

THE NATIONAL ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS
WWW.NADSP.ORG

Commitment, Capacity and Culture: Solutions for the Direct Support Workforce Crisis

*Joseph M. Macbeth
Executive Director
August 2011*

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.” Author Unknown

INTRODUCTION

The nation is now faced with a well-documented and critical shortage of Direct Support Professionals (DSPs) - a shortage that had been forecasted decades ago. Community service administrators, government officials, policy makers and incumbent DSPs must show leadership to preserve and advance the successes of our past by embracing the work of direct support as a profession and attract new generations of men and women who seek it as a career.

To embrace a sustainable, ethical and professional direct support workforce is:

- To fulfill the spirit of the Americans with Disabilities Act¹;
- To meet the needs of the consent decrees born from the Olmstead Act²;
- To embrace a philosophy for supporting people with disabilities that is based on mutual respect, mutual change, and mutual growth; and
- To envision a diverse home and community-based services continuum of care, now and well into the future.

Today's service system for people with intellectual and developmental disabilities must have at its core a direct support workforce that is tied to ethical practice³. It is much different from years ago when most people with I/DD were housed in institutions and direct service staff were merely caregivers and attendants. Today, many people are living, working and thriving in their home communities with the support of DSPs. While others continue to experience extreme forms of abuse and neglect as described in two recent newspaper articles; *At State-Run Homes, Abuse and Impunity*⁴, and *"More abuse, neglect reported in Ill. group homes"*⁵. Like so many past exposes, from Dorothea Dix's of Poor Houses in the 1840s to Geraldo Rivera's of Willowbrook⁶ in the 1970s, these remind us again of society's failure to adequately protect fellow citizens who by virtue of disability require its support. Just as Ms. Dix's work led to the creation of state institutions and Mr. Rivera's to the deinstitutionalization of such, these exposes will undoubtedly prompt calls for systemic reforms. Those, like the reforms of the past, will fail for the simple reason that they tend to focus on systems, and not the person, either the person who requires support or the individual who directly provides it.

Unfortunately, the recent stories in the media do not report that most direct support staff across the United States strive every day to provide the highest level of care possible and they believe that even one case of abuse is *one too many*. Research has indicated that 90% of people with developmental disabilities will be victimized by sexual violence at some point in their lifetimes; 40% will experience 10 or more incidents⁷. Abuse and neglect do not spontaneously occur in a vacuum; rather they fester in cultures which do not value the dignity of the individuals receiving support and which pay insufficient attention to the professional skills required of those directly providing support. A paradigm shift...a cultural change is mandated to reduce the likelihood of atrocities to human beings from occurring. The negative media exposure which shows the horrible abusive and neglectful situations that occur in community-based homes gives more reason that keeps thoughtful, caring and compassionate people from entering the profession of direct support.

The intent of this paper is to provide practical solutions to the unfolding crisis concerning America's direct support workforce: a presiding culture in which the abuse and neglect of people with disabilities at the hands of DSPs continues, and the growing demand of higher-skilled workers to meet future needs. If the human services system is to forthrightly address these issues, it must not rely solely upon increasing oversight and safeguards to better identify, investigate and remediate abuse when it occurs. It must develop a professional direct support workforce, trained in universal, competency-based skill standards and held to a high code of person-centered ethical conduct that will keep abuse and neglect from happening in the first instance - while meeting the growing demand for their services in the future. This will require a commitment to developing the direct support workforce, creating a culture of respect, and building capacity in order for us to meet the needs, and fulfill the promises, that this country has made to people with disabilities. Despite the current realities, there are several things that must take place to create a sustainable, ethical and professional direct support workforce.

THE FUTURE NEED - TODAY'S PROBLEM

The Department of Health and Human Services (HHS) estimates that by 2020, the number of DSPs needed to meet the long term service system demand will grow to approximately 1.2 million FTEs providing an estimated 1.4 million individuals with ID/DD with needed residential, vocational and other supports⁸. Fewer people are being drawn to direct support as a career due to extremely low entry-level wages, where the national average is \$9.37 per hour⁹. DSP turnover remains extraordinarily high and their vacancy rates average 10-11%¹⁰. Given that the average Direct Support Professional may be a single parent of two children, they would earn slightly over the Federal Poverty level. Unfortunately, the turnover in direct support is often seen by service organizations, and others, as "just the cost of doing business." Because high turnover has been a long-standing issue, there is something that can be done to improve it. It is estimated that the DSP turnover rates in I/DD system ranges between 50% in residential settings to 65% for in-home settings¹¹ and the financial cost of direct support professional turnover to community service organizations (and taxpayers) is \$784 million annually.¹² This is a high price to pay if it is just "the cost of doing business." The notion that raising DSP base salaries will attract and keep higher quality workers is only part of the solution, there is strong evidence to suggest that this crisis is far more complex to be fixed with salaries alone.

THE COMPOUNDING EFFECTS OF TURNOVER

All turnover negatively impacts service quality. Trusting relationships are torn and services are fractured when DSPs come and go out of people's lives. Personal growth is often disrupted, while activities and other meaningful events are cancelled due to shortages or tired DSPs are forced to work overtime — creating unsafe situations where the health and safety of people with I/DD are at serious risk. In addition, turnover impacts new staff because of increased job stress, reduced productivity and deteriorating job satisfaction. All of these issues lead to further staff shortages and setting the stage for the potential of abuse and neglect. Higher expectations must be established when people with disabilities experience a revolving door of strangers to whom they must subject themselves for the most intimate interactions of daily life¹³.

There are several other factors compounding the DSP crisis, including the overall aging of America and, thanks to advancement of medicine and health care, more babies who are born with disabling conditions are surviving and individuals with severe disabilities are living longer. One in six U.S. children

now have a developmental disability such as autism, learning disorders or attention-deficit/hyperactivity disorder¹⁴. Furthermore, the pool of available workers who typically provide direct support services (women between the ages of 18 and 35) is shrinking. The net result will be an exponential increase in the need for services and a fierce competition for thoughtful, caring and competent people who are willing and able to provide direct support services to people with disabilities. This will require government officials and community-based service organizations to embrace alternatives to current methods of finding, keeping, and empowering its direct support workforce.



A COMMITMENT TO THE WORKFORCE:

Quality begins and ends with the direct support worker and it can be defined at the point of interaction between the staff member and the individual with a developmental disability¹⁵ - not the color of the walls or the size and location of the organization's offices. DSPs assist people they serve in being unconditionally valued, however DSPs must themselves be unconditionally valued by their employers.

Knowledgeable, experienced and compassionate DSPs act not only as caregivers, but also as teachers, advocates, companions and friends – they work with intention and they work with unconditional positive regard. Even though direct support demands complex skills, independent thinking, ethical judgment and the ability to create long-term relationships of trust and mutual respect, the work of DSPs has not been recognized as a profession by virtually anyone. They are neither viewed as the key lynchpin of a system of community services, nor compensated and otherwise supported on par with the importance of the work that they do. This is a matter that must be addressed if we are to attend to the current crisis as more and more Americans become reliant on community supports due to aging or other disabling conditions.

Toward that end, community service organizations and policy makers must be committed to ensuring that direct support work is recognized and valued as a profession by:

- providing easy access to high quality, competency-based training, education and career development opportunities for DSPs;
- developing effective and supportive mentors to assist DSPs to understand the complexity of community support practice and how it is joined with intention and ethical principles to create an environment needed to fully support people;
- creating an atmosphere where DSPs themselves know that it is part of their role to foster a spirit of cooperation and mutual responsibility with other professionals regarding ethical practices;
- embracing the use of technology that affords DSPs the ability to spend less time meeting regulatory documentation demands and more time providing more hands-on support to people in their homes and communities;
- making a commitment to hiring, developing, and supporting DSPs who have a healthy sense of their own worth and potential, and the worth and potential of the people they support, and who can infuse these beliefs into direct support practice;
- using Realistic Job Previews (RJP)¹⁶ as a human resources tool to ensure potential DSPs fully understand the immense responsibilities and complex duties of the position for which they are applying;
- creating an employment culture that fosters trust and excellence by removing employee “cliques” and outdated chains of command; and
- developing good workforce policies by collecting and evaluating workforce data, such as retention and turnover rates, worker wages, benefits, and advanced training/development.

BUILDING CAPACITY TO MEET THE NEEDS

Training DSPs presents significant challenges to maintaining and improving the quality of services to people with disabilities. As services are provided more and more in the community, many DSPs are dispersed across wide geographic regions by the employer and are working with less immediate

supervision. DSPs are also providing these services 24-hours a day— and many work two or three jobs to make financial ends meet. This makes it very difficult to provide the actual training in traditional classroom settings. Many community service organizations are beginning to use internet-based training that allows more flexibility to DSPs in the *when* and *where* training is being provided.

Across the country, there are mixed philosophies and values in providing services to people with I/DD, and many traditional training programs merely focus on care-taking, health, safety or other training that is required by regulatory agencies. Since the late 1990s, there has been a nationally validated set of skill standards¹⁷ that require specific competencies for DSPs. Community provider organizations should incorporate and utilize these foundational skill sets in their training and incorporate them into their culture. With the onset of these standards, new efforts have been made to identify the specific skill sets required by these workers, and new and vibrant training methods are beginning to be developed that are inspiring DSPs to become more empowered in their jobs. These online training curricula blend universal skill sets and ethical practices into the learning, while offering more consistency for all learners, and—being online—it provides flexible access at any time by learners whose schedules are often busy and unpredictable.

Creative use of training that promotes specific skill sets to DSPs is a key to quality services for people with disabilities—and is a key to empowerment, confidence and job satisfaction for the DSP. Unfortunately, during difficult economic times and budget deficit reductions, training is often one of the first areas that administrators cut to save resources. When service organizations cut training programs, workers feel devalued and suffer low morale, while the people with disabilities whom they support—and their families—feel vulnerable and less safe. Therefore, any cuts to professional development would be a costly mistake because the growth and development of DSPs also supports the quality of life of the people being served.

Affiliation with a Professional Membership Organization

The National Alliance for Direct Support Professionals (NADSP)¹⁸ and its many State Chapters are coalitions of organizations and individuals who are committed to strengthening the quality of human service support by strengthening the direct support workforce. The NADSP mission is to promote the development of a highly competent human services workforce that supports individuals in achieving their life goals. It has organized its members into committees to develop strategies to address each of the following goals:

- Enhance the status of DSPs;
- Provide better access for all DSPs to high-quality, educational experiences (e.g., in-service training, continuing and higher education) and lifelong learning, which enhances competency;
- Strengthen the working relationships and partnerships between DSPs, self-advocates and other consumer groups and families;
- Promote systems reform, which provides incentives for educational experiences, increased compensation and access to career pathways for DSPs through the promotion of policy initiatives (e.g., legislation, funding, practices); and

- Support the development and implementation of a national volunteer credentialing process for DSPs.

The NADSP has developed a code of ethics (Appendix A)¹⁹ to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide DSPs in resolving ethical dilemmas they face every day and to encourage DSPs to achieve the highest ideals of the profession.

Adding three competency areas (Appendix B) to the original Community Support Skill Standards, the NADSP has developed the first national credentialing program²⁰ for DSPs who are currently working in community human services. The purpose of this credentialing program is to provide national recognition for the contributions and competence of DSPs who apply for and meet the credentialing standards. This credentialing program affords DSPs the opportunity to commit to the profession of direct support through its three-tiered credential program.

CREATING A CULTURE OF RESPECT

The future success of today's system of services and the health & safety for individuals with I/DD is inextricably linked with the degree to which the DSPs who support them each day are nurtured, valued and respected as professionals. Because the vast majority of community agencies serving people with developmental disabilities were established in the late seventies or early eighties, many are still led by the individuals who founded these organizations. Many of the best leaders who are now reaching retirement age, have intrinsic knowledge because they have done the work of a direct support professional, and therefore, tomorrow's leaders are today's direct support professionals.

Community service organizations must reflect on what actions their organizations take toward that goal.

SUGGESTIONS FOR PROVIDER ORGANIZATIONS TO CREATE A CULTURE OF RESPECT:

- Develop and implement internal training programs that are competency-based and modeled on proven, national practice standards, such as the Community Support Skill Standards;
- Encourage the continuing education of DSPs by offering, among other things, tuition assistance, flexible hours for attending classes or access to computers for online instruction, salary differentials for completed course work, and opportunities to attend conferences, network with other DSPs and share best practices;
- Embrace the use of technology and provide DSPs with access to training in using electronic consumer files, data collection, incident reporting and other innovative technology systems. The use of technology in the field of direct support has been proven to reduce the amount of time DSPs spend doing paperwork and increase the amount of time spent working directly with the people they are charged to support and providing quality outcomes for them;
- Promote the concept of direct support work as a career and not merely an entry-level job;

- Expose prospective employees through in-depth interviews, realistic job previews, job-site visits or shadowing current employees—to the genuine expectations of the positions for which they are applying;
- Include the individuals and families served by the organization involved in the interview process for prospective employees;
- Expose prospective employees to career opportunities that the organization offers and the expectations for such;

Create career ladders for DSPs—ladders of increasing responsibility—based on competency-based training and commensurate compensation;

- Regularly review its financial position with an eye toward maximizing resources dedicated to salaries and benefits for DSPs;
- Define an environment that truly embraces the work of DSPs as the most critical activity of the agency, while building morale and a commitment to excellence among the DSP workforce;
- Commit to recruiting and retaining a cadre of fulltime employees that are eligible for affordable health insurance and fulltime benefits, as opposed to relying heavily on part-time employees to reduce the cost of fringe benefits; and
- Provide opportunities for DSPs to assume leadership roles within the organization by participating in standing or ad hoc committees—such as committees on staff recruitment, retention and training—or by working on special projects.

SUGGESTIONS FOR POLICY MAKERS TO CREATE A CULTURE OF RESPECT:

Policy makers and elected officials must be aware of the disconnect between the high demand for DSPs and the low salaries they are paid—state budgets should not be balanced on the backs of DSPs. The economic crisis from which we are slowly recovering has resulted in an uncertainty of services and funding cuts in most in states. Now, more than ever, people with disabilities need a sustainable, ethical and professional workforce. In partnership with service provider agencies and individuals with disabilities and their families, public policy makers should closely examine the degree to which existing reimbursement methodologies, regulations and public policies support accountability and a well-qualified and professional direct support workforce.

In view of today's direct support workforce crisis, federal, state and local policy makers should reflect on these important areas about commitment to the workforce, developing DSP capacity and creating a culture of respect.

- Develop systems to monitor issues relating to the supply and demand, salaries and benefits and turnover rates of DSPs providing supports and services across various service industries, such as health, mental health, developmental disabilities, etc.;

- Respond to the negative media attention that has been given to DSPs regarding abuse and neglect in community-based settings in proactive ways by looking at ways to improve the quality of the direct support workforce; not focus solely on after the fact remedies – such as increased oversight, supervision and legislation;
- Ensure that individuals who have histories of abuse are prevented from working in the field. While it is most desirable to prevent abuse by developing a quality workforce, it is equally important to prevent abusers from reoffending by moving from one job or agency to another. Human service agencies must have the ability to ensure that individuals they hire do not have histories of abuse. Creating registries, with adequate due process safeguards, to identify individuals with such histories would assist agencies in this regard;
- Determine if the job responsibilities that are required by public and private sector DSPs are sufficiently different to justify wide salary differentials and if legislative action must be taken to create parity;
- Evaluate if current regulatory requirements promote the professional growth and development of those individuals upon whom care systems most directly rely;
- Create reimbursement methodologies that are structured to support career ladders in human services, particularly in the area of direct support. For example, using Medicaid Waiver funding to create credentialing opportunities for DSPs who commit to a career; and
- Require that mechanisms are in place to ensure that service agencies are passing along to employees public funds intended for salaries and benefits.

CONCLUSIONS AND RECOMMENDATIONS:

The United States is in the process of reforming the larger task of the healthcare industry, which includes services for individuals with developmental disabilities. Through the untiring work of self-advocates, families, DSPs, service provider agencies, and public policy makers, a largely institutional care system has been turned on its head by developing a myriad of community-based supports and service options over the past four decades. Now, as the nation faces a shortage of DSPs and exposes in major media focusing on abuse and neglect of people with disabilities, community service providers and policy makers must demonstrate leadership by preserving and advancing the successes of the past by embracing the work of direct support as a profession and attracting new generations of men and women who seek it as a career.

To meet the challenges of a sustainable future of well-trained, ethical and professional workforce that includes career ladders and living wages, service provider agencies can begin by creating of a culture that values DSPs, demonstrating this through:

- providing best practices training to all staff;
- embracing the use of technology that afford direct support professionals more time to spend working directly with the people they support;

- embrace, train and adhere to the Code of Ethics;
- improving the compensation model commensurate with demonstrated competencies and skill sets;
- mandating minimal qualifications prior to entering into the workforce;
- advancing a voluntary, portable national credential as the gold standard of direct support practice;
- Reviewing the different strategies that pilot projects have taken to address the workforce crisis, while identifying those that work and have the greatest impact on the direct support workforce and the people they serve; and
- Collecting and evaluating workforce data, such as retention and turnover rates, worker wages, benefits, and training so that they can monitor their progress, learn from their experiences, and continue to develop good workforce policy going forward.²¹

We are living in a time of “the perfect storm” for the direct support workforce crisis. It is the confluence of a financial crisis that mandates change, the demand for a skilled workforce that is growing faster than the supply, and an industry that has not embraced or funded a professional credential and the enforcement of the Olmstead Act²². These factors spell crisis. The question is not if there is (or will be) a crisis, but *how to deal with it* to protect the lives of those we serve and build a sustainable workforce.

This paper clearly laid out the landscape and the drivers present in our current environment. It also pointed to steps that service providers can take to attract new workers and create a sustainable, quality based workforce.

Appendix A

NADSP Code of Ethics

Preamble

Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a daily basis that involve both practical and ethical reasoning. The people who assume the support role must examine and call upon values and beliefs, as well as creative vision, to assist them in the complex work they perform.

A primary purpose of the DSP is to assist people who need support to lead self-directed lives and to participate fully in our communities and nation. This emphasis on empowerment and participation is critical because the prejudices of society form powerful barriers that prevent many people with mental or physical disabilities from enjoying a high quality of life. And, too often, the very social policies and service systems designed to help can create other barriers.

Therefore, it must be the mission of the DSP to follow the individual path suggested by the unique gifts, preferences, and needs of each person they support, and to walk in partnership with the person, and those who love him or her, toward a life of opportunity, well-being, freedom, and contribution. Unfortunately, there have been no set criteria to guide these journeys as there are for other professional groups (such as doctors, nurses, service coordinators, and social workers) who have intimate knowledge of and responsibility for another person's emotional, financial, or physical being. There is no other position today in which ethical practice and standards are more important than direct support. DSPs are often asked to serve as gatekeepers between people needing support and almost every aspect of their lives, including access to community, personal finances, physical well-being, relationships, employment, and everyday choices. The whole landscape of a person's life can change with the coming and going of these critical support people.

As a result of these work duties, DSPs face ethical decisions on a daily basis and consistently feel the tension between the ideals of the profession and its practice. There are numerous pressures coming from organizations, government, social policy, and societal prejudice that can shift focus and allegiance away from those supported. In order to maintain the promise of partnership and respect that must exist in a helping relationship, a strong ethical foundation is critical to help DSPs navigate through the maze of influences that bombard them.

This issue has led to the efforts on the part of the National Alliance for Direct Support Professionals (NADSP) to identify the kinds of ethical situations that DSPs face and to develop a set of ethical guidelines. The NADSP convened a national panel of DSPs, advocates, families, professionals, and researchers who constructed this code of ethics. Focus groups and surveys regarding the draft language were conducted throughout the country and were integrated to create the final code. This Code of Ethics is intended to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide DSPs in resolving ethical dilemmas they face every day and to encourage DSPs to achieve the highest ideals of the profession.

The skills and knowledge of community support practice must be joined with the ethical principles to create the environment needed to fully support people. To do so effectively, we must all work toward

recognizing DSPs as professionals who have skills, knowledge, and values that constitute a unique and important profession. There must be a commitment to hiring, developing, and supporting DSPs who have a healthy sense of their own worth and potential, and the worth and potential of the people they support, and who can infuse these beliefs into practice. DSPs themselves must know that it is part of their role to foster a spirit of cooperation and mutual responsibility with other DSPs regarding ethical practice.

Direct Support Professionals, agency leaders, policymakers, and people receiving services are urged to read the Code and to consider ways that these ethical statements can be incorporated into daily practice. The beliefs and attitudes that are associated with being an effective human service professional are the cornerstones of this code. This code is not the handbook of the profession, but rather a roadmap to assist us in staying the course of securing freedom, justice, and equality for all.

1. Person-Centered Supports: As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance. As a DSP, I will –

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary for guide the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs or gifts are neglected for other reasons.
- Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person, and understand that my role in direct supports will require flexibility, creativity and commitment.

2. Promoting Physical and Emotional Well-Being: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm. As a DSP, I will –

- Develop a relationship with the people I support that are respectful, based on mutual trust, and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activity. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Challenge others, including support team members (e.g. doctors, nurses, therapists, co-workers, family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.
- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved

support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

3. Integrity and Responsibility: As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community. As a DSP, I will –

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community at-large.
- Practice responsible work habits.

4. Confidentiality: As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support. As a DSP, I will –

- Seek information directly from those I support regarding their wishes in how, when and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

5. Justice, Fairness and Equity: As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support. As a DSP, I will –

- Help the people I support use the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.
- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.

6. Respect: As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value. As a DSP, I will –

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.

- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

7. Relationships: As a DSP, I will assist the people I support to develop and maintain relationships. As a DSP, I will –

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs/preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

8. Self-Determination: As a DSP, I will assist the people I support to direct the course of their own lives. As a DSP, I will –

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

9. Advocacy: As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation. As a DSP, I will -

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups who have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

Appendix B

15 NADSP Competency Areas

The following is a list of fifteen competency areas that have been approved by the NADSP Executive Committee. Each Competency area has corresponding skill statements. These skill statements describe the knowledge and skills DSPs must have to demonstrate competency in each area (see below). In deciding on which competency areas to focus, applicants should think about the things they currently do in their everyday work or areas in which they would like to become more knowledgeable and skillful. Through each competency area, DSPs have the opportunities to address challenges, work on issues identified by the person they support or assist a person in looking in a particular goal. For example, an applicant may provide support to a person with a communication challenge. The applicant could use a work sample to demonstrate how they helped the person they support to develop a picture communication board.

Area 1: Participant Empowerment

The Direct Support Professional enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem, and assertiveness; and to make decisions.

Skill Statements

- The competent DSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.
- The competent DSP promotes participant partnership in the design of support services, consulting the person and involving him or her in the support process.
- The competent DSP provides opportunities for the participant to be a self-advocate by increasing awareness of self-advocacy methods and techniques, encouraging and assisting the participant to speak on his or her own behalf, and providing information on peer support and self-advocacy groups.
- The competent DSP provides information about human, legal, civil rights and other resources facilitates access to such information and assists the participant to use information for self-advocacy and decision making about living, work, and social relationships.

Area 2: Communication

The Direct Support Professional should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

Skill Statements

- The competent DSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of participant communication styles.
- The competent DSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.
- The skilled DSP learns and uses terminology appropriately, explaining as necessary to ensure participant understanding.

Area 3: Assessment

The Direct Support Professional should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

Skill Statements

- The competent DSP initiates or assists in the initiation of an assessment process by gathering information (e.g., participant's self-assessment and history, prior records, test results, additional evaluation) and informing the participant about what to expect throughout the assessment process.
- The competent DSP conducts or arranges for assessments to determine the needs, preferences, and capabilities of the participants using appropriate assessment tools and strategies, reviewing the process for inconsistencies, and making corrections as necessary.
- The competent DSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

Area 4: Community and Service Networking

The Direct Support Professional should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

Skill Statements

- The competent DSP helps to identify the needs of the participant for community supports, working with the participant's informal support system, and assisting with, or initiating identified community connections.
- The competent DSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.
- The competent DSP ensures participant access to needed and available community resources coordinating supports across agencies.
- The competent DSP participates in outreach to potential participants.

Area 5: Facilitation of Services

The Direct Support Professional is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

Skill Statements

- The competent DSP maintains collaborative professional relationships with the participant and all support team members (including family/friends), follows ethical standards of practice (e.g., confidentiality, informed consent, etc.), and recognizes his or her own personal limitations.
- The competent DSP assists and/or facilitates the development of an individualized plan based on participant preferences, needs, and interests.
- The competent DSP assists and/or facilitates the implementation of an individualized plan to achieve specific outcomes derived from participants' preferences, needs and interests.
- The competent DSP assists and/or facilitates the review of the achievement of individual participant outcomes.

Area 6: Community Living Skills & Supports

The Direct Support Professional has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

Skill Statements

- The competent DSP assists the participant to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs (e.g., human development, human sexuality), by teaching skills, providing supports, and building on individual strengths and capabilities.
- The competent DSP assists the participant with household management (e.g., meal prep, laundry, cleaning, decorating) and with transportation needs to maximize his or her skills, abilities and independence.
- The competent DSP assists with identifying, securing and using needed equipment (e.g., adaptive equipment) and therapies (e.g., physical, occupational and communication).
- The competent DSP supports the participant in the development of friendships and other relationships.
- The competent community based support worker assists the participant to recruit and train service providers as needed.

Area 7: Education, Training & Self-Development

The Direct Support Professional should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

Skill Statements

- The competent DSP completes required training education/certification, continues professional development, and keeps abreast of relevant resources and information.
- The competent DSP educates participants, co-workers and community members about issues by providing information and support and facilitating training.

Area 8: Advocacy

The Direct Support Professional should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

Skill Statements

- The competent DSP and the participant identify advocacy issues by gathering information, reviewing and analyzing all aspects of the issue.
- The competent DSP has current knowledge of laws, services, and community resources to assist and educate participants to secure needed supports.
- The competent DSP facilitates, assists, and/or represents the participant when there are barriers to his or her service needs and lobbies decision-makers when appropriate to overcome barriers to services.
- The competent DSP interacts with and educates community members and organizations (e.g., employer, landlord, civic organization) when relevant to participant's needs or services.

Area 9: Vocational, Educational & Career Support

The Direct Support Professional should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

Skill Statements

- The competent DSP explores with the participant his/her vocational interests and aptitudes, assists in preparing for job or school entry, and reviews opportunities for continued career growth.
- The competent DSP assists the participant in identifying job/training opportunities and marketing his/her capabilities and services.
- The competent DSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.

Area 10: Crisis Prevention and Intervention

The Direct Support Professional should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

Skill Statements

- The competent DSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.
- The competent DSP continues to monitor crisis situations, discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting.

Area 11: Organizational Participation

The Direct Support Professional is familiar with the mission and practices of the support organization and participates in the life of the organization.

Skill Statements

- The competent DSP contributes to program evaluations, and helps to set organizational priorities to ensure quality.
- The competent DSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.
- The competent DSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.
- The competent DSP provides input into budget priorities, identifying ways to provide services in a more cost-effective manner.

Area 12: Documentation

The Direct Support Professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

Skill Statements

- The competent DSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.
- The competent DSP maintains standards of confidentiality and ethical practice.
- The competent DSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

Area 13: Building and Maintaining Friendships and Relationships

Support the participant in the development of friendships and other relationships.

Skill Statements

- The competent DSP assists the individual as needed in planning for community activities and events (e.g., making reservation, staff needs, money, materials, and accessibility).
- The competent DSP assists the individual as needed in arranging transportation for community events.
- The competent DSP documents community activities and events.
- The competent DSP encourages and assists the individual as needed in facilitating friendships and peer interactions.
- The competent DSP encourages and assists the individual as needed in communication with parents/family (e.g., phone calls, visits, letters).
- The competent DSP implements individual supports regarding community activities.
- The competent DSP provides incentive or motivation for consumer involvement in community outings.
- The competent DSP assists the individual as needed in getting to know and interacting with his/her neighbors.
- The competent DSP encourages and assists the individual as needed in dating.
- The competent DSP encourages and assists the individual as needed in communicating with social workers and financial workers.

Area 14: Provide Person Centered Supports

Skill Statements

- The competent DSP provides support to people using a person centered approach.
- The competent DSP modifies support programs and interventions to ensure they are person centered.
- The competent DSP challenges co-workers and supervisors to use person centered practices.
- The competent DSP is knowledgeable about person centered planning techniques.
- The competent DSP assists individuals in developing person centered plans.

Area 15: Supporting Health and Wellness

Promotes the health and wellness of all consumers.

Skill Statements

- Administers medications accurately and in accordance with agency policy and procedures.

- Observes and implements appropriate actions to promote healthy living and to prevent illness and accidents.
- Uses appropriate first aid/safety procedures when responding to emergencies.
- Assists individuals in scheduling, keeping, and following through on all health appointments.
- Assists individuals in completing personal care (e.g., hygiene and grooming) activities.
- Assists with identifying, securing and using needed adaptive equipment (i.e. adaptive equipment) and therapies (e.g., physical, occupational, speech, respiratory, psychological).
- Assists individuals in implementing health and medical treatments.
- Assists individuals to take an active role in their health care decisions.

-
- ¹ U.S. Department of Justice, (2011, May 23). *The Americans with Disabilities Act (ADA)*. Retrieved from ADA Home Page: www.ada.gov
- ² Olmstead Decision, *Olmstead v. L.C.*, 527 U.S. 581 (United States Supreme Court 1999).
- ³ NADSP. (2001). *Code of Ethics*. Retrieved from <http://www.nadsp.org/orglibrary/codetext.asp>
- ⁴ Hakim, D. (2011). *At State-Run Homes, Abuse and Impunity*. New York: New York Times.
- ⁵ Johnson, K. K. (2011). *More abuse, neglect reported in Ill. group homes*. Chicago: Chicago Tribune.
- ⁶ Cutler, D., Bevilacqua, J., & McFarland, B. (2003). Four decades of community mental health: A symphony in four movements. *Community Mental Health Journal*, 39(5), 381-98.
- ⁷ Marge, D. (2003). *A Call to Action: Ending Crimes of Violence Against Children and Adults with Disabilities - A Report to the Nation*. Syracuse: State University of New York, Upstate medical University.
- ⁸ U.S. Department of Health and Human Services, A. S.-T. (2006). *THE SUPPLY OF DIRECT SUPPORT PROFESSIONALS SERVING INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND OTHER DEVELOPMENTAL DISABILITIES*. Washington: US Department of Health and Human Services.
- ⁹ ANCOR. (2010). *2009 Direct Support Professional Wage Study: A report on national wage, turnover and retention comparisons*. Alexandria, VA: American Network of Community Options and Resources (ANCOR).
- ¹⁰ U.S. Department of Health and Human Services, A. S.-T. (2006). *THE SUPPLY OF DIRECT SUPPORT PROFESSIONALS SERVING INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND OTHER DEVELOPMENTAL DISABILITIES*. Washington: US Department of Health and Human Services.
- ¹¹ Hewitt, A. S., & Larson, S. A. (2007). The direct service workforce in community supports to individuals with developmental disabilities: Issues, implications and promising practices. *Developmental Disabilities Research Reviews*, 178-187.
- ¹² Larson, S. A., Doljanac, R., Nord, D. K., Salmi, P., & Hewitt, A. S. (2007). *National Validation Study of Competencies For Frontline Supervisors and Direct Support Professionals*. Minneapolis: Research and Training Center on Community Living, Institute on Community Integration, University of Minnesota.
- ¹³ Hewitt, A. S., & Lakin, K. C. (2001). *Issues in the Direct Support Workforce and their Connections to the Growth, Sustainability and Quality of Community Supports*. Durham, NH: A Technical Assistance Paper of the National Project: Self-Determination for People with Developmental Disabilities.
- ¹⁴ Goodwin, J. (2011). *U.S. Rates of Autism, ADHD Continue to Rise: Report*. Washington: U.S. News & World Report.
- ¹⁵ President's Committee on Mental Retardation, (1995). *Opportunities for Excellence: Supporting the Frontline Workforce*. Washington: Administration on Children and Families.
- ¹⁶ NYSACRA. (2010). *Home Page*. Retrieved from Direct Support Professional Workforce: <http://directsupportprofessional.org>

¹⁷Taylor, M., Bradley, V., & Warren, R. J. (1996). *The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes*. Boston: Human Services Research Institute.

¹⁸NADSP. (2011). *National Alliance for Direct Support professionals*. Retrieved from <http://www.nadsp.org>

¹⁹ NADSP. (2001). *Code of Ethics*. Retrieved from <http://www.nadsp.org/orglibrary/codetext.asp>

²⁰NADSP. (2007). *DSP Credentialing*. Retrieved from <http://www.nadsp.org/credentialing/index.asp>

²¹Edelstein, S. & Blakeway, C.. 2008. "State Initiatives to Strengthen the Direct Support Workforce." Impact Newsletter. Publications Office of the Institute on Community Integration. Retrieved from <http://ici.umn.edu/products/impact/202/prof7.html>.

²²United States Department of Health and Human Services: OCR Olmstead Enforcement Success Stories Preventing Discrimination Against People with Disabilities in Health Care and Social Services
<http://www.hhs.gov/ocr/civilrights/activities/examples/Olmstead/successstoriesolmstead.html>

