

Code of Ethics–Practitioner

STATEMENT OF INTENT

The Code of Ethics for Certified Psychosocial Rehabilitation Recovery Practitioners defines the principles and values that are expected of practitioners. It is a clear identifier that the signatories believe in a strength-based approach with respect and dignity for every individual. For those people who adhere to this Code of Ethics, there is a belief that every person has the right of full social inclusion in our society. Signing and agreeing to uphold the code is a requirement for every CPRRP in the certification program. This signature carries with it a presumption that the signer has read the code and understands its principles as well as the consequences of violating the code. The signing of the code occurs at time of application and at re-application.

CODE OF ETHICS VIOLATION

Violation of the code of ethics by a RRP faces suspension or permanent revocation of the RRP credential. The same applies to RRP candidates for examination. The consequence of a revocation includes that you may or may not apply as a new candidate for RRP and the CC will give reasonable terms and conditions that will need to be adhered to as a CPRRP.

FUNDAMENTAL PRINCIPLES

These are fundamental principles that we aspire to and are the overall framework for guidance and practice.

- **ETHICAL BEHAVIOUR:** Practitioners uphold and advance the mission, principles, and ethics of the profession. All practitioners strive to practice within the scope of the principles, standards, and guidelines.
- **INTEGRITY:** Practitioners act in accordance with the highest standards of professional integrity and impartiality. Practitioners strive to resist the influences and pressures that interfere with their professional performance. Practitioners are continually cognizant of their own needs, values, and of their potentially influential position, in relationship to persons receiving services. Practitioners foster the trust of persons receiving services and do not exploit them for personal gain or benefit. Practitioners act fairly and honestly in professional relationships and business practices, and do not exploit them for personal gain or benefit.
- **FREEDOM OF CHOICE:** Practitioners make every effort to support self-determination on the part of the person using their services and support the individual's full participation in their recovery process and be person-directed. When practitioners are obligated to take action on behalf of a person receiving services who has been involved in the judicial system, they safeguard the persons'

interests, rights, and their previously expressed choices. When another individual has been legally authorized to act on behalf of a person receiving services, practitioners collaborate with that person, always taking into consideration the previously expressed desires of the person receiving services.

- **JUSTICE:** The practitioner's primary responsibility is to persons receiving services. Practitioners provide persons receiving, or about to receive, services with accurate and complete information regarding the extent and nature of the services available to them; any relevant limitations of those services; criteria for admission, transition and discharge. Practitioners provide information about their professional qualifications to deliver services to people using those 3 services. Practitioners apprise persons receiving services, in clear and understandable language, of their rights, risks, opportunities, and obligations associated with service(s) to them and avenues of appeal available to them, as well as the right to refuse services and the consequences of such refusal.

- **DUTY TO REPORT BREACHES of the CODE:** Practitioners are honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others. If practitioner's ethical responsibilities conflict with law, regulations, or other governing legal authority, practitioners clarify the nature of the conflict, make known their commitment to the Code of Ethics, and take reasonable steps to resolve the conflict consistent with the Code. If the demands of an organization with which practitioners are affiliated or for whom they are working are in conflict, communicate their commitment to the Code and take reasonable steps to resolve the conflict consistent with the Code.

- **RESPECT FOR DIVERSITY & CULTURE:** Practitioners practice and promote multicultural competence at all times and in all relationships in the practice of psychosocial rehabilitation. Practitioners obtain training regarding multicultural competency on an ongoing basis to maximize their competency to provide the latest, up-to-date recovery services to persons of diverse background. Practitioners study, understand, accept and appreciate their own culture as a basis for relating to the cultures of others. Where differences influence the practitioners' work, the practitioner shall seek training and consultation. When unable to provide culturally and linguistically appropriate services to an individual, a practitioner will arrange a referral to alternate or supplementary services. Practitioners demonstrate respect towards the cultural identities and preferences of persons using their services, and respect the right of others to hold opinions, beliefs and values different from their own. Practitioners decline to practice, condone, facilitate or collaborate with any

form of discrimination on the basis of ethnicity, race, colour, gender, sexual orientation, age, religion, heritage, marital status, political belief, mental or physical challenges or any other preference of personal characteristic, condition or state. Practitioners recognize that families as defined by the person can be an important factor in rehabilitation and strive, with the consent of the person using services, to enlist family understanding and involvement as a positive resource in promoting recovery.

FUNDAMENTAL STANDARDS

The fundamental standards are descriptive ideals indicating how practitioners can implement the foundational principles. The standards are grouped in sections indicating important areas for ethical practices.

COMPETENCE: Practitioners are proficient in professional practice and the performance of professional functions. Practitioners incorporate recognized psychosocial rehabilitation practices and principles in their work. Practitioners make maximum use of their professional skills, competence, knowledge and advocacy when delivering psychosocial rehabilitation services. When practitioners experience personal problems that may impair their performance, they seek guidance and refrain from professional activities that may be affected. Practitioner obtain training and education and review relevant literature related to the psychosocial rehabilitation field on an ongoing basis and actively incorporate knowledge and/or skills gained into their practice. Practitioners ensure that delivery of their practice and services follows professional practice guidelines, including the core principles of psychosocial rehabilitation and any specific practice guidelines or fidelity requirements that apply to their specific service or program, through ongoing program and practice evaluations. Practitioners are responsible for identifying and developing knowledge for professional practice, and sharing knowledge and practice wisdom with colleagues.

INFORMED CONSENT: Practitioners fully explain the limits of confidentiality to the person using services, at the outset of services, at the outset of services and as needed, including providing information about any privacy standards, regulations or laws. The practitioner fully explains any legal or moral 'duty to warn' requirements. Practitioners follow guidelines for obtain written permission before recording of activities, for safe maintenance, storage, and disposal of the records of persons using their services so that unauthorized persons shall not have access to these records. Practitioners uphold policies and procedures designed to ensure that only persons authorized to access records do so, in keeping with regulations and organizational policies and guidelines.

ADVOCACY: Practitioners educate and promote the use of PSR recovery-orientated practices at policy and service development discussions. Practitioners act to expand choice and opportunity for all persons, in particular those experiencing a psychiatric challenge. Practitioners advocate for and assist people to advocate for themselves

against discriminatory behaviour and to access desired opportunities to further their recovery. Practitioners promote social justice and the general welfare of society by promoting the acceptance of persons who experience mental illness. Practitioners work toward the elimination of discrimination and oppression within society. Practitioners strive to eliminate attitudinal barriers, including stereotyping and discrimination towards people who live with psychiatric challenges. Practitioners demonstrate and promote activities that respect diversity among professionals, individuals served, and local communities.

PROPRIETY: Practitioners take care to avoid any false, misleading or deceptive actions in setting fees or seeking reimbursement or funding for the services they provide. Practitioners actively work to maintain high standards of person conduct in their role. While the private conduct of practitioners is a personal matter, the actions of these individuals must not compromise the fulfillment of their professional responsibilities or reflect poorly upon the profession. When practitioners make statements or take actions as private individuals, they clearly distinguish these statements and actions from those taken as a representative of the psychosocial rehabilitation profession, organization or agency.

GUIDELINES FOR PRINCIPLES & STANDARDS

The guidelines are prescriptive statements recommending practitioner tasks that are essential to ethical practice. The guidelines are grouped into categories that represent areas where ethical practice may create a special challenge for practitioners. Practitioners should be aware that these guidelines do not cover every possible circumstance where ethical dilemmas may arise. Should an ethical dilemma arise, practitioner should be able to justify their decisions and actions, including explaining how the Code of Ethics was considered and applied.

Promotion of Ethical Behaviour: Practitioners recognize ethical issues and dilemmas. Practitioners seek training in and abide by Code of Ethics, as well as other professional codes under which they practice, and consult with colleagues and supervisors regarding resolution of specific ethical dilemmas. When seeking consultation on an ethical issue, practitioners maintain confidentiality. When a practitioner believes that a colleague has violated an ethical principle, standard or guideline, then he/she brings that concern to the individual for informal resolution prior to reporting it. In the event that practitioners fail to conduct themselves in accordance with the Code of Ethics, persons receiving services, advocates, or other professionals can initiate a complaint to the Registrar. It will be reviewed by the Ethics Review Panel of the Certification Committee of PSR/RPS Canada and will issue findings. Practitioners must not accept gifts of substantial nature from people using their services.

Practice Responsibilities: Practitioners actively apply psychosocial rehabilitation principles, practices, multicultural standards, guidelines for involvement of persons using

services, and the CPRRP Code of Ethics in their practice and service delivery. Practitioners are knowledgeable of, and act in accordance with, the laws and statutes in the legal jurisdiction in which they practice regarding all issues that affect their practice. Practitioners recognize and practice within the boundaries of their competence and work to improve their knowledge and skills in those approaches most effective with the individuals who use their services.

Confidentiality: Practitioners follow the protections and limits of confidentiality as prescribed in their jurisdictions. They use language that is clear and understandable to the person using the services. Practitioners explicitly described the purposes for which personal information is obtained and how it may be used.

Practitioners explain to service users how to make their preferences known regarding their rights to determine who can and cannot have access to their records, or knowledge of their treatment. Practitioners inform people receiving services when their services are being provided by an individual who is under supervision. Practitioners inform the person using services who is the supervisor and offer the person in services an opportunity to meet with the supervisor.

Rights Protection: Practitioners do not intimidate, threaten, harass, use undue influence or make unwarranted promises of benefits to persons receiving services. Practitioners avoid coercion, even in its subtle forms that may lead to a misuse of the power and influence of practitioner role. When conflicts arise between organizational or system demands and the rights of an individual using services, the practitioner supports and advocates for the rights of that individual.

Individualization: Practitioners recognize cultural, individual and role differences due to factors such as age, gender, race, ethnicity, heritage, religion, sexual orientation, disability, language and socioeconomic status. Practitioners perform assessments and use interventions and modalities that are appropriate to the persons determined needs, beliefs and behaviours.

Multiple Roles and Relationships: A multiple relationship occurs when a practitioner is in a professional role with a person and at the time is in another role with the same person. Practitioners refrain from entering into a multiple relationship if the multiple relationships could reasonably be expected to impair the practitioners' objectivity, competence or effectiveness in performing him/her functions as a practitioner or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

It is the responsibility of the practitioner to conduct himself/herself in a way that does not jeopardize the integrity of the helping relationship, and seek supervision to handle any real or potential conflicts. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Practitioners do not engage in sexual activities or sexual contact with persons receiving services, because of the potential for harm to the person. Practitioners should not engage in sexual intimacies with persons they formerly provided services to.

If practitioners engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is practitioners - not persons formerly receiving services -- who assume the full burden of demonstrating that the persons formerly receiving services has not been exploited, coerced, or manipulated, intentionally or unintentionally. Practitioners avoid relationships or commitments that conflict with the interest of persons receiving services, and seek supervision should such situations arise.

Practitioners are aware of professional boundaries in collegial relationships, including supervision, and manage non-professional roles in a manner that does not compromise the professional relationship.

Supervision: Supervisors who are psychosocial rehabilitation practitioners seek training and build competence in both clinical practice and supervision. Supervisors guide supervisees in following this ethical code. Supervisors ensure clear communication in establishing competency standards. Supervisors support supervisees in setting professional development goals and detailing the tasks to achieve them. Supervisors model and engage supervisees in objective and balanced self-assessment. Supervisors inform supervisees about performance expectations, including competencies required, standards for acceptable completion of job duties, and any rules that relate to general practice. Supervisors refrain from entering into multiple roles and relationships with supervisees. When multiple roles and relationships are unavoidable, it is the responsibility of the supervisor to conduct himself/herself in a way that does not jeopardize the integrity of the supervising relationship.

Termination: Practitioners discontinue professional relationships with individuals using their services when it is in the best interest of those persons, when such service and relationships are no longer desired or needed, or in the event continued service will result in a violation of the Code of Ethics. When an interruption of services is anticipated, practitioners promptly notify the persons receiving services and engage them in discharge planning or an appropriate transfer to another professional, if necessary. Upon the conclusion of the helping relationship, it is the practitioner's responsibility not to enter into any relationship with the person formerly receiving services that could create a risk of harm to that person.

Service Coordination: To the extent desired by the person receiving services, practitioners collaborate with others serving the same individual, including natural community supports such as peers, traditional healers and spiritual leaders to ensure the best outcome for the individual. Practitioners ensure a thorough transition for an individual from one service to another and follow up to ensure that full transition has

been successful. Practitioners seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of persons receiving services, in a way that protects the confidentiality of the individual receiving services

Collegial Relationship: Practitioners treat colleagues with respect, courtesy, fairness, and good faith and uphold the Code of Ethics in dealing with colleagues. Practitioners are transparent in defining their ongoing professional relationship with those colleagues whom they employ, supervise or mentor especially when those relationships change. Practitioners create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues and assume responsibility to assist colleagues to deal with ethical issues. Practitioners treat with respect and represent accurately and fairly the qualifications, views and findings of colleagues. Practitioners give credit to original source of ideas and material -- whenever possible. Practitioners cooperate with colleagues to promote professional interests and concerns. Practitioners respect confidences shared by colleagues in the course of their professional relationships and transactions.