

## DSP Live Training Outline: Day 1 & 2

### **DSP Day 1:**

- College of Direct Support
- DSP Role
- Professionalism
- Confidentiality
- History of Disabilities
- Intellectual Disabilities
- Rights & Choice
- Maltreatment
- Mandated Reporting
- Documentation

### **DSP Day 2:**

- Communication
- Community Inclusion & Social Roles
- Human Behavior
- Sexuality
- Teaching People
- Cultural Competence

# Code of Ethics

Direct Support Professionals, agency leaders, policymakers, and people receiving services are urged to read the Code and to consider ways that these ethical statements can be incorporated into daily practice.

## **1. Person-Centered Supports:**

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 guide the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs or gifts are neglected for other reasons.
- Honor the personality, preferences, culture and gifts of individuals supported and seek ways of understanding each individual's unique communication style.
- Focus first on the person and understand that my role in direct supports will require flexibility, creativity and commitment.

## **2. Promoting Physical and Emotional Well-Being:**

As a DSP, I will:

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

## **3. Integrity and Responsibility:**

As a DSP, I will:

- Be conscious of my own values and how they influence my professional decisions.

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

#### **4. Confidentiality:**

As a DSP, I will:

- Seek information directly from those I support regarding how, when and with whom privileged information should be shared.
- Include the individual in all discussions about their care
- Only discuss the individual in private, away from other individuals served and staff who do not need to know the information.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

#### **5. Justice, Fairness and Equity:**

As a DSP, I will:

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

#### **6. Respect:**

As a DSP, I will:

- 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.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (e.g., religion, sexual orientation, ethnicity, socio-economic class) of the person supported and their social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

## **7. Relationships:**

As a DSP, I will:

- 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 can 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 of the people I support. If I am unable to separate my own beliefs/preferences in each situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

## **8. Self-Determination:**

As a DSP, I will:

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

## **9. Advocacy:**

As a DSP, I will:

- 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.
- 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.

## Professional Boundaries for Providing Supports

Professional boundaries are guidelines for providing appropriate supports at work. Listed below are some examples of professional boundaries and how to stay "in bounds." If you are not sure what to do in any situation, talk it over with your supervisor or other trusted professional

### Type of Boundary

**Personal Information:** It may be tempting to talk to an individual served about your personal life or problems. Doing so may cause them to see you as a friend instead of seeing you as a professional. As a result, the consumer may take on your worries as well as their own.

- Use caution when talking to a consumer about your personal life. Do not share information because you need to talk, or to help you feel better.
- Only share personal information if you think it might help the consumer, such as a teaching example of encouragement.

**Emotional Reactions:** The actions of an individual served will trigger emotional reactions in professionals. It is normal for a professional to feel sadness, annoyance, fear, attraction, protectiveness, frustration, or sympathy in reaction to an individual's behavior. Although it is normal to feel such emotions, it is not helpful or appropriate to express or act on emotional reactions.

- Focus on the needs of those you support, rather than personalities.
- Remember that an individual's behavior may be caused by illness.
- Practice treating each individual with the same quality of care and attention, regardless of your emotional reaction.

**Nicknames/Endearments:** Calling an individual served 'sweetie' or 'honey' may be comforting to that person, or it might suggest a more personal interest than you intend. It might also point out that you favor one person over another. Some people may find the use of nicknames or endearments offensive.

- Avoid using terms like honey and sweetie
- Ask the individual how they would like to be addressed.

**Touch:** Touch is a powerful tool. It can be healing and comforting, or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.

- Ask the individual if they are comfortable with you touching them.
- Be aware that the individual may react differently to touch than you intend.
- When using touch, be sure it is serving the individual's needs and not your own.

**Tone of Voice:** You can contribute to an atmosphere of fear or one of caring through the sound of your voice. It is a choice you make every time you speak.

- Be aware that the tone and volume of your voice reflects your emotions.
- Adjust your voice to convey comfort and caring.

**Gifts/favors:** Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from an individual served might be taken as fraud or theft by another person or family member.

- Practice saying no graciously to an individual who offers a gift.

**Clothing:** Clothes help to define the boundaries of your role as a professional. Clothes send messages about how you feel about yourself and your role. Your choice of clothing should reflect that you are professional and sincere about your job.

**Scheduled Time:** A professional relationship is different than a personal relationship. A friend or family member is often expected to be available when needed but a paid helper is scheduled for particular times. New Communities does not allow DSPs to spend unpaid, non-work time with individuals served, unless permission has been granted in advance.

**Reacting to Behavior:** Sometimes professionals react emotionally to the actions of an individual served and forget that those actions are caused by a disorder or disease. Personal emotional responses can cause a professional to lose sight of their role or miss important information. At worst, it can lead to abuse, exploitation, or neglect.

- Focus on the fact that the behavior of the individual may be directly related to their disorder.
- Take a moment to collect yourself when you realize you are about to respond emotionally or reflexively to an action.
- Remember that the individual's actions may be their best attempt to solve a problem or fill a need. Ask yourself if there is a way to problem solve and help them communicate or react differently

**Romantic or Sexual Relationships:** it is never permissible for a professional to have a romantic or sexual relationship with an individual served. Sexual contact with a consumer is a crime, regardless of consent. If you feel that you are becoming attracted to someone you support, seek help from your supervisor or other trusted professional right away.

**Secrets:** Secrets between you and an individual served are different than confidentiality. Confidential information is shared with a support team among the individuals who need to know. Personal secrets compromise role boundaries.

- Do not keep personal or health-related secrets with an individual.
- Be aware that keeping personal or professional secrets indicates that you may have crossed a professional boundary.

## Rights Scenarios

1. An individual invites his girlfriend over to the house for a visit. While they are visiting, he asks her if she wants to go upstairs to his room where they will be unsupervised and can have some private/intimate time. **Can you tell the individual that he can't go upstairs to his room with his girlfriend?**
2. An individual is known to occasionally steal. Every day she walks to the local store and buys herself a soda. Today she came back with a soda and some candy. You are fairly certain the candy was stolen. **Can you tell her that she cannot go back to the store? Can you take the candy away from her?**
3. An individual frequently misuses the telephone. He makes non-emergency calls to 911 and will often call his friends and family in the middle of the night if he has access to a phone. Today you saw him carrying a cell phone and take it to his room. **Can you search his room without his permission? If you find the cell phone, can you take it away? Can you permit him from having a cell phone? Can you deny him access from the house phone?**
4. You've taken two individuals to eat at a local restaurant. After loading the individuals into the company vehicle and getting ready to leave, you realize that one of the individuals left their jacket inside the restaurant. You lock the vehicle door with the individuals inside and run inside to grab the jacket. **Is this okay?**
5. An individual tells you that they saw another individual carry a knife from the kitchen into his room and hide it under his bed. **Can you search the individual's room for the knife without his permission?**
6. An individual has not showered for 5 days, changed their clothing and has recently been incontinent. All of the individuals who live in the house are getting ready to go for a ride and to do personal shopping. You've told the individual who is not hygienic that they cannot go unless they take a shower and change their clothing. **Is this okay?**
7. An individual has not showered for 5 days, changed their clothing and has recently been incontinent. The individual has a doctor's appointment this afternoon and you've told them they cannot go unless they take a shower and change their clothing. **Is this okay?**
8. An individual refuses to take a shower at her usual shower time. You give the individual several verbal prompts but she continue to refuse. Finally, you physically escort the individual to the bathroom for her shower. **Is this okay?**
9. An individual is having a bad day and is yelling loudly in the living room. You tell the individual to go to her room. **Is this okay?**
10. An individual has a walker that he does not need for medical reasons, but he likes to use it because it helps him feel more secure when he walks. During your shift, he has been threatening to throw his walker at you each time you walk by him. **Can you take the walker away when he makes a verbal threat and then raises the walker in your direction?**

11. An individual loves to play video games. Today he threw one of the remote controls at your head in an attempt to injure you and he is now threatening to throw another remote control at you. **Can you take the remote control away?**
12. Early this morning a individual was having a very bad day and physically attacked a staff member, digging the staff person's arms and biting her. It is now later in the afternoon and the individual is calm and no longer seems to be dangerous to herself or others. **Can you tell this individual that she cannot go out on a community activity because of the aggressive behavior she engaged in this morning?**
13. An individual has diabetes and a special diet that limits sugar to keep her healthy. Today the individual purchased 10 candy bars and has insisted that she is going to eat them all. **Can you tell her no, that she cannot eat all of the candy? Can you take the candy away?**
14. An individual has refused to do any of his ADLs, he hasn't done any of this chores and has sworn and been unpleasant to staff all day. **Can you tell him that he has to stay home and cannot go to the store because of his behavior?**
15. An individual is refusing to take her medications and pushes your hand away each time you attempt to give them to her. You grab her arms so she can't swing them at you and then you attempt to give her the medications. **Is this okay?**
16. An individual darts for a hot stove and attempts to touch it. You immediately block the individual, and then put him in a standing MANDT hold when he starts to hit you and continues to try to grab for the stove. **Is this okay?**



## Documentation Guide

Documentation refers to keeping a written record of information needed to evaluate the effectiveness of a person's overall program of services. Some agencies will refer to this collection of information as the file, clinical file, record, or chart. There are different types of documentation, including:

- Narratives, like progress notes, psychosocial history, and consultant notes.
- Program data collection sheets and records.
- Laboratory reports, doctor's visits, and medication sheets.

As a DSP, you are required to maintain daily documentation that details actions of the day, data related to resident/client health, and the administration of medications.

### Documentation: General Rules

- Make sure that the individual's privacy is assured.
- Keep separate records for each person. Never mention the name of one person receiving services in the file of another. Never combine records in one file.
- The originals of all documents should be in the file. Photocopies and fax copies may be placed in the file if the original is not available.
- Never make an entry for someone else.
- Use only abbreviations approved by your facility.
- Make entries only after the fact - i.e., after the treatment, task, or activity has been completed or after an observation has been made, but on the day that it occurred.

### **Objective vs. Subjective Reporting**

It is very important to provide complete and factual information in the client file. Record what you see or experience and not your opinion of the events.

**Subjective** reporting includes your personal feelings, opinions, judgments, or interpretation.

Examples of *subjective* documentation:

- "Real pouty today because I wouldn't let him get away with his usual tricks."
- "Very aggressive." Instead describe the behavior in detail.
- "Table manners were awful."
- "He was really good this morning."
- "I had a real problem with her attitude this morning but by lunch she was easier to be with."

**Objective** reporting includes only observable facts. Examples of *objective* documentation:

- "Mary threw her spoon, swore at everyone in the room, poured a gallon of milk on the floor, and kicked a chair across the room."
- "Right after coming home from work at 3:00 pm, John went to his room and lay down on his bed. When I asked him how he was doing, he said, "Sick - threw up on bus." I took his temperature, and it was 102 degrees orally. I called the nurse at 3:15 pm."

Whenever possible put your subjective observations into objective terms. For example:

- "Cathy was happy." (subjective) becomes "Cathy had a smile on her face." (objective)
- "David was angry." (subjective) becomes "David said, "I am mad at mom." (objective)

## Direct Support Professional Training Evaluation

Thank you for taking the time to fill out this evaluation your answers will help us improve. Please send completed evaluations to Sharon Wyman, Training Coordinator, at [swyman@newcomms.org](mailto:swyman@newcomms.org).

Date(s) of Class: \_\_\_\_\_ Instructor(s): \_\_\_\_\_

Please answer the following questions with a yes/no response. If you have specific information you would like to share, please include it in the comment section.

Question	Yes	No
1. Did the instructor(s) tell you what topics would be covered in the training?		
2. Did the instructor(s) tell you what skills you would covered in the training?		
3. Did the instructor(s) cover all the topics that you were told would be covered in the training, in enough depth for you to fully understand them?		
4. Did you feel comfortable participating in the class?		
5. When/if you asked questions, did they get answered to your satisfaction?		
6. Did you have confidence in the instructors knowledge of the topics covered?		

1. What did you like best about the training?
2. What suggestions do you have for improving the training?
3. What are your feelings about the instructor(s) methods of teaching?
4. What are your feelings about the format (issues with technology, overall time scheduled, length of each training, breaks, etc.)?

Additional Comments: