CORE COMPETENCIES PERSPECTIVE

Core Competency	Peer Practice	Family Member Practice
Concepts of hope, recovery and wellness		Family members/caregivers of minor children focus on hope, resilience and wellness for the entire family. The language of recovery is very seldom used unless a family member is in recovery. Family Peers provides support/resources for overall wellness of the family based on requests of family member.
Advocacy		Family Peers train family members/caregivers on how to advocate for their minor child or adult loved one. If loved one is an adult, advocacy can be focused more on challenging the system and how it serves the SMI population.
Role of Consumers and Family Members		Family Peers focus on mentoring and supporting Family Member/Caregivers as they support their loved ones. For minor children the focus is also on prevention and early intervention. Identifying challenges early and seeking help within the various systems, BH, education, childcare, etc.
Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices		Psychiatric rehab skills and service deliver, etc. isn't something that Family Peers offer for children and even youth. Family Peers work with the families/caregivers who support their loved ones with SUD. Parents/caregivers of youth may be interested in knowing and understanding treatment options in order to make informed decisions on behalf of their minor children/youth.
Cultural and structural competence trainings		This is a training that both Peers and Family Peers can take together. However, it's important to remember that Family Peers have to be aware of all of the children-serving

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	s F	systems/structures that the Peers may have some interactions if they also identify as parents/caregivers.
Trauma-informed care	t ii a	Both Peers and Family Peers will need training on trauma-informed care with the added training for Family Peers in how trauma impacts the brain development of children and youth and how to parent a child or youth that does have a trauma history.
Group facilitation skills	E	Both Peers and Family Peers will need training on group facilitation.
Self-awareness and self-care	a r b	Both groups will need training on self-care and self-awareness with Family Peers needing more training on how self-care helps them to be more present for their loved ones as well as helping their loved ones to be self-aware. (the oxygen mask on the airplane analogy)
Co-occurring disorders of mental health and substance use	F t ii a	Family Peers in the children's system will need training on co-occurring disorders such as intellectual, learning and physical disabilities, autism, in-utero drug and alcohol exposure, etc. as well as SUD in adolescents and the impact it has on brain development.
Conflict resolution	r	Both groups need training on conflict resolution. Not just for themselves and in the workplace but to also pass those skills on to family members to use in the home.
Professional boundaries and ethics	a c	Both groups need this training. Family Peers also need training on how to work within communities where they live and where their children may go to the same school or community activity such as sports.
Preparation for employment opportunities, including study and test-taking skills,		Family Peers may use these skills in helping family members/caregivers who want to get a

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application and résumé preparation,	job or go to school. However, they will not be
interviewing, and other potential	working with the identified peer or
requirements for employment	child/youth which can cause some issues with
	billing.
Safety and crisis planning	Family Peers will also need training on de-
	escalation techniques and how to
	communicate to 1 st responders on what
	maybe going on with their loved ones
Navigation of, and referral to, other services	Both groups will need training in this area.
	However, Family Peers will need additional
	training on how to navigate the children and
	youth systems such as seeking childcare,
	seeking special education services, etc.
Documentation skills and standards	Because Family Peers work with families and
	caregivers versus the peer or minor
	child/youth, they will need training on how to
	document in a way that meets medical
	necessity and doesn't take away from the
	actual work that's being done with the
	support system they are working with.
Confidentiality	Both groups need this training
Digital literacy	Both groups need this training