

# PREVENTION 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.

The Rhode Island Certification Board (referred to herein as "the board" or "RICB") provides voluntary certification for behavioral and community health professionals and doulas as a way of assuring competency of services to clients, to the public, and to employers. RICB is dedicated to the principle that individuals in the field of behavioral and community health and doulas must be held to the highest standards of ethical practice. The code of ethical conduct exists for the protection of clients. To that end, the RICB has adopted this code of ethical conduct, to be applied to all certified professionals or applicants seeking certification. Individuals are subject to this code from the date of application to RICB by the applicant.

The code is divided into three sections: (1) a glossary of key terms used in the code; (2) the rules of conduct, which set forth the standards which professionals are required to observe and discussions of selected standards; (3) the disciplinary procedures that will be followed by the board in investigating alleged violations of the rules. The board is committed to investigate and sanction those who breach this code. Certified professionals are, therefore, encouraged to thoroughly familiarize themselves with the code and to guide their behavior according to the rules set forth below and to all state and federal laws and regulations that govern their practice and their employment.

Transparency or being visible about your professional behavior is paramount to maintaining the high standards set by RICB's code of ethical conduct and is therefore expected of certified professionals. Transparency is not an ethical principle but a pro-ethical condition. Transparency is about information, and it embodies honesty and open communication. You must be willing to share information when it is uncomfortable to do so. Transparency entails being honest with oneself about the actions one is taking. It involves keeping one's actions aboveboard. A commitment to transparency demonstrates to the community, employers, and the client that there is nothing to hide.

All certified professionals will eventually be faced with ethical dilemmas that are difficult to resolve and offer challenges to their professional practice. Ethical resolution is a critical process, and all certified professionals are expected to engage in ethical decision-making that includes the evaluation of context of the situation, meaningful values, the appropriate ethical standards, is consultative in nature and includes a credible model for ethical decision-making. RICB, through its ethics committee, is available and willing to act in a consultative fashion to answer any questions pertaining to ethical conduct or dilemmas faced by certified professionals.

## GLOSSARY

**Appeals Committee:** Three RICB board members appointed to hear an appeal

**Applicant:** A person who has applied for certification but is not yet certified

**Certified Professional:** A person who holds a RICB credential

**Client/Service Recipient:** Any person(s) who, either currently or in the past, has received or is receiving services

**Complainant:** A person(s) who files a formal complaint against a certified professional or applicant for certification or, in appropriate cases, RICB may initiate an ethics inquiry and act as complainant

**Distance Services:** The delivery of prevention services through the use of technologies such as telephone-based services, video conferencing, texting, smartphone applications and web-based tools

**Ethics:** A standard of behavior by which certified professionals or applicants must abide

**Ethics Committee:** A RICB standing committee charged with the responsibility to review, investigate, and sanction as determined appropriate those who breach the code of ethical conduct

**Hearing Panel:** A panel comprised of RICB ethics committee members participating in an ethics hearing and who make recommendations in accordance with the code of ethical conduct

**Hearing Officer:** The RICB ethics committee chairperson or co-chairperson who presides over an ethics hearing

**Prevention Credentials:** Associate Prevention Specialist, Certified Prevention Specialist, Advanced Certified Prevention Specialist

**Plagiarism:** An act of appropriating the language, ideas, or thoughts from another person and representing them as one's own original work

**Public Reprimand:** A sanction that is a formal, written, published reproof, or warning to a respondent who the ethics committee has determined to have breached the code of ethical conduct

**Respondent:** A certified professional or applicant for certification against whom an ethical complaint has been filed

**Revocation:** A sanction resulting in the complete and permanent forfeiture of RICB certification or any future RICB certification

**Suspension:** A sanction resulting in the temporary forfeiture of RICB certification for a time-limited period to be determined by the RICB ethics committee

**Written Caution:** The least restrictive disciplinary action that a respondent may receive due to breaching the code of ethical conduct and is a formal, private, non-published letter of warning to the respondent that cautions against certain conduct or behavior

## **RULES OF CONDUCT**

The following rules of conduct, adopted by the RICB, set forth the minimum standards of conduct which all certified professionals and applicants for certification are expected to honor. Failure to comply with an obligation or prohibition set forth in the rules may result in discipline by the RICB.

### **PRINCIPLES**

#### **Principle 1: Non-discrimination**

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical/genetic, or mental disability. A prevention specialist should broaden their understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences and in alignment with recognized, professional standards of social justice, equity, diversity, and inclusion.

Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state, and federal laws regarding the accommodation of individuals with disabilities.

#### **Principle 2: Competency**

Prevention specialists shall proficiently and ethically perform 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.

Incompetence includes, but is not limited to, a substantial lack of knowledge or consideration of cultural competence, and/or inability to discharge professional obligations within the scope of the prevention profession, or a substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which they are responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of their competencies. Each professional is responsible for assessing the adequacy of their own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.

- D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, they have an ethical responsibility to report the conduct or practices to funding, regulatory, or other appropriate bodies.
- F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance use, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
- G. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- H. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

### **Principle 3: Integrity**

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and/or 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. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists 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, a prevention specialist should be supportive of assistance or treatment.
- D. Prevention specialists should not be associated directly or indirectly with any service, product, individual, and organization in a way that is misleading, unethical, discriminatory, and/or illegal.
- E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.
  1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
  2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.
  3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee

- is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to decide on the application.
4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.
  5. As employees or members of organizations, prevention specialists shall refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- F. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence, or malpractice.
1. Falsifying, amending, or making incorrect essential entries or failing to make essential entries of services provided.
  2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence, or malpractice, such as:
    - a. Failing to comply with a term, condition or limitation on a certification or license.
    - b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
    - c. Administering to oneself any controlled substance not prescribed by a doctor or aiding and abetting another person in the use of any controlled substance not prescribed to that person.
    - d. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
    - e. Using alcohol or non-prescription drugs while providing professional services.
    - f. Exposing or permitting the release of confidential or anonymous information.
- G. Prevention specialists make financial arrangements for services with service recipients and third-party payers that are reasonably understandable and conform to accepted professional practices. Prevention specialists:
1. Do not offer, give, or receive commissions, rebates, or other forms of remuneration for the referral of program participants.
  2. Do not charge excessive fees for services.
  3. Disclose any fees to participants at the beginning of services.
  4. Do not enter into personal financial arrangements with direct program recipients.
  5. Represent facts truthfully to participants and funders.
  6. Do not personally accept a private fee or any other gift or gratuity for professional work.
- H. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification.

#### **Principle 4: Nature of Services**

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

- A. Services should be provided in a way which preserves the protective factors inherent in each culture, community, and individual.
- B. Prevention specialists should use formal and informal structures to receive and integrate 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, the prevention specialist shall report the evidence to the appropriate agency, comply with any mandatory reporting policies/statutes, and follow up to ensure that appropriate action has been taken.
- D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. The following are additional guidelines regarding the use of technology:
  1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
    - a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.
    - b. Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.
    - c. Prevention specialists should not provide their personal contact information to direct program recipients, i.e., home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums except in cases of agency/professional business.
  2. Prevention specialists must adhere to all professional and compliance standards regarding confidentiality. It is the responsibility of the prevention specialist to ensure, to the best of their ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
  3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization, and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
  4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy, and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.

5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention specialists must be aware of their influential position with respect to direct program recipients and avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. Prevention specialists should report, as appropriate, the nature of dual relationships to supervisors, sponsoring organizations, and other relevant individuals/organizations. When a dual relationship cannot be avoided, prevention specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients and/or their family members.
1. Soliciting and/or engaging in romantic/sexual conduct with direct prevention participants is prohibited.
  2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g., developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing "informal counseling" to a participant.)
  3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g., providing a skills group for students engaging in risky substance use behaviors, an "indicated population," and also teaching an academic subject where they are class members.)
  4. Prevention specialists avoid bringing personal issues into the professional relationship. Through an awareness of the impact of stereotyping and discrimination, the prevention specialist guards the individual rights and personal dignity of participants.
- F. Prevention specialists should be aware of their influential position with respect to employees and supervisees and avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. Prevention specialists should report, as appropriate, the nature of dual relationships to supervisors, sponsoring organizations, and other relevant individuals/organizations. When a dual relationship cannot be avoided, prevention specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with employees or supervisees.
1. Sexual conduct with employees or supervisees is prohibited.
  2. Prevention specialist do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.
  3. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

- G. Prevention specialists make reasonable arrangements for the continuation of prevention services when transitioning to a new position or no longer able to provide that service.
- H. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

**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 specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained, including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publicly shall be distributed only in ways that protect the confidentiality of individual participants.

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

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

Prevention specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.