Principle 2: Competence. Under the standard of reporting unethical conduct of colleagues (sometimes supervisors or even funders, there is a grey area (or range) of violations) from unintentional / relatively benign, omissions to quite serious commissions. The individual is tasked with either addressing the behavior with the violator or going straight to reporting depending on how serious they believe the violation to be. The FAQ's seem to suggest going straight to reporting. The wording of the principle suggests straight reporting. This will present a difficult situation for the reporter. It is a little unclear if the individual, once a violation is perceived becomes responsible for the ultimate correction of the problem. Is it if you talk to the offender about the issue, are you then responsible to monitor the behavior to insure it is corrected? If you make a formal report to a supervisor does your responsibility end? If the supervisor fails to act is the observer responsible to take the issue to higher authority? Developing reporting policy is encouraged. Questions are asking the observing individual's responsibility ends. Are there good sample reporting policies we can provide as resources?

Principle 3: Integrity

Principle 4: Nature of Services

Principle 5: Confidentiality

Principle 6: Ethical Obligations: Lobbying vs Advocacy. We have the right to lobby as individuals. However in the rural prevention context especially it would be practically impossible to separate a coalition director's personal views / efforts from that of the organization. I see that personal lobbying for prevention professionals is strongly cautioned against in the first bullet. The FAQ's suggest that not identifying your profession in a social media post would be sufficient. In practicality, in a smaller community the majority of citizens will equate the position of the individual with the position of the coalition. I understand that when issues are controversial and involve revenue the "other side" of the issue can be very aggressive about this. Hopefully our trainees will learn great advocacy techniques and stay away from personal positions that equate to lobbying.

Ethical Decision Making Process
Ethics in Prevention: Action Steps

**Principle 1: Non-Discrimination**

**Principle 2: Competence**

**Principle 3: Integrity**
Principle 4: Nature of Services

Principle 5: Confidentiality

Principle 6: Ethical Obligations for Community and Society
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

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.

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.

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.

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.

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.

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.

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.

Revised September 2003
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Slides/Handouts</th>
<th>Details</th>
<th>Who</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Slides/Handouts</td>
<td>Details</td>
<td>Who</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>(10:55-11:00)</td>
<td>BREAK</td>
<td>BREAK</td>
<td>BREAK</td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Slides/Handouts</td>
<td>Details</td>
<td>Who</td>
<td>Notes</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>-------</td>
</tr>
<tr>
<td>(11:40-12:00)</td>
<td><strong>Principle 4:</strong>&lt;br&gt;Nature of Services Involving the Focus Population</td>
<td>Slide 1-6 Handout: Promoting Community Participation</td>
<td>Slide 1-3 Title and Anchoring Activity (5)&lt;br&gt;Slide 4-5: Nature of Services and Its Key Concepts (5)&lt;br&gt;Slide 6-7: Involving The Focus Population with Activity <em>(10)</em></td>
<td>Leah</td>
<td></td>
</tr>
<tr>
<td>(12:00-12:30)</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Slides/Handouts</td>
<td>Details</td>
<td>Who</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(12:30-1:10)</td>
<td>Protecting Participants: Obtaining Informed Consent, Conducting Background checks, Reporting Abuse and Neglect, Maintaining Boundaries</td>
<td>Slide 7-26 Handout: Securing IRB Approval</td>
<td>Slide 8 Protecting Participants Slide 9-10: Participant Consent Slide 11: Protecting Research Participants (5) Slide 12-16: Conducting Background Checks (5) Slide 17: Reporting Abuse and Neglect with Discussion (5) Slide 18-23: Maintaining Boundaries with Discussion (10) Slide 24-25 Closure to section &amp; Reflection / Action Steps(5)</td>
<td>Leah</td>
<td>PRIOR TO TRAINING: Obtain information on state's laws regarding reporting abuse and neglect, including name of agency to report to, list of mandated reporters and other specifications</td>
</tr>
<tr>
<td>(1:10-1:40)</td>
<td>Principle 5: Confidentiality Confidentiality Laws and Regulations, Disclosing Confidential Information</td>
<td>Slide 1-15</td>
<td>Slide 1-4 Title &amp; Scenario (5) Slide 5-6 Confidentiality and Its key Concepts (5) Slide 7-10 Confidentiality Laws and Regulations (10) Slide 11-15: Disclosing Confidential information (10)</td>
<td>Bill</td>
<td>Refer participants to online access to 42 CFR Part 2</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Slides/Handouts</td>
<td>Details</td>
<td>Who</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 2:10-2:30 | **Principle 6: Ethical Obligation for Community and Society**         | Slide 1-15      | **Slide 1-2:** Title and Anchoring Activity (5)  
**Slide 3-4:** Ethical Obligations for Community and Society and Its key Concepts (5)  
**Slide 5-6:** Advocacy & Discussion (5)  
**Slide 7-8:** Lobbying  
**Slides 9-11:** Protecting Health (5)  
**Slide 12-13:** Closure to Section & Reflection/Action Steps (5) |
|          | **Avoiding**  
**Lobbying**  
**Protecting Health**                                         | Handout: Eight Dimension of Wellness | | Leah  | Eight Dimensions of Wellness Activity is optional |
| 2:30-2:35 | BREAK                                                             | BREAK           | BREAK                                                                                                                                             | BREAK | BREAK |
| 2:35-3:15 | **Ethical Decision Making Process**                                | Slide 1-17      | **Slides 1-4:** Title & Introduction to Decision-Making Process (5)  
**Slide 5:** Scenario (5)  
**Slide 6-9:** Step 1 Assess (10)  
**Slide 10-13:** Setep 2-Plan  
**Slide 14-15:** Step 3-Implement * (5)  
**Slide 16-17:** Step 4-Evaluate * (5) | Bill  | |
| 3:15-3:45 | **Activity**                                                       | Slide 18-20     | **Slide 18:** Summary of Process (5)  
**Slide 19:** Decision Making Activity (25)  
**Slide 20:** Review of the Process (5) | Leah and Bill | |
| 3:45-4:00 | **Closure and Evaluation**                                        | Slide 21-23     | **Slide 21:** Review of training Objective  
**Slide 22:** Summary and Additional Tools  
**Slide 23:** Thank You | Leah and Bill | |
<table>
<thead>
<tr>
<th>FRONT POCKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Code of Ethics</td>
</tr>
<tr>
<td>Ethics in Prevention: Action Steps</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Principle 1: Non-Discrimination</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Activity: Enhancing Your Cultural Competence</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>Principle 2: Competence</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>Principle 3: Integrity</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Optional Activity: Deception</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>Principle 4: Nature of Services</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Promoting Community Participation</td>
</tr>
<tr>
<td>Seeking IRB Approval</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>Principle 5: Confidentiality</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Optional Activity: Disclosure</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>Principle 6: Ethical Obligations for Community and Society</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Activity: Enhancing Your Wellness</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>Ethical Decision-Making Process</strong></td>
</tr>
<tr>
<td>PowerPoint Slides</td>
</tr>
<tr>
<td>Scenario: Do the Right Thing</td>
</tr>
<tr>
<td>Small Group Activity: Applying the Decision-Making Process</td>
</tr>
<tr>
<td>Summary</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>Learn More</strong></td>
</tr>
<tr>
<td>Ethics in Action: Scenarios and Answer Key</td>
</tr>
<tr>
<td>Resources and Links</td>
</tr>
</tbody>
</table>
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.

![Diagram showing the relationship between values, principles, and ethics]

**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. Then 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).
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.
This training was developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T.

For training use only.

Training Objectives

- Define ethics and related terms
- Describe the six principles in the Prevention Code of Ethics
- Use an ethical decision-making process to apply the Prevention Code of Ethics
Your Expectations

At the end of the day, how will you know that this training has been worthwhile?

Group Guidelines

- Take turns speaking
- Participate fully
- Be open and respectful
- ELMO
- Save email, etc. for breaks
- Be punctual after breaks
- Respect confidentiality

Ethics in Prevention

Introduction to Ethics
What comes to mind...

... when you think of ethics in prevention?

Ethics Defined

Values → Principles → Ethics

- Values: Deeply held ideals, convictions, and principles influenced by culture, region, etc.
- Principles: Reflect the moral values of an individual or group about right and wrong conduct
- Ethics: Agreed-upon codes of behavior based on distinct sets of principles

Prevention Code of Ethics

The six principles are:

- Non-Discrimination
- Competence
- Integrity
- Nature of Services
- Confidentiality
- Ethical Obligations for Community and Society
Activity: What Are Your Values?

**Examples**
- Accountability
- Achievement
- Courtesy
- Equity
- Family First
- Honesty
- Loyalty
- Prosperity
- Reliability
- Tolerance

Which are
MOST important?    Which are
LEAST important?

Understanding Values

Values can be **complementary**.

Values can **compete** or **conflict**.

Activity: Which Value?

Amy has the opportunity to apply for a new position that will advance her career. However, when she learns that her friend Tina is going for the same position, she decides not to pursue it for fear of jeopardizing their friendship.

Which value?

**Accountability**  **Achievement**  **Family First**  **Loyalty**
Understanding Unethical Behavior

Commission  Omission

When you say or do something that is unethical  Failing to take action when you see something unethical happen

Activity: Commission or Omission?

Situation 1
The prevention training manual you created includes images and pictures that you found on the Internet, but you didn't obtain permission to use them.

Situation 2
When reviewing your colleague's slide presentation, you notice that he did not credit the sources of his data—but you don't say anything to him about this.

Why a Code of Ethics?

To help prevention professionals...
- Respond appropriately to ethical dilemmas
- Make sound and respectful choices each day
- Create a climate of respect
- Protect those involved in and served by prevention activities
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...
How's a banquet facility? That would be so much easier. How about having the ceremony in our gym? And, we don't even have to pay any food costs! We can just plan to serve pizza.

Don't a problem. My friend is planning a full meal for all the kids and their parents.

That sounds pretty great. But what if the families living downtown have a hard time getting all the way out there? Plus, we've already sold tickets to everyone. And they're expecting the event to be in the gym. There. Some of the families have even started making reservations.

Don't see how we can pass this up! We heard that the new banquet hall is beautiful. And, the local kids and families won't mind at all. In fact, I bet they'll love it!

I agree. And our board of directors is thrilled with the idea. I need to give my friend an additional today. We want to close this opportunity so, what do you think it is?
What Do You Think?

What Is the Non-Discrimination Principle?

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

The Non-Discrimination Principle: Key Concepts

- Avoiding/preventing discrimination
- Complying with anti-discrimination laws and regulations
- Promoting cultural competence
Understanding Discrimination

Discrimination refers to the unfair or unequal treatment of an individual or group based on certain characteristics.

Is It Discrimination?

A prevention professional...

...instructs program staff to exclude a potential participant from an upcoming program because it would be hard to accommodate his disability in planned activities.

Is It Discrimination?

A prevention professional...

...decides to only accept applicants for the youth leadership retreat who are free of piercings and tattoos.
Is It Discrimination?

A prevention professional...
...informs a female employee who complained about sexist jokes at the office that she cannot attend an upcoming training because staff members now feel uncomfortable around her.

Is It Discrimination?

A prevention professional...
...decides to only assign program roles to agency volunteers who have completed a cultural sensitivity training.

Is It Discrimination?

A prevention professional...
...asks two youth task force members to wait in the other room during a task force meeting while adult members finish discussing one of the agenda items.
Anti-Discrimination Laws and Regulations

- Federal laws
- State and jurisdictional laws
- Agency policies

Understanding Cultural Competence

The ability of an individual or organization to interact effectively with members of diverse population groups

Remember This?

I can't see how you can make this up. I know that this new American way of dealing with the sick, the less and families who lack at all or in fact just barely sick.

I agree and our board of directors is thrilled with the idea of giving my kidney again to my feelings of this opportunity to do what no one else.
Kyle should...

1. Agree to hold the awards ceremony in the donated banquet hall since his agency director and board of directors support this plan.
2. Refuse the offer of the donated banquet hall since transportation will be a challenge for many participants and the group already agreed to hold the event in the agency gym.
3. Insist on checking with participants as to whether the banquet hall is an acceptable alternative, even if taking the time to do so means risking the loss of the facility and disappointing his agency director and board of directors.
4. Only agree to hold the awards ceremony in the donated banquet hall if the agency can provide free transportation to the event.

Kyle should...

1. Agree to hold the awards ceremony in the donated banquet hall since his agency director and board of directors support this plan.
2. Refuse the offer of the donated banquet hall since transportation will be a challenge for many participants and the group already agreed to hold the event in the agency gym.
3. Insist on checking with participants as to whether the banquet hall is an acceptable alternative, even if taking the time to do so means risking the loss of the facility and disappointing his agency director and board of directors.
4. Only agree to hold the awards ceremony in the donated banquet hall if the agency can provide free transportation to the event.

The Non-Discrimination Principle: Key Concepts

- Avoiding/preventing discrimination
- Complying with anti-discrimination laws and regulations
- Promoting cultural competence
The Non-Discrimination Principle:
Looking Back & Moving Forward

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

CAPT: Ethics in Prevention: Action Steps
Activity: Enhancing Your Cultural Competence

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:**
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 abuse prevention services that are accessible, equitable, and appropriate for diverse populations. Substance abuse 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 competence, 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 identity/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 abuse
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 Competence

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 competence.

Cultural competence 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 competence 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 Civil Rights Act of 1964: This act prohibits discrimination based on race, religion, sex, national origin, and other characteristics.

• The American with Disabilities Act of 1990: This act prohibits discrimination based on disability under certain circumstances.

• The Equal Pay Act of 1963: This act prohibits sex-based wage discrimination.

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.
Principle 2: Competence

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

How Do You Feel About Driving...

What Is the Competence Principle?

Please refer to your copy of the Prevention Code of Ethics.
The Competence Principle: Key Concepts

- Assessing your qualifications
- Building your knowledge and skills
- Using best prevention practices
- Addressing personal impairment
- Addressing the unethical conduct of colleagues

Assessing Your Qualifications

- Alignment with job description ✔
- Familiarity with population and setting ✔
- Familiarity with culture of broader community ✔
- Relevant training and experience ✔

Building Your Knowledge and Skills

How do you grow as a prevention professional?

Supervision and Mentoring

Professional Development
Using Best Prevention Practices

- A data-driven and collaborative strategic planning process
- Evidence-based programs and strategies that are a good match for your community
- Continual monitoring and improvement of prevention processes and outcomes

Recognizing and Addressing Personal Impairment

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

- What can I do?

Addressing the Unethical Conduct of Colleagues

Prevention professionals must report the unethical conduct of colleagues to funding, regulatory, or other appropriate bodies.
Addressing the Unethical Conduct of Colleagues

Does your agency have a policy?

Yes ➔ Follow the protocol.

No ➔ These policies are established to support employees and ensure a consistent response.

Addressing the Unethical Conduct of Colleagues

Does your agency have a policy?

Yes ➔ Use your best judgment:
- Talk to your colleague.
- Talk to your supervisor.
- Report the behavior.
- Help establish a policy.

No ➔
The Competence Principle: Key Concepts

- Assessing your qualifications
- Building your knowledge and skills
- Using best prevention practices
- Addressing personal impairment
- Addressing the unethical conduct of colleagues

The Competence Principle: Looking Back & Moving Forward

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

*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.*