

Module Eight

Ethics of Prevention and Bringing It All Together

Format Options for Module 8

Module 8 begins with the Ethics section. Two options are presented below for leading the application section, Bringing It All Together:

- Option #1 makes Module 8 a three hour module and draws together work from previous modules using the case studies begun in Module 2 and used in each subsequent module.
- Option #2 makes Module 8 a seven and one-half hour module using a new activity applying the concepts of the SAPST in a presentation exercise.

Module 8 ends with a closing, evaluation, and post-test.

Ethics of Prevention

Time

The anticipated time for the ethics section is one and one half hours.

Learning Objectives

Participants will be able to:

- Examine a sample code of ethical conduct for prevention professionals
- Make ethical judgments in prevention situations

Code of Ethical Conduct for Prevention Professionals

All developing fields need an ethical code to guide behavior. The field of substance abuse prevention needs to develop a code of ethics to serve as a guide for professional conduct. Circumstances and situations often arise in the helping professions that are both complex and difficult to handle. A code of ethics can help us make good decisions when faced with problematic situations.

The following is a set of ethics for prevention professionals to consider. The National Association of Prevention Professionals and Advocates (NAPPA) originally developed these ethical codes. However, this organization is no longer in existence. As an emerging discipline, ethical codes of conduct need to be developed and advanced for the field of prevention to act as a benchmark for positive professional behavior.

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his/her responsibilities to the public, to service recipients and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged in the development of the field.

Principles

1. Nondiscrimination

A prevention professional shall not discriminate against recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical or mental disability, including persons testing positive for HIV. A prevention professional shall 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.

2. Competence

A prevention professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- 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 any professional activity for which she or he is responsible.
- C. A prevention professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- D. When a prevention professional is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

III. Integrity

To maintain and broaden public confidence, prevention professionals should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. Personal gain and advantage should not subordinate service and the public trust. 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 professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. A prevention professional should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

IV. Nature of Services

Above all, prevention professionals should do no harm to service recipients. Practices shall be respectful and nonexploitative. Services should protect the recipient from harm and the professional and the profession from censure.


- A. Where there is evidence of child or other abuse, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- B. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional should be supportive of assistance or treatment.
- C. A prevention professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/ or herself.

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.

VI. Ethical Obligations to 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 who must adopt a personal and professional stance that promotes the well-being of all humankind.



Three Case Studies in Ethics

Ethics Case Study 1

The Center for Alcohol Education, Inc., is a small, struggling nonprofit agency that targets the prevention of alcohol use among teenagers. Funding has never been adequate to support its projects, and its executive director has been considering some layoffs to stay afloat. Recently, the Bettleheim Brewing Company has let it be known that it will be providing grant dollars for responsible alcohol use. Bettleheim's public relations director was recently quoted in the newspaper as saying that current prevention efforts are one-sided and distort the facts about responsible alcohol use.

1. Should the Center for Alcohol Education, Inc., apply for one of these grants?
2. What implications would the acceptance of a grant from Bettleheim Brewing Company have on the Center?
3. Which sections of the Code of Ethics guides the Center in their decision?

Ethics Case Study 2

For the past ten years, the Institute on Drug Abuse Prevention has been supporting the DON'T DO IT curriculum by providing technical assistance, free materials and training to teachers willing to use it with their students. The institute has been very successful; over 500,000 students are exposed to the curriculum annually. Recently, however, two separate universities completed large-scale studies on the DON'T DO IT curriculum and found that it did not change student drug-use behavior; in fact, student drug use increased after the curriculum was implemented. The executive director has determined that it would take at least two years to locate and begin supporting a new curriculum. If she stops facilitating training, she's worried about the reaction of the institute's funders, who require that at least 200 teachers be trained annually. The director's advisors are telling her to disregard the study and continue supporting DON'T DO IT; after all, if so many teachers are using it, doesn't that mean it's a good program?

1. Should the institute continue facilitating training on the DON'T DO IT curriculum?
2. Does the institute have any ethical obligation to the teachers who are currently using the DON'T DO IT curriculum and are unaware of the study?
3. Which sections of the Code of Ethics guides the Institute in these decisions?

Ethics Case Study 3

The Health Advisory Board, a community coalition of health professionals from a variety of agencies, has applied for a grant available to groups serving Latino pregnant and parenting teens. The Board has not previously served this group, but is in need of these funds to implement its drug abuse prevention curriculum in an urban school district and to supplement its current funds. Although the Health Advisory Board members are Caucasian and English speaking, they have selected a local Spanish speaking Foreign Exchange student from Spain to teach the curriculum. They have selected a program developed in a predominantly white rural community that has demonstrated good outcomes and plan to adapt the program for this new focus group. They will advertise the program to students as a Latino health and parenting program. The Health Advisory Board will serve as the governing body and will use their expertise in designing and completing the program evaluation.

1. Does the Health Advisory Board have a reasonable plan? Why or why not?
2. Which sections of the Code of Ethics, if any, is the Advisory Board in conflict with?
3. What recommendations would you make to the Health Advisory Board in the development of their proposal?

Source:

S.H. Mowrer, and T.N. Strader, National association addresses tough issues, *The Journal of Primary Prevention*, 13:1,73-77. Kluwer Academic/Plenum Publishers (199).

Ethics Case Study 4

Spec, a prevention specialist, has conducted the first day of a four-day SAPST in Middletown. Following the conclusion of the first day, Prev joins several participants for dinner. At dinner, Prev orders a glass of wine.

1. What do you think about the appropriateness of Prev Spec's behavior?
2. Which section of the Code of Ethics, if any, guides this decision?

WORKSHEET

Bringing it All Together

You are a community substance abuse prevention coalition based in your case study community. The following work sheet will guide you in bringing together your work from the previous SAPST modules, using the case study which you began in Module 2 and advanced in each subsequent module.

Please involve all members of your group in recording the answers to the questions which follow. You will have 30 minutes to complete this work sheet. Your group will then present this information to another case study group.

Our community coalition is named:

SPF 1. Assessment

Its focus is the prevention of (be specific about the problem behavior):

Please place an X by the risk factors and protective factors your group identified in your case study community:

RISK FACTORS

Community

- availability of drugs
- community laws and norms favorable toward drug use
- transitions and mobility
- low neighborhood attachment and community disorganization
- extreme economic deprivation

Family

- family history
- family management problems
- family conflict
- parental attitudes and involvement in drug use

School

- academic failure beginning in elementary school
- lack of commitment to school

Individual/Peer

- early and persistent antisocial behavior
- alienation/rebelliousness
- friends who engage in the problem behavior
- favorable attitudes toward the problem behavior
- early initiation of the problem behavior

Individual/Peer (continued)

- gang involvement
- constitutional factors
- depression and anxiety

PROTECTIVE FACTORS

- bonding
- opportunities for pro-social involvement
- skills
- recognition
- healthy beliefs and clear standards

SPF 2. Capacity

Describe your case study community's capacity (human, technical, and financial resources), including cultural competency.

SPF 3. Strategic Planning

Describe the community program for which your coalition completed a Logic Model, and review the Logic Model.

- Describe the program's goals and long term outcomes:
- Describe the program's short term outcomes:
- Describe the strategies used to attain these goals and objectives:

Please place an X by the type of strategy the program represents:

- universal
- selective
- indicated

SPF 4. Implementation

Share your thoughts about balancing fidelity and culturally tailoring the program to your population:

Share your thoughts about planning for sustainability of the program's outcomes:

SPF 5. Evaluation

Describe your program's plans for process and outcome evaluation (tools, design, internal/external resources):



The NPN Presentation Proposal

Congratulations! Your group has been invited to submit a workshop proposal at the National Prevention Network (NPN) Research Conference next year. Your proposal will take the form of a 20 min. presentation outlining your award-winning local initiative, as you have developed it with the needs, goals and outcomes, & strategies in mind for your select age group.

Yours is a community-based organization, that's been operating successfully for the past 5 years. With the lessons you've learned about carefully assessing needs, increasing capacity, designing & selecting appropriate (multiple) strategies, as well as delivering & evaluating successful prevention services at the local level, you're now ready to share your success at the national level.

Your presentation incorporates tools from all the Modules, and especially the research & planning material found in Modules 2 & 3 based on CSAP's Strategic Planning Framework (SPF), CSAP Principles of Substance Abuse Prevention and NIDA Prevention Principles. Development and presentation includes all members of your work group. Be as thorough as possible & include the following (remember, the reviewers are strangers and know nothing of your community or program).

Our community based organization is named:

Its focus is the prevention of:

SPF 1. Assessment

Describe your agency's efforts in assessing community readiness.

Describe your agency's efforts in conducting a needs assessment.

Describe your agency's efforts in identifying specific problem behaviors and prioritizing their associated risk and protective factors.

Describe your agency's efforts in conducting a resource assessment.

Please place an X by the risk factors and protective factors that the above project will address:

RISK FACTORS

Community

- availability of drugs
- community laws and norms favorable toward drug use
- transitions and mobility
- low neighborhood attachment and community disorganization
- extreme economic deprivation

Family

- family history
- family management problems
- family conflict
- parental attitudes and involvement in drug use

School

- academic failure beginning in elementary school
- lack of commitment to school

Individual/Peer

- early and persistent antisocial behavior
- alienation/rebelliousness
- friends who engage in the problem behavior
- favorable attitudes toward the problem behavior
- early initiation of the problem behavior
- gang involvement
- constitutional factors
- depression and anxiety

PROTECTIVE FACTORS

- bonding
- opportunities for pro-social involvement
- skills
- recognition
- healthy beliefs and clear standards

SPF 2. Capacity

Describe your program's efforts in determining internal capacity and readiness, including cultural competency.

Describe your program's efforts in determining external capacity (human, technical, and financial).

Describe your agency resources and staff, including the qualifications of staff

SPF 3. Strategic Planning

Describe your program's efforts to complete a Logic Model.

- Describe the program goals (long term community changes):
- Describe the program's objectives (short term achievements):
- Describe the strategies used to attain these goals and objectives:

Describe your agency's efforts in selecting the type of strategy (universal, selective, or indicated).

Please place an X by the type of strategy the above project will include:

- universal
- selective
- indicated

Please place an X by the specific strategies that the above project will include:

- information dissemination
- education
- community-based process
- alternatives
- environmental
- problem identification and referral

SPF 4. Implementation

Describe your agency's efforts in implementing best practices.

Describe your agency's efforts in developing and completing Logic Model and Action Plans.

SPF 5. Evaluation

Describe your agency's efforts in evaluation (tools, design, internal/external resources).

Cultural Competency and Sustainability

Review your answers for each of the 5 SPF steps and make sure that you have taken into account the need for cultural competence and sustainability in each stage.



WORKSHEET

The Proposal Scoring Sheet

Complete this worksheet for each community group, based on their Presentation Proposal.

1. Assess the adequacy of the program & practices in the following areas:

Area	Strengths	Weaknesses	Addresses Cultural Competency?	Addresses Sustainability?
Assessment				
Capacity				
Comprehensive Strategic Planning				
Implementation				
Evaluation				

2. Assess the strategies employed:

- Are the strategies related to the program objectives?
- Does the program have an objective in support of each strategy it wishes to employ?
- Would other strategies be more appropriate?
- Are the risk factors and protective factors adequately addressed?

3. What developmental stages/ tasks does this approach address?

4. Make recommendations for improvement:
