



CONNECTICUT CERTIFICATION BOARD

**CODE OF ETHICAL CONDUCT –
CERTIFIED PREVENTION SPECIALIST**

(REVISED/BOARD APPROVED MARCH 2022)

CCB CODE OF ETHICAL CONDUCT – PEER SPECIALISTS

PREAMBLE

The Connecticut Certification Board (referred to herein as "the Board" or "CCB") provides voluntary certification for addiction and other behavioral health professionals in Connecticut as a way of assuring competence to clients, to the public, and to employers. CCB is dedicated to the principle that individuals in the field of addiction treatment and behavioral health services must ensure their behavior meets the highest standards of ethical practice. To that end, the CCB has adopted this Code of Ethical Conduct, to be applied to all professionals certified by or seeking certification by the Board. All Individuals are subject to this Code and the CCB Code of Ethical Conduct – Disciplinary Procedures from the date of application for any CCB credential. The Code of Ethical Conduct exists, in part, for the protection of consumers and to maintain the integrity and professionalism of the field.

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. ***Effective April 1, 2022, this Code of Ethical Conduct will replace the previously published CCB ethics code and investigations procedure.***

GLOSSARY

Appeals Committee

A committee of members of the Board of Directors of the CCB appointed to hear any appeal provided for hereunder.

Certified Professional

A person who holds or applies for a CCB credential classification including Registry.

Client

Any person(s) who, either currently or within the past five years, has received or is receiving services from a certified professional, either individually or in the certified professionals' treatment context/setting.

Complainant

A person(s) who files a complaint with the CCB against a certified professional under CCB jurisdiction.

Ethics

A standard of behavior by which certified professionals must abide, including but not limited to the standards provided herein.

Ethics Committee

A CCB standing committee charged with the responsibility to review, investigate and sanction as determined appropriate to those who breach the Code of Ethical Conduct. The committee is comprised of CCB board members and/or its designees.

Hearing Panel

A panel comprised of CCB Ethics Committee members with a responsibility to hear and make recommendations in accordance with the Code of Ethical Conduct.

Hearing Officer

(A person) The CCB Ethics Committee Chairperson, Co-Chairperson, or designee who presides over an ethics hearing.

CCB Addiction Counselor Classification

Certified Addiction Counselor, Certified Advanced Alcohol & Drug Counselor, Counselor in Training

CCB Clinical Supervisor Classification

Certified Clinical Supervisor

CCB Co-Occurring Disorders Professional Classification

Certified Co-Occurring Disorders Professional

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 against whom an ethical complaint has been filed.

Revocation

A sanction resulting in the complete and permanent forfeiture of CCB certification.

Scope of Services

The range of services deemed appropriate and necessary for an individual client. Such services may include but are not limited to prevention, intervention, outreach, information and referral, detoxification, inpatient or outpatient services, extended care, transitional living facilities, aftercare and clinical supervision.

Suspension

A sanction resulting in the temporary forfeiture of CCB certification for a period of time to be determined by the CCB Ethics Committee.

Written Caution

The least restrictive disciplinary action that a Respondent may receive due to breaching the Code of Ethical Conduct. This sanction is a formal, private, non-publicized letter of warning to the Respondent that cautions the Respondent against certain conduct or behavior.

CODE OF ETHICS FOR CERTIFIED PREVENTION SPECIALISTS

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.

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 or mental disability.

A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

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 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. Incompetence includes but is not limited to a substantial lack of knowledge or ability 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 he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her 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, he or she has 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 misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.

Principle 3: Integrity.

To maintain and broaden public confidence, prevention specialists 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. 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 of 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, products, individuals, and organizations in a way that is misleading.
- 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 make a determination 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 drugs while providing professional services.
- 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, excluding minor traffic offenses, whether or not the case is pending an appeal.

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 and individual.
- B. Prevention specialists 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, the prevention specialist shall report the evidence to the appropriate agency 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. With this in mind, the following are additional guidelines regarding the use of technology:
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.
Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.

Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.

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

It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.

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.

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.

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 they 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. 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 sexual conduct with direct prevention participants are prohibited.
 2. Prevention specialists should avoid any action or activity that would indicate a dual
 3. relationship and transgress the boundaries of a professional relationship (e.g.
 4. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing “informal counseling” to a participant.)
 5. 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.)
 6. 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 they avoid exploiting the trust and dependency of such persons. Prevention specialists make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. 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 specialists do not permit students, employees, or supervisees to perform or
 3. to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
 4. 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
- H. services when transitioning to a new position or no longer able to provide that service. 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 safe guarded 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 to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publicly shall be distributed only in ways that protects 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 general 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.