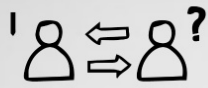




# ETHICS ACROSS THE STRATEGIC PREVENTION FRAMEWORK

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ASSESSMENT



CAPACITY



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## Why Ethics?

- All professionals are guided by a code of ethics.
- To be a recognized as a profession in society, there are four standards that must be met:
  - Membership in an occupational organization
  - Special expertise
  - Service orientation
  - Autonomy



## Standards of a Profession

- Prevention professionals meet each of these criteria and are, therefore, held to expectations that society has of professionals.
- Part of society's expectation of professionals is that they *will not place personal gain ahead of the public good.*
- As a result of this expectation, "Society grants professional standing to those groups which contribute to the well-being of the broader society."





## As Prevention Professionals, We Also Have Several Obligations

- Obligations to our Organization
- Obligations to the Public
- Obligations to the Practice

# The Prevention Think Tank Code of Ethical Conduct



- Created by the SAMHSA Think Tank and the International Credentialing and Reciprocity Consortium (IC&RC)
- Guided by core prevention values and competencies
- Provides models of exemplary behavior
- Recognizes our responsibilities to the field
- Promotes trust from society and those we serve

## Ethics Decision Making Process



- D Define the decision that needs to be made
  - Clear and specific
- E Entertain all the possible options
  - Often, multiple solutions
- C Compare each option and the consequences
- I Identify your decision
  - Select the best option for everyone.
- D Design and implement an action (create a plan)
- E Evaluate the results
  - Did the anticipated consequence happen? Would you take the same or make a different decision next time?



# Prevention Code of Ethical Conduct

## 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.

I have read and understand the Prevention Think Tank Code of Ethical Principles. I will, to the best of my ability, adhere to and honor this Code in my professional and personal dealings.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed name: \_\_\_\_\_

Revised September 2003


Contact the Prevention Think Tank at  
[pttine@preventionthinktank.org](mailto:pttine@preventionthinktank.org)



# SIX GUIDING PRINCIPLES

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


# PRINCIPLE 6: ETHICAL OBLIGATIONS FOR COMMUNITY AND SOCIETY

 **Carolyn Wilson**  
3d · 🧑

This is 100% false. Cannabis, no matter how its grown, is not safer than a tomato. This is completely and utterly inaccurate. I am disappointed. People need to learn and know the scientifically undisputed brain, body and behavior effects cannabis, and be able to have intelligent factually accurate conversations about adult topics. Laughable. Call me when a tomato with 80-90% 'lycopene and Vitamin C' causes psychosis.

Also, is alcohol or tobacco brewed/grown at home safer than a tomato?



 **Carolyn Wilson**

its a hard battle to fight, but being a professional in the field, I can't stay quiet with this type of propaganda. Prevention is about education. Our 'special interest' is people.



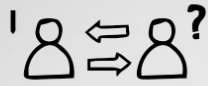
WHY  
ETHICS?

PREVENTION  
CODE OF ETHICS



# ETHICS ACROSS THE STRATEGIC PREVENTION FRAMEWORK

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## Discover the Cultural Norms

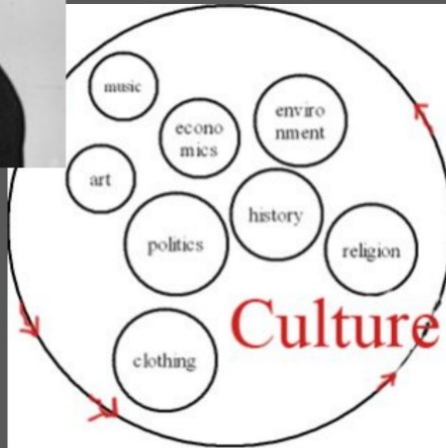


Specific to Each of the Sectors

12 COMMUNITY  
SECTORS







## THINK LIKE AN ANTHROPOLOGIST

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

- *Margaret Mead*

# UNDERSTAND YOUR COMMUNITY SECTORS

- Economics
- Politics
- History
- Environment
- Language

"I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand?"

James P. Spradley

# HOW DOES THIS RELATE TO THE (SPF) STRATEGIC PREVENTION FRAMEWORK AND ETHICS?



- SPF as a process and as a unit of analysis for our work
- Different community sectors are involved with each of the steps of the SPF

## Discover the Cultural Norms



Specific to Each of the Sectors

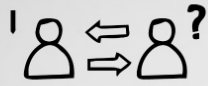
12 COMMUNITY  
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# ETHICS ACROSS THE STRATEGIC PREVENTION FRAMEWORK

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## Step 1:

- Collect Data to Assess Needs
- Identify Intervening Variables
- Assess Community Readiness and Resources
- Analyze the Assessment Data
- Develop Your Problem(s) Statement
- Gauge Your Groups Cultural Competence

ASSESSMENT

## ASSESSMENT SCENARIO

Mary just started her first job as a prevention coalition coordinator. The first thing she plans to do as part of the needs assessment process, is to gather all the existing data related to substance use in her community. Since there is no High School Risk Survey data available in her community, it is hard for Mary to prioritize which substances and behaviors to focus prevention efforts around. She figured she would make her own short survey and distribute it to students (with a small incentive) at the next home football game. What is a better approach to obtaining this sort of data?

*Why could Mary's approach potentially be dangerous to youth? Would it be okay if instead of a survey, she did a 5-10 minute interview? What if she were to survey parents instead at the same venue?*

# WHICH PRINCIPLE FROM THE PREVENTION CODE OF ETHICS IS RELEVANT TO THIS SITUATION?

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

# D.E.C.I.D.E.

## *Define* Decision to be Made

- What is the best/responsible option for collecting data

## *Entertain* Options

- Meet/collaborate with school administrators to administer a school wide survey
- Collaborate with PTO groups and survey parents

## *Compare*

- Current approach does not protect youth & could also damage relationship with School
- School survey may take longer to plan but will strengthen relationships and data
- Parent survey would be less complicated to implement and current venue is acceptable

## *Identify* Decision

- Short term- Parent survey
- Long term- Plan student survey

## *Design & Implement* Plan

- Parent survey- Collaborate with PTOs and/or SafeGrad groups
- Student survey- Develop relationship(s) with School officials begin to plan student survey

## *Evaluate*





## Step 1:

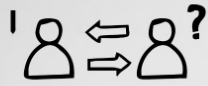
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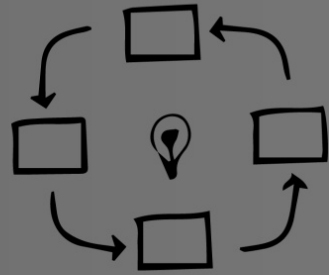
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## Step 2 Capacity

- Measure Community Readiness
- Increase Community Readiness
- Determine the Needed Organizational Infrastructure
- Address Capacity Building Throughout the SPF
- Increase Capacity Through Cultural Competence

CAPACITY

## CAPACITY SCENARIO

Tina is a coalition coordinator who is trying to network with folks in her community in order to build capacity for her prevention efforts. The Mayor agreed to have dinner and drinks with Tina to discuss prevention strategies. Tina was pleased with their conversation and the Mayor agreed to connect her with various institutions and organizations in their community. Tina paid the check using project funds. Is there anything unethical about Tina's meeting with the Mayor?

# D.E.C.I.D.E.

*Define* Decision

*Entertain* Options

*Compare*

*Identify* Best Decision

*Design & Implement* Plan

*Evaluate*

# D.E.C.I.D.E.

## *Define Decision*

- Is it appropriate to spend project funds on alcohol?..or even on dinner?

## *Entertain Options*

- Current approach
- Current approach without alcohol and/or without using project funds
- Meet in a more professional setting

## *Compare*

- Current approach may be violating policies
- Professional setting is ideal but may not suit your schedule

## *Identify Best Decision*

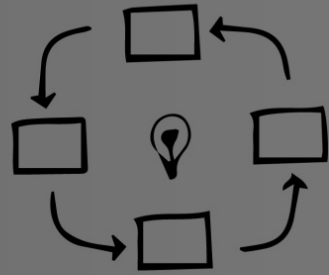
- Either professional setting or pay separately without consuming alcohol

## *Design & Implement Plan*

- Reschedule that meeting

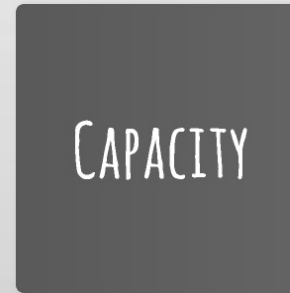
## *Evaluate*





## Step 2 Capacity

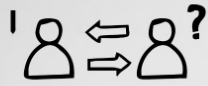
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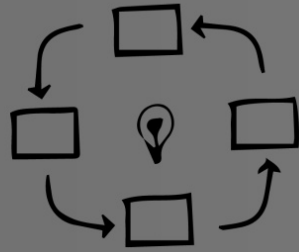
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### Step 3 Planning

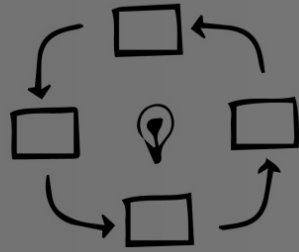
- Prioritize Intervening Variables
- Select Evidence-Based Interventions
- Establish Outcomes for Each Strategy
- Identify Resources Needed for Implementation
- Develop a Logic Model
- Develop an Action Plan
- Monitor and Assess Cultural Competence
- Develop an Evaluation Plan

PLANNING

## CURRICULUM SCENARIO

At your last coalition meeting, several school officials stated that they were looking for a new drug and alcohol curriculum for their high school students. After some investigating, you were able to find a very comprehensive curriculum available for free. After review, everyone on the coalition was pleased with the quality of the curriculum. Then a coalition member stated that they were familiar with the curriculum and that it was funded and produced by a major pharmaceutical company that makes opioids. Is it appropriate to use this curriculum knowing this new piece of information? Does this effect your decision at all?

Consider a spin off of this scenario. What if you decided to use grant money to purchase a new curriculum for the school, but then they don't do all the steps that are part of the program?



### Step 3 Planning

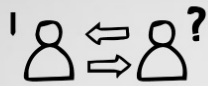
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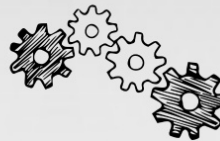


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## Step 4 Implement

- Assess and Build Capacity for the Implementation Phase
- Address Fidelity and Adaptation
- Monitor the Implementation Plan
- Plan for Sustainability

IMPLEMENT

## Scenario

Matt works for a non-profit organization and is the coordinator for a local prevention coalition. Throughout the year many high school students volunteer at various community outreach activities. At the last event, one of the youth volunteers disclosed to Matt that she is concerned about her Dad. He recently started vaping marijuana and he now vapes daily for hours straight and sometimes lets her younger brother who is 15 try some. How should Matt handle this situation?

- Is Matt mandated to report this? What information are you **required** to report?
- Are Prevention Coordinators considered mandated reporters?

# D.E.C.I.D.E.

*Define* Decision

*Entertain* Options

*Compare*

*Identify* Best Decision

*Design & Implement* Plan

*Evaluate*



## Step 4 Implement

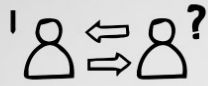
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IMPLEMENT



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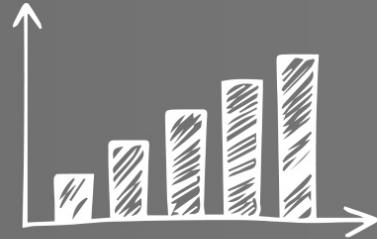
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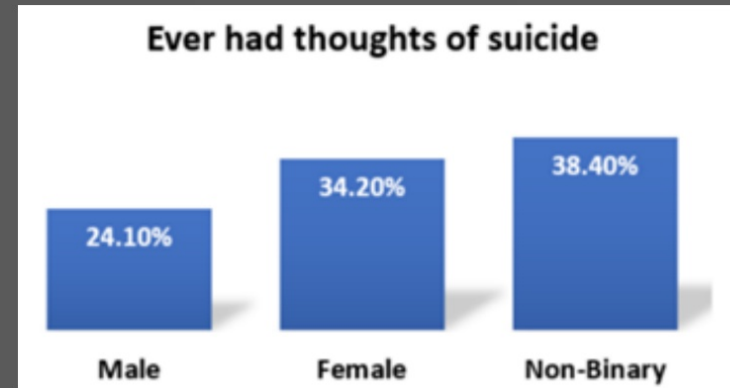
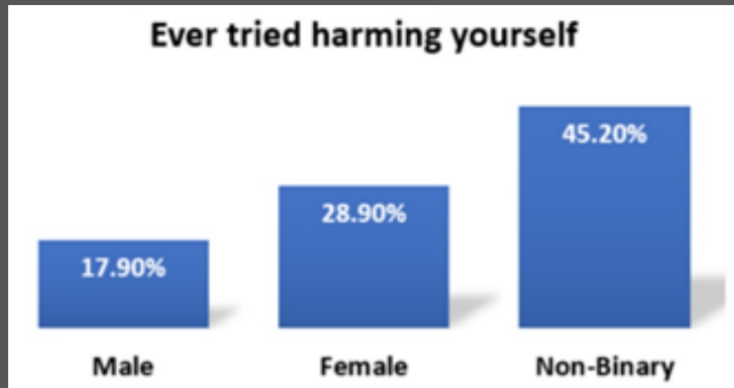
## Step 5 Evaluation

- Ensure Cultural Competence
- Engage Stakeholders
- Implement the Evaluation Plan
- Use Evaluation Results to Sustain Your Groups Work

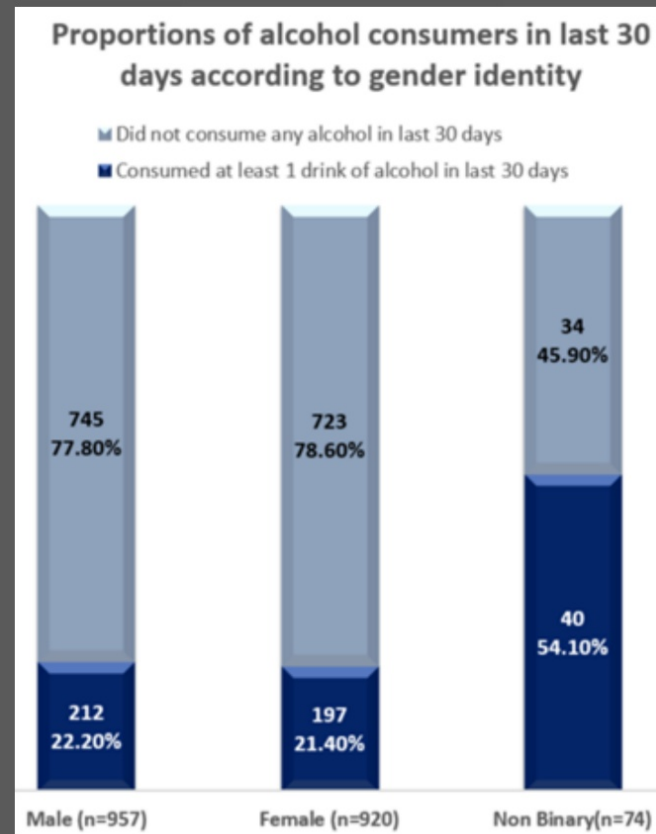
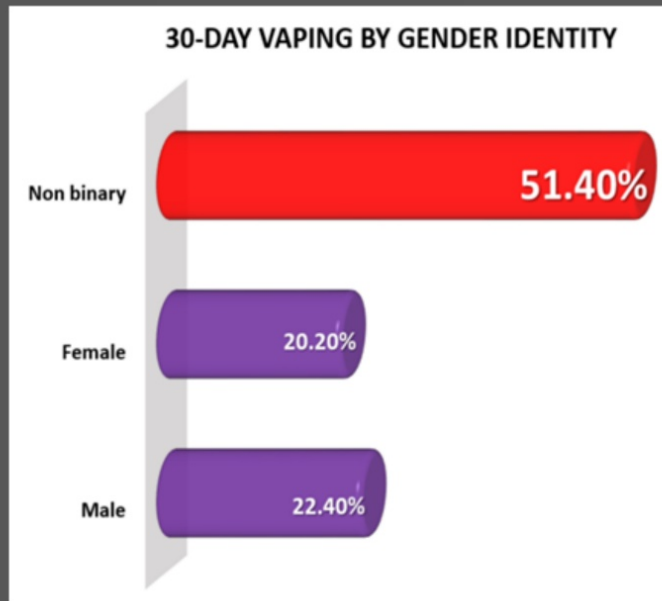
EVALUATION



# CONSIDER THE FOLLOWING DATA FROM THE HIGH SCHOOL RISK BEHAVIOR SURVEY

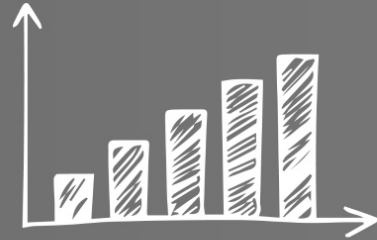


# CONSIDER THE FOLLOWING DATA FROM THE YRBS



# SCENARIO

- What are your initial thoughts about this data?
- How would this data inform your prevention initiatives?
- Which ethical principle is in play here?
- Would it be unethical to not focus your efforts on this priority population?
- How does the n value influence your decision?
- If you are trying to have the maximum amount of behavior change (in total individuals) then do you not focus your efforts on the Non-Binary folks?
- Does your coalition have the capacity to accommodate an intervention with this group?
- What are your obligations to your funder?



## Step 5 Evaluation

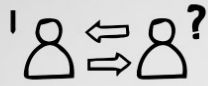
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