

Code of Ethical Conduct – Certified Peer Recovery 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 RECOVERY SUPPORT SPECIALISTS

The CPRS code of ethics serves to:

- 1. Protect consumers of recovery support services
 - 2. Set a professional standard
 - 3. Increase confidence in the profession
- 4. Identify core values which underlie the work performed
 - 5. Create accountability among CPRS professionals
 - 6. Establish occupational identity and maturity

ETHIC	IMPORTANCE
CPRS professionals will, when appropriate, openly share their stories of hope and recovery and will likewise be able to identify and describe the supports that promote their recovery and resilience.	Science has shown that having hope is integral to an individual's ability to recover. Hearing stories of recovery helps people develop hope, particularly when those stories are relevant to others' lives and helps them to identify supports for their own recovery.
CPRS professionals will practice safe and healthy disclosure about their own experience through general sharing focused on providing hope and direction toward recovery.	The experience of recovery and what is helpful is different for each person. Sharing one's recovery story can promote hope, but must not be prescriptive.
CPRS professionals will maintain high standards of personal conduct and will also conduct self-care in a manner that fosters their own recovery.	As a role model, a CPRS professional's integrity and health choices influence the practices of persons served.
CPRS professionals will fairly and accurately represent themselves and their capabilities to individuals they serve and to the community.	The goal is to get a person to the right source of support for their current need. Damage occurs when a professional misrepresents what services they are qualified to provide.

CPRS professionals will not abuse substances under any circumstances.	As a role model, a CPRS professional's integrity and health choices influence the practices of persons served.
CPRS professionals will provide services to meet the identified needs of the individuals they serve as indicated within their service plan. They will avoid providing services that are unnecessary or not capable of producing the desired effect.	Persons served deserve individualized services with demonstrated effectiveness.
CPRS professionals shall only provide service and support within work hours and locations approved by the agency.	Persons must be afforded protection from abuse, misconduct and conflicts of interest which are more likely to occur outside the scope of professionally sanctioned hours and settings.
CPRS professionals will advocate for the full involvement of individuals they serve in communities of their choice with services in safe and least restrictive environments possible.	Recovery is the process by which persons with mental illnesses live, work, learn and participate fully in their communities. All individuals have the right to live in a safe and least restrictive environment.
CPRS professionals must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.	Individuals have the right to be treated with equality and esteem.
CPRS professionals will never intimidate, threaten, harass, financially exploit, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.	Even when providing peer support services, the CPRS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals.
CPRS professionals will never engage in	The real and perceived power between a

romantic or sexual/intimate activities with the human service professional and the persons individuals they serve. They will not provide they serve creates an imbalance of power that services to individuals with whom they have is advantageous to the professional and had a prior romantic or sexual relationship. disenfranchising to the person served. This removes the possibility for a genuine consensual relationship. Relationships of this type also cloud the professional's needed objective judgment, which reduces the quality of services the person deserves. Even when providing peer support services, the CPRS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived CPRS professionals will not accept gifts of authority might place pressure upon significant value from individuals they serve. individuals to give. A gift of significant value They do not loan, give, or receive money or from a consumer is essentially payment for a payment for any services to, or from, service that is already being paid for by other individuals they serve. means. Receiving a gift from an individual may also unintentionally impact the treatment of that individual and other persons served in an unfair manner. CPRS professionals will, at all times, respect the rights, dignity, privacy and confidentiality Individuals have rights, including the right to of those they support. CPRS Professionals will privacy, and CPRS professionals should not respect confidential information shared by only honor, but advocate for the necessity and colleagues in the course of their professional enforcement of such rights. relationships and interactions. CPRS professionals have a duty to inform appropriate persons when disclosure is The professional has a duty not only to protect necessary to prevent serious, foreseeable, and imminent harm to an individual they are persons served, but also other individuals and serving or other identifiable person. CPRS society at large. professionals working in the human services field are mandated reporters of abuse, neglect and exploitation.

CPRS professionals will avoid negative criticism of colleagues in communicating with individuals they serve and other professionals.

CPRS professionals must use their influence for constructive purposes and not engage in activities that detract from the recovery support of persons with mental health challenges. Persons served benefit from a thoughtful, team based approach where their welfare is the primary concern.

Adapted from the Peer Specialist Code of Ethics and Professional Standards by Colorado's Northeast Behavioral Health Partnership (2011)