

*Ethics in Prevention***Introduction to Ethics**

As a substance abuse prevention professional, you regularly face situations that involve ethics. Often it is clear how to act ethically. But in some situations you may not be aware of your ethical responsibility, or know how to respond ethically. While laws and policies are a good starting point for making ethical decisions, you are likely to face many situations where the right ethical response is not clearly prescribed by regulations.

Ethics in Prevention can help you make ethical choices in your work every day. This training describes the six principles in the Prevention Code of Ethics, illustrated by realistic examples designed to enhance your understanding of each principle. It also introduces a decision-making process designed to help you apply this code to a variety of ethical dilemmas.

ETHICS DEFINED

We each have our own set of **values** that influence the ethical decisions we make in our daily lives. Similarly, the prevention profession has a distinct set of **principles** based on moral values that are intended to guide the actions we take and the **ethical** decisions we make in our work.

The diagram below depicts the relationship between some of these key terms.



Values are deeply held ideals, convictions, and principles. Your values are influenced by many things, including your culture and where you live. Here are some examples: work hard, family first, and loyalty.

Principles reflect the moral values of an individual or group of people about right and wrong conduct. Here are some examples: Do no harm, turn the other cheek, do the greatest good for those in greatest need.

Ethics are agreed-upon codes of behavior based on distinct sets of principles.

WHEN VALUES COMPETE OR CONFLICT

Acting ethically is straightforward in situations where values are *complementary*. For example, if you value success and hard work, you are likely to work late to meet a deadline. However, in some situations values *compete* or *conflict*. For example, if you are a parent with a sick child and a deadline at work, the value you place on putting your family's needs first may conflict with the value you place on hard work. In this situation, making a decision about what to do may be difficult.

Knowing what to do—and how to respond—when your personal and/or professional values conflict isn't always easy or clear. A personal or professional code of ethics can help individuals make difficult decisions.

PREVENTION CODE OF ETHICS: SIX PRINCIPLES

Certain values form the foundation of the prevention profession. These moral values were organized into six principles that comprise the *Code of Ethical Conduct for Prevention Professionals* (referred to as the Prevention Code of Ethics throughout this training). Originally developed by the former National Association of Prevention Professionals and Advocates, this ethical code was later revised and formalized by the Prevention Think Tank. In 2011, it was adopted by the International Certification & Reciprocity Consortium.

The six principles in the Code are:

1. Non-Discrimination
2. Competence
3. Integrity
4. Nature of Services
5. Confidentiality
6. Ethical Obligations for Community and Society

PREVENTION CODE OF ETHICS IN ACTION

The Prevention Code of Ethics can help prevention professionals avoid acting unethically. There are two types of unethical behavior:

- **Commission** is saying or doing something that is unethical (e.g., using images in your training manual without permission from the author/creator).
- **Omission** is failing to take any action when you see something unethical happen (e.g., not saying or doing anything after realizing that a colleague did not cite the source of the data used in his presentation)

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But the Prevention Code of Ethics does more than just prevent unethical behavior. The six principles in this code are intended to create a climate of respect, and to make sure professionals act in ways that protect the physical, mental, and emotional safety of those involved in or served by prevention activities. You can think of the Prevention Code of Ethics as a guide for professional conduct. It can help you:

- Proactively make good, ethical choices every day in your prevention work; and
- Respond appropriately to the ethical dilemmas you face as prevention professionals.

*Ethics in Prevention***Activity: Enhancing Your Cultural Competency**

For this activity, please work with a partner to:

1. Review this list of culturally competent prevention practices.
2. Share something you've done in your work that illustrates one of these practices.
3. Identify an action step you'd like to take to enhance one of these practices.

PREVENTION PRACTICES

- Before working with members of a cultural group different from my own, I learn all that I can about their health-related beliefs and practices
- I avoid imposing my own perspective when it is inconsistent with the attitudes, beliefs, and values of the people I work with.
- I involve diverse community members from the focus population when developing assessment and evaluation tools and collecting data.
- I make sure that all communications about substance use problems and prevention practices reflect the culture and linguistic needs of the focus population.
- I involve diverse community members from the focus population in the selection of prevention programs and strategies.
- I make every effort to select staff and volunteers who reflect the cultural composition of the focus population.
- I make sure that all prevention events and services are accessible to members of the focus population.
- I intervene appropriately when others within my program or agency engage in culturally insensitive or biased behaviors.

ACTION STEP:

*Ethics in Prevention***The Non-Discrimination Principle****Principle 1: Non-Discrimination**

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

WHAT THE PRINCIPLE MEANS

The Non-Discrimination Principle provides guidance for delivering substance misuse prevention services that are accessible, equitable, and appropriate for diverse populations. Substance misuse can affect anyone. To ensure that people can access and benefit from prevention services, professionals must strive to create environments that are free from bias and discrimination. At the same time, this principle calls for more than the absence of discrimination. It calls for cultural competency, or a genuine understanding and appreciation of culture throughout the prevention process.

DISCRIMINATION: WHAT IS IT?

Discrimination refers to the unfair or unequal treatment of an individual or group based on certain characteristics, such as:

- Age
- Disability or medical status
- Economic status
- Education level
- Ethnicity
- Gender identify / sexual orientation
- Location (e.g. rural, suburban, urban)
- Marital or caregiver status
- National origin
- Physical features
- Race
- Religious or political beliefs
- History of mental illness or substance misuse

Discrimination can be intentional or unintentional. Here are some examples:

- Denying someone access to a program because of a personal characteristic (e.g. race, disability)

- Failing to make reasonable accommodations for someone with a disability
- Making a rule that is not based on actual job or program requirements and disadvantages an entire group from consideration
- Conducting oneself in a way that might reasonably undermine, offend, humiliate, or intimidate someone (e.g., telling sexist jokes)
- Physically separating people based solely on a personal characteristic (e.g., age, race)
- Instructing one person to discriminate against another person
- Penalizing someone for complaining about or charging another person with discrimination

CULTURAL COMPETENCY

According to the Prevention Code of Ethics, prevention professionals are expected to avoid discriminatory practices in all forms: direct or indirect, intentional or unintentional. Yet this alone is not enough to fulfill the expectations of the Non-Discrimination Principle. Prevention professionals must also strive to value differences and build cultural competency.

Cultural competency describes the ability of an individual or organization to interact effectively with people of different cultures. Prevention professionals must understand the cultural context of the populations and communities they serve, and have the willingness and skills to work within this context to produce positive change.

Prevention professionals can demonstrate cultural competency in many different ways, including the following:

- Before working with members of a cultural group different from your own, learn all you can about their health-related beliefs and practices.
- Avoid imposing your own perspective when it is inconsistent with the attitudes, beliefs, and values of the people you work with.
- Involve diverse community members who represent the focus population when developing assessment and evaluation tools and collecting data.
- Make sure that all communications about substance use problems and prevention practices reflect the culture and linguistic needs of the focus population.
- Involve diverse community members who represent the focus population in the selection of prevention programs and strategies.
- Make every effort to select staff and volunteers who reflect the cultural composition of the focus population.
- Make sure that all prevention events and services are accessible to members of the focus population.

- Intervene appropriately when others within your program or agency engage in culturally insensitive or biased behaviors.

ANTI-DISCRIMINATION LAWS AND REGULATIONS

While the expectations of the Non-Discrimination Principle are grounded in the values and best practices of prevention, in many cases they are also required by law. Failure to comply with anti-discrimination laws, regulations, and policies may damage relationships with program participants and result in the loss of certification or program funds, fines, and possible litigation.

Federal anti-discrimination laws include the following:

- **The Equal Pay Act of 1963:** This act prohibits sex-based wage discrimination.
- **The Civil Rights Act of 1964:** This act prohibits discrimination based on race, religion, sex, national origin, and other characteristics.
- **The Age Discrimination in Employment Act of 1975:** This act prohibits federally-funded programs and activities to discriminate on the basis of age.
- **The American with Disabilities Act of 1990:** This act prohibits discrimination based on disability under certain circumstances.

There are additional laws and regulations at the federal, state, and jurisdictional levels that protect people against discrimination and promote fair practices in employment, service provision, and more. Many agencies and institutions also have their own policies in place to promote and support cultural competence.

*Ethics in Prevention***The Competence Principle****Principle 2: Competence**

Prevention professionals 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) Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.
- b) Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.
- c) Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- d) Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.
- e) When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory, or other appropriate bodies.
- f) Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.

WHAT THE PRINCIPLE MEANS

The Competence Principle is intended to ensure high standards of professional practice within the field of substance abuse prevention. Using evidence-based prevention practices, assessing qualifications for new roles and tasks, and continually building prevention-related expertise are key *proactive* approaches to being a competent prevention professional. In addition, prevention professionals must be able to recognize and *react* appropriately to any problems that may adversely affect their work.

ASSESSING YOUR QUALIFICATIONS

According to the Competence Principle, prevention professionals should assume only those responsibilities that fit within the boundaries of their job description and expertise. This means they must assess their own level of competence in relation to the tasks they are expected to perform. The following questions can help you assess your qualifications for new roles:

- *Do I think this is an appropriate role for a prevention professional?*

Make sure all of your roles and activities involve prevention and do not cross the line into counseling or treatment.

- *Am I fully prepared to assume this role?*

Consider your familiarity, experience, and relevant training with respect to the population, setting, and program/strategy.

USING BEST PREVENTION PRACTICES

Professionals must have a clear understanding of what works in the field of substance abuse prevention and use best practices in all that they do. When thinking about best practices in prevention, it's important to consider both prevention processes as well as the interventions themselves.

One example of an effective planning process is the Strategic Prevention Framework, or SPF. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SPF to help states and communities more effectively address substance abuse and related behavioral health problems. A good strategic planning process requires, and benefits greatly from, the participation of diverse community partners—including focus population members—and ensures that communities use data to guide all prevention-related decisions.

Through effective strategic planning, we can identify the most appropriate interventions for our focus populations and communities. It is our ethical responsibility as prevention professionals to deliver evidence-based interventions—that is, interventions with documented and credible evidence of effectiveness. When searching for evidence-based prevention interventions:

- Look to national registries of effective programs (e.g. NREPP)
- Look to research in peer-reviewed journals
- Consult with individuals who have research and evaluation expertise
- Consult with experts who have worked with and/or are part of your focus population

Finally, as part of a strategic and data-driven approach to prevention, we want to continually monitor and improve all of our prevention efforts—our planning process as well as our interventions.

BUILDING YOUR KNOWLEDGE AND SKILLS

The Competence Principle expects prevention professionals to continually learn, grow, and stay abreast of the latest prevention concepts. This can be achieved through:

- **Supervision and mentoring.** Supervision and mentoring enable prevention professionals to gain valuable perspectives on their work and learn from those with more experience. Whenever possible, prevention professionals should receive ongoing supervision and mentoring from senior colleagues. When this is not possible, peer mentoring can also be extremely beneficial.
- **Professional development.** In the ever-changing field of substance abuse prevention, professional development helps practitioners expand their knowledge and enhance critical skills. Professional development opportunities (e.g., trainings, conferences) may be available through your prevention agency or state and national prevention organizations. Many of these are available online and/or at no cost.
- **Other ways to enhance prevention-related expertise**, such as:
 - Subscribing to relevant email lists and newsletters
 - Reading professional journals and periodicals
 - Joining local prevention or community health associations (e.g., task force)
 - Talking to other individuals and agencies with prevention or community health agendas

RECOGNIZING AND ADDRESSING PERSONAL IMPAIRMENT

Everyone has a bad day or rough week from time to time, but impairment is more than a bump in the road. As a prevention professional, you must be able to recognize the effects of personal impairment (e.g., stress, depression, or substance abuse) on your job performance and, when necessary, seek appropriate treatment or support.

The following questions can help you assess whether you need to pursue some help with personal impairment:

- *Is it affecting the quality of my work?*
- *Is it affecting my relationships with colleagues?*
- *Is it affecting my relationships with program participants?*

When faced with the realization that personal impairment is compromising job performance and relationships at work, prevention professionals must seek appropriate support and assistance—and continue to do so—until the problem is resolved. This is not only sensible, it is our ethical obligation as prevention professionals.

While the way we pursue help will depend on our personal preferences as well as the circumstances involved (e.g., severity of the problem, available resources), possible strategies include the following:

- Seeking support from trusted others, including friends and advisors
- Meeting with your supervisor to discuss work-related concerns and possible solutions
- Talking to a counselor, such as a representative from your agency's Employee Assistance Program or a private counselor in the community
- Taking the time needed to heal (e.g. lighten workload, vacation or leave of absence)

ADDRESSING THE UNETHICAL CONDUCT OF OTHERS

Part of being a competent prevention professional is knowing when and how to step in when colleagues act unethically. Yet the idea of taking action in these circumstances may produce some complicated emotions and questions. For example, you may think it's not your responsibility to step in, question whether you understood the situation correctly, or worry about damaging relationships or being labeled a snitch at work. While such concerns are understandable, prevention professionals have an ethical obligation to address the unethical conduct or practices of colleagues.

When faced with unethical behavior in the workplace, you can proceed in one of two ways, depending on whether or not your agency has a relevant policy in place.

- If your agency *does* have a policy for addressing unethical behavior in the workplace, follow the protocol. These policies are established to support employees and ensure a consistent response.
- In the *absence of a formal policy*, use your best judgment to identify an appropriate course of action:
 - Consider talking to your colleague, particularly if the behavior seems unintentional or relatively benign. Sharing your concerns might be all it takes to end the unethical behavior and prevent such practices in the future.
 - Consider talking to your supervisor about your concern and asking for guidance in handling the situation.
 - If the behavior seems quite serious (e.g., illegal or harmful), and your colleague/supervisor is not receptive to discussion, then report the behavior to the most appropriate advisory or regulatory body (e.g., agency director or funder).
 - Consider helping to establish a policy at your agency to support employees who confront unethical conduct in the workplace.

*Ethics in Prevention***Optional Activity: Deception**

Read through the scenario that has been assigned to your group and answer the following questions:

1. Who is deceiving whom?
2. What is the motivation?
3. How could the prevention professional/task force have acted with greater integrity?

Scenario 1

A task force accepts a substantial financial contribution from the owner of a well-established local bar that has a reputation for serving minors. When asked by community members if the bar owner contributed funding, the task force coordinator admits the contribution but minimizes the amount and importance of it.

Scenario 2

An agency director assigns a staff member to run a new prevention program in the Pacific Islands. The staff member has prevention experience but no prior history working with this population. During introductions with Island leaders, the director focuses exclusively on the staff person's prevention expertise but doesn't acknowledge her lack of experience working with their culture.

Scenario 3

New local data reveal a marked decline in binge drinking among local high school students. Task force members worry that these data could minimize the seriousness of the existing problem and jeopardize public support for an upcoming social marketing campaign to address teen drinking at the local level. To address their concerns, they decide to highlight/feature only state-level data—which show binge drinking to be on the rise among high school students state-wide—when discussing the problem in their community.

Scenario 4

A prevention professional, recently hired to coordinate a regional substance abuse prevention program, indicated on her application that she was a Certified Prevention Professional. While her certification had recently lapsed, she does plan to get re-certified as soon as she has the time.

*Ethics in Prevention***The Integrity Principle****Principle 3: Integrity**

To maintain and broaden public confidence, prevention professionals 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.

- g) All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.
- h) Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- i) Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.
- j) Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

WHAT THE PRINCIPLE MEANS

The Integrity Principle is about building and maintaining the trust of others—their trust in prevention overall and their trust in you as a representative of the prevention field. This involves putting the service of prevention and the well-being of others first and foremost. Self-interest and personal gain must be set aside. It also means being honest, accurate, and forthright in all aspects of your work, including your qualifications and associations. Deception of any kind is unacceptable.

PROVIDING ACCURATE INFORMATION

It is important that everything you produce and present is accurate. Here are some guidelines to follow whenever you produce or present data and other types of information:

- *Be truthful*
- *Check the accuracy*, particularly if you did not develop the material(s) yourself
- Make sure the information comes from a *reliable source*

GIVING CREDIT

The Integrity Principle also dictates that prevention practitioners appropriately credit the materials that they use. Copyright laws protect the authors/creators of original published or unpublished work by establishing rules for how this work can be used and reproduced. These laws apply to any materials you create yourself or for your agency. They also apply to materials that are not your own or your agency's, even if you use them for nonprofit educational purposes.

Here are some guidelines to follow when deciding when and how to credit your sources:

- **Information, ideas, or data.** Any time you use information, ideas, or data that are not your own or your agency's, you need to credit the author and source.
- **images.** Most of the time when you use images such as charts, graphs, photos, artwork, or graphics that are not your own or your agency's, you will need to obtain permission from the original author/creator or publisher. There are some exceptions, such as for images that are considered to be in the *public domain*. If you are uncertain whether permission is required, contact the original author/creator or publisher to find out. You must also credit the source for charts and graphs, and credit the artist or photographer for photos, artwork, or graphics.
- **Actual text.** If you include the actual text from a source that is not your own or your agency's, you must put in quotes any text that you have copied verbatim to prevent plagiarizing—even if the text is in the public domain. In some cases, you may also need to obtain permission from the original author/creator or publisher. If you are not sure whether permission is needed, it is best to contact the original author/creator or publisher to confirm.

AVOIDING DECEPTION

According to the Prevention Code of Ethics, integrity “cannot accommodate deceit.” Deception involves misleading others or trying to make them believe something that is not true. For example, deception may be used to:

- Further one's own personal or professional interests (e.g., falsifying information on a resume to get a job).
- Meet the expectations or goals of an organization, task force, or community (e.g., withholding negative evaluation results about a popular prevention program because the school community supports its continued use).
- Benefit a program or help an individual (e.g., exaggerating data in a grant application to increase the chances of getting funded).

Deception is not only about what you say or do—it's also about what you *don't* say and do—that could weaken the trust other people have in you, and in prevention as a whole. Regardless of the intention, deception of any kind is unacceptable because it diminishes the trust of others and undermines integrity.

TRUTHFULLY REPRESENTING YOURSELF AND YOUR ASSOCIATIONS

The Integrity Principle states that prevention professionals cannot misrepresent themselves or their associations. For example, prevention professionals must be honest and forthcoming about their:

- Qualifications (e.g. education, skills, training, experience)
- Roles and responsibilities in prevention activities
- Affiliations with funding sources and partners/collaborators

SHOWING SUPPORT

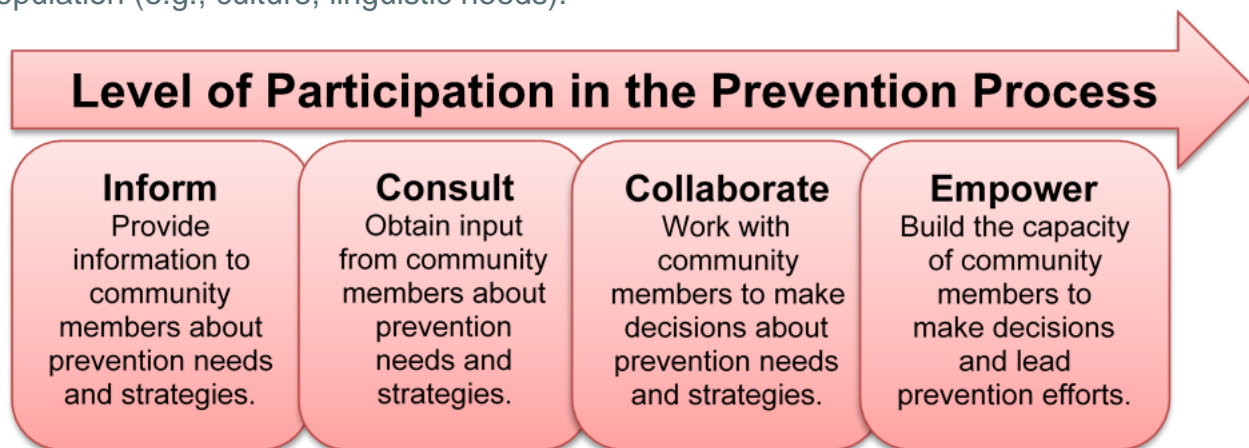
It's not always easy to know what to do when a colleague or service recipient shows evidence of impairment (e.g., stress, depression, substance abuse). According to the Integrity Principle, whenever this happens prevention professionals "should be supportive of assistance or treatment." The following are some ways to demonstrate support for others in need:

- Talk to the individual and encourage him/her to get help or treatment.
- Find out what support resources are available at your agency (e.g., employee assistance program) or in the community and share them with the individual.
- Refer the individual to a professional counselor.
- Accommodate efforts by the individual to attend recovery meetings and support groups.

Remember, the Competence Principle states that prevention professionals must seek support and assistance when *personally impaired*; the Integrity Principle emphasizes our responsibility to act and offer support when *others may be impaired*.

*Ethics in Prevention***Promoting Community Participation**

Community participation tends to fall along a continuum – on one end, community members have little impact on the prevention process; on the other end, they have complete control. There are many ways to promote community participation. The methods you select should be linked to your purpose, available resources, and the unique characteristics of your focus population (e.g., culture, linguistic needs).



Strategies to “Inform”. You can do this:

- In writing through brochures, fact and tip sheets, posters and flyers, press releases, websites, social media, and reports
- In person at press conferences, public meetings, and local events

Strategies to “Consult”. You can do this:

- Conducting surveys, focus groups, and key informant interviews
- Facilitating discussions at public meetings
- Inviting community members to speak at planning group meetings
- Spending time where people gather (e.g., community center, social media sites)

Strategies to “Collaborate”. You can do this by inviting community members to:

- Work with you on key tasks (e.g. design a survey, interpret data)
- Serve on an advisory board
- Join your planning group

Strategies to “Empower”. You can do this through:

- Trainings and workshops on prevention planning, delivery, and evaluation
- Mentoring relationships and other educational/supportive partnerships
- Opportunities for community members to make decisions and take the lead

*Ethics in Prevention***Seeking IRB Approval**

Many large institutions – such as universities, hospitals, and some state agencies – have their own Institutional Review Board (IRB) that oversee research activities conducted on site and/or by their members. An IRB's primary responsibility is to protect the rights and well-being of research participants. This handout provides a very brief overview of some key considerations for seeking approval from an IRB in order to collect data and/or conduct research.

Research involves collecting from participants information beyond basic demographics (e.g. about an individual's substance use behaviors or mental health status) that you intend to use in some way (e.g. for evaluation or publication).

Prevention professionals must obtain informed consent from individuals participating in all research-related activities.* In certain situations, prevention professionals must also submit their research procedures, including their plan for obtaining informed consent, to an IRB for approval.

When conducting research, **prevention professionals must seek IRB approval if they...**

- Are required to do so as a condition of funding
- Work for- or plan to conduct research on the premises of an institution with an IRB
- Intend to produce generalizable knowledge for the field of prevention (e.g., publish in a peer-reviewed journal, seek model program status)

If you're new to the world of research, learning about and adhering to the many rules guiding ethical practice may seem overwhelming. So if you have even an inkling that you may want to someday use any participant information for research purposes, connect as soon as you can with your evaluators, state agency representatives, and other partners with research expertise – they can help you move forward in preparing to collect data or conduct research in an appropriate and ethical way.

**Consent to participate in research differs from consent to release confidential information, which we cover in the Confidentiality Principle.*

*Ethics in Prevention***The Nature of Services Principle****Principle 4: Nature of Services**

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

- k) Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- l) Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- m) Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

WHAT THE PRINCIPLE MEANS

The Nature of Services Principle underscores the expectation that prevention professionals will always strive to act in the best interests of service recipients and, above all, do no harm. This principle prescribes two ways for prevention professionals to fulfill this expectation.

- First, to better understand and act in the best interests of the people they serve, prevention professionals must *involve members of the focus population* throughout the prevention process.
- Second, prevention professionals must *act respectfully and responsibly toward service recipients* at all times.

In other words, the Nature of Services Principle guides how professionals approach the work of prevention and how they conduct themselves in the process.

INVOLVING THE FOCUS POPULATION

The statement “*Nothing about us without us*,” made popular by the disability rights movement, reflects a core value of prevention practice: that people should have a voice in matters that affect their health and communities. Prevention professionals who involve members of their focus population in prevention planning, delivery, and evaluation are better able to:

- Identify and prioritize needs
- Build capacity for prevention
- Reveal and tap into assets

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- Select appropriate prevention strategies
- Uncover and address obstacles
- Discover and celebrate successes

By working in partnership with community members, you can demonstrate respect for the people you serve and increase your own capacity to provide services that meet genuine needs, build on strengths, and produce positive outcomes.

PROMOTING COMMUNITY PARTICIPATION

Community participation in prevention tends to fall along a continuum. On one end of the continuum, community members have very little impact on the prevention process; on the other end, they have complete control. The following are four different levels of community participation in the prevention process:

1. **Inform.** Provide information to community members about prevention needs and strategies.
2. **Consult.** Obtain input from community members about prevention needs and strategies.
3. **Collaborate.** Work with community members to make decisions about prevention needs and strategies.
4. **Empower.** Build the capacity of community members to make decisions and lead prevention efforts.

Prevention professionals can involve community members in many different ways. The methods you select at each level should be linked to your purpose, available resources, and the unique characteristics of your focus population (e.g., culture, linguistic needs). Remember, involving diverse community members throughout the prevention process is an important part of adhering to the Non-Discrimination Principle as well as the Nature of Services Principle.

PROTECTING PREVENTION PARTICIPANTS

Promoting community participation in prevention is an important way to better understand and act in the best interests of the people you serve. Another way to act in their best interests is to take concrete steps to “do no harm.” According to the Nature of Services Principle, prevention professionals must protect prevention participants from harm by:

- Obtaining informed consent, specifically for participation in any research activities
- Conducting background checks on all prevention staff and volunteers
- Reporting any suspicion of abuse or neglect among service recipients to the proper authorities

INFORMED CONSENT FOR PARTICIPATION

Prevention professionals need to make sure that community members fully understand and willingly agree to participate in prevention-related activities. In other words, we need to obtain not just consent, but informed consent. To be considered “informed consent, the process of obtaining consent from prevention participants must include three key elements:

- **Information.** Provide details that *fully describe and explain the research activity*, including its purpose, procedures, and anticipated risks and benefits. Also, let people know they can ask questions and/or withdraw from the research activity at any time.
- **Comprehension.** Present information in a way *people can understand*. Pay careful attention to the culture, language, reading level, and cognitive/developmental abilities of your audience and involve third parties (e.g., parents/guardians, translators) as appropriate.
- **Voluntariness.** Make sure that *people provide their consent willingly*: free from coercion (the threat of harm) and undue influence (offers of excessive or inappropriate rewards).

Informed consent is particularly important when the prevention activity involves research.* Research involves collecting from participants information beyond basic demographics (e.g., about an individual's substance use behaviors or mental health status) that you intend to use in some way (e.g., for evaluation or publication). Prevention professionals must obtain informed consent from individuals participating in *all* research-related activities. In certain situations, you must also submit your research procedures, including your plan for obtaining informed consent, to an Institutional Review Board (IRB) for approval.

If you're new to the world of research, learning about and adhering to the many rules guiding ethical practice may seem overwhelming. So if you have even an inkling that you may want to someday use any participant information for research purposes, connect as soon as you can with your evaluators, state agency representatives, and other partners – they can help you move forward in an appropriate and ethical way.

**Consent to participate in research differs from consent to release confidential information, which we cover in the Confidentiality Principle.*

ACTIVE AND PASSIVE CONSENT

Informed consent can be obtained through either an active or a passive consent process. In both consent processes, prevention professionals must provide appropriate information about the research activity. How the consent is obtained, however, differs.

- An active consent process requires a signature from all participants in a research activity and/or their legal representatives (e.g., parent/guardian).
- A passive consent process requires a signature from only those individuals who do not agree to participate in a research activity and/or their legal representatives.

CONDUCTING BACKGROUND CHECKS

Another way to protect not only research participants, but participants in all prevention activities, is to appropriately screen all individuals who provide prevention services. This includes conducting background checks on both staff members and volunteers to screen for such violations as previous substance use, sexual offenses, and other violations.

Some people feel uncomfortable initiating background checks. Others may feel that they are unnecessary or inconvenient. Yet despite these reservations, prevention professionals are ethically – and in some cases legally – obligated to conduct background checks on all staff and volunteers who interact with service recipients. While doing so cannot eliminate the potential for harm, it does mitigate the risk.

THE THREE P'S OF BACKGROUND CHECKS

Your agency should provide clear guidance that supports a thorough screening process of all individuals who deliver prevention-related services. This guidance should include the three Ps of conducting background checks:

- A **policy** for conducting background checks on all staff and volunteers
- A **protocol** for how your agency will conduct background checks
- A **plan** for how to manage and make use of the results

Check with your supervisor or other colleagues if you're not sure whether your agency or task force already has guidance in place for conducting background checks. You can also obtain information on how to conduct background checks online or from local law enforcement agencies (e.g., police station, Attorney General's office).

REPORTING ABUSE AND NEGLECT

While background checks on prevention staff and volunteers can help prevent maltreatment of service recipients, prevention professionals must also report any evidence of abuse or neglect. Federal law—as well as many laws specific to states, jurisdictions, and tribes—require human service providers to report to the proper authorities any evidence of abuse or neglect of children or vulnerable adults. This mandate is also a core expectation of the Nature of Services Principle. If you suspect that a service recipient is being maltreated, contact your local office of child protective services or law enforcement agency.

MAINTAINING APPROPRIATE BOUNDARIES

Another important issue the Nature of Services Principle covers is the importance of maintaining appropriate boundaries – or behaving respectfully and responsibly – in our work as prevention professionals. This includes maintaining appropriate boundaries with service recipients, their family

members, and other community members involved in prevention services. The following are some guidelines for maintaining appropriate boundaries:

- Prevention professionals should not enter into personal financial arrangements, such as loans, with service recipients or their family members.
- Prevention professionals should not promote products/services to service recipients or their family members for personal gain.
- Prevention professionals should not receive compensation (e.g., a commission) for referring service recipients or their family members to other professional services.
- Prevention professionals should not ask for nor accept favors or gifts from service recipients or their family members.
- Prevention professionals must keep relationships with service recipients and their family members professional and never cross the line into personal, potentially exploitive relationships.

*Ethics in Prevention***Optional Activity: Disclosure**

Read through the scenario that has been assigned to your group and answer the question that follows. Be prepared to share with the larger group the reason(s) for our group's answer(s) to the question provided.

Scenario 1:

Abigail has been facilitating a substance abuse prevention program for all 10th grade students at a local high school. She received an invitation from a guidance counselor at the school to attend a meeting to discuss Joshua, one of the participants. The guidance counselor is concerned because Joshua's grades have been dropping, he has been falling asleep in class, and he has been seen hanging out with some students who have a reputation to be substance abusers. Abigail has also noticed some possible signs of substance use in Joshua's behavior, but she has not yet talked to him about them.

Question: Based on the laws described in the Confidentiality Principle, can Abigail disclose her observations and concerns about Joshua to the guidance counselor without Joshua's consent?

Scenario 2:

Isabella, a prevention specialist, facilitates a weekly education and support group for high school students. This week, Darcy, a group member, said that she feels like killing herself because her family is "so messed up." Darcy laughed off the comment, but Isabella is concerned because Darcy has spoken repeatedly about being depressed at home. She has also disclosed to Isabella that she has misused prescription drugs in the past. Following the session, Isabella tells Darcy that she has to act on this information. When Darcy hears this, she becomes angry and reminds Isabella that this group is confidential.

Question: Based on the laws described in the Confidentiality Principle, should Isabella disclose her concern for Darcy's health and safety without Darcy's consent?

Scenario 3:

Derek, a prevention professional working with college students who have violated the campus substance use policy, is approached in his office by the local sheriff. The sheriff serves Derek with a search warrant and directs him to unlock the file cabinet where he keeps his records about the students in his program.

Question: Based on the on the laws described in the Confidentiality Principle, should Derek unlock the cabinet and disclose the information in his records to the sheriff?

Scenario 4:

Miles, a substance abuse prevention professional, is helping to run a leadership retreat for middle school youth. Over the course of a week, he has developed a strong rapport with many of the youth participants. On the last night of the retreat, one participant tells Miles that he doesn't want to go home because his father beats him when he gets angry. As soon as the youth says this, he begs Miles not to say anything about it to anyone.

Question: Based on the laws described in the Confidentiality Principle, should Miles disclose this information without the youth's consent?

*Ethics in Prevention***The Confidentiality Principle****Principle 5: Confidentiality**

Confidential information acquired during service delivery shall be safeguarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

Prevention professionals are responsible for knowing and adhering to the state and federal confidentiality regulations relevant to their prevention specialty.

WHAT THE PRINCIPLE MEANS

The Prevention Code of Ethics was established to help prevention professionals ensure the health and safety of their participants and, above all, do no harm. When it comes to confidentiality, this usually means protecting participant information. People are more likely to seek and benefit from the support of prevention professionals if assured of their privacy. Sometimes, however, sharing information about participants is the best way to help them. The Confidentiality Principle provides guidance for protecting information to support trusting relationships in prevention work and for sharing critical information among professionals.

FEDERAL LAW 42 CFR PART 2

While many federal laws apply to confidentiality, 42 CFR Part 2 is one of the oldest and most rigorous. Also known as the Substance Abuse Confidentiality Regulations, federal law 42 CFR Part 2 guides how substance misuse professionals in both treatment and prevention should manage confidential information.

DEFINING CONFIDENTIAL INFORMATION

According to 42 CFR Part 2, confidential information is any information...

- ...about a program participant's substance use behavior, or
- ...that identifies someone as a participant in a program for individuals who have engaged in substance use behavior.

This may also extend to programs for participants identified as "at-risk" or engaging in risky behaviors. Prevention professionals working with high-risk populations (i.e., selective and indicated) are much more likely to encounter confidential information than prevention professionals working with general (i.e., universal) populations.

DEFINING DISCLOSURE

According to the principle, “confidential information acquired during service delivery shall be safeguarded from disclosure.” But what, exactly, is disclosure? Disclosure is the act of revealing information to others that they don’t already know. This can happen in many different ways—either intentionally or unintentionally, in writing or during conversation.

According to 42 CFR Part 2, the general rule is that prevention professionals may not disclose, directly or indirectly, confidential information about program participants’ substance use behavior. Remember, this also applies to information that can identify individuals as a participant in a program for substance users since participation indicates that they have engaged in substance use behavior.

SAFEGUARDING CONFIDENTIAL INFORMATION

One of the most important ways to safeguard confidential information from unintentional or inappropriate disclosure is to secure participant records. These records can include hand-written or computer notes, voice recordings, email messages, surveys, or reporting forms. The following are key strategies for safeguarding confidential information:

- Develop written procedures that regulate access to and use of confidential participant records.
- Communicate these procedures to participants in writing before a program begins.
- Keep confidential records in a secure place (e.g. locked file cabinet or drawer, computers that are protected against unauthorized access).
- Delete confidential information or destroy confidential records if a program is discontinued or taken over unless participants consent to a transfer.

RELEASING CONFIDENTIAL INFORMATION *WITH* CONSENT

Prevention professionals must protect confidential participant information from disclosure unless a participant and/or legal guardian signs a legally valid consent form to release the information to another individual, program, or agency. The following elements of a consent form are required by law:

- Name of program participant.
- Name of person, program, or agency permitted to make the disclosure.
- Information to be disclosed, stated as specifically as possible.
- Name of person, program, or agency to receive this information.
- Purpose or reason for the disclosure, stated as specifically as possible.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

- Statement that the consent can be revoked by the program participant up until the time the person, program, or agency begins disclosing the information.
- Date or condition upon which the consent will expire (if it has not already been revoked by the program participant). This date or condition must insure that the consent will last no longer than reasonably necessary to serve the stated purpose.
- Signature of the program participant or the parent, guardian, or person authorized to sign for the participant. The signature of a parent, guardian, or authorized representative is required when a participant is unable to make the decision due to age or physical/mental limitations. Some state laws and/or agency policies may require this signature whenever the participant is a minor.
- Date on which the consent is signed.

Make sure you know the details of what is required by your state or jurisdiction, as well as of your agency, before finalizing your consent forms.

RELEASING CONFIDENTIAL INFORMATION *WITHOUT* CONSENT

Prevention professionals may disclose confidential information *without* participant consent in certain situations identified by 42 CFR Part 2, including the following:

- **Internal program communications.** It's common to want to discuss program participants with colleagues to help provide effective services. In some situations, this is permitted. Other times, sharing confidential information with colleagues is not allowed. What's the difference? According to the *Internal Program Communications* clause of 42 CFR Part 2:
 - Professionals are permitted to share confidential information about participants with colleagues *within a program* (e.g. your supervisor) as needed to provide services.
 - Professionals are not permitted to share confidential information about participants with colleagues *outside of their program*, unless the colleague has direct administrative control of the program (e.g. your supervisor's supervisor).
- **Court orders and criminal investigations.** Confidential information may be released in response to a court order or when sufficient need is demonstrated by a criminal investigation. The decision to release information under these circumstances should be made in collaboration with a program supervisor.
- **Abuse and neglect.** Prevention professionals are mandated by law to report suspected child abuse and neglect by a current caretaker to relevant child welfare authorities. Confidential participant information may be disclosed as needed to protect children and others (e.g., elderly, cognitively disabled) from suspected abuse and neglect.
- **Crimes involving the program.** Confidential information may be released to the police if a participant commits or threatens to commit a crime on the program premises or against staff.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

- **Health-related emergencies.** Confidential information may be shared with medical personnel if a participant is in a situation that poses an immediate threat to the health of the participant or someone else. If the situation involves suicide, prevention professionals are ethically obligated to report suicidal attempts and threats, and are legally required to do so in some states.
- **Research, evaluation, and audits.** Confidential information may be shared in a time-limited manner with certain qualified individuals or organizations for research, evaluation, and/or audits of the program. The decision to release information under these circumstances should be made in collaboration with a program supervisor.

CONFIDENTIALITY LAWS AND REGULATIONS

While 42 CFR Part 2 (the Substance Abuse Confidentiality Regulations) is standard practice in substance abuse services, prevention professionals must comply with other relevant confidentiality laws and regulations, as well. These include federal laws such as the following:

- **Family Educational Rights and Privacy Act (FERPA).** Under FERPA, parents have the right to inspect and review any records maintained by their child's school. If a substance abuse prevention professional's salary or program is funded by a school district, his/her records are subject to this law. Regardless of funding source, any substance use information that ends up in school records may be accessed by students' parents.
- **Health Insurance Portability and Accountability Act (HIPAA).** HIPAA protects the privacy of any information that doctors, nurses, and other healthcare providers include in an individual's medical record. Substance abuse prevention professionals working within healthcare settings must keep all health-related information about program participants confidential, including information about their substance use behavior.

There are also many state and jurisdictional laws and regulations that apply to the management of confidential information within the field of substance abuse prevention. In some cases, these regulations are more restrictive than relevant federal laws. For example, some state laws related to parental consent, mandated reporting of child abuse, and consent to participate in research are stricter than 42CFR Part 2.

When federal regulations differ from state/jurisdictional regulations, consult your agency or the health/behavioral health department in your state/jurisdiction for clarification.

Remember, when laws are inconsistent, the stricter law always applies.

Anyone and everyone with access to confidential information, either written or verbal, must comply with all relevant federal and state/jurisdictional confidentiality laws and regulations. This includes everyone who works – or has worked – within a prevention program or agency, whether as a paid employee or volunteer. Failure to do so may damage relationships with program participants and result in the loss of certification or program funds, fines, and possible litigation.

*Ethics in Prevention***Activity: Enhancing Your Wellness**

Personal wellness begins with an awareness of your own health. How would you rate your health and wellness for each of the following eight dimensions?

1. For each dimension below, select the option that best applies to you at this time.
2. Write down one action you plan to take within the next 2-4 weeks to enhance your wellness in one of the eight dimensions of wellness.
3. Share your results with a partner.

Eight Dimensions of Wellness	Usually	Usually Not
Emotional: I cope effectively with life and create satisfying relationships.		
Financial: I am satisfied with my current financial situation and future prospects.		
Social: I have a sense of connection and belonging, and a well-developed support system.		
Spiritual: I have a sense of purpose and meaning in life.		
Occupational: My work provides personal satisfaction and enrichment.		
Physical: I maintain the health of my body through physical activity, adequate sleep, a healthy diet, and appropriate health care.		
Intellectual: I recognize my creative abilities, and find ways to apply and expand my knowledge and skills.		
Environmental: I occupy pleasant, stimulating environments that support good health and well-being.		

ACTION STEP:

*Ethics in Prevention***The Ethical Obligations Principle****Principle 6: Ethical Obligations for Community and Society**

According to their consciences, prevention professionals 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 professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

WHAT THE PRINCIPLE MEANS

According to the principle Ethical Obligations for Community and Society, prevention practitioners are expected to promote health and wellness, both professionally and personally:

- By advocating for programs, policies, and services that support wellness to the best of your ability.
- By striving to incorporate the knowledge and skills you've developed as a prevention professional into your daily life to (1) protect the health of others, and (2) enhance your own well-being.

ADVOCATING FOR PROGRAMS, POLICIES, AND SERVICES

Advocacy means taking action to support an idea or a cause. Prevention professionals have an obligation to the communities they work in, and to society as a whole, to advocate for programs, policies, and services that support wellness. As prevention professionals, your primary role as advocates is to educate community members, the media, and elected officials in order to raise awareness, increase understanding of key issues, and mobilize support with the goal of creating positive change.

Have you ever engaged in advocacy? Many prevention professionals do so without even realizing it. Here are some examples of advocacy activities:

- Discussing a prevention-related issue in a public setting
- Providing background information, such as history, data, or research, on a particular issue
- Responding to a public official's written requests for information or testimony
- Explaining regulations related to substance use

- Creating fact sheets on substance abuse and prevention

Some agencies have developed their own guidelines related to advocacy. Check to see if any guidelines exist at your organization before engaging in any advocacy efforts.

UNDERSTANDING AND AVOIDING LOBBYING

Lobbying is a type of advocacy that attempts to influence specific legislation (e.g. laws, bills, acts, ballot initiatives). For example, if your state is considering enacting laws that would limit youth access to alcohol, any action to communicate with elected officials or their staff in an effort to influence these laws will be considered lobbying.

Educating the public and/or legislators on a specific issue is not considered lobbying. For example, if you provide the public and decision-makers with data that document the effectiveness of limiting youth access to alcohol in the prevention of underage drinking and related consequences, that is considered education.

According to U.S. law, educational and non-profit organizations could risk losing their tax-exempt status if a substantial part of their work activities involve lobbying. For this reason, it's best to avoid lobbying in your role as a prevention professional.

However, you can and should always check with your funder and supervisor regarding what actions are allowable using your grant money and on agency time. Advocacy and education about issues related to substance abuse prevention are encouraged – we just need to make sure to do the research required to draw an accurate line between advocacy and lobbying in our work as prevention professionals.

PROTECTING THE HEALTH OF OTHERS

Imagine you are on a plane, 30,000 feet in the air. The person sitting next to you is a physician. Unexpectedly, a man six rows back has a heart attack. Even though the doctor sitting next to you is on vacation, is it her responsibility to try to help the man with the heart attack?

Yes.

According to the medical code of ethics, it is a physician's ethical responsibility to provide care in a medical emergency, even when on vacation.

Similarly, prevention professionals are ethically obligated to take actions that can help protect the health and well-being of others – particularly in situations that involve substance use and abuse – because of what they know about substance misuse and prevention. This is true during work hours as well as *situations that occur outside of work*.

ENHANCING YOUR OWN WELLNESS

As a prevention professional you are a role model. As such, part of your ethical obligation is to strive to enhance your own health and wellness. Wellness is a conscious, deliberate process that involves making choices to achieve a healthier and more satisfying lifestyle.

SAMHSA promotes a model of wellness that includes the following eight dimensions:

- **Emotional** – Coping effectively with life and creating satisfying relationships
- **Financial** – Satisfaction with current and future financial situations
- **Social** – Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual** – Expanding our sense of purpose and meaning in life
- **Occupational** – Personal satisfaction and enrichment derived from one's work
- **Physical** – Recognizing the need for physical activity, diet, sleep, and nutrition
- **Intellectual** – Recognizing creative abilities and finding ways to expand knowledge and skills
- **Environmental** – Occupying pleasant, stimulating environments that support well-being

Personal wellness begins with an awareness of your own health. Be sure to reflect on how you would rate your health and wellness right now in each of the eight dimensions, and consider how you might enhance each dimension over time.

*Ethics in Prevention***Scenario: Do the Right Thing**

Read the following scenario, as it will be used to apply the four steps of the Ethical Decision-Making Process to a situation relevant to substance misuse prevention work.

Ty, a substance misuse prevention professional working in a community prevention agency, has had the responsibility of implementing a school-based prevention program for secondary school youth entitled *Do the Right Thing*. Developed by a well-established national organization, *Do the Right Thing* has been in the community for over eight years, and delivered to thousands of students during that time. It is extremely popular with teachers, administrators, parents, and students.

Recently, two large studies were published about the curriculum. Both show that the program has no effect at all on teen substance use. In fact, both studies indicate that its implementation has led to an increase in substance misuse in some populations, including among the cultural groups represented in the community's high schools.

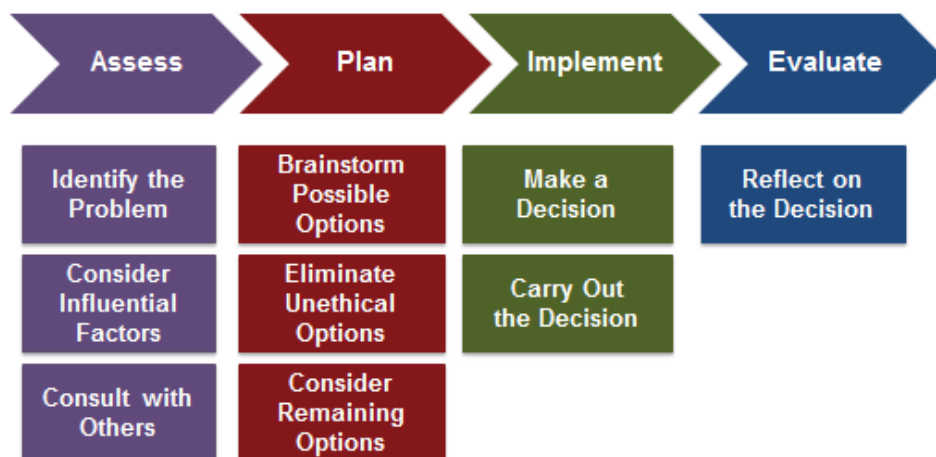
Ty has gone to his supervisor, Mary, to share these findings, as well as his concerns about continuing the program in light of these new data. He expresses his concern that continuing to implement the program will betray the trust that both the schools and parents have in him and the agency, and in the belief that the program actually works and makes a difference for their students. He tells Mary that he has scheduled a meeting with the school's parent advisory board the following week and would like to share the new results with them at that time.

On hearing Ty's report, Mary shares her own concerns. She explains that finding a new program to implement, and getting it up and running, could take years, and that their funder may interpret a major change like this as the agency breaking its contractual obligations. She's also afraid that pulling the program could compromise the school's support for prevention, overall, making them less willing to support future programming. Finally, Mary expresses concern that her own reputation might be tarnished if the negative findings are shared, since it was she who initially selected the program and got it up and running.

For these reasons, Mary tells Ty that, given the problems she anticipates, she has no intention of sharing this new information with anyone at this point. She instructs Ty to keep quiet about the results for the time being, and to continue his work supporting the implementation of the curriculum. Ty is unsure about how he should proceed.

*Ethics in Prevention***Small Group Activity: Apply the EDMP**

Read through the scenario that has been assigned to your group, then use this worksheet to apply the ethical decision-making process (EDMP) to the dilemma presented in the story. Be prepared to share with the larger group key points about the problem, your recommended course of action to resolve the problem, and your experience using the process (pictured below).

**Scenario 1 (Task Force):**

Imagine that you are a member of an urban task force to prevent substance abuse. Your task force has identified increasing marijuana use among Latino youth ages 12 to 15 as a priority issue and has secured a grant to address this problem. The grant requires service delivery within three months.

You are meeting with your fellow task force members to discuss possible prevention strategies. One member, a Caucasian man in his late twenties, describes his experience implementing an evidence-based multi-media program to address social norms and enhance social skills among middle school students. According to this member, the program produced positive outcomes and was well received in the suburban community where he last worked. In particular, youth participants loved the video component, which did a great job reflecting their life experiences.

"I realize this program was developed and evaluated with predominantly White populations," he explains, "but it's fantastic. I'm sure it could work well with the Latino youth in our community, too. And since most of the kids we'll be working with speak English, language shouldn't be a problem."

"And the best part," he continues, "is that it's all ready to go! I'm trained to deliver this program, so we can just pull it off the shelf and start any time. After all, we really need to start delivering services soon."

Most of your fellow task force members seem excited about this proposal, but you have some reservations. As you sit back and consider what you've heard, one member turns to you and says, "You've been pretty quiet. What do you think our task force should do?"

Scenario 2 (Kate and Rosa):

Consider the following conversation between Liz and Kate, two prevention professionals.

Liz: There's something I want to talk to you about, Kate.

Kate: Sure Liz, what's on your mind?

Liz: It's about Rosa, I've noticed she seems depressed lately.

Kate: Yeah, she is. I've been trying to help her.

Liz: Have you suggested that she see a counselor?

Kate: Yeah, she won't go. She won't even talk to her parents. She says I'm the only one she can talk to.

Liz: I'm not sure that's such a good idea.

Kate: Why? She's not suicidal. I'm just offering her some emotional support and advice. She has no one else to turn to.

Liz: Yes, it sounds like she's having a tough time. But providing informal counseling for depression? That's not a part of your job. You're not a counselor. You're a substance abuse prevention professional, running leadership trainings.

Kate: You're right, but I don't know what to do. Rosa's in my youth leadership group. And I care about her well-being. She's so vulnerable right now. I realize she's becoming more and more dependent on me, but I'm afraid, if I stop helping her, she's going to feel like I'm abandoning her and that's going to make her feel even worse.

Scenario 3 (Jada):

Jada is a prevention specialist and mother. One Saturday afternoon, her eight-year old daughter invites a school friend over to play. The friends have a great time together! When Michael, the friend's father, arrives to drive his child home, Jada notices that he is visibly drunk. This is the first time Jada and Michael have met and the first time their children have played together outside of school. What, if anything, should Jada do?

Step 1: Assess

Task 1) Identify the Problem

- A. List the facts.
- B. State the problem in one sentence using concrete, specific, and neutral terms.
- C. Identify the principle(s) from the Prevention Code of Ethics involved in this situation.

Step 1: Assess (continued)

Task 2) Consider Influential Factors

- A. List internal factors (e.g., the prevention professional's or task force's perspective, values, and needs) that might affect your decision.
- B. List external factors (e.g., the perspectives of others involved, including their rights, vulnerabilities, and responsibilities) that might affect your decision.

Task 3) Consult with Others

List people with relevant knowledge or experience whom the prevention professional or task force may want to talk to about the problem.

Step 2: Plan

Task 1) Brainstorm Possible Options	Task 3) Consider Remaining Options	
	pros	cons
<p>Task 2) Eliminate Unethical Options by crossing them out in this column before weighing the pros and cons of remaining options in the next two columns.</p>		

Step 3: Implement

Task 1) Make a Decision

- A. Identify which remaining option from *Step 2: Plan* you would recommend to the prevention professional or task force.

- B. Justify your recommendation (e.g. according to the Prevention Code of Ethics).

Task 2) Carry Out the Decision

List the action steps required to carry out this decision.

Step 4: Evaluate

Task 1) Reflect on the Decision

- A. List the outcomes you would expect if the prevention professional or task force adopts and implements your recommendation.
- B. List any additional actions you think the prevention professional or task force might need to take to fully resolve the ethical dilemma.

*Ethics in Prevention***Ethical Decision-Making Process**

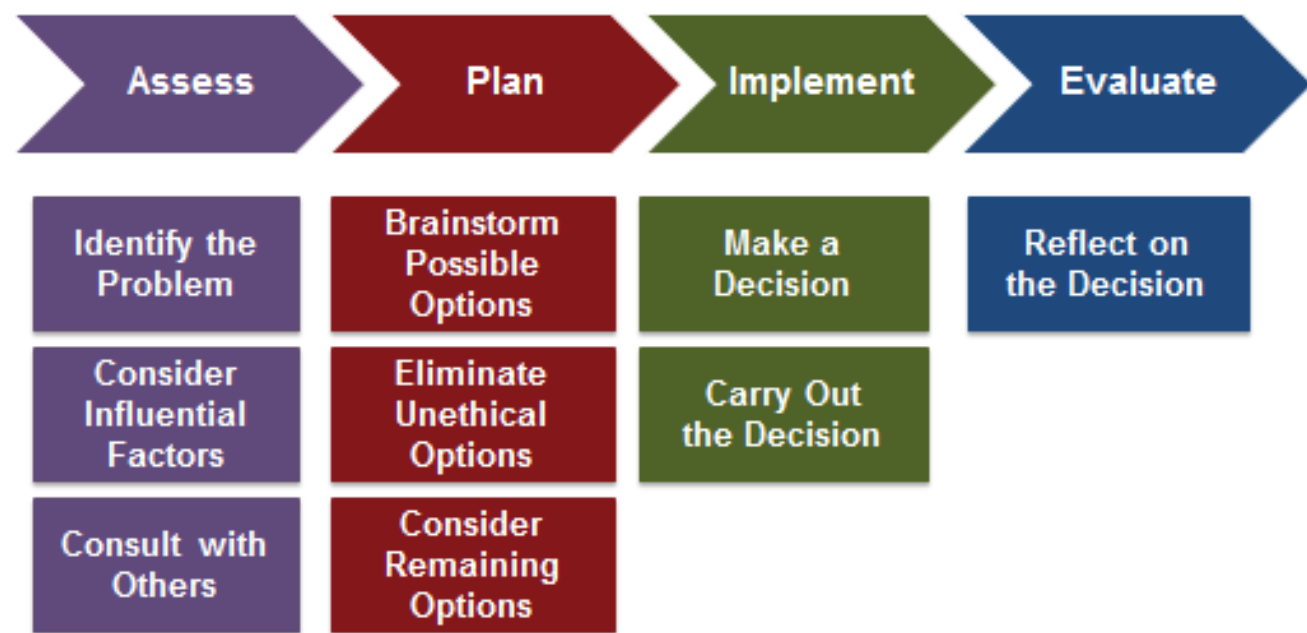
As a prevention professional, it is your responsibility to act ethically. In many situations it is clear how to respond in ways that are consistent with the Prevention Code of Ethics.

However, some situations may be more challenging, particularly when values (either your own or those of others) compete or conflict. When faced with such ethical dilemmas, it is helpful to use an objective process to guide your decisions and actions.

An ethical decision-making process can be most useful when you, or a team you work with, are faced with an issue or situation where a number of important values are at stake, and where:

- no single, best response seems evident,
- there is a recognized difference of opinion, and/or
- people don't feel good about the circumstances or the possible resolution.

The ethical decision-making process presented in this training can help you act in ways that are consistent with the Prevention Code of Ethics, and it includes four steps: Assess, Plan, Implement, and Evaluate. These steps and their order are similar to those of the Strategic Prevention Framework. Specific tasks accompany each of the steps; these build on one another and can help you determine how to respond ethically to challenging situations.



ASSESS

Assessing an ethical dilemma involves the following tasks:

1. **Identify the problem.** First, establish the facts. Remember that facts are objective and unbiased, not based on personal opinion or perception. Next, state the problem in one sentence. Draw on the facts and use concrete, specific, and neutral terms. Finally, use the Prevention Code of Ethics to identify the specific principle(s) involved in the situation.
2. **Consider influential factors.** Internal factors include your personal perspective, values, and needs that might introduce bias or otherwise affect your decision. External factors include the perspectives of others involved, including their rights, vulnerabilities, and responsibilities.
3. **Consult with others.** Seeking the input of others who may have more knowledge or experience with the issues involved can help you better understand the situation. Helpful “others” might include a supervisor, other trusted colleagues in your prevention agency, board of directors, coalition leaders, evaluators or other research consultants, state prevention agency representatives, or legal counsel.

PLAN

Planning how to address an ethical dilemma involves the following tasks:

1. **Brainstorm all possible options**, no matter how impractical or unrealistic they may seem.
2. **Eliminate unethical options**, using the Prevention Code of Ethics as your guide.
3. **Consider the remaining options**, taking into account the pros and cons of each option.

IMPLEMENT

Implementing a solution to an ethical dilemma involves the following tasks:

1. **Make a decision.** Decide what you believe is the most ethical and appropriate option.
2. **Carry out the decision.** Establish a set of action steps that will help you carry out the decision you have made.

EVALUATE

Evaluation is the final step in the ethical decision-making process. Use the following questions as a guide to reflect on and assess your decision and actions.

1. **What was the outcome of the decision?**
2. **What worked well?**
3. **What would you do differently?**
4. **Should anything more be done?**