BUT IS IT ETHICAL?
ETHICS AND BOUNDARIES FOR
CERTIFIED PEER SPECIALISTS
LUANNE SIMPSON, MSW, CPS & PAULA VERRETT, MSW, CPS

• VIDEO CLIP

ROLE OF THE CERTIFIED
PEER SPECIALIST

CORE COMPETENCIES (VALUES)
SCOPE OF PRACTICE
CODE OF ETHICS
Peer Specialist

Primary care Physician

Case Manager

Therapist

Psychiatrist

Role - Scope of practice
Code of Ethics
Knowledge Base
Skills
Values

Peer Specialist

Recovery-oriented
Person-Centered
Voluntary
Relationship-Focused
Trauma-Informed

Peer Specialist

Peer

Recovery-oriented
Person-Centered
Voluntary
Relationship-Focused
Trauma-Informed
DOMAIN 1: VALUES

• 1.1 believes that recovery is an individual journey with many paths and is possible for all
• 1.2 believes in and respects people’s rights to make informed decisions about their lives
• 1.3 believes that personal growth and change are possible
• 1.4 believes in the importance of empathy and listening to others
• 1.5 believes in and respects all forms of diversity (as included in Wisconsin state Council on Alcohol and Other Drug Abuse Cultural Diversity committee’s definition of cultural competency: https://scaoda.wisconsin.gov/scfiles/docs/culturalcompetencydefinition/

treatment, services, supports, and recovery)

• 1.6 believes in the importance of self-awareness and self-care
• 1.7 believes in lifelong learning and personal development
• 1.8 believes that recovery is a foundation of well-being
• 1.9 believes that recovery is a process
• 1.10 believes in the healing power of healthy relationships
• 1.11 believes and understands there are a range of views regarding mental health and substance use disorders and their treatment, services, supports, and recovery

BASIC PRINCIPLES IN PROFESSIONAL ETHICS

• Will it help or do good for the Peer (Beneficence)
• Likelihood that it will not harm the Peer (Non-maleficence)
• Are the peers choices and role in decision-making respected and culture-bound (autonomy)
• Is the CPS acting consistently within their professional role and does what they say they are going to do (fidelity)
• The balance of needs and rights of one person vs. another (justice)
A PEER BASED MODEL OF ETHICAL DECISION MAKING

Questions to Ask:
1. Who has the potential of being harmed in this situation and how great is the risk for harm?
2. What laws, organizational policies or ethical standards apply to this situation and what actions do they suggest or dictate?

PROCESS OF ETHICAL DECISION MAKING

• Get the facts
• Identify the stakeholders
• Identify the options

• Evaluate the options
  • What option would produce the most good and least harm
  • What option best respects the rights of all who have a stake
  • What option treats all people equally
  • What option best serves the community as a whole
• Make a decision
  how would I feel short term and long term
  (head, heart, gut)

• Evaluate the outcome

ROLE OF CONSULTATION

• Consultation plays a valuable role in ethical decision making
  • Supervisor
  • Colleagues
    • developing consulting groups

ETHICAL ARENAS

• Personal Conduct Of The Peer Specialist
• Conduct In Service Relationships
• Conduct In Relationships With Other Service Providers
• Conduct In Relationships With Local Peer Organizations And Recovery Communities
Mary has functioned as an exceptional Peer Specialist for the past two years, but is currently going through a very difficult divorce. The strain of the divorce has resulted in sleep difficulties, significant weight loss, and concern expressed by Mary about the stability of her recovery. When do such events in our personal lives become professional practice issues? What should Mary do in response to these circumstances?

Jerome brings great passion to his role as a Peer Specialist, but does not take good care of himself. He is overweight, smokes excessively, and has chronic health conditions that he does not manage well. To what extent are these ethical issues related to his performance as a Peer Specialist? What is the link between private behavior and Jerome’s performance as a Peer Specialist?
Zia has many assets that would qualify her as an excellent Peer Specialist, but in her interview for a Peer Specialist position, you are concerned about one potential problem. Zia passionately believes that AA’s Twelve Step program is the ONLY viable framework for long-term addiction recovery. She expresses disdain for alternatives to AA. What ethical issues could arise if Zia brought her biases about AA into her work as a Peer Specialist?

Barry’s supervisor has assigned Barry to visit a new peer in his Peer Specialist role. Barry recognizes the name as a person to whom Barry once sold drugs in his earlier addicted life. What should Barry do? Who could be harmed in this situation? Does Barry have a responsibility to report this pre-existing relationship to the supervisor?

Many Peer Specialists are also involved in advocacy activities in their local communities. Are there any situations that could arise out of one’s advocacy role that could conflict with one’s role as a Peer Specialist? Could any of these situations involve potential harm to others?
Marcella is in long-term recovery and works as a Peer Specialist. She also works part-time as a certified addictions counselor. What problems could be posed by Marcella bringing the clinical orientation from her counselor role into her role as a Peer Specialist?

Elizabeth has worked as a Peer Specialist for the past 2½ years, supporting the recovery processes of individuals with very severe, complex, and long-term substance use disorders. In recent months, she has noticed that she is bringing less energy and enthusiasm to her work and dreads seeing those clients with the greatest needs. How should Elizabeth respond to this diminished motivation for her work as a Peer Specialist?

A peer that Rebecca is working with as a Peer Specialist mentions she has a new boyfriend. Rebecca recognizes this boyfriend as a man with whom one of her previous peers was involved. The relationship between the previous peer and this man had been a major source of sabotage to the peers recovery, and the peer also contracted an STD from this man. Can Rebecca use this information that was gained from another peer relationship in her role as a Peer Specialist? How should she handle this situation?
CONDUCT IN SERVICE RELATIONSHIPS

Cherise works as a Peer Specialist in a women’s program that is known for its assertive, some would say aggressive, style of outreach to women referred from the child welfare system. The women Cherise attempts to engage in treatment are ambivalent in the early stages of engagement—not wanting to see her one day, thrilled to see her the next. The question is: “When does ‘NO’ really mean ‘No’?” What is the line between assertive outreach and stalking? How do we reconcile a person’s right to choose with the knowledge that volitional will is compromised if not destroyed through the process of addiction?

Roberto has been assigned as a Peer Specialist for Oscar, but four weeks into this process, Oscar requests a change in Peer Specialists on the grounds that he is having difficulty relating to Roberto. Do those receiving Peer Specialist services have the right to select their own Peer Specialist? What should Roberto do?
Raymond is employed as a Peer Specialist for a recovery community organization. This is a freestanding organization that is not affiliated with any other treatment program that provides recovery support services. Raymond shares a lot in common with Barry, a person who has been assigned to Raymond. Over a period of two or three months, Raymond and Barry have developed quite a friendship and now share some social activities such as fishing and going to the movies. These activities are after the hours when Raymond serves as Barry’s Peer Specialist. What, if any, are the ethical issues raised by this friendship?

You supervise Peer Specialists for a local Peer Run Respite. It comes to your attention that Joshua, one of your Peer Specialists, is sexually involved with a person whom he has recently provided peer support services at the respite. What are the ethical issues involved in this situation?

Alisha is providing Peer Specialist services to a very socially prominent and wealthy individual. She has repeatedly turned down the family’s offers of money for her services and told the family that her services are provided through a federal grant and are available to all local citizens without charge. It has casually come up in conversations that Alisha is saving money to begin taking courses at the local community college. When Alisha arrives for her visit today, the family announces that they have discussed it among themselves and that they want to pay Alisha’s tuition to return to college. What should Alisha consider in her response to this offer?
Marie works as a Peer Specialist in an addiction treatment unit within a local community hospital. Her job is to provide recovery support services to patients discharged from treatment. She serves a predominately Native American population and conducts most of her work via home visits on two reservations. When she arrives for one of her visits, the family she is visiting presents her with an elaborate, culturally appropriate gift as a token of their appreciation for her support. The problem is that Marie works in a hospital whose personnel code prohibits any staff member from accepting a personal gift. Marie is concerned about the consequences of accepting the gift, but is also concerned that refusing the gift could harm her relationship with the family and the tribe. What are the ethical issues here? What should Marie do?

During a visit with Camilla, a peer that you are supporting, she asks you what you think about the effects of anti-depressant medications on recovery from alcoholism. She is clearly ambivalent about the medication she is being prescribed, and your first inclination is to tell her to forget the medication and get to more meetings. What are the ethical issues in this situation? As Camilla’s Peer Specialists how should you respond?

Martha has tried to engage Rita in a peer support relationship for the past five weeks, but the chemistry between the two of them seems to have gone from bad to worse. All efforts to work through these difficulties in supervision have not improved the situation. At what point should Martha acknowledge this situation to her supervisor and Rita and seek to get another Peer Specialist assigned to Rita?
Maria serves as a Peer Specialist for women who are participating in a local women’s treatment program. Maria frequently hears from those she provides peer support, “I want to tell you something, but you can’t tell my family” or “I want to tell you something important about Jennifer, but I don’t want you to tell her I told you.” What ethical issues are raised by the Peer Specialist being in the middle of such communications? How should Maria handle such requests?

A person you are serving as Peer Specialist tells you he has been using the past week with another person who lives with him in a local recovery home. The disclosure makes it clear that the other person provides the drugs and may be dealing in the home and in the larger community. Further complicating the situation is the fact that the owner of the recovery home is a member of your board of directors.

When you arrive for a home visit with Joe Martin, a person you are providing peer support, you find him intoxicated. Joe says he can’t talk to you right now because he has to return to the bar he just left to pay off a debt. Joe has his car keys in his hand. What do you, as Joe’s CPS?
Fred has worked hard to educate himself about medication-assisted recovery since he was first hired as a Peer Specialist, but he still has very negative feelings about methadone in spite of the research literature he has read about it. It’s not a head thing; it’s a gut thing. Marcy, another Peer Specialist, has similarly negative feelings about explicitly religious pathways of recovery because of the number of people she has known in AA for whom religion alone did not work as a framework for recovery. How could the personal biases of the Peer Specialist result in harm or injury to multiple parties. How could Fred separate what he knows about methadone (the facts) from his feelings (opinions) about methadone?

CONDUCT IN RELATIONSHIP WITH OTHER SERVICE PROVIDERS

Susan, a peer you have been supporting for the past month, tells you today that she is in a sexual relationship with the counselor she is seeing at a local addiction treatment agency. The counselor is a very prominent person in the local recovery community and is very active in the state addiction counseling association. What are the ethical issues presented by this situation? How would you respond?
Samuel works as a Peer Specialist doing post-treatment telephone monitoring. Samuel has represented himself working as a "counselor." in his interactions with the larger community. He also makes periodic mention of his plans to "get back" to graduate school, but Samuel has only completed two years of college and has not been in school for more than ten years. What ethical issues are raised by this situation?

George has worked as Larry’s Peer Specialist for the past two months. Today, Larry asks George if George would be his NA sponsor. George has a long history in NA and a long history of sponsorship activities, but agreeing to this arrangement would mean that he would be both Larry’s Peer Specialist and sponsor. What harm and injury (if any) and to whom could result from such a dual relationship?

CONDUCT IN THE RELATIONSHIP WITH LOCAL COMMUNITIES OF RECOVERY
George, who is a salaried Peer Specialist, has a practice of linking those he supports to recovery communities by taking them to and participating with them in recovery support meetings. A complaint has come to the agency about George “getting paid” for the time he is in meetings and that this constitutes accepting money for Twelve Step work. What are the ethical issues here? How could George more clearly delineate his paid activity from his NA service work?

Claude has been in and out of treatment and NA multiple times and has an off and on again relationship with you as a Peer Specialist. Today, you run into Rudy, one of Claude’s former NA sponsors with whom you collaborated. Rudy’s first comment to you is, “How’s our boy doing?” How do you respond? Would this be an appropriate disclosure or simply gossip? Do the confidentiality guidelines that cover treatment relationships (and which would prohibit any disclosure to Rudy’s question) extend to the Peer Specialist relationship?

You are working as a Peer Specialist attached to a treatment agency. You take an assigned peer, Troy, to a local recovery support group meeting and also stay for the meeting. At the meeting, Troy discloses information that he has not told his counselor at the treatment program. Is this information you have heard confidential or do you have an obligation to report it to the counselor?
REFERENCES


CONTACT INFORMATION

• Paula Verrett, MSW, CPS
  Iris Place Program Director
  NAMI Fox Valley
  paula@namifoxvalley.org

• Luann Simpson, MSW, CPS
  Peer Support Consultant
  NAMI Racine County
  lsimpson@namiracine.org