

Preamble

The work of Family Peer Advocates is rooted in the values of Family-Driven Care and the Principles of the Child and Adolescent Service System (See Appendices A+B). The work of the Family Peer Advocate supports the belief that parents (i.e. biological, foster, adoptive, guardians, and others with primary caregiver duties) must have a meaningful voice and a primary decision making role in the care of their own children as well as in designing and evaluating services and developing the policies and procedures governing care for all children in their community, state, tribe, territory and nation. The concepts of empowerment and resiliency are central to the work of Family Peer Advocates. As peers, Family Peer Advocates use their 'lived experience' and training to inspire hope and reduce stigma. Family Peer Advocates focus on strengths as well as needs, assist families to set priorities and goals, provide information, and help families navigate multiple complex service systems. Family Peer Advocates support families to strengthen their connections to community resources and connect with natural supports. Family Peer Advocates work in collaboration with clinicians and other service providers to enhance engagement and partnership in order to improve both the experience and outcomes for families.

This Code of Ethics is intended to serve as a guide to professional conduct of Family Peer Advocates. It offers general principles to guide conduct in situations that have ethical implications.

Family Peer Advocate Code of Ethics

The conduct of a Family Peer Advocate will be consistent with the following ethical and professional standards:

A. Commitment to Families

- Primary responsibility is to promote the well-being of the families with whom s/he works (in keeping with all applicable laws).
- Seek to resolve any situations in which meeting his/her responsibility to the family comes into conflict with other obligations or requirements.
- When a team or employer decision raises ethical concerns, attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, the Family Peer Advocate should pursue other avenues to address his/her concerns with the goal of promoting the well-being of the family.
- Engage in efforts to reduce stigma and blaming of families and youth.
- Promote family-driven practices that focus on strengths, view families as a part of the solution, and ensure families and youth participate as partners in all aspects of their care.

B. Empowerment and Self-Determination

- Promote and support approaches that foster hope, resiliency, empowerment, the development of self-advocacy skills, and recovery.
- Promote family-driven practice whereby the parent or primary caregiver has primary decision-making authority as a member of all processes/teams whereby decisions are being made about treatment, services and other aspects of the care for the child and family.
- Promote youth-guided practice whereby young people have a meaningful voice in setting goals and shaping a plan of care.
- Promote approaches that provide families with the support they need in the least restrictive and least intrusive environment possible.
- Provide current, accurate, transparent information to family members and youth.

C. Respect for Diversity

- Promote cultural and linguistic competence and respect at all times and in all relationships.
- Respect the rights and dignity of those with whom s/he works.
- Recognize cultural, individual, and role differences and demonstrate competence in providing services that are sensitive to families' cultures.
- Do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military and/or veteran status, socio-economic status, immigration status, or any other preference or personal characteristic, condition, or state.
- Demonstrate respect towards the cultural identities and preferences of the families and youth being served.
- Seek to understand, accept and appreciate his/her culture as the basis for relating to the cultures of others.
- Seek training and consultation to improve his/her ability to work effectively with individuals from diverse groups.
- Identify situations in which his/her biases are interfering with the ability to work with a specific family and seek guidance from a supervisor.

D. Competence as a Family Peer Advocate

- Provide services with the maximum skill, competence, knowledge, and advocacy.
- Provide services within the boundaries of Family Peer Advocate training and expertise.
- Keep current with emerging knowledge related to family support practice, family-driven care, community resources, empowerment strategies, and evidence-based/ best practice treatment and support approaches.
- Seek out opportunities to enhance his/her knowledge and skills through training, self-study and development and through collaboration with other FPAs across the state.
- Seek to always incorporate effective practices.
- Seek guidance and feedback from colleagues and supervisors to improve effectiveness.
- Engage in ongoing discussions with employers and colleagues regarding the FPA role to achieve the maximum benefit to families.

E. Propriety

- Act in accordance with the laws and statutes regarding all issues that affect his/her work.
- Assure that private conduct does not compromise the fulfillment of FPA responsibilities.
- Do not participate in, condone, or be associated with dishonestly, fraud, or deception.
- Distinguish clearly between statements made and actions taken as private individuals and as representatives of the Family Peer Advocate program, employer, or credentialing organization.
- Do not exploit FPA relationships for personal gain.
- Do not use undue influence or in any way exploit the trust of the families and youth to whom they are providing services.
- Do not accept gifts of more than nominal value from those with whom he/she works.
- Recognize situations that involve ethical dilemmas and consult with supervisors and colleagues to seek appropriate resolutions.

F. Informed Consent

- Provide information about the services of the Family Peer Advocate to parents in a manner which is thorough and understandable to them (reading level, native language, verbal explanations).
- Advocate for the family to receive current, accurate, transparent information from other providers.
- Facilitate opportunities for families to ask questions and obtain more information to help them participate in the planning and service delivery process.

G. Access to Records

- Assist families to obtain access to records regarding their care as needed and in keeping with applicable laws.
- Keep notes concerning work with the family in a manner that is transparent and done in partnership with the family.

H. Confidentiality and Privacy

- Respect the right to privacy and confidentiality of families and youth in accordance with the law.
- Disclose confidential information only when necessary and only with valid consent (unless disclosure without consent is warranted to prevent serious, foreseeable, imminent harm and/or as required by law.)
- Explain to families the circumstances in which you are required to report or act in order to prevent harm (e.g. in situations involving child abuse, neglect or maltreatment).
- Inform families whenever confidential information is disclosed (either with consent or due to a legal requirement).
- Safeguard all records to assure they are not accessed by unauthorized individuals. This includes the use of electronic methods of storing and sharing information such as email, fax, etc.
- Refrain from discussion of confidential information in any setting unless privacy can be assured. Never discuss confidential information in public spaces.

I. Conflicts of Interest

- Be alert to and avoid conflicts of interest and inform the family if the potential for such a conflict exists.
- Resolve conflicts of interest in a manner that protects the family's interests. If that is not possible, inform your supervisor immediately so that other arrangements can be made for the family.
- Do not engage in dual relationships with families if there is any risk of harm to the family. If these relationships are unavoidable, take steps to protect the family and set clear boundaries. (Dual relationships have more than one relationship with a family – e.g. a family who also attends the same church or whose children attend the same school.)

J. Personal Relationships

- Under no circumstances should the Family Peer Advocate engage in sexual activities or sexual contact with any member of a family currently receiving services. This prohibition also pertains to former clients and their family members for a period of two years from their last date of service.
- Do not provide services to family members with whom the advocate has had a prior sexual relationship.
- Do not engage in sexual activities or sexual contact with relatives or others with whom family members have close personal relationships, when there is risk of potential exploitation or harm to anyone in the family.

K. Commitment to Partnership

- Actively seek out opportunities to partner with clinicians and other professionals.
- Work to enhance his/her understanding of all 'systems' involved in the lives of children and families with complex needs including, but not limited to: education, child welfare, mental health, juvenile justice, probation, family court, health, substance abuse treatment, youth development.
- Participate in and lead interdisciplinary teams (that include family members and youth) to promote holistic, cross-system solutions.
- Work with families to develop their constructive, self-advocacy skills to support their interactions with a wide range of professionals.
- Partner with a wide range of community organizations and resource people to support families to make connections to ongoing 'natural' supports that reflect their culture, interests,

preferences, etc.

- Keep informed about colleagues' areas of expertise and competencies. Seek consultation from those who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

L. Integrity

- Uphold and advance the values, ethics, knowledge, and mission of the FPA program.
- Work toward the highest standards of FPA practice.
- Participate in opportunities to advance the FPA program through learning collaborative activities, mentoring colleagues, research, presentations in the community, publications, training, etc.
- Assume leadership roles (at all levels) whenever possible.
- Promote and facilitate evaluation and research to contribute to the development of knowledge and improved practice of family peer support and advocacy.
- Act with integrity in relationships with colleagues, families, youth, other providers and organizations, referral sources, and other professionals in a way that promotes respect for the FPA program and improved outcomes for families and youth.

M. Responsibilities when Credentialed

- As an applicant or credentialed individual, I will:
 - Remain current on any applicable fees
 - Comply with the Code of Ethics and requirements set by the Credentialing Committee
 - Only use the title Family Peer Advocate, or represent myself as having a credential, when I am in full compliance with the credentialing requirements
 - Always utilize the Family Peer Advocate designation appropriately
 - Cooperate with any ethics investigation by any professional organization or government agency, and truthfully represent and disclose facts to such

By signing this Code of Ethics, I affirm that I have read through and understand all of the information provided in this document including Appendix A and Appendix B. By signing below, I also understand that I will be held responsible and accountable to above mentioned principles, rules and procedures. If a complaint is made, or it is alleged that I have broken any of these principles, rules or procedures, I agree to have these actions or inactions reviewed and assessed in accordance with the guidelines of the Family Peer Advocate Code of Ethics Disciplinary Policies and Procedures. If it is found that I have violated any of these principles, rules and/or procedures, then I understand that measures will be taken against me by the Workforce Development Advisory Committee, up to and including the revocation of my Family Peer Advocate Credential.

Advocate Name (Printed)



Advocate Signature

Date

CASSP Principles

CASSP (Child and Adolescent Service System Program) is based on a well-defined set of principles for mental health services for children and adolescents with, or at risk of, developing severe emotional disorders and their families. These principles are summarized in six core statements.

Child-centered

Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family-focused

The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

Community-based

Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

Multi-system

Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally Competent

Culture determines our worldview and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least restrictive/least intrusive

Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Family-Driven Care Principles

Family-driven means families have a primary decision making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Guiding Principles of Family-Driven Care

1. Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes.
2. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
6. Providers take the initiative to change policy and practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families and where family and youth run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.