**Principle 4: Nature of Services**

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

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**Above All, Do No Harm**

Small group activity:
- What does this statement mean?
- To what professions does it apply?
- How does it apply to prevention?
What Is the Nature of Services Principle?

Please refer to your copy of the Prevention Code of Ethics.

The Nature of Services Principle: Key Concepts

- Involving the focus population
- Protecting participants from harm
- Maintaining appropriate boundaries

Involving the Focus Population

Nothing About Us Without Us
Promoting Community Participation

- Provide information
- Obtain input
- Consult
- Collaborate
- Work with others
- Build capacity to lead
- Empower

Protecting Participants

- Obtaining informed consent
- Conducting background checks
- Reporting abuse and neglect

Obtaining Informed Consent

- Information → Describe the research activity in detail
- Comprehension → Present information in a way people can understand
- Voluntariness → Make sure that people consent willingly
Active and Passive Consent

**ACTIVE CONSENT**
Obtain signatures from all research participants and/or their legal representatives.

**PASSIVE CONSENT**
Obtain signatures only from individuals who do not agree to participate and/or their legal representatives.

Protecting Research Participants

- Informed consent is needed for all research activities.
- IRB approval is needed for many research activities.
- Consult partners with research expertise.

Conducting Background Checks

**Who?**
- All staff
- All volunteers

**Why?**
- Protect participants
- Mitigate risk
**Why People May Hesitate**

I know this person really well. He will be offending if I ask him to do this.

**Why People May Hesitate**

This person works for an agency that probably did a background check already.

**Why People May Hesitate**

A volunteer dropped out at the last minute. I'm not sure I have enough time to screen a replacement.
The Three Ps of Background Checks

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

Reporting Abuse and Neglect

- Evidence
- Neglect
- Support
- Abuse
- Required
- Anonymous
- Authorities

Report

- Protect
- Suspicion
- Abusers
- Authorities

24-hours

Maintaining Appropriate Boundaries
Is It Appropriate?

A prevention professional...

...loans a member of her parenting skills group money to pay for a cell phone so she can communicate with other group members.

Is It Appropriate?

A prevention professional...

...who also works as a math tutor markets his tutoring services to participants of his youth program and their parents.

Is It Appropriate?

A prevention professional...

...asks an appreciative member of her mentoring program for help painting her house.
A prevention professional...

...invites a well-spoken youth participant from her media advocacy program to speak at an upcoming task force meeting.

A prevention professional...

...begins dating a current participant in a high school peer leadership program.

The Nature of Services Principle:
Key Concepts

- Involving the focus population
- Protecting participants from harm
- Maintaining appropriate boundaries
The Nature of Services Principle:
Looking Back & Moving Forward

- Do you have any questions?
- What did you learn or relearn?
- Write one action do you plan to take based on this principle.
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.

**Level of Participation in the Prevention Process**

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

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 by:
- 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

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Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference HHS283201200024I/HHS28342002T. For training use only.

http://www.samhsa.gov/capt/
Many large institutions—such as universities, hospitals, and some state agencies—have their own Institutional Review Boards (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.

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 an appropriate and ethical way.

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

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.

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
- Reveal and tap assets
- Build capacity for prevention
- Select appropriate prevention strategies

Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHS283201200024I/HHS28320120002T. For training use only.
- 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, 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 Ps 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 responsibility—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.
Principle 5: Confidentiality

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

Let's Begin with a Story...

GO, WHAT HAVE YOU BEEN UP TO?
I'VE BEEN BUSY DOING PHYSICAL ACTIVITIES AT THIS HIGH SCHOOL.

I'M ACTUALLY RUNNING A PROGRAM RIGHT NOW WITH A GROUP OF HIGH SCHOOL STUDENTS WHO HAVE BEEN CSV IN EXPERIMENTING WITH ANCESTRY AND OTHER DRUGS.
I KNOW. I THINK IT'S IMPORTANT TO TRY TO HELP THESE YOUTH WITH THEIR PROGRESS, SO I'M CONSIDERING BUILDING A NEW SCHOOL SITE ONCE I SEE WHAT'S LIFE AND A NICE JOB.
What Do You Think?

What Is the Confidentiality Principle?

Please refer to your copy of the Prevention Code of Ethics.

The Confidentiality Principle: Key Concepts

- Complying with confidentiality laws and regulations
- Protecting confidential information from disclosure
- Releasing confidential information
Confidentiality Laws and Regulations

- Federal laws
- State and jurisdictional laws
- Agency policies

When laws and regulations are inconsistent... 
...the stricter law always applies.

Federal Law 42 CFR Part 2

This is the most rigorous federal confidentiality law for substance abuse professionals.

It applies to both:

Treatment AND Prevention

Who Must Comply?

- Paid full- and part-time employees
- Prevention staff
- Clinical staff
- Administrative, executive, and support staff
- Volunteers
- Student interns
- Contracted service providers
- Former staff members
Defining Confidential Information

Information about an individual's substance use behavior

Information that identifies an individual as a participant in a program for substance users

Defining Disclosure

The act of revealing information to others that they don't already know.

Is It Disclosure of Confidential Information?

A prevention professional...

...accidentally leaves notes on her desk about a program participant’s experimentation with marijuana that a colleague ends up reading.
Is It Disclosure of Confidential Information?

A prevention professional...

...shared the percentage of program participants who tried marijuana in the last month with a local researcher who studies substance use.

Is It Disclosure of Confidential Information?

A prevention professional...

...shares with a concerned counselor the family contact information from the file of a participant in a program for early substance users.

Is It Disclosure of Confidential Information?

A prevention professional...

...shares with the middle school secretary a participant list for a life skills program serving all 7th and 8th grade classes to confirm that it is up-to-date.
Safeguarding Confidential Information

If  You collect information about the substance use behavior of program participants in any form...

Then  You need to know how to protect these records.

Protecting Participant Records

1. Develop written procedures regulating access to confidential records.
2. Communicate procedures to participants in writing before a program begins.
3. Keep confidential records in a secure location.
4. Delete or destroy confidential records once a program ends.

Releasing Confidential Information

Prevention professionals may release confidential information:

When a participant provides written consent

OR

Under specific extenuating circumstances
Releasing Confidential Information with Consent

- Can release when a participant or legal guardian signs a legally valid consent form.
- Form must include all of the elements required by law.

Releasing Confidential Information without Consent

- Internal Program Communications
- Court Orders and Criminal Investigations
- Crises Involving the Program
- Health-Related Emergencies
- Research, Evaluation, and Audits

Remember This?

I'm actually running a program right now with a group of middle school students caught experimenting with marijuana, and other drugs.

Kevin, I saw someone today who thinks I'm in Tora Program and I'm concerned about民族. Is there anything I should tell a child?
Susan should...

1. Tell Juanita that she can't answer that question in a public place, but she could meet later to discuss the matter.

2. Tell Juanita that she can't share information about any of the youth in her program.

3. Share any information that she has about Ethan with Juanita since they are both professionals in the same agency working with the same youth.

4. Say that she can't tell Juanita about Ethan's substance use behavior, but their agency director can.

The Confidentiality Principle:
Key Concepts

- Complying with confidentiality laws and regulations
- Protecting confidential information from disclosure
- Releasing confidential information with and without consent
The Confidentiality Principle:
Looking Back & Moving Forward:

- Do you have any **questions**?
- What did you **learn** or **relearn**?
- Write one **action** do you plan to take based on this principle.
Optional Activity: Disclosure

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

**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 laws described in the Confidentiality Principle, should Derek unlock the cabinet and disclose the information in his records to the sheriff?
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 42CFR Part 2 guides how substance abuse 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 handwritten 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.
• 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:
  
  o Professionals are permitted to share confidential information about participants with colleagues *within a program* (e.g., your supervisor) as needed to provide services.
  
  o 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.

- **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.

Each of the above situations has its own set of procedures and restrictions related to the appropriate release of confidential information. The Resources and Links document at the end of your binder describes websites and publications with more detailed guidance.

**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.
Principle 6: Ethical Obligations for Community and Society

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

Talking the Talk, Walking the Walk

What Is the Ethical Obligations Principle?

Please refer to your copy of the Prevention Code of Ethics.
**The Ethical Obligations Principle:**

**Key Concepts**

- Advocating for prevention
- Protecting the health of others
- Promoting your own wellness

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**Advocating for Programs, Policies, and Services**

**Advocacy** = Taking action to support an idea or cause

People advocate to:

- Raise awareness
- Increase understanding of key issues
- Mobilize support to create positive change

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**Have You Ever...**

- Discussed a prevention issue in public?
- Provided information on a prevention issue?
- Responded to a public official's request for information or testimony?
- Explained prevention-related laws or policies?
- Created prevention-related fact sheets?
Understanding Lobbying

Lobbying is a type of advocacy that attempts to influence specific legislation.

**Educating** the public and/or legislators on a specific issue is not considered lobbying.

Avoiding Lobbying

- **Cautioned against** any and all lobbying
- **Responsible** for knowing funding and agency policies
- **Encouraged to educate** decision-makers and the public

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.

Suddenly, a man six rows back has a heart attack.

The doctor is on vacation.

Should she try to help?
Walking the Walk of Wellness

Eight Dimensions of Wellness

The Ethical Obligations Principle: Key Concepts
- Advocating for prevention
- Protecting the health of others
- Promoting your own wellness
The Ethical Obligations Principle:
Looking Back & Moving Forward

- Do you have any questions?
- What did you learn or relearn?
- Write one action do you plan to take based on this principle.

CAPT ____________________________
Ethics in Prevention: Action Steps
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.

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

*Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024/HHSS28342002T. For training use only.*
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 abuse 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 you rate your health and wellness right now in each of the eight dimensions, and consider how you might enhance each dimension over time.