DIRECT SUPPORT PROFESSIONALS

Voices
FROM THE FRONTLINES III:
ADVANCING THE PROFESSION OF DIRECT SUPPORT
March 2011

NEW YORK STATE ASSOCIATION OF COMMUNITY AND RESIDENTIAL AGENCIES
When more than 800 direct support professionals come together to share reflections on their work, something wonderful happens. They celebrate their successes; offer advice and encouragement over near-successes and flat-out failures; inspire each other to try even harder and set sights ever higher; and leave, renewed in spirit, with new tools to better support the people they serve.

And so it happened again in 2010 when the New York State Association of Community and Residential Agencies and the Direct Support Professional Alliance of New York State co-sponsored regional conferences for direct support professionals. More than 800 direct support professionals from 75 provider agencies attended the six conferences and participated in workshops on Ethics and Professionalism, Supporting People to Live the Lives They Choose, and The Power of Participatory Management, to name but a few. As in the past three years, each of the 2010 regional conferences also featured an open forum in which the participants could share stories in the context of discussing matters of importance to the profession of direct support.

Like prior years’ open forums, participants raved about the 2010 forums. In their evaluations they gave the forums an overall rating of 4.51 on a scale of 1 to 5—with 1 indicating “poor” and 5 indicating “excellent.” Many felt the forums were the most useful part of the regional conferences.

The value of the forums, however, reaches beyond those who had the opportunity to attend. For the third year in a row, we’ve attempted to capture the essence of the forum participants’ discussions in a document for other direct support professionals, program managers and administrators, and service recipients and their families. Voices from the Frontlines III: Advancing the Profession of Direct Support presents direct support professionals’ reflections on the standards of their profession. Through case examples and questions it invites readers to consider the standards, the forum participants’ experiences and road blocks encountered in meeting the standards, and steps they can take—as direct support staff or others invested in quality supports for persons with disabilities—to advance the profession of direct support.

### Participant Remarks About the Open Forums

- “A program like this should run 2–3 days. It was just too short.”
- “I came away with a lot of ideas to bring to my job.”
- “It was inspiring and exciting. I learned a lot more about my job as a direct support professional.”
- “All the ideas! Different ways of looking at things! It was fantastic. Uplifting!”
- “I think everyone enjoyed some laughs, but it also made us think about what we do each day.”
- “The stories of fellow workers were enlightening and food for thought.”
- Listening, I realized how important our role is to the people we serve. It was motivational. Working together, the sky is the limit for the people we support.”
- “As an administrator it was great to listen to and celebrate the individuals that are hands-on.”

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Overview

As different as each may be, all professions have benchmarks to guide their members. Whether one is a physician or a funeral director, a social worker or an accountant, a nurse or an automobile appraiser, one’s endeavors are guided by both a code of ethics and a body of practice standards developed for, and subscribed to by, all members of that specific profession.

The same is true for direct support professionals. Along with a Code of Ethics, the National Alliance for Direct Support Professionals (NADSP) has developed universal practice standards, or fifteen competency areas, which serve as the core of the profession of direct support. A synopsis of both is presented here and the full text of each is provided in the appendixes.

NADSP’s Code of Ethics was the subject of open forums offered during the 2009 Direct Support Professional Conferences sponsored by the New York State Association of Community and Residential Agencies (NYSACRA) and the Direct Support Professional Alliance of New York State (DSPANYS). The perspectives of direct support professionals on this critical code were presented in Voices from the Frontlines II: Our Journey.

During NYSACRA and DSPANYS 2010 Direct Support Professional Conferences, NADSP’s Competency Standards were the focus of open forums.

NADSP’s standards were adopted based on the Community Support Skill Standards for Direct Service Workers in the Human Service (CSSS). The CSSS were developed by the Human Services Research Institute in 1996 with funding provided by the United States Department of Education and with

DIRECT SUPPORT PROFESSIONAL CODE OF ETHICS

1. Person-Centered Supports: My first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.
2. Promoting Physical and Emotional Well-Being: 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.
3. Integrity and Responsibility: 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.
4. Confidentiality: I will safeguard and respect the confidentiality and privacy of the people I support.
5. Justice, Fairness and Equity: 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.
6. Respect: 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.
7. Relationships: I will assist the people I support to develop and maintain relationships.
8. Self-Determination: I will assist the people I support to direct the course of their own lives.
9. Advocacy: I will advocate with the people I support for justice, inclusion, and full community participation.
DIRECT SUPPORT PROFESSIONAL COMPETENCY AREAS

Area 1: Participant Empowerment: The Direct Support Professional enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem, and assertiveness; and to make decisions.

Area 2: Communication: The Direct Support Professional should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

Area 3: Assessment: The Direct Support Professional should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

Area 4: Community and Service Networking: The Direct Support Professional should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

Area 5: Facilitation of Services: The Direct Support Professional is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

Area 6: Community Living Skills & Supports: The Direct Support Professional has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

Area 7: Education, Training & Self-Development: The Direct Support Professional should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

Area 8: Advocacy: The Direct Support Professional should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

Area 9: Vocational, Educational & Career Support: The Direct Support Professional should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

Area 10: Crisis Prevention and Intervention: The Direct Support Professional should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

Area 11: Organizational Participation: The Direct Support Professional is familiar with the mission and practices of the support organization and participates in the life of the organization.

Area 12: Documentation: The Direct Support Professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

Area 13: Building and Maintaining Friendships and Relationships: The Direct Support Professional supports the participant in the development of friendships and other relationships.

Area 14: Provide Person Centered Supports: The Direct Support Professional provides support to people using a person centered approach.

Area 15: Supporting Health and Wellness: The Direct Support Professional promotes the health and wellness of all participants.
the input of direct support workers, service consumers, educators, administrators, and others devoted to supporting individuals with disabilities in leading self-determined lives as contributing members of their communities. The standards go hand-in-hand with the Direct Support Professional Code of Ethics.

As nationally validated and accepted standards, they are not minimal prerequisites one needs in order to work in the field of direct support. Rather, they reflect the skills, knowledge, and attitudes one develops with experience and one needs in order to be viewed as a competent professional in the field of direct support. They are the ideals of the profession one must strive toward through reflection, effort, and practice.¹

Participants in the 2010 forums were invited to reflect on several of the competency areas—Building and Maintaining Friendships and Relationships, Advocacy, and Supporting Health and Wellness—and share examples of how they have practiced these in their support of individuals.²

As in past years, the ground rules for the forums were simple:
• everyone’s perspectives, experiences, and opinions are valued;
• respect each other’s viewpoint and their opportunity to speak; and
• although notes would be taken for publication, no individual or agency would be identified.

As the discussions unfolded, it was clear that most participants were unfamiliar with NADSP’s competency standards. Despite their unfamiliarity, though, the participants shared examples of their everyday work which illustrated that they had been achieving the standards to varying degrees, albeit unconsciously. In a number of instances, the stories shared were mirror-perfect reflections of a standard. One woman’s account of medical advocacy which resulted in the early detection and treatment of cancer in a person she supports, for example, illustrated proficiency in two standards: advocacy and supporting health and wellness. In other cases, the experiences shared reflected nearly complete representations of a standard which, like first drafts of a work-in-progress, could be improved and further perfected through careful review.

¹The NADSP credentials individuals as “Direct Support Professionals” who, among other things, demonstrate their competency in eight of the fifteen areas. For more information about the national credentialing program visit: www.nadsp.org.
²As can be seen, a number of the competency areas are not mutually exclusive and may draw upon others. In supporting health and wellness, for example, one may be called upon to use one’s advocacy skills; in providing person centered supports, one may also be empowering an individual.
consideration, and additional effort. A case in point was one staff member who had helped an elderly individual he supports to reconnect with his cultural heritage, thereby helping him build friendships and relationships. However, he had not thought of next steps to cement that bond until others in attendance offered suggestions, such as taking the individual to museums and cultural centers.

In a few instances, however, the experiences shared, although well intentioned, conflicted with the standards, perhaps because of a lack of needed support or supervision. Such was the case of a staff member who—when no one else would heed her concerns about an individual she supports who appeared to be severely constipated—administered an enema to the individual although medical orders for this intervention had lapsed. In the face of failed advocacy efforts, she unilaterally took action which may have compromised the individual’s well being.

In relating their experiences, forum participants both applauded successes and offered each other advice on how certain efforts could be taken to higher levels in service to the individuals they support. More fundamentally, however, through reflection and discussion, they engaged in the conscious application of NADSP’s Competency Standards and Code of Ethics as guides for their everyday endeavors.

In the next section, *Voices from the Frontlines III: Advancing the Profession of Direct Support* invites readers to do the same. It presents vignettes of situations discussed by forum participants. The vignettes can be used as training aides, discussion items for team meetings, and tools in conducting job interviews.

We hope the collection of vignettes will assist individuals involved in the provision of direct support, as well as others invested in quality support, in becoming familiar with NADSP’s standards and also serve as an impetus for their conscious application in a very demanding profession.
Directly supporting individuals with disabilities is hard work. It isn’t the physical lifting or positioning, as some direct support professionals must at times do, nor the long hours that many must often pull, that make the work difficult. It is the situations, opportunities, and challenges that arise every day and which demand independent thinking and keen judgment that make the work hard.

As seen in the following vignettes, direct support professionals are often resourceful in stepping up to the plate as these demands arise—using the internet to find long lost relatives, for example, or knowing who to summon when faced with community resistance in one form or another. But, as illustrated by some of the stories, direct support professionals can often do more to meet the demands. There are many reasons for this and some were offered during the open forums: “The ‘what ifs’ get in the way.” “Our fears keep individuals from expanding their opportunities.” “Common sense is not all that common.”

Direct support professionals should not be expected to face these demands without guidance. It is for that reason that NADSP developed a Code of Ethics and related practice standards (see Appendixes A and B) to guide staff in the practice and profession of direct support.

The following vignettes offer the occasion for reflection on the NADSP’s guidance. Following each vignette, discussion or reflection points are offered to spark readers’ consideration of:

- the competency standard(s) illustrated and related tenets of the Code of Ethics;
- the degree to which direct support professionals met the standard or ways in which actions could be enhanced to better meet the standard; and
- actions program managers and others can take to assist direct support professionals in achieving the standards in similar situations within their agencies.

While offering food for individual thought, the vignettes also present the opportunity for review and discussion by groups of direct support professionals, program managers, service recipients and others, thereby drawing on the collective wisdom of all invested in the goal of quality services and in improving the practice and profession of direct support.
**Mama Mia**

A woman with a disability who lives in a group home greatly enjoyed the Mama Mia soundtrack. A direct support professional who supported her suggested that they go to see the show on Broadway. However, the house supervisor was against the idea. The individual was non-verbal but sometimes made loud guttural sounds; the supervisor was afraid: “What if the individual did this during the show, it would disturb others in the theatre.” But the direct support professional persisted and assured the supervisor that they would attend a matinee showing, which tended to be less crowded, and that she would sit with the individual to calm her or even move her to a different seat, if she became too excited and started making loud sounds. The direct support professional prevailed and together they saw the show which the individual thoroughly enjoyed.

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<tr>
<td>What competency standard(s) does this vignette illustrate?</td>
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<td>Was it proper for the direct support professional to persist in her efforts to persuade the supervisor? Why or why not?</td>
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<td>What should the direct support professional have done if the supervisor continued to dismiss the idea of seeing the show?</td>
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<td>If you were in this direct support professional’s shoes, what would you do to further this woman’s interest in music and theatre?</td>
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<td>Do you know of individuals who are denied enjoyable activities because of concerns about “what ifs” of potential behavioral or other issues? Explain.</td>
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<tr>
<td>What can you, as a direct support professional, do about these situations? What can program managers do? Are there times when a supervisor should prevail?</td>
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<tr>
<td>The direct support professional in this vignette adhered to several tenets of the Code of Ethics. Which ones?</td>
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## Giving Back to the Community

After seeing advertisements for a blood donor drive, an individual living in a group home decided he wanted to donate blood. With the assistance of a direct support professional, he went to the blood drive center to volunteer to give blood, but the center would not allow him to donate. The center cited no specific reason and the individual had the capacity to consent and no medical contraindications to donating his blood. The direct support professional and the individual enlisted the help of their agency’s administration. Collectively they educated the center about the individual’s rights and willingness to donate his blood and give back to his community. The individual is now a regular blood donor.

### Discussion/Reflection Points

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<th>When looking at the Code of Ethics, there is one tenet that this vignette best illustrates. Which is it and why?</th>
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<th>Was it appropriate for the direct support professional to enlist the aid of administration in this matter? Why or why not?</th>
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<th>What should the direct support professional have done if administration had not gotten involved?</th>
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<tr>
<th>Could the direct support professional and the individual involved in this vignette have done more to educate this community organization about the value of people with disabilities and their place in the community? If so, what could they have done?</th>
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<th>Do you know of individuals who are denied the opportunity to partake in community activities or to give back to their community? If so, what can you and your agency do about this?</th>
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A Mystic Vacation

When some individuals living in a group home indicated that they wanted to go on a vacation, the manager said it was up to the direct support professionals to help them decide where to go and what to do. Using the internet, they browsed various vacation spots and decided on Mystic, Connecticut. They went for an extended weekend. There, the group made friends with the owners and other guests at the hotel where they stayed. They also ate at seafood restaurants and generally had a blast. Now the group is planning next year’s vacation, looking for places where they can go.

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Rather than planning a one-size-fits-all vacation for everyone in the house, what steps could staff have taken to ensure that every individual’s vacation wishes were honored?

What could the direct support professionals who were on this vacation have done to better promote and maintain relationships?

When people you support want to go on vacation, what do you do to help them plan and enjoy a vacation of their choice? How can program managers help in this regard?
When Doctors’ Orders Lapse

A direct support professional noticed that an individual she supported had not had a bowel movement in several days. At one point in time the individual had a PRN (as needed) order for an enema when such occasions arose, but that order had been discontinued. The direct support professional sensed that the individual was really constipated; he indicated that he was in pain and seemed to have trouble breathing. The direct support professional brought her concerns to fellow staff and the house manager, but to no avail. As the house had extra Fleet enemas in storage, the direct support professional administered one to the individual. It had the intended results and the individual profusely thanked the direct support professional for giving him the relief he so sorely needed.

### Discussion/Reflection Points

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<td>What competency standard(s) does this vignette illustrate?</td>
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<tr>
<td>Was it proper for the direct support professional to have administered the enema? Why? Why not?</td>
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<td>What should the direct support professional have done when colleagues and the house manager did not respond to her concerns?</td>
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<td>Virtually every day, Direct Support Professionals face ethical dilemmas on the job. How would a better understanding of the Code of Ethics have assisted this direct support professional in using sound judgment?</td>
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<td>When your advocacy efforts appear to fall on “deaf ears,” what do you do?</td>
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<td>Do you know of individuals who have medical needs that are not being addressed? What should you do?</td>
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Keeping Friends Together

A provider agency decided that it was going to downsize one of its larger group homes to create smaller, more natural living arrangements for the people living in it…a very good thing. In the process, however, the agency neglected one vital issue, the preferences of the individuals. Management had decided that two individuals, who had been friends during their years in the residence, would have to move to two separate houses. The two individuals wanted to live together and maintain their friendship. That, unfortunately, wasn’t part of the master plan that was on paper for the simple reason that one of the two individuals had physical limitations which could not be accommodated by the residence to which the second individual was moving. Direct support professionals in the residence successfully advocated on behalf of the two gentlemen before the master plan went too far; environmental modifications were made to one of the new houses which allowed the two men to move in together and continue living as friends.

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<td>What competency standard(s) does this vignette illustrate?</td>
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<td>What could staff have done had management not responded to their advocacy efforts?</td>
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<td>What actions can direct support professionals take to ensure that the wishes of the individuals they support are voiced and heard by management as early as possible in the process of major programmatic changes?</td>
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<td>What does “Participant Empowerment” mean to you? Give specific examples of what the direct support professionals working with these gentlemen could have done to empower them.</td>
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**Coming up Roses**

A young man regularly attended a day habilitation program where one of the activities he engaged in was packaging sponges, a tedious sheltered workshop type activity. He was productive, but extremely bored and unhappy. A direct support professional working at the day habilitation program knew the young man and knew that he loved gardening at his home on weekends. The direct support professional suggested, and the young man agreed, that they look for a job in the gardening business. Together they went to greenhouses in the area and eventually the young man landed a job watering and fertilizing plants several days a week. He loves his new job; not only is it more fun than packaging sponges, it pays $7.25 an hour.

### Discussion/Reflection Points

| What competency standard(s) does this vignette best illustrate? |  |
| What tenets of the Code of Ethics? |  |
| The direct support professional involved in this vignette was resourceful and showed significant initiative. What impact could this action have had on benefit entitlements, program eligibility, and other areas of the young man’s life? |  |
| Could/should the direct support professional have done something different? What? |  |
| Do you know of individuals you support who are dissatisfied with aspects of their daily lives? What can you do to assist them in finding satisfaction? |  |
Realizing a Full Life

A woman who lives in a group home had worked at a McDonald's for 25 years...far longer than most direct care staff work in residential care settings. Staff from her home dutifully ensured that she made it to work every day, but knew relatively little about this dimension of the woman's life, until the occasion of her 25th Anniversary. For the occasion, the McDonald's threw her a party, and residence staff were invited. During the celebration they learned she was one of the longest tenured and most valued employees at the franchise; had trained many new workers; and was loved by her colleagues. Residence staff met her many coworkers who had come to celebrate her accomplishment. The staff were truly surprised and amazed at the woman's circle of friends and the life she had realized outside the residence.

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<td><strong>What competency standard(s) does this vignette illustrate?</strong></td>
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<td><strong>Was it unusual that staff were so unfamiliar with this aspect of this woman's life? Was it appropriate? Why do you think it occurred?</strong></td>
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<td><strong>Do you think that this woman might have other areas or goals that direct support professionals who work with her can help her achieve? Do you think staff are aware of these?</strong></td>
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<td><strong>Do you know the individuals you support as well as you should? If not, what can you do to know them better?</strong></td>
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## Connecting with One’s Heritage

A gentleman in his 70s had lived for many years in a group home. One day while making a record entry, a direct support professional used a pen that had the Estonian flag on it. Seeing it, the gentleman’s face lit up. He explained that he was Estonian, something the direct support professional, who was also of Estonian lineage, had never known. Using the internet, together they started researching their shared heritage. The direct support professional assisted the gentleman in securing an Estonian flag which he proudly displays and the direct support professional is searching for ways to further satisfy the gentleman’s increasing interest in his cultural heritage.

### Discussion/Reflection Points

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<tr>
<th>What other steps can this direct support professional take to enrich this gentleman’s connection to his heritage?</th>
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<th>All of us have a cultural identity and for many of us, this identity is very strong. How well do you really know the people that you support and their cultural identity; their dietary preferences, religious observations &amp; holidays? Does this fit any of the tenets of the Code of Ethics? Which ones?</th>
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<th>Do you know of individuals who would like to learn more about their roots and, if so, what steps can you take with them to explore and discover their cultural identity?</th>
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Cancer Scare
A woman who lives in a group home had a significant family history of breast cancer. During an annual physical examination, the typical yearly mammogram was not ordered by the physician. The woman's direct support professional noticed this and questioned why. The physician's office indicated that the mammogram was not ordered because the last three had come back negative. The doctor had wanted to hold off on the mammogram for three years, rather than continue to do it on a yearly basis. But the direct support professional insisted, citing the woman's familial history. She spoke with the nurse and then the physician, and prevailed. The mammogram was done; it revealed breast cancer, which is currently under treatment.

Discussion/Reflection Points

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<th>What should the direct support professional have done if the doctor's office continued to deny the need and referral for a mammogram?</th>
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<th>Have you experienced similar encounters with clinicians, administrators, or other health care professionals? What did you do?</th>
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<th>How effective were you in those situations? Which of the tenets of the Code of Ethics did you and this direct support professional exemplify?</th>
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<th>Do you know of individuals you support whose health care needs do not appear to be getting adequate attention? If so, what can you do? How can you involve others in your efforts?</th>
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A Pretend Apartment

A middle-aged woman lives in a group home. She is non-verbal but can use sign language to communicate with others. Through sign, she told the direct support professionals who work with her that she has always wanted to live in her own apartment, something which management thought was not possible because “she was not ready.” So the direct support professionals converted her bedroom in the group home into a mini apartment. They put a little refrigerator in the room, attached a knocker to the door, and placed a mailbox outside the room. There is no food in the refrigerator…it is kept in the regular kitchen and she gets few visitors and little mail. But she hasn't asked to live in her own apartment since.

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<td>What competency standard(s) does this vignette illustrate? What tenets of the Code of Ethics?</td>
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<td>Since getting this pretend apartment, the woman hasn’t asked to live in one of her own. Did staff really help her achieve her dream or, as one forum participant hinted, did they break her spirit?</td>
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<td>Do you believe that someone needs to be deemed “ready” in order to live in their own homes or apartments? If so, what does “ready” look like?</td>
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<td>What could staff have done to work with management or others in helping this woman achieve her dream of having her own apartment?</td>
</tr>
<tr>
<td>Do you support individuals who have dreams that others think are unreal? If so, what steps can you take, with management and others, to help the individuals achieve their dreams or to achieve dreams that are more realistic?</td>
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</table>
E-Mail Prep for Face-to-Face Meetings

An individual confided to her direct support professional that she is very intimidated at her service plan meetings and afraid to speak up at the meetings. (Although prior to or after the meetings, she will tell her direct support professional everything that was on her mind.) The direct support professional worked with the individual, teaching her how to use email to express her thoughts to individual members of the service team prior to the large team meetings. This enabled the woman to get her issues on the agenda for discussion in a less intimidating way.

<table>
<thead>
<tr>
<th>Discussion/Reflection Points</th>
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<tbody>
<tr>
<td>What competency standard(s) does this vignette illustrate? What tenets of the Code of Ethics?</td>
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<tr>
<td>What other steps can the direct support professional take to assist the woman to overcome her fears in large meetings?</td>
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<tr>
<td>How can the direct support professional involve members of the service team in supporting the woman to overcome her fears?</td>
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<tr>
<td>Do you support individuals who are intimidated at service plan meetings or in other forums and, if so, how can you assist them in expressing their wishes and opinions?</td>
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</table>
Finding Family

An elderly gentleman who now lives in a group home had spent many years in institutions. During that time his parents had died and he lost all contact with his family. He knew he had one brother who lived somewhere in New York City and told his direct support professional about that. Using the internet, the direct support professional assisted the gentleman in locating his brother. They first made telephone contact, and spoke on the phone, becoming reacquainted. As spring approached, the direct support professional made arrangements to accompany the gentleman to New York City to meet his brother. They met on Easter Sunday at the brother's home in Brooklyn. During the visit, the brother told him all about his family history and gave him photographs from their childhood. He also introduced the gentleman to his nephew. At the visit's end, the brother confided to the direct support professional that he had terminal cancer, and how grateful he was to finally re-establish contact with his long lost sibling at this stage of his life.

The brother recently passed away. But thanks to this direct support professional, a man who lost contact with his family many years ago met his dying brother, has pictures of his family proudly displayed in his home, a sense of his roots, and a bond with his nephew...his brother’s son.

Discussion/Reflection Points

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What competency standard(s) does this vignette illustrate?</td>
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<tr>
<td>In what ways do you think that this direct support professional acted with integrity and showed responsibility in leading up to the reunion and introduction?</td>
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<tr>
<td>After facilitating this reunion and introduction, how do you think this direct support professional determined when to step away and allow the brothers to re-establish their relationship without his assistance? Which competency standard did this action best represent?</td>
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<tr>
<td>Are there individuals you support who have lost contact with their families and, if so, what steps can you take to help them reconnect?</td>
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<tr>
<td>How can program managers assist you in helping individuals reconnect with lost relatives?</td>
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Showing-Up the Doubters

A man in his early twenties who did not identify himself as being disabled hated attending the day program to which he had been consigned following high school. He said his dream was to attend college, graduate, to wear a cap and gown, and post it on Facebook to show up all friends and former classmates who doubted his abilities. A direct support professional at the program explored the young man’s interests, which were rooted in computers. She also involved the young man’s mother with whom he still lived. Together they helped him sign up for computer classes at a local college after he scored an 86% on the basic competency assessment. The direct support professional even took a class with him to brush up on her computer skills. He recently walked down the graduation aisle.

Discussion/Reflection Points

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<tr>
<th>What competency standard(s) does this vignette illustrate?</th>
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<tr>
<th>What next steps can the direct support professional take to support this young man in developing and achieving new goals?</th>
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<tr>
<th>Do professionals and others realize the abilities or disabilities of the people that you support? If not, what can you do?</th>
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<tr>
<th>Do you know of individuals who have yet unrealized dreams? What are they and what steps can you take to support the individuals to achieve those dreams?</th>
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Appendix A

National Alliance for Direct Support Professionals
CODE OF ETHICS

Preamble

Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a daily basis that involve both practical and ethical reasoning. The people who assume the support role must examine and call upon values and beliefs, as well as creative vision, to assist them in the complex work they perform.

A primary purpose of the DSP is to assist people who need support to lead self-directed lives and to participate fully in our communities and nation. This emphasis on empowerment and participation is critical because the prejudices of society form powerful barriers that prevent many people with mental or physical disabilities from enjoying a high quality of life. And, too often, the very social policies and service systems designed to help can create other barriers.

Therefore, it must be the mission of the DSP to follow the individual path suggested by the unique gifts, preferences, and needs of each person they support, and to walk in partnership with the person, and those who love him or her, toward a life of opportunity, well-being, freedom, and contribution. Unfortunately, there have been no set criteria to guide these journeys as there are for other professional groups (such as doctors, nurses, service coordinators, and social workers) who have intimate knowledge of and responsibility for another person's emotional, financial, or physical being. There is no other position today in which ethical practice and standards are more important than direct support. DSPs are often asked to serve as gatekeepers between people needing support and almost every aspect of their lives, including access to community, personal finances, physical well-being, relationships, employment, and everyday choices. The whole landscape of a person's life can change with the coming and going of these critical support people.

As a result of these work duties, DSPs face ethical decisions on a daily basis and consistently feel the tension between the ideals of the profession and its practice. There are numerous pressures coming from organizations, government, social policy, and societal prejudice that can shift focus and allegiance away from those supported. In order to maintain the promise of partnership and respect that must exist in a helping relationship, a strong ethical foundation is critical to help DSPs navigate through the maze of influences that bombard them.

This issue has lead to the efforts on the part of the National Alliance for Direct Support Professionals (NADSP) to identify the kinds of ethical situations that DSPs face and to develop a set of ethical guidelines. The NADSP convened a national panel of DSPs, advocates, families, professionals, and researchers who constructed this code of ethics. Focus groups and surveys regarding the draft language were conducted throughout the country and were integrated to create the final code. This Code of Ethics is intended to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide DSPs in resolving ethical dilemmas they face every day and to encourage DSPs to achieve the highest ideals of the profession.

The skills and knowledge of community support practice must be joined with the ethical principles to create the environment needed to fully support people. To do so effectively, we must all work toward recognizing DSPs as professionals who have skills, knowledge, and values that constitute a unique and important profession. There must be a commitment to hiring, developing, and supporting DSPs who have a healthy sense of their own worth and potential, and the worth and potential of the people they support, and who can infuse these beliefs into practice. DSPs themselves must know that it is part of their role to foster a spirit of cooperation and mutual responsibility with other DSPs regarding ethical practice.

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. The beliefs and attitudes that are associated with being an effective human service professional are the cornerstones of this code. This code is not the handbook of the profession, but rather a roadmap to assist us in staying the course of securing freedom, justice, and equality for all.
1. 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. As a DSP, I will:

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary for 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 people who cannot speak by seeking other ways of understanding them.
- 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 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. 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 expression of choices related to those values.
- 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. 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.

3. 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. 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 safeguard and respect the confidentiality and privacy of the people I support. 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.
5. **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. 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 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. 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 (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her 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 assist the people I support to develop and maintain 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 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.

8. **Self-Determination**

As a DSP, I will assist the people I support to direct the course of their own lives. 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 advocate with the people I support for justice, inclusion, and full community participation. 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 who 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.
The National Alliance for Direct Support Professionals (NADSP) recognizes fifteen areas in which direct support staff must be competent in order to be considered professionals. The following describes the fifteen areas as well as the skills and knowledge direct support professionals must possess to demonstrate their competency in each of the areas.

**Area 1: Participant Empowerment**
The Direct Support Professional enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem, and assertiveness, and to make decisions.

- The competent DSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.
- The competent DSP promotes participant partnership in the design of support services, consulting the person and involving him or her in the support process.
- The competent DSP provides opportunities for the participant to be a self-advocate by increasing awareness of self-advocacy methods and techniques, encouraging and assisting the participant to speak on his or her own behalf, and providing information on peer support and self-advocacy groups.
- The competent DSP provides information about human, legal, civil rights and other resources, facilitates access to such information and assists the participant to use information for self-advocacy and decision making about living, work, and social relationships.

**Area 2: Communication**
The Direct Support Professional should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

- The competent DSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of participant communication styles.
- The competent DSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.
- The skilled DSP learns and uses terminology appropriately, explaining as necessary to ensure participant understanding.

**Area 3: Assessment**
The Direct Support Professional should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

- The competent DSP initiates or assists in the initiation of an assessment process by gathering information (e.g., participant’s self-assessment and history, prior records, test results, additional evaluations) and informing the participant about what to expect throughout the assessment process.
- The competent DSP conducts or arranges for assessments to determine the needs, preferences, and capabilities of the participants using appropriate assessment tools and strategies, reviewing the process for inconsistencies, and making corrections as necessary.
- The competent DSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

**Area 4: Community and Service Networking**
The Direct Support Professional should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

- The competent DSP helps to identify the needs of the participant for community supports, working with the participant’s informal support system, and assisting with, or initiating identified community connections.
- The competent DSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.
- The competent DSP ensures participant access to needed and available community resources coordinating supports across agencies.
- The competent DSP participates in outreach to potential participants.
Area 5: Facilitation of Services
The Direct Support Professional is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

• The competent DSP maintains collaborative professional relationships with the participant and all support team members (including family/friends), follows ethical standards of practice (e.g., confidentiality, informed consent, etc.), and recognizes his or her own personal limitations.

• The competent DSP assists and/or facilitates the development of an individualized plan based on participant preferences, needs, and interests.

• The competent DSP assists and/or facilitates the implementation of an individualized plan to achieve specific outcomes derived from participants’ preferences, needs and interests.

• The competent DSP assists and/or facilitates the review of the achievement of individual participant outcomes.

Area 6: Community Living Skills & Supports
The Direct Support Professional has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

• The competent DSP assists the participant to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs (e.g., human development, human sexuality), by teaching skills, providing supports, and building on individual strengths and capabilities.

• The competent DSP assists the participant with household management (e.g., meal prep, laundry, cleaning, decorating) and with transportation needs to maximize his or her skills, abilities and independence.

• The competent DSP assists with identifying, securing and using needed equipment (e.g., adaptive equipment) and therapies (e.g., physical, occupational and communication).

• The competent DSP supports the participant in the development of friendships and other relationships.

• The competent community based support worker assists the participant to recruit and train service providers as needed.

Area 7: Education, Training & Self-Development
The Direct Support Professional should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

• The competent DSP completes required training education/certification, continues professional development, and keeps abreast of relevant resources and information.

• The competent DSP educates participants, co-workers and community members about issues by providing information and support and facilitating training.

Area 8: Advocacy
The Direct Support Professional should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

• The competent DSP and the participant identify advocacy issues by gathering information, reviewing and analyzing all aspects of the issue.

• The competent DSP has current knowledge of laws, services, and community resources to assist and educate participants to secure needed supports.

• The competent DSP facilitates, assists, and/or represents the participant when there are barriers to his or her service needs and lobbies decision-makers when appropriate to overcome barriers to services.

• The competent DSP interacts with and educates community members and organizations (e.g., employer, landlord, civic organization) when relevant to participant’s needs or services.

Area 9: Vocational, Educational & Career Support
The Direct Support Professional should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

• The competent DSP explores with the participant his/her vocational interests and aptitudes, assists in preparing for job or school entry, and reviews opportunities for continued career growth.

• The competent DSP assists the participant in identifying job/training opportunities and marketing his/her capabilities and services.

• The competent DSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.
Area 10: Crisis Prevention and Intervention
The Direct Support Professional should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

- The competent DSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.
- The competent DSP continues to monitor crisis situations, discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting.

Area 11: Organizational Participation
The Direct Support Professional is familiar with the mission and practices of the support organization and participates in the life of the organization.

- The competent DSP contributes to program evaluations, and helps to set organizational priorities to ensure quality.
- The competent DSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.
- The competent DSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.
- The competent DSP provides input into budget priorities, identifying ways to provide services in a more cost-effective manner.

Area 12: Documentation
The Direct Support Professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

- The competent DSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.
- The competent DSP maintains standards of confidentiality and ethical practice.
- The competent DSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

Area 13: Building and Maintaining Friendships and Relationships
The Direct Support Professional supports the participant in the development of friendships and other relationships.

- The competent DSP assists the individual as needed in planning for community activities and events (e.g., making reservation, staff needs, money, materials, and accessibility).
- The competent DSP assists the individual as needed in arranging transportation for community events.
- The competent DSP documents community activities and events.
- The competent DSP encourages and assists the individual as needed in facilitating friendships and peer interactions.
- The competent DSP encourages and assists the individual as needed in communication with parents/family (e.g., phone calls, visits, letters).
- The competent DSP implements individual supports regarding community activities.
- The competent DSP provides incentive or motivation for consumer involvement in community outings.
- The competent DSP assists the individual as needed in getting to know and interacting with his/her neighbors.
- The competent DSP encourages and assists the individual as needed in dating.
- The competent DSP encourages and assists the individual as needed in communicating with social workers and financial workers.

Area 14: Provide Person Centered Supports
The competent DSP provides support to people using a person centered approach.

- The competent DSP modifies support programs and interventions to ensure they are person centered.
- The competent DSP challenges co-workers and supervisors to use person centered practices.
- The competent DSP is knowledgeable about person centered planning techniques.
- The competent DSP assists individuals in developing person centered plans.
Area 15: Supporting Health and Wellness
The Direct Support Professional promotes the health and wellness of all participants.

• The competent DSP administers medications accurately and in accordance with agency policy and procedures.

• The competent DSP observes and implements appropriate actions to promote healthy living and to prevent illness and accidents.

• The competent DSP uses appropriate first aid/safety procedures when responding to emergencies.

• The competent DSP assists individuals in scheduling, keeping, and following through on all health appointments.

• The competent DSP assists individuals in completing personal care (e.g., hygiene and grooming) activities.

• The competent DSP assists with identifying, securing and using needed adaptive equipment (i.e. adaptive equipment) and therapies (e.g., physical, occupational, speech, respiratory, psychological).

• The competent DSP assists individuals in implementing health and medical treatments.

• The competent DSP assists individuals to take an active role in their health care decisions.
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