

Analysis of the 2002 Survey
of
Direct Support Professional Training
at
California's Regional Occupational Centers and Programs



Training and Quality Assurance Section
Community Development Branch
California Department of Developmental Services

July 10, 2002

On January 1, 1999, the Department of Developmental Services implemented statewide competency-based training for direct support staff employed in community care facilities (CCFs) vendored by the regional centers. Mandated by AB 2780 (Statutes of 1998, Chapter 310, Section 40), this training requirement was updated by the passage of AB 950 (Chapter 188, Statutes of 2001) to clarify legislative intent and extend implementation timelines. With the establishment of Direct Support Professional (DSP) Training in partnership with fifty-two of the California Department of Education's Regional Occupational Centers and Programs (ROCPs), the Department of Developmental Services set in motion an engine of needed change.

Cumulative data as of February 2002 show that approximately 27,100 direct support staff completed the Year 1 requirement, through challenge testing and successful completion of Year 1 training. Further, 6,603 direct care staff completed both Year 1 and Year 2 training requirements (through a combination of successful challenge tests and successful completion of 70 hours of training). In further detail:

Year 1 Challenge test =	22,052 passed
Year 1 Training =	5,081 passed
Year 2 Challenge Test=	5,252 passed
Year 2 Training =	1,351 passed

Have the goals of this training initiative been met? It is too early to know. The work of planning and providing DSP Training is not in itself proof of a successful outcome. The training regimen consists of two years of training, for a total of 70 hours of instruction. As the February data show, the Year 2 training is still in its earlier stage, with less than a quarter of the number trained than have successfully completed the Year 1 training segment. Additionally, curriculum presentation and testing instruments are being developed to address the now-demonstrated English language and literacy characteristics of the workforce. It will take some time before a majority of the direct support staff will have had the benefit of these changes.

However, it is possible to gather some preliminary information that, even this early, may hint at ultimate results. For this purpose, the Department's Training and Quality Assurance Section produced and distributed to all participating ROCPs a survey instrument for use with direct support staff taking training. The survey consisted of questions designed to elicit students' estimations of the value of the training they had completed. Seven questions asked students to judge the impact of the mandatory training in the areas of:

- 1) ability to meet consumers' needs.
- 2) medication administration.
- 3) hand washing.
- 4) consumer rights.
- 5) consumer choice.
- 6) awareness of symptoms of illness among consumers.
- 7) understanding of challenging behaviors as attempts to communicate.

Survey respondents were given five answer choices, to which point scores were assigned for the purpose of presenting survey results in quantitative form: "strongly disagree" (1 point); "disagree" (2 points); "neither agree nor disagree" (3 points); "agree" (4 points); and "strongly agree" (5 points). For the purpose of arriving at average scores, point ranges were assigned as

follows: 1.00 to 1.50 points = Strongly Disagree; 1.51 to 2.50 points = Disagree; 2.51 to 3.50 points = Neither Agree Nor Disagree; 3.51 to 4.50 points = Agree; 4.51 to 5.00 points = Strongly Agree.

Two further questions asked what students had found most useful in their training, and what they would like to see more emphasis placed upon. Three questions were included for Administrator/owner-operator responses. The first two sought information on the percentage of facility staff who had completed Year 1 training. Potentially this information could hint at the universality of training, or the countervailing effect of high turnover. The final question, addressed to this subgroup of survey respondents solicited perceptions of the training initiative's impact on improving or reinforcing the facility staff's ability to meet the needs of the consumers.

Participation in the survey was voluntary, and the group of possible participants was limited to those taking Year 2 training at the time the survey was conducted (late winter and early spring of 2002). Our thanks go to the following ROCPs, and their instructors, for submitting the completed surveys upon which this report is based:

Regional Occupational Centers/Program	Survey Forms Submitted	
	Number	Percent
Colton Redlands Yucaipa ROP 1214 Indiana Court Redlands, CA 92374	13	4.7%
East San Gabriel Valley ROP 1501 W. Del Norte St. West Covina, CA 91790	33	12.0%
Forty-Niner ROP 360 Nevada St. Auburn, CA 95603	10	3.6%
Fresno ROCP 1111 Van Ness, The Towers, Suite 5 Fresno, CA 93721	11	4.0%
Los Angeles County ROP 9300 Imperial Highway Downey, CA 90242	18	6.5%
Los Angeles Unified School District ROCP 1320 W. 3rd St., Room 239 Los Angeles, CA 90017	30	10.9%
(continued over)		
North Santa Clara County ROP 575 W. Fremont Ave.	50	18.2%

Regional Occupational Centers/Program	Survey Forms Submitted	
	Number	Percent
Sunnyvale, CA 94087		
San Diego County ROP 6401 Linda Vista Road, Room 408 San Diego, CA 92111	39	14.2%
San Joaquin County ROCP Office P.O. Box 213030 Stockton, CA 95213	10	3.6%
San Mateo County ROP 101 Twin Dolphin Drive Redwood, CA 94065-1064	12	4.4%
Tri-Cities ROP 12519 E. Washington Blvd Whittier, CA 90602	49	17.8%
TOTAL	275	100.0%

As the analysis of the data from these 275 survey forms in the following tables and discussion suggests, despite the current impossibility of demonstrating the outcome of the DSP Training Initiative on the quality of care, and the health and safety of CCF consumers, some anecdotal and indirect information points to a consistent beneficial effect.

Spring 2002 Direct Support Professional Survey Responses

Table 1

All Responses to Questions 1-7

Questions	Distribution of Scores by Question Number					Average Scores	
	1	2	3	4	5	Points	Equivalent to
1. The DSP Training has increased or reinforced my ability to meet the needs of the people I support.	1	2	5	91	176	4.60	Strongly Agree
2. The DSP Training has increased or reinforced my ability to safely assist people with self-administration of medication.	0	1	13	86	174	4.58	Strongly Agree
3. Since taking the DSP Training, I wash my hands more frequently and thoroughly.	0	6	22	89	157	4.45	Agree
4. The DSP Training has increased or reinforced my awareness of people's rights.	0	2	14	81	175	4.58	Strongly Agree
5. Since taking the DSP Training I have been trying to find more ways to offer people choices.	0	1	12	97	162	4.54	Strongly Agree
6. The DSP Training has increased or reinforced my awareness of potential signs and symptoms of illness.	0	2	16	96	156	4.50	Agree
7. The DSP Training has increased or reinforced my understanding that challenging behaviors are an attempt to communicate.	1	3	9	99	158	4.52	Strongly Agree
OVERALL AVERAGE SCORE						4.54	Strongly Agree
<p>NOTE: Point scores rounded to nearest hundredth point. This table reflects all survey responses to the seven questions, from both direct support staff, and owners/administrators. There were a maximum possible 275 responses to each question. The average point score column was arrived at by attributing point score equivalents to the responses as follows:</p> <ul style="list-style-type: none"> 1.00 to 1.50 points = Strongly Disagree 1.51 to 2.50 points = Disagree 2.51 to 3.50 points = Neither Agree Nor Disagree 3.51 to 4.50 points = Agree 4.51 to 5.00 points = Strongly Agree. 							

Spring 2002 Direct Support Professional Survey Responses

Table 2

**Administrator/Owners Responses to Question 1-7
(Average 11.4 years' experience)**

Survey Statement	Average Scores	
	Points	Equivalent to
1. The DSP Training has increased or reinforced my ability to meet the needs of the people I support.	4.43	Agree
2. The DSP Training has increased or reinforced my ability to safely assist people with self-administration of medication.	4.42	Agree
3. Since taking the DSP Training, I wash my hands more frequently and thoroughly.	4.11	Agree
4. The DSP Training has increased or reinforced my awareness of people's rights.	4.32	Agree
5. Since taking the DSP Training I have been trying to find more ways to offer people choices.	4.32	Agree
6. The DSP Training has increased or reinforced my awareness of potential signs and symptoms of illness.	4.36	Agree
7 The DSP Training has increased or reinforced my understanding that challenging behaviors are an attempt to communicate.	4.43	Agree
OVERALL AVERAGE SCORE:	4.34	Agree

Note: Point scores rounded to nearest hundredth point. This table reflects responses from the 53 of the 275 survey participants who answered all seven questions, identified their status as being Administrator/Owner-Operator, and who reported their years of experience. The average point score column was arrived at by attributing point score equivalents to the responses as follows:

- 1.00 to 1.50 points = Strongly Disagree
- 1.51 to 2.50 points = Disagree
- 2.51 to 3.50 points = Neither Agree Nor Disagree
- 3.51 to 4.50 points = Agree
- 4.51 to 5.00 points = Strongly Agree.

Spring 2002 Direct Support Professional Survey Responses

Table 3

**Direct Support Professional Responses to Questions 1-7
(by years of experience)**

Survey Statement	Average Point Scores				
	1 Year	2 Years	3 Years	4 Years	5+ Years
1. The DSP Training has increased or reinforced my ability to meet the needs of the people I support.	4.76	4.57	4.46	4.75	4.60
2. The DSP Training has increased or reinforced my ability to safely assist people with self-administration of medication.	4.76	4.50	4.46	4.88	4.63
3. Since taking the DSP Training, I wash my hands more frequently and thoroughly.	4.55	4.40	4.50	4.69	4.54
4. The DSP Training has increased or reinforced my awareness of people's rights.	4.70	4.73	4.58	4.81	4.62
5. Since taking the DSP Training I have been trying to find more ways to offer people choices.	4.64	4.67	4.42	4.94	4.57
6. The DSP Training has increased or reinforced my awareness of potential signs and symptoms of illness.	4.67	4.53	4.33	4.69	4.50
7. The DSP Training has increased or reinforced my understanding that challenging behaviors are an attempt to communicate.	4.70	4.50	4.33	4.81	4.50
Overall average point score:	4.68	4.56	4.44	4.80	4.56
Number of Respondents	33	30	24	16	78

Weighted Overall Score: 4.59 = Strongly Agree

Note: Point scores rounded to nearest hundredth point. This table reflects responses from the 181 of the 275 survey participants who answered all seven questions, identified their status as being Direct Support Professional, and reported their years of experience. The average test point score columns were arrived at by attributing point score equivalents to the responses as follows:

- 1.00 to 1.50 points = Strongly Disagree
- 1.51 to 2.50 points = Disagree
- 2.51 to 3.50 points = Neither Agree Nor Disagree
- 3.51 to 4.50 points = Agree
- 4.51 to 5.00 points = Strongly Agree.

Spring 2002 Direct Support Professional Survey Responses

Table 4

**Administrator/Owner Report of Impact of Year 1 DSP Training
(Based on 44 Administrator/Owner Survey Responses)**

Survey Question	Total Staff Number Reported	Average Number or Percentage
How many direct support staff work in your community care facility (or facilities)? Do not count yourself.	246.2	6.3 staff
How many of these staff completed the 35-hour Year 1 Training?	161	65.4%
<p>The DSP Training has increased or reinforced the abilities of the staff that work in my facility (or facilities) to meet the needs of the people they support.</p> <p>1-Strongly Disagree (1.00 - 1.50 points)</p> <p>2-Disagree (1.51 - 2.50 points)</p> <p>3-Neither Agree/Disagree (2.51 - 3.50 points)</p> <p>4-Agree (3.51 - 4.50 points)</p> <p>5-Strongly Agree (4.51 - 5.00 points)</p>	<p>0</p> <p>0</p> <p>3</p> <p>18</p> <p>23</p>	<p>Weighted Average Point Score:</p> <p>4.45</p> <p>(Equivalent to <i>Agree</i> rating range)</p>

NOTE: Point scores rounded to nearest hundredth point. This table presents responses from the 44 of the 275 survey participants who identified themselves as administrator/owner-operator, and who responded to all three questions in this table. The weighted average test score was arrived at by attributing point score equivalents to the responses as follows:

- 1.00 to 1.50 points = Strongly Disagree
- 1.51 to 2.50 points = Disagree
- 2.51 to 3.50 points = Neither Agree Nor Disagree
- 3.51 to 4.50 points = Agree
- 4.51 to 5.00 points = Strongly Agree.

Spring 2002 Direct Support Professional Survey Responses
Table 5

**"Most Useful" Parts of the DSP Training
(Based on 176 Survey Responses)**

Category	Number of Responses	Percent of all Responses
Medication Management: <i>Rules for the proper and safe use and handling of medications in a facility setting.</i>	54	30.7%
Positive Behavior Support: <i>Understanding the root causes of behavior issues and devising strategies to deal with them.</i>	30	17.0%
Communication: <i>Being able to understand and communicate effectively including with people who are non-verbal</i>	24	13.6%
Hand Washing/Gloving: <i>When and how to wash hands and wear gloves to prevent spread of disease.</i>	19	10.8%
Choices: <i>Supporting consumers' ability to make meaningful choices in their lives.</i>	18	10.2%
Rights: <i>Understanding and honoring the inherent and specified rights of all consumers.</i>	18	10.2%
Respect: <i>Respect for the consumer as an individual human being, and not just as a client with needs.</i>	10	5.7%
Other (5 percent or less each): <i>Awareness and understanding of situations and conditions affecting consumers; person-centered planning involvement; working from a coherent plan to resolve care issues and challenges; understanding of applicable laws and regulations, and roles of staff and administrators; supporting a consumer to achieve a safe and satisfying quality of life; helping a consumer achieve an activity by presenting its component parts sequentially to the consumer; empathetic support for a consumer's integration into the community.</i>		
NOTE: Though the question asked survey participants to relate to the specific content of their training, 65 respondents included remarks about the quality of the instruction, or the general value of the training. <i>These unsolicited positive comments on the training materials, techniques and teacher quality, or general value of training, were included on 36.9 percent of responses to this question.</i>		

Spring 2002 Direct Support Professional Survey Responses

Table 6

**"Would Like More of" in the DSP Training
(Based on 119 Survey Responses)**

Category	Number of Responses	Percent of all Responses
<i>Positive Behavior Support</i>	18	15.1%
<i>Communication</i>	12	10.1%
<i>Medication Management</i>	11	9.2%
<i>Person-centered and other planning</i>	7	5.9%
<i>Other (less than 5 percent each): Health/Wellness; Laws and regulations; Community integration; Life quality; Teaching approaches (for use with consumers); Abuse reporting; Hand washing/gloving; Choices; English language help; Grief support; Rights of consumers.</i>		

The preceding six tables were drawn using data collected on 275 returned survey forms. Despite the caveats that must be respected when working with such relatively small-scale and possibly unrepresentative samples from only 11 of the 52 ROCPs, the remarkable near-unanimity of hundreds of respondents commands attention. Administrators and owner-operators, with an average of over 11 years' experience, rated the training somewhat lower, at an average 4.34 points, than did their direct support staff, with respect to how the training altered their own behavior (e.g., frequency of hand washing). But as shown in Table 4, the administrators and owner-operators judged the beneficial influence of the training somewhat higher (4.45 point average) for their direct support staff. The direct support staff on average rated the training even higher, at 4.59 points, well into the "Strongly Agree" range (Table 3). As summarized in the table below, every experience group of direct support staff (Table 3), and facility administrators/owner operators (Table 2), rated the training solidly in the "agree" or "strongly agree" point range.

Status	Administrator/ Owner- Operator	Direct Support Professionals	Direct Support Professionals	Direct Support Professionals	Direct Support Professionals	Direct Support Professionals
Length of Experience	11.4 years (average)	1 year	2 years	3 years	4 years	5 years and over
Average Point Score	4.34	4.68	4.56	4.44	4.80	4.56
Equivalent to:	Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree
<p>Note: Point scores rounded to nearest hundredth point. Average test scores were arrived at by attributing point score equivalents to the responses as follows:</p> <ul style="list-style-type: none"> 1.00 to 1.50 points = Strongly Disagree 1.51 to 2.50 points = Disagree 2.51 to 3.50 points = Neither Agree Nor Disagree 3.51 to 4.50 points = Agree 4.51 to 5.00 points = Strongly Agree. 						

The salient, if tentative, conclusion to be drawn from the tables is that people who have taken the required DSP Training, irrespective of status or work experience, share a strong positive regard for it. Even the lowest recorded average point score in answers to questions on specific training outcomes (4.11 points for question 3 on Table 2) falls into the higher end of the "Agree" choice among the answers given by administrators and owner/operators. Tables 5 and 6 suggest the complementary conclusion that those taking the training found it generally very valuable. As already noted, in response to the Table 5 question asking what was found most useful in the training, almost 37 percent of respondents provided unsolicited expressions of satisfaction with the training, including references to high teacher quality and good materials.

The survey's statistical analysis is fleshed out by student comments, edited samples of which are included below. The high regard for the quality of instruction was expressed in such comments as:

The class showed creativity and awareness in all areas.

The information was easy to understand and [the teacher] let us be "hands on" in class, making the information easier to remember.

[The teacher] is the best. Very informative, excellent help and teaching overall.

*I enjoyed the teacher - she is very good.
I find all the material extremely useful, and the manual is great for reference.*

Our instructor is one of the best I have ever had.

Since I've attended this class, I became more aware of the client's rights and needs. My knowledge on these matters are due to the thorough explanations of our instructors. I pay more attention now to details in handling the client.

This training [teaches] extremely important tools to properly manage a care home, both to the administrator and staff. Every item or subject matter discussed in class helped each and every one I know..... I would like to see that this kind of training will continue especially with [the teacher] , who showed us every little detail to insure proper use of gloves, washing hands, etc.

Students appreciated particularly the instruction's real-work practicability:

Everyday I'm dealing with consumers needs. This training is very useful and important for [helping me] perform my job. For instance, how to give meds in a proper way.

[The training] demonstrated actual ways of dispensing meds and explaining each of the strategies to ensure success for the behavior modification of clients."

One instructor reported that students "...said that they have learned how to perform their jobs better, how to handle behaviors and better understand behaviors." As a concrete example, the instructor continued:

I had a lady share how she had a male consumer who was developmentally disabled, blind, and was hard to get along with. She said she used to be afraid of him, but once she started announcing her presence when she entered a room and talking to him, the consumer began to be more friendly and did not display the behavior that she had grown to fear.

Only a minority of students' surveys contained such specific examples of how the training had been applied in specific ways by students, but significantly those that did focused on stories of creating choices in people's lives, respecting the humanity and rights of individuals, and responding with new insight and empathy to consumers' needs. As the stories reveal, the most

mundane situations of everyday life can be occasions for the transformation of problems into small miracles of achievement:

When I came home [after the training] I [showed] my clients two pictures of fruits (orange and apple) and asked an individual, which one do you want? [He] pointed to the apple. Before the training, I just presented one item, but now I really understand what are choices. You can't say it's a choice if you have only one item.

At 6:00 AM in the morning a client wakes up and I help him to brush his teeth, also he has to take a shower. I help him with soap, shampoo, and a towel. After he takes his shower he has to dress up. He has three pairs of shoes. I gave him the brown shoes but he do not want the brown ones. I said, "OK," and I put all three pairs of shoes in front of him, and he takes the black shoes.

I really learned a lot from this DSP training because I learned that you should offer or give a client a choice. Communicate with them all the time.... The other day I was talking to one of the clients. He sounded so upset. I asked him. 'What's the matter with you?' He said that he doesn't have money for lunch today. Then he said, what I'm supposed to do? I asked him if he'd rather [take] a lunch instead. I gave him a choice, if he likes ham sandwich, egg sandwich, or cheese sandwich. Then he smiled and said, I'd rather have a cheese sandwich. He left the home that day with a smile, and was happy the whole time.

My clients want to go to Los Angeles, for the celebration of their birthdays. Two of the clients will be celebrating their birthdays this month of March. It was February when they told me [about] that trip they want. I told them that I'll try my best to work on it, to reach that goal going to Los Angeles. I told them that I've not been there, so I have to gather more information about it. As I'm gathering information it so happened that one of my previous staff ask me if I would like to take my clients to Los Angeles by means of a bus tour. I talked to my clients about it and they agree that they liked that idea. So I assumed that everything is okay. Then this DSP Training caught my interest, so I tried my best to participate in the 35 hours training. I learned that my clients should have choices. So I told them if there's a way that they could choose [between] going to Los Angeles or Las Vegas. They were very happy because they told me that [Las Vegas] is where they really want to go, even though they had been there the other year. Now, I learned from this DSP Training that giving choices to the clients can make them happy and even contented, that their wants are being heard and understood by the persons around them.

After DSP training I was able to ... improve the quality of care that I am providing.... One example would be that I had a male consumer who is 40 years old, has mild mental retardation and is also high functioning. His behavior is to AWOL from the facility whenever he got the chance. He used to run away twice a week, and he really loved causing trouble for a lot of the staff. Little by little I began applying what I learned from my DSP training. I used various tools such as scatter plot to monitor his behavior. I began to see patterns on what causes his behavior. Now that I have an idea on what triggers the behavior I was able to address a certain issue before it even began to escalate, thus minimizing the AWOL behaviors. Now I am very happy to say that he only tries to AWOL at least twice a month.

We have a consumer who is non-verbal. He started having more and more behavior problems at his work shop, such as tantrums for no apparent reason. Or when it's time to go to school, he starts to scream.... So I followed the ABC chart for this person and

realized the problem was his school. He didn't like the school any longer. So I notified the school about this problem, and as well as Regional Center. I showed them the ABC Chart I had made up for my staff to use to help target his behaviors. And the result was to change him from the school he is in, to a workshop that will meet his needs in all areas.

I had a client who liked to AWOL. I learned in my Year One class how to talk the solution out. I noticed that she will only listen to me. I work overnights, so on my shift she never AWOLs anymore.

One of my consumers.... is a hot-tempered person when she has problem. Sometimes after her day program she brings home her problem at work [and] keeps on screaming if I ask her what happened to her. What I did is advise her to take shower, so she would calm down. She listened to me and she agreed to take her shower. When finished, she was delighted and even thanked me. She told me that she is not upset anymore. One time, she got mad because she wanted to call her sister, but, she couldn't get in touch with her sister. I knew that she did not press the number "1" before the area code. I taught her how to dial the phone. Now, every weekend she calls her sister. Now we are the best of friends, and we have good communication and understanding. Thanks for the DSP Training and skills to use.

One day my client _____ went to the doctor because of his stomach problems. Then when he came home I gave him extra attention, like checking him round the clock to see if he is feeling better. _____, who is in the next room, started crying and wants to go to the doctor. When I asked him why, he was point to his head with a small scratch and said he needs to see the doctor. What I did was clean his scratch and put a bandaid [on it]. He said, "I'm now all right."

This story is in regard with one of the elderly I am taking care of. This certain guy belongs to a big family. Every time that there is special occasion the brother would call to the facility to invite the brother for a dinner. He has to wear special clothes for special occasions. The behavior of the guy is, he wets his pants that is clean and likes to wear them for his daily exercises. He takes a long walk around the community daily, goes to Cerritos Mall by himself. So I told him "your brother called and he is inviting [you] for a dinner, and you wear your nice clothes... and he said, "No, I don't want to go." I said, "You have the right to spend your time [according to] your choice, so if you don't like to go, tell your brother." He called his brother and said that he doesn't like to go. The brother called me and said, "Can you please convince him?" and I said, "He has his own right to spend his time the way he likes."

_____ has a history of not wanting to get up in the morning to take a shower. She will sit on the bed and say I don't want it, for about 45 minutes, yet at the same time she wet the bed. She also screamed for a book so what I do now since taking the class is I will turn the light and ask Anna 'How are you this morning?' get her clothing out and then say come on _____, go [to the] bathroom and use it. While she uses the bathroom I turn the shower on and she will get in and say OK. I am ready now she gets her shower and then she gets dressed and I will say OK, _____, now you can get a book. At first it was hard getting her to shower because she really wanted a book and would not want a shower but using the lesson from class has helped to use different strategies to get the client to change some of behavior.

Finally, a few respondents took the opportunity to open a window into the heart of the direct support staff calling, revealing both despair and affirmation.

There's only one thing that bothers me: nobody cares about the [direct support staff], our future, overwork and underpaid, very risky, high responsibility, afraid, degraded by [many] people. We are the poorest of the poor. Please, we also need help! Thank you.

It's not only a job: our care comes from our hearts.

Such are the plain words that sum up the opportunities and dilemmas now faced by thousands of direct support staff, and therefore also by the many more thousands of individuals they serve.