

Supervisor of Peer Recovery Code of Ethics

The ICAADA Certified Supervisor of Peer recovery (CSPR) Code of Ethics outlines basic values and principles of peer recovery supervisor practice. This Code serves as a guide for responsibility and ethical standards for ICAADA Certified Supervisor of Peer Recovery.

Peer Recovery Supervisors have a responsibility provide effective, and ethical, supervision to peer recovery support professionals that are under their supervisor. This supervision will be guided by the following Peer Recovery Supervisor competency domains: Understanding Peer Recovery Support role; Recovery Advocacy; Supports effective, and ethical, implementation of Peer Recovery Support role; Ethical Practice; Encourages Professional Growth; Facilitates Team-Building; Strength-based Approach; Quality and Quantity of Supervision; Employment Policy and Procedure; Self-Care. Peer Recovery Supervisors shall maintain high standards of personal conduct and conduct themselves in a manner that supports health recovery. Peer Recovery Supervisors shall serve as advocates for the peer recovery support profession and the populations served.

Peer Recovery Supervisors shall not perform services outside of the boundaries and scope of their expertise, shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals and Peer recovery Supports to best meet the needs of the person(s) supervised and populations served. Peer Recovery Supervisors shall always preserve an objective and ethical relationship with the individual(s) supervised and populations served. This includes reporting any ethical misconduct to the peer recovery support professional's credentialing body immediately. This credential does not condone, endorse, suggest, or intent that a Peer Recovery Supervisor shall serve independently. The Peer Recovery Supervisor shall ensure that all peer recovery supports in their charge are provided appropriate supervision.

A. Supervision

As a Peer Recovery Supervisor, I will:

1. Agree to provide a minimum of one supervision session per week totaling at least 4 hours of documented supervision sessions per month.
2. Ensure that appropriate supervision is provided based upon the stated guidelines and code of ethics for all peer recovery supports that I supervise and/or are housed within the organizations I am associated with.
3. Maintain regular supervision and ongoing support so I have a person with whom I can address challenging personal issues, behaviors, or conditions that may negatively impact my role as a Peer Recovery Supervisor. I understand that misconduct may result in the suspension of my certification and negatively impact the peer recovery support professionals I supervise.
4. Ensure the peer recovery supports I supervise have access to supervision, as needed, outside of the minimum one supervision session per week totaling at least 4 hours of documented supervision sessions per month.
5. Efficiently, and accurately, document all supervision I provide.
6. Ensure I monitor, and appropriately address, any concerns related to the service and conduct of the peer recovery supports I supervise.
7. Immediately address, and report as necessary, any ethical breaches of the code of ethics or actions/behaviors of the peer recovery supports I supervise.

B. Professional Conduct

As a Peer Recovery Supervisor, I will:

1. Accurately identify my qualifications, expertise, and certifications to all whom I serve and to the public.
2. Conduct myself in accordance with the ICAADA CPRS Code of Ethics.
3. Make public statements or comments that are true and reflect current and accurate information.
4. Not misuse any substances that may affect my ability and capacity to perform my duties as a Peer Recovery Supervisor.
5. Recognize personal issues, behaviors, or conditions that may impact my performance as a CPRS.
6. Respect and acknowledge the professional efforts and contributions of others and not declare or imply credit as my own. If involved in research, I shall give credit to those who contribute to the research.
7. Maintain required documentation for all supervision sessions, and client records, as required by the agency through which I'm employed or the Federal requirements making certain that records are documented honestly and stored securely. Agency disposal of records policies shall be adhered to.
8. Protect the privacy and confidentiality of persons served in adherence with Federal Confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (Social Media, Texting, Video Conferencing etc.)
9. Use client contact information in accordance with agency policy.
10. Advocate for the role of peer recovery support as a vital component to the continuum of care and for person-driven recovery services.
11. Not commit a criminal offense. I understand if I am charged for a criminal offense, the ICAADA Ethics Committee reserves the right, with full ICAADA board approval, to take immediate disciplinary action up to and including suspension of my credential. It is my duty to notify ICAADA immediately if I am charged with a criminal offense.

C. Conflict of Interest

As a Peer Recovery Supervisor, I will:

1. Reveal any perceived conflict of interest immediately to any organization I represent and remove myself from the professional relationship as required.
2. Disclose any existing or pre-existing professional, social, or business relationships with person(s) supervised and/or populations served. I shall determine, in consultation with my organization, whether existing or pre-existing relationships interfere with my ability to provide supervision of peer recovery support professionals or services person(s) served.
3. Ensure peer recovery support professionals inform clients of costs of services as established by the organization for which they are employed and not charge person served beyond fees established.

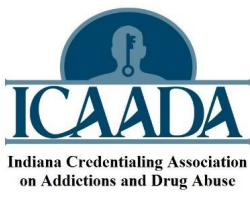
4. Ensure that peer recovery support professionals not sponsor, or provide personal recovery pathway specific mentorship to, individuals with whom the peer recovery support professional has previously served or currently serve as a peer recovery support professional.

D. Supervisor/Supervisee Relationship

As a Peer Recovery Supervisor, I will:

1. Clearly explain my role and responsibilities to those I supervise, ensuring I outline any, and all, expectations during the supervision relationship.
2. Provide strength-based, supportive supervision that empowers the peer recovery support professional to provide effective and ethical services.
3. Assist the peer recovery support professional with identifying professional development opportunities and empowering them to pursue these opportunities.
4. Not engage in sexual activities or personal relationships with peer recovery support professionals I supervise or person(s) served in my role as a CPRS, or members of the immediate family of the peer recovery support professional or person(s) served.
5. Set clear, appropriate, and culturally sensitive boundaries with all peer recovery support professionals I supervise and any person(s) served.
6. Ensure I provide adequate supervision for those I supervise, including the peer recovery support professional having, at minimum, one hour of supervision weekly and regular access to supervision between these times.

If at any point I feel I am unable to meet any of these requirements, I will immediately cease performance as a Peer Recovery Supervisor and seek professional assistance. Failure to abide by this code of ethics may result in disciplinary action, up to, and including, suspension or termination of my credential.



I hereby attest that I have read, understand, and will adhere to the ICAADA CSPR Code of Ethics, as described above; and including, a subsequent change to the code of ethics that is duly approved by the ICAADA Board of Directors at a regularly scheduled Board Meeting. It is my responsibility to remain current and comply with the code of ethics for this and other credentials awarded by ICAADA throughout the life of the credential.

Printed Name: _____

Signature: _____

Date: _____

[Notary seal]

Notary Public Signature:

Date: _____