the ancient and current Native Hawaiian culture. For the purposes of this training, the basic values that shed light on the underlying premises of the Native Hawaiian culture will be discussed. *Aloha* is a well-known value with many meanings including love, affection, sympathy, mercy, and kindness, *kōkua* is a Hawaiian value that translates to helping, relieving, or assisting others, *lōkahi* is a Hawaiian value that translates to unity, accord, or a sense of harmony, *pono* is a Hawaiian value that means justice, goodness, or being fair, *ha‘aha‘a* means humility and to be expressed with modesty, and *alaka‘i* translates to leadership, which is essential to the perseverance of the Native Hawaiian culture (Pukui & Elbert, 1986). Of these values, lōkahi is emphasized in the psychology of Native Hawaiians. Lōkahi is a concept that looks at the harmony between nature, humankind, and the gods. Lōkahi specifically relates to mental health care, as psychological functioning should be viewed

holistically in Native Hawaiian culture (McCubbin & Marsella, 2009). This holistic approach must encompass mind, body, and spirit, as it is embedded in the individual's land, family, and spiritual world (Marsella et al., 1995).

Additionally, Native Hawaiians have historically placed significant value on family or *'ohana*. Native Hawaiians held the worldview most similar to collectivism, and emphasized the importance of community. One's sense of self was heavily dependent on the relationships they had with others. 'Ohana is a primary value in Native Hawaiian culture that plays a significant role in an individual's identity in both ancient and current Native Hawaiian culture. The concept of 'ohana extends farther than an individual's immediate blood relatives in the Native Hawaiian culture and can include extended family and informal relationships with friends. 'Ohana provides a very important and strong source of physical, emotional, and financial support in the Native Hawaiian culture.

Furthermore, *'āina*, which is translated to earth, nature, or land (Pukui & Elbert, 1986) was and still is extremely important in the Native Hawaiian culture. Historically, 'āina consisted of three dimensions. *Physical 'āina*, which is the environment consisting of both homeland and what is grown to nourish the body, *psychological 'āina* is related to positive and negative thinking, and *spiritual 'āina* represents the relationship between Native Hawaiians and their spirituality (McCubbin & Marsella, 2009). The physical 'āina was and is very important to Native Hawaiians, and thus, it is very common for Native Hawaiians to protect the ocean and land even in modern Hawai'i. This need to protect the 'āina was essential to Native Hawaiian health in ancient Hawaii (Casken, 2001).

Common Practices

The Native Hawaiian way of life was successful, sustainable, and lasted for centuries with order and harmony. In addition to their beliefs and values, Native Hawaiians had practices and customs that are still demonstrated in today's Hawaii. These practices include language and communication, music, dance, art, sports, and voyaging.

As previously stated, the Native Hawaiian sense of self is grounded in social relationships. Therefore, communication is guided by the relationships they have with others, and is based on trust, harmony, loyalty, and predictability of others (McCubbin et al., 2008). Due to the values instilled in Native Hawaiian people, they are often characterized as giving, easy-going, caring, and harmonious. In ancient Hawai‘i, communication was delivered through storytelling, as oral communication was the main form of communication that passed teachings from generation to generation. It was not until western contact, that written communication took form. Oral communication is still demonstrated in today's Hawaiian culture through storytelling and the perpetuation of the Native Hawaiian language, *‘ōlelo Hawai‘i*, which is commonly taught in Hawaiian charter schools, Hawaiian immersion programs, and the University of Hawai‘i system.

Music, dance, and sports were very commonly practiced in the ancient Native Hawaiian culture. Ancient Hawaiian musicians used string and wind instruments as well as those made of shells (conch shell blowing), gourds (ipu), and plants (coconut, bamboo, ti leaves) (Mitchell, 1999). Drums were commonly used for music and dance as well. Music, or *mele,* is still commonly practiced in today's Hawaiian culture. *Hula* was the dance of the Native Hawaiian people and was used to honor the gods and the ali‘i. It also honored and represented various forms of nature and provided entertainment. Further, Native Hawaiians in ancient Hawaii

devoted ample time to sports, games, and amusements. There were hundreds of games used for entertainment and relaxation; however, many of them were lost after western contact. In today's Native Hawaiian culture, canoe paddling is a popular sport and the *Makahiki* is still recognized as well as two common games, *kōnane* (resembles checkers) and ʻulu maika (bowling).

In order to understand the history of Hawaiʻi, it is crucial to understand the voyaging traditions of the ancestors of Native Hawaiians, the Polynesians. While there is still a debate on the origins of Polynesians; it is evident that their voyaging practices led to the discovery of many landmasses within the Pacific Ocean. Voyaging expeditions were skillfully planned, as they would bring livestock (e.g. chickens, pigs, etc.), crops (e.g. bananas, taro, etc.) and medicinal plants to harvest in their new home (Barnes, 2009). Polynesians would travel on boats and individuals possessed significant skills in voyaging including but not limited to, navigating utilizing astronomic means, objects floating in the water, wildlife (i.e. birds and fish), and ocean currents. This practice was discontinued for a long period of time in Hawaii, but reemerged in the 1970's to begin the resurgence of the Native Hawaiian culture. Voyaging practices are still performed today, as demonstrated by the recent Mālama Honua Worldwide Voyage, which took the Hōkūleʻa around the entire world utilizing ancient Polynesian navigating methods. The Hōkūleʻa is a double-hulled canoe that sailed 47,000 nautical miles to eighty-five ports, and 26 nations throughout the Mālama Honua Worldwide Voyage (Polynesian Voyaging Society, 2017).

Historical Trauma and Resurgence of the Native Hawaiian Culture

The Native Hawaiian population drastically decreased by over 90% after western contact (McCubbin & Marsella, 2009). Not only did Native Hawaiians suffer from physical pain, sickness, and ultimately death due to the introduction of foreign diseases, but the Native

Hawaiian cultural identity was also lost. After the Monarchy of Hawai‘i was illegally overthrown by the United States, it became illegal for Native Hawaiians to display their culture. The Hawaiian language was banned in schools, and Native Hawaiians were not allowed to practice common customs in public. Further, westerners often held negative, skewed, views of Native Hawaiians (Lind, 1934). Reverend Rufus Anderson, who witnessed the drastic reduction in the Native Hawaiian population due to Western contact, denied the genocide as a tragedy. Instead, he explained it as a natural elimination of diseased members of the body (Anderson, 1865). These negative assumptions influenced the Native Hawaiian psyche, had a negative influence on how Native Hawaiians viewed themselves, and the Native Hawaiian population gradually began to succumb to the ways of the western world (McCubbin & Marsella, 2009).

The near extinction of the Native Hawaiian population and culture had traumatic effects that still exist in the current Native Hawaiian population today. This is known as historical trauma. Historical trauma refers to psychological and emotional distress that can be sustained throughout generations that is caused by complex trauma inflicted on a specific cultural population by another group of people (Brave heart et al., 2011). Similar to many other indigenous groups such as Native Alaskans and Native Americans, Native Hawaiians have a sociopolitical history of a forced assimilation into the United States.

While Native Hawaiians suffered a great loss in their population and cultural identity, the people and culture began to strongly resurface in the 1970s. During this time, many Native Hawaiians displayed a renewed interest in many practices of ancient Hawai‘i including ‘ōlelo Hawai‘i, music, hula, arts and crafts, and voyaging (McCubbin et al., 2008). Native Hawaiians continue to prove themselves as a resilient population whose people continue to grow. Cultural

practices continue to be taught in schools and universities and practiced in the community, which in turn, perpetuates the cultural identity of Native Hawaiians.

Native Hawaiians and Mental Health Care

In order to provide the highest level of culturally competent care for Native Hawaiians, it is important to first identify how they viewed mental health. In order to be accurate and congruent with the indigenous Native Hawaiian culture, the etiology of these symptoms will be discussed in terms of Native Hawaiian conceptualization rather than western principles.

Native Hawaiians believed that illness could encompass the spirit, body, and mind. According to Native Hawaiian healers, there are two etiologies of sickness, those that came from outside forces and those that came from within. *Ma'i mai waho,* which translates to sickness from outside forces, is believed to stem from gods or spirits, while *ma'i ma loko* refers to sickness from within, which stems from the family in the form of holding grudges, power struggles, and unpleasantness (Pukui, Handy, & Livermore, 1934). Family relationships are extremely important in Native Hawaiian culture and when family interactions are out of harmony, individuals can display symptoms that are similar to depression and anxiety. This type of illness is called *I loko o ka'ohana,* which is illness due to disturbed relationships with an individual's family. For example, an individual could experience long-lasting feelings of guilt and shame after disgracing their family, which in turn, could lead to a diagnosis of depression according to western standards (McCubbin et al., 2008).

Research shows that historical trauma is likely caused by issues surrounding colonization and has social, political, and emotional effects (Braun et al., 2014). These difficulties due to historical trauma plays a significant role in the Native Hawaiian culture in modern Hawai'i. Native Hawaiians continue to experience and cope with these effects in different ways and thus,

cultural considerations surrounding these issues must be considered in psychotherapy (Braun et al., 2014). The consequences of the overthrow of the Hawaiian Kingdom for the Native Hawaiian people may contribute to a significant distrust and suspicion toward Western health care (Vogler, Altmann, Zoucha, 2010). In Native Hawaiian culture, the effects of historical trauma are most similar to the *Kaumaha Syndrome*, a cultural loss syndrome characterized by significant feelings of sadness, depression, sorrow, or grief. This is also known as the Cultural Loss/Stress Hypothesis that explains how two hundred years of cultural loss has affected Native Hawaiians' health and education (Hammond, 1988). There are significant parallels between the Native Hawaiian and Native American experiences of colonization. While historical trauma has been discussed in research for Native Americans, more research is needed that addresses historical trauma for the Native Hawaiian culture, specifically its effects across generations.

Another cultural syndrome in Native Hawaiian culture is called the *Ha'ole Syndrome*, which is when someone lacks aloha or lost their cultural spirit, essence, life, or breath (Rezentes, 1996). This syndrome is displayed through symptoms of interpersonal difficulties, depression, low self-esteem, emptiness, and a distorted sense of self (McCubbin et al., 2008). These symptoms are embedded within the numerous Native Hawaiian values and thus, there are numerous Native Hawaiian terms for mental illness.

It is important to note that Native Hawaiian practices, beliefs, and values must be considered in order to make accurate and appropriate mental health diagnoses. Specifically, it was quite common for Native Hawaiians to have visions and/or hear mystic voices. For the purpose of this literature review, the term vision will be used to encompass both visions and mystic voices. Visions could be used to warn and advise, speak to the dead and/or ancestors, or for visions of death. Further, Native Hawaiians may have had visions of gods or animals (Pukui,

Haertig, & Lee, 1979). Visions could be experienced by people of all ages, including children. Native Hawaiians actually believed little children were more susceptible to visions, and believed that dogs could have visions as well. Different types of visions often resulted in different reactions based on the message and interpretation. Fright and solace are two common reactions, however, solace and comfort due to the vision and message was more common (Pukui, Haertig, & Lee, 1979).

By western standards, these visions experienced by Native Hawaiians may be viewed as psychotic symptoms common to a diagnosis of schizophrenia. However, according to the Native Hawaiian culture, it may be viewed as normal. Many Native Hawaiians want to talk about their experiences of visions, which to a non-Hawaiian listener, may be discomforting. However, it is important to remain open, as talking about visions can actually be healing and/or result in them stopping. Further, Pukui, Haertig, and Lee (1979) discuss ways to distinguish between a true vision or hallucination stating, "A true vision does not harm. It comes to tell you something to advise or help" (p.15). Further, in order for a vision to be true, it must be comprehensible in the scope of the person's life and "if a vision is relatively unintelligible in the light of the person and his life, it is much more likely to be a symptom of something seriously wrong" (Pukui, Haertig, & Lee, 1979, p. 16). Therefore, it is important to remain open and refrain from judgments when working with Native Hawaiian clients as well consider the Native Hawaiian beliefs, values, and practices in order to arrive at accurate diagnoses and provide the highest level of care.

Native Hawaiian Healing

Prior to western contact, Native Hawaiians were relatively free from disease. They ate a proper diet and participated in regular exercise through their daily practices. Even with western medicinal practices in modern Hawai‘i, not all Native Hawaiians have fully accepted western

modern medical treatment (Mitchell, 1992). The U.S. Congress passed the Native Hawaiian Health Care Act in 1988, which acknowledged and supported traditional healing (Judd, 1998). Papa Ola Lokahi, the Native Hawaiian Health System was created to improve Native Hawaiian health and well-being, and still exists today, providing culturally competent medical and behavioral health services on Kauaʻi, ʻOahu, Molokaʻi, Maui, and the Big Island.

Native Hawaiian healing can be divided into four modalities of treatment. *La'au kahea*, or healing by faith, *ho'olomilomi* is healing by massage, *lāʻau lapaʻau* is healing using herbal medicine, and *ho'oponopono* refers to conflict resolution (Chang, 2001). In ancient Hawaiʻi, indigenous Native Hawaiians had countless healing practices. However, the most well-known, researched, and common Native Hawaiian healing practices in today's Hawaiʻi are ho'olomilomi, lāʻau lapaʻau, and ho'oponopono (Hilgenkamp & Pescaia, 2003). Ho'olomilomi is a common treatment used for relaxation and relieving stress for a wide variety of symptoms, medical issues such as chronic pain and muscle strains, gastrointestinal distress, scrapes, boils, sores, as well as anxiety and other mental health problems (Chang, 2001). Lāʻau lapaʻau uses common plants, ocean products, and/or animal products to treat and heal a multitude of illnesses and symptoms, both physical and psychological. While there has been significant effort within the Native Hawaiian community to preserve the knowledge, traditions, and practices of lāʻau lapaʻau, more research needs to be conducted in order to understand how it contributes to healing (McCubbin et al., 2008). Finally, ho'oponopono is a conflict resolution based treatment that is targeted toward restoring lōkahi, or harmony. It is commonly used in work with families, as it aims to resolve interpersonal issues, restore and maintain positive relations, and forgiveness (Boggs & Chun, 1990). Ho'oponopono is also used to prevent illness by restoring lōkahi and resolving any negative issues or feelings. It is important to note that ho'oponopono requires

confidentiality as well as a commitment to honesty, sincerity, and aloha throughout the process (Rezentes, 1996).

Local Hawai‘i Culture

The start of the sugar plantation was a significant event in Hawaiian history. During this time, Americans pressured ali‘i to grant land to westerners in exchange for service in order to run the sugar industry. This was a major shift in Hawaiian history that took power away from the existing monarchy. Land became available for sale to foreigners and immigrants quickly began their move to Hawai‘i to work in the sugar plantation. This is the foundation of Hawai‘i’s diverse, multicultural population, as plantation work led to an influx of immigrants from many countries in Europe and Asia (e.g. Spain, Portugal, Japan, China, Philippines). At present, Hawai‘i has the largest multiracial and multicultural population in the United States, as there is no ethnic group in Hawai‘i that is considered the majority of the population (Oliveira et al., 2006). With the presence of numerous ethnicities and cultures, the population and culture of Hawai‘i is multi-faceted, pulling influences from various sources rather than a single ethnic identity. While the multifaceted, diverse culture in Hawaii presents challenges for healthcare, there is a shortage of research specifically targeting culturally competent care for Local Hawaii residents. Therefore, more research that specifically targets the local Hawai‘i culture is needed in order to address the health disparities in Hawai‘i’s population in a culturally competent manner.

Rural Psychology in Hawai‘i

Residents in Hawaii deal with high costs of living, limited resources, and health disparities. There are significant issues related to mental health, substance abuse, poverty, and homelessness in the state of Hawaii that often go unmet. In order to meet the medical and mental health care needs in rural communities, integrated care has become more common. This is

common in rural communities in the United States and is utilized to increase access to care. In Hawai‘i, the Native Hawaiian Health System and Community Mental Health clinics provide care in the medically underserved areas of the state. Further, the Rural Hawai‘i Behavioral Health Program began in 2000 to increase culturally competent training and service delivery (Oliveira et al., 2006). Integrated behavioral health and primary care continues to increase in rural communities in Hawai‘i, however, more research is needed to determine its effectiveness with rural populations in Hawai‘i.

Psychological Practice with Multicultural Populations

Due to the multicultural, diverse population in Hawai‘i, multicultural perspectives and must be considered. The American Psychological Association (APA) has recognized that more multicultural training and teaching is necessary to provide students with tools and skills to treat a diverse population. It was also acknowledged that multicultural competency is necessary for psychologists regardless of the domain, research, practice, or education they work in. The APA also adopted multicultural guidelines for psychologists titled Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017). There are ten guidelines which state that psychologists must: 1) understand and appreciate that an individual's identity and how they define themselves is a dynamic process that is shaped by the numerous interacting factors within their social context, 2) aspire to recognize that they themselves hold beliefs and attitudes that have the potential to influence their interactions and perceptions when working with clients in order to move beyond any biases or assumptions that are based on a lack of information about individuals from other cultures, 3) identify and understand the role of language and communication in relation to the client's experience and understand the role their own communication has in their interactions, 4) be aware of the environment (social and

physical) of those they work with, 5) recognize any historical or modern experiences of power, privilege, and/or oppression in order to address any inequities and promote human rights, justice, and access to quality behavioral health care, 6) promote culturally adaptive advocacy and interventions, 7) try to examine the assumptions and practices of the profession within an international context in order to understand its effect on the psychologist's definition of themselves as well as their purpose and role, 8) understand how life transitions and developmental stages overlap with a biosociocultural context , 9) strive to conduct intervention, assessment, diagnosis, research, consultation, supervision, teaching, etc. in a culturally appropriate and culturally informed manner, and 10) strive to utilize a strength-based approach that aims to decrease trauma and increase resilience within the sociocultural context (APA, 2017). The APA Multicultural Guidelines must be considered when working the diverse, multicultural, minority population in Hawai‘i and more research that specifically focuses on the local culture in Hawai‘i is needed to increase the quality of care and meet health disparities in Hawai‘i.

Ethical Dilemmas

An ethical dilemma is defined as a situation where there are two choices that both appear to be correct and equally appealing (Helbok, 2003). In the field of psychology, ethical dilemmas have the potential to arise on a regular basis. Psychologists must be trained in the ethical code of conduct to deal with these dilemmas in an appropriate manner. The APA Ethics Code aims to give psychologists a framework of how to make decisions appropriately. However, the general consensus in previous research seems to be that the urban model of care in the mental health field is inadequate in terms of meeting the needs of rural communities (Helbok, Marinelli, & Walls, 2006). According to Helbok, Marinelli, and Walls (2006), psychologists generally train in an urban

area since most universities tend to lie in these areas. Therefore, they are trained according to an urban model of psychology, with research and experience gained in urban areas that typically have many services available in a close proximity. Some rural providers even feel that the ethical code is so biased toward urban mental health practice, that it's incongruent to their needs as a rural psychologist, and are not very helpful (Helbok, 2003). What constitutes sound ethical practice in urban areas may not parallel those that occur in rural areas. Thus, it is important to determine the differences in ethical dilemmas encountered by psychologists' in each area to ensure the best psychological practice and overall well-being of psychologists.

All psychologists encounter ethical dilemmas. However, past research in this area suggests that rural psychologists may encounter issues related to limited resources, multiple relationships, confidentiality, competence, high visibility, self-disclosure, cultural awareness and community expectations, payment and bartering, technology and social media, professional isolation and burnout, and post therapy relationships at a higher rate (Helbok, Marinelli, & Walls, 2006).

Limited Resources

While each state in America is primarily comprised of rural communities, psychology is an urban-based profession. Psychologists attend universities and obtain training according to the urban model of psychology, and lack experience in rural psychology. The lack of training resources and high urban demands leaves the needs of rural psychologists forgotten (Harowski et al., 2006). This lack of training starts in the education psychologists receive within their doctoral programs. According to Harowski et al. (2006), "current training models in graduate psychology are out of touch with the practice demands of rural psychologists" (p.160). Traditional doctoral programs train in isolation and place the student's focus on specialization within the field. However, rural training requires interdisciplinary collaboration among multiple domains of

health care to provide diversity rather than a monoculture of psychology. Interdisciplinary collaboration has become the norm in rural areas, as many mental health clinics exist within larger health care facilities. However, there has not been any broad incorporation of the training needs of rural psychologists in an accredited doctoral psychology program, and even if this existed, the number of professional students selecting primary care and rural practice settings continues to drop (Harowski et al., 2006).

Substantial levels of mental health needs are paired with a shortage of mental health services in rural areas specifically in the availability of psychologists (Barbopoulous &Clark, 2003). A lack of psychologists has historically put the care of mental health in the hands of primary care physicians and community health centers. Patients also turn to PCPs for mental health care because they have an established relationship with their physician and continuity of care. The turnover rate of mental health practitioners in rural areas is very high, which decreases client motivation, as they are unable to form the appropriate therapeutic alliance to progress.

Multiple Relationships

A primary issue common to most rural communities lies within treating clients that a psychologist has an association with outside of the therapeutic relationship. These relationships are called multiple relationships, and are also known as dual or overlapping (terms are commonly used interchangeably) relationships (Schank & Skovholt, 1997). Multiple relationships occur when a relationship exists in addition to the professional role of the therapist-client relationship such as a friend, family member, business partner, or employer (Brownlee, 1996). These overlaps take place by choice or by chance and quickly multiplies when broadened to include family members of the psychologist. For example, a psychologist who sees a client in therapy who also happens to be friends with their spouse or a child who happens to be in the

same class on their child. The longer a psychologist practices in a community, the more overlap potential, and the reality of the dilemma is not how to avoid this issue, but how to handle these situations, as it is almost unavoidable for a multiple relationship to occur in a rural community.

Sexual Multiple Relationships. Sexual dual relationships are one of the oldest ethical mandates in health care professions and are the clearest of ethical violations, as all professional ethics codes prohibit any kind of sexual contact between psychologists and current clients (Vasquez, 2003). Sexual dual relationships are very harmful due to complications such as: an exploitation of trust, abuse of power, undermining of the therapy conducted in the past, and the overall risk of harm to the client (Schank & Skovolt, 1997). Further consequences of sexual dual relationships arise if the client participated in group therapy and include the betraying of trust of other group members and a confusion of group dynamics.

However, a gray area arises in sexual dual relationships post therapy, as there are contrasting opinions on what is considered to be ethically sound. The length of time since termination varies from state to state, creating an ethical dilemma for psychologists. While some believe that a few years since termination is an adequate amount of time to enter a sexual relationship with a former client, others believe that a sexual dual relationship should never be entered regardless of the time period between the anticipated relationship and termination of psychotherapy. The reality of sexual dual relationships is this: the power differential that exists in therapy exists beyond termination of service, making the risk for exploitation and harm to the client very high. However, while heavily warranted against, the gray area indicates that especially in rural areas, it is possible for sexual dual relationships to take place post therapy. In these situations, it is absolutely crucial that the power differential be terminated before the

relationship is even pursued. The ongoing debate over this topic continues and clinical judgment must be sound to avoid ethical violations.

Nonsexual Multiple Relationships. While sexual multiple relationships are always unethical and problematic during the course of psychotherapy, the issue of nonsexual multiple relationships is much more complicated and difficult to navigate. According to the APA Principles of Psychologists and Code of Conduct (2010, p.6),

> psychologists refrain 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.

However, the APA also recognizes that it may be unreasonable for a psychologist to avoid social or nonprofessional contacts with patients, clients, students, or supervisees. It should be noted that not all multiple relationships are harmful, and while the ethics code advises psychologists to stay away from multiple relationships, they also acknowledge that it may be more harmful to deny a client in a specific situation. It is clear to see how the gray area between what is harmful and acceptable can pose as an issue for a psychologist.

The Problem with Multiple Relationships. Multiple relationships can be seen as problematic for two reasons: impaired objectivity and the risk of exploitation (APA, 2004). Impaired objectivity refers to the inability to remain objective during treatment due to the relationship you share with a client outside of the therapy setting. For example, setting strict boundaries in terms of a no-show/late policy may be difficult to keep for a client who you also

consider to be a friend. This may result in lenient boundary setting for this specific client, which could ultimately impair the therapy sessions.

Risk of exploitation refers to the chance of exposing the client to others in the general population as someone who attends therapy. This violates the confidentiality of the client. There will be many times where psychologists have out-of-therapy information about clients that they have to keep confidential from themselves as they obtain and evaluate information about the client.

While the APA Ethical Code of Conduct takes these difficulties into account, they fail to clarify the relationship characteristics that should be considered when faced with a potential multiple relationship (Brownlee, 1996). The ultimate rule of psychology is to do no harm, which is how the APA states to determine whether entering a multiple relationship should be judged. This leaves considerable room for psychologist interpretation in terms of deciding if the relationship is unethical. This ambiguity poses a particular problem for psychologists (Brownlee, 1996).

Multiple Relationships are especially problematic in rural settings due to the interrelated relationships that were discussed previously in the Community Characteristics section of this paper. Interrelated relationships occur because a small population in isolation often results in limited resources (Brownlee, 1996). Therefore, community members often serve multiple roles in order to serve their community. In rural areas, it is almost unavoidable to encounter these relationships, but the APA Code of Conduct is so ambiguous that psychologists' are left to lean more on clinical judgment than an actual process to determine what would be considered as a harmful or acceptable multiple relationship.

Decision-Making Models to Address Multiple Relationships. Brownlee (1996) examined two models for ethical decision making specifically regarding multiple relationships. While this article and both models are clearly outdated, they serve as a concrete baseline for psychologists facing this dilemma. The research in this area is greatly lacking in ethical decision-making models, and thus, these models are important to note.

The first model is based on two concepts: role conflict and risk of harm. This model explains that potential for harm is increased based on the extent each of the following guidelines are violated. There are three aspects to this model: 1) Risk of harm will increase as the discrepancy of expectations between roles increase, 2) As role obligations deviate, this causes objectivity to decrease and thus, a risk of divided constancies increases, and 3) The risk of exploitation rises as the difference in prestige and power differential between the therapist and client increases.

The second model is based on three aspects: power, duration, and termination. The central assumption of this model is that not all dual relationships are inevitably exploitative, and thus, this model will aid in the process of determining whether a relationship should be entered or not based on the likelihood of exploiting the client. Power is recognized as varying from low power (minimal personal influence) to high power (profound personal influence). Duration is defined as the length of therapy and refers to the fact that some clients need continued, long-term psychotherapy, while others need more brief intervention. Termination refers to a time period for the intervention as well as when the intervention phase comes to an end. Termination is a subjective, fluid process and thus, the therapeutic alliance and interventions are often required for an indefinite period of time. This model is broken down into the following steps to provide a clearer basis for decided whether an ethical issue exists:

1) Assess the current relationship on the three dimensions.

2) Assess future relationships on the three dimensions.

3) Determine if the roles in the therapeutic relationship are incompatible. If the relationship between therapist and client appears to display a power differential and conflict in the mid to low range (based on the above three dimensions), this may warrant a decision to proceed with the multiple relationship.

4) In an objective situation, obtain consultation from colleagues.

5) Discuss the decision with the potential client in terms of the possible ramifications that could emerge from a dual relationship.

If a multiple relationship exists, but the power imbalance and risk of exploitation seem low, common sense procedures could be followed to make the appropriate decision. If services are likely to be brief, less intensive, and likely needing intervention in the future, the relationship could probably be continued post-therapy. The utilization of a treatment contract and continued consultation is also recommended in this model.

Perhaps the most important question to ask oneself as a psychologist is "why am I considering entering this relationship?" It is also important to evaluate if this relationship is avoidable and think toward how one may feel about their decision in a year (Kitchener, 1988). Whether it is a sexual or nonsexual dual relationship that arises post-therapy, the effects pose a risk for ethical violation, as it is a psychologist's obligation to behave ethically whether or not psychotherapy is in progress or terminated (Schank & Skovholt, 1997).

Post-Therapy Relationships. A gray area exists when addressing concerns regarding post-therapy relationships with former clients. While some psychologists believe that engaging in another relationship with a former client is acceptable after a period of time, others believe

that it is always unethical no matter the time period that has elapsed since their termination. While the debate of post-therapy relationships is most prominent in regard to sexual dual relationships, past research provides a framework for assessing the risks involved with post-therapy relationships in general.

One decision-making model proposed by Anderson and Kitchener (1996) is based on four themes: therapeutic contract, dynamics of the bond, social roles, and therapist motivation. The therapeutic contract questions clear termination that was processed by both psychologist and client, time elapsed since termination, confidentiality of therapeutic relationship, nature of client's past presenting problems, and the understanding that this relationship will likely eliminate the possibility of future therapy. Dynamics of the bond refers to the power differential and transference between psychologist as well as if their new relationship will discount the work that was done previously in therapy. Social roles refer to similarities and differences of past and future role expectations within the therapeutic and post therapy relationship. Therapist motivation refers to the psychologist's effort to seek consultation, and exploration of how the psychologist would be benefitted both personally and professionally. Reasoning as to why the therapeutic relationship was ended should also be considered.

Confidentiality

Confidentiality concerns in rural areas have the potential to manifest in several ways. Rural psychologists may encounter confidentiality difficulties such as community members' awareness of clients who are seeking treatment, support staff having relationships or being familiar with clients, and the inter-agency sharing of information (Helbok, 2003).

The APA Ethical Principles of Psychologists and Code of Conduct (2010) states that 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. By this same standard, any person who seeks psychotherapy has the right to keep that fact confidential. However, in a rural community, a client's participation is psychotherapy could be exposed without anyone even verbally discussing it. This is often outside of a psychologist's control. For example, community members may see a client's car outside of the psychologist's office, informing them of their potential participation in psychotherapy. This is also further complicated by the presence of support staff, who often work and live in a close proximity. Thus, the potential for confidential information to be shared is also heightened (Helbok, 2003).

Rural areas also pose difficulties in terms of group therapy. The rate of mental health treatment accessed by rural residents is lower in comparison to their urban counterparts. A primary reason for this is because of the negative stigma often attached to seeking such services, as well as a fear that community members may become aware of their desire to seek treatment (Helbok, 2003). Thus, group therapy poses a risk to rural residents, as they may know other group participants, or extensions of their social circles. Even if a client agrees to participate in group therapy, the risk is still present, as group participants may share confidential information reported during the group therapy session with outside community members.

The Ethical Principles of Psychologists and Code of Conduct (2010) also states that informed consent must be thoroughly explained and understood by clients. During the informed consent process, psychologists inform clients that while the information shared during psychotherapy is confidential, psychologists are mandated reporters who are legally obligated to breach confidentiality in cases of suicidal or homicidal ideation and physical abuse and neglect

of children or dependent adults. In urban psychology, psychologists are often able to make decisions about breaching confidentiality without having to witness or deal with the after effects. However, in rural areas, even when it is clear that a breach of confidentiality must take place, it can be much more difficult for psychologists to make this decision. This is because a rural psychologist will likely experience the after effects and may have to deal with reactions from community members. For example, a psychologist who learns that their child client is being physically abused understands that they are obligated to report it. However, it is possible that the psychologist will see and experience the effects of the entire family as a result of their breach of confidentiality, which could potentially cause more harm in the grand scope of the situation. Not only will the family be aware of the breach of confidentiality, but it will extend to community members due to interrelated relationships, and the idea that rural areas are similar to a fishbowl, where each person is aware of the behaviors of those around them (Roberts et. al, 1999). This example highlights just one case of how the topic of breaching confidentiality, which in urban psychology may seem straightforward, is complicated by rural characteristics in these areas.

Rural areas often are compared to a fishbowl because of an informal sharing of information, where others openly talk about the activities of others. While this occurs in urban areas as well, it happens even more so in rural areas as everyone knows everyone, and thus, are more interested in their lives. This informal exchange of information can be a threat to confidentiality, as outside agencies may expect information about clients without the proper consent (Helbok, 2003). For example, a teacher that refers someone to a psychologist due to difficulties with learning and behavior in their classroom may ask a psychologist for an update of their progress. While intentions may be clear and positive, the Ethical Principles of Psychologists and Code of Conduct states that consent must be obtained prior to releasing any information to

outside persons and agencies. However, denying information to those who request poses a risk of potentially alienating oneself from those who may trust you, and in turn, may lose referral sources. Thus, it may be difficult for a new psychologist who is unaware of the practices of rural areas such as an informal sharing of information to go into a community with a rigid assumption expecting to change standards already set in place by the members of the community.

While these threats to confidentiality may be difficult to avoid in rural areas, there are precautions that can be taken in order to reduce the risks. For example, choosing an office space in a building that has many offices can make a client's car in the parking lot inconspicuous and the client's purpose of being at that location more discrete. Also, in terms of threats to confidentiality due to interagency sharing of information, Helbok (2003) suggests, "psychologists need to maintain confidentiality unless there is consent or a clear and present danger, but at the same time, the psychologist needs to be sensitive to prevailing community standards" (p. 375). Therefore, a psychologist will benefit from being flexible in order to protect the confidentiality of their clients, while still appeasing the societal expectations of the community in which they live in order to build rapport with other agencies before imposing their own beliefs. Initially, new psychologists could speak only in very broad terms when releasing information without proper consent, and when rapport is built and the psychologist is more established, they can take steps to educate other agencies about the importance of confidentiality and informed consent (Helbok, 2003). Additionally, psychologists can hold workshops that are aimed toward informing agencies as well as their own support staff about the rights of the client in terms of confidentiality (Helbok, 2003).

Competence

The Ethical Principles of Psychologists and Code of Conduct (2010) states that "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" (p.4). This standard is very realistic and easy to comply with in an urban area due to the large population and increased numbers of psychologists. However, rural areas lack the providers in order to provide specialized mental health treatment and thus, typically have a generalist approach to their practice. Competence difficulties in rural communities additionally include the lack of supervision and consultation resources, difficulty with referring to other providers, and an awareness of rural culture.

Generalist care is favored in rural psychology. The term generalist is characterized as individuals without specialty training who can function in expanded roles. The generalist role is preferred for two reasons: a full spectrum of psychological needs and limited services (Barbopoulous & Clark, 2003). A lack of referral sources requires psychologists to be flexible and creative in providing mental health care in rural areas in order to address diverse psychological needs for a wide range of people. Thus, specialization is less common, and psychologists are expected to practice in multiple settings, treat and diagnose a very broad range of psychopathology and age range, and possess sufficient crisis intervention skills (Harowski et al., 2006). In other words, psychologists in rural communities should be prepared for anything and everything (Barbopoulous &Clark, 2003).

However, the generalist approach can have critical ethical ramifications because it usually correlates with a lesser degree of training, experience, and supervision in the areas in which they practice and the population they ultimately treat. The lack of specialists in rural areas

highlights the risk that a psychologist will likely provide treatment that is considered to be outside of their scope of practice (Helbok, 2003). In other words, they may be working outside of their competence, which may not give the patient the optimum level of care that they deserve (Roberts, Battaglia, & Epstein, 1999).

The ethical dilemma in terms of competence arises when a psychologist is faced with the decision to treat a client whose needs are outside of their scope of practice. In addition to a psychologist encountering a client outside of their area of expertise, consultation and supervision resources are scarce and leave psychologists without optimal support to treat these cases. However, the alternative could be no treatment at all due to the lack of services. Here the dilemma stands in terms of which is more harmful: providing care outside of their competence or denying treatment in attempt to protect the welfare of the client, but no accessible referral sources are available. Sobel (1992) stated, "small town practitioners may be called upon to treat situations which they may not feel totally competent to treat, but, realizing the alternative services are great distances away, may choose to do so in order to keep the patient functioning in the community" (p. 62).

Clinical judgment in the area of competence is critical. It is ultimately up to the individual faced with the dilemma to determine how far outside his or her area of expertise they would be practicing (Helbok, 2003). Schank (1997) stated, "rural practitioners are sometimes put in a position of deciding how far they can stretch their own levels of competence in attempting to best meet the needs of their clients and yet still practice within the guidelines of the profession" (p. 275). A study conducted in 1986 by Haas, Malouf, and Mayerson found little consensus on the boundaries of competence, and instead discovered that psychologists were more concerned about the competence of their colleagues over their own. Clinical judgment, which is already

extremely subjective, is further clouded by a lack of definition for the term competence (Helbok, 2003).

High Visibility

It is often said that rural communities are like a fishbowl, where people are aware of what others in the community are doing. While one may not know someone personally, the chances remain high that they have heard of an individual, their family, or friends. A lack of privacy and anonymity is a common consequence of being well known and liked in a rural area. Thus, the work of a good psychologist in a rural community may be viewed as an extension of their personal life and interactions. While visibility is not directly related to encountering an ethical dilemma, heightened visibility can be a disadvantage that affects a psychologist's professional and personal life and become intertwined with other ethical dilemmas that were previously discussed (Helbok, 2003).

In an urban area, it is much easier to keep one's professional and personal life separate due to a large population. In contrast, it is not unusual for a psychologist to feel as though they are continually on display in a rural community; the chances of unexpectedly seeing a client outside of the therapeutic context are much higher. This can be difficult for psychologists because their behaviors and actions in their personal life, which are typically thought of as private, can have a significant impact on their professional life. Running into a client in public can be extremely uncomfortable for both parties. While the client may be uncomfortable with others discovering that there is a therapeutic relationship, the discomfort may be even greater for psychologists. This is especially true when dealing with clients who experience severe mental health difficulties, as there is likely some uneasiness about the client knowing personal

information about their psychologist such as members of the psychologist's family, where they live, or the car they drive.

Self-Disclosure

Along the same line as high visibility, self-disclosure should also be taken into account, as being seen in the public is technically a self-disclosure of information of the psychologist's personal life. According to Zur et al. (2009), a "self-disclosure in psychotherapy is defined as the revelation of personal rather than professional information by a psychotherapist to a client" (p.22). Disclosures in psychology are common, but when it goes beyond professional credentials, policies, and information relevant to therapeutic services it is considered a self-disclosure that may or may not be problematic (Farber, 2006). Due to the high visibility previously mentioned, self-disclosures are more prevalent in rural areas. In addition to being seen outside of the therapy environment, interrelated relationships correlate to news spreading to other community members. Thus, other people in the community may know something personal about a psychologist, and that news could get back to a client, which can greatly affect one's professional reputation. There are many different types of self-disclosures including: deliberate self-disclosure, unavoidable self-disclosure, accidental self-disclosure, propriety of self-disclosure, and self-disclosure in context.

Deliberate self-disclosure is referred to as intentional disclosure from the psychologist to the client. In other words, it is when the psychologist shares personal information about their life with their client. Deliberate self-disclosure can also occur nonverbally, by hanging personal photos on the wall of their office, or even responses to certain things while in session. For example, a client may express that they love to eat salads, and a negative or positive reaction to that piece of information would be a self-disclosure of the psychologist's food preferences. This

form of self-disclosure is typically the one that psychologists identify as standard and most common (Zur et. al, 2009).

Unavoidable self-disclosure refers to the disclosing of personal information that is not deliberate and that cannot be avoided. An example of this type of self-disclosure is the appearance of the psychologist. The ethnicity, clothing, hairstyle, and personal belongings of the psychologist may warrant assumptions (accurate or inaccurate) from clients.

Accidental self-disclosure is frequently encountered in rural communities and involves a client seeing their psychologist in public. It is extremely common for clients and psychologists to run into each other outside of the therapeutic environment. It is quite inevitable to avoid these encounters, as often times rural community members go to the same stores, have children that go to the same school, and may even live in close proximity of one another.

Propriety of self-disclosure refers to the psychologist's sharing of personal information to help the client feel understood and can be utilized to build rapport and strengthen the therapeutic alliance. For example, revealing the psychologist's role in military and past deployment to a client who is dealing post traumatic stress disorder may improve the relationship between them. However, propriety of self-disclosure is where many unethical disclosures occur, as psychologists may have good intentions for sharing information, but in actuality it was more beneficial to themselves instead of the clients.

The final type of self-disclosure is shared in context. This overlaps with propriety of self-disclosures in the sense that the psychologist shares information with the client in the same context of the topic in which they are working. Rigid avoidance of self-disclosures could be harmful to the therapeutic relationship. Therefore, psychologists should use sound clinical judgment to determine what personal information will be beneficial for the client to know about.

Self-disclosure is heavily dependent on the culture and expectations of the specific rural community a psychologist is practicing in, as some communities may expect more transparency in order to build trust with the psychologist.

Cultural Awareness and Community Expectations

As stated previously, each rural community possesses its own unique characteristics, and thus, it is important for psychologists to be aware and sensitive to the practices and values of these community members. Psychologists are typically educated and trained in urban settings, therefore, learning an urban model of psychology. However, imposing an urban value system to a rural area would not be appropriate (Helbok, 2003). A new psychologist with this attitude would likely result in a poor therapeutic alliance, which could ultimately cause more harm to the client or result in burnout for the psychologist. Through community participation, a newcomer psychologist could achieve rapport and respect with the community as well as learn about the specific beliefs, values, and expectations. In turn, this can help them form better relationships with their clients to provide a higher level of care.

Even when a psychologist is acculturated to a rural area, cultural practices and community expectations may not always align with what is considered ethically sound practice. For example, although it may contradict with ethical standards, entering the home of a traditional Japanese family in Hawai‘i and completely denying any offered gifts, food, or beverages a gift could actually harm the therapeutic alliance, as it would make the psychologist in that case appear rude and disrespectful in that culture. Cultural values and beliefs affect experiences of suffering, definitions of illness, and care-seeking behaviors. New mental health professionals who are unfamiliar with the cultural practices of a rural area can easily perform cultural errors, which can also interfere with the therapeutic alliance and affect the overall outcome of

psychotherapy. It must be noted that there are very different cultural practices across rural communities, and it is very important to be sensitive and attuned to the cultural beliefs of the specific area in which psychologists work in order to adhere to ethical guidelines and cause the patient no harm (Roberts, Battaglia, & Epstein, 1999).

Payment and Bartering

The APA's Ethical Principles of Psychologists and Code of Conduct (2010) state that "psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative" (p. 9). Bartering is defined as accepting services, goods, or nonmonetary forms of payment in exchange for psychological services.

According to Schank and Skovholt (1997), rural practice likely views bartering as ethical, as many times denying a bartering offer indicates that a client would not be able to receive services, a conflict with cultural practices, or disrespect for the client's dignity. However, accepting a bartering offer as means of payment for psychotherapy creates a multiple relationship between the client and psychologist (Welfel, 2002). This multiple relationship is created because the psychologist becomes the employer of the client in a sense, where the client may have limited power to disagree with the conditions of the barter deal in order to receive therapeutic services (Schank & Skovholt, 1997). Additionally, bartering arrangements can put the psychologist at risk in terms of ethical termination of services. For example, if the bartering deal was that the client would complete carpentry work in turn for psychotherapy, and the client improved prior to the completion of the carpentry work, the psychologist could be held liable if therapy was continued until the bartered services were completed (Schank & Skovholt, 1997). Things also become increasingly difficult when the psychologist and client do not agree on the terms of the bartering deal, which could in turn affect the therapeutic relationship. Furthermore,

the duration of psychotherapy is often difficult to accurately predict. Thus, there is potential for one party to feel as though they didn't get their worth in the bartering deal.

While bartering poses risks mainly to the therapeutic relationship between psychologist and client, it is actually a common form of exchange in many rural communities (Schank & Skovolt, 1997). Therefore, it is important for psychologists to be aware of the practices of bartering specific to the rural community in which they are immersed. Bartering can prove to be beneficial because it allows those who cannot afford psychotherapy or do not have medical insurance to be able to get mental health services. However, it is cautioned that bartering should be used as a last case resort and clinical judgment must be used to consider the context in which bartering is offered (Woody, 1998).

Technology and Social Media

Technology plays a vital role in today's society. In addition to the use of the Internet, texting has greatly risen. Technological advances throughout the years have affected the field of psychology. For example, many psychologists offer the ability to make appointments via websites and email, and even through texting rather than having to call or make appointments in person. This rise in technology has created a need for new confidentiality policies to protect the rights of clients. Communication through text, email, and other electronic mediums can pose a threat to confidentiality and psychologists' must take extra precaution to ensure the confidentiality of all client information.

However, a rise in technology also presents the interesting issue of the availability of both psychologist and patient information at the click of a button. Through search engines such as Google and social media outlets such as Facebook, Instagram, and Twitter, psychologists and clients are able to obtain information about each prior to even meeting each other. While both

scenarios may be problematic, it may be especially concerning to the psychologist. The internet and social media has blurred the line between personal and what is considered professional, and with a simple click of a mouse, clients could have access to information such as family members, friends, and in some states even legal records. For example, the state of Hawai‘i posts all legal records on their government website. Clients possessing this type of information are not only problematic in therapy, but can also be dangerous for psychologists.

Other than utilizing a search engine to find out personal information about a client's psychologist, social media is extremely prevalent in today's society. It is very likely that psychologists even utilize social media to advertise and market their services. However, an ethical dilemma arises around the question of: *should I befriend my client on social media?* While there is no specific ethical standard or principle that specifically addresses social media and the internet, it is evident that befriending a client is a form of self-disclosure that could very well develop into a multiple relationship. While befriending a client on social media poses its risks, denying a friend can also cause damage if not handled appropriately. For example, if a client finds their Facebook friends to be very important, they may be offended if their psychologist denies their friend request. Ideally, it would be recommended to discuss these boundaries at the onset of treatment to avoid a loss of rapport. However, in the case where this example did occur in real life, an honest discussion must be held to work through any difficulties in order to maintain a positive therapeutic relationship.

Finally, technological advances have created an alternative form of psychotherapy called telehealth, that is provided through video messaging mediums and allow a form face-to-face contact without actually being in the presence of one another. While this form of psychotherapy can be beneficial, it also poses a great risk to confidentiality, as the Internet is often questioned in

terms of its safety. Therefore, it is important to utilize HIPPA compliant video messaging outlets if a psychologist hopes to perform psychotherapy with a client through video messaging.

Professional Isolation

Many mental health providers experience heightened levels of stress, professional isolation, and lack of ongoing feedback and learning with peers and supervisors when dealing with all of the ethical dilemmas that can arise in rural areas (Helbok, 2003). A good working relationship with other mental health professionals is essential when working in a rural community, as it is crucial to securing additional resources and services for clients. Those who have a difficult time getting along with others may not last as long. Rural communities also make it difficult for professionals to report unethical behavior. While the ethics code has protocol to follow in situations where a colleague's ethical behavior is questioned, reporting unethical behavior to higher authority can be difficult due to the possibility of knowing this colleague personally due to the lack of other psychologists in the area.

Consultation. The availability for professional consultation in rural areas is limited. This is especially true regarding ethical issues in rural psychology. With a lack of mental health providers in isolated regions, it can be difficult to find others to consult with or refer clients to. It is important to remain in contact with colleagues who may practice in other areas in order to consult about ethical issues. However, the solutions for rural ethical dilemmas may deviate from national standards and for this reason, many rural providers unfortunately end up adopting their own set of rules in resolving ethical problems (Roberts, Battaglia, & Epstein, 1999). Continuing education and training are more rare in rural areas in comparison to urban settings. Therefore, training and continuing education is usually traveled to or sparingly utilized by rural mental health practitioners. Consultation is also restricted due to a smaller number of psychologists to

consult with. While phone supervision and consultation is likely to be utilized, the day-to-day learning and growing through face-to-face interactions with peers is not accomplished (Helbok, 2003). Consultation and supervision is an extremely important and necessary area of support that is needed to ensure appropriate care to clients, and to ensure the well-being of psychologists as well. The field of psychology can be very difficult for providers, as they deal with extremely difficult cases on a frequent basis. Without proper support, psychologists can suffer severe consequences. For example, Roberts et al. (1999) explained this dilemma:

> The family member was sexually abusing my patient. I learned that he was abusing other children too. But the family was the most powerful in the community…I agonized over the decision, alone. Ultimately, I reported him. I lost my job, and we eventually had to leave the area. It was the right decision but I had no support. (p. 501)

While the right decision was made in this case, Roberts et al. (1999) highlights a lack of support in dealing with this dilemma. The psychologist would likely end up making the same decision, however, with more support from peers and consultation with other mental health practitioners, the result could have been different.

Burnout

Helbok, Marinelli, and Walls (2006) refer to burnout as "a syndrome of emotional exhaustion, loss of purpose and energy, depersonalization or cynical attitudes, and loss of a sense of personal accomplishment" (p.37). Rural psychologists need to be aware of the potential for burnout when practicing in rural areas (Helbok, 2003). Research suggests that psychologists, regardless of setting, have the potential to experience burnout, however, past quantitative data suggests that ethical dilemmas are encountered more often by rural psychologists, possibly due to the contributing factor of increased encounters of ethical dilemmas (Helbok, Marinelli, & Walls, 2006). Psychologists deal with immense clinical responsibilities and when paired with isolation, emotional and physical exhaustion, and all other ethical dilemmas, can quickly become

overwhelmed. In turn, the stress that they experience can impair their clinical judgment, cause them to practice outside their scope of competence, potentially slip into unethical behavior, and in turn, cause harm to their client (Roberts, Battaglia, & Epstein, 1999).

Effects of Ethical Dilemmas

If ethical dilemmas are not handled appropriately, the effects for the psychologist could lead to a negative outcome. While minor ethical violations could result to a warning, more drastic consequences could include suspension, loss of licensure, loss of employment, and legal ramifications. These consequences could be devastating for a psychologist who made a decision with good intent that they believed to be ethically appropriate. With stakes that are so high, it is of the utmost importance for psychologists to have a good understanding of the ethics code, document all efforts to maintain the rights of the client, frequently consult with colleagues, and refer to the ethics board of each designated state to ask for advice on how to navigate through difficult ethical dilemmas.

Best Practice and Strategies to Minimize Risk

It is important to be aware that it is impossible for ethics codes to cover every possible dilemma that could occur (Schank & Skovolt, 1997). This is especially true for rural communities, where complex relationships, a small population, and lack of services are prevalent. The APA Ethical Principles of Psychologists and Code of Conduct (2010) is a framework for psychologists dealing with ethical dilemmas. However, it is evident that while extremely necessary, the code of ethics is not always sufficient in rural psychology, as situations in rural areas are not as clear-cut as in urban areas, which the code of ethics is based on. Thus, it is even more important for psychologists to be aware of the APA Ethics Code as well as any legal regulations and laws at both the state and national level. While encountering ethical

dilemmas are inevitable in rural communities, there are ways that psychologists can minimize the risk of committing an ethical violation such as: utilizing informed consent appropriately, an honest therapeutic alliance with the client, setting clear boundaries and expectations, careful documentation, consultation, continuing education, and self-care and self-awareness of the psychologist.

Informed Consent

Obtaining the client's informed consent is a standard in the code of ethics. However, in rural areas, it is even more important to ensure that the client thoroughly understands all of their rights, what to expect, and any boundaries that are place. Informed consent can be subjective and tends to vary by agency and psychologist, but recommended areas to discuss include: limits of confidentiality, record keeping, professional background of psychologist, estimated length of therapy, alternative treatment approaches, fees and billing, emergency contacts, the services that will and will not be provided, and the client's right to terminate therapy at any time during treatment (Smith, 2003). Additionally, having an open discussion about potential ethical dilemmas in rural areas should be included, such as the possibility of overlapping relationships and encountering each other outside of the therapy session. It should also be explained that should the dual relationship become problematic, referral to another psychologist or mental health clinician may be necessary (Schank & Skovolt, 1997).

Honesty

Due to the interrelated relationships and high visibility of rural areas, it is important to be open and honest with clients. Being straightforward about the possibility of ethical dilemmas and their problematic effects will prime the client on what to expect should a referral be necessary. Ethical violations are typically encountered when the client feels wronged, and having an open

and honest therapeutic alliance will decrease this chance. Schank and Skovolt (1997) explain that an open discussion about how to navigate out-of-therapy interactions and how they could affect therapy is necessary to ensure a positive therapeutic alliance and protect the client's confidentiality.

Set Clear Expectations and Boundaries

Psychotherapy is often misunderstood and thus, false expectations may lead to harm (Schank & Skovolt, 1997). This is especially true in rural areas, as past research indicates that rural residents tend to access mental health services at a lower rate than urban residents. It is important to clear any assumptions and pre-conceived notions of what the treatment will consist of prior to starting psychotherapy. This includes a clarification of role obligations and discrepancies between client and psychologist expectations (Schank & Skovolt, 1997).

Boundaries are very important and can provide the respect and protection that is necessary for the client to form a successful and appropriate therapeutic alliance with the psychologist. It is important for psychologists to be clear about the boundaries that they are putting in place. Psychologists' own self-examination is a component of setting boundaries (Borys, 1994). Through self-examination, the psychologist should realize what they are able and willing to provide to the client in a realistic manner that will ensure the highest level of psychotherapy for the client. They must also be very clear with the boundaries they are enforcing, and explain to the client why it is necessary to ensure the highest level of care.

Clear expectations and boundaries in place strengthen the therapeutic alliance through feelings of honesty and trust. Additionally, expectations and boundaries provide structure and safety (Borys, 1994). With a strong therapeutic alliance in place, solving issues that may arise

during the course of treatment is likely to go much smoother, as the client and psychologist will have a developed sense of trust.

Developing a Sound Therapeutic Alliance

Obtaining informed consent, having open and honest discussions with the client, and setting boundaries and expectations all lead to a higher probability of a good therapeutic alliance. Therapeutic alliance includes facilitative aspects put forth by the psychologist as well as contributions to the relationship from the client (Lambert & Barley, 2001). Research indicates a positive correlation between therapeutic alliance and outcomes of psychotherapy (Ardito & Rabellino, 2011; Lambert & Barley, 2001). Therefore, a better relationship between psychologist and client has a higher likelihood of success for the client's treatment. This could also be beneficial in ethically challenging situations. A sound therapeutic relationship also assumes that the client trusts the psychologist, and thus, any issues that may arise may be able to be worked through in therapy rather than the client making a report to supervisors, agencies, or state boards.

Documentation and Record-Keeping

Documentation can serve as a means of protection for psychologists. It is also used to reexamine past sessions and evaluate complicated issues throughout the course of treatment. In rural areas where overlapping relationships are inevitable, it is important to clearly document why a relationship was entered regardless of a dual relationship, and explain why it will not be a problem in psychotherapy (Schank & Skovolt, 1997). It should also be noted that the client thoroughly understood the situation and agreed to all potential risks. Additionally, all efforts must be made to ensure the wellbeing of the client and their rights should be documented as proof that the psychologist is doing their due diligence throughout the course of treatment. Failing to document ethical dilemmas and steps taken to reduce risks of harm to the client may

leave the psychologist vulnerable to accusations of negligence and carelessness (Pope & Vasquez, 1991). In contrast, good documentation can protect a psychologist (Smith & Fitzpatrick, 1995).

Consultation

While consultation, supervision, and continuing education may be sparse in rural areas, it is still crucial for best practice. Consultation in rural areas is essential, as it helps to flesh out issues in order to make sound professional decisions. While consultation with urban colleagues should still be utilized, it is also important to consult with colleagues in rural areas, especially those within the same community. This is because they will likely have a better understanding of the ethical dilemmas that occur in the community. Multi-disciplinary consultation may be necessary in rural areas due to lack of providers, which can be beneficial as it is important to consult with colleagues who may have opposing views. This will challenge the psychologist to take a closer look at ethical difficulties (Smith & Fitzpatrick, 1995). Building rapport with colleagues will also enhance your practice by extending referral sources.

Continuing Education

While the APA can foster preparedness in doctorate programs, respective State, Provincial, and Territorial Associations (STPA) can also provide support for rural practice by building annual meeting agendas and offering continued education in interdisciplinary collaboration and small community practice. Conferences, trainings, and workshops should be offered more often in these areas to increase opportunities for not only learning, but peer interaction as well.

Continuing education may be more difficult for rural psychologists as training and continuing education resources are held much less often than in urban areas. Thus, traveling to

trainings and conventions usually involves expensive trips and time away from clients. However, it is still important for psychologists to attend these conventions and seek out other forms of training to stay up-to-date with current treatment procedures as well as professional issues, laws, and regulations, as the field of psychology is changing and constantly expanding. Fortunately, with a rise in technology, many webinars are held and trainings can be attended via the Internet. Thus, there is no excuse for rural psychologists to deny all forms of continuing education.

Self-Care and Self-Awareness

Self-care of the psychologist is a very important part of working in the field of psychology. High burnout rates in rural communities are often due to the heightened level of stress felt by psychologists for reasons such as a high number of clients, lack of professional support, lack of referral sources, and frequent encounters with ethical dilemmas. Helbok (2003) makes suggestions on how to deal with the risk of burnout such as:

> "…building support with other professionals; having at least a couple of close friends; taking time for self and family care; keeping a balanced caseload; taking urban vacations; and taking advantage of aspects of rural life, such as hiking and camping" (p.379).

Failure to utilize self-care could lead to a lack of sleep, decrease in physical and mental health, and poorer judgment. Not only do these factors put psychologists at risk for committing an ethical violation, but it lowers the level of care for the clients in which they are treating.

In order to be an effective psychologist, personal and professional needs must be constantly monitored. Psychologists have a huge obligation and can greatly influence the lives of their clients. Thus, improving weaknesses will not only improve the life of the psychologist, but also strengthen their therapeutic skills. Self-awareness will also help psychologists to realize if boundaries are loosening, and keep clinical judgment sound during difficult decisions and facing issues.

Ethical Training for Students

Training must start at the academic level, especially in APA accredited universities, as this is typically where most psychologists initially gain experience in the mental health field. Research shows that students display more interest and enthusiasm in learning about the general topics of ethics in comparison to practicing psychologists (Johnson et al., 2006). It was also found that years of practice correlate with less interest in seeking continuing education opportunities specifically in the area of ethics. Therefore, it is important to target students early in their academic career, as these results infer this is an optimal period of interest in learning.

Whether students plan to practice in rural communities or not, it is important to provide future psychologists with the tools necessary to serve both communities, as the likelihood of working in a rural area or with clients from a rural community is probable. Even if a psychologist practices in an urban setting, there is still a chance of treating clients who were born and/or raised in a rural area, in which understanding their culture would be very beneficial.

Practical training in addition to education is also necessary in order to provide future psychologists with the experience necessary to practice in a rural area. This training is especially effective when it takes place simultaneously with education. For example, the Hawai‘i School of Professional Psychology includes a practicum requirement during the second, third, and optional fourth year of the program. These practicum sites include many rural mental health clinics that provide students with hands-on rural psychology training. In addition to practicum requirements, internship and post-doctoral programs in rural areas have emerged. In Hawai‘i, three internship programs exist whose main purpose is to provide trainees with the opportunity to treat a wide variety of clients and receive a generalist training as well as treat underserved populations in rural communities in Hawaii. The Waianae Coast Comprehensive Health Center focuses its

training on the community mental health model in the very underserved Waianae Coast, located on the west side of the island Oahu. I ʻOla Lahui, while based on Oahu, provides interns with the opportunity to commute to remote and underserved rural areas on the outer islands of Hawaiʻi including: Molokai, Lanai, Maui, and the Big Island. The Hawaii Psychology Internship Consortium provides interns with a generalist training experience in rural communities on the Big Island, ʻOahu, and Kauaʻi.

While rare, programs that contain a rural psychology curriculum have emerged. One example is the University of Florida's Rural Psychology Program that combines academic and rural training experiences. It is based on three goals: understanding the role of professionals in rural communities, increasing understanding of psychological services in rural communities, and engaging in community enhancement by advocating of better services (Sears Jr., Evans, & Perry, 1998). The program was created to address the emotional difficulties of the community that ensued as a result of the natural disasters in the area. Additionally, the University of Nebraska-Lincoln is one of the first Clinical Psychology Training Programs to offer a rural track for Ph.D. clinical psychology students. This program required students to take seminars in rural community and community psychology, complete research (i.e. preliminary and dissertation) on topics relevant to rural issues, and complete a clinical placement in a rural setting for three months (Hargrove, 1991).

Effective Training Strategies

Research shows mixed results in studies that compare the efficacy of training delivered online or in-person. The majority of studies found no differences between the two training methods (Beidas, Edmunds, Marcus, & Kendall, 2012; Dimeff et al., 2015; Weingardt, Villafranca, & Levin, 2006). However, in a study by Johnson et al., (2006), it was found that

both rural and urban mental health care providers prefer attending workshops in-person over web-based events.

In order for a training to be the most effective it is important to go beyond simply conveying information. To increase the efficacy of training, it is important to determine goals and present information in a manner that helps attendees to meet them (Catt, Miller, & Barnes, 2010). Catt, Miller, and Barnes (2010) propose eight factors that can contribute to an effective training: observe, understand, think, communicate, orient, measure, excite, and simplify.

Observe is explained as identifying a need that the training will aim to meet. These needs should be specific and methods of training should be tailored to achieve these goals. Understanding involves the clear presentation of goals and specific skills trainees will learn. Additionally, understanding can be increased by practice and modeling of correct and incorrect ways to perform a skill. Think is explained as developing a realistic budget and plan for the training. This includes thinking about resources that will be used and providing instruction that is tailored to the audience (e.g. level of difficulty, activities to engage participation). Communicate is the way the information is presented and a sharing of intent and meaning by considering the audience's background in order to make the content relatable and relevant. Communication can also be delivered via experiential learning, which will likely increase the understanding of the trainees. Orient involves the way the training is set up such as method of instruction, seating layout, and opening and closing. Measurement is the means by which the objectives of the training are measured. Measurement is often not given enough consideration, but can provide significant feedback in the success or failure of a training. Excite involves the use of practical, relevant, and interesting information and methods of teaching in order to enhance trainee excitement and engagement. Including a realistic and future implication for the information can

also spark interest. Finally, simplify is explained as simplifying information by emphasizing and repeating important information in a way that is easy to understand and remember (Catt, Miller, & Barnes, 2010)

Conclusion

Rural communities exhibit unique characteristics that distinguish itself from an urban community. As a result, psychologists in rural areas deal with increased issues that can lead to ethical dilemmas. This is because the framework of ethical decision-making in psychology is very urban based and applies mainly to these areas. Therefore, it is important to increase training in regard to ethics in rural communities and can be especially useful early in a doctoral clinical psychology student's academic career. A training that aims to prepare students for cultural and ethical competency in Hawai‘i could be grounded in anthropological ethics, relational-cultural, and experiential learning theories. While this literature review highlights some discrepancies between rural and urban psychological practice, more research in regard to ethical decision-making is necessary to obtain a clearer portrayal of the issues in rural areas as well as effective ways to minimize ethical risks. In conclusion, this literature review explores numerous factors that will be used to develop a training for clinical psychology doctoral students to increase cultural and ethical competency in rural psychology.

Chapter III. Ethical and Cultural Competency Training

Introduction

Psychological practice in Hawai‘i presents challenges due the important role culture plays in the diverse, multicultural, and multifaceted population. Additionally, there are many rural, underserved communities in Hawai‘i that have unique characteristics, which lead to ethical dilemmas for psychologists practicing in these areas. Hawai‘i’s challenges are further complicated not only due to the geographical isolation of the islands from the U.S. mainland, but from the distance between the islands within the state as well. This training will discuss the characteristics of rural communities and Hawai‘i, Native Hawaiian and Local Hawai‘i cultures, ethical dilemmas and situations that may lead to ethical difficulties, and strategies to minimize ethical risk. This training is targeted toward doctoral clinical psychology students and will provide concrete strategies for students to utilize throughout their academic training in order to prepare for a future career in rural psychology.

Theoretical Foundations

Theoretical Underpinnings

Research presents many theoretical perspectives that can be used to ground a training focused on ethical and cultural considerations for a mental health career in rural communities in Hawai‘i. Among these are anthropological ethics, relational-cultural, and experiential learning theories. Due to the emphasis of the Native Hawaiian and Local Hawai‘i cultures as well as the ethical challenges that frequently occur in rural communities in Hawai‘i, anthropological ethics and relational-cultural theory was selected. The target audience for this training is clinical psychology doctoral students. Therefore, the experiential learning theory was selected in order to increase participant learning and application of training content.

Anthropological Ethics. Anthropological Ethics was chosen as a theoretical foundation for this training because it studies human societies and cultures and places an importance on the respect and welfare of all people. In regard to the Native Hawaiian culture, more research is needed to address the presence of high rates of medical and mental health issues and as well as high levels of health disparities. Anthropological ethics is different from psychological ethics in that it emphasizes the importance of studying the complexity of human culture, past and present. Therefore, anthropological ethics will be useful in examining the uniqueness of rural communities in Hawai‘i as well as the role of culture in Hawai‘i in order to understand the population in these areas in hopes of providing the highest level of mental health care in the future.

In addition to the American Psychological Association Principles of Psychologists and Code of Ethics (2010), the American Anthropological Association Principles of Professional Responsibility will be considered. Anthropology is the study of the development of human societies and cultures. It is described as the “most humanistic of sciences and scientific of humanities,” (American Anthropological Association, 2012, p. 1). The AAA Principles of Professional Responsibility include principles stating that anthropologists should avoid any harm to others, obtain any necessary permissions and the appropriate informed consent, be honest and open regarding work and allow results to be accessible, preserve and protect records, weigh ethical obligations that appear to compete with one another appropriately, and maintain appropriate, professional, and ethical relationships. These principles apply to human and non-human participants in research and practice. Similar to the APA Code of Conduct, the AAA Code of Ethics avoids spelling out exactly how different situations should be handled. However,

there is a relational emphasis placed on those who they study. Specifically, their primary obligation is to protect the rights of humans, and respect and consider the welfare of all people.

Anthropological ethics serves as an underlying ethical foundation (in addition to the APA Principles of Psychologists and Code of Conduct). Everyone deserves access to quality mental health care, but unfortunately, minority and rural populations often do not receive it. The field of anthropology focuses on human culture and aims to understand the complexities of all cultures, rather than solely those who are the majority in the world. This training aligns with AAA, as it aims to increase cultural and ethical competency in order to provide the highest level of care for all clients regardless of cultural background, socioeconomic status, or location of residence.

Relational-Cultural Theory. Relational-cultural theory (RCT) posits that the "primary source of suffering for most people is the experience of isolation and that healing occurs in growth-fostering connection" (Jordan, 2001, p. 95). The RCT model is grounded in the belief that people tend to move toward a yearning for connection with others. Thus, acute disconnections that occur due to a failure to empathically understand one another can be disappointing in everyday interactions. In situations of unequal power, disconnections can be potentially harmful. In society, judgment, prejudice, discrimination, and bias is common which may leave non-dominant groups feeling disconnected to the dominant group.

Therapy, according to the RCT model, explains that the primary concern is to bring a healing connection in which clients are able to heal and reconnect with themselves and reconnect with others (Jordan, 2001). A core component of RCT involves mutual empathy and a positive relationship between client and therapist. This mutuality suggests that equality can foster an authentic therapeutic alliance. Research shows that RCT is clinically effective with clients of color that deal with various clinical issues (Haskins & Appling, 2017; Jordan, 2001).

RCT is integrated throughout this training, both in content and behavior. In regard to content, didactic material and experiential activities focuses on enhancing cultural and ethical competence to increase client level of care. Specifically, an increase in cultural competency will help to avoid future disconnections with clients that result from a lack of ability to empathically understand them due to cultural differences. Additionally, RCT posits that the therapeutic relationship often demonstrates an unequal power distribution, where the psychologist possesses a higher level of power than the client, which may also lead to disconnections with clients. This is important when working in rural communities, as rural populations often possess a negative stigma and misconception of mental health (Helbok, 2003). Having an accurate understanding of the role of culture and ethical challenges in rural communities can increase a psychologists' ability to provide the highest level of care through mutual empathy and understanding. In addition to training content, the facilitator must behave in a manner according to the RCT model, as it is imperative for the facilitator to build rapport and form professional connections with participants. This will allow participants to feel comfortable in the training setting in order to enhance client engagement, participation, and understanding.

Experiential Learning Theory (ELT). There are many theories related to how individuals learn. Experiential learning has been highly regarded by many theorists in history. Dewey is regarded as the father of experiential learning and believed a key principle of experiential learning is an emphasis on the connection between education and personal experience (Dewey, 1938). Further, Carl Rogers also believed that in order for learning to be significant, it must include a personal engagement at both the affective and cognitive level and include the learner's evaluation of the experience (Dernova, 2015).

For the purposes of this training, Kolb's Experiential Learning Theory (ELT) will be utilized, as it is the most well-known theory of experiential learning. Kolb's ELT has also been recognized as being successful in postsecondary and higher education (Kelly, 1997; Jarvis, 1995), and is regarded as one of the key aspects of adult learning (Dernova, 2015). In a study conducted by Coffield, Moseley, Hall, and Ecclestone (2004) that examined 71 learning styles, Kolb's ELT model was found to be the most influential. The model is a combination of numerous theories including adult learning, phenomenology and cognitivism; and there are numerous other studies that display empirical support for the success of Kolb's ELT model (Manolis et al., 2013).

According the Kolb's ELT model, learning is defined as "the process whereby knowledge is created through the transformation of experience" (Manolis et al., 2013, p. 45). According to Kolb and Kolb (2006), ELT is based on six principles: 1) Learning is best conceived as a process, not in terms of outcomes. 2) Learning is a continuous process grounded in experience. 3) Learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world. 4) Learning is a holistic process of adaptation. 5) Learning results from synergistic transactions between the person and the environment. 6) Learning is the process of creating knowledge (Kolb & Kolb, 2006). Kolb's ELT also emphasized four learning modes (concrete experience, reflective observation, abstract conceptualization, and active experimentation) that are depicted along two dimensions (perceiving and processing) that result in four learning styles (divergers, assimilators, convergers, and accommodators).

While this training will utilize a pedagogical method of presenting information, it is important to note that experiential learning will be heavily emphasized. Research suggests that traditional pedagogical lectures used in solitude fail to acknowledge individual differences and

neglects the role of experience in gaining knowledge (Bringle & Hatcher, 2003). This leads to students who are able to understand and recall facts, but lack the ability to apply material to real life situations and problems (Manolis et al., 2013). Therefore, Kolb's ELT will be utilized in each chapter of the training in order to provide participants with the opportunity to develop knowledge through didactic material, apply written material in experiential, process-oriented activities that depict real-life situations, and maximize learning and understanding by allowing participants to reflect on their experiences.

Assumptions of the Training. This training will target the role of culture in Hawai‘i by focusing on the Native Hawaiian and Local Hawai‘i culture. Further, this training will discuss the ethically challenging situations that occur in rural communities in Hawai‘i and provide strategies to minimize ethical risks in the future. It will provide participants with strategies to increase cultural and ethical competency at the graduate student level in preparation for a future career as a psychologist in a rural community in Hawai‘i. Therefore, a person who goes through this training will be bettered prepared for work in rural communities in Hawai‘i. This is because it is assumed that ethical and cultural competency improves the quality of psychological practice.

Conceptualization of the Process of Change. Based on Kolb's Experiential Learning Theory, participants must engage in real-world experiences and reflect on these experiences to learn successfully. During the training, written, didactic material will be provided in a manual to each participant. This information will also be projected on a PowerPoint presentation and verbally presented by the facilitator. This will allow participants to identify and understand new information, and develop and strengthen information that was previously learned.

Didactic, lecture information will be supplemented with experiential learning opportunities in each chapter. Directly after didactic material is presented in each chapter, a

relevant experiential activity will be conducted and will require each participant's engagement. These experiential activities will simulate real-life, relevant situations that commonly occur during psychological practice in rural communities in Hawai‘i. By pairing didactic material with experiential learning, the participants will implement didactic material, which in turn, will increase learning and understanding that is relevant and useful to their future goal of becoming a clinical psychologist.

Furthermore, the facilitator will lead a whole-class discussion after the majority of experiential activities; this will allow participants to reflect on their experience of the activity. In situations where individual participants are hesitant to share their experiences with the rest of the participants, they will be allowed to write their reflections instead. By allowing participants to reflect on their experiences, they are able to understand the cognitive and affective processes that took place within them, which in turn, furthers knowledge, learning, and understanding of the topic of study. This will increase participant reflexivity while simultaneously preparing participants for future endeavors within the field of psychology. Through their future experiences, knowledge acquisition will continue to strengthen and through this process of change, the participants' cultural and ethical competency will increase.

Rationale for Training

Research indicates that psychologists in rural communities encounter ethical dilemmas more frequently than their urban counterparts (Helbok, 2003). However, psychologists do not receive adequate training in the area of ethics specific to rural psychological practice and thus, rural psychologists are left unprepared for the high rate of ethical dilemmas they may potentially deal with (Barbopoulos & Clark, 2003). The research in this area tends to be outdated, anecdotal, and lacks specificity or concrete strategies to target this issue. Especially in regard to Hawai‘i,

there is no training curriculum that targets the unique challenges of psychological practice in Hawai‘i.

It is extremely important to address this lack of training because rural communities in Hawai‘i are medically underserved (Oliveira et al., 2006). The Native Hawaiian population continues to experience high rates of physical health, mental health, substance abuse, and socioeconomic difficulties, and there is a high need for mental health care services in rural communities. Due to geographical isolation from the U.S. mainland, Hawai‘i is lacking in many domains, one of which, is an abundance of quality health care. Further, the geographical separation between the eight Hawaiian Islands presents challenges for residents on outer islands, whose resources are scare. Due to a lack of rural psychologists in Hawai‘i, individuals who need care are forced to travel off island or often go untreated. With a high rate of mental health issues within rural communities in Hawai‘i, more services are needed to treat them.

Psychologists must receive training at the student level during their graduate education in order to be prepared for the unique challenges of working in a rural community in Hawai‘i. This training aims to meet the need for training in ethics specific to practicing in a rural community. Further, this training aims to increase cultural competency in order to provide the highest level of care in rural communities in Hawai‘i, whose residents consist primarily of a mixed Hawaiian population and/or residents who identify as the Local Hawai‘i culture.

Training Fundamentals

Structure of the Training

This training is structured across three-days and includes a total of eighteen instruction hours. Each day will consist of thirty minutes of registration, six hours of training content, and a one-hour break for lunch. The training is targeted toward doctoral-level clinical psychology

students currently enrolled in a Psy.D. or Ph.D. program. This training is designed to meet the need for specific ethical competency targeted toward rural psychology in Hawai‘i. Any fees for the training will be clearly stated prior to the onset of the training.

Topics Covered

This training is divided into six chapters. Each chapter consists of written material as well as a process-oriented or experiential activity. This format is utilized to enhance understanding in a variety of learning styles. Written material is displayed in a slideshow on an overhead projector as well as in the participants' manual to meet the needs of visual learners. Written material must be discussed aloud and presented to participants throughout the training to meet the needs of auditory learners. Experiential activities are included to enhance the understanding of written, didactic material. This training is presented in multiple ways, as it is important to deliver a variety of training methods to increase effectiveness (Galbraith, 2004). Day one focuses on defining rural communities and the role of culture in Hawai‘i, day two focuses on ethical dilemmas, and day three focuses on strategies to minimize risk, ways to increase cultural and ethical competency as a student trainee, and a final activity titled "Implementing Cultural and Ethical Competency."

Introduction. The training begins with an overview of the entire training followed by an ice-breaker activity to encourage familiarity between the facilitator and the participants. Ice-breakers are used to help a group of people come together for a common purpose (Kilanowski, 2012). The purpose of an ice-breaker is to increase comfort between people, relieve any tension or anxiety that may come from the novel situation, and to feel more open to engage with one another (Chlup & Collins, 2010). Utilizing an ice-breaker at the start of the training will encourage both the facilitator and participants to begin conversations and enhance the

participation in the training by building a sense of connection between the group members (Chlup & Collins, 2010). Further, ice-breaker activities can provide useful information about the group dynamics present and indicate whether modifications are needed to successfully deliver the contents of the training (Kilanowski, 2012). A recommended ice-breaker activity called "The Story of Your Name," involves the facilitator and participants to introduce themselves and explain the story of their name. This activity is useful in helping the participants and the facilitator feel more comfortable with one another in a manner that is congruent to the Native Hawaiian culture.

In the Native Hawaiian culture, names are very important. There are many different purposes of names as well as naming traditions. In Native Hawaiian culture, an individual's genealogy is a crucial part of their identity. Especially in ancient Hawai'i, a man's name was his most prized possession and was often related to family lineage, birth place or birth conditions, occupation of ancestors, or an event (Green & Beckwith, 1924). Furthermore, the name in Hawaiian culture plays a significant role in shaping the individual's character and personality and can even affect the individual's fate. The story of participant and facilitator names introduces each individual to one another and serves as a brief introduction to Native Hawaiian culture.

Chapter One: Defining Rural Communities. Chapter one focuses on defining rural communities. This involves not only a definition of rural, but also the terms urban, small-community, and frontier populations. The terms rural and urban will be explained using maps of Hawaii that show differences between the definitions of urban and rural, based on the purpose it is used for. For this training, the U.S. Census Bureau's Classification System definition will be used. Further, the unique characteristics of rural communities are discussed to provide context for topics that will be covered later in the training. The activity for chapter one, "Characteristics

of Rural Communities" takes place in this section and is a quick game. Participants are split into groups of four and are given five minutes to generate as many characteristics of rural communities as possible. Group lists are then compared to a master list (handout) and the winning group wins a small prize. Due to the focus on rural psychology in Hawai‘i, a brief introduction on the characteristics of Hawai‘i due to the isolation from the United States mainland is conducted after the activity.

Chapter Two: The Role of Culture in Hawai‘i. Chapter two targets the role of culture in Hawai‘i. The majority of chapter two focuses on the Native Hawaiian culture and provides an introduction to the beliefs, values, and practices. The culture of Hawai‘i is rooted in the culture of the indigenous people, the Native Hawaiians. Therefore, it is important to provide participants with information to increase their cultural competence of the population they will be working with. In addition to beliefs, values, and practices, Native Hawaiian attitudes toward healthcare are also discussed. Further, the role of historical trauma is important to understand and is a focus of this section.

This section aims to increase cultural competency by providing didactic and experiential material. When learning about cultures different to one's own, cultural immersion has been shown to be successful in developing language, reducing stereotypes, and understanding of cultural norms. Specific to the field of mental health, Canfield, Low, and Hovesteadt (2009) conducted a study that examined how cultural immersion expands counseling knowledge and skills for working with clients of a diverse, multicultural background and found that "participation in a cultural immersion experience appears to have a positive impact on learning with students reporting an increased level of cultural awareness and sensitivity as a result of the

experience" (Canfield, Low, & Hovesteadt, 2009, p. 4). Cultural immersion activities are also included in chapter two.

Since cultural immersion into the Native Hawaiian and Local Hawai‘i cultures are difficult to achieve in one day and within the class setting, participants view videos on the many aspects of Native Hawaiian culture. Videos are shown after relevant written and didactic material (e.g. video on suicide in Native Hawaiian population shown after presenting information on high rates of mental health issues within this population) to enhance participant understanding. Additionally, an experiential activity is conducted at the end of this section, in which the facilitator demonstrates the use of Native Hawaiian practices and values in treatment using theraplay. The facilitator explains theraplay and ‘ulu maika (i.e. Hawaiian bowling) and asks for four participant volunteers to engage in ‘ulu maika. The facilitator demonstrates both theraplay principles and Native Hawaiian values throughout the activity and participants (non-volunteers and volunteers) report observations of both the therapist and clients at the end of the demonstration.

In addition to the Native Hawaiian culture, Local Hawai‘i culture is also a focus of chapter two. While Native Hawaiian culture is the indigenous culture of Hawai‘i, modern Hawai‘i appears to possess a multifaceted Local Hawai‘i culture that is made up of a blend of numerous ethnic backgrounds that is unique to each individual. This section focuses on the history of Hawai‘i's immigration, the major ethnic groups that make up the Local Hawai‘i culture, and the APA Multicultural Guidelines. The main objective of this section is to increase cultural competency and emphasize the importance of being open-minded and non-assumptive when working with clients in Hawai‘i.

To close chapter two, participants engage in an activity titled “Personal Beliefs and Values.” This activity is used to generalize the information discussed from previous sections on Native Hawaiian and Local Hawai‘i culture to working with minority and marginalized populations. The ethnic climate of the United States is rapidly shifting and we now see a dramatic rise of ethnic minorities that make up the population of the United States (Tremethick & Smit, 2009). It is important for psychologists to be culturally competent when working with diverse, minority, and marginalized populations in order to provide the highest level of client care where ever they choose to practice.

The activity calls for participants to list their core personal values and beliefs (up to five each) and rank them in order of importance. After completing their lists individually, participants are divided into groups of five and discuss their values and beliefs. After group discussions, the facilitator leads a class discussion on the similarities between cultures and general considerations for working with clients of minority backgrounds. Furthermore, the facilitator discusses the importance of identifying the participants’ own personal values and beliefs in order to be a culturally aware and sensitive therapist.

This activity utilizes principles from the Public Conversation Model (PCM). PCM is useful when sensitive communication is covered or needed, as it aims to use dialogue rather than debate. Dialogue involves speaking about and listening to others’ experiences, beliefs, and perspective in an open and respectful manner (Becker et al., 1995). The hope is that as people listen to one another, a common respect and empathy will emerge. Since this activity focuses on personal and potentially sensitive information, it is extremely important for participants to be able to speak openly and neutrally in order to remain respectful of others’ beliefs and values.

The "Personal Beliefs and Values" activity aims to enhance participants' cultural sensitivity. Research posits that cultural awareness is often the focus of multicultural training; however, it is sensitivity that must be prioritized as well. According to Hardy and Laszloffy (1995), "the content-focused approach to multicultural education overemphasizes the characteristics of various cultural groups while ignoring the importance of the trainees' perceptions of and feelings toward their respective cultural backgrounds" (p. 227). Thus, trainees must be challenged to examine their own cultural identities in order to understand and accept people who are both similar and different than their own cultural identity. This activity aims to increase cultural competence by bridging the gap between cultural awareness and cultural sensitivity by pairing written, didactic content with a process oriented activity focused on identifying aspects of the participants' own cultural identity.

Chapter Three: Ethical Dilemmas. Chapter three focuses on the ethical dilemmas that arise in rural communities more frequently than in urban communities. It uses information from previous chapters to explain circumstances that may frequently occur in rural communities that can lead to ethically challenging situations. Further, chapter three examines the APA Ethical Principles of Psychologists and Code of Conduct (2010) and discusses how it relates to psychological practice in rural communities. The sections in this chapter focus on multiple relationships, confidentiality, competence, limited resources, high visibility, self-disclosure, payment and bartering, technology, social media, telehealth, professional isolation, consultation, burnout, and managing misconduct and the effects of ethical violations. Each section utilizes real-world examples specific to Hawai‘i to demonstrate written content. Utilizing these examples simulates real-world immersion in order to enhance understanding.

To conclude this section, participants engage in the "Ethical Dilemmas" activity where participants are asked to read a real-life situation and identify the relevant standard of the APA Principles of Psychologists and Code of Conduct (2010). Participants will also write a preliminary approach to the situation that includes the first 2-3 steps in their approach to dealing with each situation. Responses will then be discussed in a class discussion led by the facilitator.

Chapter Four: Minimizing Ethical Risk. Chapter four focuses on the best psychological practice in order to minimize ethical risk. While this section is targeted toward a career in rural communities, the information is applicable to psychological practice in any location. Topics covered in this section include informed consent, honesty, setting clear expectations, therapeutic alliance, documentation and record keeping, consultation, continuing education, self-care and self-awareness, and practice considerations.

The "Precautions in Private Practice" activity concludes this section and asks participants to imagine they are living and practicing in the same rural community. The specifications of the community are outlined to include the area of the community, population size, and number of psychologists in the area. The activity also asks participants to consider other conditions that can make it more ethically challenging to work and live in the same rural community (e.g. being a generalist provider, having a spouse, and having children who attend school in the same community, etc.). With these considerations in mind, participants create precautions to be implemented in their private practice in order to protect themselves professionally and personally in hopes of having a successful, sustainable, and fulfilling career as a private practice psychologist in a rural community. The facilitator leads a class discussion of participants' precautions and rationale for responses after participant completes their worksheet. This activity allows participants to experientially apply written, didactic content to a real-life situation.

Chapter Five: Increasing Cultural and Ethical Competence as a Student Trainee.

Chapter five focuses on the discussion of concrete strategies that clinical psychology doctoral students can utilize throughout their academic career and practicum training. In comparison to established psychologists, students experience heightened levels of anxiety and stress due to inexperience and a high workload (Roberts, Battaglia, & Epstein, 1999). These strategies will help to better prepare students for practicum training, internship, and a future career. Additionally, better preparation of students will hopefully lead to an increase of psychologists who choose to practice in rural communities and thus, filling in gaps of services in order to provide the highest level of care and increase the overall well-being in Hawai‘i. The strategies discussed in this section include practicum training, research, conferences, trainings and workshops, informing clinical judgment, building consultation sources, making connections with local agencies, importance of reputation, cultural immersion, and developing culturally appropriate interventions.

While this section focuses on strategies aimed toward preparation for a career in a rural community in Hawai‘i, they can be generalized to working in any setting and with any population. The activity in this section is titled “Personal Action Plan” and is especially relevant to each participant, as they are asked to create an action plan for their time in graduate school. The objective of this action plan is for participants to apply the didactic material discussed in this section and utilize it to tailor a plan for the upcoming years in school that targets exactly what they are interested in. This action plan can also be utilized to plan ahead while meeting the requirements of internship and licensure. This action plan will be useful in preparing participants for a career within their area of interest within the field of psychology.

Chapter Six: Implementing Cultural and Ethical Competency. The purpose of chapter six is to conclude the training utilizing an experiential activity that allows participants to apply didactic material in order to enhance learning and understanding. Chapter six consists of a final activity titled "Implementing Cultural and Ethical Competency." This activity consists of an individual, group, and class portion. There are five vignettes assigned indiscriminately to participants. Vignettes cover a range of scenarios that may occur in rural communities in Hawai‘i in terms of therapy, assessment, and practicum training. First, participants individually answer questions related to ethical concerns and dilemmas and cultural considerations involved in the vignette they received. Participants describe their approach to the situation specified in the vignette and provide a rationale for their approach. Participants are then asked to consider the ethical consequences as a result of their approach. Further, participants are asked to consider other information not given in vignette that would be helpful in making their decision. It should be noted that the vignettes in the final activity are of higher complexity and difficulty in comparison to vignettes in earlier activities. These vignettes require knowledge from the entire training, while vignettes presented earlier in the training are specific to the chapter topics.

After individual questions are answered, participants break into groups based on the vignette they responded to. Groups should consist of three or more participants. Groups discuss individual answers to each question, and together, come up with one approach to the vignette. Groups are also asked to discuss the rationale for their approach, ethical consequences to consider as a result of their decision, and a plan for how to deal with any ethical risks in an appropriate and ethically sound manner.

Groups then present their vignette and response to the rest of the training participants. Each group also discusses the process of coming to their final approach as well as how

participants worked together in their groups. Further, any discrepancies between group members and what was considered in coming to a decision should be discussed.

This activity combines many important aspects of the training and is indicative of real-life rural practice in Hawai‘i. In rural communities, integrated care is becoming the norm due to a lack of services and providers. Therefore, consultation and collaboration is extremely important for psychologists' who practice in these areas. Psychologists who work on multi-disciplinary teams often aim to holistically deal with problems in the community's population. This often involves working with other professionals who are may share different views. Being able to make important decisions with others is very important in improving the overall well-being of the community. Therefore, this activity calls for participants to apply didactic material presented from the entire training and work together as a group to generate a single approach.

Appropriate Membership of Training

For Whom the Training is Best Suited. This training is intended for doctoral clinical psychology students. It is intended to be a supplementary training in addition to an ethics course in a Psy.D or Ph.D. clinical psychology program. This training is best suited to students because it aims to prepare students for not only a successful and fulfilling academic career, but also prepares them for a future career in the area of their interest within the field of psychology. The training is targeted toward doctoral clinical psychology students because research indicates there is a lack of training specific to ethics (Barbopoulous & Clark, 2003). Research also posits that psychologists are often not prepared for a career in rural communities and thus, there is a lack of psychologists in rural communities (APA Office of Rural Health, 1995; Barbopoulos & Clark, 2003; Johnson et al., 2006; Lynge, 2001; Merwin, Goldsmith, & Manderscheid, 1995). Therefore, this training is best suited for students because it increases cultural and ethical

competency for a long-lasting, fulfilling, and successful future career as a psychologist in rural Hawai‘i. While this training will benefit all doctoral clinical psychology students in Hawai‘i, it will be especially useful for students who relocate to Hawai‘i from outside of the state. This training aims to prepare psychologists who are unfamiliar with the uniqueness of working as a clinical psychologist in Hawai‘i and strengthen the ethical and cultural competence of all participants.

Role of the Facilitator

The facilitator will serve as the organizer and coordinator of the training who will aid participants in their learning of training content. The facilitator is responsible for presenting didactic material and leading experiential activities, while maintaining appropriate time management. It is imperative for the facilitator to build rapport with participants in order to maximize participant engagement, understanding, and participation. The facilitator is expected to manage questions and responses from participants, model didactic content (i.e. cultural and ethical competence) adequately, demonstrate appropriate and positive nonverbal behavior, and guide participants to ensure that participants are staying on task.

The facilitator must be competent and confident in the topics of Native Hawaiian and Local Hawai‘i culture, the APA Ethical Principles of Psychologists and Code of Conduct (2010), characteristics of rural communities, strategies to minimize ethical risk, and strategies for doctoral clinical psychology students to apply during their academic career in order to accurately present didactic material to participants. Experiential activities will also be led by the facilitator and thus, the facilitator must be competent to lead, partake, and model appropriate behaviors, skills, and knowledge relevant to the activity. The facilitator must be open to the varying cultural

perspectives of participants and will present content in a culturally sensitive manner. Please refer the Facilitator Manual, as each chapter and section specifies directions for the facilitator.

Facilitator Training

The facilitator of this training must be culturally aware, sensitive, and competent of the Native Hawaiian and Local Hawai‘i culture. The facilitator must have an adequate knowledge of the history of Hawai‘i that led to the ethnic diversity that is present. This cultural competence must come from cultural immersion both personally and professionally. Therefore, the facilitator of this training should be a psychologist or master’s level behavioral health provider who has lived and practiced in Hawai‘i in order to understand the cultural nuances in the community and the challenges of living and working in Hawai‘i due to isolation from the United States mainland. Further, the psychologist must have experience living and/or practicing in a rural community in order to understand the unique characteristics that exist in rural communities.

The facilitator must also have ethical competence in general and in relation to practice in rural communities. The facilitator must have an adequate knowledge of the current APA Ethical Principles of Psychologists and Code of Conduct as well as state and federal laws and regulations. Additionally, the facilitator must understand the application of the APA Ethical Principles of Psychologists and Code of Conduct in rural communities and have an understanding of strategies to minimize risk as well as how to ethically solve dilemmas. Further, the facilitator must be able to provide strategies to increase cultural and ethical competency that are relevant to clinical psychology students at the doctoral level in order to prepare students for a future career as a rural psychologist.

It is also possible for participants to become facilitators after adequate training. There is opportunity for participants to become co-facilitators after completing the full three-day training.

After the training, participants can sign up to be co-facilitators for future trainings. The facilitator will provide a brief orientation to the process of being a facilitator for this specific training prior to upcoming trainings. After co-facilitators complete three trainings with the lead facilitator, they are eligible to be a lead facilitator independently. It should be noted that the lead facilitator must be competent in the areas specified throughout the contents of this training and abide by the APA Principles of Psychologists and Code of Conduct as well as the APA Multicultural Guidelines. By allowing participants the opportunity to become co-facilitators, competency will increase.

Ethical Issues

Due to the nature of this training, there are numerous ethical issues to consider. The description of the training will be clearly described to state the audience for which it is intended, educational objectives, and any fees involved. It is vital for the description of the training to be accurate in order for prospective participants to have a clear understanding of the training they will be attending. In other words, participants will know what is included in the training prior to committing to the training. Ethics specific to education and training must be considered. These ethical guidelines are important to follow so that the facilitator takes reasonable steps to provide appropriate knowledge and proper experiences, and to present psychological information accurately. Additionally, students will not be required to disclose personal information during the training, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others.

The experiential nature of activities throughout the training requires the facilitator to discuss the importance of confidentiality. The facilitator will emphasize the necessity to keep the sharing of participants' personal information and experiences confidential. This is important because participants' as well as the facilitator will share numerous perspectives, experiences, and

knowledge throughout the training. This discussion of personal information is a necessary component to the training and thus, confidentiality will aid in allowing participants to speak openly. Especially in Hawai‘i, the likelihood of participants knowing one another and having mutual acquaintances is high. Therefore, a discussion of confidentiality and an emphasis on keeping information shared within the training can help to create a safe, trustworthy, and open training environment.

Another ethical issue to consider falls in the area of competence. It is important for the facilitator to provide services within the boundaries of their competence based on education, training, supervised experience, consultation, study, or professional experiences. This training is unique to the culture of Hawai‘i and does not currently have concrete, recognized standards for training; thus, the facilitator must take reasonable steps to ensure the competence of their work and protect others from harm. Further, the content and work within the training is based upon established scientific and professional knowledge of the discipline.

It is also important for the facilitator to keep appropriate role boundaries to avoid dual relationships. The facilitator of this training will be a psychologist or therapist who, in addition to providing this training, is likely also providing psychotherapy, diagnostic, or other related services to clients. Therefore, the facilitator must refrain from entering into a relationship outside of the scope of the training.

Furthermore, this training is based on information available at this time. As time progresses, ethical principles and standards, laws, regulations, and cultural norms are likely to change. Therefore, the manual and contents of the training must be updated periodically to include relevant, current, and accurate information. The information within the training should not be misused or taken out of context by the facilitator or participants.

Training Evaluation Protocol and Form

The evaluation protocol for this training is a mixed method evaluation measurement. Quantitative items targeted the measurement of the six objectives of the training (refer to facilitator's manual) and ask participants to rate their understanding and development of skills or knowledge on a five-point Likert scale. Qualitative items focus on the facilitator and content of the training. Questions targeted toward the performance of the facilitator will evaluate positive aspects as well as what could be changed or improved. The participants will also provide feedback on the concepts within the training they found to be most useful as well as concepts they hoped would have been covered during the training. Further, participants will also have the opportunity to provide any additional feedback or comments about the training and/or facilitator.

The training evaluation utilizes a mixed method evaluation, including both quantitative and qualitative items. Quantitative measures offer higher reliability, validity, and generalizability, and focus on numbers and outcomes about knowledge (e.g. understanding and recalling didactic material). On the other hand, qualitative measures provide a holistic point of view using text and narratives that seeks to explain, understand, and apply knowledge. Qualitative measures can also provide information about participant learning and development in relation to the training (Sufian et al., 2011). Due to the diverse topics discussed throughout the training, the mixed method evaluation creates a more comprehensive evaluation to obtain information to improve this training in the future.

By utilizing a mixed-method evaluation measurement, quantitative data will be provided to track the outcomes of the training. Quantitative information is also helpful in tracking outcomes across trainings in order to distinguish between successful trainings and those that need improvement. Further, it also provides quantitative information about specific chapters in

the training, which is helpful in determining which areas of content must be improved in order to increase participant understanding. Additionally, qualitative information will provide valuable information, as it is important for participants who attend this training to takeaway knowledge that can be applied to real-life situations, rather than simply being able to recall didactic information. Since this is a new training in an area that is specific to Hawai‘i, the qualitative form of measurement will provide the facilitator with useful information in order to improve future training. As the training becomes more established, strictly quantitative training evaluation methods can be considered.

Summary

This training aims to meet the need for a gap in ethical training specific to practicing as a psychologist in rural communities. Further, this training is specific to providing mental health services in Hawai‘i, an area that is not represented in the current body of research. Training future psychologists while they are still at the student-level can increase the preparation necessary in hopes of having a sustainable, successful, and fulfilling career. This training targets the uniqueness of working in Hawai‘i due to high rates of rural, isolated populations made up of diverse, multicultural people that lead to an increase in ethical dilemmas. Over the course of three days, this training will implement didactic material in conjunction with experiential activities in hopes of increasing the ethical and cultural competency of students in order to provide them with necessary tools to practice in a rural community in Hawai‘i. In turn, the hope is that this increase in training can motivate and prepare students to fill the large gap in mental health services in rural communities.

Chapter IV. Discussion

Discussion of Findings as they Relate to Original Questions

The Rural Psychology in Hawai‘i: Developing Ethical and Cultural Competency for Clinical Psychology Doctoral Students training focuses on the unique characteristics of rural communities in Hawai‘i and the role culture plays in rural psychology in order to understand the possibility of encountering ethical dilemmas at a high rate. Additionally, the training is targeted toward clinical psychology doctoral students in order to prepare them for a future in rural psychology in Hawai‘i, and in turn, meet the high rates of mental health needs in rural, medically underserved communities in Hawai‘i. This training combines the presentation of written, didactic material, verbal presentation, and experiential learning in order to optimize the cultural and ethical competency of participants.

Research indicates that the United States is becoming increasingly diverse in terms of ethnicity and thus, culturally competent care in medical and behavioral health care is necessary. Hawai‘i is an extremely diverse state, with no ethnic majority. Further, much of the population is multicultural, often identifying as more than one ethnicity. In order to provide culturally competent care, this training aims to increase cultural competency specific to Hawai‘i by providing an overview of the important beliefs, values, and practices of Native Hawaiians, as well as the role of historical trauma in modern Hawai‘i. Further, due to the high rate of multicultural individuals, the Local Hawai‘i culture focuses on understanding the history of Hawai‘i’s immigration and therapeutic considerations in working with the Local Hawai‘i population. Since Hawai‘i’s population is comprised of multicultural, minority, and marginalized populations, some content of this training can be generalized to working outside of Hawai‘i as well.

This training heavily focuses on the ethical challenges of working in a rural community. Based on the current body of literature, rural psychologists encounter ethical dilemmas at a higher rate than urban psychologists' due to the unique characteristics rural populations possess. Thus, ethical dilemmas occur in excess in comparison to urban areas because of the potential for multiple relationships and concerns related to confidentiality and competency issues. Additionally, ethically challenging situations may arise due to the lack of resources, high visibility and self-disclosure, professional isolation, and burnout. Other contributors include higher rates of payment and bartering arrangements due to high levels of poverty, the rise of technology and social media, and handling ethical misconduct. It can be difficult for a psychologist to deal with a situation when one of these factors are present, and the complexity is compounded when more than one factor is present or if cultural factors are at play. Thus, this training aims to meet the need for further ethical training specifically targeted toward rural practice in order to prepare psychologists for a successful and sustainable career in a rural community in Hawai‘i.

Furthermore, this training provides concrete strategies and ways to continue to increase cultural and ethical competence throughout their academic careers. In order to prepare students for a successful practice in the future, it is important that they start at the student level. Practicum training is a very important way to increase experience. While most practicum sites reside in urban areas, it is important to provide students with rural opportunities. Further, it is important for students to select practicum experiences that are relevant to their future endeavors. Along the same lines, tailoring research and elective courses to a specific area of research that will benefit participants' future career is encouraged. For example, if a student has the intention to practice in a rural community in the future, it is advised to tailor their dissertation to rural populations or

rural practice. Additionally, students are encouraged to attend conferences, trainings, and workshops in order to receive additional training to increase competence, network themselves to possible employers, and gain mentor and consultation sources. It is extremely important for students to build consultation sources as well as make connections with agencies, as Hawai‘i is a very small network. With that being said, it is also important to consider the importance of reputation, as word travels fast throughout the islands and can heavily influence a student's future career as a psychologist. Finally, it is important to note that this training serves as a baseline into the cultural competency of the Native Hawaiian and Local Hawai‘i cultures. In order to continue to increase cultural awareness, sensitivity and competency, participants are encouraged to participate in cultural immersion activities and inquire, research, and practice culturally based interventions and techniques as appropriate with clients.

It is important to note that this training is based upon the information that is available at this time, and as more information becomes released, it must be updated to remain ethically appropriate and accurate. While this training utilizes experiential learning to increase understanding in the topics of ethics and culture, it does not mean a participant is fully competent in these areas. This training serves to increase baseline cultural and ethical competency by shedding light on the uniqueness of working in a rural community in Hawai‘i that has not yet been discussed in the current body of research. Further, this training provides student participants with the tools to continue their academic and clinical training in order to become culturally and ethically competent when working with rural populations in Hawai‘i. By increasing competency through this training, participants will be better prepared for practicum training in rural communities in Hawai‘i and the hope is that they will continue to take relevant opportunities to their future which in turn, will increase the quality of care, training, and supervision in these

areas. Increasing competency for rural practice will also increase the level of client care by improving the likelihood of positive therapeutic alliances with clients and an increase in the use of culturally appropriate and sensitive interventions and techniques.

Recommendations for Future Research

While this training is targeted toward doctoral clinical psychology students and focuses on the role of culture and ethical dilemmas specific to rural psychology in Hawai‘i, it can serve as a model for training in other areas of the United States and rest of the world. In order to tailor training to a specific area, more research is needed in order to provide accurate information relevant to the psychological practice in a specific state, town, community, etc. This training may also be generalizable to students in other fields within behavioral health and thus, more research is needed to determine appropriate instruction material. Conducting more research in order to incorporate this training into an existing curriculum within a Psy.D. or Ph.D. clinical psychology program in Hawai‘i would also be beneficial. Furthermore, it will be beneficial to conduct further quantitative research in order to track participant progress and aspects of the training that are successful or need improvement.

In an effort to increase rigor and depth, follow-up trainings or follow-up consultation groups are a consideration for the future. In these trainings or groups, the hope is for participants to have a supportive group and environment to discuss real-life cultural and ethical issues they have been encountering. Within these groups, participants can support, discuss, and problem-solve through ethically challenging situations. Further research could also be targeted toward integrating this type of support into an existing practicum seminar course in order to increase support and further develop cultural and ethical competency.

Ongoing research must be conducted to ensure this training is up-to-date and accurate. The field of psychology is constantly changing and thus, this training must include relevant and current information. Best practices and cultural considerations are always being discovered and thus, participants must be provided with this information in order to increase cultural and ethical competency.

Conclusion

To date, there is no training or academic curriculum that targets psychological practice in rural communities in Hawai‘i. The state of Hawai‘i presents unique challenges due to geographical isolation, characteristics of rural communities, and the role of culture. Together, these factors may result in ethical dilemmas that have the potential to be encountered on a frequent basis in rural communities in Hawai‘i. The Rural Psychology in Hawai‘i: Developing Ethical and Cultural Competency for Clinical Psychology Doctoral Students training aims to meet the need for further training specifically in the area of ethics tailored to rural psychological practice. The hope is that by increasing training at the doctoral student level, psychologists will be prepared for a successful and sustainable career, while simultaneously meeting the need for high quality, culturally sensitive mental health care in rural, medically underserved communities in Hawai‘i.

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APPENDIX A

COPY OF IRB CERTIFICATION LETTER

ARGOSY UNIVERSITY

June 23, 2017

Lyndsey Tom
1987 Iwi Way
Honolulu, HI 96816

lyndseytom@gmail.com

Dear Ms. Tom,

Your application, "Training Doctoral Clinical Psychology Students for Practice in Rural Communities in Hawaii: Ethical Dilemmas and the Role of Culture," has no human participants or human participants' data and is fully certified by the Institutional Review Board as of June 23, 2017.

Please note that research must be conducted according to this application that was certified by the IRB. Your proposal should have been revised to be consistent with your application. Any changes you make to your study need to be reported to and certified by the IRB.

When you have completed your research you will also need to inform the IRB of this in writing and complete the required forms.

Good Luck with your research!

Please be careful not to lose this letter.

If you have questions please feel free to contact me.

Sincerely,

Robert M. Anderson Jr., Ph.D., Co-Chair
Institutional Review Board

cc: Dr. Lianne Philhower

APPENDIX B

FACILITATOR'S MANUAL

Rural Psychology in Hawaii: Developing Ethical and Cultural Competency for Clinical Psychology Doctoral Students

FACILITATOR MANUAL

TABLE OF CONTENTS

Course Overview

TRAINING PURPOSE

This training aims to prepare participants for a future career as a clinical psychologist in Hawaii. The content of this training is also relevant to students who aim to work in rural communities, work with a diverse clientele, work with clients from rural communities, and/or minority and marginalized populations. The content of this training will focus on practice in Hawaii by addressing topics that will enable participants to make more ethically and culturally competent decisions as a student as well as in their future practice.

LENGTH OF TRAINING

This training is designed as a three-day training. The training will be a total of eighteen instruction hours, each day consisting of six hours of content. Additionally, each day will consist of a thirty-minute registration period, one hour break for lunch, and fifteen minutes of questions at the closing of each day.

TARGET AUDIENCE

This training is targeted toward doctoral-level clinical psychology students currently enrolled in a Psy.D or Ph. D program. This training is designed to meet the need for specific ethical competency targeted toward rural psychology in Hawaii.

LEARNING OBJECTIVES

Upon completion of this three-day training, participants will be able to:

- Understand the unique characteristics that exist in rural communities
- Identify common ethical dilemmas that occur in rural communities for a practicing psychologist
- Understand the basic beliefs, values, and practices in the Native Hawaiian culture
- Understand the complexity and diversity of the Local Hawaii
- Identify ways to minimize ethical risk as a future clinical psychologist
- Identify ways to begin increasing ethical and cultural competence as a student, for future practice as a clinical psychologist in a rural community in Hawaii

MATERIALS AND EQUIPMENT

MATERIALS	EQUIPMENT
For the Instructor: • PowerPoint Slides • Participant Workbooks • Handouts • Training Evaluation Form • Extra Pens and Pencils • Sign-in sheet • Name Tags	**For the Instructor:** • Laptop or Desktop • LCD Projector

Note: PowerPoint Slides are for the facilitator(s) only. Participants will be provided with PowerPoint slides in the participant workbook.

CLASSROOM SETUP

Arrive early to setup the classroom as follows:

- Arrange tables into "U" shape
- Set-up PowerPoint presentation prior to start of training and display on LCD projector
- Distribute workbooks/required handouts (specific to respective day of training) to each desk

CLASSROOM PREPARATION CHECKLIST

Task	✓
Obtain and test LCD projector with personal laptop/desktop	
Set-up PowerPoint presentation and display on projector	
Copy participant materials. For each participant:	
• Participant Workbook	
• Training evaluation form	
• Handouts for activities on specific day of training	
Arrange desks and chairs in "U" formation	
Distribute workbooks/handouts	
Set-up Registration Documents	

TRAINING DOCTORAL CLINICAL PSYCHOLOGY STUDENTS

TRAINING SCHEDULE

DAY 1

Tasks	Expected Time
Registration	**8:30 a.m.**
Course Overview and Introductions • Welcome/Ice Breaker Activity	**9:00 a.m.**
Definitions: • Rural and Urban • Small-Community • Frontier	**9:30 a.m.**
Characteristics of Rural Communities and Hawaii	**10:00 a.m.**
Lunch	**11:00 p.m.**
The Role of Culture in Hawaii • Native Hawaiian Culture • Local Hawaii Culture • Minority and Marginalized Populations	**12:00 p.m.**
Activity	**2:45 p.m.**
Questions, Comments, Closing	**3:45 p.m.**

DAY 2

Tasks	Expected Time
Registration	**8:30 a.m.**
Recapping and Today's Agenda	**9:00 a.m.**
Ethical Dilemmas Part 1 • Introduction • Limited Resources • Multiple Relationships • Confidentiality • Competence • High Visibility • Self-Disclosure • Payment and Bartering	**9:15 a.m.**
Lunch	**12:15 p.m.**
Ethical Dilemmas Part 2 • Technology and Social Media • Professional Isolation • Consultation • Burnout • Managing Misconduct	**1:15 p.m.**
Activity	**2:45 p.m.**
Questions, Comments, Closing	**3:45 p.m.**

DAY 3

Tasks	Expected Time
Registration	**8:30 a.m.**
Recapping and Today's Agenda	**9:00 a.m.**
Minimizing Ethical Risk	**9:15 a.m.**
Lunch	**11:15 p.m.**
Increasing Cultural and Ethical Competency as a Student Trainee	**12:15 p.m.**
Final Activity	**2:15 p.m.**
Questions, Comments, Closing	**3:45 p.m.**

OVERVIEW OF TOPICS

Training Manual Table Contents	
Introduction to Training	"The Story of Your Name"
Chapter 1: Defining Rural Communities	1.1: U.S. Census Definition of Rural and Urban 1.2: Small-Community Populations 1.3: Frontier Populations 1.4: Characteristics of Rural Communities Activity: "Characteristics of Rural Communities" 1.5: Characteristics of Hawai‘i
Chapter 2: The Role of Culture in Hawaii	2.1: Native Hawaiian Culture Activity: "Theraplay with ‘ulu maika" 2.2: Local Hawaii Culture 2.3: Minority and Marginalized Populations Activity: "Personal Core Beliefs and Values"
Chapter 3: Ethical Dilemmas	3.1: Introduction 3.2: Multiple Relationships 3.3: Confidentiality 3.4: Competence 3.5: Limited Resources 3.6: High Visibility 3.7: Self-Disclosure 3.8: Payment and Bartering 3.9: Technology and Social Media 3.10: Professional Isolation 3.11: Consultation 3.12: Burnout 3.13: Managing Misconduct Activity: "Ethical Dilemmas"

Chapter 4: Minimizing Ethical Risk	4.1: Informed Consent 4.2: Honest Communication and Setting Clear Expectations and Boundaries 4.3: Develop a Sound Therapeutic Alliance 4.4: Documentation and Record-Keeping 4.5: Consultation 4.6: Continuing Education 4.7: Self-Care and Self-Awareness 4.8: Practice Considerations Activity: "Precautions in Private Practice"
Chapter 5: Increasing Cultural and Ethical Risk as a Student Trainee	5.1: Practicum Training 5.2: Research 5.3: Conferences 5.4: Attend Trainings and Workshops 5.5: Inform Clinical Judgment 5.6: Build Consultation Sources 5.7: Make Connections with Agencies 5.8: Reputation 5.9: Cultural Immersion 5.10: Develop Culturally Appropriate Interventions Activity: "Personal Action Plan"
Chapter 6: Final Activity	"Implementing Cultural and Ethical Competency"
Questions, Comments, Closing	

Introduction to Training

Introduction: This training will focus on practicing as a psychologist in a rural community in Hawai‘i. Hawai‘i is a truly unique and diverse community, different than the other 49 states in the United States. Therefore, practicing psychologists face unique issues and challenges that are not discussed in formal education at the doctoral level. This training aims to begin the process of increasing cultural and ethical diversity in order to prepare for a future career in a rural community in psychology.

Facilitator and Participant Introductions: “The Story of Your Name”

- Materials: none
- Time: 20 minutes
- Objectives:
    - Introduce participants and facilitator to one another in order to begin building comfort and engagement
    - Introduce participants to the Native Hawaiian culture
- Directions:
    - Introduce yourself and briefly tell us the story of your name (e.g. who gave you your name, meaning of name)
    - Closing discussion: discuss the importance of names in Hawaiian culture (and many other cultures) and explain how names were used in ancient Hawai‘i as well as in today’s Native Hawaiian culture

Chapter 1
Defining Rural Communities

Introduction: In order to understand the uniqueness and complexity of working in rural communities in Hawai‘i, it is important to first define and distinguish between the different types of communities. Definitions of rural and urban communities often vary based on the purpose in which it is being used for. For the purposes of this training, the U.S. Census definition of rural and urban will be utilized because it is most applicable to healthcare in Hawai‘i.

Section 1.1: U.S. Census Definition of Rural and Urban

- Materials:
  - Slideshow Presentation: Maps of Hawai‘i according to different definitions of urban and rural
- Time: 20 minutes
- Objectives:
  - Demonstrate the importance of utilizing the appropriate definition based on the field in which you are working in
  - Demonstrate the high percentage of rural communities in Hawai‘i in comparison to urban areas
  - Define rural and urban based on how it will be referred to in this training
- Outline of Section:
  - Maps that display Oahu are only urban area in Hawai‘i
    - Office of Management and Budget (OMB)
    - Research Service Rural-Urban Community Areas (RUCA)
    - USDA Business and Industry Ineligible Locations
  - U.S. Census Bureau’s Classification System
    - This classification system breaks down areas into urbanized areas and urban clusters
    - Everything outside of urbanized areas and urban clusters are considered to be rural
    - *Urban*: areas that are densely developed residential, commercial, and non-residential areas (Hawai‘i State Data Center, 2010).
      - *Urbanized areas*: 50,000 or more people
      - *Urban clusters*: areas with at least 2500 and less than 50,000 people
    - *Rural*: an area that is not included within an urban area; locations outside Census Places with a population greater than or equal to 2500, greater than or equal to 10,000, and greater than or equal to 50,000
    - According to this definition, there are urbanized areas on Oahu and Maui, and urban clusters on each of the four main Hawaiian islands
      - This definition appears to be most appropriate to Hawai‘i because there are communities on each island that are considered the “town” or “city” of the island, even if by mainland standards would still appear to be rural
      - These areas are where the majority of services are provided on each island, including mental health care

- This definition presents a more representative view of the issues that occur in these areas

Section 1.2: Small-Community

- Materials: Slideshow
- Time: 5 minutes
- Objective:
  - Define small-community populations
- Outline of Section
  - Rural psychologists are often labeled as "small-community psychologists"
  - These terms are often used interchangeably, but there are slight differences between the two terms
  - Small communities can also refer to other settings or groups of people that may exist in urban communities such as:
    - Universities
    - LGBT community
    - Affiliations based on religion, military, or culture
    - Correctional facilities
    - Suburban areas
    - Substance use
    - Disability
    - School districts
    - Therapists who see other therapists as clients
  - For the purposes of this training, the term rural will also include small-community areas and populations

Section 1.3: Frontier

- Materials: Slideshow
- Time: 5 minutes
- Objective:
  - Define frontier communities and populations
- Outline of Section
  - A frontier area can be defined as an area with less than 6.6 people per square mile
  - Frontier areas exist in 25 states and represent approximately 45 percent of the landmass of the United States (Roberts, Battaglia, & Epstein, 1999)
  - People in this population deal with barriers to care such as: insufficient access to health or crisis services or hospitals, mental health, innovative medicines, and other therapies
  - These barriers align with those of rural populations
  - For the purposes of this training, the term rural will also include frontier areas and populations

Section 1.4: Activity: "Characteristics of Rural Communities"

- Materials:
  - Handouts: Activity and Master List (See Appendix)
- Time: 40 minutes
- Objectives:
  - Discuss the characteristics common to the majority of rural communities
  - Emphasize the importance of acknowledging individual differences
- Outline of Section:
  - Group Activity
    - Number of group members: 4
    - Directions: "In groups of four, come up with as many characteristics of rural communities based on the definitions we discussed earlier. The group who has the most characteristics on the list that match with this list will win a prize. You have fifteen minutes."
  - Debriefing will lead into a group discussion on the characteristics of rural communities. Group discussion will be more beneficial and enriching if participants speak on their personal experiences in rural communities
    - Possible discussion questions:
      - Is there anyone who is from a rural community or has lived in a rural community?
      - What are significant differences you've noticed between rural and urban communities?
      - Does anyone have experience working as a therapist in both a rural and urban community? What are the similarities/differences?
    - If participants do not want to respond or if there is more time at end of activity, facilitator should discuss characteristics using personal examples

Section 1.5: Characteristics of Hawai‘i

- Materials: Slideshow
- Time: 20 minutes
- Objectives:
  - Understand the uniqueness of Hawai‘i due to isolation from mainland United States
  - Introduce the topic of culture in Hawai‘i to prime for topics being covered after lunch break
- Outline of Section
  - Discuss the uniqueness of Hawai‘i due to isolation and culture (Segway to topics covered after lunch)

Chapter 2
The Role of Culture in Hawai‘i

2.1: Native Hawaiian Culture

- Materials
  - Native Hawaiian videos (see bibliography for list of possible videos)
  - Slideshow presentation
- Time: 2 hours, 10 minutes
- Objectives:
  - Develop a basic understanding of the values, beliefs, and practices of the Native Hawaiian culture
  - Discuss the importance of historical trauma and other cultural considerations when working with Native Hawaiian clients
- Outline of Section
  - Brief history of Hawai‘i
  - Beliefs
    - Worldview
    - Religion and Spirituality
  - Basic Values
    - Aloha
    - Kokua
    - Lokahi
    - Pono
    - Ha‘aha‘a
    - Alaka’i
    - ‘Ohana
    - ‘Aina
  - Common Practices
    - Language and Communication
    - Music
    - Hula
    - Sports
    - Voyaging
  - Historical trauma
  - Resurgence of Native Hawaiian Culture
  - Native Hawaiians and Mental Health Care
  - Native Hawaiian Healing
  - Activity: “Theraplay with ‘ulu maika”
    - Materials: ‘ulu maika
    - Objective:
      - Demonstrate how the Native Hawaiian culture can be integrated into therapy
    - Outline of Section
      - Introduce Theraplay: form of therapy used with children and parents to strengthen the interaction between them

        - Focuses on nurture, engagement, challenge, and structure
    - Introduce ʻulu maika
        - ʻulu maika: Hawaiian bowling
    - Demonstrate how to play game
    - Ask for volunteers to play against one another while facilitator acts as therapist who utilizes theraplay principles in conjunction with Native Hawaiian Values
    - Discussion: participants discuss Native Hawaiian values they observed the facilitator display

2.2: Local Hawaiʻi Culture

- Materials: slideshow, video
- Time: 35 minutes
- Objective:
    - Demonstrate the complexity of the multifaceted Local Culture
- Outline of Section
    - History of Hawaiʻi
    - What cultures makes up the local Hawaiʻi culture?
        - Ethnic breakdown
        - Discuss the multifaceted culture here in Hawaiʻi due to the interaction of numerous cultures at once
    - Working with multicultural clients
        - APA Multicultural Guidelines

Activity: "Personal Core Beliefs and Values"

- Materials: Handout
- Time: 1 hour
- Objectives:
    - Generalize information from previous sections to working with minority and marginalized populations
    - Identify personal beliefs and values to increase cultural awareness, sensitivity, and competence
- Outline of Section
    - Introduction: Make a list of your own personal values and explain where these values stem from (i.e. individual, family, society, ethnicity, religion, etc.)
    - Discussion
        - Discuss similarities across a wide variety of cultures
        - Talk about universal values
        - General considerations in working with minorities

Chapter 3
Ethical Dilemmas

3.1: Introduction

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 30 minutes
- Objectives:
    - Define ethical dilemma and discuss the APA Principles of Psychologists and Code of Conduct as applied in rural communities
    - Describe the numerous ethical dilemmas that occur in excess in rural communities in comparison to urban communities
    - Utilize examples specific to Hawai‘i to demonstrate ethical dilemmas
- Outline of Section:
    - Definition of ethical dilemma: a situation where there are two choices that both appear to be correct and equally appealing (Helbok, 2003)
        - Ethical dilemmas have the potential to arise on a regular basis
        - Psychologists must be trained in the ethical code of conduct to manage these dilemmas in an ethically appropriate and competent manner
    - Purpose of APA Principles of Psychologists and Code of Conduct
        - Aims to give psychologists a framework of how to make decisions appropriately
    - Current body of literature posits that the APA Code of Ethics is often inadequate in meeting the needs of rural psychology
        - Some rural providers feel the APA Code of Ethics is biased toward urban practice and is not helpful because what constitutes sound ethical practice in urban areas may not parallel those that occur in rural areas (Helboc, 2003)
    - Therefore, it is important to increase training of ethical training specific to rural psychology in order to prepare psychologists for a more competent, rewarding, and fulfilling career in rural communities where the population is extremely underserved
    - This section will discuss specific ethical dilemmas or situations in which ethical dilemmas commonly arise

3.2: Multiple Relationships

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct, worksheets
- Time: 30 minutes
- Objectives:
    - Define multiple relationships and identify the types of multiple relationships that may exist
    - Understand why multiple relationships can be problematic
- Outline of Section:
    - Review standard in APA ethics code
    - One of the most common issues for rural psychologists
    - Definition: occur when a relationship exists in addition to the professional role of the therapist-client relationship such as a friend, family member, business partner, or employer (Brownlee, 1996)

        - Take place by choice or by chance and quickly multiplies when broadened to include family members of the psychologist
        - Use example to demonstrate meaning
            - Possible example: psychologist attends church and church members request for therapeutic services, school psychologist sees child's classmate for therapy
    - 26 types of multiple relationships
    - Multiple relationships by choice vs. not by choice
    - What makes multiple relationships problematic?
    - Possible worksheets
        - Helpful vs. Unhelpful Multiple Relationships
        - Is this a multiple relationship?

<u>3.3: Confidentiality</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Understand the unique confidentiality concerns that commonly arise in rural communities
- Outline of Section:
    - Review standard in APA ethics code
    - Manifestation of confidentiality concerns in rural areas
        - Community members' awareness of clients who are seeking treatment/services
        - Support staff relationships with clients
        - Interagency sharing of information
        - Group therapy
        - Mandated reporting
            - Even when it's clear that psychologists must break confidentiality, it can be much more difficult for rural psychologists to make this decision
            - Rural psychologists often deal with the backlash of mandated reporting due to fishbowl phenomenon
            - This backlash can have serious consequences
            - Example: mandated reporting for child abuse of the child of a powerful figure's child can result in a loss of employment/loss of clients
        - Informal exchange of information between community members

<u>3.4: Competence</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Understand the standard, competence, as well as the ethical dilemmas that may arise due to generalist approach in rural communities
- Outline of Section:

- Review standard in APA ethics code
- Due to limited resources, providers tend to be a generalist, rather than specialize in a certain area of the field of psychology
- Definition of Generalist: individuals without specialty training who can function in expanded roles
    - Preferred in rural communities for two reasons
        - full spectrum of psychological needs
        - limited services
- Lack of referral sources requires psychologists to be flexible and creative in providing mental health care in rural areas to treat a wide variety of issues
- Lack of consultation and supervision resources in rural communities, leaving little support to treat clients
- Psychologists in rural communities must be prepared for a wide variety of clients, issues, and situations
- Ethical ramifications of generalist approach
    - Correlated with lesser degree of training, experience, and supervision in areas in which they practice
    - Lack of specialists in rural areas highlights the risk that a psychologist will likely provide treatment that is considered to be outside of their scope of practice (Helbok, 2003)
    - When working outside of your scope of competence, you may not be giving the client the optimum level of care
    - There are no concrete methods to determine if someone is "competent" in a specific area of practice
- Ethical dilemma arises when a psychologist is faced with the decision to treat a client whose needs are outside of their scope of practice
    - Here the dilemma stands in terms of which is more harmful: providing care outside of their competence or denying treatment in attempt to protect the welfare of the client, but no accessible referral sources are available

<u>3.5: Limited Resources</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Raise awareness of the lack of mental health services and resources available to community members in rural areas
- Outline of Section:
    - Characteristic of rural communities → population in rural communities experience high levels of health and mental health issues, poverty, substance abuse, homelessness, etc. but lack the services to meet these needs
    - This may be related to:
        - Psychology is an urban-based profession
            - Psychology students attend universities and obtain training in urban areas (because this is where colleges are located) and thus, receive training according to the urban model of psychology

                - Traditional doctoral programs train in isolation and place the student focus on specialization within the field
                - Due to integrated care, rural psychology requires interdisciplinary training and collaboration, however there is no training in this area
            - Lack of psychologists in rural communities because of culture shock, lack of preparation (i.e. appropriate training) to deal with issues in rural psychology, etc.
    - Lack of psychologists in rural communities leads to mental health care needs either not being addressed or put in the hands of primary care physicians who are not adequately trained in the area of mental health
    - Even when services are available, utilization of services by rural community members may be low due to lack of awareness, negative stigma, or lack of understanding of mental health care
    - Possible examples:
        - Kauai: high turnover of psychologists and mental health professionals
            - Providers come to Kauai with false expectations and have difficulty adjusting to culture and rural community
            - Stay on island temporarily and end up switching careers or moving away
        - Utilization of services:
            - There are rural community mental health agencies who frequently write grants and create new programs, but many times they need to discontinue programs due to a lack of participants
                - This has led to a need for community outreach in order to understand issues in the community, reduce negative stigma of mental health, and encourage community members to participate in new programs/services
    - Can lead to ethical dilemmas in the area of multiple relationships, competence, burnout

<u>3.6: High Visibility</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Demonstrate how a psychologists' high visibility in rural communities can potentially lead to ethical dilemmas
- Outline of Section:
    - Refer to characteristic of rural communities: fishbowl phenomenon
    - Lack of privacy and anonymity is a common consequence in rural communities
    - A good reputation as a psychologist is very important in a rural community, however, this also makes a psychologist more visible
    - The work of a good psychologist is often viewed as an extension of their personal life and interactions
    - Running into clients unexpectedly is very common
        - This can be difficult for a psychologist, as the urban model of psychology posits that psychologists' personal lives be kept private

- Discomfort for both psychologist and client in public situations
- Can lead to ethical dilemmas in areas of confidentiality and multiple relationships

3.7: Self-Disclosure

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objectives:
  - Discuss the different types of self-disclosures in psychology
  - Understand the reasoning for encountering a higher number self-disclosures in a rural community
- Outline of Section:
  - Definition of self-disclosures
  - Self-disclosures are common in psychology and can be used therapeutically, but also have the potential to be problematic
  - Types of Self-Disclosures
    - *Deliberate Self-Disclosure*: intentional sharing of personal information from psychologist → client
      - Considered the standard and most common type of self-disclosure
      - Can be nonverbal as well: example-having personal photos in office
    - *Unavoidable Self-Disclosure*: disclosing personal information that is not deliberate and cannot be avoided
      - Example: physical appearance, ethnicity, clothing, etc.
    - *Accidental Self-Disclosure*: when clients see their psychologist in public; extremely common and often inevitable in rural communities
    - *Propriety of Self-Disclosure*: sharing of personal information to help the client feel understood and can be utilized to build rapport and strengthen the therapeutic alliance
      - Example: A psychologist discloses own involvement in military to client who is a veteran experiencing PTSD symptoms
    - *Self-Disclosure Shared in Context:* similar to propriety of self-disclosure; sharing information with the client in the same context of the topic in which they are working
  - Due to high visibility, more accidental self-disclosures may be unavoidable and are more prevalent in rural communities than urban communities
    - Being seen outside of the therapy session is considered a self-disclosure as it has the potential to gives others information about the whereabouts, family members, friends, and even residence of the psychologist
    - Due to fishbowl phenomenon, other community members may know things about the psychologist that may get back to the client
  - Self-Disclosures with clients in Hawai‘i
    - Rigid avoidance of self-disclosures could be harmful to the therapeutic relationship
    - Sound clinical judgment must be used to determine what information would be beneficial to share

        - Self-disclosure is heavily dependent on the culture and expectations of the specific rural community a psychologist is practicing in, as some communities may expect more transparency in order to build trust with the psychologist
        - In rural Hawai‘i, self-disclosures may be more necessary at the onset of treatment due to the mistrust of outsiders
            - If you're from that area/Hawai‘i, it could be comforting to the client to know this information
            - Linking: graduation year, who knows who, where you're from
    - Ethical dilemmas can result from concerns of multiple relationships, confidentiality, and harm to client by providing inappropriate self-disclosures

<u>3.8: Payment and Bartering</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Understand why alternative payment and bartering circumstances have the potential to occur in rural communities
- Outline of Section:
    - Refer to standard in APA ethics code on payment and bartering: Standard 6
    - Rural practitioners may consider bartering as ethical because denying a bartering offer could be viewed as culturally disrespectful or may result in a client not being able to receive services
    - Bartering can lead to an ethical dilemma in the areas of multiple relationships, termination of services, and negative impact on the therapeutic relationship
        - Bartering creates a multiple relationship – in a sense, the psychologist takes on the role of the client's employer (i.e. client has limited power to disagree with conditions of barter deal in order to receive treatment)
        - Termination can be complicated during if client improved prior to the end of the bartering deal
            - Example: bartering deal involves carpentry services
                - psychologist could be held liable if therapy was continued until the bartered services were completed
        - Difficulties agreeing on a bartering deal could result in damage to the therapeutic relationship
    - Bartering is very common in rural communities and thus, it is important for psychologists to be aware of the practices of bartering specific to the rural community in which they are immersed

<u>3.9: Technology, Social Media, and Telehealth</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objectives:
    - Describe the advances in technology used in psychology
    - Understand the use of telehealth and video messaging in rural psychology
- Outline of Section:
    - Technology

        - Use of the internet and texting is often used for marketing and scheduling
        - This rise has created a need for new confidentiality policies to protect the rights of clients
        - Leads to ethical dilemmas in regard to confidentiality
            - Communication through text, email, and other electronic mediums can pose a threat to confidentiality and psychologists' must take extra precaution to ensure the confidentiality of all client information
    - Search Engines and Social Media
        - A rise in technology also presents the interesting issue of the availability of both psychologist and patient information at the click of a button
        - Both psychologists and clients have the ability to obtain information about each other prior to meeting one another
        - With a simple click of a mouse, clients could have access to information such as family members, friends, and in some states even legal records
        - Social media is extremely prevalent and some psychologists may even use social media to advertise and market their services
        - Has blurred lines between what is considered personal and professional
        - Ethical dilemmas may arise from:
            - Confidentiality concerns related to client information
            - Self-disclosure concerns due to psychologists' information on internet
            - Multiple relationship concerns due to social media
                - Should I befriend my client on social media?
                - Befriending a client on social media poses its risks, denying a friend can also cause damage if not handled appropriately
    - Telehealth, Zoom, Vsee
        - Therapy
        - Practicum and internship training
        - Poses a great risk to confidentiality

<u>3.10: Professional Isolation</u>

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 15 minutes
- Objective:
    - Demonstrate the professional isolation psychologists experience in rural communities.
- Outline of Section:
    - Lack of psychologists in rural communities
    - Lack of mental health providers (in general) in rural communities
    - Lack of professional development opportunities in rural communities
    - Those with interpersonal difficulties may not last long
    - Due to the lack of referral, consultation, and sources psychologists in rural communities may experience heightened levels of stress, feelings of professional isolation, and a lack of ongoing feedback and learning which may lead to burnout
    - Continuing education and training are much rarer in rural areas in comparison to urban settings. Therefore, training and continuing education is usually traveled to or sparingly utilized by rural mental health practitioners

3.11: Consultation

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objectives:
    - Explain the importance of consultation in general and specific to rural psychology
    - Describe challenges in relation to lack of consultation sources in rural communities
- Outline of Section:
    - Due to professional isolation, it can be difficult to find other to consult with or refer clients to
    - It is important to remain in contact with colleagues who may practice in other areas in order to consult about ethical issues
    - While phone supervision and consultation is likely to be utilized, the day-to-day learning and growing through face to face interactions with peers is not accomplished
    - However, clinical practice and ethical dilemmas in rural communities may differ than those in urban psychology
        - Therefore, solutions for issues encountered in rural and urban psychology may not align
    - Challenges/dangers of a lack of consultation/referral resources
        - Solutions for rural ethical dilemmas may deviate from national standards and for this reason, many rural providers unfortunately end up adopting their own set of rules in resolving ethical problems
        - Lack of referral/consultation sources may require psychologists to practice outside of their scope of competence with no supervision/consultation to assist them
        - Consultation sources from other places (outside of town) may provide a lack of clarity/inappropriate solutions that may decrease level of client care

3.12: Burnout

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct
- Time: 20 minutes
- Objective:
    - Explain the increased risk of burnout in rural communities and its consequences on both the psychologist and clientele
- Outline of Section:
    - Definition of Burnout
    - Regardless of setting, psychologists have the potential to experience burnout
    - Psychologists deal with immense clinical responsibilities and when paired with isolation, emotional and physical exhaustion, and all other ethical dilemmas, can quickly become overwhelmed
    - Stress can impair clinical judgment, cause psychologists to practice outside their scope of competence, potentially slip into unethical behavior, and in turn, cause harm to their client (Roberts, Battaglia, & Epstein, 1999)

3.13: Managing Misconduct and Effects of Ethical Violations

- Materials: Slideshow, APA Principles of Psychologists and Code of Conduct

- Time: 15 minutes
- Objective:
    - Discuss the challenges of managing misconduct in a rural community
- Outline of Section:
    - Review relevant standard in APA Ethics Code
    - Rural communities may make it difficult for professionals to report unethical behavior
    - Effects of ethical dilemmas and violations
        - While minor ethical violations could result to a warning, more drastic consequences could include suspension, loss of licensure, loss of employment, and legal ramifications
        - These consequences could be devastating for a psychologist who made a decision with good intent that they believed to be ethically appropriate
        - With stakes that are so high, it is of the utmost importance for psychologists to have a good understanding of the ethics code, document all efforts to maintain the rights of the client, frequently consult with colleagues, and refer to the ethics board of each designated state to ask for advice on how to navigate through difficult ethical dilemmas

Activity: "Ethical Dilemmas"

- Materials: Handout
- Time: 1 hour
- Objective:
    - Apply presented didactic material to real-life situations
- Outline of Section:
    - Introduction: This activity will examine real-life situations and will ask you to identify what APA Ethics Code standards are relevant as well as preliminary steps in approaching each situation
    - Discussion: Discuss answers and rationale to each scenario

Chapter 4
Minimizing Ethical Risk

Introduction: It is impossible for the ethics code to cover every possible dilemma that could occur. The APA Ethical Principles of Psychologists and Code of Conduct (2010) is a framework to assist psychologists with ethical dilemmas. However, it is evident that while extremely necessary, the code of ethics is not always sufficient in rural psychology, as situations in rural areas are not as clear-cut as in urban areas, which the code of ethics is based on. This section will focus on the best practice and strategies to minimize ethical risk.

4.1: Informed Consent

- Materials: Slideshow
- Time: 10 minutes
- Objective:
    - Understand the importance of informed consent in general as well as specific to practice in rural psychology
- Outline of Section:
    - Definition of Informed Consent:
    - Refer to standard in APA Ethics Code
    - In rural areas, it is especially important for the client to thoroughly understand all of their rights, boundaries, and expectations
    - Informed consent can be subjective and varies by agency or psychologist
    - Recommended areas to discuss:
        - Limits of Confidentiality
        - Record Keeping and Documentation
        - Professional background of psychologist
        - Estimated length of therapy
        - Alternative treatment approaches
        - Fees and Billing
        - Emergency Contacts
        - Services that will and will not be provided
        - Client's right to terminate services at anytime
    - Informed consent will vary based on the type of services being provided (e.g. therapy vs. assessment)
    - This is also where setting clear expectations and boundaries are discussed as well as an open discussion of possible ethical dilemmas that are present or may arise in the future

4.2: Honest Communication and Setting Clear Expectations and Boundaries

- Materials: Slideshow
- Time: 10 minutes
- Objective:
    - Demonstrate the importance of open and honest communication with the client in terms of expectations and any foreseen issues or as issues arise throughout the course of treatment

    - Understand the importance of clear expectations and boundaries
- Outline of Section:
    - Honesty
        - Due to the risk of multiple relationships and confidentiality concerns, it is important for the psychologist to be straightforward about the possibility of ethical dilemmas as well as the problematic effects
        - This may also prime the client on what to expect should a referral be necessary
        - Honesty from the onset of treatment can decrease client anxiety and also avoid ethical violations
        - Ethical violations typically occur and/or are reported when the client feels wronged
        - An open and honest therapeutic alliance may decrease these chances
        - Honest discussions must be held to work through any difficulties that arise throughout the course of treatment in order to maintain a positive therapeutic relationship and avoid interference with treatment
    - Setting Clear Expectations
        - Psychotherapy (in general) is often misunderstood and mental health still has a negative stigma in today's society
            - This is especially true in rural communities' due to the private nature of community members, mistrust of new services or outsiders, and very negative stigma of mental health services
        - Clarifying the client's expectations will clear any assumptions and pre-conceived notions of what the course of treatment will consist of
            - Includes a clarification of role obligations
            - Must clarify any discrepancies between the psychologist and client expectations
    - Boundaries are crucial in psychological practice
        - Boundaries provide respect, structure, and safety
        - Boundaries are necessary for an appropriate and successful therapeutic alliance
        - The psychologist must set and keep clear boundaries throughout the course of treatment to protect both the client and psychologist
        - Setting boundaries involves a self-examination on the psychologist's behavior
            - The psychologist should realize what they are able and willing to provide to the client in a realistic manner that will ensure the highest level of psychotherapy for the client
    - Prime clients for ethical dilemmas (e.g. how to approach out of therapy interactions)
    - Discuss social media boundaries at the onset of treatment to avoid a loss of rapport
    - Clear expectations and boundaries established at the onset of treatment and maintained throughout the course of treatment can strengthen the therapeutic alliance through feelings of trust

<u>4.3: Develop a Sound Therapeutic Alliance</u>

- Materials: Slideshow
- Time: 5 minutes

- Objective:
    - Demonstrate the need for a professional, positive, and trusting therapeutic alliance
- Outline of Section:
    - Definition of Therapeutic Alliance
    - Discuss research in regard to outcomes of psychotherapy
        - Positive correlation between therapeutic alliance and outcomes in psychotherapy
    - Positive correlation between therapeutic alliance and outcomes n psychotherapy can be useful in ethically challenging situations
        - A sound therapeutic relationship also assumes that the client trusts the psychologist, and thus, any issues that may arise may be able to be worked through

4.4: Documentation and Record-Keeping

- Materials: Slideshow
- Time: 5 minutes
- Objective:
    - Demonstrate the importance of proper documentation and record-keeping
- Outline of Section:
    - Documentation is a requirement by insurance companies, but also serves as a means of protection for psychologists
    - Can be used to review past sessions
    - In rural areas, ethical dilemmas are much more common and thus, these ethical dilemmas must be clearly documented
        - This will provide rationale for client termination due to ethical dilemma or rationale for why the client is being seen regardless of ethical dilemma and how it will not become a problem throughout the course of treatment
        - All efforts must be made to ensure the well-being of the client, and this should be documented as proof that the psychologist is doing their due-diligence throughout the course of treatment
    - Good documentation can protect a psychologist, but failing to document appropriately may leave the psychologist vulnerable to accusations of negligence

4.5: Consultation

- Materials: Slideshow
- Time: 10 minutes
- Objective:
    - Identify ways consultation can be utilized to minimize ethical risk in rural psychological practice
- Outline of Section:
    - Regardless of limited consultation sources, consultation is necessary and crucial for best psychological practice
    - Especially in rural communities, where heightened level of stress and burnout occurs more often, consultation can help to flesh out issues in order to make sound professional decisions
    - Benefits of Consultation

        - Helps to keep clinical judgment sound
        - Provides support for difficult clients and issues
        - Helps psychologist provide the highest level of client care
        - Building rapport with colleagues will increase referral sources
    - Consult with mental health providers in same community as well as consultation sources who live in other areas
        - Consultation sources within the same community have a better understanding of the challenges in the area
        - Multi-disciplinary consultation may be necessary in rural areas
            - Consultation with other professionals with differing views is helpful
            - Challenges the psychologist to look at things from a different perspective and consider other options/solutions
            - May give more holistic approach to treatment

4.6: Continuing Education

- Materials: Slideshow
- Time: 5 minutes
- Objective:
    - Demonstrate the need for continuing education conferences in rural communities
- Outline of Section:
    - Conferences, trainings, and workshops should be offered more often in these areas
    - Webinars are helpful and can provide excellent training resources, however, interaction with colleagues via in-person trainings, conferences, and workshops would be very beneficial
    - Funding for rural providers who wish to travel to conferences should be made more readily available (through agencies or scholarships from APA or agencies holding conference)
    - Continuing education is extremely important as it will keep psychologists up to date with current treatment procedures as well as professional issues, laws, and regulations, as the field of psychology is ever-changing and constantly expanding
    - With rise in technology, more continuing education resources are becoming available and thus, there is no excuse for rural psychologists to deny all forms of continuing education
    - It is important for supervisors to be updated on current laws, regulations, and training in order to provide appropriate training for practicum students

4.7: Self-Care and Self-Awareness

- Materials: Slideshow
- Time: 5 minutes
- Objective:
    - Emphasize the importance of adequate self-care and being self-aware as a psychologist
- Outline of Section:
    - High level of burnout due to heightened levels of stress in rural psychology due to the multiple factors previous discussed
    - Suggestions on how to deal with the risk of burnout

        - Build support with other professionals
        - Have at least a couple of close friends
        - Take time for self and family care
        - Keep a balanced caseload
        - Take vacations
        - Take advantage of aspects of rural life (e.g. hiking, camping)
    - Further tips for self-care
        - Adequate sleep
        - Exercise and healthy lifestyle
        - Healthy work-life balance
        - Practice gratitude
    - Failure to utilize self-care has negative consequences in terms of physical and mental health and also negatively affects judgment
        - Poorer judgment puts a psychologist at a higher risk for committing an ethical violation and can lower their level of client care
    - Self-Awareness
        - Personal and professional needs must be constantly monitored in order to be an effective psychologist
        - An awareness of personal weaknesses can lead to improvements that will not only improve the life of the psychologist, but also strengthen their therapeutic skills
        - Self-awareness will help psychologists to realize if boundaries are loosening and keep clinical judgment sound during difficult decisions and when facing issues

<u>4.8: Practice Considerations</u>

- Materials: Slideshow
- Time: 10 minutes
- Objective:
    - Identify considerations for private practice in rural communities to protect the psychologist from ethical risk
- Outline of Section:
    - Location of practice
    - Proper Training of Support Staff
    - Telehealth: use HIPPA compliant video messaging services
    - Supervision: If practicing as a psychologist who also has practicum students, interns, or post-doctoral fellows, it is important to prioritize and provide trainees with adequate and appropriate supervision throughout their training

<u>Activity: “Precautions in Private Practice”</u>

- Materials: Handout
- Time: 1 hour
- Objective:
    - Apply presented didactic material on minimizing ethical risk to a real-life situation that commonly occurs in rural communities

- Outline of Section:
    - Introduction: For this activity, participants will imagine they are living are working in the same rural community. Participants will discuss the precautions they will put in place for their own private practice in order to protect themselves and have a successful, long-lasting, and fulfilling career as a private practice psychologist.
    - Discussion: class discussion of participants' precautions and rationale

Chapter 5
Increasing Cultural and Ethical Competence as a Student Trainee

Introduction: This section will focus on concrete strategies for doctorate level clinical psychology students to utilize throughout their academic and training experiences in hopes of becoming more a ethically and culturally competent future psychologist. These strategies will also help to better prepare students for practice in a rural community in hopes of increasing the services in rural, underserved areas while simultaneously enhancing the overall well-being of a rural psychologist.

Objective: Provide participants with concrete strategies to increase their cultural and ethical competence as a student trainee in order to prepare for a future career as a psychologist in a rural community in Hawai‘i.

5.1: Practicum Training

- Materials: Slideshow
- Time: 10 minutes
- Outline of Section:
    - Select clinical training experiences at practicum sites in rural communities/area of interest
        - Gain experience treating population
        - Build connections with other providers within the community
        - Begin to understand cultural nuances and unique characteristics of the specific community
    - Typically receive generalist training
        - Helpful for students who would like to work in a rural community in future
        - Helpful for students who are unsure of what they would like to do in the future because it provides exposure to diverse population in terms of client issues, psychopathology, age, and culture
    - Ask questions about ethical situations

5.2: Research

- Materials: Slideshow
- Time: 10 minutes
- Outline of Section:
    - Do research in area that will be useful to what you will be doing in future practice (find your niche)
        - Allows you to become more competent in the area in which you plan to work
        - Makes you a better candidate for internship
        - Can become an expert in an area of field that is in demand which can lead to a successful career
        - Can help to understand and meet the needs of a certain area of our field and thus, improving the field of psychology

5.3: Conferences

- Materials: Slideshow
- Time: 10 minutes
- Outline of Section:
    - Attend and/or present at conferences both locally and nationally
        - Good networking opportunity
        - Gain knowledge in areas of interest (increase competence)
        - Stay up-to-date on emerging and updates in existing topics

5.4: Attend Trainings and Workshops

- Materials: Slideshow
- Time: 5 minutes
- Objective:
- Outline of Section:
    - Attend free trainings, workshops, and webinars offered through school and practicum
    - If possible, attend trainings and workshops that will increase your competence in an area of interest
        - Gain mentors
        - Gain future consultation sources
        - Networking and marketing
        - Increase competence

5.5: Inform Clinical Judgment

- Materials: Slideshow
- Time: 10 minutes
- Outline of Section:
    - Classes and practicum training will inform clinical judgment
    - Utilize supervision and practicum seminar courses to inform sound clinical judgment
    - Understand the APA Principles of Psychologists and Code of Conduct (2010) and begin to recognize situations and behavior that may be ethically unclear
    - Increase reflexivity in order to inform sound clinical judgment
        - Therapy, introspection, etc.

5.6: Build Consultation Sources

- Materials: Slideshow
- Time: 5 minutes
- Outline of Section:
    - Mentors
        - Receive valuable insight and opinions from experienced psychologists already practicing within your field of interest
        - May provide opportunities for employment and research
            - Research opportunities: may inform CRP or provide data for CRP
        - Get to know professors and develop relationships as they provide personal, academic, and clinical support far after graduation
    - Colleagues (classmates)

        - Start to develop friendships and discuss clinical perspectives to develop consultation sources with like-minded colleagues as well as those with differing perspectives
        - While it is very likely that we all have great friendships outside of this program, the reality is that it is difficult to understand the demands of this program unless you've experienced it yourself
            - Friends within this program provide a different kind of support that has the ability to last far beyond graduation
            - The friendships you choose to invest in within this program will likely become consultation sources in the future and will help to provide support throughout your career as a future psychologist
    - Both become consultation as well as referral sources in the future

5.7: Connect with Local Agencies

- Materials: Slideshow
- Time: 5 minutes
- Outline of Section:
    - In certain practicum sites, consultation and collaboration can be integrated into your experience
        - Ask for opportunities to work on a multi-disciplinary team
        - If working with children, ask for opportunities to consult with school
    - Take additional opportunities to volunteer, work, or do research with other agencies/psychologists
    - Join HPA and follow along with list serve

5.8: Reputation

- Materials: Slideshow
- Time: 5 minutes
- Outline of Section:
    - In Hawai‘i, your reputation is everything
        - Hawai‘i is so small and word travels quickly
    - This is especially true within our field of mental health because there is a lack of providers in our state
    - A good reputation often warrants more referrals in rural communities, as word of mouth is a valid and commonly used form of marketing
    - A bad reputation may lead to a lack of referrals, lack of consultation sources, and has the potential to increase feelings of stress that could contribute to burnout

5.9: Cultural Immersion

- Materials: Slideshow
- Time: 10 minutes
- Outline of Section:
    - If someone is interested in the Native Hawaiian culture, it would be beneficial to participate in cultural activities to immerse yourself within the cultural and increase cultural competence

- There are many activities open to the community around the island that would shed light on the beliefs, values, and practices of Native Hawaiian culture
- Examples of common cultural events in Hawai‘i
  - Native Hawaiian: Kamehameha Day Parade, May Day Festival, Merrie Monarch Festival, Working in the Lo’i, Ukulele Festival, Bishop Museum
  - Korean: Korean Festival
  - Japanese: Bon Dance, Cherry Blossom Festival, Japanese Cultural Center
  - Chinese: Chinatown, Chinese New Year’s Celebration

5.10: Develop Culturally Appropriate Interventions

- Materials: Slideshow
- Time: 5 minutes
- Outline of Section:
  - Important to increase skills in working with multicultural clients
  - Inquire, research, and practice interventions and techniques that are culturally sensitive
  - Inquire, research, and practice interventions and techniques that are culturally based
    - Best practice for Native Hawaiians
    - Best practice for multicultural clients

Activity: “Personal Action Plan”

- Materials: Slideshow
- Time: 45 minutes
- Objective:
  - Apply didactic material to create a personal action plan for the participant’s academic career that can be used to prepare for a future career within their area of interest in the field of psychology
- Outline of Section:
  - Introduction: This activity will allow participants to plan ahead in order to prepare for a future career in the area in which you are interested. It is important to plan ahead in order to meet the requirements of internship sites, licensure, and increase competence in hopes of having a sustainable, fulfilling, and successful career.
  - Due to the personal nature of this activity, class discussion is not warranted

Chapter 6
Implementing Cultural and Ethical Competency

In this activity, participants will individually answer questions based on one of five vignettes (assigned randomly). After completing the individual questions, participants will get into groups with participants who have the same vignette. In these groups, participants will discuss their answers and deicide on the best approach to present to the class. This is an important part of working in rural communities because consultation and collaboration is a crucial aspect of holistic and integrated care. Each group will present their approaches and the facilitator will lead the class discussion.

- Materials: vignette handouts, pens, paper, slideshow (display vignette on projector during group presentations)
- Time: 90 minutes
- Objectives:
    - Apply didactic material from the entire training by determining approaches to ethically challenging situations individually
    - Utilize collaboration and consultation skills (important in rural communities) to arrive at a singular group decision in an ethically challenging situation
- Outline of Section:
    - Individual Portion (30 minutes)
    - Group Portion (30 minutes)
    - Class Discussion (30 minutes)

Appendices

Activity Handouts

Characteristics of Rural Communities Master List

Geographically isolated

Smaller population

Unpredictable role of nature

Dense social networks

Interdependent and interrelated due to taking on multiple roles

Fishbowl phenomenon

Strong family ties

Private in nature

Culture of self-sufficiency

Traditional/conservative values

Distrust of outsiders

Decreased tolerance for diversity

Increased religious affiliation

Less academic/workforce resources and opportunities

High substance use disorders

High risk for mental illness

Suicide rates surpassed metropolitan areas

Reduced likelihood to seek mental health services

Higher rates of chronic illness, life-threatening medical conditions, and limitations on physical activities

Lack resources such as public transportation, lack of higher education, day treatment centers, community centers, etc.

Moving toward integrated care

Characteristics of Rural Communities

Directions: As a group, list as many characteristics of rural communities as possible in ten minutes.

Personal Core Beliefs and Values

Directions: List your personal core beliefs and values and explain where they stem from (e.g. family, ethnicity, religion, society, self, etc.). Rank your beliefs and values in order of importance (1-most important, 5-least important)

Beliefs: standards by which people live their lives and make their choices

1.

2.

3.

4.

5.

Values: what is important to people; stems from beliefs

1.

2.

3.

4.

5.

Ethical Dilemmas

Directions: Please read each scenario carefully. State the most relevant standard(s) in the APA Principles of Psychologists and Code of Conduct (2010) and discuss preliminary steps in approaching each situation (i.e. first 2-3 steps you would take if in that situation).

1. You have been seeing Jane in therapy on a bi-weekly basis for four months and you discovered she has recently started dating your best friend.

2. You are a psychologist in the behavioral health clinic at a community mental health agency in Waianae. You are seeing a 14-year-old male named Kawika in therapy, who is the son of a part-time secretary in the behavioral health clinic. Kawika has revealed that he sneaks out of his house to use alcohol and cocaine. Kawika's mom has frequently asked about the progress of Kawika's therapy is persistent in asking if Kawika is using any substances.

3. You are a recently licensed and credentialed clinical psychologist on Lanai. All of your previous experience and training has strictly been with adults. You have received many referrals from the only other psychologist on Lanai, one of which is a 6-year-old male who is experiencing significant behavioral difficulties. These difficulties are beyond the services available in the school setting and the referring psychologist believes he would greatly benefit from individual psychotherapy. The psychologist explains that he is extremely overbooked and cannot accommodate a new client for the next two months.

Precautions in Private Practice

Directions: You are living and working in a rural community (specifications listed below). You are a new psychologist in the area and you are opening your first private practice. You have just moved to the area with your spouse and two elementary-school aged children. You are a generalist provider who sees clients across the lifespan (i.e. children, adolescents, adults, elderly) who deal with a wide range of psychopathology issues. What precautions would you put in place to protect your practice and create a successful, long-lasting, and fulfilling career as a private practice psychologist?

Kapaa, Kauai: considered one of the larger towns on Kauai; rural community, however, may be considered as an urbanized area in comparison to the rest of the island (i.e. majority of resources reside in this area)
Area: 10 sq. miles
Population: 10,699
Number of Licensed Psychologists in Kapaa: 5
Number of Licensed Psychologists on Kauai: 10
Number of Schools in Kapaa: 1 Elementary School, 1 Middle School, 1 High School
Avg. Cost of Round Trip Airfare to Honolulu, Oahu: $140-$175
Note: Population and area of Kapaa, Kauai are based on the U.S. Census 2010 population estimate. Information about psychologists on Kauai are based on the psychologytoday.com directory and include psychologists currently accepting clients.

Example: Informed Consent: what would you include in your informed consent (in addition to limits of confidentiality?)

Personal Action Plan

Directions: Create an action plan for your academic career at the Hawai‘i School of Professional Psychology. This action plan can be used as preparation for a future career as a psychologist in your area of interest(s). This action plan will also be useful in meeting the requirements for internship and licensure (e.g. some internship sites require additional hours or experience in a specific area; some states require different courses for licensure).

Suggestions include, but are not limited to: elective courses, research interests, practicum training, professional development (conferences, trainings, workshops), volunteer opportunities, and employment. It may be helpful to include dates within your action plan (e.g. Fall 2019).

Implementing Cultural and Ethical Competency

Individual Directions: Answer the following questions based on the vignette.

- What ethical concerns are present?
- What are the cultural considerations in this situation?
- How would you proceed in this situation? Provide rationale for decision.
- What are the ethical consequences to consider as a result of your decision?
- What information (not given) would be helpful in making your decision?

Group Directions: Discuss individual answers to each question. As a group, decide on one approach and provide a rationale for your decision. Make note of the steps your group took to come to a decision.

- How would you proceed in this situation? Provide rationale for decision.
- What are the ethical consequences to consider as a result of your decision?
- How would you deal with these ethical risks in an appropriate and ethically sound manner?

Whole Class Discussion: Project vignette (in slideshow) on projector and have a group member read the respective vignette aloud.

- What was your group's decision and rationale?
- What are the ethical consequences to consider as a result of your decision?
- How would you deal with these ethical risks in an appropriate and ethically sound manner?
- What was the process of coming to this decision?
- How did you work together?
- Any discrepancies between group members and what did you consider in making your decision?

Implementing Cultural and Ethical Competency

Vignette 1

Harriet is an elderly woman of Hawaiian and Chinese descent who has recently started seeing you for therapy. This is her first time in therapy. She was brought in by her daughter for depressive symptoms that began after the death of her husband. Her daughter is your high school classmate who you have not spoken to in over ten years. During Harriet's intake session, she expressed passive suicidal ideation (i.e. thoughts of suicide with no plan, intent, or means). At the start of your next follow-up appointment with Harriet, she brings you a gift that appears to be a small jade pendant. She explains that she is gifting you with this pendant as a token of appreciation for taking her on as a new client and making her feel welcome during her first experience in therapy. Her daughter has accompanied her to this session, and is requesting to be a part of each session moving forward. She wants to be well informed on what her mother is experiencing and would like to learn how she can help her mother through this difficult time.

Implementing Cultural and Ethical Competency

Vignette 2

You are the sole clinical psychologist in a school based behavioral health program on the west side of Kauai. You practice in multiple schools (elementary, intermediate, and high school) and provide diagnostic and therapeutic services. The emphasis of treatment is based on emotional and behavioral needs in the academic setting. You have recently gotten married and at your wedding reception, you recognize an adolescent client named Erin. It turns out that Erin is a distant relative of your wife, as her mother is your wife's third cousin.

Erin is a 16-year-old female of Japanese descent. She experiences significant anxiety, particularly in the school setting where she has panic attacks on a weekly basis. You have seen Erin for four sessions, and have hypothesized that Erin's anxiety stems from extremely high expectations and standards set forth by her mother. Erin is a straight A student, who experiences significant levels of stress regarding her academics. She explained that getting an A- or below is unacceptable by her mother's standards. The closest therapist working with children and adolescents is about an hour away is not taking new clients at this time.

Implementing Cultural and Ethical Competency

Vignette 3

Dr. Ka'ala is the only psychologist on Molokai who conducts psychological testing. She has one daughter who attends Maunaloa Elementary School. Dr. Ka'ala has recently received a referral from another provider for a psychological evaluation for Charles, a 7-year-old male of Hawaiian descent. Charles is in Dr. Ka'ala's daughter's class at Maunaloa Elementary School, and has been bullying her daughter for the past two months. Dr. Ka'ala has been working with school administration to address bullying concerns. During this process, the school principal has requested that Charles undergo psychological testing in order to receive the appropriate services in school.

Charles has experienced significant physical and sexual abuse and has recently been removed from his parents' custody. He now resides with his aunty, who is trying to get special education services in school and would like Charles to see a therapist outside of school. This evaluation is necessary in order to clarify his diagnosis, receive school accommodations, and treatment recommendations. The only other psychologist who does psychological testing resides on Oahu and travels to Moloka'i on a weekly basis. However, he currently booked for assessments the next six months and Charles' aunty cannot afford to travel to another island at this time.

Implementing Cultural and Ethical Competency

Vignette 4

Dr. Johnson is a licensed clinical psychologist who moved to Hilo, Hawai‘i six months ago. He is originally from Atlanta, Georgia. He has been seeing Kaipo, a 6-year-old male, in psychotherapy for one month. Kaipo resides in Ka’u, a community that is comprised of a large Native Hawaiian population. Kaipo is the grandson of the mayor of Hilo and thus, has a very influential and well-known family in the community. Kaipo’s school counselor referred him for psychotherapy because of interpersonal difficulties and oppositional behavior. During their fourth session, you notice that Kaipo has a large bruise on his arm. He initially reported that his bruise was the result of falling down the stairs of his porch. However, upon further discussion, Kaipo revealed that his father had held his arm too tight while he was being punished for getting in trouble at school that day. He explained that his father uses physical punishment often, “when I’m being naughty.”

Implementing Cultural and Ethical Competency

Vignette 5

Lauren is an intervention practicum student at the Waianae Coast Comprehensive Health Center (WCCHC). This is her first clinical training experience conducting psychotherapy, where she has provided therapeutic services to children, adolescents, and adults for the past two months. Lauren is seeing Veronica, a 17-year-old female of Caucasian and Hawaiian descent, for the first time. It is a follow-up session, as Veronica has been transferred to Lauren after her original student trainee therapist has moved on to internship at a different site. During the session, Veronica reveals that her mother punched her in the stomach one month ago and has physically abused her as a child. Veronica reported she has not told anyone about the punch to her stomach one month ago, but has disclosed the childhood physical abuse to her previous therapist. Veronica's mother did not accompany her to today's session.

Lauren decides to consult with her supervisor about Veronica's report of being punched in the stomach by her mother one month ago. While consulting, Lauren expresses that she thinks CPS should be called. However, her supervisor feels it is best to consult with mom prior to calling CPS, as Veronica has admitted to making false accusations toward her mother in the past.

Implementing Cultural and Ethical Competency

1. What ethical concerns are present?

2. What are the cultural considerations in this situation?

3. How would you proceed in this situation? Provide rationale for decision.

4. What are the ethical consequences to consider as a result of your decision?

5. What information (not given) would be helpful in making your decision?

Training Evaluation Form

Name of Training: Rural Psychology in Hawai‘i: Developing Ethical and Cultural Competency for Doctoral Clinical Psychology Students

Name of Facilitator: **Date of Training:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I understand the unique characteristics that exist in rural communities	1	2	3	4	5
2. I can identify common ethical dilemmas that psychologists may encounter in rural communities	1	2	3	4	5
3. I understand the basic beliefs, values, and practices in the Native Hawaiian culture	1	2	3	4	5
4. I understand the complexity and diversity of the Local Hawai‘i culture	1	2	3	4	5
5. I can identify ways to minimize ethical risk as a future clinical psychologist	1	2	3	4	5
6. I can identify ways to begin increasing my ethical and cultural competence as a student trainee	1	2	3	4	5

7. Please provide feedback regarding what the facilitator did well.

8. Please provide feedback regarding what the facilitator can improve or change.

9. What concepts did you find to be most interesting and/or useful during this training?

10. What concepts do you wish would have been covered in this training?

Additional Feedback/Comments:

Bibliography

Introduction/Ice Breaker Activity
- https://apps.ksbe.edu/olelo/resources/in-house-publications/hui-m-lama-ulu/moolelo/n-inoa
- https://www.papahanaumokuakea.gov/heritage/kapainoa.html

Native Hawaiian Videos
- Oral Tradition/Historical Trauma: https://www.youtube.com/watch?v=r3pslYJjpDo
- Suicide: https://www.youtube.com/watch?v=oYqBUjmreNw
- Names: https://www.youtube.com/watch?v=A5nQZ7_ApM4
- Hawaiian Way of Life: https://www.youtube.com/watch?v=l9fv_2XIJBk
- Fight for Sovereignty: https://www.youtube.com/watch?v=QBokfBwYJo0
- Music: https://www.youtube.com/watch?v=0yRgwW2mOls

Precautions in Private Practice Activity
- https://www.census.gov/quickfacts/fact/table/kauaicountyhawai‘i/PST045216Kauai
- https://www.psychologytoday.com/us/therapists/hi/kauai-county

Further Reading

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Werth, J. J., Hastings, S. L., & Riding-Malon, R. (2010). Ethical challenges of practicing in rural areas. *Journal Of Clinical Psychology, 66*(5), 537-548.