

Arkansas Peer Recovery Code of Ethics

The Arkansas Peer Recovery Code of Ethics is a compilation of elements from the Arkansas Model of Peer Recovery, the Alaska Peer Support Consortium, SAMHSA Core Competencies, National Ethical Guidelines and Practice Standards, and the National Certification Commission for Addiction Professionals National Certified Peer Recovery Support Specialist Code of Ethics.

The primary responsibility of the Peer Specialist is to support the recovery of the individual and assist them in achieving their own needs, wants, and goals. Peer Specialists are guided by the principle of self-determination for all and shall serve as advocates for the people they serve. Peer Specialists 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 Peer Specialist practice. The code will serve as a guide for Peers in Training (PIT), Certified Peer Recovery Specialists (PR), and Certified Advanced Peer Recovery Specialists (APR) by defining responsibility and ethical standards for this discipline.

Principle I. Personal Recovery

I – a. Specialists shall keep their personal recovery first.

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

I – b. Specialists shall notify their peer supervisor if they experience a reoccurrence*.

- i. Specialists must notify their Peer Recovery Peer Supervisor when certification requirements are at risk due to behaviors compromising their recovery.
- ii. Specialists must inform the Arkansas Peer Ethics Review Committee when they have returned to use and follow up with required protocols.

Principle II. Recovery Story

II – a. Specialists will share their lived experiences to help others.

- i. Specialists must use their stories and, with permission, the recovery stories of others to inspire hope (SAMHSA *Core Competencies*, Category III).

II – b. Specialists shall accurately represent their recovery stories.

Principle III. Respectful Services

III – a. Specialists shall provide services respectfully.

- i. Specialists must understand their values and culture and how these may contribute to bias, judgments, and beliefs (SAMHSA *Core Competencies*, Category IV).
- ii. Specialists must appreciate and respect peers' and their families' cultural and spiritual beliefs and practices.

III – b. Specialists shall affirm the rights and dignity of each person served.

III – c. Specialists shall empower others to identify and achieve their needs and goals.

III – d. Specialists shall advocate for individuals with mental health and/or substance use disorders.

- i. Specialists must use knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peers' rights are respected (SAMHSA *Core Competencies*, Category XI).
- ii. Specialists must advocate for the needs and desires of peers in treatment team meetings, community services, living situations, and with family.
- iii. To build an advocacy plan, specialists must use legal resources and advocacy organizations' knowledge.
- iv. Specialists must strive to eliminate prejudice and discrimination against people with mental health and/or substance use disorders.
- v. Specialists act as role models for recovery in the workplace and improve the organization's recovery language and culture.

III – e. Specialists shall not discontinue services without notifying the person they serve and will make referrals for continued services when appropriate.

III – f. Specialists shall only provide services within their area of experience, training, competence, or scope of practice.

III – g. Specialists shall not deny services 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. Specialists must respect the rights of those they support to choose or cease support services or use peer support services from a different

peer specialist (National Ethical Guidelines and Practice Standards *National Practice Guidelines for Peer Supporters*).

- ii. Specialists must have the right to decide not to work with individuals with a particular background if the peer support's issues or lack of expertise could interfere with their ability to provide adequate support to these individuals.
- iii. If the specialist identifies a personal conflict with a peer they serve, they must immediately communicate their issues with their supervisor.

III – h. Specialists shall communicate with the people they serve the roles and responsibilities of the peer-to-peer relationship.

- i. Specialists must use respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others (*SAMHSA Core Competencies, Category IX*).

III – i. Specialists shall avoid dual relationships with individuals they serve.

- i. Specialists must immediately identify when multiple roles (professional, social, or business) exist between a peer specialist and a peer, report these to their supervisor, and develop a course of action.

IV. Confidentiality

IV – a. Specialists shall respect the privacy of the individuals they serve and follow confidentiality guidelines in keeping with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and Part Two – Confidentiality of Substance Use Disorder Patient Records (CFR Part Two).

IV – b. Confidentiality shall be discussed at the beginning of services.

IV – c. Confidentiality may be broken when a peer threatens harm to themselves or others.

IV – d. Specialists shall follow proper documentation procedures in keeping with federal, state, and agency laws/guidelines.

V. Conduct

V – a. Specialists shall not use coercion, manipulation, physical force, verbal/emotional abuse, or make promises of benefits when providing services.

V – b. Specialists shall not accept gifts from individuals they are providing services to without consulting their Peer Supervisor and documenting the situation.

V – c. Specialists shall never engage in sexual/intimate relations with individuals they serve or individuals with whom they have had a prior sexual relationship

V – d. Specialists shall not engage in or condone any form of harassment, including sexual harassment.

V – e. Specialists shall not provide any independent service which would result in personal gain.

V – f. Specialists shall not engage in gossip, slander, or libel.

VI. Professional Development

VI – a. Specialists shall improve their personal recovery service knowledge/skills through ongoing education and training.

VI – b. Specialists shall continue to work within their scope of practice while maintaining their credential requirements

VII. Resolving Ethical Concerns

VII – a. Specialists shall adhere to and uphold the Arkansas Peer Recovery Code of Ethics and hold other Peer Specialists to the same ethical and legal standards.

VII – b. Specialists shall not be able to use lack of knowledge or misunderstanding of ethical responsibility as a defense against a complaint of unethical conduct.

VII – c. Specialists shall be required to participate in and abide by all disciplinary actions and rulings based on the Arkansas Peer Recovery Code of Ethics.

VII – d. Specialists shall seek and document supervision and/or consultation if ethical responsibilities conflict with agency policies and procedures or other laws and regulations.

VII – e. Specialists shall discuss conflicts between the Arkansas Peer Recovery Code of Ethics and agency policies and procedures with their supervisor to determine the best course of action.

VII – f. Specialists who have direct knowledge that another Peer Specialist is violating or has violated an ethical standard must report the violation.

VII – g. Specialists 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: _____