

ARKANSAS DEPARTMENT OF HUMAN SERVICES

ARKANSAS PEER RECOVERY PEER SUPERVISOR CODE OF ETHICS

The Arkansas Peer Recovery Peer Supervisor (PRPS) Code of Ethics is a compilation of elements from the Arkansas Model of Peer Recovery Code of Ethics, SAMHSA Core Competencies, and the National Ethical Guidelines and Practice Standards.

The primary responsibility of the PRPS is to guide and support the Peer in Training (PIT), Peer Recovery Specialist (PR), Advanced Peer Recovery Specialist (APR), and Peer Recovery Peer Supervisor in Training (SIT) through the process of delivering evidence-based peer support services using the Arkansas Model of Peer Recovery. The PRPS shall guide and assist supervisees through the areas of personal recovery, credentialing guidelines, ethics, best practices, continuing education, professional development, and advocacy. The PRPS will maintain high standards of personal conduct that foster their own recovery journey.

The purpose of this Code of Ethics is to outline the fundamental values and expectations of the PRPS and SIT. The code will serve as a guide for the PRPS and SIT by defining responsibility and ethical standards for this discipline.

Principle I. Personal Recovery

I – a. PRPS and SIT shall keep their personal recovery first.

- i. PRPS and SIT must maintain abstinence-based recovery from alcohol and/or illicit substances and must not return to use while providing supervision.
- ii. PRPS and SIT must meet with supervisees to discuss possible self-care prevention skills if their recovery is being put at risk.
- iii. PRPS and SIT must maintain habits that contribute to the role of modeling recovery in the workplace and serve as examples to peers and coworkers.
- iv. PRPS and SIT must act as change agents in the workplace to inspire recovery and wellness and reduce stigma.

I – b. PRPS and SIT shall self-report if they experience a reoccurrence*.

- i. PRPS and SIT must notify the Arkansas Department of Human Services (DHS) Director of Recovery (Casey.Copeland2@dhs.arkansas.gov) and Certification Manager of the DHS approved accrediting entity when certification requirements are at risk due to behaviors compromising their recovery.
- ii. PRPS and SIT must inform the Arkansas Peer Ethics Review Committee when they have returned to use and follow-up with required protocols.

I – c. PRPS and SIT shall monitor themselves for signs of mental, physical, or psychological impairment and refrain from providing supervision while impaired.

Principle II. Conduct

II – a. PRPS and SIT shall conduct themselves with dignity, honor, and respect.

- i. PRPS and SIT shall not engage in any criminal activity.
- ii. PRPS and SIT shall positively reflect the Arkansas Model of Peer Recovery on public and social platforms.

II – b. PRPS and SIT shall not condone or engage in any form of harassment, including sexual harassment.

II – c. PRPS and SIT shall not discriminate based on age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, criminal history, socioeconomic status, and physical or mental condition.

- i. PRPS and SIT must respect the rights of supervisees to choose or cease supervision or use supervision from a different PRPS.
- ii. PRPS and SIT must have the right to discontinue supervision with individuals if the PRPS's or SIT's personal issues interfere with their ability to provide adequate supervision.
- iii. If the PRPS or SIT identify a personal conflict with a supervisee, they must immediately communicate the issue to the DHS Office of Recovery.

II – d. PRPS and SIT shall avoid dual relationships with supervisees.

- i. If a dual relationship is unavoidable, PRPS and SIT shall take appropriate precautions such as consultation to the DHS Office of Recovery or supervision and document the recommendations.
- ii. If a PRPS or SIT has a prior relationship with a supervisee, they shall take appropriate precautions such as consultation or supervision and document the recommendations.
- iii. PRPS and SIT shall not enter any type of romantic or sexual relationship with a current supervisee.

Principle III. Professional Responsibilities

III – a. PRPS and SIT shall monitor the supervisee to ensure fidelity to the Arkansas Model of Peer Recovery.

III – b. PRPS and SIT shall further develop proficiency and pursue professional development through continuing education, training, and experience.

- i. PRPS and SIT shall promote, provide, and ensure professional development of supervisees.
- III – c. PRPS and SIT shall abide by and educate supervisees on the Arkansas Peer Recovery Code of Ethics.
- III – d. PRPS and SIT shall review with their supervisees the roles and responsibilities of the PRPS, SIT, and supervisee.
- III – e. PRPS and SIT will discuss confidentiality guidelines with supervisee.
 - i. PRPS and SIT shall take reasonable precautions to ensure the confidentiality of information transmitted and stored through electronic means.
- III – f. PRPS and SIT shall not abandon a supervisee in the event of termination or other interruptions in supervision.
 - i. PRPS and SIT must seek continuation of supervision services in the event of illness, vacation, or any other interruptions.
 - ii. PRPS and SIT shall notify supervisee of any interruptions in supervision.
- III – g. PRPS and SIT shall follow proper documentation procedures in keeping with federal, state, and agency laws/guidelines.
- III – h. PRPS and SIT shall only claim credentials, certifications, and educational degrees that are current and in good standing.
- III – i. PRPS and SIT shall advocate as needed for those with substance use and mental health disorders.
- III – j. PRPS and SIT shall advocate for and consider the special needs of physically and/or mentally challenged supervisees.

Principle IV. Resolving Ethical Concerns

- IV – a. PRPS and SIT shall adhere to and uphold the Arkansas Peer Recovery Code of Ethics and the Arkansas Peer Recovery Peer Supervisor Code of Ethics and hold other Peer Specialists to the same ethical and legal standards.
- IV – b. PRPS and SIT shall not be able to use lack of knowledge or misunderstanding of ethical responsibility as a defense against a complaint of unethical conduct.

- IV – c. PRPS and SIT shall be required to participate in and abide by all disciplinary actions and rulings based on the Arkansas Peer Recovery Code of Ethics.
- IV – d. PRPS and SIT shall seek and document supervision and/or consultation if ethical responsibilities conflict with agency policies and procedures or other laws and regulations.
- IV – e. PRPS and SIT who have direct knowledge that another Peer Specialist is violating or has violated an ethical standard must report the violation.
- IV – f. PRPS and SIT shall not initiate, participate in, or encourage filing an ethics or grievance complaint to retaliate against another person.

***Substance Use Disorder (SUD) Reoccurrence** – A SUD reoccurrence is defined as the resumption of substance use after an attempt to stop or period of abstinence. This would include the use of alcohol, marijuana, or illicit drugs at any amount or level of frequency regardless of a person’s drug of choice. **For example, one drink, one hit, one line, or one pill would qualify as a SUD reoccurrence.**

***Mental Health Disorder (MHD) Reoccurrence** – A MHD reoccurrence is defined by the return of prominent symptoms associated with the MHD and a person's decreased functioning as a result of those symptoms and not following the guidelines of their behavioral health professional. A MHD reoccurrence generally develops over time and is evidenced by a change in behavior which results in a deterioration in work performance, relationships, and/or social engagement. Identifying a MHD Reoccurrence may be a self-identification and disclosure from the individual who recognizes a significant negative change in thoughts, actions, and behaviors in themselves, or it may come from a trusted friend, family member, colleague, sponsor, or work supervisor who notices a significant decline in functioning in the above noted areas. Some examples include:

- The need for crisis intervention of some type (psychiatric hospitalization, involvement of law enforcement or emergency medical personnel).
- Changes in personal habits such as a decline in personal hygiene (stops bathing routinely, neglect of personal appearance).
- Decline in work performance or attendance.
- Increased conflict in relationships.
- Isolation (stops attending meetings regularly, doesn’t answer calls).

Occasional occurrences of the examples listed directly above may not be cause for alarm, but a pattern or duration of more than a few days would necessitate further exploration.

Name: _____ Date: _____