

**Embedded Behavioral Health in the U.S. Air Force: Addressing the Ethics
of an Emerging Area**

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Abstract

In February 2020, the U.S. Air Force Medical Service sponsored a 2-day symposium to address ethical aspects of an emerging role for Air Force psychologists, that of embedded behavioral health (EBH) provider. The purpose of the symposium was to begin an organized, intentional, and continuing exploration of ethical issues psychologists and other mental health professionals were likely to encounter in embedded settings. In this article, the authors first describe the origins, format, and conclusions of the symposium and then identify issues discussed at the symposium as essential in formulating a satisfactory and comprehensive ethical framework to govern EBH for psychologists. The authors conclude by setting forth an agenda to carry the work of the symposium forward. This agenda emphasizes the value of engaging nonmilitary psychologists in discussing the application of psychology's ethics to this emerging area of practice. Air Force psychologists view such broad engagement as invaluable because embedded military psychology shares important similarities with areas of civilian professional psychology practice. The authors intend this article to serve as a springboard for such engagement.

Keywords: Ethics, Military Psychology, Embedded

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Psychologists work to better society in a wide range of roles. According to the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017; hereinafter referred to as the APA Ethics Code), these roles include “the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration.” Training in professional psychology prepares psychologists to offer services and adapt their foundational skills in nontraditional roles and settings that present novel practice and ethical challenges. When evolving circumstances offer new venues and invite or demand new ways of professional practice, psychologists draw upon the discipline’s history for models of how to respond in an ethically sound manner. Depending on the context, the path forward may require examining individual, group, and organizational dynamics, with additional attention to the role of leaders and influential stakeholders who may understand little of psychology’s methods or ethics.

In this article, the authors describe a symposium sponsored by the U.S. Air Force that offered one model for developing ethical guidance in an emerging area of professional practice. The emerging role is that of *embedded behavioral health* (EBH). Embedding a psychologist (or other behavioral health personnel) consists of placing a psychologist in the same setting as the military unit with which the psychologist serves. Embedded psychologists accompany those whom they serve when deployed on missions and thus may serve under a vast range of conditions. Complicating matters, embedded psychologists usually work in units led by individuals who are not familiar with psychologists’ training, skill set, and standards of professional/ethical behavior.

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The APA Ethics Code calls attention to the inextricable relationship between ethics and culture (Standard 2.01b, Boundaries of Competence). Consistent with the APA Ethics Code, the Air Force Symposium examined ethics through the lens of military culture (Harvey, 2019; Meyer, 2015; Meyer, Writer, & Brim, 2016; Redmond, Wilcox, Campbell, Kim, Finney, Barr, & Hassan, 2015). Specific aspects of military culture highlighted in the discussions included the following: physical proximity of psychologists to their clients and others whom they serve; frequent provision of services to individuals who are not a psychologist's client; language unique to military service and contexts; organization and influence of military hierarchy; role of military law, policies, and regulations governing psychologists employed by the military; constraints on personal behavior (given that at all times uniform personnel are expected to adhere to professional standards), including constraints on the ability to express certain opinions publicly (and not to disclose classified information); and reluctance to acknowledge the need for self-care and to seek appropriate assistance. Symposium participants reached quick and clear consensus that these features of military culture would be key ingredients of a thoughtful approach to the ethics of the EBH role for psychologists.

The symposium identified other areas of professional psychology in which these or similar features of practice were found. For example, industrial/organizational and forensic psychologists frequently work directly with individuals who are not their clients, and the behavior of forensic psychologists may be governed by laws, policies, and regulations as in state and federal correctional facilities. Research psychologists in private industry may be constrained from revealing trade information and psychologists who seek to enhance elite performance in the arts or in sporting competitions may work in close physical proximity to their clients. Psychologists sometimes work with police and other first responders in operational settings. By

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seeking comparisons with other areas of psychology practice, symposium participants were able to draw upon a rich reserve of specialty guidelines and ethical guidance (see, e.g., *Specialty Guidelines for Forensic Psychology*, APA 2011, <https://www.apa.org/practice/guidelines/forensic-psychology>).

Rationale for Convening an Ethics Symposium

With some variance among the Air Force, Army, Marines, and Navy (Hoyt, 2006; Johnson, Ralph, & Johnson, 2005; Kieran, 2019; Ogle, Rutland, Fedotova, Morrow, Barker, & Mason-Coyner, 2019; U.S. Department of Defense, 2013), the preponderance of health providers in the military have been assigned to work in military treatment facilities (MTFs). MTFs generally resemble brick and mortar structures similar to those found in civilian settings. Military health professionals provide clinical treatment to service members, their dependents, and retirees who come to an MTF for appointments, much as would occur in a civilian setting.

Increasingly over the past two decades, the unprecedented and largely unanticipated stresses of the wars in Iraq and Afghanistan have challenged and brought change to this model of service delivery. Among the most significant factors leading to a different way of conceptualizing health care delivery has been the unrelenting cycle of deployment and subsequent reintegration upon return home. This cycle, which may be repeated multiple times over several years, has taken a significant toll on service members, their families, and their communities (Kieran, 2019). High suicide rates among veterans have been viewed as one of the many consequences of this potentially debilitating cycle.

As the U.S. Department of Defense and the individual services have actively explored ways to improve health and simultaneously maintain military readiness, embedding behavioral health personnel has emerged as a strategy capable of helping to achieve both goals, which the

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Department of Defense views as complimentary. Embedding a psychologist offers multiple benefits that include making the psychologist aware of the conditions under which the service members live and operate, fostering positive relationships with unit members and commanders, reducing stigma for seeking behavioral health assistance, and improving access to behavioral health consultation and care (U.S. Department of Defense Task Force on Mental Health, 2007). Examples of embedding have demonstrated these benefits. The Airman Resiliency Teams in Air Combat Command and the Preservation of the Force and Family initiative in the U.S. Special Operations Command have both been associated with decreased suicides and other negative behavioral health outcomes, improved health care support for unit-specific hazards, and enhanced operational performance. (Statement of General Raymond A. Thomas, III, U.S. Army Commander United States Special Operations Command Before the Senate Armed Services Committee February 14, 2019, https://www.armedservices.senate.gov/imo/media/doc/Thomas_02-14-19.pdf); Wood, 2016)

As commanders have become increasingly aware of the benefits of EBH and as the demand for behavioral health care has increased in the military, more commanders have requested that behavioral health personnel be assigned to their units. Under the umbrella term *integrated operational support*, the Air Force (U.S. Air Force Director of Psychological Health, 2020) is now moving greater numbers of medical and behavioral health providers from MTFs to the operational Air Force work environment as EBH providers. This trend was the context in which the Air Force organized a symposium to examine the ethical aspects of the emerging EBH role and served as an impetus to ensure that Air Force psychologists adhere to the highest ethical standards of the profession as they enter novel settings and roles.

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The Air Force Symposium: Analyzing the Ethical Aspects of EBH

The day-to-day activities of an EBH provider differ markedly from work in an MTF. An EBH provider may work outside the traditional office setting and circulate throughout the physical space where a unit is operating which, in some circumstances, consists of rugged terrain and primitive facilities. As a result, members of a unit may approach the EBH provider in chance encounters anywhere in the setting throughout the day. A commander may summon an EBH provider to assess a unit dynamic that the provider has personally witnessed or to provide a recommendation regarding a unit member with whom the provider has just eaten a meal or attended a religious service. Proximity to the unit members and commanders, while potentially benefiting the unit's health and readiness, also raises significant ethical considerations that are important to consider.

Traditional psychology training programs teach skills foundational to the EBH role such as clinical care, teaching, testing and assessment, and administration. However, traditional programs offer little or no training relevant to specific preparation and conducting of the EBH role. There is thus a gap between traditional training and what an embedded role entails (Ogle et al., 2019). Likewise, although traditional programs offer substantial training in the APA Ethics Code as applied across the range of professional activities, such training currently offers little discussion of the specific ethical challenges EBH psychologists face (Bryan & Morrow, 2011; Staal, 2015; Staal & King, 2000). In a recent analysis of knowledge, skills and abilities needed for EBH practice, proficiency in managing ethical aspects of the role was rated as the most important (Ogle et al., 2019).

Training EBH psychologists in the ethical aspects of the EBH role has begun on a grassroots level. As an example, for the previous 2 years the 711th Human Performance Wing in

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the Air Force Research Lab at Wright-Patterson Air Force Base has offered a 5-day training course in how to embed into a military work environment. The course focuses on how EBH differs from operating in the more typical brick-and-mortar clinical environment and includes a series of case scenarios that address ethics and ethical dilemmas drawn from seasoned Air Force EBH personnel. Scenarios also address leadership consultation, managing professional boundaries consistent with military law and policy, and triage to right level of services—skills presented as necessary correlates of solid ethical decision making. The course uses a Situational Judgment Test to validate learning that includes a breadth of unique case examples. In addition to the emergence of ethics in such courses at the grass roots level, there is increasing commentary by military psychologists in academic journals regarding the ethical aspects of embedded roles (e.g., Johnson et al., 2005; Kennedy & Williams, 2011).

A group of Air Force psychologists agreed on the need to examine the ethical aspects of EBH in an intentional and systematic manner at a symposium and to engage the broader professional psychology community in that endeavor. Building upon the ethics training that was already occurring at the grass roots level, such as the efforts at Wright-Patterson Air Force Base, symposium organizers viewed this event as an important first step and valuable contribution to moving this process forward, with the goal of creating a roadmap promoting the highest ethical practice among Air Force psychologists in the emerging role. The organizers also viewed the symposium as an opportunity to help ensure that such training occurs across the entire service in an integrated manner that teaches foundational EBH skills at a level appropriate to the trainee (e.g., intern, postdoctoral fellow, early career uniformed military psychologist, civilian clinical psychologist with no uniformed experience).

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A seven-member steering committee began working in the summer of 2019 with the intention of holding the symposium in early 2020. In addition to addressing logistical considerations such as securing funding and identifying a venue, the committee needed to set an agenda and identify participants. The committee concluded that to meet their goals for the symposium, participants should include both psychologists and nonpsychologists composed of active duty, retired, and civilian personnel, specifically: (a) individuals who had served in an embedded role, as well as those who had not; (b) individuals who had expertise in ethics and had not served in the military; (c) experts in military law and medical quality, to ensure that ethical decision making in the EBH role was fully integrated with military law and the provision of high-quality clinical care; (d) senior psychologists from the Army and Navy, whose services had experience with the EBH role that could inform the symposium discussions; (e) behavioral health clinic leaders/administrators and psychology teacher/trainers who had worked with and/or trained psychologists who would serve or had served in the EBH role; and (f) leaders within the Air Force mental health community who influence policy. This composition of participants met several symposium goals: ensuring that multiple perspectives on the EBH role were presented, benefiting from the experiences of multiple services, placing ethics explicitly and firmly in the context of military law and first-rate clinical care, and maximizing the likelihood that the symposium's outcomes would come to the attention of Air Force policymakers. In addition, the committee determined that symposium participants should represent individuals experienced in EBH operations within the multitude of Air Force EBH roles and programs (e.g., Joint Special Operations Command/Special Operations Command/Air Force Special Operations Command; Task Force True North; Airman Resiliency Teams; Operational Support Teams; Military

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Training Consultation Service; Special Warfare Training; Survival, Evasion, Resistance, and Escape Training.)

After the committee identified and extended invitations, 45 individuals accepted and attended the symposium. Taken as a group, the 45 individuals fulfilled the six criteria and represented all the identified stakeholders. The Air Force Medical Readiness Agency agreed to fund the symposium, thereby highlighting the importance the Air Force attached to promoting ethics among its psychologists and other behavioral health providers and to developing uniform ethics guidance and training for the EBH role across the entire service.

In addition to identifying participants, the steering committee sought to create a collegial environment and symposium format that would facilitate a free exchange of ideas, ideally uninhibited by rank or position. The format consisted of alternating lectures and small group discussions. To help focus the issues, the steering committee first identified a manageable set of readings that were distributed to participants in advance of the symposium. Readings included scholarly articles by military psychologists discussing ethical dilemmas encountered in a variety of military settings and roles, including the EBH role. Behavioral health providers attending the symposium were also encouraged to review the regulations and code of conduct for the states where they are licensed.

The steering committee drafted a set of vignettes to facilitate discussion. A brief excerpt from one vignette demonstrates how the vignettes, composites of examples drawn from actual EBH experiences, were designed to identify issues and encourage discussion of how ethics are integrated with good clinical care and military law:

For six months a mental health professional (MHP) has been embedded in a unit located on a small base. The MHP is well-liked in the unit and has quickly developed rapport

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with unit leadership, including the First Sergeant and Commander. The First Sergeant has shared some of his struggles from a deployment three years earlier when he was in Afghanistan and has been increasingly asking questions of the MHP during “curbside consultations,” often framed as “I have a friend who struggles with ...” The questions typically involve sleep, nightmares, anxiety, and feeling disconnected from others. After several weeks of this, the First Sergeant somewhat sheepishly asks if he can be seen for sessions outside the unit—the First Sergeant’s reticent affect is notable to the MHP because he is an “alpha male” in every other aspect of his work in this setting. The First Sergeant expresses a concern that being seen in the Mental Health Clinic (MHC) would have an adverse impact on his Airmen’s impression of him as a leader, as well as on his upcoming evaluation (which will be his last before he is considered for promotion). Furthermore, he contends that being seen in the MHC would adversely impact his ability to work effectively with the Mental Health personnel in the care of his Airmen. Finally, he has come to trust the embedded MHP and knows the MHP will ensure he is treated well.

The five other vignettes likewise contained topics and dynamics drawn from the actual experiences of embedded psychologists. The purpose of the vignettes was to identify and frame ethical issues inherent in the EBH role rather than to provide a problem set that participants were assigned to solve.

The initial symposium activities focused on elucidating foundational ethical considerations that would facilitate a shared framework for subsequent discussions. The 45 participants identified a preliminary challenge, that of terminology. As an example, there was considerable difference among participants about how the term *operational psychologist* was

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used and understood. Terminology among the service branches is not uniform, which is a feature of military culture not broadly recognized outside the military. Without coming to a common definition, which would have been difficult in the time allotted, the participants highlighted the importance of ensuring that an ethical framework would be built upon commonly understood terms. Participants looked to discussions from other areas of psychology on this point and noted that the forensic psychologists had carefully examined terminology when developing the last iteration of their specialty guidelines (<https://www.apa.org/practice/guidelines/forensic-psychology>). Participants noted that the APA Ethics Code itself, interestingly, uses the word *consultation* in different ways (Lowman & Cooper, 2018).

A second point arising at the outset of the discussions was the value of identifying the core competencies of the EBH role. This starting point was drawn directly from the APA Ethics Code (Standard 2.01, Boundaries of Competence). Participants concluded that having the knowledge, skills, and abilities to carry out the role in a competent fashion would necessarily presuppose a reasonably clear description and understanding of what tasks the role entails. Although the purpose of the symposium was not to delineate the role of an EBH provider in a definitive and comprehensive manner—such a role-defining exercise would take place in a professional practice rather than an ethics symposium—participants could draw from experience and list a basic set of EBH competencies as a context for the discussion (Ogle et al., 2019). Identified competencies included provision of clinical care; consultation to unit command; assessment and selection of unit members; assessing and enhancing organizational readiness and functioning; conducting fitness for duty and command directed evaluations; communicating recommendations in a clear, expeditious manner understandable by nonpsychologists; and familiarity with military laws, regulations, and culture, as well as with local policies.

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Following these preliminary discussions, participants turned to the APA Ethics Code as a framework for “deep dives” into specific topic areas regarding the ethics of EBH. Although nonpsychologists were included among the 45 symposium participants, the APA Ethics Code was nonetheless seen as providing a solid framework for discussing the key issues. Four sections of the Ethics Code captured a significant majority (not all) of the relevant issues:

1. Section 1: Resolving Ethical Conflicts (especially Standard 1.03, Conflicts Between Ethics and Organizational Demands)
2. Section 3: Human Relations (especially Standards 3.05, Multiple Relationships; 3.06 Conflicts of Interest; 3.10, Informed Consent; and 3.11, Psychological Services Delivered to or Through Organizations)
3. Section 4: Privacy and Confidentiality (especially Standards 4.01, Maintaining Confidentiality; 4.02, Discussing the Limits of Confidentiality; and 4.05, Disclosures)
4. Section 6: Record Keeping and Fees (especially Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records)

Participants were divided into four small groups, each of which was assigned to address one of these four Ethics Code sections in a 90-minute discussion. Group composition was predesignated to ensure representation from the breadth of symposium participants (e.g., individuals experienced in embedded roles across various Air Force communities, individuals with expertise in ethics, and experts in law and medical quality). Following the small group discussions, participants reconvened in the large group to describe and synthesize the groups’ thinking. The large group then turned its attention to framing the discussion in preparation for the morning of the second day, when plans for moving the symposium’s work forward would be addressed and outlined.

Commonly Experienced Ethical Dilemmas of the EBH Role

The small and large group discussions on the first day examined ethically complex challenges commonly encountered in the EBH role. By including experts from law and medical quality in the discussions, symposium planners ensured that ethical dilemmas would be placed firmly in the context of other essential considerations. The goal of the discussions was not so much to resolve the dilemmas as to identify ethical aspects of complex situations and to offer creative ways of approaching these situations based on a variety of considerations, such as the role military law, policy, and culture may be playing in how a situation unfolds and how it may be resolved consistent with the APA Ethics Code. Through these discussions, symposium participants began fashioning a framework for resolving ethical dilemmas encountered in EBH practice and identifying next steps to move the development of the framework forward. Several examples of ethical challenges discussed in the groups involved confusion that may result from an EBH provider's physical proximity to unit members. This proximity offers unit members multiple opportunities to engage the provider in a range of settings. Although this proximity offers benefits, it can also lead to confusion among unit members regarding the nature of their relationship with the EBH psychologist. Compounding this confusion, the relationship between the psychologist and unit member may evolve. The potential for ambiguity and change in the role call for special ethical attention.

Symposium participants viewed ethical Standards 3.05, Multiple Relationships, and 3.10, Informed Consent, as helpful in navigating such situations. The discussion focused on how members of the unit might understandably misconceptualize their relationship with the EBH psychologist and steps the psychologist could take to clarify the relationship. One specific example involved a psychologist stopping a conversation that began to delve into clinical issues

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and indicating that if the Service Member wished to continue the conversation, they would need to find a private office to do so. In this way, physical movement and space were used to emphasize to the unit member that the psychologist was mindful of whether the individual was asking for a casual conversation or a treatment relationship. A version of this dilemma was identified as arising especially in military settings where the relationship between the principal actors, that is, between military officers and enlisted members, is governed by military law, regulations, and policy. The ethics of the relationship must therefore be placed in the specific context of military culture.

A second, related example of ethical challenges arising in the EBH role involved record keeping. EBH providers frequently provide psychoeducation to their units on a range of topics. Educating unit members may stimulate curiosity and questions that move from the general topic into a unit member's individual circumstances. An experienced EBH provider used a color-coded scheme that involved placing tape on the floor of his office to indicate to unit members when they were moving from education to treatment: Green signified their conversation could proceed on track; yellow signified they were getting close to clinical issues; red signified that the EBH provider would now need to create a written record of the conversation. This color scheme served at least three purposes: It helped elicit informed consent by signaling the change or potential change in role to the unit member (Standard 3.10, Informed Consent); assisted the EBH provider in tracking when it was necessary/appropriate to create a record of the encounter (Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records); and through a tangible and clear signal, highlighted for both the unit member and the psychologist the potentially evolving nature of their relationship and the ethical significance of that evolution.

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A third example of ethical challenges discussed on the symposium's first day involved directives from a commander. Most often, commanders have little understanding of psychology's methods or ethics, nor would they be expected to have this understanding since their training is generally in other disciplines. In addition, commanders are often under significant pressure to accomplish a mission according to a deadline. Given these conditions, commanders may give an order to an EBH psychologist that is not consistent with the psychologist's ethical obligations. In these circumstances, psychologists must actively seek ways consistent with the Ethics Code to respond to the commander's request (Standard 1.03, Conflicts Between Ethics and Organizational Demands).

Symposium participants viewed this ethical challenge as complex and familiar to many psychologists who had served in the EBH role. The discussion focused on the importance of understanding military culture, in particular the role of a commander and a commander's self-concept, which required knowledge of both the organization and the individual. The discussion explored the value of informed consent (Standard 3.10, Informed Consent) in educating commanders about the role of an EBH provider. Participants agreed that most commanders would likely not have a solid grasp of how EBH providers work but that many commanders would be sensitive to respecting an EBH psychologist's ethical obligations. As a consequence, it would be valuable for EBH providers to seek opportunities to educate their commanders about the role as potential educational opportunities presented themselves and as early in the relationship as reasonably feasible, ideally at the outset of a new assignment. Such early encounters could also be used to outline the EBH provider's added value to the commander and the unit at the beginning of the relationship.

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A fourth example of an ethical challenge discussed by participants reached to the core of the EBH role. This ethical challenge relates to the nature of the relationship between the EBH psychologist and the unit as a whole, as opposed to the relationship between the psychologist and specific individual unit members (Standard 3.05, Multiple Relationships). To be successful in the EBH role, a psychologist must actively engage unit members and be viewed by the unit as sharing the mission and likewise functioning as an integral part of the group. At the same time, the EBH psychologist must be able to step back and observe the unit in order to assess unit dynamics and make recommendations to a commander for the purpose of improving unit health, cohesion, and functioning.

The psychoanalytic concept of an *observing ego* (<https://shirahvollmermd.wordpress.com/2011/03/23/the-observing-ego/>) offers an analogy to this role, as the EBH provider must simultaneously be both part of and apart from the unit. Successfully navigating and negotiating the *part of* and *apart from* dynamic requires training, experience, and maturity and may be key to an EBH provider's effectiveness in the role. If the EBH psychologist becomes overly identified with the unit, the psychologist's ability to view the unit from an objective position may be compromised. If on the other hand the psychologist maintains too much distance (remains aloof) from the unit, the psychologist's ability to understand, assess, and helpfully intervene in unit dynamics may be inhibited. Finding the right relationship with the unit in order to do good (beneficence) and not do harm (nonmaleficence) thus requires both self-awareness and self-control on the part of the EBH psychologist. Knowledge of military culture plays a critical role in establishing this right relationship.

Examining ethical dilemmas frequently encountered by EBH psychologists, such as the four examples described previously, set the stage for participants to plan for next steps in

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creating an ethical framework for the EBH role. The second day of the symposium was devoted to considering how best to move forward in this regard. Following a discussion on the morning of the symposium's second day by the 45 participants on the topic of next steps, the symposium steering committee synthesized recommendations and comments into an action plan for the Air Force project.

Moving Forward

Symposium participants agreed that moving forward in fashioning an ethical framework for the Air Force EBH role entails formulating a multifaceted plan. The plan should be placed in the context of the APA Ethics Code to help ensure that it is comprehensive in addressing the role's ethical aspects. In addition, the plan will need to integrate other considerations, such as credentialing and state licensing regulations as well as practice guidelines, into the ethical analysis as support for and correlates of sound ethical practice. The following six components were identified as essential in developing a plan. The components address short- and longer-term goals.

First: Identify a List of Core Competencies for Psychologists in the EBH Role

Although application of these competencies will vary according to specific settings (e.g., a Special Operations Command), symposium participants felt that it is important to identify the foundational competencies for EBH psychologists across settings. This list will serve multiple purposes in developing and implementing the ethical framework. For example, it will provide a basis for assessing in a standardized manner whether a psychologist is adequately prepared for the role. Such standardized assessment, in turn, will allow for future credentialing of psychologists in the role of EBH providers.

Second: Actively Disseminate the EBH Practice Guide

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Disseminating the EBH practice guide (U.S. Air Force Director of Psychological Health, 2020) is the natural corollary of identifying core competencies. The practice guide, written succinctly and in lay language, describes the role of EBH personnel. The practice guide has multiple audiences that will include EBH psychologists as well as commanders and unit members.

The practice guide is the basis for future specialty guidelines for the role of EBH psychologists that will provide more technical, detailed guidance. Numerous areas of psychological practice have specialty guidelines (<https://www.apa.org/practice/guidelines>) that are excellent resources from which to draw in developing a set of practice guidelines for EBH psychologists. Specialty guidelines will help further define the role of EBH psychologist as an area of psychology practice in its own right.

The practice guide offers additional benefits for enhancing the ethical practice of EBH. Assessing and selecting psychologists from the EBH role will be key to ethical and effective EBH practice. It will be essential for all individuals involved in this process, those hiring as well as prospective applicants, to understand that solid clinical, consulting, and assessment skills taught in traditional training programs are foundational but not sufficient for success in the EBH role. The skill set for the EBH role will include working in nontraditional environments and making judgments expeditiously in the face of immediate and potentially exigent circumstances. The practice guide will enhance the informed consent process to help ensure that psychologists considering the role have the necessary information to self-reflect about whether the EBH role is a good fit for them.

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Third: Develop an EBH Ethics Toolkit

Key to further developing the EBH role will be creating ethics resources. The symposium was a first step in this process. The ethics toolkit will move the work forward by offering specific guidance in navigating ethical dilemmas. Such guidance can be found in formats such as a commentary on the APA Ethics Code as it applies to the practice of EBH psychology and reflections on ethics vignettes such as those presented at the symposium.

Such a toolkit could also offer suggestions and recommendations on specialty areas of EBH practice, such as self-care on deployment. Self-care is an aspect of EBH practice that requires special ethical attention because of the unique role of the EBH provider in a unit. The role may entail professional isolation (e.g., Cooper et al., 2009) and require the EBH psychologist to make recommendations that deepen a sense of isolation as a result of disappointing and/or angering individuals with whom the psychologist closely interacts.

Fourth: Create Ethics Syllabi/Courses That Focus on Military Ethics and Culture for Civilians Entering the EBH Role

As mentioned in this article, there is currently a dearth of training for the EBH role in nonmilitary psychology training. As the demand for EBH psychologists continues to grow, civilians will increasingly be considered to serve as EBH psychologists. It is critical that civilians be trained in relevant aspects of military culture, including laws, regulations, and policies (both military-wide and local) to prepare them for the myriad ways in which understanding military culture is foundational to ethical EBH practice. This training should not be considered ancillary to EBH training but rather an essential skill for the competent and ethical practice of EBH psychology.

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Fifth: Create an EBH Ethics Consultation Board

As EBH grows as a specialized area of practice in psychology, complex ethical dilemmas will continue to arise as they do in all emerging areas of practice. Consistent with the APA Ethics Code, it will be essential that EBH psychologists are able to consult on ethical dilemmas. Given the paucity of psychologists serving in traditional ethics consultation venues with experience or training in the EBH role, however, it is likely to be difficult for EBH psychologists to identify appropriate resources for consultation. For this reason, it will be essential that the Air Force stand up an ethics consultation service for EBH psychologists. This consultation service may work in conjunction with similar services that consult to other health provider disciplines such as medicine and social work, but it will be important that psychologists are able to consult with a service that has expertise in the practice skills and ethics code of psychologists.

The charge to the EBH Ethics Consultation Board should include ethics education and formulating policy recommendations. These mandates, in addition to the Ethics Consultation Board's consultation function, will be important and valuable because the Consultation Board will function as a clearinghouse that receives information directly from EBH psychologists regarding the ethical dilemmas they encounter. This information, in turn, will inform the Consultation Board about what topics should be incorporated into educational programs for EBH psychologists and what policies may assist the Air Force to enhance the ethical practice of EBH. In this continuous feedback process, it will be useful for the Consultation Board to include an education liaison who maintains direct communication with training programs (e.g., the 711th Human Performance Wing, Wright-Patterson Air Force Base) to help ascertain the most effective ways of teaching the material. Ideally, the Consultation Board will also have a liaison to the Air Force Command to communicate directly ways in which the Command may

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strengthen institutional support for EBH personnel. This process will be ongoing as ways of the Command doing so become apparent to the Board through its consultative function.

Sixth: Hold an Ethics Symposium on a Regular Basis

As the role of the EBH psychologist develops, it will be essential to create a mechanism whereby knowledge and experience from the field can be gathered, synthesized, and applied as lessons learned. This process will have maximum impact if meetings occur on a regular basis as schedules, circumstances, and budgets allow. Although meetings over video conference are informative and helpful, the naturally occurring organic processes that take place at in-person gatherings are especially conducive to developing a thoughtful and nuanced vision of ethics to guide this emerging area of practice.

Conclusion

The Air Force, like other services in the U.S. Military, has been discovering the value and benefits of embedding psychologists. Embedding psychologists within units has shown to improve unit member health and military readiness. As this emerging role has demonstrated its value, ethical challenges have arisen. The Air Force is creating a framework that will support and assist its psychologists as they thoughtfully navigate these ethical dilemmas. As members of the psychology profession, Air Force psychologists will draw upon the wisdom and experience of the entire profession in helping to ensure that they adhere to the highest ethical standards that govern their work.

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