908 KAR 2:230 Family Peer Support Specialists
KY Department for Behavioral Health, Developmental and Intellectual Disabilities
Thirty (30)-Hour Core Curriculum Criteria Rubric
to Satisfy Training Recommendations

The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) recommends use of this rubric and related forms to ensure providers' submission of all necessary materials. This will allow the DBHDID staff to review the curricula in their entirety and make an approval decision or request supplementary materials in an efficient manner, within the period specified.

The following curriculum rubric details the core competencies to be included in the 30 hour Core Competency Curriculum for the training of Family Peer Support Specialists. The curriculum submitted for approval should be reflective of services for families who have children or youth who have a mental health disorder, substance use disorders or co-occurring mental health/substance use disorders.

<u>**Overview of Core Competency Recommendations**</u>
- Core Competencies include:
  - Core Competency 1. Problem Solving
  - Core Competency 2. Wellness Recovery Action Plan
  - Core Competency 3. Stages in the Recovery Process
  - Core Competency 4. Effective Listening Skills
  - Core Competency 5. Establishing Recovery Goals
  - Core Competency 6. Using Support Groups to Promote and Sustain Recovery
- Any video or other media to be used must be submitted with the curriculum for approval.
- Interactive teaching strategies must be used for the core competencies.
- Trainings must be taught in person or via a virtual platform (i.e., Zoom, Microsoft Teams, etc.) that has two-way interactive video and audio communications.
- Trainers should include at a minimum, one (1) family member who has lived experience and has received certification as a Family Peer Support Specialist (FPSS). There is a place on the FPSS Single Curriculum Submission Summary to list trainer names.
- Trainers should include at least one (1) Agency staff member, to assist with some training topics and answer specific questions about job requirements. There is a place on the FPSS Single Curriculum Submission Summary to list trainer names.
- Trainees who do not pass the test with a "passing aggregate assessment score of at least seventy (70) percent" (as required in 908 KAR 2:230) should be allowed to retest by the provider of the training. It is suggested that a trainee could take the test up to a total of three (3) times in a one (1) year period. After the one-year period, trainees could retake the training.

<u>**Directions for Curriculum Rubric Completion:**</u>
Include the submitting provider's name in the upper right corner on the first page. Provide the document file name of the corresponding core competency and then provide the page number for that specific item in the core competency as indicated in the following curriculum rubric. Please see the sections highlighted in yellow below. Once the information is completed on this rubric, save as a Word or PDF document. The curriculum submitted should be saved as a Word, Power Point and/or PDF document(s). For information on submitting the curriculum, please go to the Kentucky Department for Behavioral Health, Developmental and Intellectual and Disabilities website at http://dbhdid.ky.gov.

Core Competencies of the Quality Curriculum	Specifics for the Curriculum	**Completed by Submitter of the Curriculum** Provide document file name of the corresponding core competency and then provide the page number for each specific item in the core competency	Completed by the Reviewer		
		Example: Core Competency 1 *(is the file name)*, Page 3	Does not Meet	Partially Meets	Meets
Core Competency 1. Problem Solving (7 hours)	**Problem Solving**				
	Identify and describe a problem solving process that can be helpful in assisting others to find solutions (i.e., PICBA process—Problem, Impact, Cost/Benefits, Brainstorm, Actions).	File Name: Page No.:			
	Provide evidence that worksheets are given to trainees to utilize in guiding families through problem solving (e.g., PICBA process—Problem, Impact, Cost/Benefits, Brainstorm, and Actions).	File Name: Page No.:			
	Effective Organizational Skills				
	Provide an overview of developing and employing good organizational skills.	File Name: Page No.:			
	Describe and give examples of time management skills to include, at least: scheduling, prioritizing tasks and realistic goal setting. *(see below)*				
	• Scheduling (include example in description)	File Name: Page No.:			
	• Prioritizing Tasks (include example in description)	File Name: Page No.:			
	• Realistic Goal Setting (include example in description)	File Name: Page No.:			
	Conflict Resolution				
	Identify at least three (3) potential areas of conflict in the workplace for family peer support specialists (i.e., administration, supervisors, co-workers). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			

	Provide at least three (3) possible scenarios and their respective mediation methods that illustrate conflict resolution between a family peer support specialist (FPSS) **and their supervisor,** family peer support specialist and **individuals other than their supervisors**, and family peer support specialist and **their co-workers.** (see below)				
	Example 1 Scenario and Mediation Method (FPSS and their supervisor)	File Name: Page No.:			
	Example 2 Scenario and Mediation Method (FPSS and individuals other than their supervisors)	File Name: Page No.:			
	Example 3 Scenario and Mediation Method (FPSS and their co-workers)	File Name: Page No.:			
	Provide evidence that trainees practice methods that effectively mediate conflict.	File Name: Page No.:			
	Ethics and Professional Boundaries				
	Define appropriate boundaries between the FPSS and the family member with whom they are working.	File Name: Page No.:			
	Describe how to establish and maintain boundaries.	File Name: Page No.:			
	Define dual relationships (personal/professional).	File Name: Page No.:			
	Define the parameters around dual relationships.	File Name: Page No.:			
	Describe dual relationships (personal/professional) for each the following: social media, socialization, employment. *(see below)*				
	• Social Media	File Name: Page No.:			
	• Socialization	File Name: Page No.:			
	• Employment	File Name: Page No.:			
	Provide instruction on applicable laws including Health Insurance Portability and Accountability Act (HIPAA) and Client Rights for the FPSS.	File Name: Page No.:			
	Provide an Ethical Code of Conduct for all family peer support specialists to follow.	File Name: Page No.:			

	Suicide Prevention				
	Identify at least three possible emotional reactions that could interfere with assisting someone whose child is experiencing suicidal thoughts. *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Identify at least four warning signs or clues to possible suicidal ideation in children and youth. *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Provide **state and national statistics** for: • Child and youth suicide risk groups ___ (for reviewer only) • Causes and complicating factors, including substance use ___ (for reviewer only)	File Name: Page No.:			
	Provide five concrete examples of how to ask children and youth about possible suicidal thoughts, *including at least two examples of how NOT to ask others* about possible suicidal thoughts. *(see below)*				
	How To Ask Example 1	File Name: Page No.:			
	How To Ask Example 2	File Name: Page No.:			
	How To Ask Example 3	File Name: Page No.:			
	How NOT to Ask Example 1	File Name: Page No.:			
	How NOT to Ask Example 2	File Name: Page No.:			

Core Competency	Overview of the Phases and Principles of the Wraparound Process based on the National Wraparound Initiative: http://www.nwi.pdx.edu/			
2. Wellness Recovery Action Plan (3 hours)	Identify and define the 4 phases of Wraparound. *(see below)*			
	• Phase 1	File Name: Page No.:		
	• Phase 2	File Name: Page No.:		
	• Phase 3	File Name: Page No.:		
	• Phase 4	File Name: Page No.:		
	Identify and define the 10 principles of Wraparound. *(see below)*			
	• Principle 1	File Name: Page No.:		
	• Principle 2	File Name: Page No.:		
	• Principle 3	File Name: Page No.:		
	• Principle 4	File Name: Page No.:		
	• Principle 5	File Name: Page No.:		
	• Principle 6	File Name: Page No.:		
	• Principle 7	File Name: Page No.:		
	• Principle 8	File Name: Page No.:		
	• Principle 9	File Name: Page No.:		
	• Principle 10	File Name: Page No.:		
	Describe how these 10 principles of Wraparound (from above) are applicable to the scope of work as a family peer support specialist.	File Name: Page No.:		

	Provide evidence that opportunity is provided for the participant **to practice and receive feedback** on all the principles of the wraparound process.	File Name: Page No.:			
	Identify at least one behavioral health crisis service and how to access that service in the region for children/youth; identify at least one behavioral health crisis service for adults/families and how to access that service in the region. • Children/youth ___ (for reviewer only) • Adult/families ___ (for reviewer only)	File Name: Page No.:			
	Provide an overview of the effective use of a crisis prevention plan including how to access the plan, when to utilize, and who to contact regarding the crisis plan. • Overview ___ (for reviewer only) • How to access ___ (for reviewer only) • When to utilize ___ (for reviewer only) • Who to contact ___ (for reviewer only)	File Name: Page No.:			
	Wellness Recovery Action Plan				
	Provide an overview of Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP). https://copelandcenter.com/ and https://www.wrapandrecoverybooks.com/store/the-wrap-app_moreinfo.html (general info.)	File Name: Page No.:			
	Define the components of a Wellness Recovery Action Plan (WRAP), including the following: Developing a Maintenance Plan; Triggers; Early Warning Signs; When Things are Breaking Down; and Crisis Plan. *(see below)*				
	• Developing a Maintenance Plan	File Name: Page No.:			
	• Triggers	File Name: Page No.:			
	• Early Warning Signs	File Name: Page No.:			
	• When Things are Breaking Down	File Name: Page No.:			
	• Crisis Plan	File Name: Page No.:			
	Provide a crosswalk document (comparison of similarities and differences) of how the WRAP is similar to and different than the Wraparound process.	File Name: Page No.:			
	Self-Care and Wellness Awareness by and for the Family Peer Support Specialist				
	Provide a summary of the results of two prominent demonstrating that caregivers of children and youth with behavioral health challenges experience significant strain and stress that may negatively impact their health.	File Name: Page No.:			

	Describe at least three (3) potential signs of caregiver stress or strain.				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Describe how to identify personal limitations (i.e., recognize when overwhelmed and delegate tasks).	File Name: Page No.:			
	Provide a definition of secondary trauma.	File Name: Page No.:			
	Provide information about effective, healthy coping skills (including dealing with secondary trauma).	File Name: Page No.:			
	Describe how to formulate a plan for self-care.	File Name: Page No.:			
Core Competency 3. Stages in the Recovery Process (7 hours)	**Moving toward a system of care that is resiliency-based and recovery-oriented**				
	Provide the definition of a System of Care, including the values and principles (http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf).	File Name: Page No.:			
	Provide a definition of resiliency (http://www.samhsa.gov/sites/default/files/resiliency-annotated-bibliography.pdf).	File Name: Page No.:			
	Describe resiliency with regard to the concepts of both risk and protective factors in the following areas: individual, family and community/environmental. Give at least one example for both risk and protective factors. (http://www.samhsa.gov/sites/default/files/resiliency-annotated-bibliography.pdf). (See below.)				
	Risk Factor: __ individual __ family __community/environmental __ example given Protective Factor: __ individual __ family __community/environmental __ example given	File Name: Page No.:			
	Define the concept of behavioral health recovery, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). (http://www.samhsa.gov/recovery)	File Name: Page No.:			
	Define and describe the four (4) dimensions that support behavioral health recovery (i.e., health; home; purpose; community). *(see below)*				
	Dimensions: __1 Health __2 Home __3 Purpose __4 Community	File Name: Page No.:			

	The Role of the Family Peer Support Specialist in the Recovery Process				
	Define the unique role of the family peer support specialist.	File Name: Page No.:			
	Describe how the role of the family peer support specialist differs from the following: • the role of traditional clinical/non-clinical staff ___ (for reviewer only) • the role of the youth peer support specialist ___ (for reviewer only) • the role of the adult peer support specialist ___ (for reviewer only)	File Name: Page No.:			
	Define family peer support, including a definition of "lived experience".	File Name: Page No.:			
	Describe three ways the behavioral health system is improved by the hiring of family peer support specialists. *(See below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	An Overview of Behavioral Health				
	Define the term "behavioral health" (i.e., includes both mental health and substance use).	File Name: Page No.:			
	Describe the purpose of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and how it is used in the behavioral health system.	File Name: Page No.:			
	Define and describe at least six common behavioral health diagnoses experienced by children and youth that are identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). One diagnosis from each of following disorder types must be included: Attention Deficit Hyperactivity Disorder, Depressive Disorder and Substance Use Disorder. The remaining three diagnoses are to be selected by the trainer. (see below)				
	Attention Deficit Hyperactivity Disorder	File Name: Page No.:			
	Depressive Disorder	File Name: Page No.:			
	Substance Use Disorder	File Name: Page No.:			
	Trainer Example 1 – Identify Type:_____	File Name: Page No.:			

		File Name: Page No.:			
	Trainer Example 2 – Identify Type:_____	File Name: Page No.:			
	Trainer Example 3 – Identify Type:_____	File Name: Page No.:			
	Provide an overview of the prevalence of co-occurring mental health and substance use disorders in children and youth.	File Name: Page No.:			
	Describe at least five (5) situations that occur more commonly with children and youth diagnosed with co-occurring disorders. (i.e., involvement with the court system and/or juvenile justice; victimization; serious medical illnesses; suicide; involvement with special education; involvement with child welfare). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Example 5	File Name: Page No.:			
	Describe at least five (5) commonalities between families of children and youth diagnosed with mental health and substance use disorders (i.e., both love their children; both act in the best interest of their children; both need hope to recover; both want to manage or eliminate symptoms; both want their children to have meaning and purpose in their lives; both want their children to be a part of their communities; both want their children to have positive relationships). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Example 5	File Name: Page No.:			

	Spirituality in the Recovery Process				
	Define the term spirituality including the common themes (i.e. a sense of purpose; some level of transcendence; a belief in higher beings).	File Name: Page No.:			
	Describe at least three (3) common themes in spirituality (i.e. a sense of purpose; some level of transcendence; a belief in higher beings). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Describe the difference between religion and spirituality.	File Name: Page No.:			
	Describe the importance of spirituality in behavioral health recovery.	File Name: Page No.:			
	Define the "ethic of reciprocity" (i.e. do unto others as you would have them do unto you).	File Name: Page No.:			
Core Competency **4. Effective Listening Skills** **(6 hours)**	**Effective Listening and the Art of Asking Questions**				
	Define OARS (Open-ended questions, Affirmations, Reflections, and Summarizing): *(see below)*				
	• Open-ended questions	File Name: Page No.:			
	• Affirmations	File Name: Page No.:			
	• Reflections	File Name: Page No.:			
	• Summarizing	File Name: Page No.:			
	Provide evidence that OARS is practiced by group role play *with performance feedback*.	File Name: Page No.:			
	Define and describe the stages of change (e.g., Prochaska and Diclemente).	File Name: Page No.:			
	Describe how family peer support specialists can assist families in moving through *all the stages of change* using effective listening skills.	File Name: Page No.:			

	Trauma-Informed Services			
	Define and describe the concept of "trauma" in behavioral health.	File Name: Page No.:		
	Define and describe the concept of trauma-informed care in behavioral health.	File Name: Page No.:		
	Provide a summary of the results of the Adverse Childhood Experiences Study including potential impacts of adverse events of behavioral health. http://www.cdc.gov/violenceprevention/acestudy/about.html	File Name: Page No.:		
	Describe at least three (3) possible modes of exposure to trauma, and show how no one's trauma is any greater than anyone else's trauma (i.e., direct physical, sexual or emotional abuse; witnessing violence to others; learning that violence happened to someone else; repeated or extreme exposure). *(see below)*			
	Example 1	File Name: Page No.:		
	Example 2	File Name: Page No.:		
	Example 3	File Name: Page No.:		
	Describe the importance and impact of services that embrace asking "what happened to you" versus asking "what is wrong with you".	File Name: Page No.:		
	Cultural Awareness			
	Define the concept of culture.	File Name: Page No.:		
	Define the concept of diversity.	File Name: Page No.:		
	Provide instruction for a basic understanding of customs, beliefs, values, and appropriate interactions related to the following (age, disability, ethnicity, gender identity, language and literacy, Military/veterans, race, religion, rural populations, sexual orientation, socio-economic status). *(see below)*			
	Age	File Name: Page No.:		
	Disability	File Name: Page No.:		
	Ethnicity	File Name: Page No.:		
	Gender identity	File Name: Page No.:		

	Language and literacy,	File Name: Page No.:			
	Military/veterans	File Name: Page No.:			
	Race	File Name: Page No.:			
	Religion	File Name: Page No.:			
	Rural populations	File Name: Page No.:			
	Sexual orientation	File Name: Page No.:			
	Socio-economic status	File Name: Page No.:			
	Describe at least three (3) behavioral health concepts that may be affected by culture/diversity (e.g., conceptualization of need; assessment and diagnosis; expectations; adherence; willingness and attitude of seeking help; person centered recovery planning). *(see below)*				
	Behavioral Health Concept 1	File Name: Page No.:			
	Behavioral Health Concept 2	File Name: Page No.:			
	Behavioral Health Concept 3	File Name: Page No.:			
Core Competency 5. Establishing Recovery Goals (6 hours)	**Deciding the Life One Wants: Determining Child and Family Goals**				
	Describe why setting goals is important.	File Name: Page No.:			
	Describe why child and family involvement in goal setting is crucial to recovery.	File Name: Page No.:			
	Describe at least three (3) questions family peer support specialists could ask to help an individual identify areas for goal setting for their child and family (e.g., what areas of your child's life/situation are you pleased with or feel good about; what areas of your child's life are you not pleased with or don't feel good about; are there any areas of your child's life you want to prioritize for goal setting). *(see below)*				
	Example 1	File Name: Page No.:			

	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Creating the Life One Wants: Accomplishing Child and Family Goals				
	Describe at least three (3) strategies that a family peer support specialist can aid in the accomplishment of child and family goals (e.g., state as clearly as possible, in a positive way, what you want to accomplish; be clear why you want this; be clear what you are going to have to change to get this; understand what you have going for you in getting this; understand what you have going against you in getting this; think of ways to care for yourself as you work to get this). *(see below)*				
	Strategy 1	File Name: Page No.:			
	Strategy 2	File Name: Page No.:			
	Strategy 3	File Name: Page No.:			
	Using Your Personal Story as a Strategy				
	Describe how a family peer support specialist's personal story can be useful in: • assisting families receiving services ___ (for reviewer only) • educating and inspiring providers___ (for reviewer only)	File Name: Page No.:			
	Provide a definition of strategic sharing (telling your story in a way that is meaningful, effective, and safe) and then provide narrative that demonstrates examples when strategic sharing is appropriate.	File Name: Page No.:			
	Describe and provide the process to be used to show family peer support specialists to strategically share their personal story.	File Name: Page No.:			
	Provide evidence that this process of strategically sharing their personal story is practiced through an individual or group activity. (Relates to item above)	File Name: Page No.:			
	Describe at least three (3) questions family peer support specialists could use to assist families and children to become comfortable in strategically telling their own stories (e.g. what were some early indications you were beginning to have difficulties; briefly describe yourself and your situation when you were at your worst; what helped you to move from where you were to where you are now; what have you overcome to get to where you are today; what are some strengths you have developed; what are some things that you do to keep on the right path). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			

		File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Describe at least three (3) situations in which personal stories can be positively utilized in behavioral health settings. *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
Core Competency **6. Using Support Groups to Promote and Sustain Recovery** **(1 hour)**	**Using Support Groups to Promote and Sustain Recovery**				
	Define Behavioral Health Support Group.	File Name: Page No.:			
	Describe how support groups help to promote resiliency and recovery (e.g., people in the groups learn from each other; being in a group is not as intensive or demanding as one-to-one situation; meet others in similar situations; individual insights can build off one another) and provide at least 3 examples. *(see below)*				
	Description of how support groups promote resiliency and recovery	File Name: Page No.:			
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Describe five (5) processes a family peer support specialist must avoid doing when working with families (e.g., no fixing; no saving; no advising; no setting a person straight; no judging). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Example 5	File Name: Page No.:			

	Describe and provide an example of meeting guidelines family peer support specialists may use when facilitating support groups (e.g., timeliness, confidentiality, equal participation).	File Name: Page No.:			
	Provide at least four (4)) scenarios for family peer support specialists that demonstrate what to do when confronted with each of the following situations: • Someone in group who is bored or disinterested; • Disruptive Behavior; • Silence; and • Someone who is monopolizing group time. (see below)				
	Example 1 (Someone in group who is bored or disinterested)	File Name: Page No.:			
	Example 2 (Disruptive Behavior)	File Name: Page No.:			
	Example 3 (Silence)	File Name: Page No.:			
	Example 4 (Someone who is monopolizing group time)	File Name: Page No.:			
	Describe at least three (3) behavioral health support groups and provide resource information for local group meetings (e.g., Alcoholics Anonymous; Nurturing Parenting Groups; Family Cafes). *(see below)*				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			