Establishing Ethical Practices for Peer Recovery Support Services Within the ATR Model

Contents:

- Relationships in peer recovery support services are significantly different from those in clinical services, so it is important to identify ethical standards unique to these relationships. These differences affect issues, such as confidentiality, relationship boundaries, and risk management.
- Several factors make it difficult to create a code of ethics that is both comprehensive and flexible enough to address the wide scope of services and settings involved in peer-provided services. These factors include differing values among Access to Recovery (ATR) partnering organizations, the need to clarify appropriate boundaries in peer recovery coaching, and changing technological trends, such as social networking.
- Numerous tools and processes are available to ATR 3 grantees who want to further develop their ethical standards.

Introduction

The emergence of peer recovery support services is a major development in helping people recover from substance use disorders. For more than a decade, recovery communities and organizations across the nation have implemented these services with positive outcomes. The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) has been a leader in the growth of these services through its funding of three grantee networks: the Recovery Community Services Program (RCSP), ATR, and Recovery-Oriented Systems of Care (ROSC).

An essential characteristic of this approach is that services are provided by people in recovery from substance use disorders who use their experience to help others. People in this role are called by various names, such as recovery coach, peer leader, and care coordinator. For the sake of simplicity, the term "peer recovery coach" is used throughout this publication. Although this role has similarities to other helping roles like addiction counselor and 12-step sponsor, it also has many differences, especially with respect to the way a peer recovery coach interacts with the person seeking recovery. These differences make codes of ethics written for addiction counselors and 12-step sponsors ineffective in guiding the work of peer recovery coaches. It is important for ATR 3 grantees to have a comprehensive code of ethics for peer recovery coaches that is flexible enough to fit various settings in which peer recovery support services are offered.

How Should Grantees Use This Information?

This technical assistance package offers information to help ATR 3 grantees recognize the ethical implications of delivering peer recovery support services and the importance of a relevant code of ethics. It also

describes issues to consider when creating a code of ethics for peer recovery coaches and actively implementing that code as part of peer recovery coaching.

Part 1: Ethics and Related Issues

This section examines confidentiality, boundaries, and risk management as they relate to ethics for peer recovery coaches.

Ethics

Ethics are standards of behavior an organization has identified to promote quality services and to protect all involved parties. It would be a mistake to think that only two parties—the person served and the peer recovery coach—are involved in peer recovery support services. Other parties with interest in the appropriate delivery of these services include:

- Family and friends of the person seeking recovery.
- Organizations providing peer recovery support services.
- Other providers within the ATR network.
- The recovery community.
- The community as a whole.

In the process of creating a comprehensive code of ethics, the interests of all these stakeholders must be considered.

Many professions have codes of ethics, and most States and some national groups have developed their own codes for counselors. For example, addiction counselors who are members of NAADAC, the National Association for Addiction Professionals, must comply with a national code of ethics as well as the code of their State's certification organization. Originally, many of the ethical standards found in codes for addiction counselors were borrowed from other clinical disciplines, such as social work and counseling psychology. Over the years, many organizations have revised their codes based on a growing sensitivity to the unique features of the relationship between addiction counselors and people with substance use disorders. For example, as more people are mandated for treatment services by the criminal justice system, organizations are having more difficulty in establishing trusting relationships while also complying with the reporting procedures required by the referring agency. The ethical issues of boundaries and confidentiality become heightened in this situation.

Each organization's code of ethics is based on the organization's values. In *Critical Incidents* (1993), William White listed the following values that are found in many codes of ethics:

- Autonomy (enhance freedom of personal destiny).
- Obedience (obey legal and ethically permissible directives).
- Conscientious refusal (disobey illegal or unethical directives).
- Beneficence (help others).
- Gratitude (pass good along to others).
- Competence (be knowledgeable and skilled).
- Justice (be fair and distribute by merit).
- Stewardship (use resources judiciously).
- Honesty and candor (tell the truth).
- Fidelity (do not break promises).
- Loyalty (do not abandon).
- Diligence (work hard).
- Discretion (respect confidentiality and privacy).
- Self-improvement (be the best that you can be).
- Non-maleficence (do not hurt anyone).
- Restitution (make amends to persons injured).
- Self-interest (protect yourself).

ATR 3 grantees differ with respect to who creates and monitors the code of ethics. Some grantees allow each provider to establish its own code of ethics. The advantage of this approach is that many organizations already have a code in place that reflects their organizational values. The disadvantage is the lack

of uniformity within the ATR network. Clients who receive services from numerous providers may discover significant differences in how providers relate to them because of the different ethical standards followed. Other ATR grantees establish one code of ethics for all providers to follow. This approach ensures uniformity of ethical standards among providers. However, the disadvantage of the approach is the complexity of writing a code of ethics for both clinicians and peer recovery coaches. Such codes are frequently more counselor-focused and neglect or shortchange the unique characteristics of the helping relationship found in peer recovery coaching. Another option for ATR grantees is to develop two codes—one for treatment services and one for peer recovery support services.

Some CSAT grantees have used other values to create their codes of ethics, such as the following:

- Keeping recovery first.
- Cultural diversity and inclusion.
- Participatory process.
- Authenticity of peers helping peers.
- Leadership development.
- Respect.
- Self-care.
- Empowerment.
- Compassion.
- Doing no harm.
- Service to others.
- Noncoercion.

The first five of these deserve special notice because they are the five guiding principles of CSAT's RCSP project, which focuses specifically on the provision of peer recovery support services. In effect, these guiding principles form the foundation of RCSP as a precursor to ATR, which combines clinical services and recovery support services.

Other CSAT grantees have designed codes of ethics that center upon specific areas of concern, including the following:

- Conduct.
- Responsibility to people in recovery.
- Responsibility to the organization.
- Confidentiality.
- Nondiscriminatory practices.
- Competence.

Ethical Guidelines*

- We are stewards of the public trust. We use our resources wisely, and we lead by example.
- We believe in the concept of mutual support. We help each other through teamwork, and we assist those seeking services.
- We are empowered by entrusting our success to our community.
- We are responsible and accountable to the recovery community.
- We keep up-to-date on the latest information and trends related to the recovery community.
- We are prepared.
- We accept all members of the recovery community.
- We are members of the recovery community, and we commit to authentic representation of all voices in that community.
- We are committed to a recovery community inclusive of all.
- We treat each other with compassion, respect, and understanding.
- We are respectful of the diversity of our community, which we define as culture, gender, social status, and values of our community.

* Ethical Guidelines of the Recovery Alliance of El Paso, Texas

Confidentiality

Confidentiality represents a commitment by a program to protect the privacy of a service recipient based on the knowledge that inappropriate disclosure of information can cause harm. It is both a legal and an ethical concept. Confidentiality of alcohol and drug treatment and prevention information is protected under Federal law and regulations. The regulations are found in 42 C.F.R. (Code of Federal Regulations) Part 2 and will be referred to here as the "Federal confidentiality regulations." The purpose of these regulations is to encourage individuals to seek help without fear that their information will be disclosed or misused. In addition to the Federal confidentiality law and regulations, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of health care information generally—not just alcohol and drug treatment and prevention records.

Peer recovery support service providers may be subject to the Federal confidentiality regulations and/or HIPAA, depending on a number of factors. The Federal confidentiality regulations apply to federally assisted "programs." A program is a person or entity that provides diagnosis, prevention, treatment, or referral for treatment of alcohol or drug problems. ATR grantees must comply with the Federal confidentiality regulations because they are federally assisted (through the ATR grant) and fall under this definition of "program." But not all ATR service providers fall under this definition—it depends on the nature of their services. For example, a service provider that only offers transportation for ATR clients may not fit the designation as a "program." Grantees also are subject to HIPAA if they are "health care providers" according to Federal government regulations and transmit health information electronically in connection with billing or certain other transactions. (Visit the U.S. Department of Health and Human Services Web site, http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html, for more information on HIPAA's privacy rule.)

Confidentiality also has ethical ramifications. Typically, people receiving treatment and recovery support services from an ATR grantee enter programs with considerable mistrust and anxiety, partly due to the stigma associated with substance use disorders (and possibly psychiatric disorders). These clients need assurance that the information they disclose is kept confidential. With this assurance, they can share things about themselves that may be important in their recovery process but could be damaging in other contexts.

Adequate supervision and training on confidentiality are essential for peer recovery coaches. Because many peer recovery coaches have used 12-step fellowships as their major pathway of recovery, they tend to oversimplify their explanation of confidentiality to the people they serve. By using the 12-step standard that "what's said here stays here," they fail to inform individuals of the important exceptions to confidentiality. In certain situations, information may be shared without a person's consent.

Although the legal concept of "duty to warn" is not identified under exceptions to confidentiality as

Informed Consent

Information can be disclosed with the person's consent. Required elements of a consent form include the following:

- Name or general designation of the program(s) making the disclosure.
- Name of the individual or organization receiving the disclosure.
- Name of the individual who is the subject of the disclosure.
- Specific information to be disclosed.
- Purpose of this disclosure.
- Person's right to revoke the consent.
- Date, event, or condition upon which the consent expires if not previously revoked.
- Required signatures.

If the program is covered by HIPAA, the form must include the program's ability to condition treatment, payment, enrollment, or eligibility of benefits on the person's agreeing to sign the consent by stating either that the program may not condition these services on consent or the consequences for refusing to sign the consent.

described in the Federal confidentiality regulations, it has been a widely practiced ethical standard within the addictions treatment profession. In *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* (SAMHSA, 1999), duty to warn is described as "the legal obligation of a counselor (health care provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual." Further discussion may be needed within the ATR network to determine whether a peer recovery coach is a health care provider; however, if a peer recovery coach does not act on information regarding a client's intent to harm an identified person, the consequences of this breach of community safety may be significant. The Legal Action Center has produced Webinars and hosts online courses on important confidentiality related topics. Visit http://www.lac.org for more information.

Acceptable Sharing of Information Without Consent

Situations in which providers and peer recovery coaches can share information without consent—

- Medical emergencies—disclosures to medical personnel (but no one else) when there is an immediate threat to someone's health, requiring immediate medical intervention (includes threats of harm to self).
- Mandated child abuse or neglect reports.
- Sharing information with other program staff when necessary to provide services to the individual.
- Reporting a crime committed (or threatened) on program premises or against program personnel anywhere.
- Qualified service organization agreements, which permit disclosures to organizations that provide services to the program or its patients.
- Audits or evaluations by a funder or oversight organization, and research projects.
- Court orders issued under the limited circumstances set forth in the confidentiality regulations.

Boundaries

Boundaries are important because they establish lines that should not be crossed within a helping relationship. These lines may be set and maintained in various ways, such as what (if any) physical touch between peer recovery coaches and other peers is permissible and where and when interactions will take place. Boundaries create a safe space, both physically and emotionally, within which the peer recovery coach and the person served can work toward recovery. Just as confidentiality is crucial for people seeking help to overcome their mistrust and anxiety, appropriate boundaries allow people to form trusting relationships that help them learn about substance use disorders, participate in the process of recovery, and deepen their own self-awareness. Boundaries involve a careful and strategic balance between providing support and setting limits.

The issue of boundaries is critical for peer recovery coaches. In their efforts to offer a caring, supportive relationship to people seeking recovery, many peer recovery coaches have a tendency to "go the extra mile." Although this is commendable in most situations, it can lead to the blurring of boundaries and attempts to "rescue" the people they serve. Peer recovery coaches may ignore the ATR program's policies and procedures for clients by lending money or having contact outside of scheduled hours.

When organizations train and supervise peer recovery coaches, organizations should help them understand the value of boundaries. People with active substance use disorders typically do not establish and maintain healthy boundaries. Their relationships tend to be co-dependent. Others prevent them from fully experiencing the natural consequences of their actions, which helps them avoid accountability. In recovery, individuals must learn new behaviors so they can become responsible within relationships. Peer recovery coaches can help by modeling healthy boundaries.

Modeling healthy boundaries is complicated because appropriate boundaries can vary dramatically due to various factors, such as culture, gender, personality characteristics, organizational setting, and even phase

Healthy Boundaries for Peer Recovery Coaches

The following guidelines for healthy boundaries may help peer recovery coaches determine where to set boundaries:

- Stay within the behavioral constraints of the organization's policies and procedures.
- Be able to articulate what constitutes taking too much responsibility for someone else's recovery.
- Discuss openly interactions and reactions in providing peer recovery support services with supervisors.
- Devote a similar amount of time and effort to each person served while also being aware of the possibility of exceptions when necessary (e.g., a person in crisis).
- Respect your own limits by prioritizing self-care.

of recovery. Each provider needs to provide training and supervision to help peer recovery coaches understand how to create healthy boundaries with people who receive their services.

Risk Management

Risk management is an area of concern for organizations that includes the identification, assessment, and control of certain factors that may cause harm to people served, the staff, and the organizations themselves. Risk management efforts may be designed to prevent damaging events and/or to limit the damage when such events occur.

ATR providers may have long lists of concerns regarding what can go wrong and what the consequences would be. Examples include weather-related disasters, computer failures, unsafe conditions in a facility, and loss of major funding.

Violations of ethical standards also represent a potentially serious risk management issue for organizations. Inappropriate sexual relations could trigger expensive civil lawsuits and punitive damages. Breach of confidentiality or staff misrepresentation of qualifications may bring about criminal charges and could jeopardize State operating licenses. Less competent staff can lead to extended mistrust by key community stakeholders, which jeopardizes future referrals and funding.

Therefore, maintaining clear, appropriate, effective procedures is important not only to those who directly provide peer recovery support services. The managers, and even the board of directors, have considerable interest in assuring that these procedures are established and monitored.

Part 2: Challenges in Defining Ethical Behavior

The process of defining ethical behavior for peer recovery coaches presents numerous challenges. These challenges lie both in writing a comprehensive code of ethics and in identifying appropriate standards for peer recovery coaches, who offer a wide variety of support services in many different settings.

The most basic challenge in writing a code of ethics is creating a balance between abstract values and concrete behaviors. Values are the basis of all ethical standards, providing some direction and flexibility in guiding appropriate behavior. This is important because it is impossible for a code of ethics to cover every potential situation. However, an effective code must include some description of how these values can be operationalized in daily interactions. For example, a statement declaring "We respect all persons served"

Lessening Organizational Liability

The following practices can lessen an organization's liability regarding unethical behaviors:

- Comprehensive orientation for peer recovery coaches that covers ethics.
- Document signed by the peer recovery coach, stating review, understanding, and acceptance of the code of ethics used by the ATR grantee (or a specific provider).
- Ongoing supervision following potential critical incidents.
- Annual training on ethics (some States require 3 hours of training on ethics annually).

identifies a core value but does little to operationalize the value. A stronger version is "We respect all persons served by providing quality care and by giving them full authority over which services they choose."

The Northern Ohio Recovery Association provides another example of an effective code of ethics that is successfully in practice, which can be viewed here: http://atr-resources.altaruminstitute.net/sites/default/files/resource-file-uploads/Appendix_NORA_Ethical_Practices_1.pdf.

A second challenge is related to community collaborations that involve multiple providers, like ATR. The values of one organization within a network may clash with those of another organization. For example, a treatment provider may have an ethical standard prohibiting physical contact with a client, but a peer recovery support provider may have no such prohibition. Based on standard practices in the recovery community, hugging may be a common and acceptable gesture to demonstrate support and caring. Finding a middle ground between these two positions may be difficult, but it is not impossible. The National Association of Social Workers has the following standard regarding physical contact:

> *Social workers should not engage in physical contact with clients where there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.*

Such a standard permits physical contact yet cautions staff members to be aware of the possibility of harm. If adopting such a standard, an ATR grantee would need to provide ongoing training and supervision to help peer recovery coaches recognize situations in which physical contact would be ill-advised.

Another important consideration is identifying when a person starts and stops being a client. ATR grantees have the voucher to symbolize the beginning and ending of this process; however, peer recovery support providers may have started a relationship with a person via outreach services prior to the voucher and may continue to serve the person after the close of the voucher. This approach is certainly in the spirit of the recovery model. Related to this issue is the length of time a code of ethics applies to a client after discharge. For example, in some States, ethical standards declare that a counselor cannot begin an intimate relationship with a former client until 2 years after the end of treatment. Peer recovery support providers may use this standard; however, they also may view a person's status as a service recipient as open-ended, suggesting that at no point could an intimate relationship be considered ethical.

Another challenge related to client status is the amount of recovery time needed prior to serving as a peer recovery coach. Various providers recognize the need for a minimum of 1 year of recovery; however, some providers involve people with less recovery time as peer volunteers. Although their duties typically are significantly fewer than those of a peer recovery coach, this practice still raises concern that the providers may be inadequately compensating these volunteers and may even be jeopardizing their recovery. Volunteers in recovery can make important contributions to the recovery of others, but clear guidelines are needed to identify their role in this process, including how their involvement differs from that of a paid peer recovery coach.

The issue of dual relationships is often described in codes of ethics. Ideally, service providers need to avoid any additional relationship with persons served, including friendships, sponsorships, and business relationships. This may be particularly difficult for peer recovery coaches, who often have repeated contact with persons served within the recovery community, especially in rural areas. NAADAC has the following ethical standard, which may be applicable for peer recovery coaches:

The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities, and other situations necessitate discussion of the counseling relationship and taking steps to distinguish the counseling relationship from other interactions.

The emergence of social networking has created a new concern regarding dual relationships. Some peer recovery coaches view Web sites like Facebook as convenient tools for maintaining contact with people they serve and especially for providing easy access to various readings, photos, and videos relevant to recovery. Unfortunately, "friending" someone can create numerous connections to other friends and family members of both parties, which tends to blur the boundaries set for peer recovery coaching. An effective code of ethics must stay current with such social and technological trends.

Part 3: Steps in Designing a Code of Ethics for Peer Recovery Support Services

Writing a code of ethics centered upon peer recovery support services is a major task, requiring an extended commitment. Fortunately, the time and resources committed to this task are a solid investment in establishing standards for quality delivery of these services. This section recommends and describes several steps.

Initially, the ATR grantee can develop a work group, consisting of representatives from various peer recovery support providers. The grantee should try to include individuals from different parts of the community to promote cultural diversity and inclusion of various types of recovery support services.

Early in this process, the work group needs to identify the core values on which to base the code of ethics. Some of these values may come from the members' various organizations; others may be the values found in the recovery model. Examples include the client's right to self-determination without coercion, the availability of multiple pathways of recovery, and

Defining a Code of Ethics: Work Group Qualifications

Qualifications to serve in a work group defining a code of ethics may include—

- Knowledge of current standard practices and possible concerns.
- Access to closely related codes of ethics.
- Understanding of the unique role of peer recovery coach.
- Strong writing skills.
- Commitment of at least 6 months to complete this task.

Defining a Code of Ethics: Identifying Major Focus Areas

With this preliminary information in place, the work group can begin to outline the code of ethics by identifying its major focus areas, which may include—

- Competence: the required knowledge base and skills of peer recovery coaches, plus the need for ongoing training and supervision.
- Responsibilities to people served: delivering quality services, recognizing self-determination, and being committed to supporting efforts to initiate and sustain recovery.
- Cultural proficiency: providing services that are responsive to the cultural identities of people served.
- Confidentiality and its exceptions: protecting the privacy of clients and their records.
- Dual relationships: refraining from developing relationships other than that found in peer recovery coaching.
- Boundaries: establishing and maintaining healthy, appropriate boundaries between the peer recovery coach and the person served.
- Fitness for duty: physical and psychological conditions a peer recovery coach needs to perform his or her assigned functions.
- Responsibilities to the organization: the peer recovery coach's conduct as a representative of his or her organization.
- Responding to ethical violations: identifying and reporting violations of this code of ethics.

viewing ongoing wellness—not merely the cessation of substance use—as essential to recovery. SAMHSA's recent definition of recovery includes four domains: health, home, purpose, and community. This holistic approach has useful implications for the broad scope of recovery support services and its ethical standards.

Additional information must be gathered early in this process. Reviewing closely related codes of ethics can provide a set of helpful samples. These samples may include codes from other CSAT grantees (such as ATR 3, RCSP, and ROSC), local codes for addiction counselors, and other codes established for peer recovery coaches. One example is Recovery Coaches International's code (see Part 6: References and Resources). Another method of gathering additional information is to interview local peer recovery coaches and their clients. This method promotes the value of a participatory process by encouraging input from individuals with first-hand experiences in peer recovery support and a significant stake in seeing excellence in these services.

The process of developing ethical standards regarding boundaries deserves special attention. Below is a segment of an exercise created by William White (2007) that may stimulate discussion among the work group members:

Once the work group has gathered information, created an outline of major areas, and discussed these areas, it is time to write an initial draft of the code of ethics. The challenge may be to write a code that is comprehensive without being so lengthy that it overwhelms the reader. The code also must be easy to understand. The draft should be circulated among numerous key stakeholders for feedback, further discussion, and revision. This process may occur a few times before a consensus of approval is reached.

Next, the ATR grantee should create a policy and procedure to establish how the code will be disseminated to providers. Because ethical standards are so important, the policy should require that these standards be included in the orientation, ongoing training, and supervision of all peer recovery coaches. In addition to describing the new standards in these learning experiences, providers can use various exercises to promote a more complete understanding of the standards. One practical teaching tool is a discussion of critical incidents—scenarios that require some reflection to identify embedded core values and ethical issues. Some scenarios include ethical dilemmas in which two or more ethical standards appear to conflict with each other, making it more difficult to identify the proper course of action. Several of these scenarios are provided in Part 5: Steps for Resolving an Ethical Issue.

Peer Recovery Coach Behavior	*Zone of Safety (Always OK)*	*Zone of Vulnerability (Sometimes OK)*	*Zone of Abuse (Never OK)*
Accepting a gift			
Lending money			
Giving a hug			
Giving your cell phone number			
Using profanity			
Attending a recovery support meeting in the community with the person served			
Hiring the person served to do work			

Ethics Committee

The ethics committee's responsibilities may include the following:

- Discuss recent incidents in which ethical violations may have occurred and make recommendations, if necessary.
- Regularly review the code of ethics to keep it current with changes in peer recovery coaching practices and social trends.
- Assist in the ongoing training on these ethical standards.
- Conduct periodic surveys with peer recovery coaches to evaluate their use of the code of ethics.

A final step in designing a strong code of ethics for peer recovery support services in an ATR program is the development of an ethics committee. The function of this committee differs from that of the work group that wrote the code of ethics.

Part 4: Helping Peer Recovery Coaches to Manage Ethical Situations

Preparing peer recovery coaches to manage ethical situations begins in orientation, when peer recovery coaches are trained on ethical standards and their importance. Further preparation comes from supervisors communicating clearly the importance of peer recovery coaches bringing ethical situations to the supervisor's attention as soon as possible. The emphasis needs to be placed on viewing these situations as opportunities to learn, not as punishment for bad behavior. Without such a perspective, many peer recovery coaches may try to hide these situations from their supervisors. Typically, ethical situations become much worse when possible solutions are delayed.

The following personal checklist is a tool that peer recovery coaches can refer to regularly as a guide and with a supervisor as part of supervisory meetings.

Ethics in Peer Service Settings: Personal Checklist

Name:_____

SELF	
	I am aware of my own needs, preferences, and boundaries and the impact they have on my role as a peer leader. I act responsibly and do not seek to fulfill them in inappropriate circumstances.
	I am mindful of my responsibility to role-model recovery and leadership.
	I recognize my physical, emotional, psychological, and spiritual needs, limits, and boundaries.
	I seek out appropriate support — mutual aid meetings, supervision, professional (when needed) — to process my feelings and concerns.
	I manage my time to honor my need for replenishment and renewal, so that my needs do not interrupt or undermine my work as a peer leader.
	I actively pursue my own development, enrichment, and growth as a person.
	I actively seek feedback from others and am able to receive and use constructive criticism from others.
INTERPERSONAL	
	I act in ways that affirm the worth and dignity of individuals with whom I come in contact as a peer leader.
	I recognize that as a peer leader in whom trust and power have been placed, I am acting in a relationship of faith. I refrain from practices that allow me to meet my own needs in ways that potentially take advantage of others.
	I honor my authority as peer leader by refusing to manipulate others or use information to satisfy my personal needs.

	I refrain from engaging in any exploitative relationship that abuses the power and undermines the trust that the organization or community has placed in me.
	I am eager to engage conflict in healthy ways, using communication that is open, direct, honest, compassionate, and constructive.
	I understand my responsibility, as a peer leader, to set clear and consistent boundaries with others, especially with peers who have not developed healthy boundary systems. I fully understand the need to set strong boundaries in regards to sex and intimacy when working with peers.
	In my relationships with others, I have examined and clearly communicated my commitment, motives, and intentions. I am clear with others and myself about the various, and sometime conflicting, roles that I carry out as a peer leader.
	In my helping role as peer leader, I do not do for others that which they can do for themselves.
GROUP/ORGANIZATION	
	In respect to the organization's commitment to diversity and inclusion, I eagerly serve all members of the community, of whatever age, race/ethnicity/culture, gender/gender expression, sexual orientation, physical and mental ability, socioeconomic status, theology/faith expression, national origin, or primary language.
	I seek to understand the dynamics of oppression on personal and institutional levels and their impact on my leadership role.
	I understand that my values, beliefs, and behaviors are culturally informed. I am willing to understand and accept cultural values, beliefs, and behaviors that I do not share.
	I recognize that my peer leadership is by consent of the organization and that my actions and decisions as a peer leader are a reflection of the organization.
	I respect the diversity of spiritualities and paths to recovery in the community, and I am careful that I do not make my personal form of expression or experience the norm.
	I use the resources and finances of the organization responsibly and prudently. I understand that my organization is funded with public money and is therefore accountable for stewarding those funds to serve people in the recovery community.
	I prepare for my roles and responsibilities as a peer leader, including seeking and pursuing training and education.
	I am careful not to criticize any other peer or organizational leaders in public.
	I am mindful that I respect and follow organizational protocols, including ones that require documentation and paperwork on my part.
	I am respectful that, as a peer leader, I may have access to information that must be kept in confidence. I acknowledge the power this gives me and use discretion in sharing such information so as to avoid harm to individuals, the organization, or the community. I understand that my peer leadership role requires careful discernment, and I need to seek help if I am concerned about the safety of an individual or the group/organization.
	I build positive, respectful relationships with my predecessors and successors to help build a legacy of strong, supportive peer leadership.
	I accept my responsibility as a representative of my organization and participate in actions that support its vision and mission.
	I understand that the peer project of my organization is funded with public money and is responsible for stewarding those funds.

Adapted from Unitarian Universalist Association Office of Young Adult and Campus Ministry

Part 5: Steps for Resolving an Ethical Issue

When a peer recovery coach informs a supervisor of a possible ethical problem, the supervisor can engage the peer recovery coach in a process of assessment and resolution. First, they need to discuss the details of this situation, especially differentiating the facts from assumptions or hearsay. This may require interviewing other involved people to gather additional information. Second, once the situation is more fully understood, the supervisor and peer recovery coach can identify the specific ethical concern. Third, they begin to describe the pros and cons of possible options to resolve this situation. During this step, it may be useful to obtain consultation from another person. For example, some options may pose liability issues, so seeking advice from legal counsel would be wise. Fourth, upon reviewing the pros and cons of each option, a choice is made and action is taken. An important final step is follow-up monitoring to check that the action was taken and to evaluate the outcome of this action.

This comprehensive process completed by the supervisor and the peer recovery coach may appear time-consuming and tedious. It is the recommended process because it promotes recovery values, such as honesty, diligence, accountability, and ongoing development.

Steps for Resolving an Ethical Issue

Step 1: Discuss details of the situation with your supervisor.

Guiding questions:

- What are the facts? What are just opinions or rumors about this situation?
- How can I get the facts? Who do I need to talk with to gather information?

Step 2: Identify the ethical concern.

Guiding questions:

- Now that we know the facts, does this situation pose an ethical problem?
- If this is an ethical problem, what principle in our organization's code of ethics has been violated?

Step 3: Describe possible solutions and the pros and cons of each one.

Guiding questions:

- What are some of the ways we could address this ethics problem?
- Of the possible solutions we have, which causes the least harm to all parties?
- Who else do we need to involve for their advice or point of view? (e.g., legal counsel, counselor, provider, administrator)

Step 4: Decide on which solution to pursue and take action.

Guiding questions:

- Do we have consensus around our next steps to address this ethics issue?
- Who is responsible for those next steps?
- How will we document or record our actions?
- How will we know if we are successful and if the situation has been resolved?

Part 6: References and Resources

Center for Substance Abuse Treatment. (2006). *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.* Technical Assistance Publication Series. Retrieved September 10, 2012, from http://www.kap.samhsa.gov/products/manuals/pdfs/TAP21.pdf.

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For more information on HIPAA, visit http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html.

For more information about Recovery Coaches International, visit http://www.recoverycoaching.org.

For more information on SAMHSA's definition of recovery and its four domains, visit http://www.samhsa.gov.

For confidentiality-related webinars, publications, and online courses, visit the Legal Action Center: http://www.lac.org.