

# ETHICS IN PREVENTION & Social Development Strategy

Leah Kalk, LCPC-S, NCC  
Director, Idaho RADAR Center



**BOISE STATE UNIVERSITY**

# WORDS MATTER!

- Stigma
  - Stigma is defined as the relationship between an attribute – such as drug use – and a stereotype that assigns undesirable labels, qualities, and behaviors to a person exhibiting the attribute
- [Addictionary](#)
- ~~Substance Abuse, Substance Abuse Prevention~~
  - Instead: substance use or misuse
- Tips for identifying stigmatizing language in prevention messaging
  - Is there “person first” language?
  - Is there conflation between substance use and SUD?
  - Is there technical language vs. colloquialisms?
  - Is there sensational or fear-based language?
  - Is there (unintentional) perpetuation of drug-related moral panic?

**Language Matters**

Language is powerful – especially when talking about addictions. Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

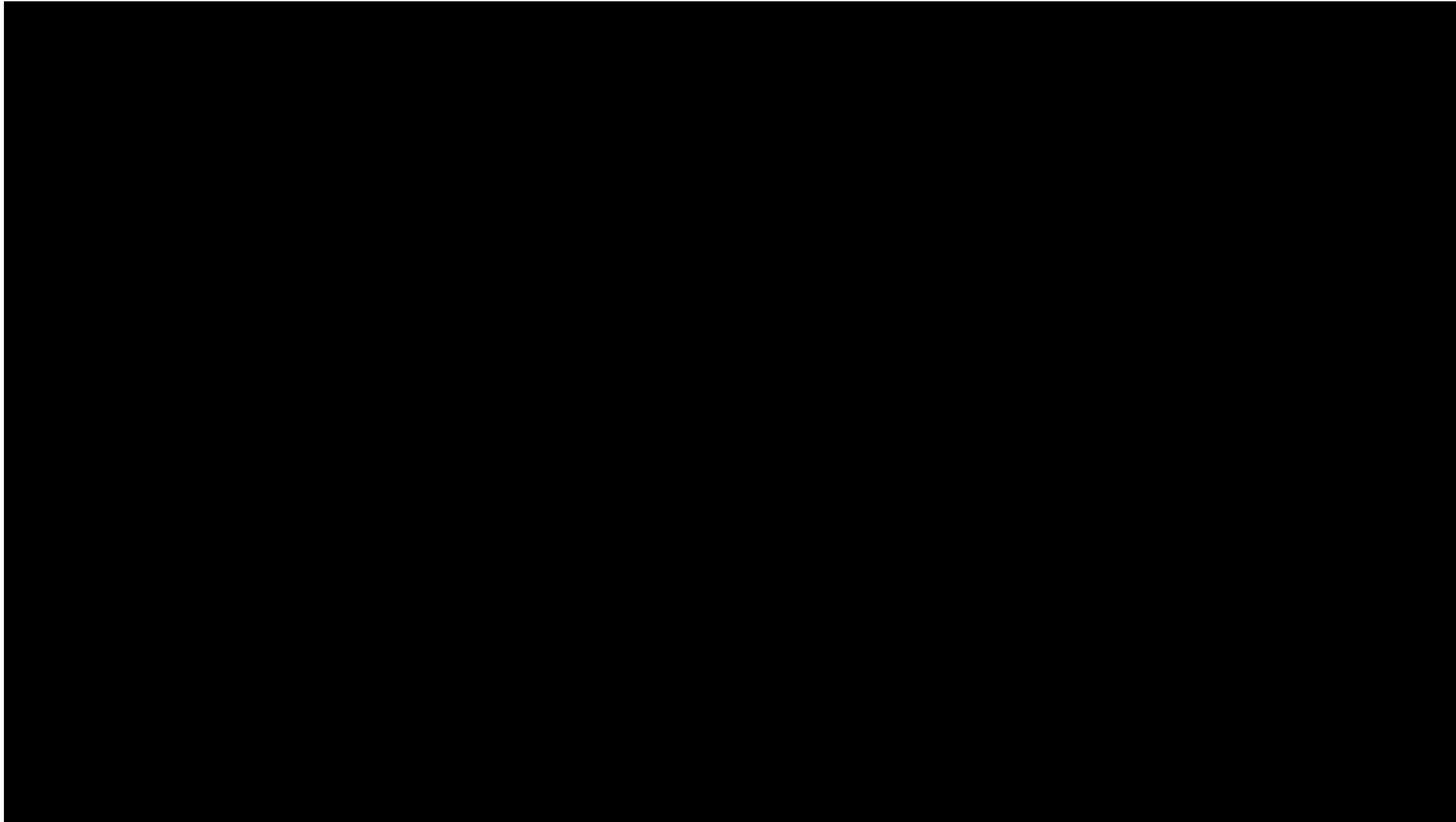
SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH  
STATE ASSOCIATIONS OF ADDICTION SERVICES  
Stronger Together.

Words are important. If you want to care for something, you call it a "flower"; if you want to kill something, you call it a "weed"  
-Don Coyhis



# Let's get ethical



The Office S5.E2 *Business Ethics*

# What are ethics?



Values



Principles



Ethics



Deeply held ideals, convictions, and principles influenced by culture, region, etc..

Reflect the moral values of an individual or group about right and wrong conduct

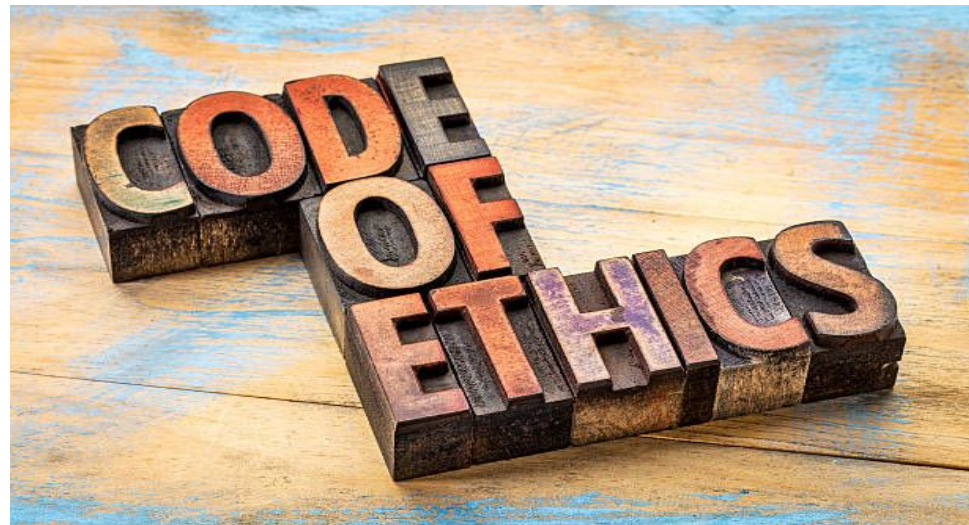
Agreed-upon codes of behavior based on distinct sets of principles

**“Ethics is knowing the difference between what you have a right to do and what is right to do.”  
-Potter Stewart**



# What is the purpose of ethics and ethics codes?

- Protect the client/participant
- Protect the professional
- Protect the community
- What else?



- American Counseling Association (ACA)
- National Board for Certified Counselors (NBCC)
- Association for Addiction Professionals (NAADAC)
- American School Counselor Association (ASCA)
- American Mental Health Counselors Association (AMHCA)
- American Association for Marriage and Family Therapy (AAMFT)
- National Association of Social Workers (NASW)
- Idaho Board of Alcohol/Drug Counselor Certification (IBADCC)

# Common themes of ethics codes

- Being interested in the welfare of clients
- Practicing within the scope of one's competence
- Understanding and respecting the cultural values of clients
- Distinguishing between personal values and professional values
- Avoiding harm and exploitation
- Establishing and maintaining appropriate professional boundaries
- Protecting client's confidentiality and privacy
- Practicing within an ethical and legal framework
- Avoiding discrimination in providing services to clients
- Striving for the highest level of ethical practice
- Recognizing the importance of self-care as a basis for competent practice





# Certified Prevention Specialist Code of Ethics

## IBADCC

- Competence
- Nondiscrimination
- Confidentiality
- Public Advocacy
- Integrity
- Nature of Services
- Ethical Obligation for Community and Society

## IC & RC (Prevention Think Tank)

- Non-discrimination
- Competency
- Integrity
- Nature of Services
- Confidentiality
- Ethical Obligations for Community and Society



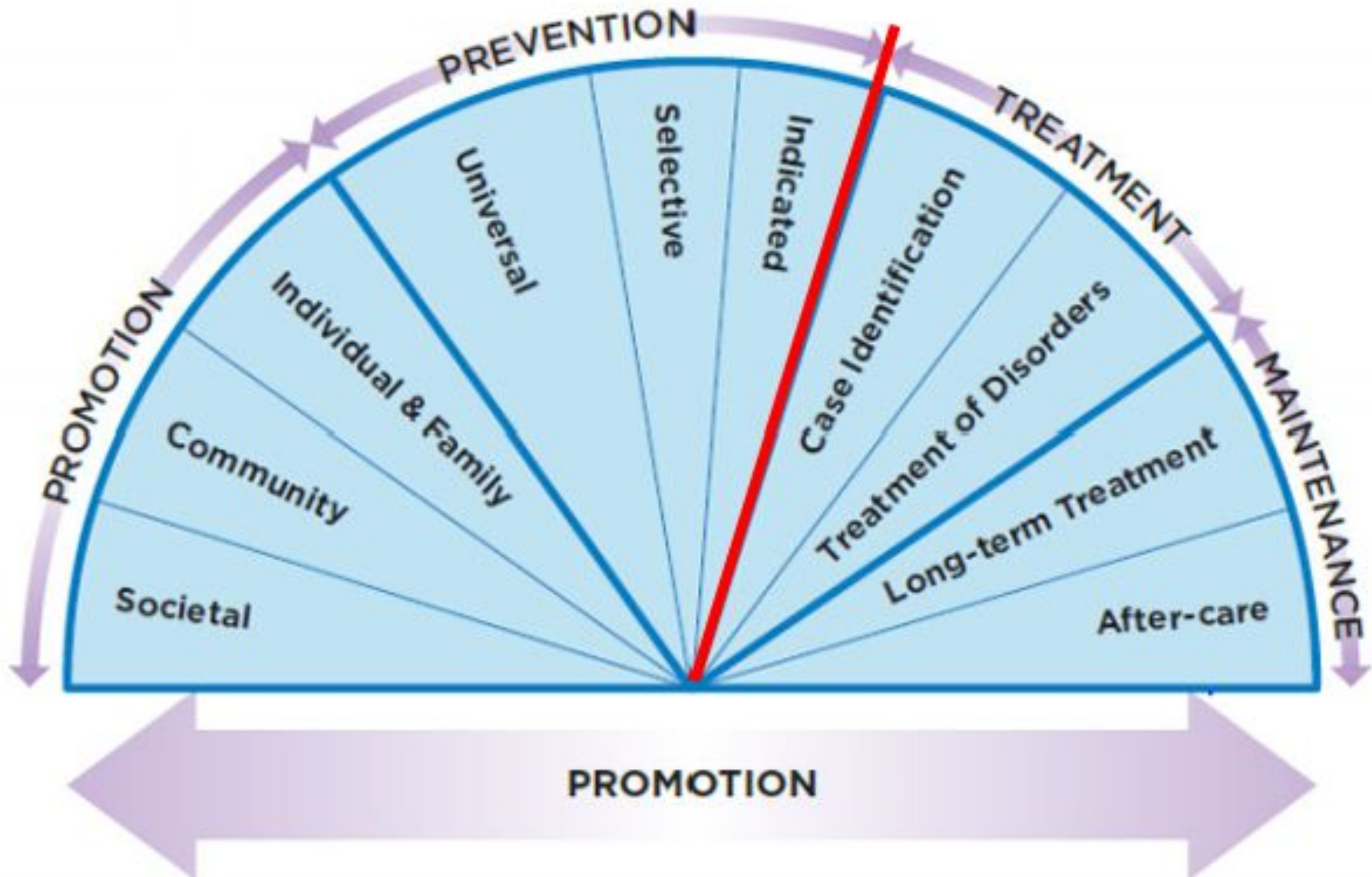
# What is Prevention?

- The **proactive** process of empowering individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

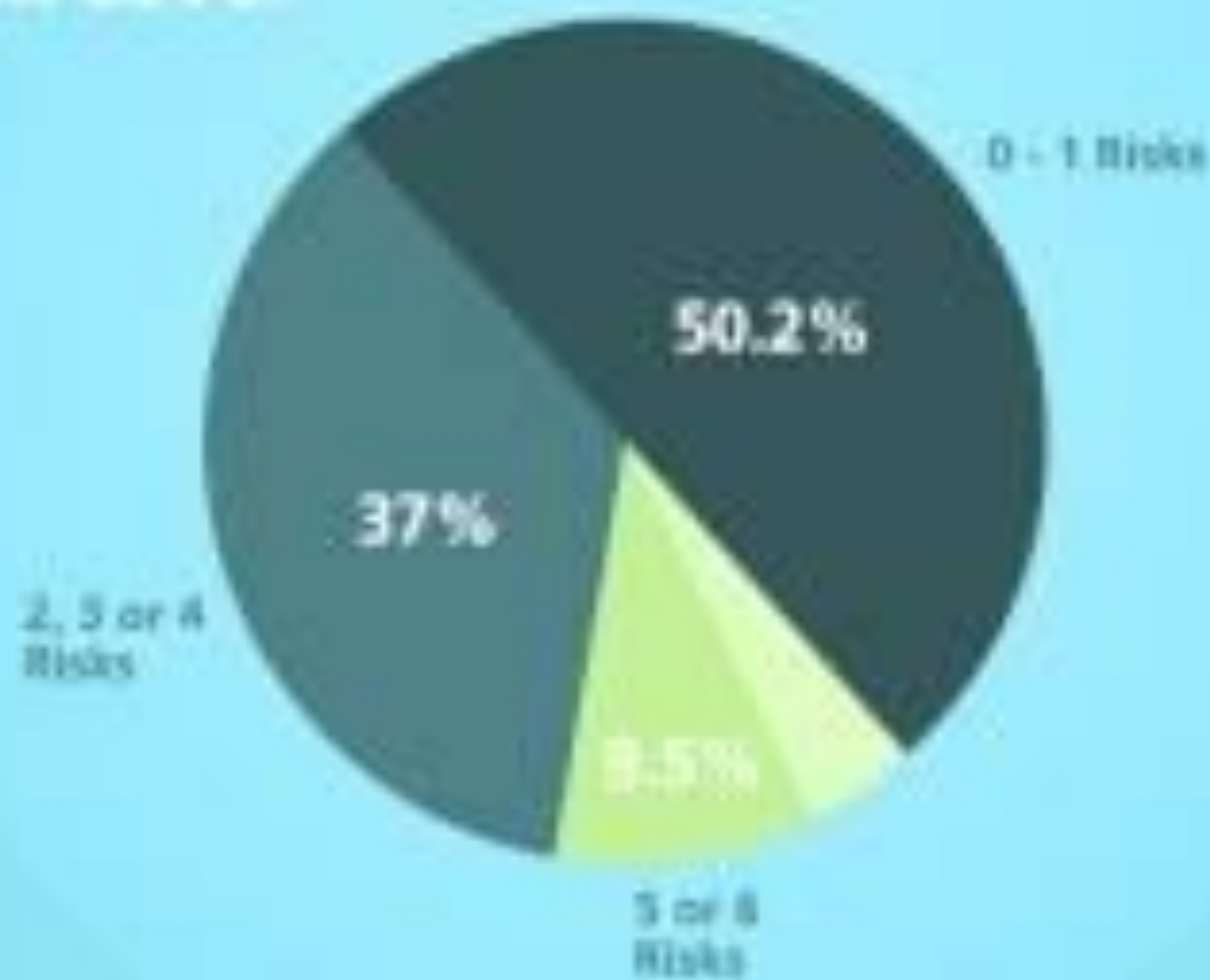


Parable of the River

# Institute of Medicine Behavioral Health Continuum



## Proportion of 18-year-olds At Each Risk Level



RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
<ul style="list-style-type: none"> <li>◊ Low neighborhood attachment</li> <li>◊ Community disorganization</li> <li>◊ Transitions and mobility</li> <li>◊ Laws &amp; norms favorable to drug use</li> <li>◊ Perceived availability of drugs</li> <li>◊ Extreme economic deprivation</li> </ul>	<b>COMMUNITY</b>	<ul style="list-style-type: none"> <li>◊ Prosocial involvement in community</li> <li>◊ Recognition of prosocial involvement</li> <li>◊ Exposure to EB programs and strategies</li> <li>◊ Positive social support outside of family</li> </ul>
<ul style="list-style-type: none"> <li>◊ Poor family management/discipline</li> <li>◊ High family conflict</li> <li>◊ Family history of problem behavior</li> <li>◊ Parental involvement in drug use</li> <li>◊ Favorable attitudes toward problem behavior</li> </ul>	<b>FAMILY</b>	<ul style="list-style-type: none"> <li>◊ Attachment &amp; bonding to family</li> <li>◊ Prosocial involvement in the family</li> <li>◊ Recognition of prosocial involvement</li> <li>◊ Parental supervision and communication</li> </ul>
<ul style="list-style-type: none"> <li>◊ Low commitment to school</li> <li>◊ Academic failure (low achievement)</li> <li>◊ Early &amp; persistent antisocial behavior</li> </ul>	<b>SCHOOL</b>	<ul style="list-style-type: none"> <li>◊ Prosocial involvement in school</li> <li>◊ Recognition of prosocial involvement</li> <li>◊ Supports and resources available</li> </ul>
<ul style="list-style-type: none"> <li>◊ Rebelliousness and/or impulsiveness</li> <li>◊ Sensation seeking</li> <li>◊ Early initiation of problem behaviors</li> <li>◊ Favorable attitudes toward problem behavior</li> <li>◊ Friends who engage in problem behavior</li> </ul>	<b>INDIVIDUAL/ PEER</b>	<ul style="list-style-type: none"> <li>◊ Social skills and/or sociability</li> <li>◊ Connection to religion or activities</li> <li>◊ Strong moral belief</li> <li>◊ Prosocial peer attachment</li> <li>◊ Resilient temperament</li> </ul>

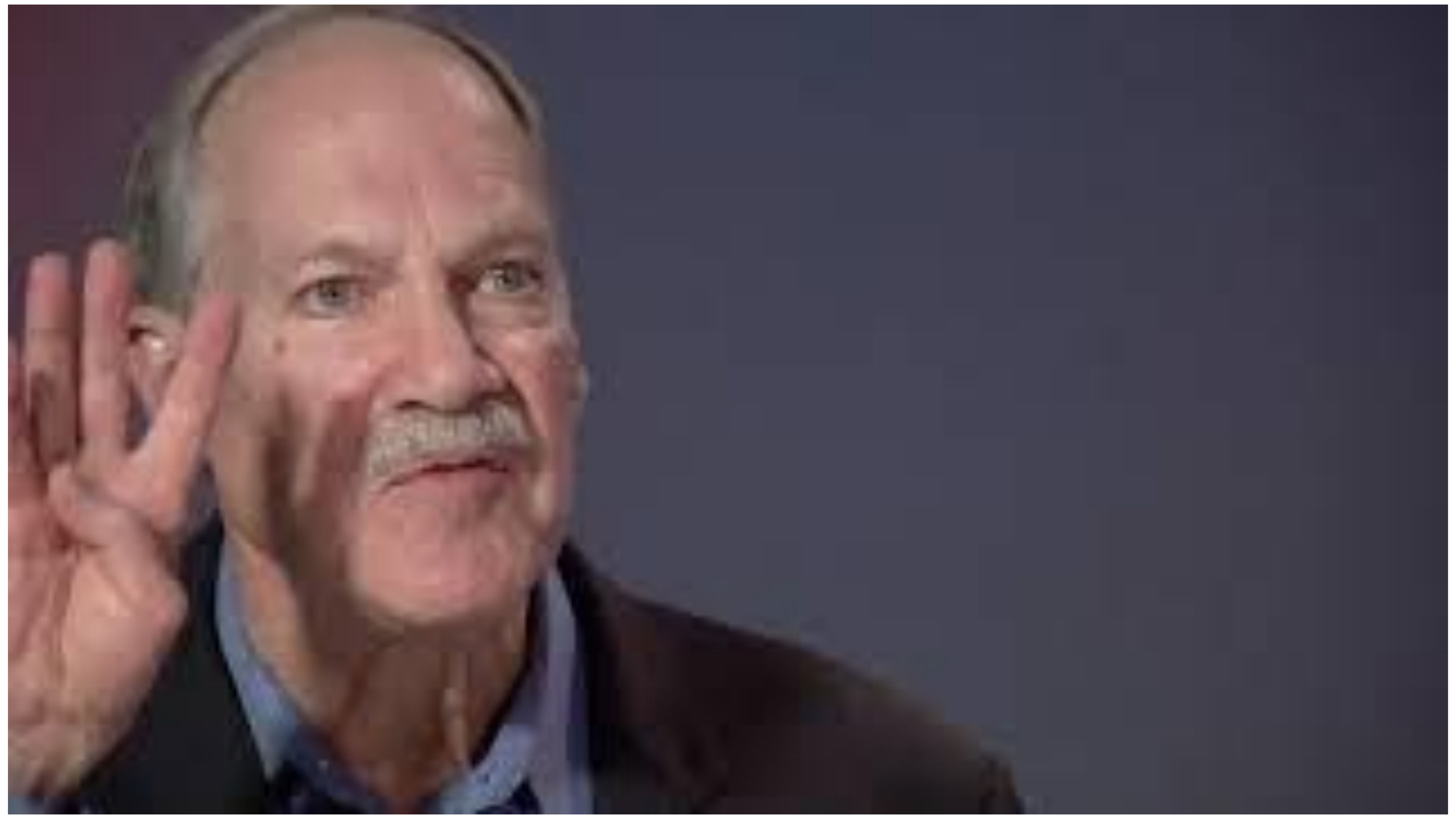
# Social Development Strategy



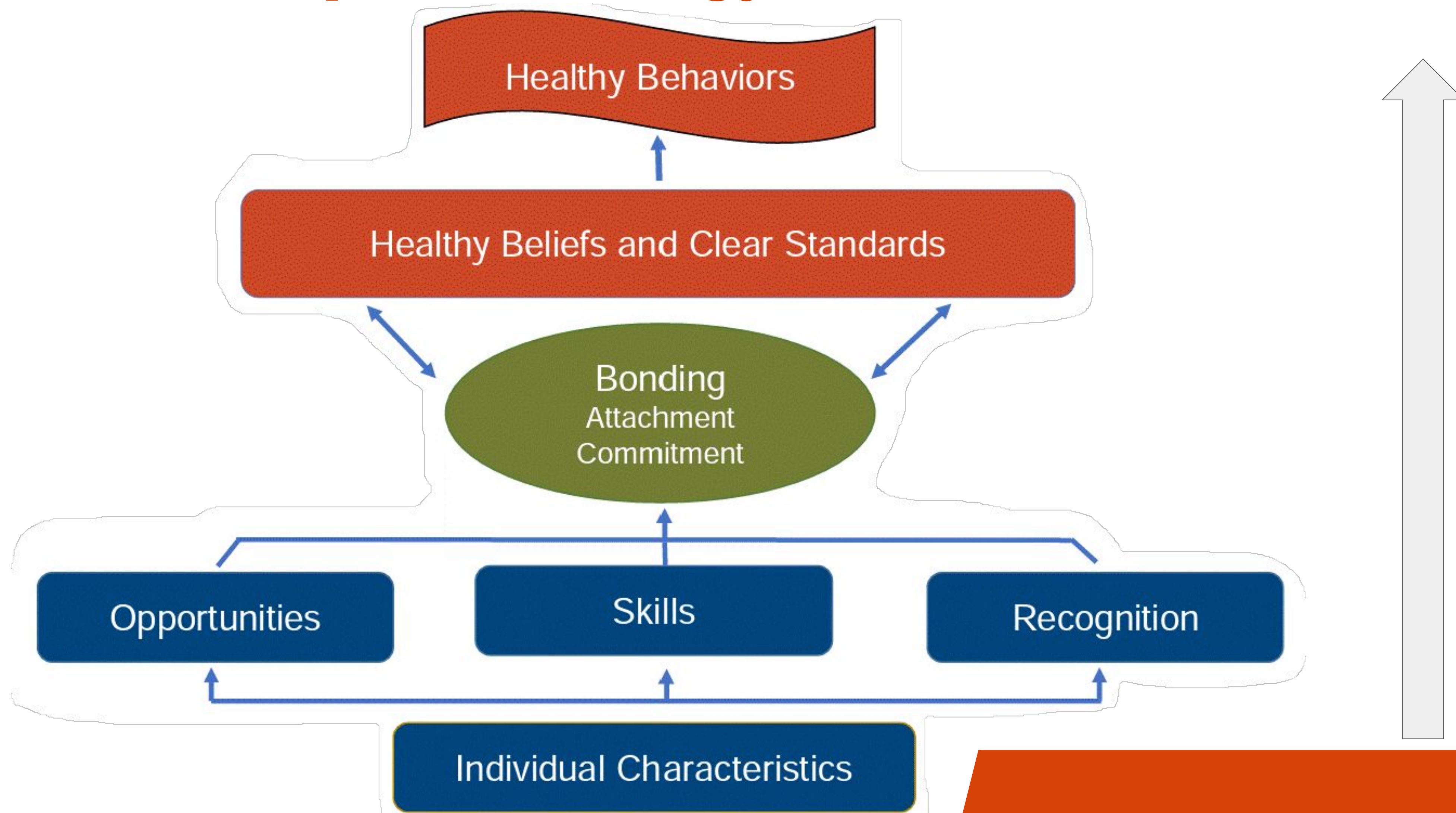
- Operationalizes protective factors
- Created by Dr. David Hawkins and Dr. Rico Catalano (University of Washington)
- Informed by three developmental theories:
  - Social control theory
  - Social learning theory
  - Differential association theory
- Evidence-based

There are multiple theories and protective factor frameworks in prevention, but SDS:

- focuses on essentials to building protective factors
- is straightforward to implement
- can be used across multiple contexts



# Social Development Strategy



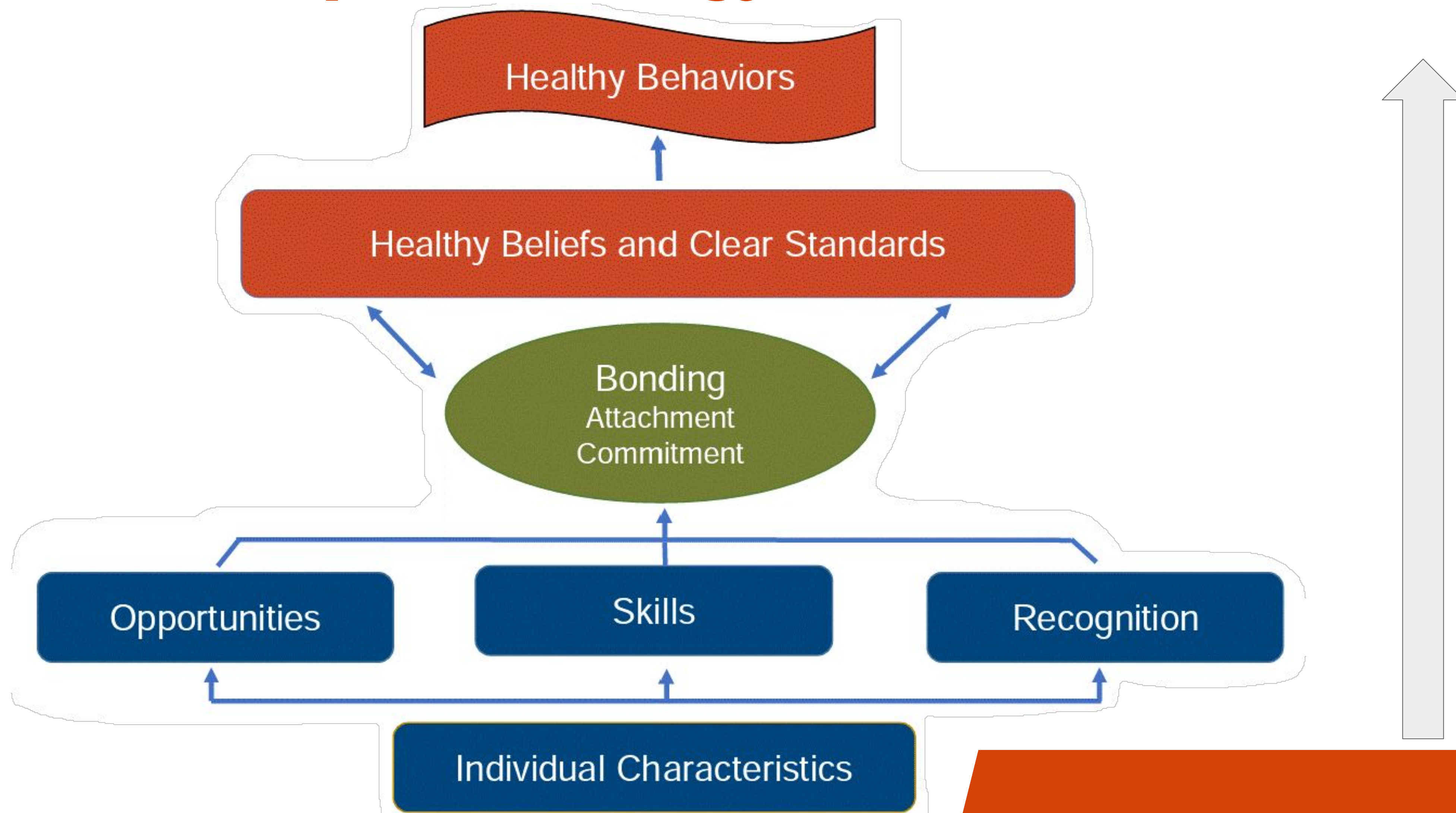
# SDS: Individual Characteristics

- Personalities and traits including
  - resilient temperament
  - sociability
  - quick learner
- Individual Characteristics impact opportunities, skills, and recognition





# Social Development Strategy

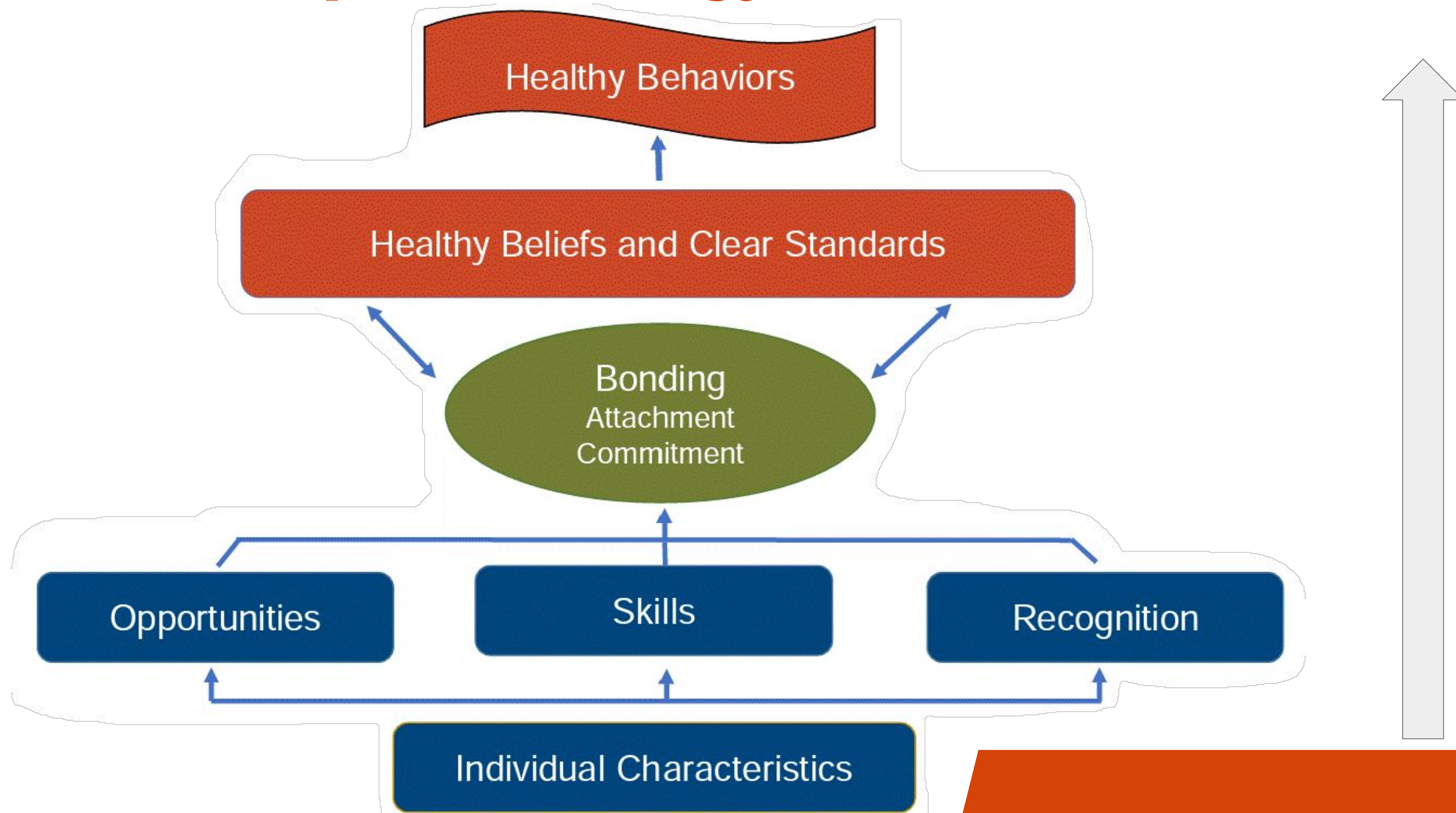


# SDS: Opportunities, Skills, Recognition

- Opportunities
  - Meaningful opportunities
  - Developmentally appropriate
  - Match the recipients characteristics and interests
  - Level of challenge is appropriate
- Skills
  - Intentional and realistic
  - Start small
  - Model then practice
  - Build on successes
- Recognition
  - Consistent recognition for opportunities they take and skills they are learning/using
  - Recipient must view it as positive!
  - Be specific
- Please share some examples! (<https://forms.gle/QxAcXx1TnTKrYZ3N7>)



# Social Development Strategy



# SDS: Bonding; Healthy Beliefs and Clear Standards

- Opportunities, Skills, and Recognition TOGETHER create bonding
- These bonds create attachment and commitment

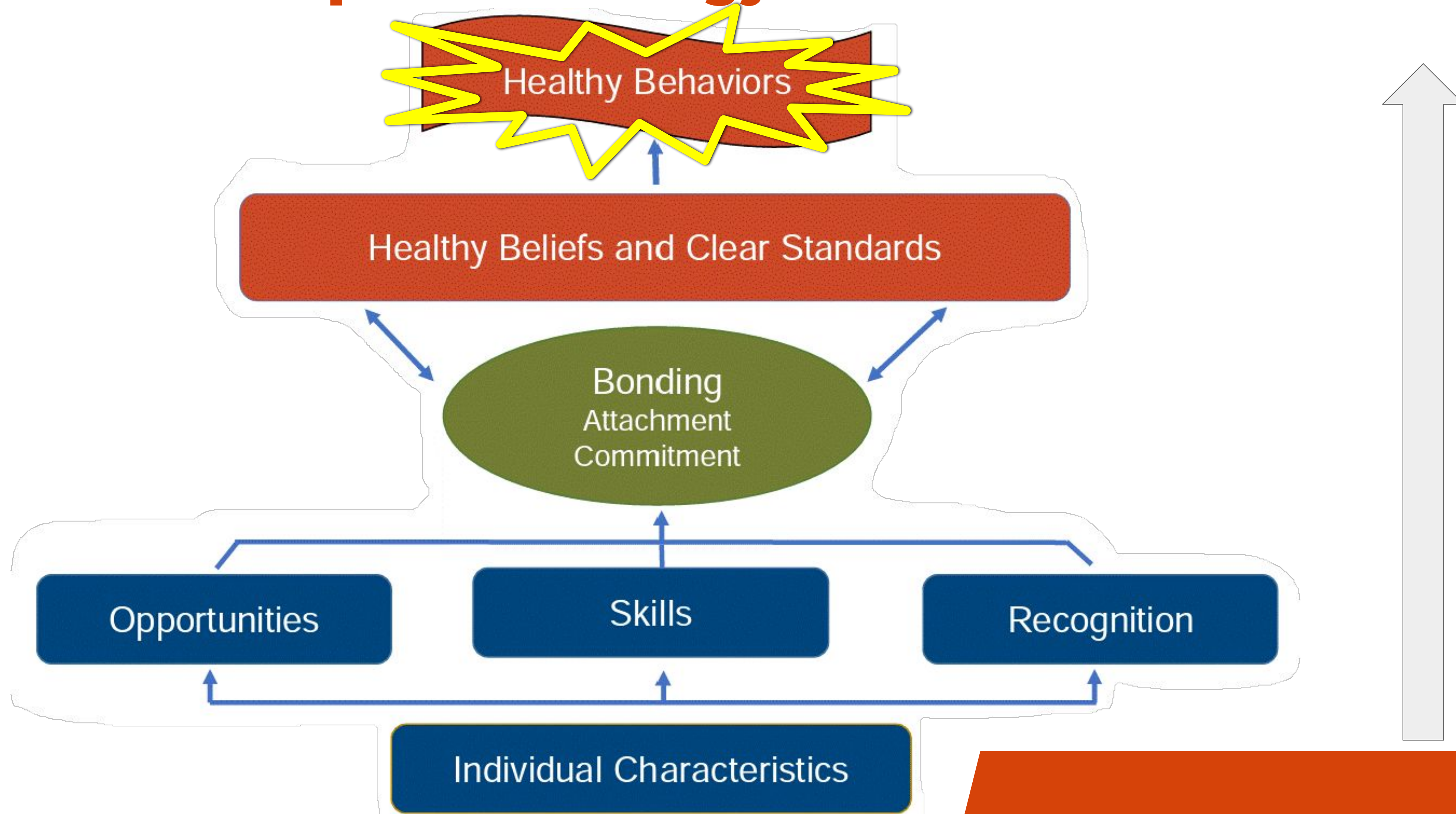
DON'T STOP AT BONDING! HEALTHY BELIEFS AND CLEAR STANDARDS ARE STILL NEEDED!

- Be direct (don't assume they know!)
- Could be a condition of participation
- Must be communicated

Examples of Healthy Beliefs and Clear Standards

- Clear “no use” statements
- Communicated belief that substance use/misuse is harmful to youth

# Social Development Strategy



# Competence

1. The CPS shall provide competent professional services to all in keeping with the IBADCC standards
2. Competent professional services require:
  - a. Thorough knowledge of ATOD prevention
  - b. Skill in presentation and education techniques
  - c. Willingness to maintain current and relevant knowledge through ongoing professional education
3. The CPS shall assess personal competence, recognize personal and professional boundaries and limitations and not offer services beyond [their] skill or training level\*
4. The CPS shall maintain the highest professional standards and:
  - a. Shall not claim either directly or by implication, professional knowledge, qualifications or affiliations that they do not possess
  - b. Shall neither lend [their] name nor participate in any professional or business relationship, which may knowingly misrepresent or mislead the public in any way\*
  - c. Shall not misrepresent [their] certification/credential to the public or make false statements regarding [their] qualifications\*
5. The CPS must ensure that any materials or products with which [they are] associated in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way\*
6. The CPS must not misrepresent the work of others
7. The CPS must not represent one's own prevention work for personal or professional recognition, funding, or other gain

**\*Edited only for gender inclusive language**

# Nondiscrimination

1. The CPS shall not participate in discrimination on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall broaden [their] understanding and acceptance of cultural and individual differences, in order to render services and provide information sensitive to those differences.\*

Janet is struggling to keep her upcoming parent training within budget. After hiring some people to provide childcare, renting comfortable and readily accessible space, and purchasing refreshments, she realizes she will not have enough money to hire the sign language interpreter requested by one of the parents. She has noticed that this parent is very good at reading lips, so she feels confident that this parent will benefit from the training without the interpreter. In the end, Janet believes that it is more important to spend her limited funds in ways that will benefit everyone rather than just one participant.



**\*Edited only for gender inclusive language**

# Confidentiality

The CPS shall possess knowledge of and compliance with all applicable state and federal guidelines, regulations, statutes, and agency policies regarding confidentiality (42 CFR Part 2) and The Health Insurance Portability and Accountability Act (HIPAA).





# Public Advocacy

1. The CPS shall advocate for consistent health promotion and awareness messages to the general public.
2. The CPS shall provide factual, current, state-of-the-art ATOD prevention information to consumers.
3. The CPS shall advocate public policy that would help strengthen the overall health and well-being of the community.



# Integrity

1. The Certified Prevention Specialist shall not misrepresent directly or by implication [their] credentials, qualifications or affiliations.\*
2. The CPS shall not knowingly make any false statement to the licensing/credentialing board or disciplinary authority.
3. The CPS shall not practice under a false name or a name other than the name under which [their] credential is held.\*
4. The CPS shall not subordinate service and public trust for personal gain or advantage.
5. The CPS shall promptly alert a colleague to potentially unethical behavior.
6. The CPS shall report violations or professional conduct by other prevention professionals to the IBADCC Board when there is knowledge that the said professional has violated professional standards. Integrity can accommodate the inadvertent error and honest difference of opinion; it cannot accommodate the deceit or subordination of principle.
7. The CPS should not associate directly or indirectly with any services or products in a way that is misleading or incorrect.
8. The CPS shall respect the integrity and protect the welfare of the consumer, and shall not engage in any action that violates the civil and legal rights of consumers.

**\*Edited only for gender inclusive language**

# Nature of Services

1. Above all, the Certified Prevention Specialist shall DO NO HARM to the consumer.
2. The CPS shall be respectful and non-exploitive.
3. The CPS shall protect consumer from harm and profession from censure.
4. The CPS shall not place an individual in any activity or setting where such participation could cause harm to the individual or others.
5. The CPS shall comply with all laws, codes, rules and regulations, which apply to professional conduct.
6. The CPS shall report abuse and or neglect of children or adults to appropriate authorities according to state and federal regulations (42 CFR Part 2)
7. The CPS shall maintain an objective and non possessive relationship with those [they] serve, and shall not exploit them sexually, emotionally, financially or otherwise.

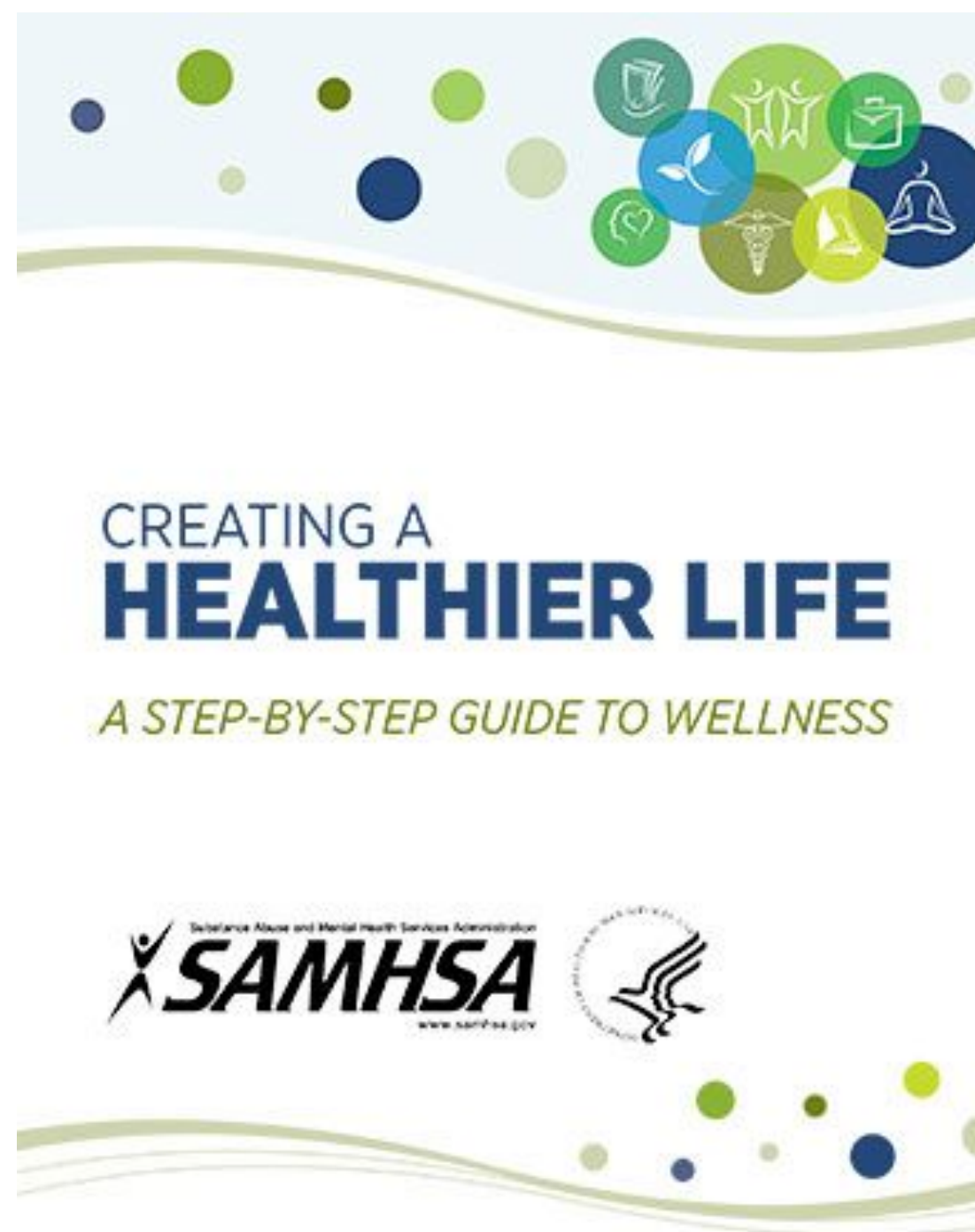


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# Ethical Obligations for Community and Society

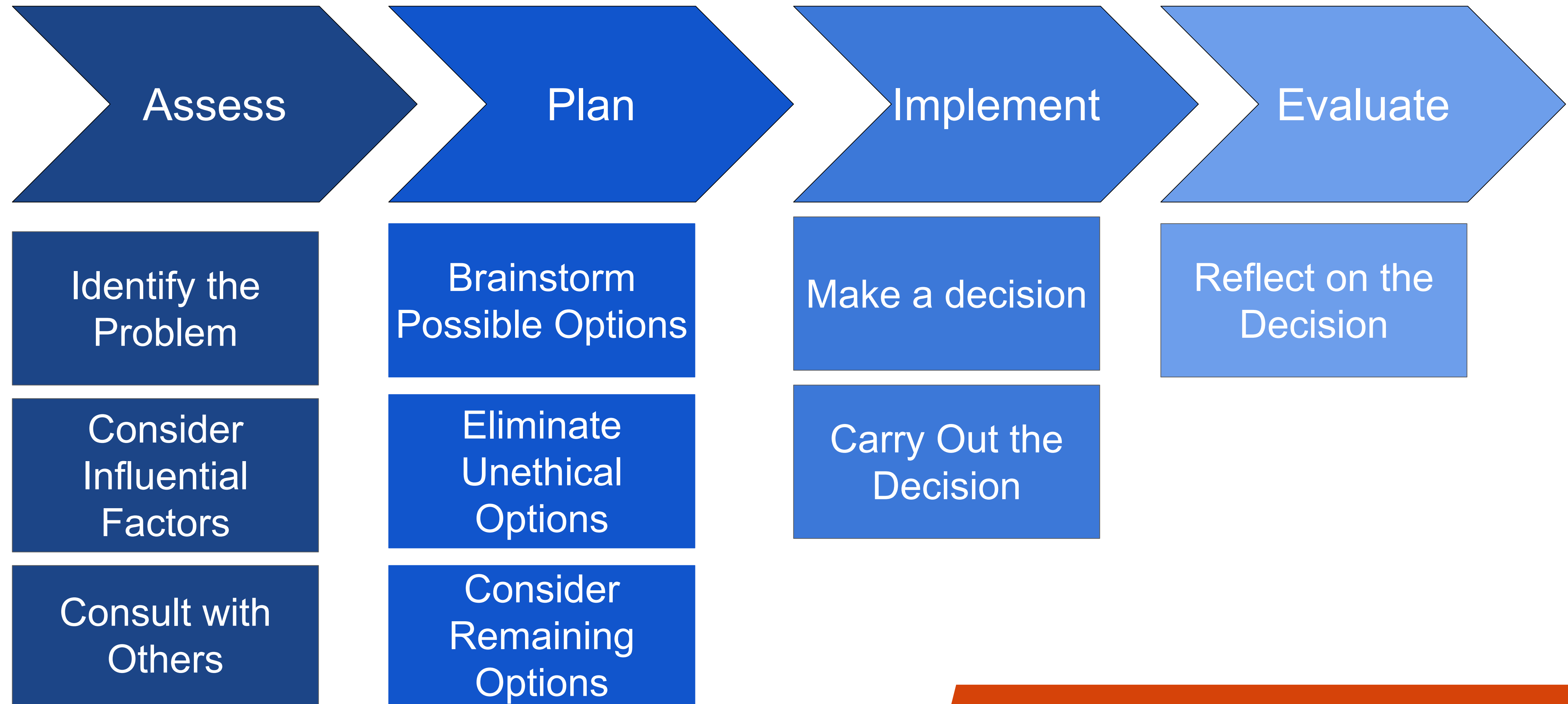
According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.



# Backwards bicycle



# Ethical Decision-Making Process



# References

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