Northeast & Caribbean (HHS Region 2)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Ethical Principles in Action

Self-Reflection & Action Planning Tool

Disclaimer

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About the Northeast and Caribbean PTTC

The Northeast & Caribbean Prevention Technology Transfer Center, administered through the Center for Prevention Science located in the Rutgers University School of Social Work, serves prevention professionals working in New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands. Its purpose is to strengthen the substance misuse prevention workforce through the provision of technology transfer activities, including the delivery of multifaceted training and intensive technical assistance to improve knowledge and skills in prevention science and evidence-based prevention practices. To learn more, visit our website:

https://pttcnetwork.org/centers/northeast-caribbean-pttc/home

Introduction

In the past year-and-a-half, our country has grappled with many challenges. From Covid-19 to our recent national reckoning with racial inequity, we have truly lived through an unprecedented and turbulent time, rife with changes across all aspects of our society.

As members of the prevention field, we must be prepared to respond to these changes ethically and with a comprehensive understanding of the impact of our work as it relates to diverse communities. Ethics underlies every aspect of our work—from how we select which substance misuse-related issues to address to how we partner with and engage members of our communities. The ethical touchstone for our field, the Prevention Think Tank's Code of Ethical Conduct (hereafter Code of Ethics), outlines six principles that govern the professional behavior of substance misuse prevention practitioners. But, it is critical that we consider how the current conditions that exist in our communities and workplaces shape these principles, and what it means to perform our professional responsibilities in ethical ways.

This resource provides an overview of the six principles that comprise prevention's Code of Ethics. For each principle, we present considerations for applying the code within our current climate and questions you can use to reflect on your own professional behavior. At the end of the resource, we include an action planning tool designed to help you identify areas of your professional ethical practice that may need strengthening in light of these considerations.

There is an updated 2021 version of the Code of Ethics Tool available for reference, but please note that this tool is based on the previous version.

Part 1. The Prevention Code of Ethics: 6 Principles

Principle 1: Non-Discrimination

What It Says:

This principle, one of the shortest in the Code of Ethics, is straightforward: Don't discriminate, either intentionally or unintentionally, against anyone in our prevention orbit—colleagues, partners, or participants—based on their membership in cultural or identity groups (e.g., race, ethnicity, religion, national origin, sex, gender identity, age, sexual orientation, education level, economic or medical condition, or physical or mental ability). It also calls on prevention practitioners to expand our understanding of cultural and individual differences, to accept and respect them, and to provide prevention services and information in ways that are sensitive to these differences.

Discrimination in 2021:

1. ***Using inclusive and equitable language:*** Now, more than ever, we need to recognize the importance of language. The words we use have power. Prevention professionals are often in a position to model the use of respectful and culturally appropriate language for our partners and community stakeholders. We therefore need to think critically about how we use words and terminology, how we frame what we say, who we represent and exclude with our language choices, and the historical context of language while recognizing and avoiding the use of stigmatizing language in your work. This is the basis of equitable language.

Specifically, equitable language:

- Is **strengths-based**. It emphasizes peoples' agency and assets—what experiences and attributes they possess—instead of the challenges they may face.
- Uses **person-first** terminology**.** This means it focuses on individuals and their personhood rather than their ability, status, or circumstances. An example of person-first language would be to say, "people experiencing homelessness" instead of "homeless people."
- Seeks and respect peoples' **self-identifications** across a variety of identities and dimensions. Some ways to do this is by honoring personal pronouns and how they describe their recovery status.

2. ***Striving toward cultural humility and health equity.*** Just a few years ago, talking about non-discrimination was synonymous with talking about **cultural competence** and **health disparities**. Practicing non-discrimination in 2021 requires us to move beyond the idea of cultural competence to embrace **cultural humility**, and to not

only focus on addressing health disparities but to strive to promote **health equity**. These terms are related but distinct.

Cultural competence, one of the guiding principles of the Strategic Prevention Framework, is defined as "the ability of an individual or organization to interact effectively with people of different cultures."[i] It involves recognizing and valuing cultural differences—such as those in the health beliefs, practices, and linguistic needs of diverse populations. This orientation allows us to develop and deliver prevention strategies in ways that benefit members of diverse identity groups, but it also assumes that it is possible to become 'competent' in another person's culture. [ii]

Cultural humility is the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]". Cultural humility is about more than interacting effectively with people of different cultures.[iii] It requires a lifelong commitment to self-evaluation and self-critique to addressing existing power imbalances and to advocating for historically marginalized and systemically excluded groups within our organizations.[iv]

A **health disparity** is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their: racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[v] Addressing health disparities is an important part of prevention practice but it is, by definition, deficit-based. If we intervene only to address existing disparities, we miss the opportunity to prevent them in the first place.

Health equity is the "attainment of the highest level of health for all people". To achieve equity, prevention professionals must commit to valuing everyone in their communities equally and to identifying and addressing avoidable inequalities and injustices that affect certain groups. It is not just about eliminating disparities in access to and use of prevention services or the positive outcomes associated with them. Instead, it involves proactively and intentionally distributing resources fairly so that each person has the same chance to reach their fullest potential for health and well-being.[vi]

3. **Addressing our own biases:** Bias, or "prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair," is a human condition. Our brains are hardwired to recognize similarities and differences between others and ourselves and to sort people into different groups. This tendency can lead to prejudice and discrimination against members of different groups. We are responsible for understanding what our biases are, when we are most susceptible to being influenced by them, and how we can reduce them.

Consider taking a **training on implicit bias** and **finding resources, books, podcasts and blogs** on the topic to continue your learning. Some examples include:

Center for Social Inclusion: Guide on Implicit Bias

Harvard University: Project Implicit

Questions to Consider

- Is the language you use welcoming, accessible, and/or affirming? Do you use person-first language? How can you encourage others to use similar language?
- How can you create an environment where everyone's identities are respected and valued?
- Are you practicing cultural humility in your work? What resources or support might you need to embrace that stance more fully?
- Is advancing health equity an explicit goal of your prevention efforts? Is it included in your coalition or agency's mission statement, strategic plan, and/or logic model?
- Can you prioritize prevention efforts that foster systemic changes and advance equity for members of focus populations?
- Are you taking steps to build the awareness and skills needed to mitigate the impact of your own implicit biases on your work (e.g., through professional development opportunities or personal exploration)?
- Are participants in your prevention program(s) representative of the population(s) affected by your community's substance misuse issues? If not, how might bias be influencing participation? What steps can you take to reduce these biases?
- How do you practice cultural humility at work differently than you may have in the past?

Principle 2: Competence

What It Says:

What It Says: A prevention professional who is competent has a thorough understanding of prevention theory and practice, and a commitment to ongoing learning. But education is not enough. We need to combine prevention "book smarts" (e.g., professional development and training) with "street smarts" (e.g., our experience in the field and knowledge of the cultures with which we work), with the goal of improving our personal proficiency and service delivery.

Competence also means being diligent in how we provide our services. We need to carry out our professional responsibilities carefully, thoroughly and promptly, with full understanding of any tenets we are held to by our organizations and roles. We must take due care in planning, overseeing, and evaluating the prevention activities for which we are responsible, and for knowing the limits to our abilities in undertaking these activities.

But, you don't have to go it alone! This principle highlights the importance of adequate supervision. Whenever possible, prevention practitioners should be supervised by competent senior prevention professionals and provide quality supervision to those they oversee. When this is not possible, peer supervision or mentoring from other competent prevention professionals should be sought.

To fully embody this principle, we need to recognize our own strengths as well as opportunities for continued growth. This involves:

- Recognizing the limitations of our competence and not using techniques or offering services beyond them.
- Recognizing the effect of impairment on our own performance and seeking help, as needed.
- Reporting any unethical conduct or practice by other professionals in the field to the appropriate authorities

Competence in 2021:

In this moment in time, we can't talk about competence without focusing on mental health. Yes, it is important to build our own professional knowledge and skills. But we also must be alert to early signs of chronic stress, burnout, or impairment, and take steps to prevent these conditions. Fostering connections and maintaining a healthy boundary between work and home are some ways to stave off burnout. Having flexibility in our work lives--for example, having the option to work from home or complete tasks outside of traditional work hours--can also help. But flexibility can be a double-edged sword if it leads to non-stop work and prevent us from disconnecting and recharging at the end of the day.

Consider reviewing *The Wellness Wheel* and see where you fall short on meeting your needs and make a plan to have a more balanced life.

Questions to Consider

- What are your knowledge/skill gaps related to prevention? How can you identify and address these gaps?

- How can you assess your own diligence in planning, implementing, and evaluating prevention efforts?
- Are you well-supervised? If not, can you take any steps to access more appropriate supervision?
- Are you well supported by or connected with your peers and/or mentors?
- How can you build your own mental health competencies (e.g., be more sensitive to your feelings and needs, monitor yourself for signs of burnout or impairment)?
- What stress-reduction or mindfulness techniques can you practice and gain proficiency to maintain your mental health?
- Where can you get support around gaining competence when you need it?

Principle 3: Integrity

What It Says:

Integrity is defined as "*the practice of being honest and showing a consistent and uncompromising adherence to strong moral and ethical principles and values*".[1] It is the foundation on which we build trust. How can our coalition members and community partners trust us to lead prevention efforts if we don't behave in honest and principled ways?

Integrity means presenting prevention information accurately, citing sources, and giving credit where credit is due. It also means presenting our professional qualifications and affiliations honestly and accurately and being up-front about any association we may have with specific services, products, individuals, and organizations.

When colleagues or program participants are experiencing any type of difficulty or impairment, acting with integrity means supporting them as they seek the help they need. While the Code of Ethics doesn't explicitly define the term 'impairment', common sense suggests that the term encompasses a range of experiences, including but not limited to substance use disorders, mental or physical health conditions, family issues, and other personal or professional stressors that may lead to diminished professional capacity.

Integrity in the Year 2021.

The author Simon Sinek coined the saying, "nobody knows everything, but together we know a whole lot'. This is especially true in prevention. Prevention practice is ever evolving, with new priorities emerging regularly and new information about what is effective coming to light with each funding cycle. It takes integrity to admit the gaps in our knowledge. Working collaboratively with our partners and community members allows us to leverage our collective expertise, to help fill these gaps. Often times, prevention professionals are pressed with working in an ever-changing environment with many obstacles in their path while showing a sense of vulnerability and humility in this journey. Having a sense of integrity allows us to acknowledge what we don't know and grow with our partners, not because of them, and change our community as a result.

It is also important that we not overstate the outcomes we promise, allegations we make, data we collect, or research we cite. At times, it may be appropriate to preface our statements with the comment, "*this is the information as we know it currently"* and/or correct overstatements or hyperbolic language when we hear it.

Supporting colleagues struggling with impairment can be difficult under normal circumstances; doing so from afar, while working remotely, can be even more challenging. It requires us to be especially attentive to the verbal/ non-verbal cues that can indicate that someone may be struggling–such as frequently coming late to or rescheduling meetings or seeming distracted—perhaps looking at another screen or asking for statements to be repeated. These are not always signs of impairment, but if they crop up regularly, they may indicate a more problematic issue. Use your intuition and empathy to guide you. If you believe a colleague or service recipient might be suffering from some type of impairment, consider telling them what you are observing and have a dialogue about what they are experiencing. They may be dealing with stress but able to manage it effectively or may be struggling with an underlying mental health issue. Provide support by helping them to strategize ways to improve their stress level, if possible, or to access other supports, like mental health counseling, social support groups or other resources that may be available in their community or through their organization's employee resource group.

Review these ideas to help you navigate what it means to have integrity and show up for your prevention professional colleagues when they are struggling.

Questions to Consider

- Do you always give credit where credit is due (e.g., use appropriately licensed images in printed or electronics materials, cite sources accurately)?
- How can you hold yourself accountable for providing accurate information at all times?
- How might you plan to support someone struggling with some form of impairment?
- How do you stay alert to these problems and identify them as they arise?

Principle 4: Nature of Services

What It Says:

Like professionals in the medical field, prevention practitioners are bound by the precept to 'do no harm' to the people we serve. We are also called to go further: to protect them from harm by always acting in their best interest, maintaining appropriate boundaries, and reporting suspected abuse of children or adults requiring specialized support (e.g., older adults, people with cognitive or physical disabilities). In addition, we are expected to recognize the intrinsic strengths of the individuals/groups we serve, to provide services in ways that respect and support these strengths, and to engage these individuals/groups in the planning, implementation, and evaluation of these services.

Nature of Services in 2021:

Populations experiencing substance misuse-related issues should be engaged in doing more than simply providing input. They should be meaningfully involved in every step of prevention planning—collecting and interpreting data, identifying and prioritizing problems, selecting and implementing culturally and sub-culturally appropriate strategies, and defining, evaluating, and refining success. But this level of involvement is only possible when there is trust between the prevention practitioner and the community. We begin to build this trust when we frame our WHAT's? around the strengths of the community, rather than its deficits, and recognize and celebrate the many assets our partners bring to the table.

To do this, we may need to build the capacity of our partners to participate in prevention activities. This may involve providing training and other types of professional development in ways that ensure that our partners have access to these service (e.g., by providing transportation, technology support) and are comfortable participating.

We also need to understand that capacity building is bi-directional. We need to make the effort to learn about our partners' individual and cultural identities and then use what we learn to deepen our connections.

It is important to keep in mind that no single culture or cultural group is monolithic: very group we encounter will comprise many diverse sub-groups. Subsequently, no single prevention strategy is likely to work equally well for all members of that group. In other words, a program that has been adapted, evaluated, and deemed effective with youth identifying as Latinx may not be appropriate for members of all Latinx sub-groups—for example, it may have been piloted with youth identifying as Puerto Rican and be more appropriate for that audience than Guatemalan or Salvadorian youth. As we practice cultural humility, we need to take into account the many different identity groups in our communities and tailor our efforts in ways that are culturally sensitive and responsive to their unique strengths and challenges.

Check out this resource on asset-based community approaches to learn more about how we can build on community strengths to address social determinants of health.

Questions to Consider

- As you implement prevention strategies (either in-person or virtually), are you aware of any barriers to participation that might exist? How can you be sure that participants are comfortable participating in each setting?
- Are members of your focus population(s) playing meaningful roles in your organization's decision-making processes?
- How will you know if certain members of your community are systematically excluded from your prevention strategies or if a selected prevention strategy is having unintended negative effects, or is simply not working?

Principle 5: Confidentiality

What It Says:

This principle sets the expectation that prevention practitioners will protect information about substance use behavior or participation in substance use programs among service recipients. It also provides guidance for when it is appropriate to release this information. As prevention practitioners, we have a duty to safeguard any confidential information we obtain through the course of service delivery, including but not limited to verbal disclosure, unsecured records, and electronic recordings. This means we need to know the state and federal regulations and laws related to confidentiality, as they apply to the specific type of prevention work we do. For example, if we implement curricula or conduct support groups, we need to know how to protect sensitive participant information such as substance use diagnoses or recovery status.

Confidentiality in 2021:

With the onset of COVID-19 and increased emphasis on delivering services online, new, confidentiality-related concerns have emerged. Here are some important caveats related to confidentiality in this era:

- Are the login details for closed meetings or groups that you convene (e.g., for youth that have experimented with marijuana) publicly available or is entry password-protected?

- Do you request consent from program participants in advance of recording meetings or taking screenshots or photos? Do they give permission re: how these recordings will be shared and with whom?
- Are you securely storing any data collected via online surveys? What protections are in place (e.g., passwords, firewalls, encryption) for preventing access to this information? Do you notify participants that data stored online may be vulnerable to hacking and could become public?
- Do virtual and in-person meeting minutes include sensitive information (e.g., related to a person's recovery status) that participants may not want shared beyond the meeting room?

As part of maintaining confidentiality, we must consider how we use information provided by and/or collected from partners and program participants.

We must be completely transparent about how data will be used and stay strictly within these parameters. For example, data collected through a community needs assessment is often included in grant proposals or incorporated into academic research presentations--typically without the knowledge or approval of those who provided the information. Many communities distrust researchers for this very reason.

Engaging populations and partners in both collecting data and determining both how data will be used can help to heal this mistrust. Just as we solicit consent for releasing confidential information, so too must we solicit consent for sharing the more general data we collect. To this end, take time to talk with community partners before using previously collected data for non-specified purposes and come to a shared agreement re: parameters for use.

Learn more about 42 CFR Part 2, the federal law that protects confidentiality of substance use disorder treatment records.

Questions to Consider

- In which situations is maintaining confidentiality most difficult? Why?
- What precautions do you (or can you) take to protect the privacy of data stored online?
- How do you communicate with community partners and program participants about how you intend to use the data you collect? Do you circle back to share your findings with those that provided the data in the first place?
- How can you make sure that your partners are notified about any new ways you plan to analyze, disseminate, or use data already collected?

Principle 6: Ethical Obligations for Community and Society

What It Says:

This principle is about 'talking the talk' and 'walking the walk'. This means we must take action in both our professional and personal lives to prevent risks associated with substance misuse and to promote health and wellbeing.

Our professional obligations are clear:

- To be proactive on public policy and legislative issues according to our conscience.
- To be guided by the public welfare and the individual's right to services and personal wellness in our efforts to educate the general public and policy makers.
- to adopt a personal and professional stance that promotes health.

A "proactive stance on public policy and legislative issues" is one that seeks to educate decision-makers, advocate for prevention, and inspire others to do the same. Some of us may be limited in our ability to lobby for specific legislative initiatives by the type of funding we receive. For example, federal funding precludes lobbying activities. This means that if we receive funds from the federal government, we can't use any portion of the funds to lobby federal, state, or local officials for additional funding or to influence legislative or policy decisions.

However, we don't give up our rights as citizens when we become prevention professionals. We can still take positions on policy issues as private citizens. We just need to make sure that we are not doing so (either directly or indirectly) under the auspices of our professional role. In the online realm, this means keeping our professional and personal personas separate.

Ethical obligations also include keeping our focus on both preventing substance misuse *and* promoting overall health and wellbeing. It is our responsibility to educate others about the power and potential of prevention without overstating the evidence, and to demonstrate what effective, culturally responsive, and sustainable prevention looks like by engaging in a data-driven, strategic prevention planning process. It also means that we have a responsibility to model healthy behaviors for others and act in accordance with sound public health principles to the greatest extent possible.

Ethical Obligations for Community & Society in 2021

This principle calls on prevention practitioners to take a stand on issues that matter to us. We must educate decision-makers on the importance of prevention, the evidence that guides and informs our work and the potential adverse outcomes our communities will experience if prevention efforts are de-prioritized.

This is about standing up to injustice wherever it exists in our communities, states and country at large. As we reckon with the historical and present injustices that communities of color and other cultural identity groups face, our role as advocates becomes even more important – we must play an active part in naming and addressing health inequities that we are seeing in our communities, especially given how many of these inequities could be prevented through our efforts.

This principle also involves prioritizing our own health and considering our well-being across several dimensions of wellness—physical, intellectual, emotional, spiritual, occupational, environmental, financial, and social. It is about striving to achieve a balance of those dimensions and find a sense of harmony—which isn't always easy, especially during times of stress or transition. During these periods, we may have less time to concentrate on our physical health because we are inundated at work, or de-prioritize seeing friends because we have issues within our home environment on our mind. As certain areas of our lives demand more attention and energy, how can we, as individuals and employees, strive for balance and attend to needs in other areas? And, if we are in positions of power within our organizations, how can we help our employees do the same? As leaders, it is paramount that we are supportive and flexible with our staff members so that they achieve a healthy work-life balance, meeting colleagues and staff members "where they are" and changing expectations that cannot be met.

Source: University of Delaware

Take the time to check-in with your own wellness wheel!

Questions to Consider

- Are you aware of any restrictions relating to lobbying and advocacy placed on you by your funders? Do you feel confident that any education or advocacy activities you participate in through your professional role are not in conflict with those restrictions?
- Can you develop prevention messages and communications that help partners and community members understand the importance of prevention and their role in advocating for it?
- Do you prioritize your own wellness? If so, how? If not, what steps can you take this week toward making a change to prioritize your wellness?

Part 2. Self-Reflection and Action Planning Tool

Introduction

Now that you have a solid understanding of each of the principles and what they embody, it is your turn to reflect on some specific action steps that you can take to achieve your goals in relation to ethics on both a professional and personal level. Some of these questions for reflection in the tables below may be challenging to answer and may serve as a starting point to "know what you don't know," and take it from there. When you run into questions that stump you, ask yourself why and be open to discovering things about the way in which you work and live that you may want to reevaluate and/or change.

Step 1. Reflection Questions. Read each principle below (or in their entirety on the International Credentialing and Reciprocity Consortium website) and reflect on the questions provided to identify how the principles currently inform your work and how you can to strengthen your prevention practice with respect to each. Use the space provided below to record your responses.

Principle 1: Non-discrimination *Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, gender identity, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.*	
Questions for Reflection	**Your responses**
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Which elements resonate with your own experience?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your life—both personally and professionally?	

What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	
How will you know you are successful?	

Principle 2: Competence

Prevention professionals 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. [Full text here]

Questions for Reflection	Your responses
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Does anything about this principle resonate with you?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your professional behavior and responsibilities?	
What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	

How will you know you were successful?	

Principle 3. Integrity *To maintain and broaden public confidence, prevention professionals 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. Prevention professionals 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. Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment. d. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.*	
Questions for Reflection	**Your responses**
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Does anything about this principle resonate with you?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your professional behavior and responsibilities?	
What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	
How will you know you were successful?	

Principle 4. Nature of Services *Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive. a. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual. b. Prevention professionals 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, prevention professionals shall report the evidence to the appropriate agency.*	
Questions for Reflection	**Your responses**
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Does anything about this principle resonate with you?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your professional behavior and responsibilities?	
What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	
How will you know you were successful?	

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 professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.*	
Questions for Reflection	**Your responses**
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Does anything about this principle resonate with you?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your professional behavior and responsibilities?	
What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	
How will you know you were successful?	

Principle 6. 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 to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.*	
Questions for Reflection	**Your responses**
What does this principle mean to you? Do you understanding its meaning as written or do you find anything confusing or unclear?	
What comes up for you as you read the principle? Does anything about this principle resonate with you?	
What are you currently doing to incorporate this principle into both your work and personal life?	
How could you more fully integrate this principle into your professional behavior and responsibilities?	
What concrete steps can you take **in the next month** to enhance your prevention work with respect to this principle?	
What concrete steps can you take **in the next six months** to enhance your prevention work with respect to this principle?	
How will you know you were successful?	

Step 2. Action planning. Transfer any action steps you identified above to the corresponding row below. Think through the timeframe on which you will implement these steps, any supports (for example, professional development, access to technology, involvement from colleagues or other stakeholders, time, funding, etc.).

Principle	**Short Term Action Step(s)** *How will you enhance your professional performance vis-à-vis this principle in the next month?*	**Long Term Action Step(s)** *How will you enhance your professional performance vis-à-vis this principle in the next six months?*	**Resources Needed** *What types of support would help you achieve the steps(s)?*	**Measures of Success** *How will you know what you did had a positive impact on your prevention practice?*
Non-discrimination				
Competence				
Integrity				
Nature of services				
Confidentiality				
Ethical Obligations to				

Community and Society				

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