

A Quarterly Newsletter of the National
Alliance for Direct Support Professionals

Frontline Initiative

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Supporting the Whole Person Communicating within Diversity

There was a time in all cultures when wellness and the divine met. Healer-priests and priestesses were trained from infancy in the arts of healing in accordance to their cultural beliefs. Their treatment of illnesses was accepted by group members who shared the same beliefs and a common history.

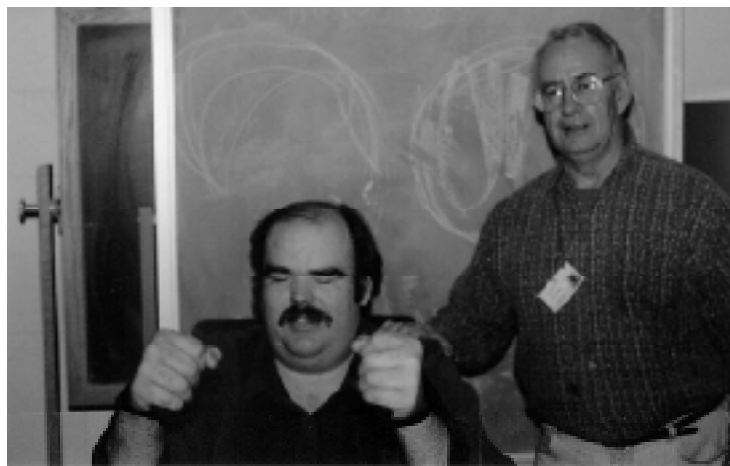
We now live in a global village, where contact between divergent cultures is a daily occurrence. We are no longer surrounded by those who share our beliefs, values, and history. What we believe about wholeness and healing, like any cultural ideal, is not a universal truth, but is challenged and contrasted by people in our own communities.

For persons with disabilities who may need a high level of support from direct support professionals and health care professionals to meet daily needs, the issue of communicating within cultural diversity is critical. More and more frequently, professionals and consumers are likely to have different beliefs and different cultural backgrounds. How these differences are bridged has a great

impact on the well-being of consumers and the satisfaction of those working in the direct-support field.

As an example, modern health care professionals usually focus on biological causes of illness and disability, a frame of reference in which the cultural competency of the professional is irrelevant and healing methods are supposedly universal. In other words, clients who have suffered a stroke, but who come from different cultural groups, would share not only the same diagnosis, but also the same treatment or service, and in theory, make the same progress. Extensive research has shown that, contrary to this belief, cultural competency on the part of health care providers enhances the compliance to and follow-up of

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Sean Curtan (right) of Opportunity Partners with David Fleischhaker, demonstrating how to use an exercise machine. (see Present Moment, page 4)

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The Real Scoop DSP Q&A

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If you are interested in commenting on or contributing to *Frontline Initiative*, or in becoming a member of the editorial board, please contact —

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Welcome to the second printing of *The Real Scoop*. Our question raises the issue of the difficulty of providing supports to people who may not seem to return any thanks for the service provided. After some time, this can be very frustrating. Clifford is a self-advocate who has been politically active for years. He’s ready to give you his spin on how to deal with issues that come up as you forge ahead in your role as a Direct Support Professional. Seth is a Direct Support Professional who loves to give advice. He has been a DSP for too many years to count. He may give you a hard time, but hey, it’s for your own good! Clifford and Seth tackle this one with just a few suggestions. How would you handle this situation?

Turning the Other Cheek Seventy Times Seven?

Dear Clifford and Seth,
In the two years I have worked as a DSP, many times my job feels like a huge double standard. I am trained to treat consumers with respect, while they often treat me with disrespect for the services which I provide them. Certain individuals repeatedly swear at me, tell me I am dumb, ask me to the point of belligerency why \$15 will not buy a \$50 radio, and immortalize me in bad-mouthed lyrics when things don’t turn out perfectly. This gets exasperating sometimes. How much is too much? What’s the appropriate way to handle this kind of repetitive behavior that feels abusive?

—Hector Ianua

Dear Hector Ianua,
You need to sit down with that person and explain why \$15 for a radio won’t buy one for \$50, and set up a plan to buy the radio by saving money for it. Your training should help you understand their frustration. If you feel unable to sit down with that person and talk it out, you should find help from another staff person or your supervisor.

—Clifford

Dear Hector,
You are missing the point of your training. The consumer’s way of empowerment, after years of feeling powerless, may be to berate and belittle others. Your boss should be instructing you on how to turn these annoying, repetitive, or negative experiences into positive ones for you to share with those you support and even laugh about together. For example, when someone swears at you and calls you dumb, the person is only repeating what has been thrown his or her way for years. Ask the person how he or she knows about the word “dumb.” You might be surprised at the years of abuse he’s endured and how well he’s adapted, sometimes by taking it out on other people like you. After you’ve established a better understanding, show this consumer how you care by going to yard sales together. You may find the radio for \$15 and earn the respect you desire.

—Seth

Editors Note

Feeling perpetually angry or frustrated with a consumer’s actions is a sign that it’s time to seek help. Talk to a trusted administrator about options such as advanced training, increased peer or supervisory support, or a transfer to another work environment.

DSP Joins President's Committee: A First for Direct Support History

Sally Jochum was appointed by President Clinton to the President's Committee on Mental Retardation (PCMR) in October 1997. Jochum is the first Direct Support Professional ever to serve on this 21-person committee, which provides advice and assistance to the President and the Secretary of the Health and Human Services. The PCMR was created by Executive Order in May 1966.

Jochum works for Johnson County Developmental Supports in Lenexa, Kansas, as an Assistive Technology Specialist. She is a member of the National Alliance for Direct Support Professionals as well as the editorial board of *Frontline Initiative*.

As a DSP of eight years and a constant advocate for people with disabilities, Jochum says that she hopes to advocate for the independence and rightful treatment of all people with developmental disabilities. Serving on the PCMR, she says she has a few goals she wants to accomplish: 1) "be a voice for people who work in direct care for people with disabilities," and 2) "be a part of the system to make changes in policy that will improve the quality of life for people with disabilities."

NADSP Member Organizations

Frontline Initiative is a product of the National Alliance for Direct Support Professionals. The NADSP is a collaboration of organizations who are committed to promoting the development of a highly competent human services workforce that supports individuals in achieving their life goals. The following are some of those organizations—

- American Association on Mental Retardation
- American Association of University Affiliated Programs
- American Network on Community Options and Resources
- The Arc
- Association of Public Developmental Disabilities Administrators
- CARE, The Rehabilitation Accreditation Commission
- Council for Standards in Human Service Education
- Human Services Research Institute
- Institute on Community Integration (UAP), University of Minnesota

- National Association of State Directors on Developmental Disabilities
- National Association of State Directors of Vocational Technical Education
- National Center for Educational Restructuring and Inclusion
- National Center for Paraprofessionals in Education
- National Organization of Child Care Workers Association
- New Jersey Association of Community Providers
- President's Committee on Mental Retardation
- Program in Child Development and Child Care, University of Pittsburgh, School of Social Work
- Reaching Up
- Self-Advocates Becoming Empowered
- TASH

Contact one of the NADSP co-chairs (page 9) for more information about the Alliance.

Present Moment

Why do I do what I do, and how do I cope in the social services field? I have come to realize that my work isn't always about accomplishing great things, but often merely about doing my duty. That duty, as I see it, is to be of service to others, to help individuals seek their potential—from getting ready to work in their community, to being able to give an appropriate greeting—and working with my fellow staff as a team.

In order for me to achieve these goals, I must be open to whatever or whomever is in my present situation. I have also found that it is good to be open to change because no two days are the same. Change can be intimidating or exhilarating; it is up to me. Sometimes I believe people become complacent with their habits. Yet when I step back and realize that one's ego can be one's jailer, I can either allow change to lock me in or set me free.

In our work, we intend to accomplish something good for others or for ourselves. Often in our field what we do is hidden, humble, anonymous, and even monotonous. Some days I feel like Sisyphus, the Greek god who spends eternity pushing a stone up a hill, only to have it roll back down when he reaches the top. Yet our service is of great value. Though it may go unnoticed to many, to the people we serve it has great meaning.

I try to maintain a decorum that includes courtesy, etiquette, and humor for all those I come in contact with, and which looks both towards myself and towards others. This comes from a sense of respect

for others and for myself. I ask myself, what effect will this behavior have on others? Will it cause harm in any way, or embarrassment?

When I communicate with someone, I ask myself three questions: "Am I being truthful?" "Am I being helpful?" and, "Am I communicating in a kind manner?" We can disagree, but by using these rules, I

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don't take or intend disagreement to be personal or hurtful, or do so in order to win, but rather to come up with a workable solution. How do I cope? Some ways that I have learned are by trying to keep my priorities straight as to why I work in the social service field. In every situation I give it my best shot. I try not to take negativity on the part of others personally and instead focus on something positive that the person has done and can do. I allow the people I support to become the teacher, letting them write some rules. One of the techniques I use to keep communication open is called "the gold box." I imagine the person is holding a gold box and until this person "puts the box down"—in essence completes what he or she wants to say—I cannot speak. This keeps me from interrupting, fosters listening on my part and encourages the individual to express his or her feelings. Another technique I use is to vary my approach to situations by sometimes leading the other person, sometimes working with the person,

and sometimes following the person's lead. I have also cultivated a calming smile that I use in stressful situations.

I believe that in order to do my job to the fullest I must make sure I have balance in my own life. Some of the ways I have found are spiritual (meditation and centering), some are physical (weight lifting and cycling), and some are intellectual (reading). I move on from projects that make me feel negative. I have a special place to get away at work and at home, a place that's just for me. Also, I remind myself that we are all linked to each other, and that in a circle everyone counts, though everyone might be different. The one on the opposite side of the circle offers the balance that I need.

I feel reward in my career when someone I support realizes that they have really accomplished something, and I know in my heart that I have played a part in helping them to accomplish it.

Sean Curtan is a DSP for Opportunity Partners, Inc., in Minnetonka, Minnesota.

In Each Issue

Frontline Initiative runs a first-person article by a DSP about the reason they work in the field – why they do it and why they stay despite the challenges. If you would like to contribute your "Frontline Story" we would love to hear it.

Easy for You to Say!

Dear Friends—I have Cerebral Palsy. I speak, but it is very (much) trouble. Sometimes people cannot understand me. It is hard, but I keep on trying. I have been like this all of my life. Communication is frustrating, not fun. Doctor visits would be better if I could communicate more. For instance, they gave me a new medication last March, and it made me sleepy all the time. I took it for about five months; I had trouble telling the doctor. Having no way to communicate made it difficult to tell the doctor. — Julia

I first met Julia in the fall of 1989 while doing communication evaluations for an agency that provided supported living opportunities in the community. The result of that evaluation had been a recommendation for an electronic communication device. Julia was bright and persistent in her efforts to communicate, but was dependent on familiar listeners to interpret for her. She had shared her desire to write a book and it was clear that she had much to say. It was almost two years before the recommended device was obtained.

I have feelings just like anybody. I like to be treated like anybody else, like any other adult. Just because my body doesn't work like "normal" people's bodies, doesn't mean that my mind doesn't either. I think the same things as everybody else does.

To those with communication barriers associated with sensory, motor and/or cognitive differences, simple tasks like telling the doctor how you feel may become impossible. Many individuals with communication barriers are dependent on family and professionals to develop functional communication

systems for them. Too often, when systems are not developed, they do not grow and change with the consumer, or they fail to reflect the consumer's needs, preferences, and abilities.

When I first called Julia to discuss the possibility of co-writing this article, her personal care attendant relayed my message to her. She replied that she would like to be involved and invited me over. I arrived at her door and found that she had been without her communication device for the last six months, and Julia was again relying on staff to interpret for her. Julia knew the agencies and people she needed to contact, but was unable to do so. Without her communication device, she had no way to contact the appropriate people and tell them that she could not communicate—the proverbial Catch 22.

I need to communicate so I can get a job. That's like a dream. I have to save my money to buy glasses, but may need to buy a power wheel chair. It is hard to do when you have to pay bills and help buy the food and then buy clothes. If it's not one thing, it's another.

Julia is not unique. She is more like everyone else than different. Unfortunately, she doesn't have an easy way to express herself. Everyone communicates in some way. The current strategies and the available technology make effective interaction a possibility for everyone. Age is not a prerequisite for communication, nor are cognitive, sensory or motor abilities. While there are no prerequisites to communication, there are often barriers. It is critical for Direct Support Professionals to recognize the need for consumers to communicate, to provide the opportunities and means by which they can communicate, and to support them in order to maximize the effectiveness of the existing communication. Helping people communicate should be a DSP's number one priority, because without the ability to communicate, there is no way to provide meaningful supports.

Julia Pappas resides in Overland Park and Jane Korsten is a speech pathologist for Responsive Centers for Psychology and Learning in Overland Park, Kansas.



Jane Korsten (right) works with Julia Pappas using her communication device.

Bridging the Gap

Effective Communication with Families

Perhaps one of the greatest challenges facing the Direct Support Professional (DSP) lies in effectively communicating with families. As a resident counselor of more than five years in an Alternative Living Unit, I have worked closely with the families of the three women who live there. In addition to maintaining regular contact with those families who are fully involved, I have encouraged additional contact with family members whose involvement has been minimal. In order to nurture these contacts, I believe one of the most important things to keep in mind is that the ultimate goal of any such communication is to serve the best interests of the individual to whom I provide supports. I have found the following strategies to be helpful for maintaining this best interest, while fostering positive interaction with families.

Take the initiative - All too frequently, it is a family member who initiates contact with the DSP. The DSP, however, needs to initiate communication. For example, I see the frustration of families who are not notified about staff changes. Initiating communication shows your interest in the individual as well as shows the value you place on those who are closest to the individuals you serve.

Communicate early in the relationship - Early communication is essential to getting the relationship off to a good start. There is nothing more frustrating than when the initial point of contact between a DSP and a family member involves a problem. Overcoming a negative beginning can be difficult. Communicating early on positive

grounds goes a long way in getting the relationship off to a good start.

Work as a team - The relationship between families and DSPs should not be adversarial. Rather, their relationship should be characterized by a willingness to work together to serve the best interests of the individual.

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Show you care—Your genuine concern for the individual, as well as for their family members, will serve you well.

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as a sounding board for one another, the DSP can improve the quality of care they provide. Furthermore, helping each other learn how to work effectively with family members can be a vital part of this communication.

Use a variety of methods—Speaking with family members and writing them notes are just two methods of communication. Be creative! Be practical! One of the most effective means of communication I have with families involves making detailed notations in bank books. When a withdrawal is made, I write a description of how the money will be spent. The families are very appreciative of this record.

Be honest—Honesty in your interaction with families is an essential ingredient to effective communication. Learn how to best approach family members with what

needs to be said. What works well with one family might not work with another.

Be an advocate - As DSPs, we have a dual role. Not only are we responsible for the day-to-day care of the individuals we serve, we are also called to advocate on their behalf. This is probably one of our most important functions, as it involves serving the best interest of those with whom we work. At times, being an advocate will involve working together with family members on behalf of the individual. At other times, it might involve advocating on behalf of the individual in matters with which the family might disagree.

Show you care—Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members as well as asking for their input, will go a long way in maintaining positive communication. In addition, attending to detail and knowing what values are important to family members will be helpful as well. Your genuine care and concern will earn you respect that will foster your positive relationship with families.

These are a few ways I have found that have improved both the lives of the people I provide supports to and my work. As DSPs, we can greatly improve the quality of our services simply by looking for more effective and creative ways to communicate, especially with families.

Terri Niland is a Co-Resident Counselor for Arc of Montgomery County, Maryland.

How to Reduce Turnover

Listening to DSPs Fosters Commitment

For individuals with disabilities and their families, one of the greatest perceived obstacles to quality, long-term residential care is staff turnover. Individuals grieve the loss of good staff, and family surveys show that the major complaint is the frequency of staff turnover.

Many people in the disability profession believe that low wages are the primary reason for this turnover problem, and for more than 10 years, many have fought with government agencies for higher rates.

To date, this has been a relatively unsuccessful effort. Our agency, Living Resources, has been looking at the problem of turnover for many years. As director, I have a strong interest in both improving wages and in determining what factors cause turnover. To improve quality, we are seeking ways to retain staff, given that wages may not improve. In other words, we want to better manage factors within our control.

Living Resources, in partnership with Dianna Stone, Ph.D., New York State University at Albany, developed a survey instrument to determine which work-related and personality variables would encourage employees to stay. The questionnaire was distributed to all employees, who were asked to answer all the questions, sign the forms, and return them to Dr. Stone. We assured them anonymity. We were only interested in a broad understanding of what factors made employees choose to remain.

The result of the research, with 100 questionnaires returned, indicated that there are statistically significant relationships between (1) organizational climate, (2) organiza-

tional commitment, and (3) job satisfaction, and the intent to remain. The organizational climate is an expression about various aspects of the organization. For example, employees feeling that they can talk directly to their leaders about the jobs, and how effectively the organization routinely rewards success. Organizational commitment is an expression of employees' emotional commitment to Living Resources. It shows willingness to put in a great deal of effort to make the agency successful. Job satisfaction centers on satisfaction with pay and benefits, feelings of worthwhile accomplishments from the job, and satisfaction with the quality of the supervision. When these three factors coexist, as defined by the employees, then they state that they "intend to remain." One year after the survey was administered DSPs who indicated they intended to remain have stayed to an overwhelming extent.

Using the survey information to make improvements, Living Resources reduced its turnover rate from 50 to 20 percent during a 4-year period. We restructured our agency environment so that the DSP was recognized as a valuable contributor to the quality of services we provide. The following are several ways this value was promoted at Living Resources: 1) In hiring, we focused on a thorough selection process which included verifiable information, and assessment by a team of managers, long term staff and consumers of our services. We also provided each applicant with realistic job previews of work requirements and the agency's value system; 2) New employees received a

thorough introduction to the company through orientation sessions, vision workshops, and team goal setting, and 3) We made adjustments and administrative decisions based on an understanding that we can only get customer satisfaction if we first achieve employee satisfaction. Throughout a DSP's employment with Living Resources, we strive to improve the critical process so that DSPs feel that they have a voice and that they can improve their job. Since we enacted these changes, staff morale has risen considerably, which is reflected in the reduced turnover and overall improvement in job satisfaction.

We have also demonstrated that this higher retention rate supports quality and satisfaction with services. Individuals and families express greater satisfaction with services, access, and communication at all levels in the organization. We have seen a large decline in worksite accidents, auto accidents, worker's-compensation losses, and reportable incidents in our programs since these relationships were recognized and changes were made to foster a better agency environment for DSPs.

Without wage increases, retention can improve through careful application and thorough commitment to human resource management issues. Living Resources enjoys shared values with its direct care employees, higher retention rates, and better quality.

Fredrick Erlich is Executive Director of Living Resources, and may be contacted at 518.346.8888 ext. 3317 or by email: LiveCors@aol.com.

Accreditation and Certification: Indicators of Quality

CARF... The Rehabilitation Accreditation Commission

CARF is a private, not-for-profit organization that grew out of medical and vocational rehabilitation's need to promote quality programs for people with disabilities and others in need of rehabilitation services. Approximately 10 years before CARF's formation, two national associations representing many providers in the rehabilitation industry began developing standards for their respective memberships. In 1966, the two groups, the Association of Rehabilitation Centers and the National Association of Sheltered Workshops and Homebound Programs, formed the Commission on Accreditation of Rehabilitation Facilities - now known as CARF... The Rehabilitation Accreditation Commission. The mission of CARF is to serve as the preeminent standards-setting and accrediting body which promotes and advocates for the delivery of quality rehabilitation services.

CARF accreditation is a statement that the organization is proud of the results it achieves for its stakeholders, while at the same time remains committed to continually improving services. The value of accreditation or certification has to be much more than a framed document hanging on the wall. Organizations seeking accreditation for their services from CARF must demonstrate a clear focus on their customers, their customers' expectations, and the results of services provided in terms of the achievement of desired goals, and customer satisfaction. Individuals seeking professional certification from various sources must demon-

strate the results of their personal knowledge, experience, and focus on results as well. In both cases, a clear indication is evident of service delivery beyond baseline expectations—as well as commitment to continual learning, changing and improving.

As a first step in seeking accreditation from CARF, an organization makes a commitment to enhancing the lives of the persons served as defined by the person served. Organizational policies, or public value statements, are developed or revised to reflect this commitment. Next, the organization examines its structure and mission in light of current environmental factors. To do this, stakeholders are identified, their needs prioritized, and changes in service delivery are implemented when appropriate.

The organization also sets up an outcomes measurement system to observe changes in the lives of persons served, the organization, or the community as a result of services provided. The results from these observations drive changes to individuals' service plans and services, as well as the organization's daily operations and future plans. CARF, meanwhile, conducts site-survey visits to provide an impartial, external review by a team of professional peers. This review is made using accepted standards and accessing the organization's policies or value statements. In other words, is the organization walking its walk and not just talking its talk? Conformance to the standards is demon-

strated through team observations, interviews with consumers, families, staff, and other stakeholders, answers to questions about important points in the standards, and a review of appropriate documentation.

A survey report is then compiled from these observations, which contains recommendations to reinforce the organization and staff for best practices. It contains suggestions for improving services based on the experiences of the survey team and questions from the organization.

Equipped with this information, the organization prepares a quality improvement plan to address these recommendations during the term of the accreditation award. Using its outcome measurement system, the organization continues to refine and improve its services.

Throughout the term of accreditation, training and publications are available from CARF to help the organization implement its own quality improvement plans and continue to improve customer-focused services for its stakeholders.

Presently, CARF has accredited close to 15,000 programs in the United States, Canada, and Sweden in areas of medical rehabilitation, behavioral health, and employment and community services.

For more information, please contact Dale Dutton or Paul Andrew, National Directors of Employment and Community Services, CARF... The Rehabilitation Accreditation Commission, 4891 East Grant Road, Tucson, AZ, 85712, 520.325.1044; fax: 520.318.1129. email: ddutton@carf.org or pandrew@carf.org; web <http://www.carf.org>

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CARF accreditation is a statement that the organization is proud of the results it achieves for its stakeholders...
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Celebrating Our First Birthday!

The National Alliance Update

Members of the National Alliance for Direct Support Professionals (NADSP) convened in November to mark our first birthday in Salt Lake City in conjunction with the National Arc conference. In contrast to the tranquil mountain setting of Salt Lake, Alliance Co-Chair, James Meadours of Self Advocates Becoming Empowered, stirred excitement in a packed conference room on Saturday morning when he described the mission of the NADSP and shared personal stories illustrating the importance of support in his life. James and NADSP Steering Committee members, Marci Whiteman and Marianne Taylor, engaged conferees in a lively discussion about NADSP goals and concerns. Topics included access to educational opportunities, the disruption of relationships due to staff turnover, and questions on how the enhancement of professionalism in the direct support role might affect the ability to engage natural supports.

Earlier in the week, the NADSP Steering Committee held a meeting to review NADSP accomplishments since its June meeting and to make new plans. Although growing pains are inevitable, NADSP has much to celebrate and look forward to on this first anniversary, including:

A new look for the newsletter! *Frontline Initiative*, the NADSP newsletter, is going strong and has a new look thanks to input from DSPs across the country and its active editorial board. The newsletter is now available by subscription at an astonishingly low price so call Jessica at 612-624-4512 to subscribe. Kudos to Tom Beers, Lori Sedlezky, and Susan O'Neil for the fabulous job they are doing on this publication.

The NADSP now has member teams organized around each of the five NADSP goals. These teams have convened via telephone conference to develop action plans on each goal. Teams have developed a new NADSP fact sheet and other introductory materials to spread the word about the Alliance. Also in the works is a position statement on "Education and Training," ideas for a "National Scholarship Act" for DSPs and a framework for a national credential program.

The NADSP will serve as the National Advisors for an exciting new project awarded by the US Department of Education, Office of Educational Research and Improvement. Pathways is a 3-year project that will assist the NADSP in its work to design a national credential process and will help determine the links between education and training to competence on the job. Marianne Taylor of Human Services Research Institute and NADSP Co-Chair, Amy Hewitt of the Institute on Community Integration at the University of Minnesota, will direct the Pathways project.

The NADSP will be working with Rick Berkobien of the National Arc to develop a fact sheet about Direct Support Professionals that the Arc will disseminate, nationally. This is a great opportunity for NADSP to help increase awareness of important work force characteristics and challenges.

NADSP members would like to thank all of the organizations who sponsored the Fall meeting including: The President's Committee on Mental Retardation, the National Organization of Human Service Educators, Reaching Up Inc., the Pathways Project and the National Arc.

Marianne Taylor is a Senior Research Associate for HRSI in Cambridge, Massachusetts and a member of the NADSP steering committee.

To share your ideas, volunteer to participate in a work group, learn more about developing a local initiative, or for general information regarding the National Alliance for Direct Support Professionals contact one of the following co-chairs —

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The next meeting of Alliance members is scheduled for May 27, 8:00 a.m. - 9:45 a.m. in San Diego to correspond with the AAMR conference. Please come and share your ideas and find out more about the Alliance. Call a co-chair for details.

The Alliance is also planning to schedule a meeting in Washington D.C. in early August to correspond with the PCMR's *Next Generation* conference August 7-9.

Frontline Resources

Community Visions

Community Visions is a 3 CD-ROM multimedia package useful for training entry-level Rehabilitation Employment Professionals (REPs) or as a preview for people wanting to learn more about what an REP does. Developed by NorthWind Interactive Technology, the Community Visions package is put together by people with experience in the field. Playing the part of a new REP, the user has the opportunity to meet consumers, locate jobs for them, and provide ongoing support. The interface is attractive and easy to use, with the user navigating by clicking on objects in a basic office setting and on a town map. The interface is the same for the three parts, and gives the whole package a feel of continuity and authenticity. While providing basic information about the role of a Rehabilitation Employment Professional, and offering scenarios where the user can do evaluations and make decisions, Community Visions is also fun and entertaining. The characters are interesting, real, and well-performed. Instead of merely placing textbook-styled information

onto a CD ROM, Community Visions uses pictures, short video clips, sound, graphics, and virtual environments to provide a fun learning experience unavailable from print resources. Unfortunately, the controls do not allow a user to skip or skim long video displays, so a user can't review it quickly. This means a user has to have the appropriate amount of time, at least an hour, to spend on each of the CDs. Because of the simplicity of the interface, with finite decisions and brief scenarios, Community Visions is best as an introduction to the field, useful for students or recent graduates considering the field of rehabilitation employment, or anyone interested in knowing more about what Rehabilitation Employment Professionals do. Overall, Community Visions is a fun and useful instructional tool.

The cost is \$295 per module or \$749 for all three CD-ROMs. To purchase, contact Jean Kimmich, 1111 Cornwall Ave., Ste 207, Bellingham, WA 98225; 1.800.830.3157; or <http://chinooknw.com>.

Paid for the Privilege: Hearing the Voices of Autism

by Dan Reed

The story of the author's experience as the marketing director and job placement specialist for a vocational agency which serves people with autism. While much of this true story is told through the voice of the author, interspersed throughout are the words of those with autism. This easy-to-read book is a thought-provoking look at the potential uses and benefits of the controversial "Facilitated Communication" (FC). Whatever their views on FC, many DSPs will be brought back to their first experiences in the field while reading Dan's description of his chaotic interview for the job that would change his life and his perspectives forever.

To obtain this resource, write DRI Press, P.O. Box 5202, Madison, WI 53705 or call 1.800.378.0386 or fax 608.238.5360.

Mark your Calendars: Teleconference ... June 13, 1998

Workforce Issues in the Developmental Disabilities Field, Lehman College, City University of New York

This three-hour teleconference will be hosted by Lehman College of the City University of New York. It is cosponsored by the National Alliance for Direct Support Professionals and by Reaching Up, a non-profit organization founded by John F. Kennedy Jr. that is devoted to the education and career advancement of frontline workers in the disability field.

Goals: To develop strategies to—

- enhance the status of direct care staff;
- provide better access to high quality educational experiences, and lifelong learning that enhances their competency;
- strengthen the working relationship and partnership between paraprofessionals, self-advocates and families, and professionals in the disability field

For additional information call: Jason Chapin at 212.794-5697.

State contacts for the Alliance

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Supporting the Whole Person, *continued from front page*

treatment plans, as well as consumer satisfaction, and rehabilitation rates of people receiving care.

Service providers who understand the cultural issues of consumers and communicate this knowledge are more apt to establish a relationship of mutual respect and understanding that increases the overall wellness and satisfaction of both parties involved. It is only in the context of that relationship that an

alliance is established between the supporter and consumer which enables both parties to actively achieve the wholeness of that individual.

A DSP can learn much about an individual's culture simply by listening to him or her and acknowledging that those beliefs are an important component of a consumer's life choices. To illustrate, when a person with a disability has a

particular ailment, whether it is caused by bacteria or a *mal de ojo* (the evil eye) is unimportant if both the consumer (or their family members) and the DSP can agree on a therapeutic plan that includes both possibilities. Culturally competent professionals listen to the consumers' perspectives and incorporate them into support plans. Culturally competent DSPs do not have to agree with everything the consumer

AAMR Convention

The 122nd Annual Meeting of the American Association on Mental Retardation is being held in San Diego, California May 26-30, 1998 at the Sheraton San Diego Hotel and Marina. The following sessions may be of interest to DSPs—

Date	Topic
Tuesday, May 26	Pre-Conference Workshop: Workforce Development Tools and Strategies
Wednesday, May 27	Utilization of Multi-Model Self-Instruction for DSP Pathways from Classroom to Credentials: Performance Based Assessment Status for DSPs Learning Together: Parent/Professional Training Project
Thursday, May 28	Leadership Skills: Essential Components to Reducing DSP Turnover Good Supervisors lead to good DSPs Self-Determination
Friday, May 29	Why Self-Advocates are Pursuing Life, Liberty and Happiness Outside AAMR The National Alliance for DSP: Open Forum to Share Ideas & Help Us Achieve Our Goals
Friday, May 29	Person Centered Outcomes: A Programmatic Approach Personal Outcomes: Practice Guidelines and Standards for Service

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believes, but it is important that they acknowledge the beliefs and the consumer's personal desires.

Learning to communicate with cultural competency is a process.

The following steps are simply a starting point—

- As with everything else in life, practice will make us more aware, more sensitive to cultural differences, and ultimately more effective professionals.
- Listen respectfully to the individual's story. Even if it seems irrelevant, they are telling it to you for a reason.
- Respond in a non-judgmental way to the individual's or group's values. Discrediting their beliefs only discredits you in their eyes.
- Know something about the culture of the individual and to what extent they identify with it.

Read, ask questions, and acknowledge what you don't know. Don't assume that you understand and don't make generalizations about the person because of their cultural background.

- Consider issues of respect, deference, role, and authority, otherwise the relationship between the two parties may not flourish, and communication may break down.

In all areas of the person's support, be open to views and beliefs that are different from your own. Whether these differences stem from cultural background, gender, age, income level, or any other individual life experience, they need to be acknowledged and supports need to be provided in a manner that takes these into account. Always take your lead from the person

receiving supports. Above all, develop tolerance for ambiguity and a good sense of humor, mostly about yourself. Don't be afraid to make mistakes, but be afraid not to learn from the individual.

Maria Marino is a Cultural Diversity Specialist at Courage Center (a rehabilitation facility for people with physical disabilities and sensory impairments) in Golden Valley, Minnesota.

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