

# PROFESSIONAL STANDARDS OF FAMILY PEER SUPPORT

APPROVED BY THE MT FAMILY PEER SUPPORT TASK FORCE



## CERTIFICATION REQUIREMENTS

LIVED EXPERIENCE, 21 OR OLDER, CLINICAL SUPERVISION, TRAINING, CODE OF ETHICS, WORK EXPERIENCE, CANDIDACY



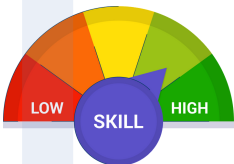
## SCOPE OF PRACTICE

SHARE LIVED EXPERIENCE, TOOLS, & RESOURCES. ACTIVE LISTENING, MUTUAL SUPPORT, & ADVOCACY



## CODE OF ETHICS

CONFIDENTIALITY, BOUNDARIES, MANDATORY REPORTING, WELLNESS, & CLINICAL SUPERVISION.



## CORE COMPETENCIES

NAVIGATING RESOURCES & SYSTEMS, PROF. RESPONSIBILITIES, FAMILY-CENTERED SUPPORT, EMPOWERMENT, CRISIS INTERVENTION & PLANNING



## TRAINING STANDARDS

MINIMUM STANDARDS FOR EACH CORE COMPETENCY THAT MUST BE IN ANY FAMILY PEER SUPPORT CURRICULUM.

## **Family Peer Support Candidate Requirements** Adopted by the FPS Task Force on 8/9/23

1. Self-identify as a parent/caregiver with lived experience caring for a child with a behavioral health challenge and/or special healthcare need and be willing to share your experience with others;
2. Be at least 21 years of age;
3. Receive 1 hour of documented Clinical Supervision for every 20 hours worked;
4. Complete approved 40-hour training course and pass the exam with 80% or higher;
5. Agree, in writing, to the code of ethics;
6. Have at least one year of lived experience navigating and coordinating care needs as a parent/caregiver of a child under 21 with behavioral health challenges and/or special healthcare needs;
7. Agree to work within the Family Peer Support Scope of Practice; and
8. Currently reside or employed in the state of Montana.

## **Certified Family Peer Support Specialist (CFPSS) Requirements**

1. Complete all Candidacy Requirements; and
2. Complete 1000 hours of documented, supervised work experience (paid or unpaid) and training to include a minimum of:
  - a. 40 hours of CEU's, and
  - b. 1 hour of Clinical Supervision for every 20 hours worked.

To maintain certification, the CFPSS must:

1. Maintain 1 hour of documented Clinical Supervision for every 40 hours worked; and
2. Complete 20 hours of CEU's yearly with 2 of those hours in Ethics.

## **Family Peer Support Scope of Practice**    Adopted by the FPS Task Force on 2/8/23

### Family Centered Support

- Assist parents/caregivers in goal setting to meet their own physical and emotional short term and long term needs
- Share tools with parents/caregivers to increase resilience and protective factors, and build skills within the family unit
- Willingness and ability to share your own lived experience in a meaningful way that reduces feelings of hopelessness and isolation
- Facilitate a parent/caregiver support group
- Actively listen and provide empathetic emotional support
- Help parents/caregivers incorporate self-care strategies that promote holistic wellness and resiliency
- Assist parents/caregivers in connecting to community resources and provide information about other services
- Demonstrate and continue to build knowledge and understanding of community-based resources and systems of care
- Provide support and services at times and locations needed by parents/caregivers, including during times of crisis or transition

### Empowerment/Education

- Help parents/caregivers create strategies for self-empowerment utilizing a strength-based approach
- Provide mutual support to parents/caregivers in building natural support systems and community connections

### Professional Responsibility

- Understand the importance of care teams and systems and how to partner with them
- Understand and abide by the code of ethics and standards
- Fulfill training and continuing education requirements
- Understand and comply with mandatory reporting requirements
- Participate in clinical supervision that provides guidance and support to promote competent and ethical delivery of peer services and supports through skill building, debriefing, documentation guidance, and problem solving
- Understand risk factors for suicide and current suicide prevention and intervention practices

### Advocacy

- Act as a liaison between parents/caregivers and providers to promote understanding of the family's culture
- Provide advocacy and support for family engagement and family-centered care where voice and choice are respected
- Conduct two-way education about family, community, and system needs and barriers

## **Code of Ethics**

ARM 24.219.2301 UNPROFESSIONAL CONDUCT AND CODE OF ETHICS – LCSW, LMSW, LBSW, LCPC, LMFT, LAC, CBHPSS, AND LCSW, LMSW, LBSW, LCPC, LMFT, AND LAC CANDIDATES:

(1) Any violation of this rule constitutes unprofessional conduct.

(2) A licensee shall not:

(a) commit any of the following boundary violations:

(i) provide services to a person with whom the licensee has had sexual contact at any time;

(ii) engage in or solicit sexual relations 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 licensee;

(iii) engage in sexual contact with a former client within two years following termination of professional services. After two years, the licensee who engages in such activity following termination of professional services must demonstrate that there has been no exploitation, in light of all relevant factors, including:

(A) the amount of time that has passed since professional services terminated;

(B) the nature and duration of the professional services;

(C) the circumstances of termination;

(D) the client's personal history;

(E) the client's current mental status;

(F) the likelihood of adverse impact on the client; and

(G) any statements or actions made by the licensee during the professional relationship suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client;

(iv) solicit or engage in a sexual or intimate relationship with a client, a

supervisee, client's family member, a client's household member, or other persons with whom a client has had a significant relationship;

(v) soliciting or engaging in sexual relations with the client of another licensee employed in the same program providing services;

(vi) condone or engage in sexual or other harassment;

(vii) engage in a dual relationship with a client or former client if the dual relationship has the potential to compromise the client's well-being, impair the licensee's objectivity and professional judgment, or creates or increases the risk of exploitation of the client. If a dual relationship arises as a result of unforeseeable and unavoidable circumstances, the licensee shall promptly take appropriate professional precautions. Appropriate professional precautions must ensure that the client's well-being is not compromised and that no exploitation occurs and should include consultation, supervision, documentation, or obtaining written informed consent of the client;

(viii) terminate a professional relationship to begin a personal or business relationship with a client;

(ix) 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. Licensees who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship;

(x) accept gifts or gratuities of significant monetary value or borrow money from a client or former client within two years after termination of services, except when this is a culturally accepted practice;

(xi) interfere with or encourage termination of any legitimate personal relationship of a client, or interfere with a therapeutic relationship of another professional;

(b) intentionally, recklessly, or carelessly cause physical or emotional harm to a client;

(c) misrepresent or permit the misrepresentation of the licensee's professional Qualifications, affiliations, or purposes;

(d) perform or hold the licensee out as able to perform professional services beyond the licensee's field or fields of competence as established by the licensee's education, training, and/or experience;

- (e) misrepresent the type or status of license held by the licensee;
- (f) fail to indicate licensure candidate status in professional communications and documentation;
- (g) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading;
- (h) commit fraud or misrepresent services performed;
- (i) divide a fee or accept or give anything of value for receiving or making a referral;
- (j) exploit, as defined in ARM 24.219.301, in any manner professional relationships;
- (k) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services;
- (l) 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;
- (m) falsify, misrepresent, or fail to maintain supervision records as required by

ARM 24.219.422;

- (n) fail to appropriately supervise a licensure candidate or a CBHPSS;
- (o) recommend a client seek or discontinue any prescribed medication or fail to provide a supportive environment for a client who is receiving prescribed medication;
- (p) engage in the practice when the licensee's license is inactive, has expired, is terminated, or has been suspended;
- (q) violate federal or state law regulating the possession, distribution, or use of a Controlled Substance, as defined by Title 50, chapter 32, MCA; or
- (r) be convicted of driving while under the influence of alcohol or drugs (DUI), or criminal possession of dangerous drugs at any time after issuance of a license and within the two years preceding an application for licensure.

(3) All licensees shall:

- (a) provide clients with accurate and complete information regarding the extent and nature of the services available to them, including the purpose and nature of any

evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided;

(b) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;

(c) make every effort to keep scheduled appointments;

(d) 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;

(e) attempt to make appropriate referrals pursuant to the client's needs;

(f) obtain informed written consent of the client or the client's legal guardian prior to the client's involvement in any research project of the licensee that might identify the client or place them at risk;

(g) obtain informed written consent of the client or the client's legal guardian prior to taping, recording, or permitting third-party observation of the client's activities that might identify the client or place them at risk;

(h) except where required by law or court order, safeguard information provided by clients, and make reasonable efforts to limit access to client information in an agency setting to those staff whose duties require access;

(i) disclose to and obtain written acknowledgement from the client or prospective client as to the fee to be charged for professional services and/or the basis upon which the fee will be calculated;

(j) make and maintain records of services provided to a client. At a minimum, the records shall contain:

(i) documentation verifying the identity of the client;

(ii) documentation of the assessment and/or diagnosis;

(iii) documentation of each session;

(iv) documentation of a plan, documentation of any revision of the assessment or diagnosis or of a plan;

(v) documentation of discharge summary;

(vi) any fees charged and other billing information; and

(vii) copies of all client authorization for release of information and any other legal forms pertaining to the client. These records shall be maintained by the licensee or agency employing the licensee under secure conditions and for time periods in compliance with applicable federal or state law, but in no case for fewer than seven years after the last date of service.

(4) In addition to (2) and (3), CBHPSS are subject to the following standards.

(a) CBHPSS shall:

(i) conduct themselves in a way that fosters their own recovery and take personal responsibility to seek support and manage their wellness;

(ii) as mandatory reporters, report abuse to appropriate authorities and supervisors;

(iii) disclose any pre-existing relationships, sexual or otherwise, to supervisor(s) before providing services to that individual; and

(iv) report the risk of imminent harm to self or others to the proper authorities and their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality.

(b) CBHPSS shall not:

(i) engage or offer advice on the matters of diagnosis, treatment, or medications to the client; or

(ii) engage in or promote behaviors or activities that would jeopardize the CBHPSS's recovery or the recovery of those they serve.



**Addition to Code of Ethics (ARM 24.219.2301)** Adopted by the FPS Task Force on 3/8/23

(5) In addition to (2) and (3), Family Peer Supporters (FPS) are subject to the following standards.

(a) FPS shall:

(i) conduct themselves in a way that fosters their own wellness and take personal responsibility to seek support and manage their wellness;

(ii) as mandatory reporters, report abuse to appropriate authorities and supervisors;

(iii) disclose any pre-existing relationships, sexual or otherwise, to supervisor(s) before providing services to that individual;

(iv) report the risk of imminent harm to self or others to the proper authorities and their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality; and

(v) participate in 1 hour of clinical supervision for every 20 hours worked.

(b) FPS shall not:

(i) engage or offer advice on the matters of diagnosis, treatment, or medications to the client; or

(ii) engage in or promote behaviors or activities that would jeopardize the FPS's wellness or the wellness of those they serve.

**Family Peer Support Core Competencies** Adopted by the FPS Task Force on 4/12/23

Navigating Resources & Systems of Care

Professional Responsibilities & Standards

Holistic Family-Centered Support

Empowerment

Crisis Intervention & Safety Planning

## **Family Peer Support Training Standards** Adopted by the FPS Task Force on 4/12/23

Under each of the Core Competencies are listed training standards that must be in Family Peer Support curriculum.

### **Navigating Resources & Systems of Care**

Knowledge of local, state, and national resources to support human, disability, education, parental, and child rights

Understanding how to navigate Montana systems including but not limited to behavioral health developmental and physical disabilities, justice system and health care systems

How to utilize social services including but not limited to financial, transitional, child welfare, Early childhood intervention, domestic violence, CYSHCN, employment, nutrition, housing, and transportation

### **Professional Responsibilities & Standards**

Regulatory requirements to include but not limited to HIPAA, Mandatory Reporting, Confidentiality, Clinical Supervision, Continuing Education, and Code of Ethics

Documentation, outcomes, data collection

Family Peer Supporter self-care, compassion fatigue, burnout, & personal resiliency

Ethics and Boundaries to include but not limited to limitations, bias, appropriate self-disclosure, and situational awareness

Clinical vs Peer Support & Scope of practice

History of Family Peer Support

Core Competencies

Model for Providing Peer Support including but not limited to inspiring hope by living a life of wellness, person first language, stages of change, empathy, Emotional Intelligence, grief, communication skills, active listening, trauma informed peer support, ACES, historical and generational trauma, mentoring, personal resiliency, harm reduction, recovery models, mutuality and reciprocity, facilitating support groups

### **Holistic Family-Centered Support**

Wellness and recovery practices including but not limited to holistic approach model, 8 dimensions of wellness, and 10 guiding principles of recovery

Individualized care including but not limited to one-on-one support, strengths-based goal setting, and addressing care for the caregiver

Cultural humility and respect including but not limited to exploring strengths, needs, and cultures and LGBTQIA+

Family drive care including but not limited to promoting natural family supports, inclusion in family decision making, and family relationship building

Providing empathy and validation including but not limited to meeting families where they are at and acknowledging different emotional states commonly experienced by parents/caregivers of CYSHCN

## **Empowerment**

Advocacy in Family-Run Organizations and on boards and councils

Supporting and defending human, disability, and educational rights

Voice, choice, and self-advocacy

Promoting (4 parts) of resiliency

Collaborative problem solving

Understanding child development and assessments

Addressing stigma and discrimination through inclusion and equity principles

Understanding policy making processes

Advance psychiatric and medical directives

## **Crisis Intervention & Safety Planning**

Knowledge of suicide risk, prevention, and intervention

Crisis and safety planning including rural and frontier regions

Crisis funding options

Understanding immigration, refuge, and displaced families

Crisis support addressing abuse, domestic violence, and sexual assault

Personal family crisis planning