Key Elements to Ensure the DSP Workforce Has the Competency to Protect Health and Welfare in the Context of a Person-Centered Approach

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Background

Person-centered principles encompass a range of life domains including health and welfare. This domain is especially important in order to ensure that individuals enjoy the health and wellness they need to be full participants in their lives and in their communities.

A well-trained and competent direct support professional (DSP) workforce is crucial to the well-being and health and safety of people who need long-term services and supports (referred to in the following as "participants"). The report of the President's Committee on People with Intellectual Disabilities, *America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy* (2017), put it very succinctly:

> responding to the direct support workforce crisis…(will)…improve quality of supports and services by ensuring a qualified, competent and stable workforce reducing injuries, illnesses and critical incidents of abuse and neglect. (p. 12)

This issue brief describes the considerations that are necessary to ensure that a training regimen will increase direct support staff expertise and improve the quality of services and supports.

This paper was initially developed as a resource to the Living Well grantees funded by the Administration on Community Living under contract with Mission Analytics. It has been adapted as a resource for the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) community.

What are the risks and vulnerabilities of people who need long-term services and supports?

Before determining what DSP workforce competencies are prerequisites to ensuring health and safety, it is important to identify characteristics that can result in people having greater vulnerabilities, including the risk of abuse, neglect, and exploitation. Although not all people who need long-term supports experience these vulnerabilities, the following characteristics should be addressed:

- Health challenges and increased risk of medication errors, choking, seizures, infections, and undetected illnesses
- Reliance on technology that can malfunction, get lost, or is ill-matched to individual needs
- Inadequate wellness (including lack of exercise), inadequate diet
- Social, as well as physical, isolation which can make an individual vulnerable to abuse and exploitation
- Limited communication skills which makes it harder to resist or disclose abuse or to talk to health professionals
- Limited experience in making choices, and in expressing and asserting rights
- Lack of emergency preparation, including how to respond to fire (and other home hazards) and weather (and other disasters)
- Denial of individual rights, such as the right to privacy, to make choices, etc.
- Multiple care providers who may not be well versed in the individual's needs
- Reliance on others for physical care

What are the competencies that DSPs need to maximize person-centered approaches and protect the health and safety of participants?

One of the first articulations of the scope of necessary DSP competencies, *The Community Support Skill Standards* (Taylor, Bradley and Warren, 1996) was developed with input from direct support staff from around the country. Input was gathered using a standardized tool that led workers through a series of structured conversations focused on the skills they

needed to be successful. The process yielded 12 domains in which DSPs should be competent:

- **Participant Empowerment** — 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 on the part of the participant to make decisions

- **Communication** — Is knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant

- **Assessment** — Is knowledgeable about formal and informal assessment practices in order to respond to the needs and interests of participants

- **Community and Service Networking** — Knows the formal and informal supports available in the community, and knows how to assist participants in identifying and gaining access to such supports

- **Facilitation of Services** — Is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner

- **Community Living Skills and Supports** — 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

- **Education, Training, and Self-Development** — Is able to identify areas for self-improvement, pursue necessary educational or training resources, and share knowledge with others

- **Advocacy** — Is knowledgeable about the diverse challenges facing participants, and should be able to identify and use effective advocacy strategies to overcome such challenges

- **Vocational, Educational, and Career Support** — Is knowledgeable about the career and education-related concerns of the participant and should be able to mobilize the resources and supports necessary to assist the participant to reach his or her goals

- **Crisis Intervention** — Is knowledgeable about crisis prevention, intervention, and resolution techniques, and is able to match such techniques to particular circumstances and individuals

- **Organizational Participation** — Is familiar with the mission and practices of the support organization and participates in the life of the organization

- **Documentation** — is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

The *Skills Standards* became the foundation of the College of Direct Support curricula as well as the certification standards of the National Alliance for Direct Support Professionals (NADSP). NADSP has since added three areas in which DSPs should be competent:

- **Building and Maintaining Friendships and Relationships** — Can support participants in the development of friendships and other relationships
- **Provide Person-Centered Supports** — Provides services and supports using a person-centered approach
- **Supporting Health and Wellness** — Promotes the health and wellness of all consumers

More recently, staff at the Center for Community Integration at the University of Minnesota identified a list of DSP competencies specifically related to health and wellness (Sedlezky, Reinke, Larson, and Hewitt, 2013). To do this, Sedlezky et al. (2013) systematically analyzed DSP jobs—as had Taylor, Bradley, and Warren (1996) before them. This analysis resulted in a list of health and wellness-related skills, including the following:

- Individualized risk management (attention to dietary restrictions, mobility issues, etc.)
- Assistance and maintenance of technology linked to mobility, communication, and other instrumental functions
- Medication administration
- Health monitoring, documentation, and response (keeping logs of exercise, sleep, food intake, water consumption, etc.)
- Patient rights and protection, including end-of-life care
- Emergency preparedness and response
- Incident reporting
- Culturally competent support
- Promotion of wellness and healthy choices
- Promotion of health (e.g., support walks or hikes with friends)
- Social and relationship support
- Crisis and behavior management
- Person-centered thinking and practices

With respect to person-centered thinking, the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) recently released a paper laying out the five basic competencies needed to facilitate a person-centered plan (Tondora et al., 2020). These functions align well with skills needed by DSPs.

- Adopt a strengths-based, culturally informed, whole person approach
- Cultivate connections inside the system and out
- Respect the participant's rights, choice, and control
- Foster partnership, teamwork, communication, and facilitation
- Carry out documentation, implementation, and monitoring

What are the specific ways to judge the advantages and disadvantages of the modes of training associated with specific training curricula?

DSPs come to the position with a broad range of learning skills and styles. Best practice in adult learning suggests that adults are more likely to respond to teaching based on experience—that is, they learn by doing (Irish, 2019)—which means that adults should be encouraged to explore the subject matter firsthand within the workplace and learn from their mistakes. This will render DSPs less likely to make mistakes in the workplace and more likely to develop their experiential knowledge over time.

Studies of adult learning suggest that adults should have options to self-direct and pace their learning to fit the demands of life (Merriam, 2001). In this connection, e-learning has an advantage because it can be accessed anywhere with an internet connection. Adult learners also respond to practical content and a direct connection between that content and their acquisition of job skills. All of this suggests that the best approach to training DSPs should (adapted from Lohman, 2016):

- Address the adult learners' desire to know why they should learn something
- Make learning practical and relevant
- Include a varied set of teaching methods
- Use adult learners' previous experiences and knowledge effectively
- Allow learners to direct and have responsibility for their own learning
- Be competency-based
- Include competency assessments

- Be interactive
- Rely on evidence-based adult learning techniques
- Emphasize problem-solving
- Include a range of modes, such as online courses, on-the-job observation, mentors, and portfolios to assess competencies

Two of the major curricula in the field of intellectual and developmental disabilities (IDD) are Direct Course (formerly College of Direct Support) and Relias Learning. Both include online interactive courses geared to DSPs as well as assessments to determine skill acquisition, and both are competency-based. Courses are developed by experts in specific areas of practice. A third is Open Future Learning, a multimedia curriculum shaped by prominent workforce advocates in the IDD field—including Dave Hingsburger, David Pitonyak, Beth Mount, and Joe Macbeth. This approach uses "side-by-side" learning in which the person with IDD learns alongside the trainee. (Descriptions of these and additional curricula certified by NADSP are included as an addendum below.) Each of these three curricula include online learning, practical application of skills, interactivity, and multimedia applications.

What are some issues to consider in connection with DSP training?

Include stakeholders in the development of initiatives: To address workforce issues, it is important to include participants, family members, and DSPs in the development and implementation of training and other initiatives (See Appendix B for stakeholder engagement resources).

Review existing state requirements: Each state has some staff training requirements in place. Some states (e.g., Ohio) have developed voluntary credentialing programs that include specific competencies. Although state requirements often are minimal (e.g., CPR), new training initiatives should take the requirements into account to ensure the two are not in conflict. Some developers offer the opportunity to add additional modules that align with state standards.

Target trainees: DSPs are no longer a homogeneous group. Some work in structured residential settings, some work as job coaches, some are community guides, some are peer mentors, and some provide individual support to self-directed participants. Curricula developed for workers in traditional settings may not be appropriate for workers supporting families and people in their homes. For instance, DSPs working in residential settings need to be familiar with the range of regulations that govern licensed

settings. DSPs hired as part of a self-direction option need to understand the premises of the self-direction program and their role as an employee of the participant, not an agency.

Explore any exemplary training practices within the state: Many providers have developed their own training regimens that can be adapted as part of a workforce initiative. Just as it is important to ascertain what the state training requirements are, it is also important to do an environmental scan to identify exemplary practices close to home. Many community colleges also offer associate degrees in human services which can be relevant to the work of DSPs. Exemplary providers and community college instructors can be included in any advisory group set up as part of the workforce initiative.

Identify willing providers: To determine the viability of the training module(s) selected, it is important to identify providers who are committed to the enterprise and who are willing to support workers to engage in the training (e.g., adapting schedules to give workers time to participate), offer incentives for successful skills acquisition, create career ladders, develop a culture within the agency that supports the exercise of the competencies, and ensure supervisors can provide mentorship through the process.

Ensure the training is not limited to acquisition of skills but also includes ethical issues: Many of the decisions made by DSPs have ethical and other implications as the decisions relate to the rights and well-being of people they support. It is important to introduce DSP trainees to the types of ethical dilemmas they may face and the ways in which they can find their way to the right decision. The [NADSP Code of Ethics](#) provides guidance on this aspect of DSP practice.

Evaluate the results of the training initiative: Given that any enhanced competency-based training initiative is aimed at improving the health and safety of participants, assessing the outcomes of the training is important. Such evaluations can include participant interviews, a review of plans, health screening, incident data, and other indicators of success.

Consider cultural constraints: Given the increasing diversity of the population throughout the country, it is important to ensure that the training is available in culturally appropriate formats and is accessible in terms of the trainees' reading levels.

Find ways to embed successful training initiatives in state and provider policies: Assuming that the evaluation shows that training enhanced participant well-being, efforts should be made to expand the training regimen beyond the initial trial. This can be done in various ways,

including working with the provider community to develop a credentialing program, establishing some or all of the competencies in state training requirements, working with community colleges to embed the competencies in their curriculum, and establishing a freestanding training center as a nonprofit or as part of a university.

Continue to work on other issues to stabilize the DSP workforce: Training alone will not solve the workforce crisis. There will still be work to be done about increased DSP wages and benefits, involvement of DSP input in provider operations, recognition of DSP accomplishments through the development of career ladders, and development of a provider culture that respects and values the work done by DSPs (AAIDD and NADSP, 2016).

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Appendix A: Training Resources

The College of Direct Support (CDS)

The CDS is a multimedia, interactive, web-based curriculum. CDS offers training in content areas that have been identified as critical to successfully supporting people with disabilities to live self-directed lives in the community. For more information, visit the DirectCourse website.

The U.S. Department of Labor (DOL)

The U.S. DOL now has a certified apprenticeship program for the occupational title of direct support specialist. Certified apprenticeship programs must meet the federal guidelines, and be reviewed and approved by NADSP. For more information, visit the Department of Labor website.

Relias Learning

Relias offers online learning, staff compliance training, and continuing education for organizations that serve people with developmental disabilities, as well as organizations that work in the fields of behavioral health, mental health, addiction treatment, community health, community action, and child welfare.

Their training for direct support professionals is fully accredited by the National Alliance for Direct Support Professionals. For more information, visit the Relias website.

PATHS

PATHS is the credentialing program of the Ohio Alliance of Direct Support Professionals (OADSP). It provides a rigorous training and education program based on the principles of self-determination and ethical practice. Research and experience confirm there is a direct link between a stable workforce that is able to provide skilled support and the quality of life for people with intellectual disabilities. For more information, visit the OADSP website.

North Dakota Community Staff Training Program

North Dakota has provided staff training through a cooperative effort by the North Dakota Department of Human Services, the North Dakota Center for Persons with Disabilities at Minot State University, and community agencies serving persons with developmental disabilities. Full-time direct support and professional staff are required to demonstrate knowledge and skills learned through training modules and a series of field-based practicums. For more information, visit the North Dakota Center for Persons with Disabilities webpage.

ARC Broward DSPATHS Certificate Program

The DSPATHS Certificate Program is designed to create a competency-based and credentialed career path for direct support professionals. Coupled with mentorship, experiential learning opportunities, and placement resources, DSPATHS supports students to find a career in this high-demand field. Each student who successfully completes the Certification of Initial and Advanced Proficiency class sessions and achieves a passing grade on program assessments receives a DSPATHS Certificate. For more information, visit the DSPATHS Certificate Program page on the Arc Educates website.

The Academy for Direct Support Professionals - The Center for Disability and Development at Texas A&M University

The Academy for Direct Support Professionals is a collaborative partnership between two federally designated Texas University Centers for Excellence in Developmental Disabilities: The Center on Disability and Development at Texas A&M University and the Center on Disability Studies at the University of Texas at Austin. Candidates pursuing entry-level recognition as DSPs are required by the Academy to take an introductory course in person-centered practices along with other requirements. Candidates pursuing certification as a DSP-C I or II are required to have a working knowledge of how to support a person with a disability by demonstrating person-centered thinking skills with a focus person who receives services. Candidates participate in a cohort facilitated by a person-centered thinking certified trainer where they are encouraged to share learning from their experiences. Cohort meetings occur throughout the training process as candidates learn new skills and practice, demonstrate, and share learning. For more information, view the program overview (PDF) on the NADSP website.

Star Services

STAR Services provides engaging online and live curriculum for social service professionals, including photos, video, audio, and story-based learning that requires the learner to interact with the content. STAR uses expert experience and examples from the field, a person-centered philosophy, and evidence-based content in areas of compliance, regulations, continuing education, and skills development. Content and competency measures help learners put the person first as they explore information critical to supporting the needs of individuals with disabilities. For more information, visit the STAR Services website.

Open Future Learning

Open Future Learning is a multi-media curriculum shaped by prominent workforce advocates in the I/DD field, including David Hingburger, David Pitonyak, Beth Mount, and Joe Macbeth. This approach uses "side-by-side" learning in which the person with I/DD learns alongside the trainee. Some of the learning modules include Person-Centered Approaches Thinking and Planning, Challenging Behavior, and Supported Employment. For more information and to access a free trial, visit the Open Future Learning website.

Human Services Credentialing Program – Providers' Council (Massachusetts)

The Massachusetts Council of Human Service Providers, Inc. (the Providers' Council) is a statewide association of health and human service agencies. Founded in 1975, the Providers' Council is the state's largest human service trade association and is widely recognized as the official voice of the private provider industry. Its Human Services Credentialing Program is a set of curricula designed to develop and implement standards and competencies for direct support and direct service professionals within the field of human services. For more information, visit the Credentialing Program page on the Providers' Council website.

National Quality Forum Person-Centered Planning and Practice Project: Final Report (2020)

The National Quality Forum convened a diverse stakeholder committee to design practice standards and competencies for person-centered planning. The committee outlined a core set of competencies for persons facilitating the planning process, including details of foundational skills, relational and communication skills, philosophy, resource knowledge, and the policy and

regulatory context of person-centered planning. For more information, visit the [National Quality Forum website](#).

Charting the LifeCourse

Charting the LifeCourse is a framework that was developed to help individuals with disabilities and families at any age or stage of life think about what they need to know, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life, but may also find it helpful to look ahead to start thinking about what they can do or learn now that will help build an inclusive productive life in the future. Numerous training tools are available to assist professionals regarding how to use the framework. For more information, visit the [Charting the LifeCourse website](#).

Appendix B: Stakeholder Engagement Resources

A Best Practice Guide for Participant Engagement

As part of technical assistance to North Dakota, NCAPPS subject matter experts Mark Friedman and Ruthie-Marie Beckwith authored a best practice guide to engaging people who use services in system planning and improvement efforts. For more information, view the Participant Engagement Guide (PDF) on the NCAPPS website.

Asset Mapping: A Toolkit for Navigating Engagement Efforts

Collective Insight has developed a rich new resource to support stakeholder engagement. Check out the Asset Mapping Toolkit (PDF) to access a variety of resources—including frequently asked questions, a glossary of terms, step-by-step instructions, facilitator tools, and example Asset Maps and Engagement Plans—to support human service agencies in their stakeholder engagement efforts.

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

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