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**Recovery is Possible!**

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A guide to  
boundaries and ethics  
for CBHPSS





*Montana's Peer Network is a peer run 501c3 non-profit organization with a mission to lead the expansion and development of recovery-oriented behavioral health services in Montana.*

*With over 1,400+ members across Montana in more than 78 communities we advocate to improve treatment systems, provide educational presentations on wellness and recovery, and host trainings on peer support and wellness tools through workshops, webinars, social media and peer groups.*

*Peer Supporter Training*

*Healthy Minds Healthy Bodies Workbook*

*Peer Support Demonstration Projects*

*Podcasts & Webinars*

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*Annual Recovery Conference*

*Recovery Programming Consultation*

*Advocacy*

*Leading the Recovery Movement in Montana since 2011*

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supervisees, supervisors, students, employees, or research participants;

- (h) engage in or solicit sexual contact with a client or commit an act of sexual misconduct or a sexual offense if such act, offense, or solicitation is substantially related to the qualifications, functions, or duties of the CBHPSS;
- (i) enter into sexual or personal relationships with a client or a client's immediate family member;
- (j) condone or engage in sexual harassment. Sexual harassment is defined as deliberate or refuted comments, gestures, or physical contact of a sexual nature that are unwelcome by the recipient;
- (k) discriminate in the provision of services on the basis of race, creed, religion, color, sex, physical or mental disability, marital status, age, or national origin;
- (l) abuse, harass, demean, or discriminate against others based on race, culture, religion, age, gender, gender identity, disability, nationality, sexual orientation, or economic condition;
- (m) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services; or
- (n) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading.

# A guide to boundaries and ethics for CBHPSS

By  
Montana's Peer Network  
Staff

Additional guides at can be found  
at

[www.mtpeernetwork.org](http://www.mtpeernetwork.org)

Welcome to our guide series. This is an unveiling of questions and concerns that arise around boundaries and ethics during the course of our work as peer supporters. We are in a unique professional role once we are certified and hold the title of Certified Behavioral Health Peer Support Specialist (CBHPSS). We must always be aware of our conduct even when nobody is looking or listening. At this point in our own recovery, we should have a good idea of our own personal boundaries and be applying them in our professional life as well. Sometimes we are faced with challenging opportunities for growth with our peers and do not know which way to go. You are now in the real life application of your training. We may forget the things we learned and have to get constant reminders on the material. If boundaries and ethics are areas that you do not feel the most confident in, take that back to your clinical supervisor. Ask to focus on one of the following ethics in your meeting with him or her. Break it down and dive into the meaning of each principle with examples in the course of your work. We hope this guide helps answers some questions that you have been faced with or experienced in your work and gives you an idea of how to navigate these complex relationships. The Montana Board of Behavioral Health Code of Ethics for CBHPSS can be found beginning on page 14 of this guide.



- (w) report risk of imminent harm to self or others to the proper authorities and to their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality.
- (3) A CBHPSS shall not:
- (a) commit fraud or misrepresent services performed;
  - (b) engage or offer advice on the matters of diagnosis, treatment, or medications;
  - (c) divide a fee or accept or give anything of value for receiving or making a referral;
  - (d) violate a position of trust by knowingly committing any act detrimental to a client;
  - (e) engage in or promote behaviors or activities that would jeopardize the CBHPSS's recovery or the recovery of those they serve;
  - (f) participate in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. A CBHPSS who accepts goods or services from a client as payment for professional services assumes the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship;
  - (g) exploit in any manner the professional relationships with clients or former clients,



**A peer I have built a relationship with over several months has asked me if I can lend them some money. What should I do?**

The answer is simple you should not lend them money. This is a boundary that should never be crossed in our professional work. We are here to support our peers and when money is involved it can damage the relationship. The code of ethics that states that CBHPSS “provide clients with accurate and complete information regarding the extent and nature of the services available to them.” This means you need to make it clear from the beginning the do’s and don’ts of the relationship. You can, however, foster the application of budgeting and supporting them to develop their own financial wellness without violating the expectations of your professional role.



**A peer keeps offering to buy me gifts to show their appreciation for the support I provide. Is it ok to accept the gifts?**

No. Although it can seem rude to not accept the gifts this goes back to the clear definitions and boundaries of the relationship up front to avoid situations like this. You can let them know that you could accept it on behalf of the agency and get permission first from you boss. Always default to you company’s policy and procedure on this.

represents peer support in a positive and beneficial light;

- (f) act as a positive role model in recovery;
- (g) conduct themselves in a way that fosters their own recovery. CBHPSSs shall take personal responsibility to seek support and manage their wellness;
- (h) provide clients with accurate and complete information regarding the extent and nature of the services available to them;
- (i) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;
- (j) make every effort to keep scheduled appointments;
- (k) notify clients promptly and seek the transfer, referral, or continuation of services pursuant to the client's needs and preferences if termination or interruption of services is anticipated;
- (l) attempt to make appropriate referrals pursuant to the client's needs;
- (m) obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to the client's involvement in any research project of the CBHPSS that might identify the client or place the client at risk;
- (n) obtain informed written consent of the client or the

## Montana Board of Behavioral Health Code of Ethics

(1) Pursuant to 37-1-319 and 37-22-201, MCA, the board adopts the following professional and ethical standards for CBHPSSs to ensure their ethical, qualified, and professional practice for the protection of the general public. These standards supplement current applicable statutes and rules of the board. A violation of the following is considered unprofessional conduct as set forth elsewhere in rule, and may subject the CBHPSS to such penalties and sanctions provided in 37-1-136, MCA.

(2) All CBHPSSs shall:

- (a) act in a way that encourages and promotes recovery for themselves and those they serve without placing judgment on the recovery path of others;
- (b) share their own recovery story in a manner that promotes recovery, instills hope, and is a benefit to those they are serving;
- (c) always use first person or recovery language and encourage this practice in others;
- (d) engage in resolving concerns in a respectful and professional manner;
- (e) maintain high standards of personal and professional conduct, always acting in a way that

## **A peer I work made a sexual advance toward me at our last meeting. What should my next steps be?**

The first step would be to document the interaction in your Data, Assessment, Plan (DAP) notes. Next, explain to your peer why this is inappropriate and how it made you feel. Lay down some boundaries moving forward. The last thing we want to do is lose trust with our peer by telling their counselor and our clinical or administrative supervisor without setting those clear boundaries with the peer. If the behavior continues, document and report the incident to you clinical and administrative supervisors for your next steps after that.

## **Is it ok to pursue a sexual relationship with a peer that I am attracted to?**

No, it is not ok to pursue a sexual relationship with our peers. It is unethical and can jeopardize both recoveries. We are not in the professional business of peer support to find our next romantic relationship. The populations we work with are vulnerable. The code of ethics states that a CBHPSS shall not “enter into a sexual relationship with a client or client’s immediate family member.” Also, you cannot engage in a sexual relationship for 2 years following the termination of services.

**A peer that is seeking services at my agency wants me to be his peer supporter. We have had a previous personal relationship in our recovery world. Can I be his peer supporter?**

You can provided you have the correct measures in place. Those measures would be to “disclose any pre-existing relationships, sexual or otherwise, to immediate supervisor prior to providing services to that individual.” One example that comes to mind if you are in the 12 step world and you had sponsored this individual. You as the peer supporter may be able to change your hat from sponsor to peer supporter, but your peer may not be able to look at you in a different light and want you to be their sponsor. Examine your personal boundaries around this issue and discuss it with you clinical supervisor.

**I have worked with a peer for over a year now. He has moved forward in his recovery and no longer needs services with me. I like this peer as a friend can we continue a personal friendship after termination of services?**

No, we cannot pursue any personal relationship with our peers for 2 years following the termination of services. We are friendly with our peers but not friends. We have a professional boundary that can get blurry over the course of the relationships with our peers. We share a lot about one another and it is natural to feel a bond with our peers. Always remember your certification is in jeopardy if you cross this boundary.

**I transport clients as part of my job as a peer support specialist. My peer asked me to stop at the liquor store and then the medical marijuana shop on our way to the appointment. Is this ok for me to do?**

You are always going to default to your company’s policies and procedures concerning transporting peers. The code of ethics that states a CBHPSS shall not “engage in or promote behaviors or activities that would jeopardize the CBHPSS’s recovery or the recovery of those they serve.” If your peer has self-identified as person with a substance use issue, it would be unethical to support their substance use. Your personal boundaries come into play here also. Whatever path of recovery you are on is going to influence how you feel about this question. I would say to ask your clinical supervisor about this kind of thing. Take the direction of their thoughts.

**When in doubt about any ethical or boundary questions, call your clinical supervisor. That is why they are there. They help us navigate the complex relationships that we have with our peers and guide us to be the most ethical professionals we can be.**

**I have been going through a hard time in my recovery, I need someone to talk to, and my peer is very open minded. Is it ok to unload on my peer?**

No. We do not cross that boundary of unloading our personal problems on our peers. They are looking to us for support their recovery. Although the relationship mutual and we do share back and forth a we only share our stuff as it relates to what our peer is going through at the moment. This can cause a shift in the supporter to supportee relationship. Your peer may feel like they now have to provide answers to your problems that they are not ready to answer concerning their own recovery. If you are feeling like this is happening in your relationships with your peers, you may want to take a step back and re-evaluate your recovery plan and self-care plan, and share your concerns with your clinical supervisor.



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**Can I invite my peers to my personal social media platforms?**

No. This is similar to giving out your personal phone number. You have to keep clear boundaries of personal and professional space. You can create a peer support specific page to invite them to join and engage with you and others there. Just remember to keep it professional and be careful of what you post publicly on your personal accounts.

**I am training a new peer supporter at my job. She has been shadowing me during my one-on-one meetings with my peers. Do I need the peers' permission to do this?**

Yes you will have to get written informed consent from your peers. Nothing about us without us is a good rule of thumb here. If you work for an agency this probably has been done in the beginning of the intake for services but I make sure your peer feels comfortable with this. The code of ethics states that you must "obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to taping, recording, or permitting third party observation of the client's activities that might identify the client or place the client at risk."

**A peer I work closely with is showing signs of the same diagnosis I have, but has not been diagnosed. Can I offer advise on this?**

No. The code of ethics that states a CBHPSS shall not "engage or offer advice on matters of diagnosis, treatment, or medication." If the peer mentions the

### What Is a Boundary?

- **A BOUNDARY** is a definite place where your responsibility ends and another person's begins. It stops you from doing things for others that they should do for themselves.
- **A BOUNDARY** also prevents you from rescuing someone from the consequences of their destructive behavior that they need to experience in order to grow.

signs you are picking up on you can address them as it relates to your experience with the same signs. Document your observations in your notes and share the concern with your clinical supervisor and the members of the treatment team.

**A peer I work with owns their own mechanic business, they offered to fix my broken down car for payment of the peer service I provide. Is this ok?**

Yes this is perfectly ok to do. Your peer offered. You have to take some steps to make sure it is all above board. The code of ethics that states a CBHPSS shall not “participate in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. A CBHPSS who accepts goods or services from a client as payment for professional services assumes the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.”

**I am having a BBQ at my house for my recovery group and a peer I am working with saw the flyer at the group I attend for my own recovery. They asked if they could come. Is this ok?**

This is a hard one to navigate. Again this goes back to the clear definitions of the relationship in the beginning of the relationship. You may want to evaluate the overlap of professional and personal activities and relationships in

your recovery world and try to keep your personal and professional life as separate as possible. Again you may be able to take off your peer supporter hat but are still held to the code of ethics and boundaries even when that hat is off.

**A peer was in my office and my personal phone was ringing. They asked me if they could have my personal number in case they need to contact me. Should I give it to them?**

No. Your agency should have provided you with a phone. There is no way that we can support our peers every hour of every day. The code of ethics that states a CBHPSS shall “conduct themselves in a way that fosters their own recovery. CBHPSS shall take personal responsibility to seek support and manage their wellness.” Part of managing our own wellness is to have clear separation in personal and professional time. When you are off, you are off. Having a work phone and defined hours help your peer know when it is appropriate to contact you. It also gives you the opportunity to foster a plan of what your peer can do when you are not able to be reached which helps put our caretaker nature at ease.

