



Teacher Resource Guide

1. The Direct Support Professional



TEACHER GUIDE

Materials

- Student Resource Guides
- Registration forms
- #2 pencils
- Television
- VCR
- Overhead projector
- Or
- LCD projector and computer with PowerPoint software
- Focus Group, Quality of Life Conversation video
- DSP TV video, Year 1
- 4 large sheets of chart paper
- Colored markers
- Masking tape

Welcome, Introduction and Student Registration

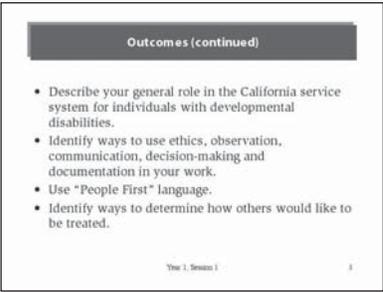
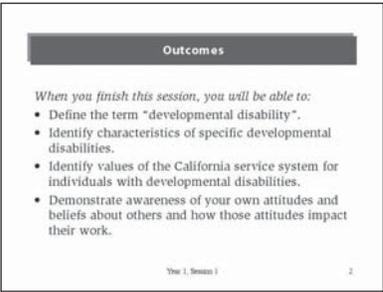
- *Show Overhead #1: The Direct Support Professional (DSP)*
- Welcome students to training.
- Introduce yourself and your background.
- Review information about the classroom/facility: location of bathrooms, exits, break area, etc.
- Pass out supplies: Student Resource Guides, registration forms, and #2 pencils.
- Prompt students to open their Student Resource Guides and assist them in familiarizing themselves with the guides.
- Register students for the training.

Outcomes

- *Show Overheads #2 and #3: Outcomes*
- Review outcomes for the session.

Keywords

- Review key words for the session.



Student Resource Guide: SESSION 1

The Direct Support Professional

OUTCOMES

When you finish this session, you will be able to:

- ▶ Define the term “developmental disability.”
- ▶ Identify characteristics of specific developmental disabilities.
- ▶ Identify the values of the California service system for individuals with developmental disabilities.
- ▶ Demonstrate awareness of your own attitudes and beliefs about others and how those attitudes and beliefs may impact your work.
- ▶ Describe your general role in the California service system for individuals with developmental disabilities.
- ▶ Identify ways to use ethics, observation, communication, decision making, and documentation in your work.
- ▶ Describe your role as a team member.
- ▶ Use “People First” language.
- ▶ Identify ways to determine how others would like to be treated.

KEY WORDS

Developmental Disability: A developmental disability begins before someone reaches 18 years of age; is something that goes on throughout a person’s life; is a substantial disability for the individual; and often means there is a need for some kind of assistance.

Direct Support Professional (DSP): You are a DSP. A DSP works with and supports people with developmental disabilities where they live and work.

Individual: How this training refers to individuals with developmental disabilities. It will remind you to treat each person you support as an individual with unique interests, abilities, preferences, and needs.

People First Language: Language that refers to the qualities of a person, not a person’s disabilities.

Platinum Rule: Treat others as they would like to be treated.

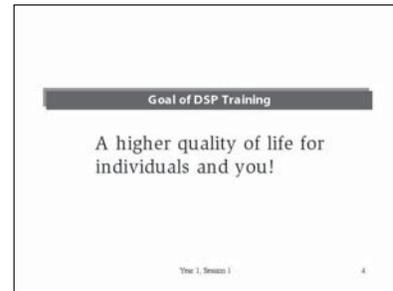
Professional Ethics: A set of standards to guide one’s professional behavior.

Values: Ideals that shape the quality of services and supports.

TEACHER GUIDE

Introduction

- State law requires this training for all DSPs.
- **Show Overhead #4: Goal of DSP Training**
- Reasons for the training:
 - To help you do the best job you can in supporting individuals with developmental disabilities to have a better quality of life.
 - When you do the best job you able to do, you professional life should be more rewarding, which should improve your quality of life.
- Related regulations:
 - The requirement for the Community Care Facility Direct Care Staff Training (a.k.a. Direct Support Professional Training) was created by Assembly Bill 2780 enacted in 1998. AB 950, approved by the Governor in August, 2001, amends the Welfare and Institutions Code with the following:
 - *SECTION 1. The Legislature finds and declares that in order to promote the health, safety, and well-being of persons with developmental disabilities who live in a licensed community care facility that receives regional center funding, it is necessary to devise and implement a training program, as specified in Section 4695.2, for direct care staff employed in those facilities to ensure that staff possess the knowledge, skills, and abilities to provide consistent and high quality services to meet consumer needs.*
 - *4695.2. (a) Each direct care staff person employed in a licensed community care facility that receives regional center funding shall be required to satisfactorily complete two 35-hour competency-based training courses approved, after consultation with the Community Care Facility Direct Care Training Work Group, by the department or pass a department-approved competency test for each of the 35-hour training segments. Each direct care staff person to whom this subdivision applies shall demonstrate satisfactory completion of the competency-based training by passing a competency test applicable to that training segment.*



Activity: Getting to Know You

- Directions: Pair up with someone in the class. Take turns asking each other the questions on p. S-2 and write your partner's answers in the spaces provided.
- Purpose: To get to know the people in our class and emphasize some of the positive aspects of the DSP's work.
- Have students introduce their partners.
- Ask questions of each student as they are introduced: For example,
 - How long you have been in the field?
 - What is your past/present experience?
 - Where do you work?
 - Why did you decide to become a DSP?
- Think of other ways to begin establishing a relationship with your students.

Introduction

What is the reason for this Direct Support Professional training? There are two reasons, and they are connected to each other. The first is to help you do the best job you can in supporting individuals with developmental disabilities to have a better quality of life. The second reason is this: when you do the best job you are able to do, your professional life should be more reward-

ing, which should improve your quality of life. As a DSP there is something valuable in this training, not only for the individuals you are working with, but for yourself personally. There is nothing better than a situation in which everyone wins! We will begin the training by getting to know each other and learning more about what the training will cover.

ACTIVITY

Getting to Know You

Directions: Pair up with someone in the class. Take turns asking each other the following questions. Write your partner's answers below.

What is your name?

.....

Where do you work?

.....

What are three positive words that describe how you feel about the work you do?

1

.....

2

.....

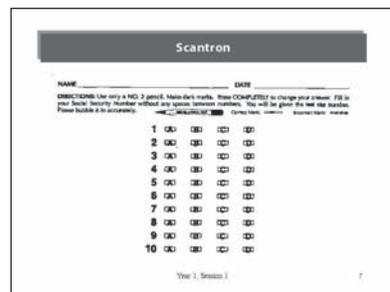
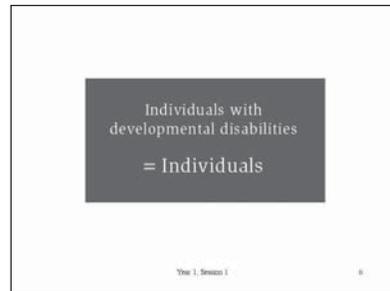
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TEACHER GUIDE

About this Training

- Refer students to pages S-3 and S-4.
- Provide description of the training:
 - **Length**
 - Two year, 70 hour training
 - 11 class sessions and one final test session in each year
 - **Session topics**
 - **Show Overhead #5: Session Topics** and discuss the content of the sessions
 - **Key words**
 - **Show Overhead #6: Individuals with Developmental Disabilities = Individuals.**
 - Read example about the key word “individual” and discuss.
 - **“Practice and Share”**
 - Acknowledge students’ busy and difficult schedules. As such, there will be no extra written assignments outside of class.
 - Encourage students to use this time to apply what they are learning.
 - At the end of Session 1, students will be asked to think of a time when they helped add to the quality of life of individuals they support. They will begin Session 2 by sharing their thoughts.
 - **Quizzes**
 - There will be a short quiz at the end of each session.
 - Quiz questions are multiple choice with four possible answers.
 - **Show Overhead #7: Sample Scantron Form.** Answers will be recorded on a Scantron form like the one on the overhead.
 - Use the example on the overhead to demonstrate what multiple choice questions look like.
 - Demonstrate how to fill in the oval that corresponds to the correct answer.
 - Scantron forms will also be used for their final test.
 - Quizzes are an opportunity to practice using that form.
 - Questions on the final test will be taken from the quizzes.
 - Recommend that the students study the quizzes to prepare for the final test.
 - **Skill Checks**
 - Read Skill Check paragraph aloud.
 - Place the students at ease regarding this additional testing by ensuring them that they will have plenty of practice in class before doing the skill checks.
- Ask students if they have any questions.



About the Training

The DSP training is 70 hours of training which is designed to be completed over a two-year period, 35 hours in each year. Each 35-hour training consists of eleven 3-hour class sessions and one 2-hour final test session. In Year 1, you will learn about:

- ▶ The Direct Support Professional.
- ▶ The California developmental disabilities service system.
- ▶ The Individual Program Plan.
- ▶ Risk management: principles and incident reporting.
- ▶ Environmental safety.
- ▶ Maintaining the best possible health.
- ▶ Dental health.
- ▶ Medication management.
- ▶ Communication.
- ▶ Positive behavior support.

In Year 2, you will learn more about those topics, as well as:

- ▶ Making choices.
- ▶ Person-centered planning.
- ▶ Nutrition and exercise.
- ▶ Strategies for successful teaching.
- ▶ Life quality.

Key Words

Each session will begin with “Key Words” in which words that are used in the session will be defined or described. For example, in this session the word **individual** is defined as “How this training refers to individuals with developmental disabilities. It will remind you to treat each person you support as an individual with unique interests, abilities, preferences, and needs.”

You may use the words “consumers” or “clients” or some other word when referring to the individuals you support. However, throughout this training, individuals with developmental disabilities will be referred to as “individuals” or, in some instances, “people” or “person.”

Homework

There will be no written homework in this training. However, you will be asked to practice at work what you have learned after each training session and share your experiences with the class.

Quizzes

At the end of each session, you will have a short quiz. The quiz questions will be multiple choice. We will go over the answers together in class.

Skill Checks

Skill checks are opportunities for your instructor to observe you demonstrating new and important skills. The following are two skill checks in the first year of training:

- ▶ Assisting with the self-administration of medication.
- ▶ Gloving procedures.

In Year II, you will repeat the skill check for assisting with the self-administration of medication because it is a very important skill. You must pass each skill check to pass the training.

Test After Training

The final test after the training consists of 36 multiple choice questions and is also on a Scantron® form. The questions on the test will be drawn directly from the quizzes.

DSP Training for a Better Quality of Life

- Show video: Focus Group, Quality of Life Conversation.
Show focus group only (approximately 10 minutes)

Activity: What Adds to the Quality of Your Life?

- Have students turn to page S-4.
- Read the directions aloud.
- Activity can be done as a class. Write students responses on a flip chart.
Or
- Activity can also be done in smaller groups. Have one representative from each group share some of the solutions that their group discussed.
- Purpose: To show that everyone has interests and preferences, regardless of their developmental abilities. It is the job of the DSP to assist those they support in achieving their wants, needs and desires.
- Students will learn methods and strategies that will assist each one of them in supporting the individuals they are caring for in leading the quality of life they choose.

Answers

- Write down five things that are important in your life.
Answers may include: *home, community, belongings, friends, relationships, pets, education, recreation, meaningful work, etc.*

About the Training

Word of Caution

Before we start the training, it is important to note that this training does not replace the professional advice of doctors, lawyers, and other experts. This training is based upon what are widely considered to be preferred practices. However, circumstances for each individual are unique and therefore require services and supports specifically designed to meet that individual's needs.

As policies and procedures differ from facility to facility, it is expected that you

will familiarize yourself with the policies of the facility where you work. It is possible that some practices in your facility may differ from preferred practices that you learn in this training. What should you do? Start by talking to the administrator of the home where you work about these differences and the best course of action. And remember: never risk your health and safety, or that of an individual, to do something for which you feel unqualified. It is always okay to ask for help.

DSP Training for a Better Quality of Life

So what does “quality of life” mean? It means different things to different people. Generally, people experience a good quality of life when they:

- ▶ Are able to make choices in their lives, and their choices are encouraged, supported, and respected.
- ▶ Have close, supportive relationships with friends and family.
- ▶ Live in a home that is comfortable for them and with people who know and care about them.

- ▶ Participate in activities they find enjoyable.
- ▶ Have access to health care and have the best possible health.
- ▶ Feel and are safe.
- ▶ Are treated with dignity and respect.
- ▶ Are generally satisfied with their lives.

ACTIVITY

Directions: Think about what “quality of life” means for you. Write down five things that are important in your life (things that you think are necessary for you to have good quality of life).

1.
2.
3.
4.
5.

TEACHER GUIDE

DSP Training for a Better Quality of Life (continued)

- Read what people with developmental disabilities say that “quality of life” means to them?
- Ask students to raise their hands for each one of the things that are necessary for them to have a good quality of life too.

DSP Training for a Better Quality of Life

Now let's see what some people with developmental disabilities have to say about what quality of life means to them. In 2003, a number of individuals with developmental disabilities living throughout the state of California were asked,

“What does quality of life mean to you? What things are important in your life (things that you think are necessary for you to have good quality of life)?” This is what they said:

I choose my own friends



I do what I want on weekends



I spend my own money



I cook whenever I want



I eat out



I decide how to spend my own free time



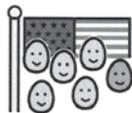
I live where I want to live



I make my own decisions



I have the freedom to work when I want



I work where I want to work



I can go to college



DSP Training for a Better Quality of Life (continued)

- Individuals say they want more choices in the areas of
 - Relationships: Want to spend more time with friends, see their families more often and at holidays, spend time with boyfriends and girlfriends, and get married.
 - Personal care: They want better-trained doctors and more of them, good healthy food available, and more recreation opportunities.
 - Personal freedom: Want more time in the community, to make their own decisions about when to go on a diet, to go on more vacations, and to be more a part of their communities.
- Individuals' message to DSPs: they want more to say about the medications they take, to wear clean clothes, to decide on their own bedtime, to watch the television programs they like at the times they want, to see boyfriends and girlfriends when they want, and to invite more visitors to come over.

During this training, listen, learn and think about what individuals with developmental disabilities have to say about what is important them. Think about how you can apply what you learn in supporting the individuals you assist to lead quality lives.

DSP Training for a Better Quality of Life (continued)

In many of the above areas, the individuals surveyed felt they were doing pretty well; however, individuals said they specifically wanted more choices in the area of relationships, personal care, and personal freedom.

In the area of relationships, they wanted to spend more time with friends, see their families more often and at holidays, spend some time with boyfriends and girlfriends, and get married.

In the area of personal care they wanted better trained doctors and more of them, good healthy food available, and more recreational opportunities.

In the area of personal freedom, they wanted to spend more time in the community, to make their own decisions about when to go on a diet, to go on more vacations, and to be more a part of their communities.

People wanted to say some very specific things to the people who support them: that means you. They want to have more say about the medications they take; to wear clean clothes; to decide on their own bedtime and not to have a schedule; to watch the television programs they like at the times they want; to see boyfriends and girlfriends when they want; and, to invite more visitors to come over to visit.

Excerpted and Adapted from Department of Developmental Service's Consumer Advisory Committee, *Community Conversations with People with Developmental Disabilities in California*.

As we go through this training, listen, learn, and think about what individuals with developmental disabilities have to say about what is important to them and how you can apply what you learn in supporting the individuals you serve to lead quality lives.

TEACHER GUIDE

The Direct Support Professional

- Read the definition of DSP aloud.
- Read the descriptions of each role aloud.
- All of the roles the DSPs play have a common focus about the worth of the individual and supporting them to live the kind of life they hope and dream about.
- **Show Overhead #8: A DSP is / A DSP is not.**
- DSPs do not play the role of a boss or parent.
- Remind the DSPs that their role is to support the decisions of individuals and/or the individual's family, and to always ensure the health and safety of every individual in their care.
- **Show DSP TV video, Scene 1: Roles of the DSP.**
- Read and discuss questions at end of Scene 1.

**Answers**

- What roles do Mike play?
Mike is a Partner, Teacher, Ambassador, Advocate and Supporter.
- How is Mike an Advocate?
Mike is an Advocate when he calls the health club on Jason's behalf. Mike is also an Advocate when he talks to the health club director about Jason playing in their basketball league.
- Does Jason's quality of life change (as a result of Mike playing the different roles)?
Yes. Jason's quality of life is probably better because he has the opportunity to participate in an activity he enjoys. He also has the opportunity to meet other people in his community who enjoy the same activity. Jason is more aware of his rights and how to advocate on his own behalf.

The Direct Support Professional

A Direct Support Professional (DSP) works with and supports individuals in the places they live and work. DSPs perform their jobs in licensed homes, day programs, supported or independent living environments, or work sites. A DSP has many important roles to play. You are:

- ▶ A **PARTNER**, supporting individuals in leading independent lives and participating in and contributing to the community.
- ▶ A **TEACHER**, finding creative and fun ways to help individuals learn meaningful skills and providing them with information to make the best choices for themselves.
- ▶ An **AMBASSADOR** to the individual's community, encouraging others to support individuals with developmental disabilities as neighbors, friends, and co-workers.
- ▶ An **ADVOCATE**, supporting individuals in exercising their rights and responsibilities.
- ▶ A **SUPPORTER** seeking to understand the likes, dislikes, hopes, and dreams of individuals you support and cheering individuals on as they make progress toward their life goals.

All of the roles that you play have a common focus on supporting individuals to live the kind of life they hope and dream about. The DSP is a Partner, Teacher, Ambassador, Advocate, and Supporter. The DSP is *not* a Boss or one who orders people around and makes them do things they may or may not want to do. Likewise, the DSP is *not* a Parent to the people they support. The job of the DSP carries a great deal of responsibility, and it is easy to get these roles confused. Unlike a parent, legal guardian, or conservator, the DSP does not have the responsibility to make important life decisions for individuals they work for and with. Instead, the individuals themselves, with the help of parents, legal guardians, or conservators, as appropriate, make decisions about their own lives.

TEACHER GUIDE

Optional Activity: DSP Roles and Responsibilities

- Read the directions aloud.
- Assist students to match the roles with the activity.
- Use the first role Partner, and help students find a correct answer for this role.
- DSPs may also play many different roles in the course of one activity.
- Remind students that as a DSP their primary role is to support individuals to be safe, happy and healthy.

Answers:**Partner**

- *Tom helped A.J. with his medication.*
- *Tom helped A.J. and Marissa make breakfast.*
- *Tom helped A.J. clean up his room.*
- *Tom helped A.J. pick out matching clothes to wear.*
- *Tom helped Marissa make a list of questions for the doctor before he took her to the appointment.*

Teacher

- *Tom spent time teaching A.J. how to put a tape into his own VCR.*

Ambassador

- *Tom talked to A.J.'s boss from Starbucks. He answered his questions about A.J.'s disability.*

Advocate

- *Tom talked to Martha, the home administrator about getting ready for A.J.'s IPP meeting scheduled for Tuesday. Tom would like to see A.J. get a bus pass for the Roseland area now that he uses the bus to go to work.*
- *Tom talked to Martha about tacking down a piece of carpet that A.J. tripped over.*

Supporter

- *Tom talked to Marissa about her parents. Marissa feels that her parents are too controlling.*
- *A.J.'s Service Coordinator was late for an appointment and Tom could tell that A.J. was upset. Tom went for a short walk with A.J. to help him settle down.*

OPTIONAL ACTIVITY

DSP Roles and Responsibilities

Directions: Read the following scenario. Draw a line from each activity to its matching role. Some roles will have more than one activity attached to them.

Mary, a new DSP, asks her co-worker, Tom, to tell her about what he does during a typical work day. She wants to know more about what she's expected to do as a DSP. Tom counts on his fingers some of the activities he did over the past week. As he lists the activities, he realizes that he doesn't have enough fingers to count them all! Here are some of the activities Tom did:

ROLES

- | | |
|------------|---|
| Partner | <ul style="list-style-type: none"> • Tom talked to Martha, the Home Administrator, about getting ready for A.J.'s IPP meeting scheduled for Tuesday. Tom would like to see A.J. get a bus pass for the Roseland area now that he uses the bus to go to work. |
| Teacher | |
| Ambassador | <ul style="list-style-type: none"> • Tom helped A.J. with his medication. • Tom spent time teaching A.J. how to put a tape into his own VCR. |
| Advocate | |
| Supporter | <ul style="list-style-type: none"> • Tom helped A.J. and Marissa make breakfast. • Tom talked with Marissa about her parents. Marissa feels that her parents are too controlling. • Tom helped A.J. clean up his room. • Tom talked to Martha about tacking down a piece of carpet that A.J. tripped over. • Tom helped A.J. pick out matching clothes to wear. • Tom talked to A.J.'s boss at Starbucks. He answered his questions about A.J.'s disability. • A.J.'s Service Coordinator was late for an appointment, and Tom could tell that A.J. was upset. Tom went for a short walk with A.J. to help him settle down. • Tom helped Marissa make a list of questions for the doctor before he took her to her appointment. |

TEACHER GUIDE

Teaming with Others to Support Individuals

- In addition to the roles we discussed earlier, DSPs may also play the role of a team member.
 - Ask students to write down one team that they have worked on or may work on as a DSP.
 - Ask each student to share what he or she wrote.
 - Summarize the teams with which DSPs may work.
 - Tell students that they will be learning about a very important team, the Planning Team, in the next session. Refer students to page S-1 of Session 2 and read the definitions for “Person-Centered” and “Planning Team.”
 - Remind students that a key element of a successful team is trust.
 - Ask students what “trust” means to them.
 - Possible answers: *confidentiality, respect, showing one cares, helping with personal hygiene with dignity, respecting privacy, honesty, reliability, etc.*
-

The DSP Profession

- DSPs were not always considered professionals, but that is changing.
- This training focuses on the skills, knowledge and abilities that administrators, DSPs and other experts say are critical to satisfactory job performance.
- There is a national professional organization for DSPs called the National Alliance of Direct Support Professionals (NADSP).
- NADSP has developed a set of professional ethics called the Code of Ethics for the profession. The Code can be found in Appendix A at the end of this chapter.
- NADSP has a web site and newsletter written by and for DSPs that contains very helpful and supportive information. The NADSP web site is www.nadsp.org.

Teaming with Others to Support Individuals

Another important role that the DSP plays is that of a Team Member. As a DSP, you are a member of several teams: the team of staff who work to support individuals in the home, each person's individual support team, and each individual's planning team.

People who might be part of these teams include: individuals and their families; the administrator of the home and

other DSPs, both in the home and at a day or work site; regional center staff consultants, health care professionals, and other representatives from community agencies.

You will find that working as part of a team is often better than working alone. Sharing information and ideas with team members leads to creative planning and problem solving.

The DSP Profession

People like you, who support individuals in their daily lives, were not always considered "professionals." More recently, the importance of the challenging work that you and other DSPs perform has gained broad recognition and acknowledgement as a profession.

Specific knowledge, skills, and commonly agreed-upon standards for professional conduct are what separate a "job" from a "profession." This training focuses on the skills, knowledge, and abilities that have been identified by administrators, direct support professionals, and others as critical to satisfactory job performance.

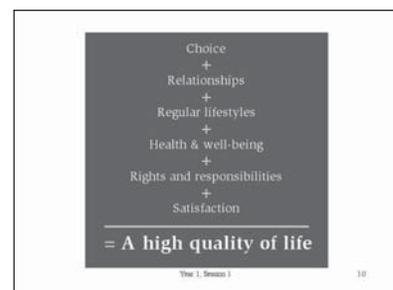
Nationwide, DSPs have joined together to form a professional organization called the National Alliance for Direct Support Professionals (NADSP). The NADSP has developed a set of **professional ethics** (standards for professional conduct) for DSPs.

The complete text of the NADSP Code of Ethics is in Appendix 1-A. Information about how to get connected with this organization is included in the Resources section. NADSP has a Web site and newsletter written by and for DSPs that contains very helpful and supportive information for DSPs.

TEACHER GUIDE

Values to Guide Your Work

- *Show Overhead #9: Values of California’s Service System for Individuals with Developmental Disabilities.*
- Define “values” for the students: ideals that shape the quality of services and supports.
- These values guide the system that provides services for the individuals with developmental disabilities in California.
 - **Choice**
 - Ask students to explain what kinds of choices they are free to make in their own lives. Examples include choosing what kinds of activities in which to participate, what to eat, what to wear, where to live, with whom to be friends, etc.
 - Ask them what it means to have those kinds of choices.
 - **Relationships**
 - Ask students to talk about the kinds of relationships people have. Examples include family, friends, and significant others.
 - Ask them how it feels to have close relationships.
 - **Regular lifestyles**
 - Ask students why they think it is important for individuals to be included anywhere that anybody else would be such as work, school, public places and home. Possible answers include that when people are excluded from places and activities, it impacts their self-esteem and can limit their potential.
 - **Health and well-being**
 - Ask students how people get and stay healthy.
 - Possible answers include eating a healthy diet on a regular basis, getting regular exercise, taking prescribed medication for special health conditions, monitoring health conditions, maintaining appropriate weight, completing personal care (e.g., bathing, dental and personal hygiene), and not placing themselves in dangerous or high-risk situations.
- *Show Overhead #10: Choice + Relationships + Regular Lifestyles + Health & well-being + Rights & Responsibilities + Satisfaction = A high quality of life.*
- All of these values taken together lead to a higher quality of life for individuals and DSPs.



Values to Guide Your Work

The Lanterman Developmental Disabilities Services Act, which became law in the 1970s, establishes the state's promise to Californians with developmental disabilities to provide quality services to meet their individual needs. The Lanterman Act envisions services that reflect the values of individual choice, relationships, regular lifestyles, health and well-being, rights and responsibilities, and satisfaction. **Values** are ideals that shape the quality of services and supports. Here is what the Lanterman Act says about the value of:

Choice:

Services and supports should be based on the individual and his/her needs and preferences.

Individuals (with help from parents, legal guardians, or conservators when needed) should take part in decisions about their own lives, such as where and with whom they live, where they work, their relationships with others, the way in which they spend their time, and their goals for the future.

Relationships:

Individuals with developmental disabilities have the right to develop relationships, marry, be a part of a family, and be a parent if they choose.

Support may be needed to develop intimate relationships, such as transportation, family counseling, or training in human development and sexuality.

Support may be needed to help people start and keep relationships with friends and fellow community members.

Regular Lifestyles:

Individuals should have a chance to be involved in the life of their community in the same ways as their neighbors, friends, and fellow community members.

Services should be provided whenever possible in the home and community settings where individuals live and work.

Cultural preferences should be honored.

Individuals should have the training needed to be as independent and productive as possible.

When an individual needs change, services should be changed as well to make sure that the individual can continue living where he or she chooses.

Individuals should be comfortable where they live, have privacy when they need it, and should have a say in the way their living spaces are decorated and arranged.

There should be services and supports that allow minors with developmental disabilities to live with their families whenever possible.

Health and Well-Being:

Individuals have a right to be free from harm and live a healthy lifestyle.

Individuals should have a right to quick medical, mental, and dental care and treatment when they need it.

Individuals should have a chance to learn how to keep themselves healthy, or have services and supports that keep them healthy.

Values to Guide Your Work (continued)

- Rights and responsibilities
 - Ask students how they can support individuals in exercising their rights and responsibilities. Possible answers include:
Making each individual aware of their rights and responsibilities and ensuring frequent opportunities to use them.
 - Rights and responsibilities will be discussed in greater detail in the next session.
- Satisfaction
 - Ask students to share a personal goal or dream that they have. How will it feel when they accomplish it?
 - Explain that everybody, including individuals with developmental disabilities, can benefit from the good feeling that comes with making progress toward their goals and dreams.
- The DSP is a key part of the system that provides services for individuals with developmental disabilities in California and their work should be consistent with the values.

Values to Guide Your Work (continued)

Rights and Responsibilities:

Individuals with developmental disabilities have the same basic legal rights as other citizens.

Individuals have a right to privacy and confidentiality of personal information.

Individuals have a right to treatment and habilitation, dignity, privacy, and humane care; prompt medical care and treatment; religious freedom; social interaction; physical exercise; and to be free from harm.

Individuals have the right to make choices in their own lives, such as where to live, who to live with, education and employment, leisure, and planning for the future.

Along with all of these rights are responsibilities, such as respecting the privacy of others and being an informed voter.

Individuals should have a chance to learn about their rights and responsibilities and how to advocate for themselves.

Satisfaction:

Individuals should have a chance to plan goals for the future and to work toward them.

Individuals should be satisfied with the services and supports they receive and should have a chance to change them when they are not satisfied.

Individuals should have a chance to have a good quality life.

Adapted from *Looking at Life Quality*, Department of Developmental Services (1996).

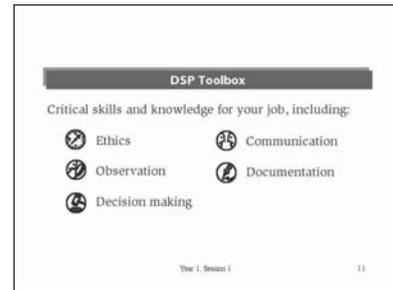


Supporting individuals in having quality of life means supporting them in ways that are consistent with these values: making sure that individuals have choices, spend time with family and friends, have the best possible health, are safe, and are treated with dignity and respect... all the things that are necessary for quality of life.

TEACHER GUIDE

DSP Toolbox

- **Show Overhead #11: DSP Toolbox.**
- Describe the tools that are in the DSP toolbox and introduce the icons. The icons will be used in the Student Resource Guide to indicate when a particular tool may be used.
 - **Ethics:** A picture of a compass. A compass shows us the right direction to go in.
 - **Observation:** A person looking into a magnifying glass. A magnifying glass helps us to see individuals and their environments up close and in great detail.
 - **Communication:** Two people facing each other. This shows that communication takes at least two people and each must “give and take.”
 - **Decision Making:** A gavel like a judge uses. The gavel is a symbol of the judgment that DSPs must use everyday to make all kinds of decisions.
 - **Documentation:** A pen. When we write things down, they help to inform what we do in the future.
- **Show DSP TV video, Scene 2: The DSP Toolbox.** Ask students to pay attention to how the DSP uses different tools.
- Read and discuss questions at end of Scene 2.

**Answers**

- How did the DSP use Ethics?
The DSP used the ethics by deferring to Jacob to answer the doctor’s questions, and waiting for signals from Jacob when Jacob needed help answering questions.
- How did the DSP use Communication?
He used communication to check in with Jacob at the end of the visit to see if he had any additional questions.
- How did Jacob feel?
Jacob may have felt supported, respected, prepared and in greater control of his own health care.

Whether you are working independently or with a team, you will need a set of “tools”—basic skills and knowledge—to help you successfully meet the daily challenges of your job. Just as a carpenter cannot do a job without a hammer and nails, a DSP cannot provide the best possible support to individuals without the DSP tools. Tools in the DSP Toolbox are:



Ethics: enable the DSP to make ethical decisions.



Observation: enables the DSP to observe people and places for things that could affect individual’s health and well-being.



Communication: enables the DSP to communicate in a variety of ways.



Decision making: enables the DSP to choose the best course of action with the information at hand.



Documentation: enables the DSP to document important information about individuals and events.

Many situations in your work call for using several tools at the same time. For example, if an individual is sick, you might use every tool in the DSP Toolbox.

- ▶ **Ethics** to guide you in promoting the individual’s physical well-being by identifying the illness and ensuring timely medical treatment with dignity and respect.
- ▶ **Observation** by using your senses to identify changes that are likely to be signs and symptoms of illness. You might *see* the individual rubbing her stomach, *feel* her skin is cold and clammy, or *hear* her moaning and saying “my stomach hurts.”
- ▶ **Communication** to ask questions about someone’s pain such as, “How long has it hurt you?” Communication also means listening and understanding an individual’s response.
- ▶ **Decision making** to decide how to respond to the individual’s illness based on what you have observed and what has been communicated. For example, “Do I need to call the doctor or take her directly to the emergency room?”
- ▶ **Documentation** to record information about the illness in the individual’s daily log and on an information sheet to bring to the doctor’s appointment.

TEACHER GUIDE

DSP Toolbox: Additional Information**Ethics**

- Read the definition of “Ethics” aloud.
- Read the first of nine ethics, Advocacy, from the NADSP Code of Ethics to the students.
- Ask students to think back to the video about the doctor visit. Ask the students to say how the DSP in the video demonstrated the first ethic. For example, *the DSP advocated for Jacob by assisting Jacob to fully participate in the doctor’s visit.*
- If time allows, repeat this process for each of the remaining eight ethics in the NADSP Code of Ethics or choose a few of the ethics to highlight.
- Use the discussion of Ethics to discuss diversity.
- Refer them to the compass icon at the top of S-13: “Ethics are influenced by a variety of factors, including culture....”
- Culture is the beliefs, customs, and practices of a particular group. For example, people from different cultures may celebrate special holidays or eat unique foods.
- Ask students to discuss something special about their culture (e.g., holidays, foods, beliefs).
- Reinforce how important culture is to people.
- Individuals with developmental disabilities come from have different cultural beliefs, customs and practices too. The Code of Ethics says that DSPs should not let their own cultural beliefs, customs and practices get in the way of celebrating and respecting individuals’ cultures.

Observation

- Read the definition of “Observation” aloud.
- Summarize the bullets about Observation.
- Ask students to think back to the video about the doctor visit and imagine what observation could have led the DSP to bring Jacob to the doctor. For example: *The DSP heard Jacob coughing, he saw that Jacob was very tired, and he heard Jacob complaining of a sore throat.*
- Emphasize that the DSP was likely using his senses to observe changes in Jacob’s health and daily routine.

Communication

- Read the definition of “Communication” aloud.
- Summarize the bullets about Communication.
- Ask students to think back to the video about the doctor visit and describe how the DSP effectively used Communication in the video. For example, *the DSP was respectful of Jacob by reading his behavior to determine when Jacob needed help answering a question. He also asked the doctor questions to make sure he understood everything about the medication being prescribed.*

Ethics



Ethics are rules about how people think they and others should behave. People's ethics are influenced by a variety of factors including culture, education, and the law.

- ▶ The NADSP developed a Code of Ethics (Appendix 1-A) to guide the behavior of DSPs. Refer to the Code when in doubt about the most ethical thing to do.
- ▶ Here is a condensed version of the NADSP Code of Ethics:
 1. **Advocacy:** As a DSP, I will work with the individuals I support to fight for fairness and full participation in their communities.
 2. **Person-Centered Supports:** As a DSP, my first loyalty is to the individual I support. Everything I do in my job will reflect this loyalty.
 3. **Promoting Physical and Emotional Well-Being:** As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm.
 4. **Integrity and Responsibility:** As a DSP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support.
 5. **Confidentiality:** As a DSP, I will protect and respect the confidentiality and privacy of the individuals I support.
 6. **Fairness:** As a DSP, I will promote and practice fairness for the individuals I support. I will promote

the rights and responsibilities of the individuals I support.

7. **Respect:** As a DSP, I will respect the individuals I support and help others recognize their value.
8. **Relationships:** As a DSP, I will assist the individuals I support to develop and maintain relationships.
9. **Self-Determination:** As a DSP, I will assist the individuals I support to direct the course of their own lives.

Observation



Observation is noticing change in an individual's health, attitude, appearance, or behavior.

- ▶ Get to know the individual so you can tell when something changes.
- ▶ Use your senses of sight, hearing, touch, and smell to observe signs or changes.
- ▶ Get to know the individual's environment and look for things that may impact an individual's and other's safety and well being.

Communication



Communication is understanding and being understood.

- ▶ Listen carefully to what is being communicated through words and behavior.
- ▶ Repeat back what was communicated to confirm understanding.
- ▶ Ask questions to gain a more complete understanding.
- ▶ Be respectful.

DSP Toolbox: Additional Information (continued)**Decision making**

- Read the definition of “Decision making” aloud.
- Summarize the bullets about Decision making.
- Ask students to think back to the video about the doctor visit and imagine how the DSP made a decision about what to do when he observed that Jacob was sick.
- The DSPs choices were to
 - Do nothing
 - Take Jacob to the doctor
 - Call an ambulance
- Ask the students what the consequences are of each choice. For example, *if nothing is done, Jacob could get sicker. If Jacob goes to the doctor, the doctor can examine him and prescribe medication if necessary.*

If an ambulance is called, Jacob may have to wait in the Emergency Room for many hours since his condition does not appear to be life threatening.
- Ask the students which choice is the best one now that they have considered the consequences of those choices: *take Jacob to the doctor.*

Documentation

- Read the definition of “Documentation” aloud.
- Summarize the bullets about Documentation.
- Ask students to imagine that they are the DSP in the video about the doctor visit.
- Then ask students to write down one thing that they would write in the staff log about what happened at the doctor’s visit. For example, *the reason for the appointment, the date of the appointment, the doctor whom the appointment was with, the result of the appointment (i.e., the diagnosis and the medication prescribed).*
- Ask students to share what they wrote.
- Look for answers that reflect the bullets about Documentation.

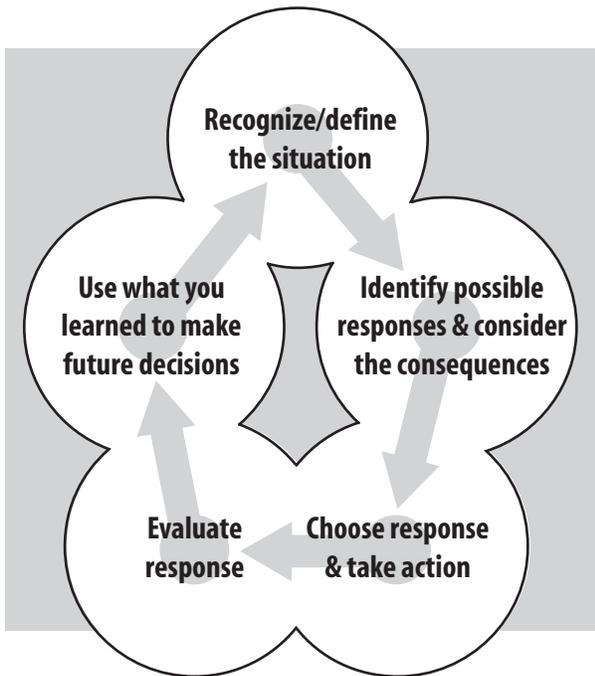
Decision making



Decision making is choosing the best response to a situation with the information that is available to you.
Decision making is an ongoing process.

- ▶ Recognize/define the situation.
- ▶ Identify possible responses and consider the consequences.
- ▶ Choose a response and take action.
- ▶ Evaluate how your response worked. Were the consequences positive? If not, what could have made it work better?
- ▶ Use what you learned to make decisions in the future.

DECISION MAKING LOOP



Documentation



Documentation is a written record.

- ▶ The DSP is required to keep consumer notes for the following important, non-routine events in an individual’s life: medical and dental visits, illness/injury, special incidents, community outings, overnight visits away from the home, and communications with the individual’s physician.
- ▶ Do not document personal opinions, just the facts (for example, who, what, when, and where).
- ▶ Be specific when describing behaviors.
- ▶ Record what the person actually said or describe non-verbal attempts to communicate.
- ▶ Describe the event from beginning to end.
- ▶ Be brief.
- ▶ Use ink.
- ▶ Do not use White Out® to correct mistakes. Cross out the error and put your initials next to it.
- ▶ Sign or initial and date.

See Appendix 1-A for an examples of blank and completed consumer notes forms.

TEACHER GUIDE

Individuals with Developmental Disabilities

- Individuals that you support are individuals first and foremost.
- Individuals with developmental disabilities can be children, adults, elderly, male or female that may come from different backgrounds.
- Individuals with developmental disabilities have qualities and preferences that can be unique to them.
- Getting to know each individual is crucial to providing quality care.

What is a Developmental Disability

- *Show overhead #12: Legal definition of “developmental disability.”* Read the legal definition of “developmental disability” from the Lanterman Act.

- Share the following information about the nature of the Lanterman Act:
 - The Lanterman Developmental Disabilities Services Act (Lanterman Act) is that part of California law that sets out the rights and responsibilities of persons with developmental disabilities, and creates the agencies, including regional centers, responsible for planning and coordinating services and supports for persons with developmental disabilities and their families.
 - Section 4501 of the Lanterman Act states: “The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic and legal problems of extreme importance.”

Causes of a Developmental Disability

- *Show overhead #13: Causes of Developmental Disabilities.*
- Summarize the possible causes of developmental disabilities.
- Often the cause(s) of a developmental disability is not known.
- A developmental disability can happen in any family.

Individuals with Developmental Disabilities

Who are the people you support? First, they are **individuals**. The people you support are children and adults, male and female, and come from interesting backgrounds just like you. They have many unique preferences and qualities that you will get to know as you get to know them. What the individuals you support have in common is that they have developmental disabilities.

Here is some basic information about the causes and kinds of developmental disabilities. You are not expected to know everything about every type of developmental disability. However, it is important that you know and understand the types of disabilities that the individuals you work with have in order to provide them with the best possible service and support.

What Is a Developmental Disability?

A **developmental disability**, as defined by California state law:

- ▶ Begins before someone reaches 18 years of age.
- ▶ Is something that goes on throughout an individual's life.
- ▶ Is a substantial disability for the individual.
- ▶ Often means there is a need for some kind of assistance in the individual's daily life.

Developmental disabilities include mental retardation, cerebral palsy, epilepsy, and autism. Also included in the legal definition are people who need the same kinds of support as those who have mental retardation. It does not include people who have only physical, learning, or mental health challenges.

Causes of a Developmental Disability

Many things can cause a developmental disability, such as:

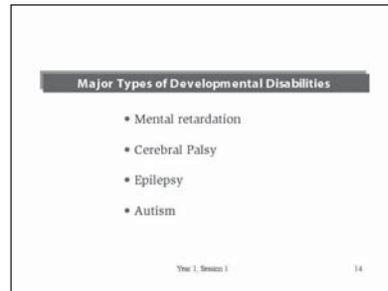
- ▶ The mother having a serious illness, poor eating habits, or poor health care, or the fact that she smokes, drinks alcohol, or uses drugs.
- ▶ Chemical or chromosomal differences (like Down's Syndrome) or an inherited condition.
- ▶ A lack of oxygen to the brain, low weight, or a difficult birth.
- ▶ A serious accident, abuse, lead poisoning, or poor nutrition.

While keeping the above causes in mind, remember that often, the cause is not known. A developmental disability can happen in any family.

TEACHER GUIDE

Major Kinds of Developmental Disabilities [S-16]

- *Show overhead #14: Major Types of Developmental Disabilities.*
- Read the names of the 5 major developmental disabilities and have the students repeat after you:
 - Mental retardation
 - Cerebral palsy
 - Autism
 - Epilepsy
 - Other
- Knowing and understanding possible characteristics of individuals’ disabilities will influence what kind of support and care DSPs provide.



Mental Retardation

- Elaborate on the characteristics of mental retardation in the chart:
 - Mental retardation is when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. Individuals learn and develop more slowly. Individuals with mental retardation may take longer to learn to speak, walk, and care for their personal needs such as dressing or eating. They are likely to have trouble learning. They will learn, but it will take them longer to learn things.
- Explain the different levels of mental retardation—mild to moderate to severe to profound, and how various levels may require different levels of support.
- Inform students of the difference between mental retardation and mental illness. Some individuals with mental retardation may also have mental illness.

Cerebral Palsy

- Elaborate on the characteristics of Cerebral Palsy in the chart:
 - Cerebral Palsy describes a group of chronic conditions affecting body movement and muscle coordination. It is caused by damage to one or more specific areas of the brain. Thus, these disorders are not caused by problems in the muscles or nerves. Instead, faulty development or damage to motor areas in the brain disrupts the brain’s ability to adequately control movement and posture. “Cerebral” refers to the brain and “Palsy” to muscle weakness/poor control. Cerebral Palsy is not progressive (i.e. brain damage does not get worse); however, secondary conditions, such as muscle spasticity, can develop which may get better, get worse, or remain the same over time. Cerebral Palsy is not communicable. It is not a disease and should not be referred to as such. Although Cerebral Palsy is not “curable” in the accepted sense, training and therapy can help improve function.
- Explain the different levels of Cerebral Palsy—mild to moderate to severe to profound, and how various levels may require different levels of support.
- Some individuals with Cerebral Palsy may also have mental retardation.

Autism

- Elaborate on the characteristics of Autism in the chart:
 - Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism and its associate behaviors have been estimated to occur in as many as 2 to 6 in 1,000 individuals (Centers for Disease Control and Prevention, 2001). Autism is four times more prevalent in boys than girls and knows no racial, ethnic, or social boundaries. Family income, lifestyle, and educational levels do not affect the chance of Autism’s occurrence.
- Some individuals with autism may also have mental retardation and/or cerebral palsy.

Major Kinds of Developmental Disabilities

The following graph illustrates the major kinds of developmental disabilities: mental retardation, cerebral palsy, autism and epilepsy. The graph also tells you what those disabilities might look like and how that might impact how you support individuals.

<i>Developmental Disability</i>	<i>Characteristics</i>	<i>Notes for the DSP</i>
Mental Retardation	<ul style="list-style-type: none"> • Learns slowly. • Has a hard time remembering things that are learned. • Has a hard time using what is learned in a new situation. • Thinks about things in more real-life or concrete ways. • Keeps learning and developing throughout life as we all do. 	<ul style="list-style-type: none"> • There are different levels of mental retardation from mild to moderate to severe. This means that individuals need different types of assistance in daily living. • Very different from mental illness. Some people who have mental retardation also have mental illness, but most people who have mental illness do not have mental retardation.
Cerebral Palsy	<ul style="list-style-type: none"> • Awkward or involuntary movements. • Poor balance. • An unusual walk. • Poor motor coordination. • Speech difficulties. 	<ul style="list-style-type: none"> • “Cerebral” refers to the brain and “palsy” to a condition that affects physical movement. • Ranges from mild to severe. • Not a contagious disease—you can’t “catch” it. • People can lead more independent lives through physical therapy and the use of special devices (for example, computers and wheelchairs). • May also have mental retardation and/or epilepsy.
Autism	<ul style="list-style-type: none"> • Generally has a difficult time making friends. • May have unusual emotional responses, such as laughing at a car accident. • Generally has a difficult time communicating with other people. • May hurt self (self-injurious). • Generally wants to follow routines and gets upset if things get changed. • May repeat words and/or body movements. 	<ul style="list-style-type: none"> • Affects people in many different ways. The causes are not very well understood. • Some people who have autism also have mental retardation.
Epilepsy	<ul style="list-style-type: none"> • Has seizures. • May become unconscious. • Movement or actions may change for a short time. 	<ul style="list-style-type: none"> • Epilepsy is sometimes called a seizure disorder. • Individuals with epilepsy may also have mental retardation, cerebral palsy, or autism.
Other		<ul style="list-style-type: none"> • Includes people who need the same kinds of support as those who have mental retardation. • It does not include people who have only physical, learning, or mental health challenges. • Examples are conditions like Neurofibromatosis, Tuberous Sclerosis, and Prader-Willi Syndrome.

TEACHER GUIDE

Major Kinds of Developmental Disabilities (continued) [S-16]

Epilepsy

- Elaborate on the characteristics of Epilepsy in the chart:
 - Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions. Some people have just one type of seizure. Others have more than one type. Although they look different, all seizures are caused by the same thing: a sudden change in how the cells of the brain send electrical signals to each other.
- Some individuals with Epilepsy may also have Mental Retardation and/or Cerebral Palsy, and/or Autism.

Other

- What does “Other” mean? It means that a person has a substantial disability.
 - A condition is a “substantial disability” if it is severe enough to be a major impairment of cognitive and/or social functioning (17 CCR § 54001). Substantially disabling conditions require “interdisciplinary planning” and “coordination of services” to help you reach your maximum potential. If a person needs service coordination, they may be substantially disabled.
 - To determine if a person has a “substantial disability,” an assessment should evaluate a wide range of skills. The assessment should cover, at a minimum, communication skills, learning abilities, self-care, mobility, self-direction, independent living skills and economic self-sufficiency. Many tests are available to assess people’s abilities in these seven areas and in other day-to-day and long-term functions and abilities (17 CCR § 54001).
- Review the various types of “other” developmental disabilities on the chart.
- Some individuals with “other” developmental disabilities may also have mental retardation and/or cerebral palsy, and/or autism, and/or epilepsy.

Developmental Delays [S-17]

- Developmental Delay is when a child does not reach developmental milestones at the expected times. It is an ongoing, major delay in the process of development. If a child is slightly or only temporarily lagging behind, that is not called developmental delay. Delay can occur in one or many areas—for example, motor, language, social, or cognitive skills.
- Developmental Delay is usually a diagnosis made by a doctor based on strict guidelines. However, the parent is the first to notice that their child is not progressing at the same rate as other children the same age.
- The first three years of a child’s life is a time of rapid development. It is important to watch for signs of delays in development, and to get help from professionals if problems are suspected. The sooner a child with a Developmental Delay gets early intervention, the more developmental progress may be made.

Individuals with Developmental Disabilities are People First

- One way to show respect for individuals is to use something called “People First Language.” For example: *“Joe a person with autism”* vs. *“an autistic person named Joe.”*
- Some people do not always know how to refer to people with disabilities. It is the DSP’s job to help the individual’s community, friends, those that may support the individual, family, etc. to use People First Language to describe people with disabilities.
- Point out to the class that starting out with the word “individual” or “person” is always a good way to ensure that they are using People First Language.
- Ask the students to think back to the video about the Roles of the DSP.

Developmental Delays

A developmental delay is a very large difference between a young child’s abilities and what is usually expected of children the same age. (“Young” is defined as up to 36 months of age.) Infants and tod-

dlers who have a developmental delay can receive early intervention services. These services support the child in learning the things that will help him or her start to catch up.

Individuals with Developmental Disabilities Are People First

While it’s important to learn about the names and causes of developmental disabilities, **individuals with developmental disabilities are people first**. One group of self-advocates came up with the saying, “Label Jars, Not People.” For example, the subtle difference between calling Joe “a person with autism” rather than “an autistic person” is one that acknowledges

Joe as a person first. This is one example of what is called **People First Language**. A good way to ensure that you are using People First Language is to begin describing people with the words “individual,” “person,” “man,” or “woman.”

The Golden Rule vs. the Platinum Rule

It is not enough to use People First Language to show respect for individuals. It is also important to demonstrate **People First Behavior**. What does that mean? It means that:

- ▶ You take the time to learn about an individual’s needs, strengths, and preferences.
- ▶ You do not assume that you know what is best.
- ▶ Your manner of supporting individuals reflects their needs, strengths, and preferences.

The old rule was the **Golden Rule**: Treat others the way you would want to be treated. The new rule is the **Platinum Rule**: Treat others as they want to be treated.

TEACHER GUIDE

Individuals with Developmental Disabilities are People First (continued) [S-17]

- When the health club director referred to Jason as “that slow kid,” was she using “People First Language?” *No.*
- How do you suppose that made Jason feel? *Disrespected, stupid, sad.*
- What could the DSP have done? *Played the roles of Advocate and Ambassador, and used the Communication tool. The DSP could have told the health club director in a respectful way that actually Jason has a developmental disability and prefers not to be called “slow.” Then the DSP could refocus the conversation to Jason’s love of basketball to emphasize that Jason is a person who has preferences and dreams.*
- Share the following commentary by Kathie Snow with the students:

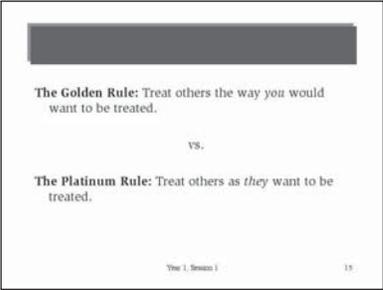
*The difference between the right word and the almost right word
is the difference between lightning and the lightning bug.
Mark Twain*

The Disabled

According to stereotypical myths, they are:
 People who *suffer* from the *tragedy* of birth defects.
Paraplegic heroes who *struggle* to become *normal* again.
Victims who *fight* to overcome their *challenges*.
 Categorically, they are called *retarded, autistic, blind,
 deaf, learning disabled, etc., etc., etc.—ad naseum!*
 Who are they, really?
 Moms & Dads... Sons & Daughters ...
 Employees & Employers ... Friends & Neighbors...
 Students & Teachers... Leaders & Followers...
 Scientists (Stephen Hawking) ...
 Movie Stars (Marlee Matlin)...
 They are people.
They are people, first.

The Golden Rule vs. the Platinum Rule [S-17]

- **Show Overhead #15: Golden Rule vs. Platinum Rule** and read the definitions.
- Ask the students why they think the Platinum Rule is more appropriate than the Golden Rule.
- Emphasize that individuals are different. We all have different preferences and strengths.
- For example: *Just because I like it when people give me hugs does not mean that I should assume other people like to be hugged too.*
- Ask them ways to find out how others would like to be treated. For example, *talk to and observe individuals, and ask their friends and families.*



Optional Activity: Stereotypes of Individuals with Developmental Disabilities [S-18]

- Hang four pieces of chart paper around the room. Place markers near each piece of paper.
- Give directions to the students: Go to the paper on the wall closest to you and write down stereotypes that you have heard about individuals with developmental disabilities. It doesn’t matter if you write something down that someone else has already written. Don’t worry about spelling and grammar.
- Once everyone has had a chance to write something, discuss the activity questions.
- Purpose: To heighten our awareness and keep stereotypes from influencing our perceptions of others as individuals who think and feel – just like us.

OPTIONAL ACTIVITY

Stereotypes of Individuals with Developmental Disabilities

Directions: Write down the stereotypes of people with developmental disabilities that you have heard and then consider the following questions.

How many stereotypes are negative?

Why are so many negative?

What impact does it have on the people whom you work with if you believe these stereotypes?

Does anyone know of a person without a disability who fits one or more of these stereotypes?

Do you think these stereotypes ever affect the work that DSPs do? If so, how?

How can DSPs overcome these stereotypes?

PRACTICE AND SHARE

Think of a time when you helped to add to the quality of an individual's life. What exactly did you do to add to the quality of the individual's life? How do you know it added to the quality of the individual's life?

TEACHER GUIDE

Practice and Share [S-18]

- Prompt students to turn back to the activity on S-4.
- Read directions: The first Practice and Share assignment will focus on the topic of life quality. Think of a time when you helped add to the quality of life of an individual that you support. How do you think that what you did added to the quality of his or her life? Be prepared to discuss what you did at the beginning of the next class.
- Provide students with an example: *Tom is a DSP. Tom helps to support A.J. In getting to know A.J. better by talking to him and reading his IPP, Tom discovered that A.J. would like to learn how to take the bus so he can be more independent. Tom helps A.J. get a bus schedule and talks with A.J. about which routes he would take to go different places. In this scenario, Tom went over a bus schedule with A.J. He knew that it added to the quality of A.J.'s life because it brought him one step closer to achieving one of his goals.*

.....

Quiz

Directions: The quiz consists of 10 questions. You will be given 20 minutes to answer them. Remember to fill in the oval that corresponds to the correct answer. We will review the answers as a class. As we review, mark the correct answers so that you can use them to study for the Test After Training.

Answers

1. **A**
2. **D**
3. **A**
4. **C**
5. **C**
6. **B**
7. **D**
8. **B**
9. **D**
10. **C**

End of Session 1.

The DSP Profession

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

- 1. What is the main reason DSPs are required to take the DSP Training?**

 - A) To help the DSP improve the quality of life of individuals with developmental disabilities.
 - B) To give the DSP firm control over the lives of individuals with developmental disabilities.
 - C) To enable DSPs to earn more money for the work they do.
 - D) To reduce the responsibility DSPs have for caring for individuals with developmental disabilities.
- 2. Which of the following is a value that is reflected in the Lanterman Developmental Disabilities Services Act?**

 - A) Others deciding what friends an individual may associate with.
 - B) Requiring an adult to be obedient to his or her parents.
 - C) Making sure the lifestyle of the person is completely free of risk.
 - D) Making sure individuals are satisfied with their services and supports.
- 3. Which of the following is a role the DSP is expected to play?**

 - A) Advocate
 - B) Parent
 - C) Boss
 - D) Disciplinarian
- 4. Which of the following is an example of “People First” Language?**

 - A) Victim
 - B) Handicapped
 - C) Individual with a developmental disability
 - D) Mentally retarded person
- 5. Which of the following is true about developmental disabilities?**

 - A) Developmental disabilities always begins before someone is born.
 - B) Individuals usually outgrow developmental disabilities by the time they retire.
 - C) Individuals with developmental disabilities are capable of learning and growing.
 - D) Most individuals with severe to profound developmental disabilities need very little assistance in their daily lives.

6. Wanda has difficulty walking and speaking clearly. Sometimes she jerks her head to the side and moves her arms around even though she does not intend to make these movements. Based upon this description, which one of the following disabilities is Wanda most likely to have?
- A) Mental retardation
 - B) Cerebral Palsy
 - C) Autism
 - D) Epilepsy

Read this story and then answer questions 7 through 10.

Mary noticed that Marissa was rubbing her knee. She asked Marissa why she was doing that. Marissa answered that she had tripped on a crack in the sidewalk, fallen, and hurt her knee. Marissa asked her to show her what her knee looked like. There was a very large bruise and swelling. Mary called the doctor to make an appointment for that day and tried to make Marissa comfortable until the appointment. Later, Mary wrote about what happened in the staff log so that DSPs working the next shift would be informed.

7. When Mary noticed that Marissa was rubbing her knee, she was using _____ from the DSP Toolbox.
- A) Documentation
 - B) Ethics
 - C) Decision making
 - D) Observation
8. When Mary asked Marissa why she was rubbing her knee, she was using _____ from the DSP Toolbox.
- A) Ethics
 - B) Communication
 - C) Observation
 - D) Decision making
9. When Mary looked at Marissa’s knee and called the doctor, she was using _____ from the DSP Toolbox.
- A) Observation
 - B) Communication
 - C) Documentation
 - D) Decision making
10. When Mary made a doctor’s appointment for the same day and tried to make Marissa comfortable before the appointment, she was using _____ from the DSP Toolbox.
- A) Communication
 - B) Observation
 - C) Ethics
 - D) Documentation



Appendices



Appendix 1-A

National Alliance of Direct Support Professionals CODE OF ETHICS

Advocacy

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

Interpretive Statements

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 that 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.

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.

Interpretive Statements

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 guide for 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 support requires flexibility, creativity, and commitment.

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.

Interpretive Statements

As a DSP, I will –

- ▶ Develop a relationship with the people I support that is respectful and 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 activities. 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 (for example, doctors, nurses, therapists, co-workers, or 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.

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.

Interpretive Statements

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.

Confidentiality

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

Interpretive Statements

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.

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.

Interpretive Statements

As a DSP, I will –

- ▶ Help the people I support by using 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.

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.

Interpretive Statements

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 (such as, religion, sexual orientation, ethnicity, socioeconomic class) of the person supported and his or her social network.
- ▶ Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

Relationships

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

Interpretive Statements

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.

Self-Determination

As a DSP, I will assist the people I support to direct the course of their own lives.

Interpretive Statements

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.