Jessica Goldberg:

...our webinar, A New Call to Action: Enhancing Prevention Ethics to Meet New Challenges. It's such a pleasure to welcome you, and thank you for finding the time. I know everyone is so busy, so thank you for coming and joining us here today. I am Jessica Goldberg, I'll be one of your facilitators for today's call. I'm joined by my colleagues, Ivy Jones-Turner and Sandra Del Sesto, who I'll introduce in just a moment. So this webinar is being recorded and we will be making the recording available to all participants after today's presentation. We're also sharing out our contact information with you at the end of today's presentation, so if you have any questions or concerns after the fact, you can feel free to reach out to us. And we're also going to invite and encourage you to share any questions or comments that you have with us.

Jessica Goldberg:

So we have a Q and A box at the bottom of your screen, I believe you'll be able to see that icon, if you want to submit a question there, you can feel free. You can also use the chat box to share any questions or comments that you may have, right in that chat and we'll respond to them in turn. So, a little bit more about your facilitators for today's call. First, my colleague, Ivy Jones-Turner. So Ivy has provided organizational capacity assistance on health promotion and prevention in the areas of substance misuse, suicide prevention, violence prevention, injury prevention, and mental health promotion with nonprofit and community-based organizations, state, and faith-based agencies and school districts for more than 20 years. Her capacity building skills include program evaluation, training and technical assistance in program design and implementation, organizational development, partnerships and collaborations in grant management.

Jessica Goldberg:

And Sandra Del Sesto has provided training, community and strategic planning, support program development, and capacity building in all areas of prevention practice. She's coauthored the Substance Abuse Prevention Skills Training, or SAPST, which I'm sure many of you are familiar with. And also the ethics and prevention online course, in addition to countless other courses on ethics and other topics. Sandra also serves on the International Certification & Reciprocity Consortium, and she's the recent past co-chair of that organization's prevention committee. And again, I'm Jess Goldberg, I'm a trainer and a technical assistance provider. I have almost a decade, it'll be a decade in August, of supporting prevention efforts at the national, state, regional, and local levels. I was first a community health specialist with the Massachusetts State Technical Assistance system, supporting communities with needs assessment, strategic planning, logic model development to guide change efforts, and now with Education Development Center and with this PTTC.

Jessica Goldberg:

And so I'm very happy to be here as part of today's call. Here are our learning objectives for our discussion. Just to know, we're hoping to learn as much from you, with all the experience and insight that you're bringing to today's call from your prevention work, as we hope to offer you. And so by the end of the session, we'll have explored the relationship between principles one through three of the Prevention Code of Ethics, and those are nondiscrimination, competence, and integrity and how they're related to emerging issues in prevention. We're going to talk through how we, as prevention practitioners, can use the code to guide the way that we respond to changing cultures and contexts. And we'll also spend some time identifying possible action steps that we can take, and give you a chance to begin developing your own action plan for how you can infuse an even greater focus on ethics into your professional role and responsibility.

Jessica Goldberg:

So this slide is just meant basically to impart the PTTC Network's intentionality in terms of using affirming language in our learning events, in our materials and publications and so on, because we know that words matter and that they have power. And so we hope that you see and hear this type of language reflected throughout today's call. Interestingly, we'll be talking a lot about language, particularly as we explore principle one today of the Code of Ethics, nondiscrimination, and reflecting about how words shift with changing times and understanding of what appropriate language is also shifts and how it's our responsibility to educate ourselves about those changes and use the most inclusive and affirming language possible. Okay, so now that we have set the stage, we're going to spend just a few moments taking stock of where we are as a field and as a society here, in mid-2021, in what has felt, I know to0 many of us, like a very turbulent, nearly year and a half, and one that has had widespread ethical implications for how we go about our work.

Jessica Goldberg:

So to begin, we want to ask you to consider what you find to be the most pressing ethical issue facing the prevention field today. And we're going to ask you to consider that question. It's a big question, and then just pop your response right into the chat box at the bottom right of your screen. So when you do, you may want to just double check that you're responding to all panelists and attendees, so we'll all be able to see your answer. And so we know there's many possible answers to this question, they're all correct. Since we're all just asking you for your own educated opinion, living in the world, working in prevention or as a prevention partner.

Jessica Goldberg:

So, what would you say is the most pressing ethical issue facing the field of prevention currently that you've seen coming up in your work? And I know, again, lots and lots of ideas to choose from, so take your time in thinking about it. I do see some responses starting to come in, so I'll just share those that I see. So, Elizabeth, thank you. Affirming language around LGTBQ+ clients. Gender as an issue, gender, maybe issues about gender identity coming up. Thanks Tara. So, Jacquelyn, equity and inclusion. So especially providing materials in the native language of the communities we serve. Such an important point, such an important thing that we can do in our work to make sure that we're making our materials as accessible as possible. So Janeta, thank you. So race and gender as questions or issues coming up related to ethics for you.

Jessica Goldberg:

Other thoughts for folks on the line about what might be some of those pressing ethical issues coming up in your work, or if you've already responded, ones you see mentioned particularly. See a few other thoughts coming in, so race and gender coming up a couple of different times and then personal boundaries also. So maintaining appropriate and healthy personal boundaries, I'm assuming. Equity and affirming behavior also. So a lot of consensus so far from those who've had a chance to respond, in terms of what they see as the most pressing ethical issues that they're dealing with in their course of their work. If you haven't had a chance to respond, feel free to, we'll be looking to the chat for other ideas that you have, especially if you've been typing, feel free to continue typing and submit. We don't want you to feel that all your effort is for nothing, so definitely don't stop if you're in process of sharing your responses.

Jessica Goldberg:

And just a reminder for anyone who's responding, just make sure to double check that you've selected all panelists and attendees, because that will make sure that your answer is broadcasted to everybody and that everybody will have a chance to see what you think. So what I'm seeing, as the answers are coming in, are some great responses on similar themes of equity, race, gender, behavior, language, and then also the lack of appropriate services has come up from Derek, thank you, as an idea. Absolutely, and this is a very much an ethical issue in terms of how prevention resources are allocated and whether they're accessed and used in an equitable way. And so, Helen, ensuring that a variety of gender, racial, and ethnicities are all around the planning table. And how can we have meaningful inclusion in our work from members of our focus populations, from other stakeholders in our communities that we know need to be represented in our work in order to have the most effective planning process? We have to have that type of broad community participation, make sure there's no barriers to participation for any groups that we know we want to engage.

Jessica Goldberg:

So these are wonderful responses. Thanks again, and definitely keep them coming if you have others that you'd want to share. There's so much to say about this, but we want to start the conversation by grounding us all in our shared experiences. You've probably heard it said that we may have all been in our own little boats, but we've certainly all been experiencing the same storm together throughout 2020 and 2021. And I think it's fair to say that this has been a time like no other. I remember early last year hearing the word unprecedented said a lot and it certainly was. And I'm about to do what I always advise my younger brother not to do, which is list out all of the different problems that he has going on in his life, all at once, at the same time.

Jessica Goldberg:

But many of the issues that I will raise here have begun well before the year 2020. But in the past year and a half alone, this country at large, the world, certainly in the prevention field have experienced seismic changes relating to the global COVID-19 pandemic and the tremendous losses and difficulties that so many of us faced through that. And the ongoing epidemic of violence against communities of color, the social and racial reckoning that it produced. We also experienced a monumentally incredibly stressful presidential election, economic recession, extreme and catastrophic weather events, and more. And when you hear all of this listed out like this, it does truly feel overwhelming, and these events have changed the way we've done our work and what it means for us to perform our professional responsibilities in ethical and responsive ways.

Jessica Goldberg:

And so in the same way that, when new substances emerge on the horizon, or if there are new ways in which substances are used in our communities, we have to adapt and shift our way of doing things to address that new challenge. So, too, with our ethical responsibilities, we have to take stock of how our culture has changed. And then also the contextual changes around us and by contextual, I mean the circumstances that form the setting for events or statements or ideas, and that we need to fully understand those as well. And so with ethics, this really means understanding how we've changed with the cultural level within the identity groups that we're a part of, within our organizations, our communities, with our nation as a whole, and then looking at our ethical principles in light of the context or the circumstances around them, so that we can better understand them and apply them to our work.

Jessica Goldberg:

And so when you think about how our collective circumstances have changed, and here's a condensed and bulleted version of another very overwhelming list, so obviously in prevention, many of us we've spent the last 16 months working in very different ways than we had before. Holding meetings, facilitating groups and programs, and doing all of the functions of our roles, virtually. Some of us not, but some of us have, which is no mean feat when you consider how much of our success really hinges on our ability to develop relationships with our stakeholders and convene key players around a table to work together toward our shared goals. And so, this has turned everything we've been doing or planned to do this past year, upside down, as did the ways that substance misuse changed with more people, more Americans reporting starting or increasing substance use as a way of coping with stress and emotions.

Jessica Goldberg:

Since we know that many people have fewer ways to manage that stress and a lot of our most resilience promoting activities, like exercise or times with friends and loved ones, were not safe or easy to engage with during the height of the pandemic. We know that there were spikes in both the quantity and frequency of drug use in certain groups and that overdoses has also spiked since the onset of the pandemic. There have been shifts in primary substance abuse, if usual substances became more difficult to access due to shifts in drug supply and availability and that also brings with it lots of additional issues and risks. There's been changes in terms of how we access alcohol through expanded takeout and delivery options and all of this also against the backdrop of increasing marijuana legalization that's simultaneously moving forward in states across the country. And given the changes that we've encountered in terms of how we deliver our prevention services.

Jessica Goldberg:

I know many of us are working in communities and have had to drastically change or reduce our work plans in the past year, just when there's so much need for our efforts. In the past year and a half this has also maybe created a greater emphasis on capacity building, on training, so more people taking trainings because they had the time to do it. And I know we saw huge upticks in the numbers of attendees we had for our virtual services over the past year. And then also in developing new collaborations, some of us needing to work with different people around technology, people with virtual training expertise, program developers and evaluators around adapting strategies to virtual spaces in order to build our organizational and staff capacity. And then finally organizations had to rethink strategies for program and policy implementation to meet changing needs.

Jessica Goldberg:

So again, challenges with implementing our work plans as designed, the need to scale down or adapt, issues with data collection, not being able to conduct school surveys on the schedule that we had anticipated, having policy-related issues relating to marijuana or alcohol legalization, new policies or responses to new legislation, and then the equity and social justice issues around our policy and program implementation, some of which you've already mentioned in our last poll. And so all of this amounts to a lot of change in a short amount of time and the need to be nimble and responsive in order to best serve our stakeholders and the populations that we need to serve as well. And I can speak for myself when I say, there were many moments when the way forward was not clear to me in the past year and a half, and I sought out whatever guidance and support I could find in the effort to find a little surety or surefootedness in what was a really ambiguous and uncertain time.

Jessica Goldberg:

And that's when I found myself turning to the Prevention Code of Ethics, and this is true. I had to reapply for my Prevention Specialist certification this past year after getting an extreme Extenuating Circumstances extension, say that five times fast, for my application because I was pregnant when it was due last spring, not long after the start of the pandemic in all of my professional development documentation, and descriptions and certificates were all on my desk at my office that was closed to any visitors without exception. And so, when I was able to access my office again and go get my folders, I went through all of the information and I found that copy of the Code of Ethics that I had signed when I first applied for my specialist certification and I found myself rereading it looking for any help it could give me. And as I read it, I got to thinking about the way so many of its words had new and different meanings for me, given the current circumstances, since we know that in ethics there aren't always right or wrong answers or choices.

Jessica Goldberg:

Often they're not, there are many options out there for our behavior and we have an obligation to assess the situation, gather information that we need in order to make the best decision possible, and then select one and implement it and see the results over time. And so the code is a great touchstone for doing this, especially when we don't see a clear path forward, since it outlines exactly what's expected of us as prevention professionals. And so, we'll be basing our discussion today on the Prevention Think Tank Code of Ethical Conduct, which I know we shared out the link to in advance of the session and encouraged you to take a look at it if you weren't familiar with it. We also know that some states have expanded codes of ethics, which is great, so if your state version might look a little different, the principles we think hold true and share the same spirit, whichever version you're using, but we will be working off the prevention thinking versions for the rest of these sessions.

Jessica Goldberg:

And so our ethical principles describe for us what a model prevention professional looks like in terms of our responsibilities to the public, to our prevention service recipients, and to our colleagues, both within the prevention field and then beyond. They not only guide us, as we perform our professional responsibilities, but they also serve as goals toward which we should constantly be striving. That they're guided by core values and competencies that have emerged as the prevention field has developed over time, so the code is evolving as are all the ethical issues that we face in the course of our work. And so the code is really where we start from, and it's also our home base to return to when we have questions, because the ground has shifted beneath our feet or other things are less certain or more ambiguous out in the world. So we're going to look more closely at the code in the next section. And I think I'm going to turn this over to you, Ivy, now to tell us a little bit more about the code itself.

Sandra Del Sesto:

Actually it's me. Okay, so most of you, as Jess said, you received a copy of the Code of Ethics and if you are a certified prevention specialist, then you did sign the Code of Ethics. The IC&RC only requires the Prevention Code of Ethics course of six hours as part of certification. So that gives you an idea of how significant that is. And most states, and my own Rhode Island is one of them, also require additional ethics training as part of recertification. So a little quick history on the code, which some of you may be familiar with. There was an organization called the National Association of Prevention Professionals and Advocates, NAPA, and they developed a Prevention Code of Ethics. NAPA disbanded and another group formed, it was an online group, I was a member, called the Prevention Think Tank and that group, in 2003, revised the NAPA code and that stood online for a number of years.

Sandra Del Sesto:

And then the IC&RC, the International Certification & Reciprocity Consortium, noted that the provincial Code of Ethics did not have a home. And so the home for the Code of Ethics, the basic Prevention Think Tank Code of Ethics, is on the IC&RC websites. And that website is www.internationalcredentialing.org. About maybe seven, eight years ago at the prevention committee meeting of IC&RC, there was a discussion about the need to expand the Code of Ethics to address some issues that either weren't attended to in any detail, or they were new, such as social media and, as Jess mentioned, a number of your states have that expanded Code of Ethics. You can go on the website for my state, Rhode Island, Rhode Island Certification Board, and see the expanded code.

Sandra Del Sesto:

That's not required by any state or jurisdiction to have, by IC&RC, they have to have the basic code, but many states have expanded the code in. And I like what Jess said, it's a place to start from and it's our home base. And so the expanded version is just to give participants, prevention professionals, more information about how to, where to go, and what to do on some of these more sophisticated or complicated issues. And I see some of the ones that we're going to be talking about today. So, we have a poll that Shannon, our crackerjack person... So it just answer the second question. We'd like to know how familiar you are with the Prevention Code of Ethics. And, Shannon, you can let me know when it's done.

Shannon:

It's up.

Sandra Del Sesto:

Great, thank you. People responding. So we have 50 participants, so we're looking for a response from most of you. All right, so Shannon's telling me that you are somewhat familiar with the Code of Ethics. I would encourage you, especially I want to congratulate you for being part of this webinar, and then hopefully you'll be part of the second one, which is on Wednesday where we'll cover the last three principles. Today, as Jess said, we'll just be doing the first three. Okay. And so, let's talk about why we even need a code. And by the way, and initially at IC&RC there was a generic Code of Ethics and the prevention committee, which I can brag and say is the most active committee at IC&RC, said, "Actually, when we apply ethics to work, it's very specific for us in prevention. It's not the same as it would be for treatment or even for recovery now." And so the decision was made that folks needed to have, each jurisdiction had to have, a provincial code of ethics, not a generic one, and it had to be based on the Think Tank Code of Ethics. So why do we need one?

Sandra Del Sesto:

Oh, sorry, folks. I want to go backwards and I'm going forwards.

Sandra Del Sesto:

Okay, do we have the results, Shannon, while I'm trying to find ... I'm having trouble going back.

Sandra Del Sesto:

Okay, some of you are not familiar, but would like more information and training. Actually, your PTTC is offering an online prevention code of ethics, and information about signing up for that, we can put in the chat box. Some of you, 38%, are somewhat familiar. I'm happy to see that 42% of you, actually 46% of you, are either familiar or very familiar. You'll follow along if you will, but I would strongly encourage you to take a basic online prevention ethics course, particularly if you want to be certified.

Sandra Del Sesto:

Why do we have one? Well, first of all, we want to be able to respond appropriately to ethical situations. Our code of ethics, as just said, is sort of like a baseline for us, it's a place where we can go. When we're trying to solve an ethical dilemma or a problem, the code of ethics, again, gives us guidance on what to do. It also provides us a place to hang our hat. It moves us from a subjective decision in terms of what I think of feel to basing it on a specific principle. That's extremely helpful and makes our argument or our rationale for any action we take more objective based on a principle.

Sandra Del Sesto:

We also want to create a climate of respect that protects those involved and served by prevention activities. That's truly important. Then, it reflects on the extent to which our behavior is responsive to changing cultural or contextual considerations, like the ones that you mentioned in the chat box when we first began this webinar. We look at health equity and inequity, and how that applies, and particularly over the last year, how it's applied to us as we've done more work virtually. Then a contextual example is how we use an om take advantage of social media.

Sandra Del Sesto:

In addition, I think a code of ethics helps us make sound and respectful choices as we go forward in our work, and it guides us when an ethical code of action might not be immediately obvious. It can and should reinforce the culture and values of the organization and convey a climate of integrity.

Sandra Del Sesto:

I'm sure that many of you grew up with a line that my mom used to say and I said to my own children, "Not in this house." When I was running a statewide agency here in Rhode Island, I would say to my staff, "Your behavior reflects not only who you are, but who we are as an organization." No matter how disrespectful or unkind or aggressive someone might be with you, you respond appropriately from a place of respect and courtesy. I used to say to them, "If you hang up the phone and want to scream and yell, that's fine, but while you're on the phone with our participants or a partner or anyone else who calls, you are reflecting not only who you are, but who we are." That's that climate of respect.

Sandra Del Sesto:

Also, the code of ethics communicates clear expectations for our staff and volunteers. I also always recommend that whether you're facilitating a task force or you are running an agency or are in any other capacity of leadership that you strongly consider having a code of ethics for your group. You can just take the Prevention think tank code of ethics or the expanded code of ethics that your state might have and just tailor that to your organization, because it does give those clear expectations and that guidance. It also minimizes any subjectivity, as I mentioned, or any inconsistency in how we respond. Finally, it helps us remain in compliance with government regulations, which are often contractual because we're receiving federal or state money. I really want to go back to one of the additionally mentioned reasons, but it's all about protection and protecting our clients. Do no harm is something we'll be talking about, but that's the basis of all that we do.

Sandra Del Sesto:

Here are the six principles in the code of ethics, non-discrimination, competence, integrity, nature of services, confidentiality, and ethical obligations for community and society. Those will stay the same. Today, as I said, we'll be talking about the first three, non-discrimination, competence and integrity, and speaking specifically about considerations that may be new or more in the forefront based on what we've experienced in the last few months.

Sandra Del Sesto:

I'm going to turn it back over to Jessica, who's going to talk about our ethical decision-making model.

Jessica Goldberg:

Thanks so much, Sandra. Yes, and we're just going to introduce the ethical decision-making model quickly, some of you are going to be familiar with it from taking ethics courses, but we won't be getting into a lot of detail on it today, but it's something that's a really useful tool to us in our work if we are in fact faced with ethical dilemmas. We want to use the principles as part of this decision making process, as when we're looking at an ethical situation, we first assess what issues are at play and then we plan our response by gathering any additional information that we might need about the situation by calling in the advice of others and getting perspectives on the situation from people that we respect and trust to help us understand what our options are as far as making an ethical determination or decision.

Jessica Goldberg:

Then we would create a plan the same way we would if we were going to implement any type of intervention or strategy, in terms of what actions we're going to take once we've identified that best choice as far as our ethical decision and our ethical behavior moving forward, and implement that response, and then look to evaluate how effective it is by understanding what we would expect to change by virtue of our ethical behavior and seeing whether or not those changes are in fact accomplished in real time.

Jessica Goldberg:

That's just a very quick, less than a minute overview of what is a really effective decision-making model that's covered in our advanced ethics courses that I know some of us have offered in the past. I know Sandra trains advanced ethics often, and that I do believe is actually introduced through the basic ethics, but I might be mistaken on that. We encourage you to learn more about that process. We're not going to focus in on making specific determinations or decisions, but more look at how the code of ethics itself relates to new and emerging issues in the prevention field.

Jessica Goldberg:

We're going to dive into the code itself now. For each of the principles that we're going to explore today, we're going to start off with a question. Our question for the principal one of non-discrimination, we're going to ask you to respond to this in the chat box as best you can, is to choose or let us know what are some of the ways that you have tried to incorporate a focus on non-discrimination or practice non-discrimination in the course of your prevention work. We'll just ask you to plop your response right into the chat and give you a moment to think about it, about some of the ways that you've just worked to practice non-discrimination. We have thought through some options, or not options, some responses that we can share in a moment, but we want to hear from you some of the things that you've done through your prevention efforts as you're implementing programs and strategies to make sure that you're not inadvertently discriminating against any groups, any individuals, just some concrete examples from the field, from your work in doing prevention in your communities, with your organizations.

Jessica Goldberg:

Thanks to those that are responding so far. Changing verbiage, ooh, this chat is jumping, in a survey given pre and post, using appropriate language for the populations that you might be working with. Ensuring that direct service programs reflect the cultures in your service areas, another great example. Asking for name and pronoun before every new group, that's such an important one, absolutely. Thank you for that. Changing pictures of family, absolutely. Thinking about the way that we're representing identity, representing family, and making sure that we're being inclusive. It's something that I remember when I first started noticing that the pictures that I was using or that I was seeing in presentations or in materials weren't reflective of the community or weren't representative of our coalition or of the people that we mean to reach. Then once you see that, you can't unsee it, but it was a long time in the making before I even knew to look and thought to look for those types of issues or questions of representation.

Jessica Goldberg:

"Treating all of my students equally from the first time I walk into the classroom so they know that there's no favorites." I love that, that's a great example, absolutely. Inclusive hiring and recruitment practices, exercising intercultural competency. Great, I love that term. I'm not as familiar with that term, so Jennifer, if you want to say more in the chat about what that means. We're going to talk a little bit about cultural competency and cultural humility, but this is a newer term for me so thanks for that.

Jessica Goldberg:

Including people in the population that you're working with in decision-making and planning, and in meaningful ways and not just having people at the table with no voice or no role, but looking for really meaningful ways to involve and empower the involvement of people from the communities that we're working with. Continued staff training to learn different cultural beliefs and understanding. Changing language, it looks like, or having some kind of cultural sensitivity in pre-post surveys or evaluations. Providing cultural competence training to youth and adults who are a part of your or working with your coalition. Making sure our materials reflect the populations that you're serving and reviewing all materials and language to reflect communities.

Jessica Goldberg:

Being curious and asking if you're not sure about things like cultural preferences, for example, food and ways to participate, parenting styles. I love that. That's actually a point, and I think you're anticipating a point we're going to make here too, as far not necessary to know everything, but it's important to know what we don't know and create environments where people feel comfortable asking questions.

Jessica Goldberg:

These are great responses, thank you so much for sharing them here. We're going to look at our first principal here in the code, non-discrimination. Just an overview here of some of the tenants of that principle, but I think we can all agree, and certainly the responses in the chat bear this out, that non-discrimination is important to our work. Interestingly, it's one of the shorter principles in the code. It's just six lines and it reads that, "Prevention professionals shall not discriminate against service recipients or colleagues based on a variety of characteristics, including race, ethnicity, religion, national origin, sex, age, language, or sexual orientation, educational level, economic, or medical condition, or physical or mental ability. 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."

Jessica Goldberg:

I already heard a lot of that reflected in your responses. Again, on this slide, you see some of the key concepts associated with this principle. Avoiding and preventing discrimination, complying with anti-discrimination laws and regulations, and then promoting cultural competence. We're going to focus in on that final bullet and look at how our field has conceptualized non-discrimination in the past and then look at some of the ways that this has changed in recent years.

Jessica Goldberg:

In my tenure in the prevention field, I've heard and used the phrase cultural competence more times than I can count. It's one of the overarching themes, we know, of the strategic prevention framework that's woven through all of the other steps, like sustainability is. There's hardly a preventionist that wouldn't agree that it's an ethical imperative that we're respectful of and responsive to the health beliefs and practices and needs of the populations that we work with.

Jessica Goldberg:

Non-discrimination calls on us to think about ethical implications of the actions that we take and also actions that we don't take. This is often referred to as omission versus commission. We also have to be watchful for overt signs and acts of discrimination and aware of unintentional acts of discrimination. If we see that our prevention services aren't connecting with diverse communities, it's not enough to say, "But we invited them." I've certainly been part of coalitions where that's been something that I've heard said. Well, but that's not enough. Our ethical code has always directed us to dig deeper and try to uncover what might be causing that situation, or at least identify ways that we can try to improve our cultural competence in working with communities.

Jessica Goldberg:

Some communities have also focused in on identifying and addressing health disparities. It's an important way that we can live our code of ethics. I'm sure most of you or many of you know that health disparities are particular types of health differences that are closely linked with social and economic and/or environmental disadvantage. They exist and adversely affect groups that have systematically experienced greater obstacles to health based on their membership in any of those identity groups that were mentioned in the code.

Jessica Goldberg:

I'm sure many of you have worked on specific activities to try to address health disparities, maybe analyzing assessment data to identify populations experiencing disparities or incorporating strategies or adapting strategies to address those health disparities. I feel like there's been increased attention to this area in the past five years or so and to pursuing health equity, which is defined by Healthy People 2020 as the attainment of the highest level of health for all people. That really requires valuing everybody equally and focusing our societal efforts to address avoidable inequities, historical contemporary injustice, and also toward eliminating health disparities.

Jessica Goldberg:

Non-discrimination has been part of our ethical code for decades, but as with all the other areas of the code, we have to have an evolving and improving recognition of what we need to do in order to living this part of the code. Figuring that out, what we can be doing to live the code, can sometimes be challenging.

Jessica Goldberg:

What does non-discrimination look like now, or how has it changed recently? This will be a theme that's repeated throughout today's session and Wednesday's, but we're thinking a lot more about equity lately, both health equity and then other types of equity as well. Since the past year plus has created such monumental shifts in how we do our work, we're going to be thinking about what ethics looks like in an increasingly virtual world. With reference to non-discrimination here, it's all about equity, from who has access to technology, from equipment to fast internet that allows you to stream and Zoom, and then to the support that might be needed to understand and use those various online platforms that you might be unfamiliar with or not comfortable with, and to understand the norms and expectations in a virtual space. I know many of the schools I work with talked about equity issues with regard to student access to remote learning, not only as far as needing devices to learn on, but the stigma that some students felt associated with having their teachers and their peers see their home environments.

Jessica Goldberg:

I also know that I sometimes struggle to insert myself into virtual conversations when I'm not able to see and respond to the body language of the people that I'm speaking to. This past year has thrown open the flood gates of technology, both in terms of demand and needs, and it's our responsibility as preventionists to be aware of this and respond to any barriers that we perceive in terms of access and use in technology among our program participants and other community members and stakeholders that we're working with. Again, this theme will run through all of our principals, So we'll say a lot more on this as we move along.

Jessica Goldberg:

Then we'll look at non-discrimination in terms of how our culture has shifted and grown and its understanding of what that means now. We already anchored today's training in the idea of the importance of language, in particular using person-first language, which emphasizes the individuality, the equality and dignity of individuals. Rather than identifying or defining people primarily by another status or characteristic or condition, person-first language conveys respect by emphasizing the fact that people are first and foremost just that, people. It's really about honoring how people want to be identified and making efforts to do this. This goes for learning the correct pronunciations for people's names, to not assuming how a person might want to be referred to without asking, particularly if they've disclosed elements of their diversity to you. It's about respecting people's gender identity and their personal pronouns and using them correctly, and also listening for how a person might refer to themselves in terms of their recovery status, whether it be a person in recovery or another way of identifying, but acknowledging and honoring all of our ability to identify as we so choose and clarifying what we don't know without making assumption.

Jessica Goldberg:

Then creating a culture where people feel comfortable identifying different aspects of themselves. Thinking about how we can encourage person-first language or encourage recovery-focused language as we allow people to identify for themselves, but also encouraging what we know to be the most culturally responsive ways of sharing our identities.

Jessica Goldberg:

We also want to acknowledge that none of this is easy because we, all of us, have bias. It's a human condition. At my job, we all go through a training on recognizing and addressing our own implicit bias. One of the key takeaways is if you have a brain, you have bias. That doesn't make us bad people, it just makes us people. It's our job as preventionists to understand this and to recognize our own implicit bias and then take steps through educating ourselves, by attending implicit bias training or similar trainings, to learn strategies for how we mitigate our bias.

Jessica Goldberg:

I've learned over time that it's not a reasonable expectation for ourselves to assume that we'll never feel bias, but like one of my prevention heroes likes to say, it's all about the recovery. When we do experience bias, what are the strategies that we have available to us to mitigate it, to make sure that we're not allowing our bias to push us from behind or insert itself into decisions that we make in terms of recruiting or hiring or supporting our staff and colleagues in our prevention work, our volunteers, our coalition members, that there's not issues of implicit bias at work in our dealings with all of our different stakeholders.

Jessica Goldberg:

I think I skipped ... Oh no, I didn't. Centering other perspectives or diverse perspectives is really about perspective taking, which is actually a mitigation strategy for implicit bias. Taking perspective is about actively contemplating other people's psychological experiences. To do this, we have to mindfully decide to put aside our own goals, our own understanding, our experiences, and purposefully center the perspective of another person or another group. This is about letting go of our egos and engaging with this other perspective, this other person's experience, in the way that they're perceiving the world, which may be very different from ours. This helps us see the other person more clearly and imagine how they might be thinking about a situation.

Jessica Goldberg:

In particular, when we're talking about issues of racism and discrimination, this is about those of us with privilege understanding our role and our complicity in systemic racism, which can be really difficult, and then understanding how essential it is that we're not centering our own discomfort or pain in this equation, but that we're amplifying and honoring the voices of those that have experienced these issues and not assuming that dominant cultural norms apply across the board, but really taking that perspective of the other person and bringing that center into the conversation.

Jessica Goldberg:

Then striving toward health equity is really about moving away from right and wrong to a growth mentality when it comes to addressing issues of non-discrimination or racism. It's not that you're either/or, you're either anti-racist or racist. We're all on a journey in this work, in our own racial identity formation, in terms of our own understanding of these issues related to non-discrimination, no matter our backgrounds. This is really about making the effort. We want to praise effort and not assume what things are-

Jessica Goldberg:

And not assume that what things are now will always be the way that they are. And so I know that's a lot for me. So I just want to invite now Ivy and Sandra to join the conversation and share any insights that you'd like to about non-discrimination.

Sandra Del Sesto:

Well, I like what you said, and it's been a learning for me pretty recently thinking about looking at programs and being aware of the American centric values that might be inherent in the program and how that might be offensive, or at least counter to the values that might be coming from another culture.

Sandra Del Sesto:

And the one that was raised with me, and I'm not sure I can be as articulate about this as I should be, but it's like an American value about raising our children to be independent and able to speak up and then another culture having a higher value of respect of elders. And so you don't necessarily speak up or independence may not be the primary value, but affiliation and harmony in the family.

Sandra Del Sesto:

So I think that's been a new, not a new aha, but it's reinforced it for me. And even growing up, I'm a second generation American, growing up and thinking back how some of the things that were encouraged in the mainline culture wasn't so much encouraged in my Italian American family.

Sandra Del Sesto:

So the other thing I'd like to bring out something that Jessica said, a resource that you're going to have access to in probably a month through the PTTC is a guide and an compendium of Latino specific programs that are culturally relevant or culturally appropriate. Those words are defined in the guide to the companion. So if you'll looking, when you go on another website of evidence-based programs like Blueprints or the Juvenile Justice website or Department of Ed website, they may say appropriate for a cultural, for Latino populations, for example, but it might be a small sample. You don't know what the sample is, whether it's Mexican or Dominican, Puerto Rican, and those cultures are different and we have marginalized those sculptures. That's another thing we do in terms of cultural competence, that we don't acknowledge the differences from one Latino culture to another.

Sandra Del Sesto:

So the compendium is going help you with that and the guide that's with it. So be on the lookout for that. I think you're going to find it to be a great resource.

Sandra Del Sesto:

So Ivy, any comments, my friend?

Ivy:

Yes. I think the one thing I'd like to highlight here, just to really add on to what both of you have noted, is picking up on that last bullet of striving toward health equity. And I know a number of folks mentioned the importance of equality and treating everyone the same. And I think there's just a little nuance we want to make sure we're paying attention to, which is that not everyone is the same and needs exactly the same level of effort or support. And that just then means us as preventionists needing to understand both our individuals, as well as our communities and cultures that we're working with, in order to provide whatever supports are necessary.

Ivy:

So for example, I have a Godson who is on the autism spectrum and he has a cousin who is just two weeks older than him who's not. We don't treat them the same, but we make the opportunities available to both of them and we provide the additional support to the one who's on the autism spectrum.

Ivy:

What that means then is that yes, there will be some difference in outcomes, but they both have an opportunity to progress and strive toward health equity and having the support that they need. Which I think has so much building on both what you've noted, Sandra, in terms of individual, maybe racial, ethnic group cultures, and how do we build on those? And then just noting out some of our implicit biases and just understanding that we've been taught, treat everyone exactly the same. And that's just a little nuance that we can integrate into our work.

Jessica Goldberg:

Wonderful, Ivy. That's a great example. Thank you for sharing that. And thanks Sandra too, for sharing the compendium. I think that that's going to be a great resource.

Jessica Goldberg:

I don't want to put you on the spot, Sandra, but I remember as we were preparing for today, you shared a really wonderful way in which that you would encourage someone to consider a different way of self identifying if they were in recovery, but we're still using the term addict. I just wondered if, because I know so many people mentioned in the chat that language was important, if you'd be willing to share about that.

Sandra Del Sesto:

Oh, sure. Yeah. I worked actually in recovery for four years and a lot of people were surprised at that, but I could go on and on about the many overlaps between our work in prevention and our work in recovery. But what I like to do is just, if someone says I'm a recovering addict or I'm an addict, that language is very appropriate in mutual aid groups, that people identify themselves that way in mutual aid groups. But I always encourage folks, I say, "Would you consider speaking about yourself as a person in long-term recovery?"

Sandra Del Sesto:

And so my friends in recovery, and there may be folks on this call who are in recovery also and say, "I'm a person in long term recovery," and what that means, and you can say the number of years if you want. And what that means for me is that I have a meaningful job. I have positive relationships and then go on about the positives, because that changes how people view substance use disorders. And then they can see folks in the community who are functioning, contributing, and by the way, I'm also in recovery.

Sandra Del Sesto:

So it's a stigma reducing action that is, I think, really important. And I encourage you, if you are in recovery, to use that language. And if you have someone in your life was in recovery, that you encourage them to speak in those terms. So.

Jessica Goldberg:

That's great. Thanks so much, Sandra. So we know we could say so much more on this first principle one, but we'll be continuing to talk about issues of equity throughout the course of the session. And so now I want to turn it over to Ivy, I believe, to talk to us about principle two.

Ivy:

Yes. Thanks, Jess. So as we get started on principle two, we'd like to ask you this check question, which you'll respond to in the chat, which is what comes to mind when you think of competency with respect to ethics. And so we just would love to see what your responses are in the chat please. We know that there are so many, not only definitions that we've talked about today, but we anticipate that many of you, based on some of your responses, have shared or have indicated that you have taken an ethics course. And so this might be somewhat familiar. You can just reply, again, in the chat and that'll give us an opportunity to just kind of hear a couple of comments and a couple of ideas or points that you'd like for us to be considering in our discussion.

Ivy:

And while I wait for responses to come in, it looks like some folks that are typing. I'm going to go on to the next slide, which will give us an opportunity to continue the conversation and I think we've seen a couple of rich comments. In particular, for principle two, which is the principle of competence, there are several key things that we're really thinking about. We really are focusing within the competence principle about ensuring high standards of professional practice within the field of substance misuse prevention and at every stage of and aspect of our work, it's also in terms of the staff that's engaged, making sure that we're focusing on that high standard of professional practice.

Ivy:

So within this principle, we're really thinking proactively about how to build capacity to be a competent prevention professional. And I see Julie, I believe it's Julie, has noted in the chat in particular ethical competency means being cognizant of your actions, really being, again, committed to the highest levels of professional delivery. Helen or Helena has noted it's about having that formula or that approach and that framework to really ensure that the way that we're taking or approaching our work is going to be effective and good. And I see also we have someone who's noted that trainings, the important role of trainings. And so we'll definitely get to that in just a second.

Ivy:

When we're thinking about competence, we're really considering some of these questions that are, have we met the basic qualifications in order to deliver, or in order to enact or begin a particular strategy or a particular approach. Have we received the necessary training on the topic or to implement the intervention in which we're engaged? Have we updated our knowledge base, maybe with refresher training or even some coaching supports? Have we received sufficient supervision, which is an important aspect of delivering our interventions and our work in collaboration with both communities, our coalitions, and with participants? Are we reviewing the research updates? It's all about, in many ways, as we've said, our readiness and our preparation.

Ivy:

But as a second aspect of our focus on competence, we have to be ready to recognize and react if there are situations that affect our professional performance or competence, as well as that of our peers and colleagues. Are there any ways in which my own personal ability to give or perform at my highest level has been compromised or distracted for any reason? Am I too tired to effectively engage with participants? Am I mentally distracted maybe by some event or activity or conversation that I had right before beginning a particular intervention or activity with participants or with colleagues?

Ivy:

We're going to look at a number of different areas in our review of this particular principle, but just want to highlight there are these five key aspects, everything from assessing the qualifications, as we've talked about in terms of both our own, as well as our peers, making sure that we're spending time building on the knowledge and skills, using those provincial breast practices, addressing personal impairment, as well as the impairment of our colleagues and addressing the unethical conduct of our colleagues.

Ivy:

What we're going to focus on in this particular session is really thinking more about using prevention best practices. And in particular, one of the key areas that we've often thought about and talked about with this is really thinking about what that looks like when we are considering or we have begun implementing our interventions. In particular, we really want to spend some time building capacity in those prevention best practices. It's ensuring that we're delivering an evidence-based intervention effectively based on both our qualifications and the qualifications of and the requirements expected by the developer in terms of delivering that intervention. That everything from the training, from the fidelity, maybe assessments, as well as checklists, to ensure that as we begin the intervention delivery, that we are doing those appropriate check in, those follow up. We're providing the coaching, as well as the supervision and support necessary for ourselves, as well as for other colleagues who might be involved with the intervention.

Ivy:

It's also ensuring that prevention efforts developed are designed and selected and implemented in collaboration with the community. We're not necessarily delivering those interventions solely by ourselves. We're delivering them in collaboration and in partnership with both community members, as well as our partner organizations. We want to make sure that they reflect the needs assessment data, the risk and protective factors, that they're also reflecting the familiarity that we have and hopefully that we've developed with the community.

Ivy:

And as Jess noted, as part of the protective factors, discussing, recognizing and understanding what it means in her exploration of non-discrimination. And then also really focusing on the best practices, making sure that we're looking at the research, the practice and those aspects that deliver and drive the approach to our efforts.

Ivy:

What I also want to do is move on to our next slide. Sorry. For this particular conversation, what we'd like to do is really acknowledge that over the last 16 months, as we have experienced more and more of a virtual or online environment, that has some significant implications for how we are addressing competence with our work in terms of in our virtual environment.

Ivy:

So in particular, it's recognizing that as we are looking at the use of online and virtual resources, recognizing that they are having a great impact both internally, as well as externally. Internally with our work with our colleagues and with our partners, as well as externally, how we're interacting and communicating.

Ivy:

There are, of course, a number of advantages. We can always increase the number of people who are participating, increase the number of opportunities to participate, just like with this session, as well as probably many of the other trainings that you've attended over the last 16 months. If you're not able to attend live and in person, you can now actually still register for some of those sessions and attend them at your leisure by viewing the recording. That was of course never possible when the trainings and the presentations were done in person. And so there's definitely an opportunity and an expansion for our ability to access and to be able to involve and integrate a number of additional people.

Ivy:

It also means that we have greater and more speedy access to individuals as well as groups of people. But of course we recognize there's some of the challenges in terms of the interaction can be much more difficult in a virtual or online environment. It also can be much more difficult to connect individually and personally with others.

Ivy:

We recognize that as we are in particular, delivering and attending these kinds of trainings and these kinds of interactive activities, in an online or virtual environment, we recognize that as prevention professionals, we can't just simply sign up for a training, an online training or an online event, and simply watch a portion of the recording or partially participate by multitasking. Maybe looking at email or maybe even walking out of the room a number of times, being occupied in some other way. We recognize that that means that our integrity or our ability to really participate and engage in that professional development opportunity has really been compromised and has not achieved the level of competence, or we can not achieve the correct level of competence that we want and expect in that kind of, or with that kind of context.

Ivy:

So we want to encourage ourselves, as well as our colleagues and peers, to make sure that as we're participating in online activities, that we are fully present, that we are fully engaged and that we are engaged, as well by participating in the chats, by participating in the polls, by interacting with our colleagues as we're online.

Ivy:

I think the other thing that I'll note here is, in particular, the effectiveness of virtual relationship building. It means that we really have to be aware that as we're interacting online, there is a certain level of people not necessarily being fully or cues that we may have seen in person, that we may miss some of those. And so making sure that we are establishing some additional support, some additional mechanisms, some additional ways, that we can pick up on those cues or follow up in an online or offline method or way, just to make sure that everything that we may have built on in terms of building relationships is addressed as part of that.

Ivy:

I want to also highlight in terms of the other aspect of this work is recognizing that we are encountering the pandemic after the pandemic. And that is the other aspect of the competence principle, recognizing the impairment and the challenges that we face both as individuals in this particularly online and constantly engaged environment. Particularly as many of us have been working from home or working from remote settings, we recognize that there is the necessity to put boundaries in, to allow for folks to have time not only to reflect and to do the necessary processing and thinking that's essential for us as human beings, but also most importantly, an opportunity to make sure that there's a manageable amount of effort that we are expecting out of our colleagues and peers.

Ivy:

And I'll just kind of highlight here that there are two elements of that. One is at the supervisory role, making sure that there are some boundaries maybe between work hours and the expectation of work loads, time that an individual may be available for interaction with their colleagues and with their supervisors, but also making sure that there is the peer and the collegial support so that if you see that there is something that has indicated maybe a colleague to you is not necessarily fully engaged, maybe they've overextended, maybe you find that they are frequently late to meetings, or just not quite as prepared as before. Those are examples of, unfortunately, maybe some examples of early burnout and you want to be attentive to those.

Ivy:

So recognizing that we have so much that we want to include as part of this conversation, I do want to invite Sandra and just to come in, if there's anything else that they'd like to add on this.

Sandra Del Sesto:

No, I think you've covered it all, Ivy. I don't know if there's any questions or comments from the group that they want to put in the chat box. Jess?

Jessica Goldberg:

I thought that was great. I mean, I think the only thing that came to mind was that flexibility can be sometimes a double edge sword. It's great to be able to be flexible, but it's also important for us as individual to set boundaries because sometimes that flexibility can make our work and private lives poor in a way that's not healthy, but that was just the one thing that came to mind.

Ivy:

And we'll definitely talk a little bit more about that in a few minutes.

Jessica Goldberg:

Okay.

Ivy:

And with that, I'm going to turn it over to you then, Sandra.

Sandra Del Sesto:

All right. Okay. All right. So we are going to ask you a question here and in the chat box, there's a link, that in one second I want you to click on and I want you to think of one word and one word only, not a phrase, that in your mind describes integrity. I think it's such an abstract board that when you think of someone you know, who's a person of integrity, living or dead, personal. All right. Someone put in trustworthy already. So click on the link and you'll see a place of response where you can add a word and I'm seeing some words in the ... The bigger the word, the more frequently we see the response. So I see trustworthy, honest, honesty, decent, nice word, trustworthy, again, caring. That's come up a couple of times. Considerate. Let's see. Ethical, works great. Reliable, authentic, dependable.

Sandra Del Sesto:

Authentic, dependable. Okay. Wait, considerate, advocate and nest, I'm not sure what that means, but that looks good. Loyal. Okay. Decent, nice word too. All right. You can keep adding these words, but while you're looking at them, I'd like you to think of the person that you were thinking of who is a person of integrity. One of the people that always comes to my mind is my dad, and if I look at those words for me, anyway, all of those words could describe my dad. So, think about your person and see if all those words are consistent with how you see that person in your life that's a person of integrity. If that's the case, you could just type yes in the chat box or you can virtually raise your hand. Jess said yes.

Sandra Del Sesto:

Kristen said yes. Okay. Yeah. I'm seeing a lot of yeses. Does that really works for us? Oftentimes, when I'm in an ethical dilemma, I just go in my mind to say how would my dad advise me? What would he suggest? This principle of integrity, again, has four different key tenants, providing accurate information, giving credit, avoiding deception. In the code, it says it cannot accommodate deceit or subordination of this principle. Okay. Then supporting, we talked about, actually it's in the second principles in terms of recognizing times when we're overextended and where we may be limited in terms of what we can do. I think during COVID, a lot of us were working extra hours, not less hours virtually and trying to balance children or sick family members or other things that were going on in our lives with our work, and so we needed to recognize that. Here in this principle, we talk about the importance of us supporting impaired colleagues, but we're going to focus mostly on providing accurate information. I have this... Oh, this happens to me all the time. I don't know, help me go back.

Jessica Goldberg:

Don't worry, Sandra. I'm going to get you back. Just feel free to keep talking, I'm going to bring you back to those.

Sandra Del Sesto:

All right. First of all, we're online more of the time. We're sharing more information virtually than we ever did before so we need to pay attention to a couple of things. First of all, that we are paying attention to the limits of pictures or images that we use, and using only those that are in public domain. We also, and I've seen this over and over again, we need to be careful about posting pictures. You may be taking pictures of a prevention event or your task force meeting. It's imperative, really, that we get permission from anybody who's in a picture before we post that picture. That would be the same, for example, for a screenshot. So, please think about that. If you're going to post anything on social media that you have a vehicle for having people give you written permission, not verbal, and something you keep on file. We also want to be sure, and this is something we've always had to do, but assigning credit to anything that we use virtually. We also need to pay attention to what's going on on the internet. Certainly, there's been a lot in the news about misinformation on the internet and particularly now where some of our states are legalizing either medical marijuana, or recreational use of marijuana, being sure that the information that's being shared is accurate, especially the information that our teens might be using.

Sandra Del Sesto:

So, now we also have to think about, and Ivy touched on this, predicting people's privacy and these are things that we've had to think about over the last year. First of all, I'm going to give you a couple of things to think about. We need to ask permission if we're recording a training and so that's extremely important. Again, I said, if we're taking any kind of screenshots. I need for you to know that what is in the chat box, including private chats on that private. On Zoom, in particular, there is a way of sharing everything that's in the chat box so you need to actually let folks know. This was an embarrassment to some folks in a training that I did where they were having a private chat conversation, and they didn't know that the chat was going to go to this tape, but mentioned director.

Sandra Del Sesto:

So, be careful about that, and letting people know. Also, know that the online surveys that we may be using now are at risk of being hacked. The organization, if it's yours, that's hosting the survey needs to be forthcoming about this and notified participants about how secure the information that they're going to be sharing is going to be used so people can opt in or opt out. So, it's a consent issue. Okay. Even as Zoom meetings, you want to make sure or that you're letting people in one at a time and not just having it open. The more open your meeting is, the more likely it is to be hacked, so checking that box to make sure that you admit people one at a time. Another thing that I say in the advanced course is that an email is not like mailing a sealed letter or a package.

Sandra Del Sesto:

It's not like mailing a postcard for those of us that remember posts... Well, it is like a postcard. There is nothing private about an email. It can go anywhere, it can be seen by anyone, and so we need to be very careful about that and actually advise our staff to do the same. On the other hand, if you are having a communication with someone, for example, seeking permission to make a budget change or seeking permission to make an adaptation in a program, you would want to confirm a verbal conversation with that person and follow it up with an email saying this is my understanding of how conversation, and then print up or save that email. You may need that later. That's happened to me a couple of times. One time when I was directed to change a budget item and then it was questioned. The person who told me to do it at the state level said they never gave me permission, but I had the email that confirmed it, and it was very awkward. I believe it or not, we still remain friends, but it was a difficult situation. We're going to move along so we can stay on time for you.

Sandra Del Sesto:

Oh geez. Jess, I'm sorry.

Jessica Goldberg:

No worries. I'm on it.

Sandra Del Sesto:

Okay. Bring me back. We want to talk about recognizing a payment from afar, which is another issue in terms of supporting people. If you have someone, a colleague or someone you supervise is coming too late to meetings, seems super distracted, they're constantly asking you to repeat information. You call them and their voicemail is full. You make an appointment with them and they change it or they forget about it, or if you see them looking at a different screen or looking down at their phone, perhaps, where they're trying to multitask, this is a place where, in kindness and consideration, it may be important for you to say, "It seems to me that you're having some difficulties." Being virtual, doesn't give you a pass around responding to someone who appears to be impaired, and if you're not comfortable speaking to that person yourself, then you would go to your supervisor and just say, "These are my concerns," and then cite some specific examples and leave it to the supervisor to follow up.

Sandra Del Sesto:

If you are supervising too, and you're overwhelmed, I just reminded a colleague of mine today about the need for her to delegate. It sounds like you're overwhelmed, she said, "Yes I am." I said, "Well, time to delegate. You've got really good senior staff, so you need to do it." We're going to go to talk about the wellness wheel. If you've taken the basic course in ethics, or you've taken the substance abuse prevention skills training, the wellness wheel is going to be familiar to you. This is a Samsung version of what wellness looks like, and it has eight components. We're going to give you a handout that describes this and a little activity after the next session, so you can begin to think about your own wellness. Jess said we're going to run a couple of minutes late.

Sandra Del Sesto:

What I'd like to say is, think of this as a wheel. If those spokes are uneven, what's going to happen to the wheel? First of all, it's not going to turn and very quickly, it's going to break down. I know you probably found this in your own life. If you've got too many things going on at one time, then eventually it's going to affect your physical health. However, it's normal for us to have a wheel that's not completely balanced many of the time. We might be preparing for an exam for graduate school, we might have someone in our family who is ill. We might be moving. It can be positive things as well, which would make these segments a little bit different for us, a little bit smaller or larger, and we'll look at that.

Sandra Del Sesto:

The important thing is that we try as much as possible to keep the wheel on balanced. Here's a case here where we've indicated smaller sections and largest sections. Our challenge to you would be to look at those sections that are really small and think of something you can do for yourself in the next month that increases that. So, I'm going to turn it back over to Ivy who's going to bring us to a close.

Ivy:

Thanks, Sandra. As we move to this portion of of the session, I'm going to just switch the slides to our key wrap up slide and, in particular, just try and move it forward. Okay. One of the things that we wanted to do was just revisit some of the key principles that we've reviewed in today's session, and then we'll move to a Q&A portion. In particular, in reviewing the first three principles of the prevention code of ethics, nondiscrimination, competence, and integrity today, we really have focused on how within our changing culture and context in which we're working, we have an opportunity both for increased knowledge and concepts of more that we're operating in an online and virtual environment and paying more attention to equity, but what that also means is that we might want to keep in mind some of these key points. Using person-first language, so that we're focusing really on people, focusing and honoring on their own self-identification.

Ivy:

We also want to be aware that we're not reinforcing stigma in some way. Thinking about our own biases and, in particular, the length that's shown on your screen, we will provide this to the Implicit Association Test as part of the resources after the second session of today's two-part webinars series. In particular, that will be an opportunity for you to identify where may you show some well learned biases or associations towards certain perspectives or groups of people and values. Also, thinking on centering your work on perspectives that are different than your own. In particular, starting with, as we have begun to use the phrase, centering in the margins. That basically just means, this might be the way that I'd initially approach but I'm going to look at how others might approach. So, what might be an alternative perspective that I want to make sure that I bring into view, bring in to understanding? Of course, understanding and recognizing that both virtual and in-person events are really important for relationship building.

Ivy:

One way that you may do that is even following up a virtual event with some kind of in-person activity or some in-person interaction. Being sure to recognize and address those signs of impairment in yourself and in others, and that is really sensitively beginning the conversation, beginning the discussion with others and acknowledging that these signs of impairment are something that we all experience. Then, of course, making sure, as Sandra just reviewed, with the wellness wheel that you're prioritizing your own wellbeing. I think we've all experienced or heard the phrase that I need to take care of myself in order to be able to take care of you. We are only as effective as preventionist as well as we have invested in our own wellness. With that, I'm going to move on to just recognizing that if there are any questions, I see a couple of folks who have put some questions in particular in the chat with regards to accessing some of the materials afterwards, and we will definitely provide those for you.

Ivy:

I think the other thing we want to do at this point, sorry, I'm just skipping ahead a little bit, is recognizing also the importance of a personal action plan. This is an opportunity for us as preventionists to not only begin thinking about how we reinforce and focus on some of these particular aspects of the principles, but also making sure that we're incorporating them into how we do our work. This is a three-part action plan. It begins with both how I will take a particular step in the interest of enhancing my personal ethics. The next step is identifying how I know that I will have completed that first step in terms of my professional development, and then third, thinking about a longer term professional development plan. This will be an opportunity for us, both as individuals, as well as a field, to really continue not only to support our own personal professional development, but also that of those that we supervise and work with.

Ivy:

And then, recognizing that we are also going to really benefit from hearing from you in terms of your feedback, your questions and comments on today's session. We're going to ask you to complete a brief evaluation. The link for the GPRA survey will be posted in the chat, and you can exit. They will also email that out to you so that you can complete that. We do hope that you'll return for session two, which will be hosted on Wednesday, that during that session, we'll have an opportunity to review the next three principles of the prevention code of ethics. We will be focusing on those in the next session and then we'll also at the end of the session, have an opportunity to share with you a number of resources that we have curated and pulled together as a takeaway and follow up as part of supporting your professional development.

Ivy:

Again, we do look forward to seeing you on Wednesday, and we hope that you'll be able to join us. We also are hoping that if you have any additional questions or comments that you will not hesitate to contact us both, myself, Ivy Jones- Turner, as well as Jessica Goldberg, and our contact information is on screen. We're so excited to have folks that have joined us today. We do know that there are many opportunities for professional development and training that you having. We appreciate you joining us for this session and we do hope that you will follow up with us for both session two with this webinar series, as well as follow up thereafter with the PTTC online ethics course, and we can provide links for those if you need them. At this point, I'll say thank you so much, everyone for joining us today and we look forward to seeing you on Wednesday. Thanks so much.

Sandra Del Sesto:

Thank you everyone, and please share your questions.