

1. Goodie, J. L., Kanzler, K. E., Hunter, C. L., Glotfelter, M. A., & Bodart, J. J. (2013). Ethical and effectiveness considerations with primary care behavioral health research in medical home. *Families, Systems, & Health, 31*(1), 86-95.
 - a. **Summary:** Integrated primary care research in the Patient-Centered Medical Home (PCMH) presents unique challenges not found in other behavioral health or medical care settings. The PCMH service delivery principles and supporting systems are designed to maximize quality and outcomes of care while controlling health care costs. Conducting ethical research in this setting requires following processes and procedures established by federal statutes that threaten to disrupt this delicate balance. In addition, clinical researchers must consider the ethical requirements and guidance from their respective professional organizations to ensure they adhere to guidelines for conducting ethical research and practice. Given the setting, there is a high likelihood researchers from various disciplines who may adhere to different ethical standards will be collaborating. We present a case example of an ethical concern to illustrate the tension between research and clinical care, discuss federal and professional research guidelines, and propose recommendations for balancing ethical and effective research and clinical care in integrated primary care research in the PCMH.

2. Ivey, L. C., & Doenges, T. (2013). Resolving the dilemma of multiple relationships for primary care behavioral health providers. *Professional Psychology, Research and Practice, 44*(4), 218-224.
 - a. **Summary:** Practitioners working in primary care (PC) encounter a different model of patient care than those who practice in a traditional outpatient psychotherapy setting. PC physicians commonly serve multiple members of the family and are typically serving numerous patients in the same community. Given the lack of financial sustainability for the behavioral health provider (BHP) position, it is uncommon that a practice will have more than one BHP and therefore, there is increased likelihood that the BHP will be asked to provide services for a family member or roommate of a patient seen in the recent past. The ethical code regarding multiple relationships can sometimes pose challenges that require careful forethought and clinical anticipation. The ethical code, if followed too rigidly in the population-based care model of PC, could potentially be harmful to patients who otherwise have no access to mental health resources or would not seek traditional care. This paper proposes a framework to aid anticipatory decision making regarding multiple relationships in the PC setting, with the goal of reducing potential patient harm and maximizing potential for care opportunities.

3. Reiter, J., & Runyan, C. (2013). The ethics of complex relationships in primary care behavioral health. *Families, Systems & Health, 31*(1), 20-27.

- a. **Summary:** Primary care settings are particularly prone to complex relationships that can be ethically challenging. This is due in part to three of the distinctive attributes of primary care: a whole family orientation; team-based care; and a longitudinal care delivery model. In addition, the high patient volume of primary care means that the likelihood of encountering ethically challenging relationships is probably greater than in a specialty setting. This article argues that one ethical standard of the American Psychological Association (APA, 2010, *Ethical principles of psychologists and code of conduct*, www.apa.org/ethics/code) (10.02, Therapy Involving Couples or Families) should be revised to better accommodate the work of psychologists in primary care. The corresponding Principles of Medical Ethics from the American Medical Association (AMA, 2012, *Code of medical ethics: Current opinions with annotations, 2012–2013*, Washington, DC: Author), most notably the principle regarding a physician’s duty to “respect the rights of patients, colleagues, and other health professionals as well as safeguard privacy” are also noted. In addition, the article details how the three attributes of primary care often result in complex relationships, and provides suggestions for handling such relationships ethically.
4. Runyan, C., Robinson, P., & Gould, D. (2013). Ethical issues facing providers in collaborative primary care settings: Do current guidelines suffice to guide the future of team based primary care? *Families, Systems, & Health*, 1-8. doi: 10.1037/a0031895
 - a. **Summary:** This special issue discusses the ethical issues providers face in collaborative primary care settings. It is organized in three sections: (a) Common Themes, (b) Context-Specific Quandaries, and (c) Research and Training. It provides case examples to illustrate ethical dilemmas, describe professional ethical standards pertinent to the case, identifies gaps in available guidance and how guidelines might be elucidated in state statutes (without going into detail about specific states), offers feasible recommendations to BHCs for deciding an ethical course when extant guidance was lacking, and then demonstrates and applies the recommendations to achieve an ethical resolution to the case example