

# **Ethics for Prevention Professionals: A refresher**

## **Participant Workbook**



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## **Prevention Think Tank Code of Ethical Conduct 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**

#### *I. 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.

#### *II. 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.

### *III. 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.

- a. 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.
- b. Prevention professionals 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, prevention professionals should be supportive of assistance or treatment.
- d. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

### *IV. Nature of Services*

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

- a. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- b. 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.
- c. Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

V. *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.

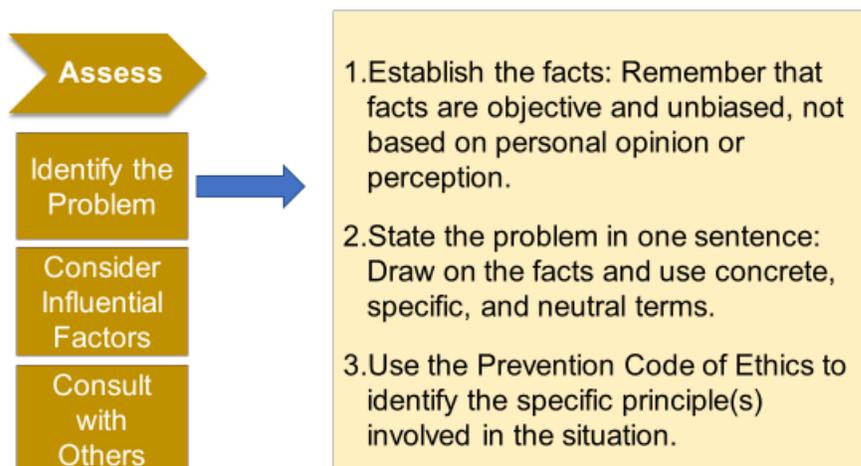
VI. *Ethical Obligations for Community and Society*

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.

# An Ethical Decision-Making Process: 4 Steps



## Assess: Identify the Problem



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## Activity: Three Scenarios

In small groups:

1. State the problem in concrete, specific and neutral terms.
2. Identify the principle involved.
3. List 5 possible options.
4. Make a decision

Select a spokesperson.

### Scenario 1 – Slide 26

There is a community that you want to engage in your prevention efforts but have had no success. Now a community leader has requested a presentation on prescription drug misuse during a community forum.

The agenda includes a police officer demonstrating the ways prescription drugs are misused and a speaker who will talk about his drug misuse history.

You are concerned about being part of a program that is using strategies that you know are ineffective, and possibly harmful. However, this is the first opportunity you have had to work with this community.

### Scenario 2 – Slide 27

A coalition accepts a large financial contribution from a local restaurant owner with a reputation of serving to minors. When community members ask about it, the coalition chair acknowledges the contribution but minimizes the amount and importance of it. You are uncomfortable with his response.

### Scenario 3 – Slide 28

Jacob is a paid trainer for an evidence-based environmental intervention. At a local coalition meeting he encourages the group to implement the intervention since it meets the community's needs. Jacob is the intervention's only designated trainer in the state for which he is paid, which he neglects to disclose. You however are aware of this fact.

## **Activity: Two Scenarios**

In small groups utilize the Decision-making Process to resolve the dilemma. Choose a spokesperson to report out.

### Scenario 4 Slide 42

#### Case Study: Fiscal Expense

Joseph is a prevention provider. At the end of the fiscal year, his expense sheet indicates that there is money left in the prevention cost center. At a budget meeting with his supervisor, Joseph notices that the remaining federal funds have been eliminated from his budget. He is told that it was decided to divert the excess funds to another agency program budget that has a deficit. When Joseph questions this, he is told that the decision is not his to make. What should Joseph do?

### Scenario 5 - Slide 44

#### Case Study: Use of Data

Ali's organization is tasked to launch a media campaign on underage drinking targeting parents in its region. Data from the past 5 years indicate youth in the region have higher alcohol and binge drinking rates than youth statewide. But the most recent (not-yet-published) data indicate a significant downward trend in underage drinking rates. Because the latest data are not yet public, leadership wants to use the older data for the campaign. Ali knows that the latest data may actually be only a one-time "blip" in data over the long-run. What should Ali do?