

Introduction to Community Residential Services & The Role of the Direct Support Professional

A guide to help Direct Support Professionals understand community residential services and how to provide quality supports and services to individuals with developmental disabilities and mental illness. This unit includes definitions of developmental disabilities and mental illnesses, and explains recovery, choice, quality of life, and documentation skills.

Outcomes:

- **Direct Support professional (DSP) will understand the values and ethics related to providing quality services in a residential setting.**
- **DSP will understand the difference between developmental disabilities and mental illnesses.**
- **DSP will understand what causes developmental disabilities and mental illness.**
- **DSP will understand how to provide and honor personal choice to support or increase independence.**
- **DSP will understand why quality of life is important.**
- **DSP will understand the concept of Recovery.**
- **Understand the role of the DSP in supporting an individual's recovery plan.**
- **DSP will understand documentation requirements.**

RESIDENTIAL SERVICES AND THE ROLE OF THE DIRECT SUPPORT PROFESSIONAL TRAINING CHECKLIST

Trainer will assure that the following is completed for the Residential Services and Role of the DSP Training:

1. Direct Support Professional will be given time to read the Residential Services/Role of DSP unit.
2. Direct Support Professional will complete the Test – Qualified Trainer can review with DSP using the Answer key.
3. DSP will complete the “quality of life” worksheet
4. DSP will complete the “matching roles” activity worksheet
5. Trainer will discuss the “Values to Guide Your Work” handout with the DSP. If possible include someone who lives in the home to join you in the discussion. Let them share with the DSP how important these values are to them and how the DSP can assist them to lead a higher quality of life.
6. DSP will complete the “stereotypes worksheet” and share a time when they helped to add to the quality of an individual’s life.
7. If the residential setting has people with Mental Illness living there the “101 ways to Facilitate Recovery” Handout will be given to the DSP for review.
8. Trainer should review pages 13 & 14 in the module with the DSP and add any specific job duties related to the residential setting.
9. The people who live in the home should be included in this training. If people are willing to discuss their disability or mental illness then they should meet with the new DSP and talk about their diagnosis and how the DSP can provide supports for wellness and/or recovery.
10. If possible an individual who lives in the home should give the new DSP a tour of their home and discuss what they like about living here.
11. Trainer will give the DSP the appropriate information related to each person’s diagnosis.
12. Trainer will review the specific documentation procedures for the residential setting.

Additional Activities:

RESIDENTIAL SERVICES AND THE ROLE OF THE DIRECT SUPPORT PROFESSIONAL



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.

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 provide 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: 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, make decisions about their own lives.

Values to Guide Your Work:

Here are some good examples:

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 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 always be honored.

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

When an individual's needs change, services should be changed as well, to assure 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 a minor 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 have a right to 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.

Rights and Responsibilities:

- Individuals with a developmental disability or mental illness 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, 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.
- 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.”

DSP Skills

Whether you are working independently or with a team, you will need to develop basic skills and knowledge to help you successfully meet the daily challenges of your job. Some of the skills required to provide the best possible support to individuals are:

Ethics: Enable the DSP to make ethical decisions.

Observation: Enables the DSP to observe people and places for things that could affect an 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 skills at the same time. For example, if an individual is sick, you might use the following skills to assist the individual.

- **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 may 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.

DSP SKILLS: ADDITIONAL INFORMATION

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.

Here is a condensed version 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 the 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 a 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: sight, hearing, touch, and smell to observe signs or changes.
- Get to know the individual's environment and look for things that affect safety and well being.

Communication

Communication is understanding and being understood.

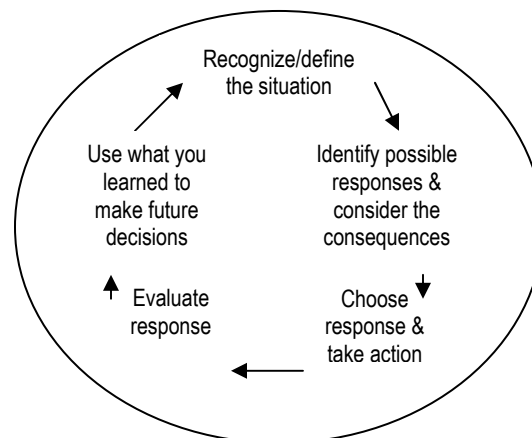
- Listen carefully to what is being communicated through words and behavior.
- Repeat back what was communicated to confirm understanding.
- Ask questions to gain a more complete understanding.
- Be respectful.

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. It is a good communication tool and valuable resource.

- The DSP is required to document in each person's individual record. This is considered a legal document.
- 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.
- Use the person's legal name.
- Use ink and write clearly.
- Do not use White Out® to correct mistakes. Cross out the error and put your initials next to it.
- Only use approved abbreviations.
- Don't use one person's full name in another person's record. (You can use initials or first name)
- Don't change previous documentation.
- Sign your name or initials and date all documentation.

Individuals with Disabilities

Who are the people you support? First, they are individuals. The people you support are primarily adults, male and female, and come from a variety of backgrounds. 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 is some type of developmental disability and/or mental illness.

Here is some basic information about the causes and kinds of developmental disabilities and mental illnesses. You are not expected to know everything about every type of disability. However, it is important that you know and understand the types of disabilities that the individuals you work with have. This knowledge will help you to provide the best possible service and supports.

What Is a Developmental Disability?

A developmental disability:

- Begins before someone reaches 22 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 Developmental Disability

Many things can cause a developmental disability, such as:

- The mother having a serious illness, poor eating habits, poor health care, or the fact that she smokes, drinks alcohol, or uses drugs.
- Chemical or chromosomal differences (like Downs 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.

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.

| Developmental Disability | Characteristics | Notes for the DSP |
|---------------------------------|--|---|
| Mental Retardation | <ul style="list-style-type: none"> ▪ Learns slowly. ▪ 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"> ▪ Autism is part of a group of disorders called autism spectrum disorders (ASDs), also known as pervasive developmental disorders. ASD's range in severity from mild (Asperger's syndrome) to more debilitating symptoms (Autism). ▪ 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. |

INDIVIDUALS WITH MENTAL ILLNESS

Definition of Mental Illness

The Michigan Mental Health Code defines mental illness as “a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life.” For a mental or emotional problem to be a mental illness, it has to be a **major** problem that **greatly** interferes with the person’s ability to function in life.

Definition of Serious Mental Illness

According to the Center for Mental Health Services (CMHS), adults with a serious mental illness are persons:

- Age 18 and over;
- Who currently, or during the past year, have been diagnosed with a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic Statistical Manual of Mental Disorders (DSM-IV); and
- That has resulted in functional impairment which substantially interferes with, or limits one or more life activities.



Types of Mental Illness

The following graph illustrates the types of mental illnesses: psychosis, schizophrenia, affective disorders, anxiety disorders, and personality disorder. The graph also tells you characteristics of mental illness and notes for DSP's.

| <i>Mental Illness</i> | <i>Characteristics</i> | <i>Notes for the DSP</i> |
|---|---|---|
| Psychosis | <ul style="list-style-type: none"> ▪ People see and hear things that are not real to anyone else. ▪ Strange feelings ▪ Odd behavior ▪ Distorted reality ▪ Confusion | <ul style="list-style-type: none"> ▪ People with these characteristics are said to be in an acute phase of the illness. ▪ People with a long-term psychosis that have less severe symptoms are said to be in a chronic phase. ▪ The chronic phase may last for long periods; some people are able to live on their own. Others benefit from living in a more structured community setting. |
| Schizophrenia | <ul style="list-style-type: none"> ▪ Believing things that are obviously false, seeing or hearing things which do not exist. ▪ Disconnected speech. | <ul style="list-style-type: none"> ▪ Common form of psychosis that affects as many as 2.4 million people in the U.S. |
| Mood Disorders Major Depressive Disorder Dysthymic Disorder Bipolar Disorder Suicide | <ul style="list-style-type: none"> ▪ Depression, mania or a combination of both which is called bipolar disorder. ▪ Depression is characterized by sadness, apathy, hopelessness and the inability to experience pleasure. ▪ Mania includes euphoric mood, increased physical activity, and rapid continuous speech. | <ul style="list-style-type: none"> ▪ Bipolar disorder affects 5.7 million Americans. |
| Anxiety Disorders Panic Disorder Obsessive- Compulsive Disorder (OCD) Post Traumatic Stress Disorder (PTSD) Generalized Anxiety Disorder (GAD) Social Phobia Agoraphobia Specific Phobia | <ul style="list-style-type: none"> ▪ Unreasonable fears, tensions or anxieties of places, people, objects and other things. ▪ Panic attacks, overeating, sleepwalking or constant hand washing can indicate neurosis. | <ul style="list-style-type: none"> ▪ These disorders do not involve gross distortion of reality. ▪ Anxiety disorders affect 18.1 percent of the population. ▪ These disorders can take many forms, but are usually less severe than psychosis. ▪ Some people do not seek treatment while others may choose to talk over problems with a therapist. ▪ In severe cases, medication may be prescribed to help control the symptoms. |
| Personality Disorder | <ul style="list-style-type: none"> ▪ Rigid and on-going patterns of thought and action. ▪ Inflexible behavioral patterns often cause serious personal and social difficulties, and a general functional impairment. ▪ Results from early childhood patterns which shape a person in certain ways. ▪ Some people grow up without a sense of right and wrong, or an understanding of the rights of others or personal property. | <ul style="list-style-type: none"> ▪ It is very hard to undo early patterns that have become part of an individual's personality. ▪ Medication is not always effective. ▪ A structured or controlled environment seems to help. ▪ People living in community residential settings who have personality disorders often have behavior treatment plans. ▪ Our goal is to help individuals change their behavior consistently over a long period of time. ▪ By changing behavior, we hope to achieve a change in their ability to function in society. |

GENERAL INFORMATION ABOUT MENTAL ILLNESS

It used to be true that people with serious mental illness spent much of their time in psychiatric hospitals. Today, we know more about mental illness, we have better treatment programs and community supports for people who have a mental illness, and we have more effective medications for some people to control their illness. The **biggest challenge** faced by people with mental illness today is often the myths and misunderstandings the general public have about what it means to have a mental illness.

- One of your jobs as a D.S.P. who supports a person with mental illness is to learn about them as a person: what they like and do not like, what they have done well in their lives, what they want to do, etc. The more you can help the **person** feel secure, respected, listened to, and successful, the more able they will be to deal with their illness.
- Having a mental illness does not mean the person is violent. Actually, many people with a mental illness are very vulnerable to being hurt or taken advantage of by others. The person with a mental illness is like any other person: they have all kinds of habits, patterns, personalities, and histories that make them who they are.
- Having a mental illness does not automatically mean that the person is less intelligent, or that they are ignorant, or that they are unable to have a happy, productive life. Persons with mental illness are people first! They have dreams, hopes, feelings, experiences, needs and preferences just like everyone else.
- People with mental illness are often not accepted or are treated differently by others, making it hard for them to learn from their experiences, and to gain confidence about doing things that everyone does. D.S.P.'s who provide support to people with mental illness must find ways to help the person have positive experiences interacting with people who are interested in more than their illness.

As you get to know the people who you provide services to, you will learn about the specific diagnoses each of them has, what each diagnosis means in terms of the ways the person is likely to react to others and to their environment, and what the best ways are to provide service and support to the person.

RECOVERY

Recovery is a concept gaining increasing support and use as it applies to treatment for individuals with mental illness. Previous treatment models have focused on traditional medical philosophy aimed at curing the person with the illness. Recovery as a guiding vision stresses each individuals ability to achieve personal success and quality of life while managing symptoms of the illness.



A recovery plan will assist people with deciding what their personal goals are and how their recovery plan will guide them through making changes in their life. The following concepts should be included in a good recovery plan:

- **Personal Vision:** How the person sees him or her self in the future. Future dreams will help the person create a personal vision and set goals.
- **Life Domain:** Areas of their life to consider when creating a personal vision and dreams. When people are doing what they want to do, quality of life is improved.
- **Realistic Expectations:** What changes in behavior are necessary and how long will it take.
- **Recovery Plan:** A plan that is created by the person that states their agreement to work on goals that will help them achieve their personal vision of recovery. A recovery plan is a tool to make progress and change possible!

A Recovery Plan is not meant to be achieved alone. The person will need support to help achieve their recovery plan. We all need to ask for help at different times in our life. The following are examples of people that can help and support with a Recovery Plan:

- **Natural Supports:** Friends, family and community resources available to support the person with their recovery plan.
- **Friends and Family:** People with whom the person shares biological or personal ties. These are usually people that the person is close to and can call on for help.
- **Community:** This is the place where the person lives, works and plays. A community can include the neighborhood and is usually the town or city the person lives in. Communities usually have several options for social supports like the United Way, Community Mental Health Centers, The Salvation Army, and food pantries.

A Recovery Plan is a personal commitment for the person to help improve their quality of life. The person agrees to the following:

- Take responsibility for my actions
- Seek help from others and continue to learn
- Take the necessary actions to achieve my success
- Commit to my goals
- Celebrate my successes and those of others
- Forgive the past
- Persist even when things are difficult and I want to quit.

Recovery is deeply personal to every individual. Recovery is a process of changing one's attitudes, values, feelings and goals. It means taking responsibility, and working for positive change to realize a better quality of life. Recovery does not mean the person's mental illness will be cured. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by the mental illness.

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND/OR MENTAL ILLNESS ARE PEOPLE



While it's important to learn about the names and causes of developmental disabilities and mental illnesses, **individuals 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.

BASIC GUIDE TO DOING YOUR JOB

BEGINNING YOUR SHIFT

- Always greet the people who live in the home positively!
- BEFORE THE STAFF YOU ARE REPLACING LEAVES, always visually check all the people who are home, and find out where anyone else is and when they are expected home.
- Always read the staff communication/log book at the start of your shift to keep up to date on what's going on at the home. If you have not been at work for a few days, go back to the last time you worked and read all the entries.

- Ask the staff that are leaving if there are any special instructions or information that might not have been in the log.

DURING YOUR SHIFT

- ALWAYS know where everyone is.
- Know who is medically fragile or especially vulnerable and may need special precautions, care or supervision.
- You must follow the Person Centered Treatment Plans (I.P.O.S.) for each person. These are specific guidelines on what to do to help each person stay healthy, safe, and to become more independent.
- As you get to know the people who live here, you will develop a relationship with them. We hope these will be trusting, friendly relationships, but remember they are also professional relationships.
- Remember that some of the people you help could get in trouble in a hurry. NEVER leave a person who is unsteady on his feet alone in the bathroom. Even for a minute! Plan ahead for these situations. If assisting in bathing, make sure you have shampoo, towels, change of clothes, etc. before you begin. If you forgot something, call for another person to get it for you. Don't ever hesitate to ask for help.
- NEVER LEAVE KEYS LYING AROUND!
- Meals are planned by menus and prepared with recipes. Be aware if any of the people living in the home require special diets, need their food cut up or pureed, need special assistance or supervision because they may eat too fast or choke on certain foods or liquids. Educate yourself on individual needs related to meals. Substitutions are allowed!
- Documentation is your best friend! While you are working on a shift, you will be busy with different tasks to help meet the needs of the people who live there. Give yourself credit for the hard work you do by making sure it is properly documented. Remember... if it isn't written down it didn't happen!

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 supports, 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's 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.



Once you're finished reading the Residential Services Unit

Please review and complete the following handouts:

- ❖ [Quality of Life worksheet](#)
- ❖ [Matching Roles worksheet](#)
- ❖ [Values to Guide your Work handout](#)
- ❖ [Stereotypes worksheet](#)

If you are providing services for people with a mental illness, you may want to review:

- ❖ [101 Ways to Facilitate Recovery](#)

Once you have done your worksheets and activities, click on the link below to take the test for Residential Services:

- ❖ [Residential Services Test](#)



RESOURCE MATERIALS

Some content in this section has been adapted from the following resource materials:

Licensing Rules for Adult Foster Care family Homes

http://www.michigan.gov/documents/dhs/BCAL-PUB-0332_281384_7.pdf

Licensing Rules for Adult foster Care large Group Homes (13-20)

http://www.michigan.gov/documents/dhs/DHS-BCAL-PUB-334_276575_7.pdf

Licensing Rules for Adult Foster Care Group Homes (12 or Less)

http://www.michigan.gov/documents/dhs/BCAL-PUB-0333_241598_7.pdf

Certification of Specialized Programs Offered In Adult Foster Care Home To Clients With Mental Illness or Developmental Disability

http://www.michigan.gov/documents/dhs/BCAL-PUB-0336_214333_7.pdf

Providing Residential Services in Community Settings: A Training Guide
Michigan Department of Human Services

www.michigan.gov/afchfa

Michigan Department of Community Health, Michigan Mental Health Code.
“Definitions for Developmental Disabilities and Mental Illness.”

California Department of Developmental Services: Direct Support Professional Training Year 1 and Year 2 Teacher and Student Resource Guides, 2004

<http://www.dds.ca.gov/DSPT/Guides.cfm>

Make A Difference: A Guide Book for Person- Centered Direct Support, John O'Brien, Beth Mount. Inclusion Press 2005.

“The Numbers Count: Mental Disorders in America”
National Institute of Mental health

Michigan Department of Community Health. Recovery Council,
“101 Ways to Facilitate Recovery”

Michigan Department of Community Health (MDCH)

<http://www.michigan.gov/mdch>

NAMI: National Alliance on Mental Illness

<http://www.nami.org/>

National Institute of Mental Health

<http://www.nimh.nih.gov/>

Michigan Department of Community health – Developmental Disabilities Council