

Ethics for the Prevention Profession



Participant Workbook

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Learning Objectives



At the conclusion of Ethics for the Behavioral Health Promotion Professional, participants will be able to

- 1) Identify standards of conduct for mental health and prevention professionals,
- 2) Utilize a method of decision-making for difficult ethical decisions in prevention, and
- 3) Set professional goals with the prevention ethical standards in mind.

Prevention Ethics Definition Activity:

One word for “Ethics” _____

Record other responses:

| | |
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Activity:

One word for “Why Ethics? “ _____

Record other responses:

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Activity: In your group, take 10 minutes to develop a definition of Behavioral Health Promotion and Prevention Ethics. Write your definition here:

Ethical Decision-Making Model (Bay Group 1990)

1. Clarify the issues
 - Who has a stake in the decision?
 - What is the potential for conflict with or support of the stakeholders' values?
 - What are the forces, influences or characteristics of the situation that put pressure on me or the organization to act in one particular way or another?
2. Get the facts
 - Do regulations, policies or standards of professional conduct apply to this decision?
 - What has been past practice relative to this area of decision making? How was this perceived by those affected?
 - Are there key facts I do not know? If so, can I find out these facts?
3. Develop Options
 - What are the possible courses of action?
 - What are likely to be the choices preferred by those involved in or affected by this decision?
 - What would I do if I were the only person affected by this decision?
4. Assess the options
 - What are the likely consequences (benefits and harms) to all those who will be affected by each option?
 - Is any option prohibited because of potential for violation of civil, contractual or other rights of anyone affected?
 - Does each option treat all that are affected equally or proportionately? Would those affected be likely to perceive each solution as fair?
 - To what extent is each option compatible with organizational values?
5. Make the decision and test it
 - Which option best balances costs and benefits, rights of those affected and standards of fairness?
 - Review the options again. Is there another option that would achieve the same results at less cost to those affected?
 - Would I feel comfortable explaining my decision to my boss, to senior managers, to my family, or to a reporter? Why or why not?
6. Develop a plan for implementing the decision
 - What steps will be most likely to achieve the desired results?
 - What resources do I need to accomplish my plan? Can I get them?
 - How can the plan go wrong? What can I do to prevent this?
7. Implement the plan
8. Evaluate the plan

Code of Ethics- Prevention Specialists

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

Principle 1: Non-discrimination.

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

Prevention specialists should be knowledgeable about disabling conditions and demonstrate empathy in interactions with all participants, including those with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists shall know and comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
- D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.

- F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
- G. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Principle 3: Integrity.

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.
- D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.
- E. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
 - 2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:
 - a. Failing to comply with a term, condition or limitation on a certification or license.
 - b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.
 - d. Using any illicit drug, prescription medication or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 - e. Using illicit drug while providing professional services.
- F. Prevention specialists shall uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony during the period in which a prevention specialist holds a prevention certification, excluding class "C" misdemeanors, whether or not the case is pending an appeal.

Principle 4: Nature of Services.

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- A. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.
- B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- D. Prevention specialists shall adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
 - 1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
 - a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.
 - b. Prevention specialists should use professional and ethical judgment when including photos and/or comments online or in prevention materials.
 - c. Prevention specialists shall not provide their personal contact information to direct program recipients, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums.
 - 2. It is the responsibility of the prevention specialist to ensure, ~~to the best of his or her ability,~~ that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 - 3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
 - 4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.
 - 5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention Specialists must be aware of their influential position with respect to employees, supervisees, and direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close

personal relationships with direct prevention recipients, their family members, employees or supervisees.

1. Soliciting and/or engaging in sexual conduct with any direct prevention participants is prohibited.
2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing “informal counseling” to a participant.)
3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an “indicated population,” and also teaching an academic subject where they are class members.)
4. Prevention specialists shall avoid bringing personal issues into the professional relationship.

Principle 5: Confidentiality.

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Principle 6: Ethical Obligations for Community and Society.

According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual’s right to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

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Prevention Professionals' Competencies

Domain 1: Planning and Evaluation

- I.1 Determine the level of community readiness for change.
- I.2 Identify appropriate methods to gather relevant data for prevention planning.
- I.3 Identify existing resources available to address the community needs.
- I.4 Identify gaps in resources based on the assessment of community conditions.
- I.5 Identify the target audience.
- I.6 Identify factors that place persons in the target audience at greater risk for the identified problem.
- I.7 Identify factors that provide protection or resilience for the target audience.
- I.8 Determine priorities based on comprehensive community assessment.
- I.9 Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- I.10 Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- I.11 Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- I.12 Identify appropriate prevention program evaluation strategies.
- I.13 Administer surveys/pre/posttests at work plan activities.
- I.14 Conduct evaluation activities to document program fidelity.
- I.15 Collect evaluation documentation for process and outcome measures.
- I.16 Evaluate activities and identify opportunities to improve outcomes.
- I.17 Utilize evaluation to enhance sustainability of prevention activities.
- I.18 Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- I.19 Incorporate cultural responsiveness into all planning and evaluation activities.
- I.20 Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

- 2.1 Coordinate prevention activities.
- 2.2 Implement prevention education and skill development activities appropriate for the target audience.
- 2.3 Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- 2.4 Maintain program fidelity when implementing evidence-based practices.
- 2.5 Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

- 3.1 Promote programs, services, activities, and maintain good public relations.
- 3.2 Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- 3.3 Identify marketing techniques for prevention programs.
- 3.4 Apply principles of effective listening.
- 3.5 Apply principles of public speaking.
- 3.6 Employ effective facilitation skills.
- 3.7 Communicate effectively with various audiences.
- 3.8 Demonstrate interpersonal communication competency.

Domain 4: Community Organization

- 4.1 Identify the community demographics and norms.
- 4.2 Identify a diverse group of stakeholders to include in prevention programming activities.
- 4.3 Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- 4.4 Offer guidance to stakeholders and community members in mobilizing for community change.
- 4.5 Participate in creating and sustaining community-based coalitions.
- 4.6 Develop or assist in developing content and materials for meetings and other related activities.
- 4.7 Develop strategic alliances with other service providers within the community.
- 4.8 Develop collaborative agreements with other service providers within the community.
- 4.9 Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

- 5.1 Provide resources, trainings, and consultations that promote environmental change.
- 5.2 Participate in enforcement initiatives to affect environmental change.
- 5.3 Participate in public policy development to affect environmental change.
- 5.4 Use media strategies to support policy change efforts in the community.
- 5.5 Collaborate with various community groups to develop and strengthen effective policy.
- 5.6 Advocate bringing about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

- 6.1 Demonstrate knowledge of current prevention theory and practice.
- 6.2 Adhere to all legal, professional, and ethical principles.
- 6.3 Demonstrate cultural responsiveness as a prevention professional.
- 6.4 Demonstrate self-care consistent with prevention messages.

- 6.5 Recognize importance of participation in professional associations locally, statewide, and nationally.
- 6.6 Demonstrate responsible and ethical use of public and private funds.
- 6.7 Advocate for health promotion across the life span.
- 6.8 Advocate for healthy and safe communities.
- 6.9 Demonstrate knowledge of current issues of addiction.
- 6.10 Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

Updated April 2013

From the Prevention Specialist Candidate Guide located at
<http://professionals.internationalcredentialing.org/Resources/Documents/Candidate%20Guides/PS%20candidate%20guide%201-14.pdf>

Ethical Issues in Prevention

Adapted from: White, W.L., Popovits, R.M. (2001). Critical incidents: Ethical issues in the prevention and treatment of addiction. Bloomington, Illinois: Lighthouse Institute.

Consider each of the following questions. Consult the Prevention Think Tank Code of Ethical Conduct for guidance. Which principle applies? How would you answer the question?

1. Is it acceptable for prevention professionals who provide drug education programs to youth to smoke?
2. Is it acceptable to own stock in the alcohol or tobacco industry?
3. Is it acceptable for a prevention professional to engage in a romantic relationship with a program participant who is 17? Or 18?
4. Should prevention organizations accept funding from the alcohol and/or tobacco industry?
5. Should a prevention professional provide honest information about drugs, even if describing their euphoric properties may lead to curiosity and desire to use?
6. Should mandatory random drug testing for all students be considered a viable prevention strategy?
7. Is it acceptable for a prevention professional to take on a professional task for which he/she feels inadequately trained?
8. Is it acceptable for a prevention professional to continue implementing a program or policy that has been shown to be ineffective?
9. Under what circumstances, if any, is it appropriate to exchange information about participants in a program with staff of the organization or agency?
10. Under what circumstances, if any, is it appropriate to reveal incriminating information about a community member in the course of community work?

II. Ethical Decision-Making Worksheet

| Decision-Making Step | What Do You Think? | Information Needed |
|--|--------------------|--------------------|
| Clarify the Issues | | |
| Get the Facts | | |
| Develop Options | | |
| Assess the Options | | |
| Make the Decision and Test It | | |
| Develop a Plan for Implementing the Decision | | |
| Implement the Decision | | |
| Evaluate the Decision | | |

PREVENTION PROFESSIONALS' COMPETENCE MATRIX

| Competence Domain→ Topic/Score↓ | Planning and Evaluation | Education and Service Delivery | Communication | Community Organization | Public Policy and Environmental Change | Professional Growth and Responsibility |
|---|----------------------------|--------------------------------------|---------------|---------------------------|--|--|
| Personal Prevention Education 1=novice 2=proficient 3=master | | | | | | |
| Personal Prevention Experience 1 = <2 years 2 = 2-5 years 3 = >5 years | | | | | | |
| Recognizes Personal Limitations 1 = Rarely; I've been over my head often 2 = Sometimes 3 = Usually | | | | | | |
| Supervised by Certified Prevention Professional or other competent Prevention Professional 1 = supervised by someone other than a Prevention Professional or not supervised 2 = not supervised by a Certified Prevention Professional 3= supervised by a Certified Prevention Professional (including peer supervision) | | | | | | |
| I have a personal Professional Development plan 1 = no plan 2 = out-of-date plan 3 = up-to-date plan | | | | | | |

Action Plan

| <i>Identify new learning from this course.</i> | <i>Why is this important?</i> | <i>How will you use the learning? Identify one or two first steps to take and when you will take them.</i> | <i>How will you recognize success?</i> |
|--|-------------------------------|--|--|
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